Section 3: Patient-centred care
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3. Patient-centred care: are we doing it?

**Patient-centred care** means care centred around the needs of our patients, their carers and communities. It means timely care is provided safely to those who need it, in the right setting, by the right people, using the right interventions. Importantly, it encompasses both prevention and care interventions, which are coordinated across settings and providers, so as to ensure a smooth and seamless journey for our patients through the health system.

Timely access to elective surgery has been steadily improving over the past four years. At June 2011, the District was nearly meeting the current 95% target for timeliness of admissions for clinical priority categories 1-3. Meanwhile, 30% of dental patients on assessment and/or treatment lists are waiting longer than the recommended times.

**The vast majority of SESLHD patients are satisfied with their care.** However, Aboriginal people and younger people are generally less satisfied with their care.

With renewed emphasis on hand hygiene in recent years, blood borne infection rates have generally declined within SESLHD facilities (with the exception of C. Difficile infection), and our staff’s hand washing rates compare favourably with the rest of NSW. Medication incidents and patient falls in hospital remain the top two causes of adverse incidents.

Rates of emergency department revisits and readmissions have been fairly stable for SESLHD facilities overall in recent years.

However, recent trends in many of these indicators for SESLHD as a whole often mask large differences between our facilities.
Infection control – we know what we need to do...

In early 2009 South Eastern Sydney Local Health District (SESLHD), then a part of the South Eastern Sydney Illawarra Area Health Service, committed to the National Hand Hygiene Initiative (NHHI).

Hand hygiene is an important infection control mechanism which requires continual promotion across the District. As shown below, since the NHHI commenced, hand hygiene compliance rates have improved in SESLHD as a whole. While this reflects an improvement across SESLHD facilities broadly, rates continue to vary considerably within and between facilities.

The most recent audit data show that hand hygiene compliance rates within the SESLHD compare favourably with the national averages across all clinical professions. However, there is still room for improvement across all staff groups, but particularly among medical staff whose hand hygiene compliance rates average 67%.

**Proportion of clinical staff complying with ‘Five moments’ of hand hygiene program, SESLHD (8th audit, June 2012) and NSW (7th audit, March 2012)**

![Graph showing hand hygiene compliance rates](image)

**Trends in proportion of clinical staff complying with ‘Five moments’ of hand hygiene program, Audits 1-8, by SESLHD facility**

![Graph showing trends in hand hygiene compliance](image)

**Legend:**
- RHW: Royal Hospital for Women
- POWH: Prince of Wales Hospital
- SSEH: Sydney/ Sydney Eye Hospital
- WMH: War Memorial Hospital
- STGH: St George Hospital
- TSH: Sutherland Hospital
- CALV: Calvary Health Care
- SESLHD: South Eastern Sydney LHD

Data source: Hand Hygiene Compliance in SESLHD November 2009-June 2012 (8th audit) report, SESLHD Clinical Governance Unit.
Health care associated infections – better but room to improve

Over the last two years, all monitored health care associated infection rates either declined or remained stable in the SESLHD as a whole, with the exception of C. Difficile infection rates which increased. Trends in selected infection related indicators for SESLHD as a whole are shown below.

The increasing trend in C. Difficile infection rates was observed at all The District facilities.

Rates of Staphylococcus Aureus Bloodstreams infections (Methicillin Sensitive or Resistant), while not increasing in the District overall, increased at some individual facilities (but not in Intensive Care).

Trends in ICU infections: Methicillin Resistant Staphylococcus Aureus, SESLHD, January 2008-December 2011 (Infections per 1,000 occupied bed days)

Trends in Surgical Site Infection: Deep incisional/organ space infection following CABG, January 2010-December 2011 (Infections per 1,000 procedures)

Trends in Clostridium Difficile infection rates at SESLHD facilities, October 2010-December 2011 (Infections per 1,000 occupied bed days)

Data source: Are we providing safe healthcare? online report, SESLHD Clinical Governance Unit, 2011.
Immunisation coverage improving

School program vaccine coverage in 2011 for Year 7 students at schools within SESLHD boundaries were:
- Human Papilloma Virus 70% (NSW 71%),
- Hepatitis B 81% (NSW 63%),
- Diphtheria-tetanus-pertussis 87% (NSW 77%)
- Varicella 48% (NSW 45.2%).

Total vaccine coverage for year 10 students was 61% (NSW 66%).

As shown in the figure below, between 2010 and 2011 school student vaccine coverage in the SESLHD improved considerably, particularly among Year 7 students for Hepatitis B, Varicella and Diphtheria-tetanus-pertussis vaccines.

While vaccine coverage among SESLHD high school students now generally compares favourably with NSW as a whole, coverage for students completing a full course of vaccines still needs to be improved, particularly for Human Papilloma Virus.
Injuries from falls increasing

Over the past few years, the number of falls among older residents (aged over 65) have increased in all locations. Fall-related injuries impose a substantial burden on health and aged care systems. In 2010-11 4,692 falls related hospitalisations were recorded among SESLHD residents, an increase of 44% from 2005-06.

No other single cause of injury, including road trauma, costs the health system more than falls-related injury. Falls are the most commonly reported adverse event among hospital inpatients and many are preventable.

In 2010-11, over 300 falls related hospitalisations among older residents were recorded as occurring within Health Service facilities, an increase of 62% since 2005-06. Falls within Health Service facilities accounted for 7% of all falls related hospitalisations in this population group.

The highest number of falls related hospitalisations among SESLHD older residents occur in the Home (45%), followed by Aged Care and other Residential Institutions (16%).

Trends in falls hospitalisations, by place, among residents aged 65 years and over (Excludes same day stay patients), 2005-06 to 2010-11

42% increase in Home
30% increase in Other
71% increase in Aged Care & Residential
62% increase in Health Service
55% increase on Street

Data source: NSW Inpatients Statistics Collection, accessed from HOIST
Four falls for every 1,000 bed days

Falls are the most frequently reported incidents in our facilities.

Approximately four falls occur per 1,000 patient bed days in SESLHD facilities. As shown in the figure below, this rate has been fairly constant over the last two years.

Since 2007/08, between four and seven patients died from falls each year in SESLHD facilities.

Trend in falls per 1000 bed days in SESLHD facilities, May 2010 – April 2012

Data source: Incident Information Management System (IIMS)
Medication errors

Medication incidents rank second to falls as the most frequently reported incidents in our facilities.

In 2011, 2,588 medication incidents were reported to the Incident Information Management System (IIMS), representing a decline of about 20% in the last three years. While this improvement is evident for the District as a whole, at some individual facilities medication incidents have increased considerably in recent years.

The top two most commonly reported medication incidents are administration errors (36%), followed by prescribing errors (32%).

A large reduction in prescribing errors explains most of the overall decline in medication incidents in SESLHD in recent years, with this improvement largely attributable to one facility.

However, administration errors and other types of medication errors have not been improving in the SESLHD overall, nor at most facilities.

**Number of Medication Incidents, by Type of Error, SESLHD facilities, 2011**

**Trends in Medication Incidents, SESLHD facilities, 2005 - 2011**

Revisits to Emergency stable overall, but vary between sites

In 2011, there were 2,302 Emergency representations to the same SESLHD hospital Emergency Department within 48 hours, accounting for 4.0% of all Emergency presentations at SESLHD hospitals. This was equal to the NSW Health benchmark target of 4%.

Overall SESLHD Emergency representation rates within 48 hours have decreased by over 20% since 2006 (from 5.1%). However, most of the decline occurred between 2007 and 2008; since then overall SESLHD Emergency representation rates have remained stable.

Emergency representation rates vary considerably across SESLHD facilities, with the highest being at Sutherland Hospital and St George Hospitals (about 4.8%), and lowest at Sydney/Sydney Eye Hospital (1.8%).

Data source: Standard Performance & Reporting Collaboration (SPaRC) online
Unplanned readmissions fairly stable, but variable across District

Just over 6% of SESLHD hospital admissions are unplanned readmissions – that is, patients unexpectedly returning to hospital within 28 days of their discharge. This overall SESLHD rate has been fairly stable in recent years.

Unplanned readmission rates vary considerably across SESLHD facilities, being highest at St George and Prince of Wales Hospitals, and lowest at Royal Hospital for Women.

The impact of unplanned readmissions on patients and their families, as well as on the system as a whole (e.g. preventable hospitalisations and costs) are significant.

Trends in unplanned readmissions within 28 days, by SESLHD Hospital, 2006-2011 (%)

Data source: Standard Performance & Reporting Collaboration (SPaRC) online
30% of dental patients wait longer than recommended times

The latest performance report shows that the proportions of SESLHD dental patients on Assessment and Treatment Lists who are inside recommended maximum waiting times:

- Children being assessed: 82% (3,160 of 3,844 patients) - ranging between 43% for 0-5 year olds recommended to be seen within 1 month, and 96% for children recommended to be seen within 24 months

- Adults being assessed: 40% (1,196 of 2,965 patients) - ranging between 12% and 100%

- Adults being treated: 89% (1,995 of 2,253) - ranging between 60% and 100%

**Proportion of adults and children on Assessment and Treatment Lists inside recommended maximum waiting times at end June 2012 (%)**

**Assessment Lists**

**Treatment lists**

Data source: Waiting List Performance Report for period ending June 2012
Timely access to elective surgery

In recent years, access to elective surgery at SESLHD hospitals has improved, mainly due to increases in the proportion of semi-urgent (Category 2) patients being admitted within the recommended 90 days for their surgery. In 2006/07 only about 70% of patients categorised as requiring surgery within three months were admitted within that time period. Now more than 90% of these patients are admitted within three months.

During the last six years, 90%-92% of SESLHD patients categorised as urgent (i.e. requiring surgery within 1 month) were admitted within this time frame. Similarly, an average of 92% of patients categorised as requiring non-urgent surgery (i.e. within 12 months) were admitted within a year.

The target for patients being admitted for their surgery within the timeframes recommended by their surgeons was raised from 95% to 100% on 1 July 2011. This is proving to be an enormous challenge for all LHDs in NSW, with only 91% of all patients across NSW meeting this timeframe.

### Trends in Elective Surgery Performance at SESLHD Hospitals - percentage admitted within the desired maximum time the patient should wait for their procedure, as at June 2006 to June 2012

[Graph showing trends in elective surgery performance]

Data source: Standard Performance & Reporting Collaboration (SPARC) Report 014 consolidated

*Produced by the Strategy and Planning Unit, Directorate Planning and Population Health*
Variation in procedure rates

Variation between populations in levels of use of various health care interventions can signal opportunities to: enhance access to interventions with good evidence of effectiveness, or investigate and address apparent overuse of interventions if evidence is lacking.

Tonsillectomy – among both children and adults – is an example of an intervention which has widely variable utilisation rates across NSW. Meanwhile, the evidence suggests that, except in certain circumstances, they are not the most effective therapeutic approach.

Over the last few years tonsillectomy rates have averaged 20% higher among SESLHD residents than the NSW average.

While the most recent data suggests tonsillectomy rates may be stabilising, rates have increased appreciably among SESLHD and other NSW residents over the last decade.

Similarly, interventions during labour and delivery have increased over the last decade among SESLHD and other NSW residents (e.g. caesarean sections), as reflected in a decline in proportion of births by normal vaginal delivery.

Normal vaginal delivery rates have been consistently about 10%-15% lower among SESLHD residents than the NSW average.

In 2010 51% of SESLHD women giving birth had a normal vaginal delivery, and 34% had a caesarean section operation.

The NSW Policy Directive Maternity – Towards Normal Birth in NSW (2010) provides direction regarding actions to increase the vaginal birth rate in NSW and decrease the caesarean section rate.

Data source: NSW Inpatients Statistics Collection, ABS resident populations, NSW Midwives Collection, accessed from HOIST 25 July 2012.
Mental Health patients followed up after discharge

The proportion of SESLHD Mental Health inpatients contacted by a Community Mental Health Services team within seven days of discharge continues to improve.

In 2011/12, about 4 in 5 Mental Health patients discharged from St George and Sutherland Hospitals, and 3 in 5 discharged from Prince of Wales Hospital, were contacted within seven days of discharge.

Community follow up post-discharge aims to ensure continuity of quality care for patients and helps prevent readmission. Community Mental Health Services can also reduce inpatient admissions through effective care co-ordination (case management) including relapse prevention interventions and early identification of deteriorating community clients.

**Trends in Mental Health inpatients followed up within 7 days, 2008/09 to 2011/12 (%)**

- **St George Hospital**
- **Sutherland Hospital**
- **Prince of Wales Hospital**

Data source: Standard Performance & Reporting Collaboration (SPaRC) online report ID #088
Mental Health patients readmitted within 28 days

Since 2007/08 between 6% and 13% of our Mental Health overnight inpatients have been readmitted within 28 days of discharge. Fluctuations in the Mental Health readmission rate have generally coincided with increases and decreases in numbers of admissions at each facility.

Mental Health inpatient services aim to provide treatment that enables patients to return to the community as soon as possible. Unplanned readmissions within a short timeframe may indicate that treatment was incomplete or ineffective, or that adequate follow up care was not completed.

Trends in Mental health overnight separations and readmissions within 28 days (%)

Data source: Standard Performance & Reporting Collaboration (SPaRC) online report ID #002
Most patients accessing our services are satisfied with their care

Most patients accessing our services are satisfied with their care.

<table>
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<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Very good</th>
<th>Excellent</th>
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### Overnight patients – overall experience of care

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At least 89% of surveyed overnight patients at our major hospitals rated their overall care as good, very good or excellent.

### Day only patients – overall experience of care

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At least 95% of surveyed day only patients rated their overall care as good, very good or excellent.

### Outpatients – overall experience of care

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At least 92% of surveyed outpatients rated their overall care as good, very good or excellent.

### Factors influencing ratings

#### For overnight and day-only inpatients

Some common themes influenced both positive and negative ratings. The most important were:
- The courtesy of nurses
- The quality of staff teamwork

Aboriginal people are generally less satisfied with their care, as are younger people.

#### For outpatients

SES/LHD hospitals did better than the NSW average for:
- Explaining how to take medication
- Arranging follow-up appointments

Our hospitals did worse than average for:
- Parking availability
- Late appointments without an explanation given
