

South Eastern Sydney Local Health District

Journey to Excellence Strategy 2018 – 2021

“Exceptional care, healthier lives



Health
South Eastern Sydney
Local Health District



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Section 1: Our Story

Introduction and our story

South Eastern Sydney Local Health District

Our Story



On the next stage of its Journey to Excellence, South Eastern Sydney Local Health District is starting its more ambitious stage of transformation.



After three years of reform and steady improvement on the "road to excellence", the district is beginning a new chapter working to empower communities to optimise their health and wellbeing.

This is the story of that **transformation**

In a world of new demands for personalised, preventative, participatory and predictable healthcare, challenging finances and new technology-enabled possibilities, we know that "business as usual" is no longer an option.

The path we are on is not sustainable. We can't afford a health and social care model that has become too expensive and often inequitable.

Our starting point is not just hospitals, doctors and institutions but **patients, people and communities too.**

Our first focus is **strong, healthy communities** where people with the right skills, knowledge, motivation and resources can look after many aspects of their own care, especially if they have long-term health conditions.

We need to keep people out of hospital as much as possible; but when people need them, our hospitals must offer **fair and equal access to the best possible compassionate care.**

We will make sure people can make sense of the different services and support for their needs and their circumstances. We must **make it easier** for people to find and access the **care and support they need.**

We know, too, that not everybody is accessing the healthcare they need and deserve across our communities. We need a fairer and more accessible spread of resources and services. We need to make sure **everyone enjoys better health results and healthier lives.**

Section 1: Our Story (cont'd)

Why we need to change

We serve a growing number of people, many of who experience long term health conditions and who are ageing. Furthermore, there are significant health inequities within the geographical boundaries of South Eastern Sydney Local Health District (SESLHD) with particular population groups and localities experiencing poorer health and wellbeing. The growing demand for healthcare means we are on an unsustainable path of ever increasing demand for emergency services, hospital beds, outpatient and community services and bigger expenditure on health. This creates the platform for SESLHD to redesign its health services to be more focussed on supporting people to remain healthy and manage their own care effectively.

IF WE DON'T CHANGE, BY 2027 WE WILL HAVE



112,500 (50%)
more Emergency
Department presentations



21,685 (20%)
more acute admissions



a need for 480
additional acute beds

We also acknowledge that some of our children are developmentally vulnerable, overweight and experiencing stress, which will impact longer term on their health and wellbeing if not adequately addressed. Giving every child the opportunity to have a good start to life and taking a life course approach to health and wellbeing are important elements of our approach. We are also focused on shifting the balance of care from acute hospital services to responsive and integrated primary, community and social care. These are important changes for our health services because 37 percent of our residents have one or more long-term health conditions and the number of long-term health conditions (multi-morbidity). The number of long-terms health conditions also often increases with age.



1 in 5
Children are
developmentally
vulnerable

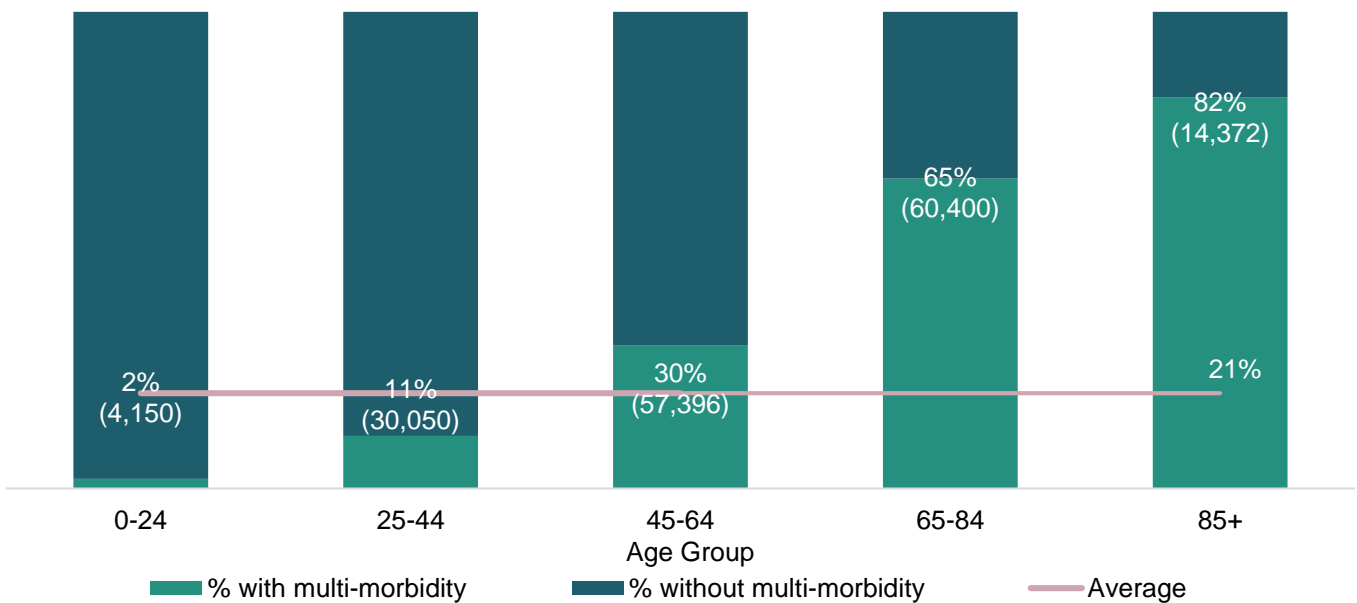


1 in 10
Have high levels of
psychological
stress



1 in 4
Children are
overweight or
obese

Estimated proportion of SESLHD resident population with multi-morbidity



Source: Based on admissions to SESLHD hospitals and extrapolated SESLHD population from method used by Barnett et al

NSW Health is well positioned for healthcare transformation. The state government has continued to find the resources to sustain growth with the most recent budget allocating a record amount of capital investment to continue to build infrastructure across the state. SESLHD has secured capital investment of more than \$1.1 billion over the past four years for redevelopments currently in progress or in the planning stage, however we share the global challenge of reforming many aspects of our system to cope with the growing demand across all patient cohorts.



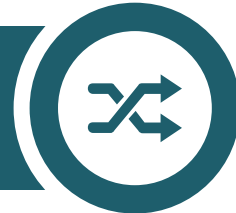
We have looked across Australia and across the world to find, and learn from, good examples of innovation and best practice. We have learned that to bring about transformational change, we need to take a population health management approach to deliver care that is personalised, predictive, participatory and preventive.

Our transformation will be guided by the following principles:

- 1 Change, driven by the population's health needs and leveraging their assets and strengths
- 2 A reduction in health inequities
- 3 Genuine community and agency partnerships
- 4 Advances in research and technology
- 5 Whole system redesign and care integration
- 6 Value and sustainability
- 7 Continuous quality improvement
- 8 An adaptable and healthy workforce

Section 1: Our Story (cont'd)

The change we want to see



In South Eastern Sydney we want to move towards
a world that looks a lot more like this:

- Person-centred – designing care around and with people, so that their needs and their experiences are at the centre of how we think, how we plan, how we design our services, how we invest and how we deliver care
- Making sure we care for and support people in, or close to, their homes so they can stay as independent as possible for as long as possible
- Making sure our hospitals remain world-class but that we think beyond their walls to address the deeper challenges of health and wellbeing for and with the community
- Providing safe, reliable and compassionate care that makes sense for each person, by doctors, nurses and other health professionals that are working with the best available training and evidence
- People will have the knowledge, skills and confidence to stay healthy and, when it is necessary, to manage periods of ill health or some aspects of living with longer term conditions
- Much better links between health services and other agencies, such as education, community services, justice, transport, primary care and local councils so together, we can improve the health and wellbeing of our communities and whole population across our region
- Using digital and other technologies not only to provide the best hospital services and treatments, but to improve the way we communicate, share information and knowledge with our staff, patients and their families, and our partners in other organisations.



This means we have to change the way we relate to and work with other organisations inside and outside government, with community organisations and with individuals and families themselves.

In the end our ambition can be summed up into these five key strategic themes:



Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high quality healthcare. That care will be provided either at home, or as close to home as possible



Better value

We will deliver value to our patients through maintaining financial sustainability and using our resources in a way that is consistent with our priorities



Community wellbeing and health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities



Workforce wellbeing

We will create an environment where our people can be accountable, happy and well, and supported to reach their potential

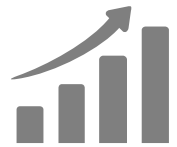


Fostering research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes

The journey so far: Our achievements and challenges

SESLHD has achieved much since it commenced on the Journey to Excellence three years ago. The *SESLHD Roadmap to Excellence 2014-2017* is underpinned by the Institute for Healthcare Improvement's Triple Aim of health of population, cost of care and experience of care¹. Major gains in all three aims have been made over this period. This has provided us with a solid foundation to begin to move forward on our transformation program.



Achieving financial sustainability and better value

SESLHD has made significant gains financially over the past three years, through shifting the narrative from efficiency gains to better value care. The District Program Management Office (PMO) has worked with the facilities and District directorates to identify, plan and implement opportunities to reduce waste and duplication across the system resulting in significant cost savings. The Medical Executive Directorate is also focusing on reducing unwarranted clinical variation using analytics and leading practice guidelines to encourage consistent practice.

\$44.5 million

worth of waste
out of the
system safely
over three years.



Executing phase two of the transformational journey will require SESLHD to maintain its focus on financial sustainability and to invest wisely in alignment with the strategic priorities. This will be achieved through rigorous governance, accurate reporting, service line management and creating a culture of accountability.

Research

We have become a member of an integrated health science network of global significance in NSW, known as The Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). This will further enable our staff to deliver world-class clinical care from state-of-the-art facilities.



SPHERE was founded on the basis of partnership and collaboration, recognising that in this new economic and rapidly developing scientific research and healthcare environment, single institutions struggle to remain internationally competitive. The SPHERE network brings together three universities, two Local Health Districts, two Specialty Health Networks, seven medical research institutes, nine major teaching hospitals, and, the NSW Ministry of Health.

We have also developed a *SESLHD Research Strategy 2017-2021* which is focused on applied and translational research that is directly relevant to improving health care and the wellbeing of patients and the community. It spans prevention research within communities through to clinical research within hospitals and services.



¹ Institute for Healthcare Improvement, The IHI Triple Aim, <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx> Accessed 13 November 2017

Section 1: Our Story (cont'd)

Capital development

We have been successful in securing funding for a number of major capital redevelopments across many of our health campuses. Over the last three years the St George Emergency Department (\$41 million), Sutherland Hospital Car Park (\$10 Million), Bright Building, Prince of Wales (\$114 million) and Acute Services Building, St George Hospital (\$277 million) have all been completed. Construction works are nearing completion at The Sutherland Hospital, where a new Emergency Department, additional inpatient, critical care beds and refurbishment works are being built at an estimated cost of \$62.9 million.

The Randwick Campus Redevelopment has been announced at an estimated cost of \$750M. It will transform health services for the Randwick community by creating one of Australia's leading centres for health and wellbeing, committed to the integration of health, research, education and teaching.



Integrated care

The District has commenced on a journey of healthcare integration. Fundamental to the success of this journey will be partnering with members of the community, patients and with multiple external partners, to achieve more aligned, integrated health and social care.

Over the past three years SESLHD has achieved much in the way of healthcare integration. A HealthOne facility was established in the Sutherland Shire which works with primary care including General Practitioners and Community Health Services and patients to focus on preventative care and self-management of their long term conditions. A second example of successful care integration across SESLHD is the Diabetes Care Collaborative. The Collaborative, which was launched in May 2015, uses an internationally recognised improvement methodology, known as a Breakthrough Collaborative. The Diabetes Care collaborative has already assisted 12 primary care practices to increase screening of diabetes patients, with the aim of reducing risk of acquiring diabetes related complications.



A learning organisation

SESLHD is making a significant investment in building capacity and capability across the system to develop whole of system improvements. SESLHD is building an improvement culture through optimising staff engagement and investment in innovation, organisational development, improvement, and quality and safety.

In May 2016, SESLHD launched its Patient Safety Program – Towards Zero Together. This encompassed an Acute Adult Patient Safety Program and a Mental Health Patient Safety Program and was supported by the development of the Improvement Education program. Over 2017, twenty-nine ward based teams have engaged with the Acute Adult Patient Safety Program and work commenced on six points of care: sepsis, falls, pressure injuries, infection-related ventilator associated infections (IVAC), deteriorating patient and medication safety. To date, over 2500 of our staff have accessed the Improvement Education Program and Patient Safety Programs.

SESLHD is identifying and nurturing its current and future leaders through offering a wide range of leadership programs, such as the Emerging Leadership program, the Clinical and Executive Leadership Programs and the Clinical Executive Leadership Programs.

The nursing workforce has recently introduced 'The Heart of Caring', which is a framework to support the wellbeing of our nurses so that they can deliver compassionate, high quality care. Our nurses and midwives revealed that 'The Heart of Caring' to them means providing 'Person Centred Compassionate Care', 'making a difference to the care experience', 'supported by 'teamwork' and that 'self-care and well-being is essential to achieving better outcomes.



Forging genuine and enduring partnerships with our community

Partnerships with consumers and our community are crucial to achieving an effective and sustainable health system for the future. As such, we are proactively seeking out and drawing upon the assets and strengths that individuals and communities have to optimise their health and wellbeing and support self-care. We are co-designing our services with consumers and the broader community to maximise their satisfaction with our services and address their health needs adequately.



Our Board Community Partnership Committee which comprises other government agencies and members of our local community has agreed to work together to address a range of community issues. The Committee has a number of joint initiatives underway, including a youth mental health first aid program to assist people in the community to support young people who at risk of or experiencing early signs of mental health conditions.

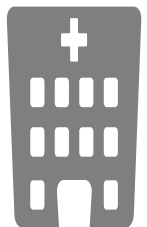
Our quest for health equity

In South Eastern Sydney there is wide variation in health status between different population groups and localities. SESLHD recognises these inequities and as such has developed an Equity Strategy. The Equity Strategy takes a systematic and whole of system approach to improving the health and wellbeing of our most disadvantaged groups such as people who are subject to homelessness and Aboriginal People. A number of important equity initiatives are well underway, such as a “Doing it differently” community grants co-production initiative, in collaboration with Bayside Council and local communities to improve social networks and relationships. A second area of focus has been working through with our partners to make greater investments in the early years of life so every child has the best start to life.



Why we develop a District strategy

This Strategy has been developed in partnership with our staff and community to guide SESLHD towards transformational change over the next three years and beyond.



Each strategic priority within this strategy has been assigned several Outcome Measures. These measures have been designed as ‘stretch’ goals. The Outcome Measures within our strategy will require truly innovative, multifaceted and often long-term actions and initiatives. We have intentionally listed our Outcome Measures as ‘stretch’ goals so that our people can think and act in a transformational way¹.

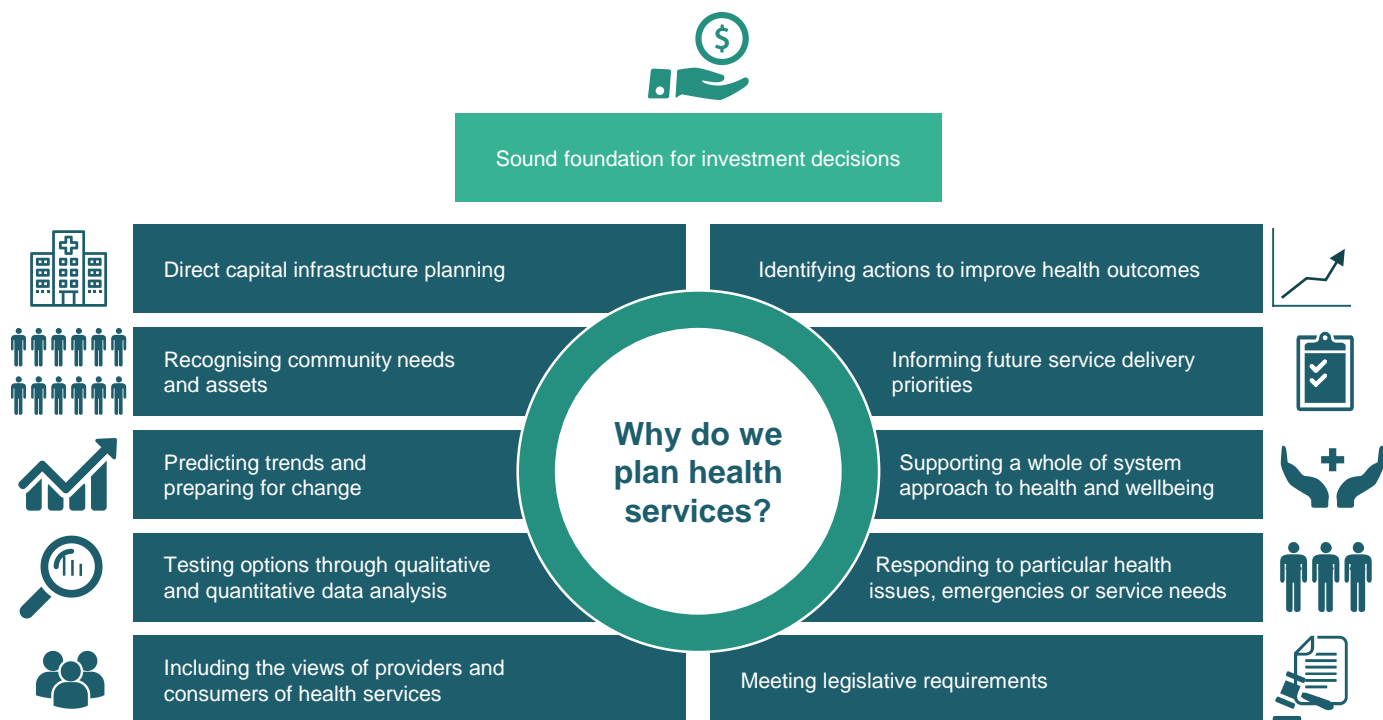
“Strategies and plans are not ends in themselves. They are part of the larger process that aims to align priorities with the real health needs of the population And make better use of all available resources for health – so that all people in all places have access to quality health care and live longer, healthier lives as a result”²



¹ Institute of Healthcare Improvement, Science of Improvement, Tips for Setting Aims, <http://www.ihl.org/resources/Pages/HowtoImprove/ScienceofImprovementTipsforSettingAims.aspx> Accessed 13 November 2017

² World Health Organisation, National health policies, strategies and plans <http://www.who.int/nationalpolicies/about/en/> Accessed 13 November 2017

Section 1: Our Story (cont'd)



The role of the Local Health District is to ensure strategic and health service plans are developed to guide the delivery of services and ensure they meet the needs of the community. The Local Health District is required to develop organisational plans in compliance with the annual Service Agreement with the NSW Ministry of Health.

Developing the Vision and Strategy



To refresh the vision and strategy for how health services in SESLHD could change, the Chief Executive of SESLHD led an engagement and planning process which commenced in May 2017.

As a first step, a comprehensive internal consultation and review process was undertaken. A series of workshops were designed by the Chief Executive to bring the District Executive Team together to:

- Reflect on the results of the investment made over the last three years
- Construct the transformation narrative and ambition for the next three years and
- Agree the principles for execution

Further to the Executive team workshops, a session was held with the SESLHD Board to share the emerging narrative and to obtain their initial feedback. A process was then undertaken to consult more broadly with local clinicians, communities and service providers. Over the period from August through to September 2017, over 200 staff members, consumers, community members and partners were engaged and consulted. The feedback from this engagement process was instrumental in developing the Journey to Excellence 2018-2021 strategy.

Secondly, a thorough review of external transformational healthcare systems around the world that have demonstrated success was undertaken. Much of the thinking around our transformation narrative has been influenced by looking at models such as the Canterbury Health system in New Zealand and the NUKA system of care in Alaska. These models were also referenced throughout the internal consultation process to stimulate thinking and demonstrate the potential for SESLHD to transform how it delivers care. All of this work has culminated in the five strategic priorities for SESLHD which are described in detail in section two of this document.



In addition to looking elsewhere at transformational healthcare systems, the strategy development process has also considered the District Planning Framework outlined below.

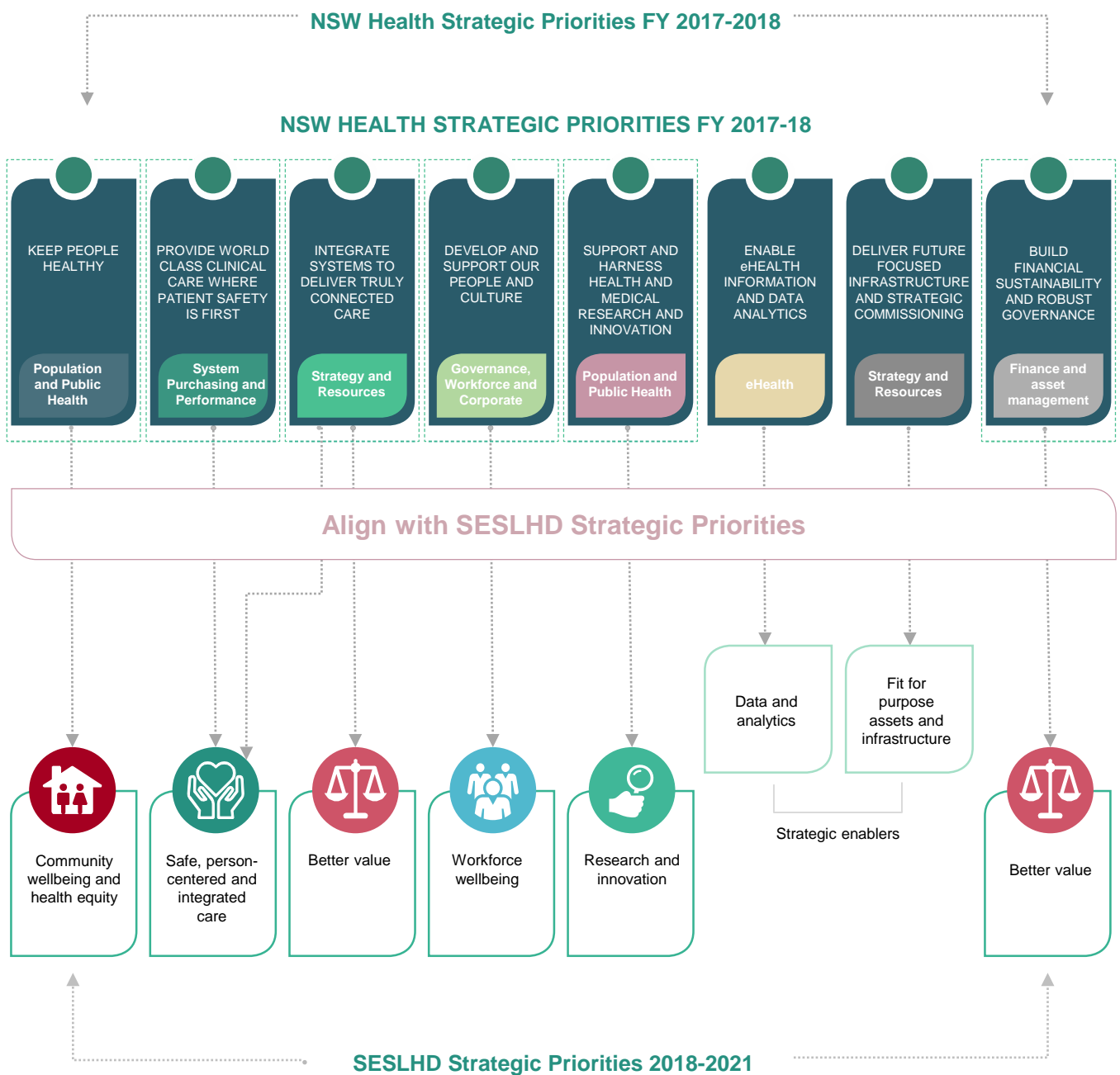
SESLHD Planning Framework



Section 1: Our Story (cont'd)

Important influencers which SESLHD has considered carefully in developing the strategy are NSW Health strategic priorities and the service agreement between SESLHD and NSW Ministry of Health.

SESLHD is firmly committed to contributing to the NSW Ministry of Health's goal of shifting the paradigm from volume to value driven care and our strategy is strongly aligned to the NSW Health Strategic Priorities.



Our strategic priorities

SESLHD STRATEGY

South Eastern Sydney Local Health District Journey to Excellence Strategy 2018-2021



Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high quality healthcare. That care should be provided either at home, or as close to home as possible

- Decrease the hospital standardised mortality ratio by **5% each year**
- Increase the number of staff using systems to review data
- Decrease adverse events by **10% each year**
- Improve patient satisfaction of care by **20% each year**
- Reduce emergency department presentations by **5% each year**
- Decrease the percentage of patients admitted to the emergency department by **5% each year**



Workforce wellbeing

We will create an environment where our people will be accountable and can be happy, well and supported to reach their potential

- Increase percentage of staff who recommend SESLHD as a place to work by **10% each year**
- Increase percentage of staff who recommend SESLHD as a care setting by **10% each year**
- Increase the number of staff who have had a performance review by **10% each year**
- Decrease absenteeism by **5% each year**
- Reduce workers compensation claims by **10% each year**



Better value

We will deliver value to our patients and community through maintaining financial sustainability and making investments consistent with our vision

- Increase the number of hours given back to patients and the community e.g. reduce waiting times/reduce number of visits
- Shift care into the community or outpatient settings
- Operate within the budget allocated to the organisation

Ena

Partnerships that deliver

Responsive Information Management Systems

Data & Analytics



Our Purpose:

To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.



Our vision:

Exceptional care, healthier lives



Community wellbeing and health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities

- Increase community reporting of good health by five percent (proportion of population self-reporting health as “good” or ‘better’)
- Increase the number of children reaching developmental milestones at 18 months and four years by five percent.
- Reduce discrepancies in median age of death between geographic areas and priority populations
- Decrease the rate of preventable hospitalisations due to long-term and vaccine- preventable conditions by five percent



Foster research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes

- Increase staff participation in research/innovation education and training
- Increase references to research/ innovation outcomes based in SESLHD in the media
- Increase overall research/ innovation funding
- Increase the number of translational research projects
- Increase the number of SESLHD submissions to innovation awards
- Increase the number of projects that use SESLHD Big Data



930,000
People live within our District



37%
of our Population Have Long term conditions



98,281
ADMISSIONS TO ADULT Medical Acute, Surgical & Mental Health per year

blers

Fit for purpose infrastructure

A culture of continuous improvement



Health
South Eastern Sydney
Local Health District

Section 2: Our strategic priorities (cont'd)



Safe, person-centred and integrated care

Everyone in our community will have access to safe, compassionate and high quality healthcare. That care should be provided either at home, or as close to home as possible.

Objectives

1. Maintain safe hospitals and health services, and strive to continuously reduce harm to our patients
2. Embed a person-centred and compassionate approach into our culture, placing the patient at the heart of everything we do
3. Integrate our IT systems so that they provide real time information for providing care
4. Our patients and consumers will have better experiences in our healthcare facilities/services
5. Our patients and community will be able to navigate the healthcare system



Outcome measures

- Decrease the hospital standardised mortality ratio by five percent each year
- Increase the number of staff using systems to review data
- Decrease adverse events by 10 per cent each year
- Improve patient satisfaction of care by 20 percent each year
- Reduce emergency department presentations by 5 percent each year
- Decrease the percentage of patients admitted to the emergency department by 5 percent each year





Better value

We will deliver value to our patients and community through maintaining financial sustainability and making investments consistent with our vision.

Objectives

1. Provide the right care, in the right pace, at the right time
2. Use innovative models that shift care into the community
3. Operate in a financially sustainable way
4. Continuously reduce waste and duplication across our system
5. Make decisions that align with our strategic priorities

Outcome measures

- Increase number of hours given back to patients and the community e.g. reduce waiting times/reduce number of visits
- Shift care into the community or outpatient settings
- Operate within the budget allocated to the organisation



Section 2: Our strategic priorities (cont'd)



Workforce wellbeing

We will create an environment where our people will be accountable and can be happy, well and supported to reach their potential.

Objectives

1. Staff will be engaged with our vision “Exceptional care, healthier lives”
2. We will improve the physical and mental health of our workforce
3. SESLHD will be a learning organisation – we are on a continuing cycle of improvement
4. Staff will have the capacity and capability they need to do their job well
5. Grow adaptive and accountable leader
6. Foster strong clinical engagement



Outcome measures

- Increase percentage of staff who recommend SESLHD as a place to work to by 10 percent each year
- Increase percentage of staff who recommend SESLHD as a care setting by 10 percent each year
- Increase number of staff who have had a performance review by 10 percent each year
- Decrease absenteeism by 5 percent each year
- Reduce workers compensation claims by 10 percent each year





Community wellbeing & health equity

We will work together with our partners to achieve health, wellbeing and equity for our shared communities.

Objectives

1. Focus on wellness, early intervention and prevention
2. Enable people to stay well and be equipped to manage periods of ill health
3. Our community will experience improved health outcomes
4. Health inequities will be reduced
5. Give every child a healthy start to life

Outcome measures

- Increase community reporting of good health by five percent (proportion of population self-reporting health as “good” or ‘better’)
- Increase the number of children reaching developmental milestones at 18 months and four years by five percent.
- Reduce discrepancies in median age of death between geographic areas and priority populations
- Decrease the rate of preventable hospitalisations due to long-term and vaccine-preventable conditions by five percent



Section 2: Our strategic priorities (cont'd)



Foster research and innovation

We will focus on translating research and innovation into clinical service models that deliver positive health outcomes.

Objectives

1. Build research and innovation capacity and capability within SESLHD
2. Increase community access to research and innovation
3. Promote research and innovation to deliver sustainable health outcomes
4. Foster a culture of innovation, research and translation within SESLHD
5. Influence, partner and align with key academic and commercial partners
6. Embrace technology to drive research through big data and data handling initiatives

Outcome measures

- Increase staff participation in research/innovation education and training
- Increase references to research/innovation outcomes based in SESLHD in the media
- Increase overall research/innovation funding
- Increase the number of translational research projects
- Increase the number of SESLHD submissions to innovation awards
- Increase the number of projects that use SESLHD Big Data





Section 3: Enablers for our transformation



Our approach to a sustainable transformation

In order to support the journey of transformation, SESLHD will continue to build local capacity and capability with a vision of improving systems and support for value-based change and improvement. Our Five Strategic Priorities will be underpinned by five enabling factors.



Partnerships that deliver

The social determinants of health account for a significant proportion of an individual's health and wellbeing. As such, partnering with our community, other service providers and agencies, is a critical component of our transformation strategy.

Strong partnerships enable individuals and agencies to be actively involved in shaping the services we deliver by identifying their preferences, needs and the goals that are important to them. They also provide the opportunity to collectively leverage the resources in the community to integrate health and social care and shift the power dynamic from the service provider to the individual to give our community a greater control over their own health and wellbeing.



Data and analytics

Using real time information measures to support improvement, an expanding program of support and training will be offered to allow local clinicians and managers to engage with meaningful data measures and translate these into practical solutions. An approach that combines technical expertise with subject matter knowledge will be used in order to generate local improvements.



Fit for purpose infrastructure

While our focus is on keeping our community healthy and cared for as close to home as possible, SESLHD is also committed to ensuring access to world-class healthcare facilities if and when people need them. Upgrades and construction of new healthcare facilities are underway at Sutherland and St George Hospitals and the Randwick hospitals' campus. Our new building developments will ensure SESLHD's hospitals are fit for purpose for delivering healthcare in the 21st Century.



Responsive information management systems

We will plan and organise our programs and services to foster a system-based approach, ensuring there is knowledge at all levels and better alignment across our healthcare system. This approach would be underpinned by improvement methods and approaches that would be used across the District, but tailored to the local service.

The SESLHD programs will ensure support and training is targeted at all levels of the organisation, including to those who provide clinical services along with corporate and support services. Data and information should be relevant, engaging and context specific where possible.



A culture of continuous improvement

We will become an organisation where 'everyone does improvement', empowering staff to develop and deliver their ideas for change and transformation. We commit to investing in building this capacity and capability across SESLHD in line with organisational objectives. We will ensure our processes support safe care for both our patients and our people.

Utilising the strengths, talents and ideas of our staff, we will foster change and innovation through connection and relationships. We will be open to new and creative ways and will invest in supporting our staff to try new approaches through shared learning with others.

Our ambition is to continue to strengthen and build SESLHD as a learning organisation in order to deliver safe, quality and compassionate patient care. We will do this by focusing on growing an organisational culture underpinned by improvement, by building system excellence, and by enhancing our capacity and capability for improvement and innovation. Our work will encompass all levels of the organisation but will have a particular focus on our staff who deliver care.



Operationalising at the front line

In order to enable successful delivery of the strategic priorities and associated outcomes, each facility and directorate across SESLHD will undertake an annual process to develop their own localised plans based on the strategic priorities. These localised plans will set out the operational activities that will be executed. The key steps in the process are articulated in the below diagram.



Front line staff and local management must feel engaged with the strategic priorities and understand how their day-to-day activities contribute to the outcome measures. Each directorate and facility will lead this engagement process at a local level with their staff. Further, it will be the staff who develop the action plans and related performance measures that will form the directorate and facility business plans. This will require a body of work to realign and refocus activities annually in line with the strategic priorities and bring every management, clinical and investment decision back to SESLHD's vision and ambition.

Section 3: Enablers for our transformation (cont'd)



Rigorous governance and management of all elements of the operational plans

It is important the strategy is converted into realistic business and service plans, which are measurable, deliverable and reported on regularly through the existing governance frameworks. Each unit/department of the business is developing its service plan in line with this strategy. A rigorous timeline will be set for completion and sign-off of these plans.

The District over the last year has been developing the Management and Planning System (MAPS). MAPS is an online tool for managers, clinicians and other staff within SESLHD to store and track planning and improvement information. This has been developed and tested in a number of health systems. MAPS has allowed for a more efficient approach to reporting for accreditation purposes

We will now develop the MAPS system to support the implementation of our strategy. This will require all business plans and service plans to be documented, tracked and reported on. This is the first opportunity we have had to pull together a coherent and systematic project planning system. This, along with our information portal, OrBiT (Organisation reporting and business intelligence for transformation) tool, which monitors our Service Agreement performance, will form the basis of providing assurance to the SESLHD Board which oversees the effective governance of the District.





Appendix: South Eastern Sydney Local Health District at a glance

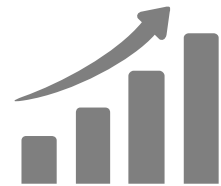
About our Population



930,000

People live within our District

By **2027** The population is projected to grow by **20%** to **1,022,000** people



ABOUT **8,720** RESIDENTS OR **0.9%** OF OUR POPULATION IDENTIFY AS **ABORIGINAL**



30% OF OUR POPULATION WERE BORN IN NON ENGLISH SPEAKING COUNTRIES



37% of our population have long term conditions



395,000 PEOPLE SPEAK A LANGUAGE OTHER THAN ENGLISH



21% of our population live with multiple morbidities increasing to **82%** for those aged 85 and over



6.9% of our population have **diabetes**



TOP 3 LANGUAGES SPOKEN ARE **MANDARIN** (67,034) **CANTONESE** (33,797) & **GREEK** (30,824) EMERGING COMMUNITIES INCLUDE **NEPALESE SPEAKING** (9,812) & **BENGALI** (5,817)

Our population as a whole compares favourably with other parts of NSW, however there are people and communities within our District who are significantly disadvantaged compared to the NSW average with regard to access to health care and social determinants of health. This results in poorer health and wellbeing outcomes and overall health inequity.

Annual Activity

98,281

ADMISSIONS TO ADULT **Medical Acute, Surgical & Mental Health** per year

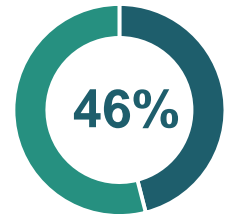
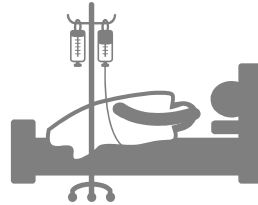


26,829
ADMISSIONS
FROM OTHER LHDS



218,147

EMERGENCY DEPARTMENT PRESENTATIONS



170,876 ADMISSIONS TO PRIVATE HOSPITALS OR DAY PROCEDURE CENTRES INCLUDING **4,582** BABIES BORN TO OUR RESIDENTS



58% OF ALL OVERNIGHT ACUTE BEDS WERE OCCUPIED BY **MEDICAL PATIENTS**
36% BY **SURGICAL PATIENTS**

OF ALL OVERNIGHT ACUTE HOSPITALS BEDS WERE OCCUPIED BY PATIENTS AGED **70 YEARS AND OLDER**



7,945
BABIES BIRTHED IN OUR FACILITIES



5,723
PEOPLE WERE HOSPITALISED OVERNIGHT DUE TO FALLS



1,239
PEOPLE WERE HOSPITALISED DUE TO CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

1,531,094

NON ADMITTED OCCASIONS OF SERVICE



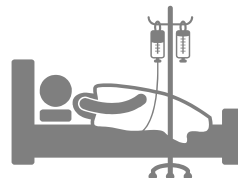
37,415

RENAL DIALYSIS TREATMENTS



6,052
PAEDIATRIC ADMISSIONS

15,206 PEOPLE WERE HOSPITALISED FOR **SUBACUTE AND NON-ACUTE CARE**



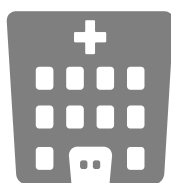
1,037
PEOPLE WERE HOSPITALISED DUE TO **DIABETES**

Appendix: South Eastern Sydney Local Health District at a glance (cont'd)

On an Average day in our Facilities Approximately:



22
BABIES
WERE BORN



600
PEOPLE PRESENTED TO
OUR **EMERGENCY**
DEPARTMENTS

260

ADULTS WERE
HOSPITALISED FOR
ACUTE CARE

Medical
170



Surgical
92



42



PEOPLE WERE
HOSPITALISED FOR
**SUBACUTE AND NON-
ACUTE CARE**

8



PEOPLE WERE
HOSPITALISED
FOR **MENTAL**
HEALTH CARE



16

PEOPLE WERE
HOSPITALISED
OVERNIGHT DUE
TO **FALLS**



4,200

NON-ADMITTED
OCCASIONS OF SERVICE
WERE PROVIDED



3

PEOPLE WERE
HOSPITALISED DUE TO
**CHRONIC OBSTRUCTIVE
PULMONARY DISEASE (COPD)**



74

ADMISSIONS
CAME FROM
OTHER LHDs

