

OUR YEAR IN REVIEW 2016 | 2017



Health
South Eastern Sydney
Local Health District

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ON A TYPICAL DAY

South Eastern Sydney Local Health District has:

485
TOTAL
ADMISSIONS

1,558
OVERNIGHT
PATIENTS

598
EMERGENCY
DEPARTMENT
PRESENTATIONS

224
SAME DAY
ADMISSIONS

74
ADMISSIONS
FROM OUTSIDE
SESLHD

147
AMBULANCE
ARRIVALS

10,114
OUTPATIENT
TREATMENT
BOOKINGS

230
VOLUNTEERS

3751
MEALS
SERVED TO
PATIENTS



//
AT SESLHD WE HAVE COMMITTED OURSELVES
TO RESHAPING OUR MODELS OF CARE,
RADICALLY CHANGING THE WAY WE TREAT
PEOPLE AND EXPANDING SERVICES INTO
PEOPLE'S HOMES AND COMMUNITIES.
//

From the Chief Executive

It has been an exciting but challenging year at South Eastern Sydney Local Health District as we transform the way we deliver health care to our communities. Around the world, health care systems are evolving to meet the growing demands from an ageing population, the burden of chronic diseases and finite budgets. We know that we cannot continue to deliver health care the way we currently do.

That is why at South Eastern Sydney Local Health District we have committed ourselves to reshaping our models of care, radically changing the way we treat people and expanding services into people's homes and communities – keeping hospitals for the seriously ill and injured.

We have been laying the foundations to do this through our strategic planning and forging community partnerships. This year we saw the establishment of the district's first Consumer and Community Council designed and attended by consumers. We know that by partnering with consumers – the very people who use our services – not only benefits us as an organisation but patients and consumers themselves. They go on to be empowered to make decisions on their health care themselves and they have a role in shaping the way we deliver services.

To do this we have needed to be bold and courageous in making tough decisions. We have continued to reduce waste and duplication in the system and reduce our budget deficit.

In 2016-17, we admitted 177,194 patients to our hospitals, an increase of 4.7 per cent. Our emergency departments continue to face increased demand with 217,670 presentations seen over the year.

Some of our achievements over the 2016-17 period have been:

- The release of our first Research Strategy. The strategy is guided by two major objectives: building research capacity and fostering research and translation within the district
- Re-establishment of a district Child, Youth and Family Community Service, which brings together child and family community staff in order to provide an integrated service

- Phase one opening of a new fertility and research centre at The Royal Hospital for Women. The centre will combine fertility treatment, such as IVF for approved public patients with fertility-related research activity
- Becoming part of the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). SPHERE aims to develop new and innovative ways to deliver better health care for communities in NSW.

This year also marked a number of milestones in the district, including 30 years of service for Kirketon Road Centre. The Kings Cross centre aims to protect vulnerable people from HIV, hepatitis C and sexually transmissible infections. Another milestone was the 10-year anniversary of the Royal Hospital for Women's Malabar Midwifery Link Service, which provides care for Indigenous women during pregnancy, birth and beyond.

We continue to see our facilities expand with new investment occurring in capital works programs. Our \$277-million redevelopment of St George Hospital opened in October 2017 and Sutherland Hospital's \$62-million redevelopment has just been completed as well.

A once-in-a-lifetime opportunity has been afforded to us with the announcement this year of \$720 million to redevelop Prince of Wales Hospital and upgrade the Randwick Health and Education precinct. Working with the UNSW Sydney and our partner organisations, we will be able to turn the Randwick precinct into a world-leading centre, integrating health, research, education and teaching.

It has never been a more exciting time to be working at South Eastern Sydney Local Health District. I thank staff for their continuous dedication in providing first class care to our patients, to our volunteers who give up their time to support our work and to our community partners who are vital in helping us look after our communities.

GERRY MARR | Chief Executive
South Eastern Sydney Local Health District

ABOUT US



Covers 468 square kilometres



Approximately 930,000 residents



395,000 people speak a language other than English



Almost 30% from non-English speaking backgrounds



8,720 residents identify as Aboriginal



1,022,000 residents expected by 2027 (20% growth)



37% have long-term health conditions

FINANCIAL YEAR
2016-17

ADMITTED
PATIENTS'
EPISODES OF
CARE

182,835

NON-ADMITTED
PATIENTS'
EPISODES OF
CARE

3,251,246

TOTAL
EMERGENCY
PRESENTATIONS

220,255





// THIS OPERATIONAL SUCCESS HAS ALLOWED US TO RAISE OUR SIGHTS YET AGAIN... AS WE ENTER INTO THE NEXT PHASE OF OUR JOURNEY TO EXCELLENCE. //

From the Board Chair

With many new initiatives throughout our health district and the opening of new facilities at St George and Sutherland hospitals, the past year has been very exciting.

During this time, staff across SESLHD have worked tirelessly to meet their aspirations for continuous improvement in the health of our communities, while at the same time, managing ever-increasing demand for our world-class health care services.

We are benefiting greatly from our thriving partnership with UNSW Sydney, with, among many initiatives, the establishment of the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). The Board also is in active engagement with UNSW, to ensure that we redevelop the Randwick Campus as a world-leading academic health precinct that is truly integrated with the university, delivering global best practice – not only in its physical facilities, but also in the district's engagement in research, clinical trials and teaching.

The Board has again this year been delighted to see the improvement achieved by everyone in all key performance indicators, at every level of our health service, as well as in our financial performance. The outstanding effort of all our people is greatly appreciated.

This operational success has allowed us to raise our sights yet again. Following staff, community and consumer involvement, the Journey to Excellence Strategy 2018-2021 has now been finalised. The development of this strategy is a truly remarkable achievement and I look forward to the next 12 months as we enter into the next phase of our Journey to Excellence where we will see our organisation continue its transformation and provide outstanding service to our communities.

I would like to thank the other members of the district's Board for their commitment and dedication. They have worked with generosity on committees and special projects to help management in their pursuit of excellence and to ensure that we meet and exceed the expectations of our communities in whatever their circumstances.

The Board would like to thank our Chief Executive, Gerry Marr OBE, for his leadership and foresight, and all staff for their tremendous commitment in all parts of the organisation.

I look forward to our continued progress in 2018 and wish all of our people every success in their care for our patients and communities.

MICHAEL STILL | Board Chair
South Eastern Sydney Local Health District

The SESLHD Board is made up of the following 11 members:

- ▶ Michael Still, Chair
- ▶ Associate Professor Peter Gonski, Deputy Chair
- ▶ Patricia Azarias
- ▶ Jonathan Doy
- ▶ Professor Robert Farnsworth
- ▶ Dr Debra Graves
- ▶ Liam Harte
- ▶ Janet McDonald
- ▶ Neville Mitchell
- ▶ Helene Orr
- ▶ Professor Allan Spigelman

In January 2017, the SELSHD Board welcomed Liam Harte, Neville Mitchell, Helene Orr and Allan Spigelman as new members.

The following members completed their terms on the SESLHD Board in the past year: Deborah Cansdell, Dr Gorur Krishna Harinath, Kate Munnings, Professor Peter Smerdely and Professor Jeanette Ward.

The Board expresses its sincere gratitude to these members for their contribution over a number of years.

SESLHD Senior Executive

- ▶ Gerry Marr, Chief Executive
 - ▶ Mark Shepherd, Director, Programs and Performance
 - ▶ Dr James Mackie, Medical Executive Director
 - ▶ Kim Olesen, Director, Nursing and Midwifery Services
 - ▶ Patricia Bradd, Director, Improvement and Innovation
 - ▶ Dr Jo Karnaghan, District Director, Medical Services
 - ▶ Prof George Rubin, Associate Medical Director
 - ▶ Kim Brookes, Director, Clinical Governance
 - ▶ Julie Dixon, Director, Planning Population Health and Equity
 - ▶ Lara Boss, Acting Director, Allied Health
 - ▶ Dr Greg Stewart, Director, Primary Integrated and Community Health
 - ▶ Cath Whitehurst, Director, Capital Redesign
 - ▶ David Pearce, Director of Operations, Mental Health Service
 - ▶ Vanessa Madunic, General Manager, Royal Hospital for Women
 - ▶ Tobi Wilson, General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital
 - ▶ Leisa Rathborne, General Manager, St George Hospital
 - ▶ Karen Becker, David Pearce, Vanessa Madunic, General Manager and Acting General Managers, Sutherland Hospital
 - ▶ Margaret Savage, Director, Professional Practice Unit
 - ▶ Kate Sikora, Manager, Media and Communications
 - ▶ Joy Hiley, Director, Workforce Services
 - ▶ Flora Karanfilovski, Director, Health ICT
 - ▶ Karen Foldi, Director, Finance
 - ▶ George Deletaris, Director, Internal Audit
-

IT HAS BEEN AN EXCITING BUT CHALLENGING YEAR AT SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT AS WE TRANSFORM THE WAY WE DELIVER HEALTH CARE TO OUR COMMUNITIES.





Capital Redesign

Record investment in health infrastructure in SESLHD continued this year, with more major works soon to begin.

Following investment in capital works projects at St George and Sutherland hospitals, redevelopment is set to transform Prince of Wales Hospital and the Randwick Health Campus into a state-of-the-art health, research and education precinct with high quality co-located clinical services.

Cath Whitehurst, Director, Capital Redesign, said it was an exciting time for SESLHD with the redevelopment of facilities at our three major facilities and district services across our three major campuses.

“These improvements will improve the quality of care we provide by helping increase our role in primary care, accelerating our programs to improve safety in all health care environments, improve the way we deliver emergency care, enhance our person-centred health and care services and improve our approach to supporting and treating people who have multiple and chronic illness,” she said.

The NSW Government has committed an unprecedented \$720 million to the Randwick Campus redevelopment which will deliver the first major upgrade of Prince of Wales Hospital in 20 years.

A new Acute Services Building for Prince of Wales Hospital will be built to the west of the existing Randwick Hospitals Campus, and include:

- a new emergency department
- new inpatient units
- new shared operating theatres for the campus
- a new Intensive Care Unit
- an increased percentage of single rooms to manage infectious diseases, and
- bariatric-specific rooms with associated equipment to provide patient-centred care.



A master plan for a dedicated mental health precinct has also been completed.

The project is being delivered by Health Infrastructure and SESLHD in collaboration with precinct partners Sydney Children's Hospitals Network and UNSW Sydney.

After five years of development and construction, based on a vision for world-class health care and medical research under one roof, NSW Premier Gladys Berejiklian and NSW Minister for Health and Research Brad Hazzard, officially opened the new \$114-million Bright Building at the Randwick Hospitals Campus in April.

The 10-storey building comprises Prince of Wales Hospital's Nelune Comprehensive Cancer Centre (five floors), UNSW's Scientia Clinical Research facility (two floors), and an expansion of the Sydney Children's Hospitals Network (three floors).

The Bright Building was funded by the NSW Government (\$46.2 million), Commonwealth Government (\$3.5 million), UNSW Sydney (\$11 million), Prince of Wales Hospital Foundation,

Nelune Foundation and Prince of Wales Cancer Services fundraising initiatives (\$23.5 million), and Sydney Children's Hospitals Network (\$29.8 million) with the support of the Sydney Children's Hospital Foundation.

After two years of construction, the \$307-million Acute Services Building at St George Hospital was opened in October 2017. The NSW Government funded redevelopment took place during the past financial year.

The Acute Services Building has been built above the hospital's new Emergency Department on Gray Street. It will improve the hospital's ability to meet the needs of the community and includes:

- ▶ a new Intensive Care Unit
- ▶ a High Dependency Unit
- ▶ Cardiac Intensive Care Unit
- ▶ eight new operating theatres
- ▶ 128 new inpatient beds
- ▶ two cardiac catheter laboratories
- ▶ a new Central Sterilising Services department
- ▶ a refurbished Day Stay Unit and endoscopy suite
- ▶ expanded and refurbished kitchen, Services Centre and dock, and
- ▶ a new roof top helipad.



OUR PEOPLE



Amanda Justice

Manager, Community Partnerships

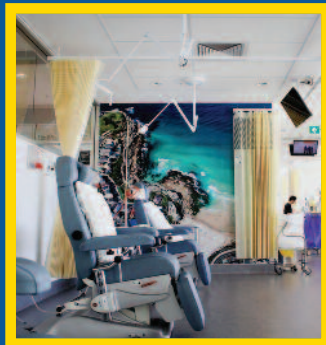
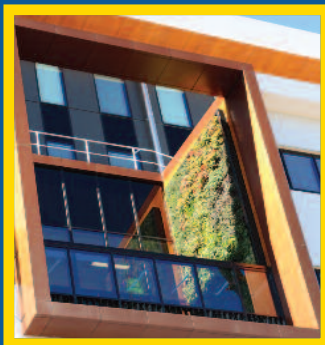
My role provides leadership on community, consumer and stakeholder engagement across the district as well as non-government organisation (NGO) portfolios. We know working with the strengths of communities leads to better health outcomes. We need to work better together and make better use of all our opportunities and the limited resources we have to improve health and wellbeing.

I get a big buzz out of the community being able help us do our work better. I enjoy the idea of activity democracy – where people can participate in the way government services are provided, which not only improves our service but has broad benefits for the people that get involved, for example, we know there are a lot of health benefits to being a volunteer.

My greatest achievement, so far, is supporting the Youth Mental Health First Aid Project, which gives people who work with youth the language and referral pathways they need to be able to support someone at risk or currently experiencing a mental health issue. I get a big delight out of the early intervention and prevention work and I am passionate about decreasing social isolation.

RANDWICK

CAMPUS REDEVELOPMENT





The building incorporates intelligent use of design principles and technology to reinforce positive behaviours by staff, patients and visitors ultimately improving the quality of care delivered.

For example:

- decentralised staff stations that allow nursing teams to be closer to patient bedrooms enhancing supervision
- improved infection control capacity by delivering negative pressure rooms and positive pressure rooms
- improved patient privacy with inpatient units having a 50 per cent ratio of single rooms
- enhanced safety for staff and patients using mobile duress and CCTV technology
- new systems enhancing communication, task flows and task allocation to assist with operational efficiencies and emergency response.

Construction continued on the \$62.9-million redevelopment of Sutherland Hospital, which was due to open at the beginning of December 2017.

The redevelopment includes a new and expanded Emergency Department, purpose-built children's emergency unit, a new emergency short stay unit and expanded high dependency and intensive care, as well as general medical and surgical inpatient capacity.

The building also includes hospital refurbishments, with additional storage space for theatres to increase efficiencies, capacity and expansion of the imaging department. Work began in August to reinstate the car park adjacent to the new building.

The year ahead looks to be exciting as staff and patients are expected to move into the new building gradually. Further refurbishments will occur in Pharmacy, Medical Imaging, Emergency Department office space, linen room expansions and operating theatres.

OUR PEOPLE



Wendy Stone

*Waiting List Co-ordinator,
St George Hospital*

I'm responsible for ensuring the integrity and effectiveness of the patient waiting list is maintained. I'm always mindful it's about providing an efficient and equitable service to all patients and staff.

I lead a team of 16, including five nurses who work in the Pre-admission Clinic. Patients are assessed about two weeks before surgery, with an anaesthetic, medical and nursing assessment and any pre-op tests like bloods, x-rays and ECGs performed in the clinic.

The admin team make all the patient's bookings which involves working closely with consultants, registrars and staff in the surgeons' rooms.

My work day includes liaising with surgeons, registrars and theatre staff, to review the next week's sessions and ensure the available elective theatre time is utilised efficiently. And I'm a member of the Surgical, Perioperative and Anaesthetics Clinical Stream which meets monthly to discuss district-wide surgical matters.

It's an exciting time at St George Hospital with the opening of the new building. Our staff will have a state-of-the-art working environment.





Our Research

The district celebrated the release of its first formal framework for research - The Research Strategy 2017-2021 - in November 2016.

This strategy sets out to build research capacity and is focused on applied and translational research that is directly relevant to improving health care and the wellbeing of patients and the community.

Dr James Mackie, Medical Executive Director, SESLHD, said the strategy spans prevention research in communities through to clinical research within hospitals and services.

“The Research Strategy 2017-2021 places research at the heart of SESLHD’s work to improve individual care and community health and wellbeing – it builds on our history of research excellence within our different facilities,” Dr Mackie said.

“As we continue on our Journey to Excellence, the collaboration and support by staff in progressing the strategy will remain pivotal to our success in delivering the best possible health care.

“All SESLHD staff were invited to contribute to the strategy through workshops, surveys, committee memberships and clinical councils.”

By 2021, the strategy will have achieved:

- ▶ greater community access to research
- ▶ practice and innovation rooted in research evidence
- ▶ a strong culture of research
- ▶ greater engagement in research.

Professor Chris White, Director of Endocrinology, Prince of Wales Hospital, was appointed to the newly created position of Research Director, SESLHD, in September 2017. One of his first tasks will be to develop a sustainable funding strategy for research in the district.

SESLHD’s Translational Research Grant Scheme has supported a number of research projects this financial year including:



- ▶ expanding access to Take Home Naxolone (THN) for overdose prevention from drug and alcohol, needle syringe and peer-based programs in NSW – Professor Nicholas Lintzeris, Director, Drug & Alcohol Services, SESLHD and the Drug & Alcohol Services team,
- ▶ Care of Older People in Surgery (COPS Service) – Professor Jacqui Close, Orthogeriatrician, Prince of Wales Hospital.

The Take Home Naxolone project aims to: establish the capacity to deliver THN brief intervention to target populations attending drug and alcohol treatment, needle syringe programs and peer-led outreach programs in SESLHD and five other local health districts;

evaluate its effectiveness in participants' prevention and response to overdose; and examine the feasibility, sustainability and scalability of the intervention across NSW Health.

The aim of the Care of Older People in Surgery project is to demonstrate that a shared care model between general surgeons and geriatricians will lead to improved outcomes for both the patient and the health system, in people aged over 75.

At St George and Sutherland hospitals, a range of research projects and areas of medical research being supported by the St George and Sutherland Medical Research Foundation (SSMRF). These include:

- ▶ St George and Sutherland Critical Care Research Program: thermoregulation in acute brain injury (ABI) program.
- ▶ Beta 2-glycoprotein I: An important modulator of Gram-negative sepsis.
- ▶ Functional disulphides of the platelet receptor alpha IIb beta 3 in health and disease.
- ▶ Pharyngeal and oesophageal compliance – the clinical utility of Endolumenal Functional Lumen Imaging Probe in managing dysphagia.
- ▶ A pilot study of a randomised control trial assessing the impact of a supervised exercise program on the quality of life of lymphoma patients treated with chemotherapy – the EXEL study.



OUR PEOPLE



Associate Professor Chris White
Director of Research, SESLHD

I was appointed to the position of Director of Research for SESLHD in September this year.

In 1995 I started working as an endocrinologist at Prince of Wales Hospital. In 2003 I became clinical director for endocrine laboratory services and head of the Department of Endocrinology in 2007.

Research is my passion; I have a continuing interest in Vitamin D metabolism and sex steroid biology relevant to bone cell biology. Recently, this includes studying the effect of insulin and glucose metabolism impacting bone mineral metabolism and fragility.

Our hospitals are at the cutting edge in many fields, providing care to patients from other parts of Sydney, NSW and across the nation. Researchers are the scientists, doctors, nurses and allied health professionals who seek to unlock the mysteries of illness and disease to provide a better quality of life for patients.

I'm committed to building capacity and capability for research across the district to enable the next generation of researchers to make an impact in all fields of health care delivery.



In October 2017, SSMRF also announced recipients of the inaugural Microbiome Research Centre Research Grants.

Five two-year capacity grants and one 12-month seed grant were awarded to:

- ▶ The microbiome in pregnancy and infancy, a comprehensive assessment of its composition, and its relationship to health and disease: Dr Amanda Henry and team (\$200,000 over 2 years).
- ▶ The longitudinal course of inflammatory bowel disease: Professor Michael Grimm and team (\$200,000 over 2 years)
- ▶ Oro-Pharyngeal dysbiosis in head and neck cancer: Dr Peter Wu and team (\$140,000 over 2 years)
- ▶ Murine and human studies SLE APS: Dr Bill Giannakopoulos and team (\$160,000 over 2 years)
- ▶ Role of microbiota dysbiosis in immune thrombocytopenia and thrombosis: Professor Beng Chong and team (\$155,000 over 2 years)
- ▶ Anti-cancer therapy on the gut microbiome in gastrointestinal cancer: Dr Winston Liauw and team (12 month seed funding of \$45,000 over 1 year).

SSMRF was established 10 years ago and in that time has awarded \$2 million in research funding to 39 grant recipients. In February, it received a \$4 million Federal Government grant to establish a Microbiome Research Centre at St George Hospital.

The Royal Hospital for Women is a highly active research institution across all areas of perinatal care, and women's health.

A large number of staff from midwifery, obstetrics, neonatal nursing and neonatology contribute to this research activity. The Royal conducts a large amount of its own research as well as contributing to research from universities and other hospitals.

Studies at The Royal include:

- ▶ The Antenatal Classes Study: to identify attendance at classes at The Royal and St George Hospital, as well as demographic information, motivations and barriers to attending classes, intention for use in labour and any association between type of antenatal class and pregnancy outcomes
- ▶ PIPA Plus: To examine the psychometrics properties of psychosocial screening tools used during the perinatal period
- ▶ EPAR Study: To investigate whether early treatment with paracetamol promotes early closure of the ductus arteriosus
- ▶ PROTECT: multicentre trial suggests that using Pentoxifylline in conjunction with antibiotics will improve long-term outcomes in preterm babies with late onset sepsis or necrotizing enterocolitis (NEC).
- ▶ Empathetic-N-Australia: Seeks feedback from parents and/or guardians about their experience of the Neonatal Intensive Care Unit (NICU) during their infants' stay in order to improve care and support.
- ▶ Aerogen: To evaluate the safety and tolerability of surfactant administered by nasal continuous positive airway pressure (nCPAP) to neonates 26 weeks to 29 weeks and six days gestational age.
- ▶ FEEDUR RCT: To evaluate the effects of feeding and withholding feeding on gut oxygenations and perfusion in preterm infants receiving red blood cell transfusions using near-infrared spectroscopy.



- ▶ Stool study: To establish a 'gold standard' reference of intestinal microbiota by studying the stool of term breastfed infants and by monitoring the maturation of the gut microbiota from birth to three years of age. Comparisons of gut flora between pre-term and term infants will then follow.

The Sydney Eye Hospital Foundation provides funds for critical research into prevention of blindness. In 2016, it raised \$167,682 for research at the hospital for:

- ▶ Translational research in treatments for keratoconus: Dr Jingjing You
- ▶ Corneal Unit Herpes Keratitis Study: Professor Stephanie Watson
- ▶ The Serious Ocular Infections Research Project: Professor Stephanie Watson
- ▶ Corneal Fuchs' Dystrophy Project: Dr Gregory Moloney
- ▶ Eye Bank Project to create and test designs for a corneal scaffold: S Cooper
- ▶ Boston keratoprosthesis study trip to Germany: Dr Gregory Moloney
- ▶ Developing evidence-based guidelines for rational use of neuroimaging at Sydney Eye Hospital: Dr Mitchell Lawlor
- ▶ NIRD trial for treatment of diabetic macular oedema: Professor Mark Gillies
- ▶ MRI linking eyes to MS: Professor Sasha Klistorner

At **Sydney Hospital**, research and education by the Sydney Hospital Hand Unit is supported by the Sydney Hospital Hand Foundation, founded in 2016 to improve treatment and prevent injury and disease of the hand, wrist and forearm.

The Prince of Wales Hospital

Foundation (POWHF) provides \$550,000 annually for the POWHF Grants Round.

The program provides grants to priority staff-nominated projects for research, staff education, health promotion, patient care equipment services and the Louisa Hope Fund for Nurses.

Since 2012, the POWHF has funded 33 grants, including the following research this year:

- ▶ Professor James Colebatch: investigating vestibular evoked cerebral potentials in collaboration with Dr Neil Todd
- ▶ Associate Professor Jeffrey Post: study into the antimicrobial stewardship implementation process from policy to practice
- ▶ Renae McNamara: pulmonary rehabilitation and its role in reducing emergency presentations, hospitalisations and length of stay in people with chronic respiratory disease
- ▶ Claire Boswell-Ruys: Abdominal Functional Electrical Stimulation to Assist Ventilator Weaning in Critically Ill Patients study
- ▶ Professor Lin Perry and Julie Gale: Trialling brief screening tool to identify cognitive impairment and factors that deter diabetes self-management
- ▶ Associate Professor Gideon Caplan: breakthrough research into delirium. Research used PET scans to identify abnormal glucose metabolism in the brain as the leading cause of delirium.

OUR PEOPLE



Liz Ryan

Nurse Manager, Emergency Department, Prince of Wales Hospital

I directly manage about 100 nurses and 20 non-clinical staff. I work closely with the medical co-directors and I think we have a really great team in ED. I'm really proud of them.

It's a busy department and it can be quite stressful – we frequently have more patients than we have beds for them. Team work is really important, everybody on the team is of equal value and it doesn't matter what their role is, they definitely add something to the patients' care. It starts with the clerks when patients come in, then the nurses and the doctors, the porters that are moving patients around and the cleaners making sure the place is clean.

None of our patients are starting their day expecting to end up in Emergency, so they're already in a state of stress – whether it's who's picking the kids up from school, or the dogs locked in at home, or whether they're stressed because they've got some life threatening illness. So small acts of kindness make an enormous difference. It could be getting a chair for their relative or making someone a cup of tea. Although they seem like minuscule things, they make a huge difference in someone's care.

SESLHD Snapshots



Australia's first 'eye/tooth' surgeries performed at Sydney Eye Hospital

Two patients' sight has been restored in a series of Australian-first operations performed at Sydney Eye Hospital during 2017.

Dr Greg Moloney, Staff Specialist, Corneal, Sydney Eye Hospital and Dr Shannon Webber, a Maxillofacial Surgeon from Queensland performed the delicate operation called osteo-odonoto keratoprosthesis (OOKP).

OOKP is a highly specialised type of artificial corneal transplant which involves the removal of a patient's tooth (or segment of bone if teeth are not suitable) to house an optic or cylindrical lens.

Dr Moloney said the tooth/lens combination is transplanted into the patient's cheek and left for three months to gain a vascular supply and tissue coating. After three months, it is removed from the cheek and transplanted onto the front of the patient's eyeball.

"OOKP is one of several existing types of keratoprosthesis which is generally used in patients who have blindness due to scarring of the cornea and for whom standard treatments are generally not suitable," Dr Moloney said.

"In cases of severe scarring the ocular surface is so dry or vascularised that it cannot effectively support foreign tissue, however, OOKP may be appropriate if the rear of the eye (retina/optic nerve) is still healthy.

"Generally, OOKP suitable patients are people who have bilateral blindness due to severe corneal scarring from chemical or thermal burns, trauma, drug reactions or autoimmune disease."

The rarity of these cases means there is only the need for a few surgical centres worldwide. Prior to the program being established at Sydney Eye Hospital there was no centre in Australia or this global region, and patients were referred to Singapore.

"It is anticipated only a small group of patients will require this surgery; around two per year," Dr Moloney said. ■





Multicultural health service turns 20

The NSW Multicultural Health Communication Service (MHCS) celebrated its 20-year anniversary in 2017, inviting past and present staff, stakeholders and community group representatives to a gathering at the State Library of NSW.

Speaking at the event, Peter Todaro, Director, MHSC said: “We celebrate this milestone with everyone who has inspired, helped and guided us to where we are today.

“We are humbled by the wonderful support of our friends and colleagues who continue to believe in our vision to communicate health messages through unique and creative ways, to address culture and language for a more inclusive, healthier and happier multicultural society.”

Since 1997, MHCS has been providing state-wide communication strategies to culturally and linguistically diverse (CALD) communities across NSW. The service was established by the NSW Ministry of Health and is administered by SESLHD.

Also attending was the service's former Director, Ilona Lee AM, and Dr Greg Stewart, Director, Primary Integrated & Community Health, SESLHD.

The audience was entertained by Soul Drummer, the Sri Lankan Dance School and Sydney Harmony. Video messages were sent from many friends of the service, including Annette Shun Wah (Contemporary Asian Australian Performance), Mark Cummins (SBS), and Faten Dana OAM (Muslim Women's Welfare Australia/Muslim Community Radio).

The MHCS team coordinates Multicultural Health Week and the Multicultural Health Communication Awards. Its multilingual website receives over 18 million hits a year, with over 600 health resources in more than 65 languages: <http://www.mhcs.health.nsw.gov.au>. ■

SESLHD launches Mental Health First Aid Youth Program



SESLHD launched the new Mental Health First Aid Youth Program in 2017, to help improve the health and wellbeing of young people and those who care for them.

The program delivers training and education to key community services, people who have regular contact with young people, and young people themselves.

It is being coordinated by the district's Community Partnership Unit located within the Directorate of Planning, Population Health and Equity.

The program is being co-designed and jointly funded by the SESLHD Board Community Partnership Committee (BCPC), made up of members from the Central and Eastern Primary Health Network, Department of Family and Community Services, Department of Education, NSW Police, local councils and community members.

Julie Dixon, Director, Planning, Population Health and Equity said at the heart of the project was a co-design approach with the community.

"Through extensive consultation with young people in the community, mental health was identified as a key priority," Ms Dixon said.

"The value of the partnership approach is that it provides us with insight about how the different sectors address youth mental health and by working together we can reach further."

Ruth Hennessy, Mental Health First Aid Youth Program Coordinator, said investment in helping young people maintain good health and wellbeing was crucial for creating a healthier society.

"Just as many members of our community are able to respond to a heart attack if they are trained in the

basics of CPR, we want our community to be better able to respond effectively to mental health issues – offering training is one way to do this," Ms Hennessy said.

The BCPC regards the mental health of young people as a key issue given that three quarters of mental illnesses manifest before the age of 25.

In 2015, suicide was the leading cause of death in young people five to 17 years. It accounted for one third of all deaths among people aged 15 to 24 years.

Residents of SESLHD are at a higher risk of suicide compared to the rest of NSW – 31 per cent versus 12 per cent. ■



Cancer care reaches new heights

The Nelune Comprehensive Cancer Centre (NCCC) is part of the \$114-million Bright Building at the Randwick Hospitals Campus, which was officially opened on 18 April, by NSW Premier Gladys Berejiklian and NSW Minister for Health and Medical Research Brad Hazzard.

The 10-storey Bright Building comprises the five-level NCCC, the two-level Scientia Clinical Research for UNSW Sydney, and the three-level Sydney Children's Hospital Network expansion.

The world-class building has created a translational cancer medicine environment, bringing patients, health care professionals and researchers together in a single,

logical organisational framework, with the key aim of improving access to timely, quality cancer care.

The NCCC, named in honour of Ms Nelune Rajapakse, a cancer survivor, is integral to the innovative alliance between NSW Health and UNSW Sydney which provides comprehensive cancer services, research and education for adults and young people with a cancer diagnosis at one centralised facility.

Providing an integrated, coordinated and patient-centred approach to the care of patients with cancer and blood disorders, the NCCC leverages the expertise of its clinicians and researchers at UNSW Sydney to accelerate translation of research outcomes from the laboratory to the bedside and improve patient outcomes.

Professor Boon Chua, Director of Cancer and Haematology Services, Prince of Wales Hospital and UNSW Sydney, said the NCCC provides patients with seamless care coordination across the Randwick Hospitals Campus.

"Our patients have access to comprehensive, multidisciplinary, evidence-based and research-driven cancer care at one centralised location that is connected to our clinical partners across the Randwick Hospitals Campus," Professor Chua said.

"Together we can reduce the devastating impact of cancer. Together the future of our patients will be brighter."

The Bright Building was funded by the NSW Government (\$46.2 million), Commonwealth Government (\$3.5 million), UNSW Sydney (\$11 million), Prince of Wales Hospital Foundation, Nelune Foundation and Prince of Wales Cancer Services fundraising initiatives (\$23.5 million), and Sydney Children's Hospitals Network (\$29.8 million) with the support of the Sydney Children's Hospital Foundation. ■

Better Health for Homeless Men

An award-winning outreach program run by St George Hospital's departments of Renal Medicine, Liver Disease and Mental Health, in conjunction with Mission Australia, is successfully improving the health of the homeless.

Better Health for Homeless Men aims to identify the health needs and improve health care access for homeless men.

Professor Mark Brown, Renal Physician and Medical Director, Division of Medicine, St George Hospital, said homeless men are at high risk of multiple chronic physical and mental health conditions, and are poorly served by standard health services.

As an outreach service, Better Health for Homeless Men takes screening and health care directly to the group, allowing identification and treatment of risk factors and health conditions, linking hospital and community practice.

To reach the targeted community, an outreach clinic was conducted at Mission Australia Clinic, Surry Hills providing on-site physician assessment and blood collection. This expanded to include a needs-based monthly liver screening and treatment clinic, including portable fibroscan testing and a psychiatrist-led mental health clinic. The service has treated 245 homeless men so far.

"Providing access to these health care services improves health outcomes for this at-risk patient group. The physician, clinic, blood collection, liver screening and hepatitis C treatment and mental health care are now provided on-site," Professor Brown said.

"We have identified very high rates of mental health disorders (63 per cent), hepatitis C (29 per cent) and cardiovascular risk factors - 30 per cent with an established cardiovascular issue such as hypertension or ischemic heart disease, and 42 per cent with obesity and/or abnormal lipid or blood sugar profiles. We offer treatment to all men with identified conditions or risk factors."

The program continues to develop with the addition of general medical and mental health nurses to ensure good ongoing care for these men between clinics. There are few costs involved as clinician time is given voluntarily or as part of work in a formally established outreach clinic.

"This model is easily transferable and scalable across NSW. The program initially provided care mainly for the men's cardiovascular disease, but has expanded due to identified need to cover the treatment of liver disease and mental health problems," Professor Brown said.

Better Health for Homeless Men won the SESLHD Improvement and Innovation Award for Preventive Health in 2017. ■



Medical Executive Directorate



Established in 2015 as part of SESLHD's Journey to Excellence, this directorate is the voice of medical staff at facilities, driving quality and improvement throughout the district.

The Medical Executive Directorate (MED) is responsible for medical governance across SESLHD. It engages medical staff in organisational efforts to improve patient safety, establish the appropriateness of clinical services and ensure quality of care. The MED also ensures that junior doctors are engaged in all aspects of quality improvement and district clinical policy.

1. Patient safety and quality improvement

Among the many initiatives led by the directorate:

- ▶ A district end-of-life care committee, with representation from all sites and general practitioners, was established in collaboration with the NSW Agency for Clinical Innovation (ACI) and the Clinical Excellence Commission (CEC). The committee is developing a three-year strategy to produce demonstrable improvements in the quality of end-of-life care. As a first step, recommendations to improve the accessibility and use of end-of-life care documents including Advance Care Plans are being implemented. Research and development pertaining to the early identification and flagging of the dying patient are well underway.
- ▶ The MED and the Improvement and Innovation Hub (iiHub) launched the Sydney Chapter of the Institute for Healthcare Improvement Open School (IHIOS) at an event at Sydney Eye Hospital. The IHIOS is an online, worldwide network of more than 800 chapters with access to educational resources for quality improvement in health care and communication channels for groups working on similar improvement projects. The Sydney Chapter, comprised of four local health districts, three universities, the ACI and the CEC, has developed a draft work program to advance the chapter's activities and encourage students in the health professions to become involved in improvement action.
- ▶ The IHI Trigger Tool is a methodology which uses pre-defined "triggers", or clues, to identify the overall level of harm within a defined clinical grouping. The project team has used a random

sample of discharged patients from SESLHD facilities for the purpose of discovering trends and systemic issues. The team has completed at least 50 reviews, demonstrating trends across sites and the district. This ongoing project will continue at St George Hospital and will likely extend to Sydney/Sydney Eye Hospital and Prince of Wales Hospital in the coming year.

- ▶ The Quality Use of Medicines Committee maintained oversight of the district drug formulary, including new drug approvals, all individual patient use drug requests over \$10,000, and approval of all district medicine use policies. The committee managed the implementation of the eMEDs electronic medication management system at Prince of Wales Hospital, Royal Hospital for Women and the Sutherland Hospital and is overseeing its ongoing improvement as well as plans for use of the vast amounts of electronic drug administration data it gathers.

2. Medical Services and Health Services Functional Area Coordinator (HSFAC)

This service within the directorate was established in late 2015, to provide district-wide support for senior medical officer recruitment.

- ▶ Opened the SESLHD Senior Medical Officer (SMO) Services Unit in late 2015, completing the separation of the shared service with Illawarra Shoalhaven Local Health District. The independent South

Eastern Sydney service is based at Garrawarra and provides district-wide support for SMO recruitment. By having dedicated district staff, the appointment of SMOs is more efficient and the unit is better able to meet the needs of SESLHD facilities and services.

- ▶ Successfully completed visiting medical officer (VMO) quinquennium project, resulting in the reappointment of 640 VMOs and honorary medical officers, to ensure continuity of the senior medical workforce and compliance with policy.
- ▶ Commenced business continuity planning project to ensure that each site and unit has a HSFAC-approved strategy to ensure that the organisation has a published agreed course of action to undertake in the event of loss of business continuity.

3. Clinical information systems

In addition to the roll-out of eMEDS, the directorate has made significant discharge summary improvements. The REMEDY project developed and commenced implementation of a system to monitor the quality of medicines information in hospital discharge summaries sent to general practitioners (GPs). The project is a collaboration of the SESLHD junior medical officer (JMO) workforce together with health information experts, pharmacists and GPs, aiming to improve the quality of discharge summaries which have been the subject of complaints.

OUR PEOPLE



Michael Zhang
*Resident Medical Officer,
Emergency Department,
Prince of Wales Hospital*

I came into medicine straight from high school. I selected medicine for its versatility. In medicine you can be purely a doctor, or you can do research, teach or even volunteer overseas.

My ultimate goal is to work in ophthalmology, and during a recent trip to Cambodia, I met up with an aid organisation doing cataract surgery. Although I'm not qualified to operate just yet, I called on one of my other passions – photography. The organisation has their own Facebook group and I see my photos ending up on there. Maybe I didn't do the surgery, but creating nice photos for them was my way of helping.

I hope that next time, I can donate my time and skills as a qualified surgeon.

I feel so privileged to be in a career where I have an opportunity to make a positive impact on the health and wellbeing of my patients.



Roadmap to Excellence

Patient safety & quality improvement

3.2 Accelerating our programs to improve safety in all health care environments.

Medical Services & HSFAC

3.11 Securing added value and financial stability of the health services we provide.

Clinical information systems

3.11 Securing added value and financial stability of the health services we provide.

Service Rationalisation Project

3.11 Securing added value and financial stability of the health services we provide.

Research

3.11 Securing added value and financial stability of the health services we provide.

4. Service Rationalisation Project (SRP)

The last year has seen a significant increase in the number of SRPs underway. Each SRP works with the relevant clinical stream with site medical, nursing, administration and allied health staff to collaboratively review data, check for errors, and identify both variation and opportunities to improve services.

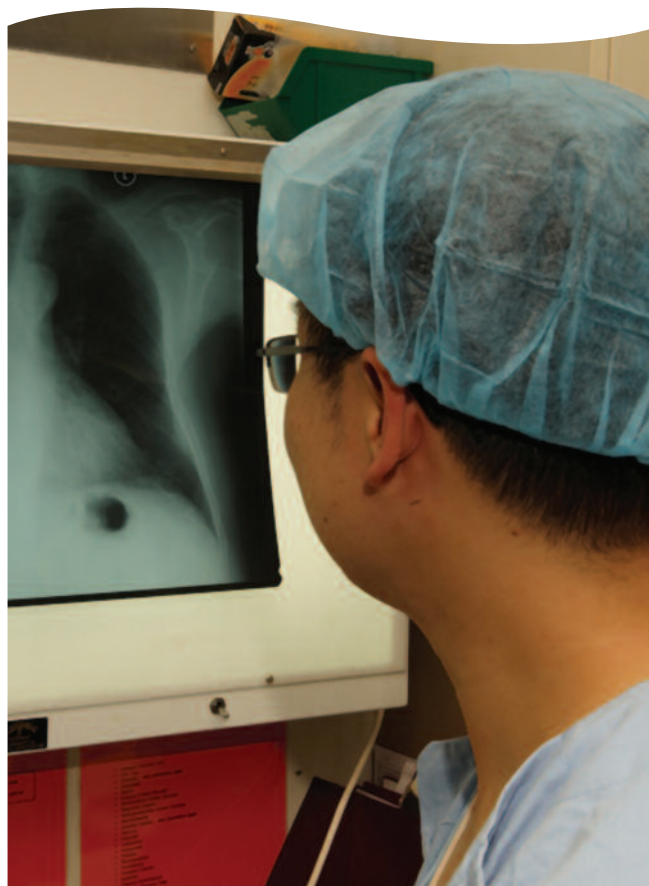
- ▶ The Sensible Test Ordering Project (STOP) continued during 2016-17, leading to a 19.27 per cent decrease in the number of orders at Prince of Wales Hospital. St George and Sutherland hospitals sustained and in some cases improved their ordering reductions from the previous year, while War Memorial Hospital saw a slight increase to ensure alignment with best ordering practice. Overall, the district has seen a substantial decrease in pathology related costs over the three financial years since the program began.
- ▶ Ophthalmology and vascular surgery projects identified significant price variations and opportunities to improve data quality across the sites, resulting in the establishment of Project Beacon, to develop competitive district pricing for prostheses. The project also resulted in changes to models of care and improvements to the services provided.



- ▶ The Advanced Recovery Orthopaedic Program, initiated at the suggestion of a staff orthopaedic surgeon, led to an international literature review and development of a business case with options for implementation at Prince of Wales and Sutherland hospitals. SESLHD's model involves early discharge of suitable patients and placement in a fast-tracked recovery program and is being trialled this year. It was also accepted to be presented as a contender for the Better Value Health Care Program tranche 2 to roll out across the state.
- ▶ All of the SRPs have provided evidence of results using data, leading to better clinical use of electronic information. Clinicians have been interested to review and use the available data to design improvements for their clinical areas and service delivery.

5. Research

Staff from across SESLHD came together to develop the SESLHD 2017-2021 Research Strategy, which has a focus on applied translational research directly relevant to improving the health care and wellbeing of patients and the community. It spans prevention research within communities through to clinical research within hospitals and services. The MED has recruited Associate Professor Chris White as Research Director, SESLHD, whose role is to implement the strategy, with the first task being to develop a sustainable funding strategy for district research.





JMOs: our future clinical leaders

Junior medical officers (JMOs) play an invaluable role in providing frontline clinical care and support to nursing and allied health teams across the district.

SESLHD has established several new committees to help JMOs develop their leadership abilities, identify improvement options and increase opportunities to participate at all levels of our hospital organisations.

The district employs around 1200 JMOs including more than 600 registrars, 175 resident medical officers and 112 interns.

Professor George Rubin, Associate Medical Executive Director, Epidemiology, Safety and Quality, Medical Executive Directorate, said JMOs are considered our future clinical leaders, and to this end, JMO innovation and improvement committees have been established at St George, Sutherland, Prince of Wales and Sydney/Sydney Eye hospitals.

A JMO leadership and innovation committee has also been formed at a district level and has representation at the District Clinical and Quality

Council, which is the peak clinical policy-making body.

Representation at the District Clinical and Quality Council has resulted in the establishment of a number of collaborative projects including reducing unrostered JMO overtime and working to improve JMO wellbeing.

Professor Rubin said the committees have been well attended and JMOs are taking on responsibilities for identifying improvement opportunities and working to address them.

“Senior executive staff have demonstrated enthusiastic support of the JMOs and many of the meetings are attended by hospital management which indicates to the JMOs that they have high level support,” Professor Rubin said.

“The JMOs have extended a welcome to their nursing and allied health colleagues to work with them to identify improvement opportunities, which is an encouraging move towards more teamwork-orientated clinical practice.

“The JMOs are also self-organising district-wide improvement projects beginning with improving medication information to general practitioners.”

OUR PEOPLE



Dr Greg Moloney
Corneal and Oculoplastic Staff Specialist, Sydney/ Sydney Eye Hospital

I help manage a public corneal clinic and corneal surgical list which is part of the corneal transplant service in NSW.

Seeing some patients catching up together and enjoying life again and having a coffee together is really nice.

It's these patients who inspire me to come to work every day, and with the proper application of training and technology, we can make quite a meaningful difference to their lives.

There is no easy way to counsel a patient through vision loss and it's particularly hard dealing with situations where we do face disappointment.

The introduction of newer treatments and treatment programs to Sydney Eye Hospital can help provide additional support to our patients.

We now have a monthly keratoprosthesis clinic and a monthly operating list for patients with severe corneal blindness.

I never saw another career path that interested me. I always saw myself in a career that was involved in health care in some way.



While managing nursing and midwifery throughout SESLHD, this directorate also supports the organisation and redesign of clinical streams.

With patient-centred care at the core of all its activities, the Nursing and Midwifery Directorate has implemented a range of evidence-based initiatives this year.

1. Building on Geriatric Flying Squad services

SESLHD Aged Care & Rehabilitation Clinical Stream worked with the Central and Eastern Sydney Primary Health Network (CESPHN) to enhance the Geriatric Flying Squads (GFS) across SESLHD, to assist in reducing transfers to hospital and build capability within the residential aged care facilities, to manage the acutely unwell resident. The CESPHN initially provided funding to expand the Sutherland and St George Hospital GFS models, to allow an increase in hours of operation from 8am to 8pm seven days a week. More recently, a combined GFS model for Prince of Wales and War Memorial hospitals has been funded. These funds, totalling over \$900,000, employ nurse practitioners

and geriatricians, depending on the needs of each service. To date, the enhanced services are typically caring for an extra 28 patients per month, with almost all preventing an emergency department presentation – a saving of around \$460,000 per site.

2. ePrescribing for improved patient care

Electronic prescribing – ePrescribing – is the foundation for a paperless and more informed way for prescribers and dispensers to manage patient medication. At St George and Sutherland hospitals, the electronic medical record system used by Cancer Services, known as ARIA, added ePrescribing to its functions in August. The benefits of ePrescribing for the patient, prescriber and dispenser include a reduction in transcription and medication errors, increase in protocol compliance, reduction in multiple handling of patient information and provision of a timely, secure and consistent transfer of medication information.



3. Nursewell app

International Nurses Day 2017 saw the launch of an Australian-first app, designed by a dedicated team of nursing leaders at SESLHD, to support the self-care and wellbeing of nurses and midwives. The team recognised the need for a practical, modern and efficient resource that could provide tools to support self-care and promote wellness and vitality, including videos, exercises and information for improved sleep, back health, better thinking and mindful eating.

The Nursewell app also provides an opportunity at the end of each section to reflect on learning and provide information as part of the Nursing and Midwifery Board of Australia's annual requirements for nurses and midwives' Continuing Professional Development. The app, available through the Apple App Store and Google Play, was made possible with financial assistance from the SESLHD Nursing and Midwifery Unit, NSW Ministry of Health and the Prince of Wales Hospital Foundation's Louisa Hope Fund for Nurses.



OUR PEOPLE



Jeanette Jarick
*Nurse Practitioner, Southcare
Geriatric Flying Squad*

We provide outreach services to 27 residential aged care facilities in the Sutherland Shire. We review acutely unwell, frail, older people where the facility might be thinking about sending them to the emergency department. If they come to hospital, it's all out of their control, so residents feel safer in their home environment, with the people who are used to caring for them. As a nurse practitioner I do a full assessment using point of care technology.

About a quarter of our clients receive end of life care or palliative care, but we're not a palliative care service. We're here to provide interventions that are appropriate for that person at the stage of life that they're in. Everything is done in conjunction with the family, and client if they are able, as well as the general practitioner.

I think the primary way I make a difference is providing choices in the place of treatment for that person, so they don't have to come into hospital if they don't want to and they can have the level of treatment they feel is right for them at that point in their health and life.

Roadmap to Excellence

Geriatric Flying Squad

3.1.1 Establish formal working programs...to shift the balance of care in long term conditions and unnecessary presentations to our emergency departments.

3.3.1 Establish collaborative partnerships to build on existing and produce well defined out-of-hospital programs.

ePrescribing, Nursewell app & Heart of Caring

3.2 Accelerating our programs to improve safety in all health care environments.

3.2 Accelerating our programs to improve safety in all health care environments.

Project Management & Team Dynamics

3.2 Accelerating our programs to improve safety in all health care environments.

3.11 Securing added value and financial stability of the health services we provide.

Integrating medical streams

3.10.2 We will construct a formal program of tackling waste and variation, giving our staff the skills and time to refocus their efforts away from tactical cost saving measures.



4. Leadership shaped by Heart of Caring initiative

The Heart of Caring project was designed to be a reflective resource for nurses and midwives featuring compassionate care stories from nurses and midwives. It has informed the creation of a framework for leadership development. The SESLHD Effective Leadership Program is now structured around four main themes which have emerged from Heart of Caring: connecting human to human; self-care and wellbeing; teamwork; and developing culture.

The program now focuses on leading compassionate care, with an emphasis on reflection as a learning tool. Learning partnerships were implemented to support this work and are proving to enable deeper levels of reflection and greater application of learning. This framework is proving suitable for leadership development across disciplines, as elements within it resonate strongly with health care workers who say it helps them re-engage with their personal values.

The project has also led to a successful social media project #The Heart of Caring which profiles individual staff members across disciplines.

5. Project Management and Team Dynamics workshop

To meet a range of needs within the district, SESLHD Clinical Redesign developed flexible formats of project management training to meet the learning requirements and time constraints of frontline and management staff. These formats included a 90-minute workshop, half-day and full-day workshops called Project Management Fundamentals and Team Dynamics (PMF&TD). From March 2016 to July 2017, 107 staff attended a project management workshop.

The training was in such high demand that over the 2016-17 financial year, six one-day workshops were held.

Provision of training in the key elements of project management ensures projects are undertaken using a planned approach, and also builds the confidence of leaders managing these projects.

The expected outcomes for participants are: an understanding of the key elements of project management such as planning, budget, risks and issues; understanding of their own social style and how to work best with others; and techniques for better management of groups. Evaluation of the workshop participants was extremely positive. In 2017-18, the PMF&TD workshop will be replaced with the new, state-wide course Jump Start! An

Introduction to Project Management, for which the SESLHD Clinical Redesign team contributed to the content development.

6. Integrating medical streams

SESLHD has been working to bring the district's medical specialties together under the Clinical Medicine Stream. The aim of this is to jointly identify and investigate service and cost variances, to review services for opportunities to increase efficiency and to reduce clinical variation. To date the services reviewed and working together are Endocrinology, Renal, Neurology and Gastroenterology. The medical heads of these departments now have a better understanding of activity based funding and are more engaged in reviewing budgets and activity within their specialties.

The Medicine Stream will continue to work closely with the specialties and heads of departments, with the next services to be reviewed being Dermatology and Immunology.



OUR PEOPLE



Sharon White
*District Nurse Manager,
Nursing and Midwifery
Workforce, SESLHD*

In my role, I do many things across nursing and midwifery including recruitment, analysis of data, reporting and implementing new systems. My core focus is around making sure we've got the appropriate nursing and midwifery workforce across our facilities and services.

I'm a registered nurse. I started my training in 1978 at Prince Henry/Prince of Wales and I've been in the district ever since. I miss the clinical side, but then I see the positives of being in the position I'm in and being able to place supports around the staff at the clinical coalface.

I've been fortunate enough to be part of a few overseas recruitment campaigns run by the Nursing and Midwifery office of the Ministry of Health. I've had an opportunity to go overseas and interview prospective nurses. It's been great to see some of the international nurses' progress through their careers. A number of years ago I interviewed Helen McCarthy. She was recruited for a midwifery position at St George/Sutherland and now she's the director of Nursing and Midwifery at The Royal. That's a really nice connection.

Improvement & Innovation



The Improvement and Innovation Hub (iiHub) was busy throughout 2016-17 undertaking and supporting projects across the district, addressing local priorities.

Among the iiHub's priorities this year has been to work with hospitals and services to design programs which foster a culture of accountability. The Speaking Up For Safety initiative was implemented as part of the district's Professional Accountability Improvement Program.

1. Inspiring ideas, Bright Spots & the science of improvement

- During 2017, 21 projects from The Inspiring Ideas Challenge (TIIC) have been supported across four categories by a \$1.5 million investment in innovation. TIIC allows staff to develop, test and share their ideas to improve health outcomes for our patients, staff and the community across SESLHD.
- In 2016, SESLHD was proud to showcase our biggest ever Bright Spots event to staff and community at the Annual Public Meeting, where 192 Bright Spot posters were displayed. Bright Spots included local innovations and improvement successes in both clinical and non-clinical areas across the district.
- Utilising the Breakthrough Series Collaborative improvement methodology, the Acute Adult Patient Safety Program has continued to grow, providing 29 ward-based teams with practical experience in improvement methodology over 2016-17.

Also using this methodology, the Diabetes Care Collaborative worked with 11 general practices to increase the rate of HbA1C screening to 70 per cent by December 2016 – a result achieved by nine of the practices. The collaboration led to stronger relationships between primary and acute care services along with a 300 per cent increase in eye examinations for patients with type 2 diabetes. Eight practices used newly developed decision support tools to further improve the quality and safety of care to their patients.

2. Building capacity and capability

The iiHub has continued to focus on improving patient safety by building capacity and capability in our staff who care for patients. Along with further development of the SESLHD Improvement Academy, this has been achieved using a number of approaches.

An Improvement Education Program has been established with two training programs developed and delivered to date: Bronze Level Training – comprising two online modules aimed at raising awareness about improvement science (completed by over 2000 staff); Silver Level Training – a three-month face-to-face program that supports staff in applying improvement science by completing a project (31 graduates in May 2017 program), and Enhanced Incident Management staff training.

3. Staff engagement

- ▶ This year we heard the views of staff through the annual People Matters Employee Survey (PMES). The important role of leadership was promoted, with each directorate and facility being supported to engage locally with the PMES in order to obtain data that would be of local relevance. Results from this survey will be used to focus on improving services for staff and with patients.
- ▶ Aligned with the Journey to Excellence 'Everyone Matters Framework', SESLHD's corporate orientation was redesigned in December 2016, to ensure all new employees were welcomed in an engaging, person-centred manner. Since January 2017, 30 orientation programs have been held across all sites, with 1345 new employees attending. A robust evaluation is underway to ensure value to new starters, the organisation and patient care.

4. Developing leadership

The Improvement Academy Centre for Leadership was launched in December 2016 with the steering committee providing strategic governance over leadership programs offered across SESLHD. Talent and leadership initiatives delivered through the Organisational Development and Learning Unit of the iiHub include:

- ▶ Building on lessons learnt from the inaugural 2016 program, the 2017 Leading Improvement for Transformation (LIFT) program, which focused on developing talent amongst district staff, was completed by 34 people.
- ▶ In addition, the LIFT program partnered with the Clinical Redesign, Planning, Population Health and Equity and Medical Executive directorates, in a separate talent development stream, which entailed coaching participants to apply their capabilities to a district project.



- ▶ A structured mentoring program was introduced and a number of leadership development programs were offered in 2016-17. In partnership with the Health Education and Training Institute (HETI) and the Clinical Excellence Commission, these included: the NSW Health Leadership Program, including the Integrated Care Strategy Facilitator Development Community of Practice; NSW Senior Executive Leadership Program; Next Generation Leadership and Management Program; Leadership Quarters; and the Executive Clinical Leadership Program.

5. Norfolk Island Support Team & 2016-26 Plan

Under the Director, Improvement & Innovation, the Norfolk Island Support Team has been established, including a Program Lead, Business Manager, Principal Human Resources Advisor, Quality and Safety Officer, Telehealth Coordinator, Clinical Coordinator and a Project Support Officer. The team comprises senior management representatives from Nursing and Midwifery, Mental Health, Aged Care, Finance, Clinical Governance, Allied Health, Public Health, Workforce, iiHub, Planning and the Prince of Wales Hospital.

The Norfolk Island Health and Residential Aged Care Service Health and Aged Care Plan 2016-2026 has been developed, addressing the need to identify the scope of health services required for the residents and visitors of Norfolk Island. Ongoing work includes development of flexible service models which are client-focused, responsive to community needs and offering better integration of services, particularly in the areas of aged care, acute care, mental health, primary, outpatients, community and integrated care and core support services.



OUR PEOPLE



Rosalind Roberston
*Senior Psychologist,
Gynaecological Cancer
Centre, Royal Hospital
for Women*

I provide psychological assessment for inpatients and outpatients, and ongoing support for women and carers at all stages of cancer treatment.

Many of our patients cope with exceptionally difficult circumstances and through my role I can help make a difference in a patient's life.

The aim of psychological intervention is to decrease stress, particularly during difficult periods, increase morale, self-esteem and coping skills, and minimise the impact of cancer on one's life.

By listening to their stories, I can help patients solve any problems they may have, help improve their coping skills, help them develop resilience, and learn relaxation and meditation techniques.

So many of the patients I see every day are inspirational, and I gain so much from my experiences with them.

Oncology is a field where dealing with serious illness, dying and death occurs on a regular basis, and this makes the work very challenging at times.

I think it's important to acknowledge my colleagues and let them know how great a job they are doing at helping patients through critical times in their lives.

Planning Population Health & Equity



One of the main providers of public health and population health programs and services across South East Sydney, this directorate's mission is to help people stay healthy in the community and reduce disparities in health outcomes among priority population groups and localities.

The Directorate of Planning Population Health & Equity (DPPHE) has established units focused on community partnerships, strategy and planning, to support the health system to improve the health and wellbeing of the community. The directorate is focused on reducing inequities and works hand in hand with individuals, communities, agencies and other service providers, to improve population health outcomes.

Among the diverse range of services covered by DPPHE are: the HIV and Related Programs (HARP) Unit, Sydney Sexual Health Centre, Short Street Centre, The Albion Centre, Population Health and Epidemiology, Health Promotion Unit, Public Health Unit, Community Partnerships Unit, Population Health Falls Prevention Programs Coordination Unit, and a Strategic and Planning Unit.

1. Greater Randwick Integrated Health Services Plan

The NSW Government this year announced the redevelopment of the Randwick Hospitals' Campus, which is part of an academic and health precinct that includes the UNSW Australia's main campus, renowned for excellence in health, teaching, education and research. This investment will ensure staff working on this campus continue to deliver the highest standard of care to patients in world-class facilities.

The Greater Randwick Integrated Health Services Plan was developed in response to this funding announcement, outlining a vision for the campus to become a globally renowned academic health science centre and a sustainable health system for the future. This plan was endorsed by the Ministry of Health citing it as a comprehensive document that reflects rigour, leadership and innovation.

2. Doing It Differently community grants initiative

Doing it Differently is a local community grants initiative offered in partnership with Bayside Council, which aims to support the community's resources, to improve health and wellbeing. Research shows that when communities are more socially connected, engaged, trusting and tolerant, health outcomes are improved. Twenty community groups and organisations were awarded a grant of up to \$10,000 in 2016, to enhance their environments, resilience and social connectedness, promote community spirit and inspire pride in their local neighbourhoods. Doing It Differently reached more than 700 community members and won the SESLHD Collaborative Team Award 2016-17.

3. Focus on health protection

Recent highlights of the Public Health Unit's work:

- Identified, investigated and controlled high-profile Legionnaires' disease outbreaks in the Sydney CBD and southern suburbs
- Instigated a novel and effective social media campaign to warn of the risk of Ross River virus infection by mosquitoes around the Georges River
- Worked closely with the Environmental Protection Authority on communicating and managing the public health impact of contaminated sites such as historical mercury contamination around Botany Industrial Park.

4. Dramatic results from improved access to hepatitis C treatment

Following the listing of direct-acting antiviral drugs on the Pharmaceutical Benefits Scheme, 1287 SESLHD residents initiated HCV treatment between 1 March and 31 December. Of these, 876 people were treated at publicly funded clinics at St George Hospital, Prince of Wales Hospital, the Kirketon Road Centre, the Langton Centre and the Albion Centre.

This contrasts dramatically with the previous year, when only 58 people completed treatment in SESLHD clinics, highlighting the district's role in rapidly improving treatment of this debilitating disease.

5. Caring for the mental health of our youth

The Mental Health First Aid Youth (MHFAY) Project is an initiative led by SESLHD Board's Community Partnerships Committee in partnership with Department of Education, Family and Community Services, NSW Health, Police, primary health networks and local councils. The project aims to reduce stigma and improve the support, early detection and treatment of mental health problems. This is achieved through a 'ground up' approach, as young people's support networks are crucial to their health and wellbeing.

The MHFAY Project uses connections with community members who deal directly with young people and provides these community members with evidence-based training.



OUR PEOPLE



Rania Abdou

Senior Resident, Obstetrics & Gynaecology, St George & Sutherland Hospitals

I feel as though working with women is my purpose in life. Obstetrics and gynaecology is not just a clinical and surgical specialty, it also gives me an opportunity to have a much broader involvement in women's health – being a women's health advocate, working with migrants and refugees, family planning, quality improvement and clinical governance. I love being involved in all the levels of my work.

I try my best to empower women with knowledge and to make sure that everything we do is through a shared decision-making process. So if we have to make an emergency decision they're already prepared for it.

A goal of mine is to work for Médecins Sans Frontières. I feel I'm very privileged to work in this field in Australia and as a Muslim Australian woman who speaks Arabic, I think I have both the privilege and the responsibility to serve, not just local women within my community, but also internationally.

Roadmap to Excellence

Randwick health plan

3.4 Person-centred health and care services.

3.5.1 There will be evidence of more effective collaboration across disciplines to manage individuals with complex co-morbidities.

Doing it Differently

3.4 Person-centred health and care services.

Focus on health protection

3.4 Person-centred health and care services.

Hepatitis C treatment results

3.4 Person-centred health and care services.

3.5 Improving our approach supporting and treating people who have multiple and chronic illnesses.

3.8 Reduce levels of communicable diseases (HIV/Hepatitis B & C/sexually transmissible infections).

Youth mental health

3.4 Person-centred health and care services.

Primary Integrated & Community Health



During 2016-17, this directorate continued to develop a strategic approach to community health and integrated care services for the district.

Primary Integrated & Community Health (PICH) continued to implement the district's Integrated Care Strategy, with significant developments including using a 'test of change' approach to develop an eReferral system, establishment of HealthPathways and refinement of other aspects of integrated care, such as our model for Primary Health Network-based nurse care coordination.

A key achievement was the re-establishment, after nearly two decades, of a district Child Youth and Family Community Service, drawing together staff across SESLHD to provide better and more integrated population health and clinical services for this critical population group.

The development of the service was a recommendation of the Health Care in the Community Review (2015) to reconfigure community based health services in SESLHD. As the service develops in its principle areas of work – child and family nursing, disability and allied health therapies, violence, abuse and neglect services – it will be guided by the principles of improving client access; integrated service delivery; coordination with partners; and collaboration between acute and community based services.

An Integrated Oral Health Promotion Plan has been developed by the SESLHD Oral Health Service, to drive its strategic priorities, including: improved access to services, with a focus on equity; targeted early intervention for priority populations; and more proactive and systemic preventive care. The new Mobile Dental Clinic is a key component in implementing the plan.

A supporting communication plan has been developed to ensure effective communication with consumers, communities, service partners and within the Oral Health team.

The SESLHD Drug and Alcohol Clinical Service Plan has been developed by the SESLHD Drug and Alcohol (D&A) Service. The plan details the strategic directions and priorities for district D&A services, as well as other health services in SESLHD, over the next five to 10 years. The three key priorities are: to provide accessible, high quality treatment, aligned with community and individual needs; to enhance the capacity of non-specialist services to address D&A issues; and to ensure the sustainability and continual development of D&A services.

1. Preparing SESLHD for the National Disability Insurance Scheme

During 2016-17, the district prepared for the implementation of the National Disability Insurance Scheme (NDIS) which commenced in SESLHD on 1 July 2017. Preparations included: the establishment of a transition steering committee and working groups tasked with developing clear local pathways and resources; development of a framework for district education champions offering regular, relevant training and education to staff; and a robust communication plan for staff and district representation at the NSW Health NDIS Community of Interest groups.

2. Navigating the health system online

Negotiations were concluded with partner organisations Central and Eastern Sydney Primary Health Network, the St Vincent's Hospital Network and the Sydney Children's Hospitals Network, resulting in an agreement to proceed with the South Eastern Sydney HealthPathways Program.

HealthPathways is a web-based information portal designed to improve navigation of the health system. The program aims to connect patients to the right care, at the right place, with the right health care professional and at the right time, using clear, consistent clinical guidelines and referral pathways. Particularly geared for use by the primary care sector, the aim of the program is to significantly improve the quality of care provided in the community and to reduce waiting times for services.

3. Assessing the needs of new and emerging communities

In 2016-17 a new and emerging communities' needs and assets assessment was undertaken by SESLHD's Multicultural Health Service, in consultation with a range of internal and external partners. The project involved developing creative approaches to consultations with hard-to-reach communities that are smaller in number, have arrived more recently and have poorer community infrastructure than more established culturally and linguistically diverse (CALD) communities.

The project identified the most vulnerable groups as the Nepalese and Bangladeshi communities, along with Chinese grandparents caring for children under five years of age.

The project has led to the identification of new and emerging health needs and has informed the planning and development of a range of projects for CALD communities. These include a cervical screening project with Nepalese and Bangladeshi women, development of models of antenatal and postnatal maternity care, as well as mindfulness interventions.

4. Kirketon Road Centre

Kirketon Road Centre (KRC) has expanded its role in community based treatment for hepatitis C. KRC provides hepatitis C testing, treatment and care through partnerships with the needle and syringe programs at the AIDS Council of NSW and the NSW Users and AIDS Association, as well as at the Sydney Medically Supervised Injecting Centre. Through this model of care, KRC has now treated almost 200 people for hepatitis C, many of whom are homeless (38 per cent), Aboriginal (30 per cent) and currently inject drugs (75 per cent). Internationally, this is the largest community based cohort of people who inject drugs being enabled to access treatment for hepatitis C, in the era of interferon-free therapies.

5. Aboriginal health care

The South East Aboriginal Health Care (SEAHC) and Supplementary Services Program, established in 2016-17, will help improve health outcomes for Aboriginal and Torres Strait Islander people with chronic health conditions through better access to coordinated and multidisciplinary care. The program, funded by a grant from Central and Eastern Sydney Primary Health Network, is designed to improve access to culturally appropriate mainstream primary care services for Aboriginal and Torres Strait Islander people.

This program also adds to current service delivery by the Bulbulwil Healthy Lifestyle Program and other SESLHD chronic and complex care services to provide a more holistic and integrated health care pathway for the local Aboriginal community.

OUR PEOPLE



Karen Patterson
Manager, Organisational Development and Learning, SESLHD

I came to work for South Eastern Sydney [LHD] because I think the work here is making a difference, particularly around innovation and improvement. We are nudging the whole system and we're setting an example for change. The Journey to Excellence is an exciting initiative about building healthy communities, engaging our communities as assets, refocusing on prevention and utilising our health resources most effectively. I've always been very conscious we only have limited resources, but the paradox is we actually have all these untapped resources in the community. We have, I suppose, self-limiting thoughts, we only have the bucket that sits in front of us, whereas if we engage the whole community we've got abundant resources.

One of my drivers is everything I do is connected to the patient. In working through and with people, I have the opportunity to be able to listen and organise resources and help to achieve improve the care they're providing. I have a bit of a balcony view, so I'm able to step up and out and be an advocate.

Roadmap to Excellence

Preparing SESLHD for NDIS

3.4 Person-centred health and care services.

Navigating the health system online

3.1 Increasing the role of primary care.

New and emerging communities

3.4 Person-centred health and care services.

Kirketon Road Centre

3.1 Increasing the role of primary care

Aboriginal health care

3.5 Improving our approach supporting and treating people who have multiple and chronic illnesses.



SESLHD's Allied Health professionals have focused on developing innovative ways to solve problems and improve systems to benefit the care of patients this year.

1. Use of OrBiT dashboard

The use of allied health data markers through the OrBiT dashboard links activity with admitted patient data and SNAP [sub-acute and non-acute patient programs] outcome data. Using data analytics informs the quality of care provided to patients by: effectively monitoring staff performance and patient outcome measures; ensuring service responsiveness and contributing to reducing length of stay. This information is used for service reviews, clinical redesign, resource allocation and innovative models of care.

2. Innovative workforce strategies

SESLHD Allied Health staff include women of child-bearing age (65 per cent) and men who are in early parenthood (12 per cent). This creates challenges for managers, such as temporary reduction in hours, development of junior staff to fill vacated senior roles, maintaining full-time positions for continuity

of care and maintaining a standard of clinical care and safety across a part-time workforce.

Programs introduced to support managers include: maternity leave and return to work strategy guidelines; BUILD – a voluntary opportunities program for junior staff development; continuing professional development for assistants; ongoing governance support programs; and the SESLHD Allied Health Workforce Plan established to support an agile, responsive workforce.

3. Building resources for leadership and research

Allied Health has pursued a commitment to developing leaders and supporting research with a range of initiatives such as the two leadership forums for senior district Allied Health staff; completion of leadership programs; education and training in research skills, and forums for



occupational therapy, social work, physiotherapy and psychology that highlight innovation, quality improvement and research.

Showcasing Allied Health's leadership focus, SESLHD's Orthoptics Advisor, Melanie Lai, was a state finalist in the NSW Health Awards following receipt of a district Collaborative Leader of the Year award. Negotiations are also underway for a Professor of Allied Health.

4. Excellence in innovation & staff development

Allied Health fosters a workplace learning environment, supporting staff to be innovative and provide evidence-based practice. Five allied health projects were funded by The Inspiring Ideas Challenge (TIIC) in 2016-17 and seven projects in



2017-18. Allied Health successfully secured \$118,000 of funding for HETI Workplace Learning grants in 2016-17, \$120,000 in 2017-18, and was well represented among finalists in the 2016 and 2017 SESLHD Improvement and Innovation Awards.

5. NDIS leadership across SESLHD

Allied Health has led education and training to facilitate participants' entry into the National Disability Insurance Scheme (NDIS) – often described as the largest social reform since the introduction of Medicare. Some 22 social work and occupational therapy district education champions have led this training of over 200 staff across inpatient and community health areas, including mental health.



OUR PEOPLE



Dr Astin Friskin
Dental Officer, SESLHD

I work across two locations – the Aboriginal Dental Clinic in La Perouse and the Special Needs Dental Service at the Mission Australia Centre in Surry Hills. I generally treat up to 12 patients per day, providing both general and emergency dental care. I also travel two to three times yearly to Lord Howe Island to provide dental care to the local residents.

I find it extremely rewarding working in public health, especially focusing on our vulnerable populations who may not otherwise be able to afford or access dental treatment. When someone hasn't been able to sleep all night due to dental pain and you are able to treat them and eliminate their pain, it is very gratifying.

Recently, I saw a gentleman who, at his first appointment, refused to smile and even took convincing to open his mouth due to the deteriorated state of his mouth. It took many appointments to complete his treatment but at the end I couldn't wipe the smile off his face. It can make such a difference to people's lives.

Roadmap to Excellence

OrBiT dashboard

3.11 Securing added value and financial stability of the health services we provide.

Innovative workforce strategies

3.2 Accelerating our programs to improve safety in all health care environments.

Building leadership and research

3.2 Accelerating our programs to improve safety in all health care environments.

Innovation & staff development

3.2 Accelerating our programs to improve safety in all health care environments.

NDIS leadership throughout SESLHD

3.4 Person-centred health and care service.

For this directorate, 2016-17 has seen a series of positive initiatives focused on early intervention and increased community engagement, as well as with patients' physical health and safety.

1. New child and youth early interventions

The directorate ran more effective, evidence-based early interventions for children, adolescents and youth in the community, encompassing physical, social and mental health this year.

- ▶ headspace Bondi Junction – which provides mental health, primary health care, alcohol and other drugs and vocational services to young people aged 12-25 years – celebrated its first anniversary in May 2017. In its first year of service, headspace saw more than 600 clients and completed 2,700 occasions of service.
- ▶ The Getting on Track in Time (Got It!) Program was delivered to six primary schools in the district. The Got It! team works closely with local school staff, children, parents and other local service providers to provide evidence-based clinical interventions for children with emerging conduct disorders.

2. Successful engagement with consumers and community

- ▶ The 12th Annual Aboriginal Mental Health and Wellbeing Workforce Forum was hosted by SESLHD in partnership with the Aboriginal Health and Medical Research Council of NSW in June. The two-day forum was attended by over 250 Aboriginal mental health staff from public mental health services, Aboriginal community controlled health services and community managed organisations.
- ▶ Eastern Suburbs Mental Health Service hosted the Domestic Violence and Older People Forum in June 2017. Over 160 attendees from across the health and social sectors came together to discuss and hear presentations from experts in the fields of mental health, domestic violence, elder abuse, the law and research.
- ▶ The St George Community Mental Health Service Wellbeing Network was launched in February 2017 to provide mental health consumers with important lifestyle and recovery information via videos shown in the centre's waiting room.



- ▶ The 2017 Mental Health Lived Experience Recovery Forum was jointly hosted by the Bayside Council and the St George/Sutherland Mental Health Service Consumer Advisory Committee this year. The free forum brought together a range of local service providers and offered seminars, workshops and information on support available to assist consumers in their recovery.
- ▶ The Mental Health Service partnered with NSW Health and the Commonwealth Department of Health in drafting the ordinance to apply the NSW Mental Health Act to Norfolk Island.

3. Physical health of mental health consumers

- ▶ The directorate delivered physical health interventions to over 840 mental health consumers via the Keeping the Body in Mind Program. Risk-reduction interventions led to 70 per cent of mental health clozapine clients experiencing reductions in weight, waist circumference, blood pressure, discretionary food intake and time spent physically inactive.
- ▶ 210 Mental Health staff experienced improved health through the Keeping our Staff in Mind initiative, with those participating achieving reductions in weight, waist circumference and sedentary time.
- ▶ Enhancing the transition of care between inpatient and community mental health services was a focus this year along with general practice primary care for people living with severe and persistent illnesses.

4. Mental Health Patient Safety Program continues

- ▶ The directorate recorded reduced frequency and duration of seclusions at Prince of Wales Hospital. A series of targeted initiatives resulted in the district's overall mental health seclusion rate reducing from 11.7 to 2.9 seclusion episodes per 1,000 bed days.
- ▶ Sutherland Mental Health Inpatient Service reduced the use of sleep medications, resulting in improved sleep quality and quantity for 71 per cent of patients using non-pharmacological interventions.

5. Education and training

- ▶ More than 50 per cent of staff completed Bronze Level Improvement Training, which introduces the key concepts of quality improvement and the Model for Improvement, and encourages reflection on how quality improvement may be applied in the workplace.
- ▶ The St George Community Mental Health Service, with funding support from the Central and Eastern Sydney Primary Health Network (CESPHN), developed and launched a Mindfulness Program in Arabic and Bengali. This program is now expanding across SESLHD and the wider CESPHN region.
- ▶ The South Eastern Sydney Recovery College continued to bring together consumers, carers and clinicians in developing and delivering learning opportunities to support recovery from mental illness. Over the year, the Recovery College offered 200 courses and accepted over 1600 enrolments, with courses translated into languages other than English. Students report achieving over 70 per cent of the goals they set for themselves.

OUR PEOPLE



Matthew Trindall
Clinical Leader, Aboriginal Mental Health

I coordinate aspects of workforce, strategic directions, training and clinical services for Aboriginal Mental Health. We've also been looking at partnerships to improve community engagement, community access and service delivery.

I'm originally from Narrabri, North West NSW. My community has one of the highest rates of suicide in NSW. My story is probably similar to a lot of Aboriginal people who work in the mental health space, coming from the lived experience. I worked in my community for five years. It was difficult to separate personal and professional boundaries because Narrabri's not a large place – I knew most of the people who came through the door.

You see people at their worst and then you see them at their best, and you know that the experience you've had with them has helped them move on in life. They don't forget that. If I run into a person I used to provide a support to, they always say thanks, or they'll give me an update on where they're at – that reiterates what you're there for.

Roadmap to Excellence

Early interventions

3.4, 3.6, 3.7 Person-centred health and care services; Reduce rates of obesity and diabetes.

Consumer & community engagement

3.1, 3.4 Increasing the role of primary care; Person-centred health and care services.

Physical health of mental health consumers

3.6, 3.7 Reduce rates of obesity and diabetes.

Mental Health Patient Safety

3.2 Accelerating programs to improve safety in all health care environments.

Education & training

3.2, 3.4, 3.5 Accelerating programs to improve safety...; Person-centred health and care services; Supporting and treating people who have multiple and chronic illnesses



AFTER THREE YEARS OF REFORM AND STEADY IMPROVEMENT ON THE ROAD TO EXCELLENCE, THE SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT IS STARTING THE NEXT AND MORE AMBITIOUS STAGE OF ITS TRANSFORMATION.



Our focus

We have begun to pave the way for our future strategic direction – focusing on strong, healthy communities and keeping people out of hospital as much as possible. Our starting point is not hospitals, doctors and institutions, but patients, people and communities.

The journey so far has seen us make some incredible improvements to the way we run our organisation and deliver quality health care. In the past year, we have made tough financial decisions in order to reduce our debts and reinvest into our staff to develop innovative and inspiring new ways of treating patients – in and out of the hospital. Sometimes, the changes that have been made to the organisation are not always seen on the frontline, but are behind the scenes in order to keep an efficient health service functioning.

Some of those achievements have been made possible by the Finance and Internal Audit departments included:

Procurement

The district procurement function went through a significant development period in 2016-17. The Clinical Products team continued to do its great work in reviewing opportunities that become available via the vast number of state contracts. The first major district-wide procurement initiative in many years was undertaken, focusing on four key clinical areas with significant savings targeted.

The end result will be contracts with major suppliers, with agreed targets and standardised pricing. This exciting project means savings can be maximised and the district can pass those savings on to the frontline.

Improvements to revenue and billing

- ▮ Significant effort was undertaken to deliver improved patient fee revenue across the district. This resulted in significantly increased revenue compared to the prior year.
- ▮ We have reduced costs and risks to the district by a redesign of our Billing Services centre. We now have teams working in a more efficient manner by redesigning the system.
- ▮ We are providing additional services to integrated community health and cancer services through a new funding model.

Financial reporting and accounting

Finance was involved with the transition of the former Norfolk Island Hospital Enterprise into the Norfolk Island Health and Residential Aged Care Service (NIHRACS) in partnership with Commonwealth and state government agencies. This involved:

- ▮ preparation of an operating budget for the NIHRACS, which was subsequently approved by the Commonwealth for funding,
- ▮ preparation of SESLHD's budget to administer the NIHRACS project, which was subsequently approved by the Commonwealth for funding
- ▮ compilation of the NIHRACS annual financial statements, along with continued collaboration with government to ensure best practice processes are adopted to improve financial governance.

Internal auditing

Through our Internal Audit office we have undertaken a range of risk assessment work and identified ways we can improve our business administration, such as:

- ▮ Information security review – we are looking into the effectiveness of our information security management function.
- ▮ Consumer engagement – Our auditors reviewed how consumers are involved with our district and suggested ways to improve the engagement to ensure consumers are participating in service planning, decision making from the start of projects and participation in quality and safety initiatives.

Revitalised Internal Audit Unit

The mission of Internal Audit is to be the leading auditing function in NSW Health through the provision of independent, objective assurance and consulting activity designed to add value and improve South Eastern Sydney Local Health District funds.

The way ahead

The next chapter in the Journey to Excellence, is to reorganise our business to deliver patient-centred care that provides better links between health services and other services in areas such as justice, community services, transport and local councils.

We want to achieve a model of care that:

- ▮ has patients designing the care with us so that their needs are met
- ▮ makes sure we care for and support people in their homes, or as close as possible, so they can remain independent
- ▮ makes sure hospitals remain world class but think beyond the walls to engage in deeper challenges of health and wellbeing for the community, and
- ▮ uses advanced technologies to provide the best hospital services and share information with our staff, patients and families.

We know we must make it easier for people to find and access the care and support they need.



In 2016-17, the Workforce Services Directorate's contribution on SESLHD's Journey to Excellence was broad and varied.

Workforce Services provided leadership and strategic guidance on a number of key workplace relations issues this year, advising and coaching key managers in their journey towards fulfilling the objectives in the *Roadmap to Excellence*.

The directorate has also assisted managers and staff in a range of human resources' and employee relations' matters, as well as guided restructure initiatives, processed new recruitment activities, provided workforce data reporting, and assisted SESLHD to comply with relevant employment laws, award, policy and procedural obligations.

1. Industrial Relations successes

Successful negotiations with the major health unions enabled the implementation of several improvement and service initiatives.

2. Redevelopment of the Position Maintenance portal

This portal provides managers with education and support in creating, maintaining and modifying work structures in StaffLink. The enhancement also allows for a new contingent worker set-up in StaffLink, improving this important human resource system.

3. Allied Health Workforce Unit

In 2016-17, Workforce Services formally partnered with Allied Health to form the Allied Health Workforce Unit, which is working towards enhancing management capability to allow for more effective and efficient allied health clinical workflows, and creating workforce models aimed at optimising patient outcomes. The establishment of SESLHD's first Allied Health Workforce Strategy has also commenced.



4. Aboriginal workforce development

Workforce Services has led the commencement of SESLHD's first Aboriginal Workforce Development Strategy, which aims to assist in longer-term workforce participation which will lead to improved health outcomes for local Aboriginal communities.

5. Work, health and safety

Workforce Services has continued to mitigate work, health and safety risk via audits in clinical areas across all sites throughout 2016-17. There has been proactive management of workers compensation claims to enable a \$3.1m surplus which will return to SESLHD's Health Safety and Wellbeing Team, supporting injured workers and enhancing employee wellbeing.



OUR PEOPLE



Matt Webb

*Allied Health Educator,
Data Manager and Workforce
Consultant, SESLHD*

I support district Allied Health staff with strategies for their services and workforces. I'm involved in education for clinicians and I analyse data and identify opportunities for workforce development, looking at ways of improving our services.

This year, I've been working on two projects – BUILD, a career development program for junior staff, and a data dashboard which quickly and easily presents vast quantities of data. The career development program is very exciting, as it aims to help junior professionals set goals and develop into high-performing clinicians. The dashboard has a quality of care focus, so we measure activities like how well teams are working together and if we're meeting best practice guidelines.

A lot of clinicians acknowledge their skills in looking at data and understanding systems mightn't be particularly strong, but it's not their core role. I upskill them in data analytics and encourage them to share what they're doing with colleagues.

Outside of work, my goal for the year is to complete another self-supported multi-day hike and play in the Sydney Unicycle Hockey League.

Roadmap to Excellence

Industrial relations successes

3.11 Securing added value and financial stability of the health services we provide.

Position Maintenance portal

3.11 Securing added value and financial stability of the health services we provide.

Allied Health Workforce Unit

3.4 Person-centred health and care services.

Aboriginal workforce development

3.2 Improving the health of the population.

Work health & safety

3.4 Accelerating our programs to improve safety in all health care environments.

Prince of Wales Hospital & Community Health Services



The Prince of Wales Hospital (POWH) and Community Health Services had a successful year functioning as a busy teaching tertiary hospital with significant research activity, new facilities commissioned and planning for further major capital works.

In February 2017, the Bright Building, housing the Nelune Comprehensive Cancer Centre, was officially opened by the Premier and NSW Minister for Health providing world-class facilities for patients with cancer.

Furthering on investment to the Randwick Hospitals Campus, the NSW Government committed \$720 million to deliver a major upgrade of POWH and shared services. Combined, these upgraded facilities will ensure the Randwick Health and Education Precinct is a world-leading centre for health and wellbeing, committed to the integration of health, research, education and teaching.

The Emergency Department at POWH recorded close to 58,000 presentations this year; more than 46,000 patients were admitted to hospital and over 377,000 outpatient services were delivered. Meanwhile our interventional neuroradiology (INR) team was affirmed as a NSW provider of life-saving endovascular clot retrieval (ECR) stroke services. This service is provided around the clock to referring metropolitan and regional centres. Services are provided in collaboration with a range of POWH departments and offer significantly improved patient function, recovery and quality of life post procedure than alternatives.

Prince of Wales is the first hospital in the state to have three innovative new information technology projects

deployed or currently rolling out: the upgrade from electronic medical record (eMR) to eMR2, installation of eMEDs and planning for the start-up of eRIC in the Intensive Care Unit (ICU).

eMR2 greatly reduces the paper used for inpatients with electronic progress notes, observations, assessments, referrals and orders, while eMEDs delivers electronic medications management improving use and safety surveillance and increasing data available to researchers. eRIC, once installed in the ICU, will integrate patient data every minute from multiple systems, to improve both safety and clinical decision-making.

Hospital staff have led and participated in significant research activity, such as the ground-breaking work undertaken by our delirium team leading an interventional trial to cure delirium, a condition affecting one in four older Australians in hospital. The team's research efforts produced a major breakthrough, confirming that people with delirium suffer from a major disruption in glucose metabolism in the brain meaning delirium is a distinct disease. Trials will determine if this can lead to a cure.

Our delirium team has worked with the Australian Commission on Quality and Safety in Health Care to write the recently released Delirium Clinical Care Standards – to improve care in all Australian hospitals for people with delirium.

In terms of education, POWH has continued investing in its future by offering clinical education placements to over 2700 students, while our simulation centre continued delivering educational sessions for a further 9460 students and staff.

Awards and recognition continued this year, with POWH an integral team member in a collaborative district-winning Improvement and Innovation Award for patient safety: 'Reducing adverse events to improve patient safety'. Meanwhile, in recognition of her international leadership in innovative, patient-centred breast

cancer research, our Director of Cancer and Haematology Services, Professor Boon Chua, was the first and only radiation oncologist worldwide to be elected to the Executive Board of the Breast International Group in Brussels, while our Head of Gastrointestinal and Liver Unit, Professor Stephen Riordan, was recognised by the American Association for the Study of Liver Diseases at its Annual Scientific Meeting, for driving clinical research and training in liver disease.

Tobi Wilson, General Manager

1. Nelune Comprehensive Cancer Centre

The Nelune Comprehensive Cancer Centre (NCCC) housed in the Bright Building, became fully operational in January 2017. It provides modern facilities with an integrated, coordinated, patient-centred approach to the treatment and post-care of patients with cancer and blood disorders. Services are provided to patients across the Randwick Hospitals Campus, where partners provide comprehensive, multidisciplinary, evidence-based and research-driven cancer care from one centralised location ensuring seamless care coordination. The NCCC plays a major teaching role and is key to an innovative alliance between NSW Health and UNSW Sydney, which will provide comprehensive cancer services, research and education for adults and young people living with cancer.

2. World-class human imaging research facility

Plans for a world-class human imaging research facility were developed following an agreement between POWH, NeuRA, UNSW Sydney and the Health Science Alliance. These parties will create an MRI facility that provides clinical and research services for both POWH and UNSW, attracting world-class researchers whilst using POWH staff to oversee operational activity. It is expected that the facility will act as a blueprint for future collaboration, to foster and attract the best national and international researchers to the Randwick Health and Education Precinct.

3. The Nano-X Accelerator

The prototype of a new linear accelerator, the Nano-X, has been installed allowing advanced imaging and computer technology to track the position of a patient's tumour during radiotherapy treatment. This allows the patient to rotate instead of the machine, bringing great potential to reduce the cost of radiotherapy in Australia and overseas. It is being developed in collaboration with the

University of Sydney and funded by grants from Australian Research Council, the National Health and Medical Research Council and the Australian Cancer Research Foundation.

4. Supporting nurse-led research

POWH continued supporting progressive nurse-led research by publishing the Nursing Research and Practice Development Monograph 2017 and releasing the Research Strategy for Nursing 2017-2021. The monograph celebrates 18 original manuscripts from nursing staff reflective of the diversity of nursing research and practice development. The strategy drives continued support in growing the capacity and capability of nurses in applied and translational research that is directly relevant to improving health care and the wellbeing of patients and the community.

5. The Nursewell app

International Nurses Day 2017 saw the launch of an Australian-first app, designed by a dedicated team of nursing leaders at SESLHD, to support the self-care and wellbeing of nurses and midwives. The team recognised the need for a practical, modern and efficient resource that could provide tools to support self-care and promote wellness and vitality, including videos, exercises and information for improved sleep, back health, better thinking and mindful eating. The Nursewell app also provides an opportunity at the end of each section to reflect on learning and provide information as part of the Nursing and Midwifery Board of Australia's annual requirements for nurses and midwives' Continuing Professional Development. The app, available through the Apple App Store and Google Play, was made possible with financial assistance from the SESLHD Nursing and Midwifery Unit, NSW Ministry of Health and the Prince of Wales Hospital Foundation's Louisa Hope Fund for Nurses.



Roadmap to Excellence

NCCC

- 3.4 Person-centred health and care services.
- 3.5 Improving our approach supporting and treating people who have multiple and chronic illnesses.

Human imaging research facility

- 3.4 Person-centred health and care services.

Nano-X accelerator

- 3.4, 3.5, 3.11 Person-centred health and care services; Improving support and treatment of people who have multiple and chronic illnesses; Securing added value and financial stability of the health services we provide.

Supporting nurse-led research

- 3.2 Accelerating our programs to improve safety in all health care environments.
- 3.4 Person-centred health and care services.

Nursewell app

- 3.2 Accelerating our programs to improve safety in all health care environments.

The Royal Hospital for Women



The Royal Hospital for Women celebrated 20 years since the move to Randwick this year. Staff are now preparing for the substantial works and changes that will occur as the Randwick Hospital and Education Precinct is developed.

The expansion of the current Randwick Hospitals Campus will boost information sharing and relationship building with all of our campus health care partners, as well strengthening our links with the UNSW Sydney.

While maintaining our focus on safety and quality patient care, research and education continued to be a driving force at The Royal in 2017. Nursing, midwifery and medical students from both UNSW and the University of Technology Sydney continued to receive training at the hospital, while our research work with UNSW and the University of Sydney saw The Royal participating in scores of important research projects which will continue to shape the hospital's leadership in women's and newborns' health care.

The first stage of the new Fertility and Research Centre opened in February this year, a joint venture between The Royal and UNSW Sydney with the

support of the hospital's foundation. This centre is one of a kind combining the latest research with assisted fertility treatments, fertility preservation for cancer patients and will expand to include IVF for eligible public patients in 2018.

Women, newborns and community as a whole remain at the core of all activity at The Royal and with this in mind, our 'What matters to me?' project was launched in November. This initiative fits with the priorities of Essentials of Care, supporting staff in devising ways to individualise care for our patients.

As part of the district's expanding consumer participation goals, The Royal has recruited new members to its Community Advisory Committee, who will assist in shaping and co-creating women's health services for the next 20 years.

Vanessa Madunic, General Manager

1. Work health and safety huddles

The Domestic Services department has instituted an innovative approach to the monitoring and maintenance of staff and patient safety through an adaptation of the traditional Institute for Healthcare Improvement safety huddle. A twice-weekly huddle is held with all Domestic Services' staff on shift with a view to ensuring that the frontline staff are able to review current work practices, identify potential safety issues, make plans for resolving identified concerns and provide feedback on actions taken. The safety huddles have significantly improved identification and resolution of potential and actual hazards and increased engagement of staff in the work health and safety process. The initiative was the winner of a SESLHD award in the Work Health and Safety Category in 2017.

2. Advanced Practice Urogynaecology Physiotherapy Clinic

This project, which received funding via the district's The Inspiring Ideas Challenge, aimed to develop an advanced practice, physiotherapist-led clinic in urogynaecology and to develop an operational framework to guide this process in the future. The clinic has met many of its objectives which included: streamlining gynaecological services for women with pelvic floor disorder by reducing the number of appointments and assessments; increasing the availability of specialists within the clinic; and enabling greater use of advanced practice physiotherapy when appropriate, providing equal or better care in areas of diagnostic accuracy, treatment effectiveness, economic cost and patient satisfaction.

3. Implementation of MOSAIQ

The primary clinical information system used for medical oncology services, MOSAIQ, includes patient clinical information, appointment scheduling for clinics and chemotherapy attendance as well as providing safe prescription and administration information for all anti-neoplastic drugs and chemotherapy

treatments. The system, which supports a safe, consistent, evidence-based approach for patient care using these treatments, was successfully implemented this year.

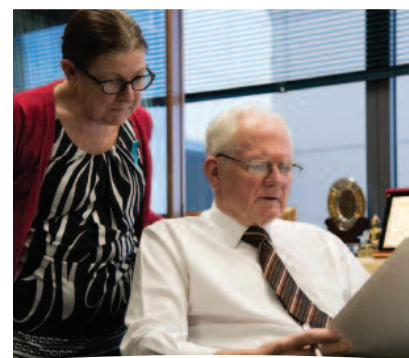
4. Annual Skills and Knowledge

The Newborn Care Centre developed and implemented a new education program for all nursing staff, titled Annual Skills and Knowledge, or ASK. With the largest neonatal intensive care unit supporting at-risk newborns in NSW, ensuring compliance with local operating procedures and competence in mandatory skills remains essential. The program was rolled out in late 2017.

5. Supporting smoking cessation in pregnancy

The Royal introduced a formal program for smoking cessation in pregnancy within the Maternity Outpatients Department this year, in partnership with the Health Promotion Unit. Several midwives from the department had been trained in Quit for New Life, a program aimed at Aboriginal women, and saw an opportunity to enhance the existing program for non-Aboriginal women. Development of further resources including patient information leaflets and the use of Smokerlyzers supported women who were given information about the effect of smoking on a fetus.

The Royal Hospital for Women, in partnership with the Health Promotion Unit, has successfully implemented the Quit for New Life program through the Malabar Midwifery Link Service for Aboriginal women and their families. The Maternity Outpatients Department midwives have also been trained and support the program for Aboriginal women who choose mainstream services for antenatal care.



Roadmap to Excellence

Domestic Services' huddles

3.2 Accelerating programs to improve safety.

Urogynaecology Physiotherapy Clinic

3.4 Person-centred health care and services.

MOSAIQ information system

3.2 Accelerating our programs to improve safety in all our health care environments.

Annual Skills & Knowledge

3.2.1 Complete training needs for frontline staff, including current training and development support in the same timeframe.

Smoking cessation in pregnancy

3.10 Reduce tobacco use for Aboriginal and non-Aboriginal women.

The Sydney/Sydney Eye Hospital (SSEH) has had a successful year meeting treatment targets and receiving top marks from the Australian Patients Association, while also managing major works.

The hospital continued to function as a busy teaching tertiary hospital managing 33,068 Emergency Department presentations, over 11,000 patient admissions and more than 105,500 occasions of outpatient services.

Our surgical teams achieved a 000 Elective Surgery Access Program target, confirming that all patients scheduled to receive surgery received it, as appropriate to their clinical urgency. This outstanding result has been maintained over the last few years.

The hospital's emergency team achieved emergency treatment performance targets averaging 88.46 per cent, against a required 89 per cent, confirming that most patients are being treated within four hours of arrival. Meanwhile, Transfer of Care scores of 98.09 per cent were close to the required 100 per cent, which determine the optimal time required to transfer patients from an ambulance to the Emergency Department.

In terms of major works, infrastructure planning for the Ophthalmology and General Outpatient areas is continuing with preliminary staff consultation now underway. Replacement of the car park lifts has been completed and replacement of two lifts in the Clinical Services Building is underway.

A program to restore heritage stone works at the hospital continues, while construction of the eye biobank and LED lighting upgrades to Clinical Services Building have just been completed.

Sydney/Sydney Eye Hospital was voted third-most outstanding city hospital in Australia by respondents on the Patient Opinion Australia website. Staff entered a series of projects into the SESLHD Improvement and Innovation Awards and succeeded in winning three categories: Local Solutions for 'Person-Centred Nursing Orientation', Team of the Year with 'ED Amalgamation Team' and a collaborative district-winning submission, in the category of Patient Safety for 'A farewell to harms', reducing adverse events to improve patient safety.

A series of 'Bright Spots' within the hospital were showcased featuring the work of therapy dogs, auditing of ophthalmic patients presenting to the Emergency Department, code blue course simulation-based training, and a social work pamphlet. The Inspiring Ideas Challenge funding was won for the Multidisciplinary Cataract Pre-Assessment Clinic under the Accelerate Project, led by the SSEH Eye Outpatients Department, while two multicultural health grants were received.

Tobi Wilson, General Manager

1. Australian-first sight restoration procedure

Sydney/Sydney Eye Hospital received worldwide attention after current affairs program *60 Minutes* covered the story of two patients whose sight was restored after years of corneal blindness. The procedure, termed Osteo-odonto keratoprosthesis (OOKP), is a highly specialised artificial corneal transplant: a patient's tooth (or segment of bone) is removed to house an optic or cylindrical lens and the combination is then transplanted into the patient's cheek where it remains for three months to gain a vascular supply and tissue coating. Following this, the tooth/eye combination is removed and transplanted onto the front of the patient's eyeball. This sight-restoring procedure and program is supported by the Sydney Hospital Foundation.

2. Orthoptist-led Glaucoma Assessment Clinic

The orthoptist-led Glaucoma Assessment Clinic commenced, enhancing services for patients referred to SSEH with glaucoma or suspected glaucoma this year. The service enables patients to have a comprehensive glaucoma assessment with an orthoptist, with results reviewed virtually by the Glaucoma Unit. Patients are given appointments, ensuring they receive timely and appropriate eye care based on their individual clinical needs. This approach has ensured 95 per cent of patients are seen by an ophthalmologist within the triage time frame recommended by the unit.

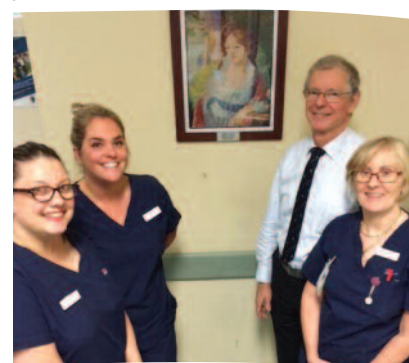


3. Positive patient recognition

SSEH was named the third-most outstanding city hospital in Australia, by consumers who voted on Patient Opinion Australia. This independent, not-for-profit platform enables patients and their families to provide feedback about their hospital experience. SSEH launched the platform and was the pilot site for SESLHD. The Australian Patients Association (APA) also noted SSEH was the only city hospital in NSW to be nominated in the outstanding hospital category of the APA's inaugural Patients Award.

4. Person-Centred Nursing Orientation Program

This program developed at SSEH outlines a 'patient journey', in a bid to ensure patients remain our central focus. The existing nurse orientation was reworked with input from a wide range of clinical experts, to ensure it led to the transfer of clinical knowledge, worked to build team capacity and drive succession planning underpinned by a person-centred ethos. The revised program better addresses workplace readiness and standardises clinical practice via policies and procedures.



Roadmap to Excellence

Sight restoration procedure

3.4 Person-centred health and care services.

Glaucoma Assessment Clinic

3.2 Accelerating our programs to improve safety in all health care environments.

Positive patient recognition

3.4 Person-centred health and care services.

Nursing Orientation Program

3.4 Person-centred health and care services.



St George Hospital has seen many great achievements in the provision of high quality health care for our local community in 2016-17.

The new Acute Services Building began operations in October 2017, providing additional beds and services to patients. The new building's commissioning saw a smooth transition of clinical services and inpatient wards due to extensive planning and change management work, maintaining high quality, safe health care provision at all times.

Nursing, allied health, medical and support services' staff worked tirelessly across another demanding winter period - and their ability to maintain clinical services and safety is highly commended. St George actually had the highest presentations to any emergency department in NSW, with 320 patients on one day in August.

Our staff again demonstrated their commitment to excellence within the district, with eight St George Hospital staff showcasing their projects among the 25 main award finalists at the 2017 SESLHD Improvement and Innovation Awards and two represented in the individual award categories. Five main award and two individual award winners from St George represented SESLHD at the NSW Health Awards.

St George Hospital staff voiced the need to see a workplace culture supportive of acceptable behaviours, professional accountability and improved patient safety. As a result, a set of acceptable and unacceptable behaviours for staff, patients and visitors has been developed. Following hospital-wide promotion, training for managers and the set-up of support mechanisms for staff, this set of behaviours has been adopted by staff as our way of working. In addition, St George staff have rolled out the Speaking Up for Safety Program to ensure any staff member can speak up when there is a risk to patient safety. To help staff and managers recognise the excellence staff display in their roles on a daily basis, an employee and team of the month award has commenced.

Value Improvement Plans supported staff in making significant savings totalling \$7,774,937 this year, while revenue increased by \$3,068,771. Our staff continued to facilitate excellence in the delivery and access to care for our patients – and despite increased demand, only 10 patients were overdue on the surgical waitlist at the end of financial year.

Leisa Rathborne, General Manager

1. Redevelopment & refurbishment continues

The \$277-million redevelopment of St George Hospital continued during 2016-17, with the commissioning of the new nine-storey Acute Services Building featuring Integrated Intensive Care, 128 acute inpatient beds, eight new operating theatres, an endoscopy procedure room, two cardiac catheter laboratories, the Sterilising Service Department and a rooftop helipad. Further hospital refurbishments will include improvements to the admission office and day surgery unit, a new main entry and façade, a new and expanded hospital kitchen and expansion to the Gray Street car park.

The Acute Services Building was handed over in October, following significant change management planning. Clinical service and ward area transitions are expected to be completed by the end of 2017.

2. Staff awarded for excellence

St George Hospital was represented at the SESLHD Improvement and Innovation Awards by eight finalists in the main award categories and two in the individual awards. The hospital received five of the main awards:

- Integrated Health Care: Community Assessment and Liver Liaison (CALL) Project for Chronic Liver Disease, Associate Professor Amany Zekry, Director of Medicine
- Translational Research: HOPE - Helping Older People with End-Stage Kidney Disease, Professor Mark Brown, Director of Renal Medicine
- Preventative Health: Better Health for Homeless Men, Professor Mark Brown, Director of Renal Medicine
- Harry Collins Award: Improving patient flow and reducing access block during peak activity and influenza season, Belinda Boston, Infection Control Clinical Nurse Consultant, Mary Dunford, Respiratory Clinical Nurse Consultant
- Journey to Excellence Award: Nurse Led Discharge in the ED, Peter Grant, Emergency Department Deputy Director
- St George Hospital received two of the Individual Awards: Volunteer of the Year, Douglas Park; Board Member's Choice, HOPE: Helping Older People with End-Stage Kidney Disease.

3. Leading the state's eRIC implementation

St George Hospital is the state's first metropolitan facility to introduce the electronic record for intensive care (eRIC) system. Since 13 June 2017, eRIC has been accessible in all wards via electronic medical records, allowing all involved in a patient's care to access their Intensive Care Unit (ICU) information. Better access to patient information at nursing and medical handovers, or when reviewing medications, has significantly improved patient safety during transitions between the ICU and hospital wards.

The benefits realised with the eRIC system include an enhanced ability for St George Hospital to participate in the national benchmarking database due to the automated transfer of data. This has reduced junior medical officers' administrative workload, allowing more time for clinical care. Since completion of the new Acute Services Building, St George Hospital has 52 beds connected to eRIC, making it the largest deployment site in 2017.

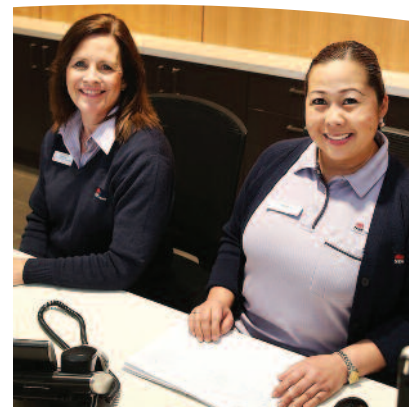
4. Wayfinding volunteers

The wayfinding volunteer program was introduced at St George Hospital in February 2017, to complement an existing transition-to-work program which supports young adults with a disability to gain valuable work experience and life skills.

The wayfinding work was introduced to assist patients, carers and visitors navigate the hospital during the redevelopment work. These volunteers provide a 'meet and greet' style of customer service to patients, visitors and carers. The wayfinding volunteers participating in the program are supported, whilst being taught work skills, with the aim of gaining meaningful and purposeful employment in their futures. This program supports the Disability Inclusions Act by promoting the inclusion of people with a disability.

5. Speaking Up for Safety

Staff led the establishment of a set of acceptable and unacceptable behaviours for staff, patients and visitors – the Speaking Up for Safety Program. To support the embedding of speaking up when something is not right, the program has been promoted throughout the hospital, managers are being trained and all staff are being made aware of ways to discuss unacceptable behaviours and potential patient safety issues with their colleagues.



Roadmap to Excellence

Redevelopment & refurbishment continues

3.11 Securing added value and financial stability of the health services we provide.

Staff awarded for excellence

3.2 Accelerating our programs to improve safety in all health care environments.

eRIC implementation

3.11 Securing added value and financial stability of the health services we provide.

Wayfinding volunteers

3.4 Person-centred health and care services.

Speaking Up for Safety

3.2 Accelerating our programs to improve safety in all health care environments.



The Sutherland Hospital & Community Health Services

The Sutherland Hospital has this year continued the work outlined in the district's Journey to Excellence Roadmap.

This focus means greater transparency about how our money is being invested, developing improved budgetary controls; value improvement plans; implementing service redesign; improving coding practices, and strategic planning to provide the highest quality of safe health care services.

In 2016-17, there were 50,802 emergency department presentations, an increase of 0.7 per cent, while there were 25,185 separations, which was an increase of 1.17 per cent from the previous year.

The hospital has managed well in a sometimes challenging environment as construction work continued on the \$62.9 million redevelopment. The construction work, due to be completed in December 2017, is a major milestone in delivering a new and expanded emergency department, a new emergency short stay unit, general medical and surgical inpatient units, and capacity for 60 additional beds for current and future demand.

Preparation for accreditation against the National Standards is well underway. The SESLHD Patient Safety Program, implemented across the facility,

means wards have been steadily working to ensure patients receive safe (harm-free), effective, person-centred care.

Implementing innovative models of care has been a top priority and included rolling out the Pre-Hospital Assessment for Primary Angioplasty (PAPA) program; performing bronchial thermoplasty for the first time in a NSW public hospital attracting significant media coverage, and collaborating with the Centre for Eye Health to set up ophthalmology services in the hospital.

Enhancing allied health services on weekends was trialled to provide a speech pathology weekend call-in service for patients who present to the Emergency Department after hours requiring special care, while enhanced weekend physiotherapy services on the surgical ward were trialled reducing length of stay and improving patient care, weekend discharges and patient flow.

Expansion of other clinical services included paediatric elective surgery lists and electromyography (EMG) clinics for Neurology. An allergy pathway was commenced for low-risk patients and the Children's

Acute Review Service program reduced emergency department presentations through paediatric review and care in the community.

With an ageing population and more complex illnesses increasing, the Southcare Outreach Service provided short-term acute and sub-acute interventions by nursing, physiotherapy and occupational therapy. This multidisciplinary rapid response community team worked consistently over the past year to enhance patient care and safe clinical outcomes.

Southcare's integrated health care approach in providing care for frail older people and those with disabilities was recognised internationally. The Head of Department for Aged Care was invited to the UK to progress the Southcare model there – an excellent opportunity to exchange ideas and share knowledge.

Karen Becker, Vanessa Madunic, David Pearce, General Manager and Acting General Managers

1. Implementation of PAPA

The Pre-Hospital Assessment for Primary Angioplasty (PAPA) program was implemented at Sutherland Hospital, ensuring segment elevation myocardial infarction patients - those who have experienced a heart attack caused by a completely blocked artery - have access to time-critical care. The program is delivering optimal treatment locally for patients of the Sutherland community who no longer have to be diverted to other hospitals for care.

2. Managing severe asthma

The hospital commenced performing bronchial thermoplasty on selected adults with severe, persistent asthma that is not well controlled on inhaled steroids combined with a long-acting bronchodilator medicine. In clinical trials, the procedure has been shown to improve asthma-related quality of life in 79 per cent of people who received treatment. People treated with bronchial thermoplasty also had 84 per cent fewer asthma-related emergency room visits; 66 per cent fewer days absent from work, school, and other activities due to asthma symptoms; and 32 per cent fewer severe asthma attacks.

3. The Procurement Project

In order to improve the management of clinical products across the hospital, this project focuses on three key work areas: product substitution, product pricing, and logistics and process improvement. The project team, alongside local stakeholders, identified \$310,000 in potential savings. Under this banner, the SIMPLE (Sustainable Inventory Management Process for Lean Environments) Project, was commenced through the ACI Centre for Healthcare Redesign, and aims to: reduce value of excess stock on hand, reduce expenditure on consumables by 15 per cent, and

simplify inventory management so that nursing staff are able to spend more time providing care to patients.

4. Southcare Outreach Service (SOS)

SOS is a community based, rapid response multidisciplinary team for clients over 65 years in the Sutherland Shire, which responds within 48 hours of notification. SOS aims to provide safe and effective interventions to allow clients at risk of presenting to the Emergency Department to remain at home. The service integrates and coordinates care with general practitioners and facilitates referrals to required services. Clinical interventions are provided for up to six weeks by Nursing, Physiotherapy and Occupational Therapy divisions. SOS has developed new partnerships with local facilities and services to integrate care.

5. Drop the Drawsheet

Phase one of this project was initiated because the ongoing use of drawsheets contradicted efforts to reduce hospital-acquired pressure injury rates, maintain continence and the dignity of patients, and reduce manual handling injuries. The project aimed to reduce hospital-acquired pressure injury; increase the use of slide sheets as manual handling aids; and improve staff knowledge to appropriately select continence aids for their patients. The project achieved a 63 per cent increase in slide sheet usage and a 20 per cent reduction in hospital-acquired pressure injury rates. The project also identified that incontinence-associated dermatitis and moisture-associated skin damage are closely linked to the development of pressure injury and are often incorrectly reported and treated as pressure injuries.



Roadmap to Excellence

Implementation of PAPA

3.3 Improving the way we deliver emergency care.

Managing severe asthma

3.5 Improving our approach supporting and treating people who have multiple and chronic illnesses.

Procurement Project

3.11 Securing added value and financial stability of the health services we provide.

Southcare Outreach Service

3.1 Increasing the role of primary care

Drop the Drawsheet

3.2 Accelerating our programs to improve safety in all health care environments.

Garrawarra Centre



The Garrawarra Centre, located in the picturesque bush region of Waterfall, is an accredited residential aged care facility, providing high-level care for people with dementia who have challenging behaviours and are unsuitable for mainstream nursing homes.

The past year has seen the centre introduce a range of initiatives to support and enhance the care of up to 120 patients in a safe and secure environment.

The Garrawarra Centre was selected as a finalist to present its Music and Memories program at the Essentials of Care showcase in May 2017. This program utilises personalised music playlists for each resident on their own ipod, enriching their quality of life.

The centre received the Arts in Health Care Award at the SESLHD Innovation and Improvement Awards this year, in recognition of the Yarn Bombing Project.

This innovative project utilises knitted and crocheted pieces created by residents, staff and carers to transform a cottage garden area, promoting creativity, teamwork and overall wellbeing.

The district's The Inspiring Ideas Challenge provided funding for Garrawarra to create a multisensory environment and interventions for the benefit of residents. These initiatives will provide gentle stimulation that focuses on the five senses, to enhance feelings of comfort and wellbeing improving mood, behaviour and social interaction.

Calvary Health Care Kogarah



Calvary Health Care Kogarah is the largest sub-acute hospital in NSW, treating around 12,500 patients each year. Affiliated with SESLHD, it is considered a leader in palliative and end-of-life care in NSW.

The hospital's highly successful falls prevention in inpatient rehabilitation and palliative care units program has seen a 60 per cent reduction in serious falls.

The program involves a number of initiatives including intentional rounding in the first 24 hours from admission for all patients and continues if required; nursing and physiotherapy assessment for falls prevention on admission; multidisciplinary safety huddles after every fall in rehabilitation; the introduction of falls prevention champions, and orienting new staff to falls risk assessment and prevention strategies.

In August 2016, the hospital introduced the Music and Memory Program to the Mary Potter House Dementia Care Centre. Fourteen consumers participated in the program, which involved participants listening to playlists tailored to their taste in music and/or cultural background. The program – which delivered 71 occasions of music and memory – delivered a number of benefits including improved wellbeing and short-term

cognition. Participants appeared less anxious after listening to music, were more verbal and were better able to express thoughts and/or engage in conversation.

In May, the hospital appointed a palliative care transitional nurse practitioner to provide person-centred care and high-level clinical expertise to support patients within the community and residents of residential aged care facilities (RACF) who require specialist palliative care nursing assessment for the management of malignant and non-malignant end stage diseases.

A review of established service delivery models where palliative care nurse practitioners provide an in-reach service to residents and staff within RACFs has demonstrated that significant improvements can be made to the care and management of residents at end of life, including improved management plans; improved person-centred care; reduction in the need to transfer residents to acute care services at EOL; reduced hospital length of stay, and reduced acute hospital costs.

OUR PEOPLE



Shannon Azzopardi
*Diversional Therapy
Coordinator, Garrawarra
Centre*

I provide meaningful leisure activities for our residents – their dementia diagnosis minimises their ability to initiate hobbies or interests they enjoy. We have a diversional therapy team of eight and we work across all four cottages, providing a seven day a week service.

The variety and diversity of my role inspires me. My kids often ask 'what did you do at work today mum?' and I could say 'I had a game of darts with the guys', or 'We went out on a bus trip', or 'Mummy was doing some knitting with the ladies.' I've been here for 17 years and I don't think I've ever once thought it's time to leave.

Every year our ANZAC Day service is a really good example of making a difference. It's such an important service, as we've got a lot of residents who are ex-service men and women. To see them in that light, that they were strong and brave men and women that protected our country, and to see the pride that they have when they attend the service is beautiful.

I'm privileged enough to learn more about our residents and am able to provide them with something they enjoy and appreciate. It's wonderful.

Uniting War Memorial Hospital



Uniting War Memorial Hospital is an affiliated public health organisation within SESLHD. It provides a comprehensive range of rehabilitation and assessment services for individuals aged 60 years and above, embedded within the community and focusing on health, restoration and wellbeing.

War Memorial's integrated services include inpatient and outpatient rehabilitation, allied health and geriatric medical services, dementia and frail aged day care, an aged care assessment team, as well as specialist clinics, young onset dementia program and health promotion activities.

The hospital has marked several milestones this year, including becoming the first hospital in the district to implement eMR2. The professional leadership of the eMR2 project team and the commitment of staff ensured the rollout went smoothly.

The integrated Rehabilitation and Enablement Program (iREAP) was embedded as a core service for the hospital, and celebrated its first anniversary in March 2017.

The iREAP outpatient program provides early, coordinated and integrated, semi-intensive, multidisciplinary rehabilitation to specific patient groups with a focus on patient enablement, education and health coaching. Participants include frail individuals at risk of falling and those with progressive neurological disease, including Parkinson's disease.

The program is an innovative redesign of the traditional day rehabilitation model with a focus on anticipatory, pre-crisis early intervention. iREAP's success has been strengthened by key partnerships, including with the local Primary Health Network (PHN), to identify at-risk patients in the community.

The team also secured a translational research grant for the ongoing evaluation of the program.

The hospital's Geriatric Flying Squad (GFS) expanded in partnership with Prince of Wales Hospital and the Central & Eastern Sydney PHN to include the capacity to provide an acute outreach service to all residential aged care facilities in the northern sector of the district, seven days a week.

The GFS model responds to community referrals for patients requiring a rapid assessment for a sub-acute functional decline with multiple and/or chronic conditions, including dementia. The multidisciplinary specialist team is geared to respond to emergency calls from community care providers and GPs. Across the year, the GFS built on its collaboration with NSW Ambulance to refine patient access to the service and avoid unnecessary emergency department visits.

The hospital continued to build its profile in clinical research in the areas of dementia, primary progressive aphasia, frailty, falls prevention and rehabilitation.

Clinicians from across the hospital presented scientific and service improvement papers at a variety of key forums and conferences, including the Australian & New Zealand Society for Geriatric Medicine Annual Scientific Meeting.

Thank you to the hundreds of volunteers who commit their time and energy toward supporting the work of South Eastern Sydney Local Health District.



In praise of our foundations



SESLHD's commitment to the delivery of excellence in patient care is supported by the invaluable work of our hospital foundations, which direct funds raised from community and corporate partners toward vital equipment, support services, education and research grants.

The St George and Sutherland Medical Research Foundation (SSMRF) supports a range of research projects at St George and Sutherland hospitals and celebrates its tenth anniversary this year.

In February 2017, Federal Health Minister Greg Hunt announced funding of \$4 million to the SSMRF to establish an Australian-first Microbiome Research Centre (MRC) at St George Hospital.

The MRC will conduct research into the human microbiota, and once fully established, engage in research in at least eight of the nine Australian National Health Priority Areas: cancer control, obesity, diabetes, mental health, cardiovascular health, arthritis and musculoskeletal conditions, asthma and dementia.

MRC is a collaboration between SSMRF, UNSW Sydney and SESLHD.

During the past decade, the foundation has awarded \$2 million in research funding to 39 grant recipients. In October 2017, it announced more than \$1 million worth of MRC Capacity Grants.

The Royal Hospital for Women Foundation supports the provision of specialist care of women and newborns in NSW by raising money for several speciality areas. During the past financial year, it provided more than \$2 million to the hospital and to date has funded around 70 per cent of the equipment at the Neonatal Intensive Care Unit (NICU).

The foundation provided \$1.6 million towards phase one of the holistic Fertility & Research Centre at The Royal including clinical suites, a consulting room and ultrasound rooms. The centre is open for consultation, and by mid-2018, will provide full IVF and fertility services for eligible patients.

The Royal's foundation also provided \$150,000 for refurbishment of the bereavement suite and parents' area in the NICU, as well as supplementing three new staff positions.

Two Draeger Babyleo humidicribs – for at-risk newborns recovering from surgery who require intravenous feeding in a temperature controlled environment – were purchased with funds raised by philanthropist Harriet Waugh, of the Public House Management Group.



The Malabar Midwifery Link Service, which has enabled many Indigenous families to develop trust in the health system, has further benefited from the foundation-funded appointment of a mentored Indigenous midwife, Karen Kelly. The 'Malabar Midwives' have made significant inroads in helping to address Indigenous infant mortality and low birth weights, with the provision of culturally appropriate care.

In 2016, the **Sydney Eye Hospital Foundation** provided almost \$1.2 million for educational and research grants and equipment. It funded \$522,747 for equipment, \$473,548 for fellowships, \$167,682 for research and \$32,762 for grants.

Major equipment purchases included a new operating microscope for theatre 1 (\$271,851), an ultra-widefield imaging device (\$152,950) and equipment for Boston keratoprosthesis surgery (\$44,918).

The foundation is currently raising funds for a new Optos retinal camera valued at \$155,000 to improve detection of common causes of vision loss. The camera can capture up to 80 per cent of the retina in one photo compared to just 15 per cent in existing cameras.

The foundation also helps **Friends of Sydney Hospital** and the **Sydney Hospital and Sydney Eye Hospital Auxiliary** increase their ability to fund more items on the clinical wish list.

The **Sydney Hospital Hand Foundation** also had a successful first year supporting research and education at the Sydney Hospital Hand Unit.

The **Prince of Wales Hospital Foundation (POWHF)** contributed \$8.7 million in funding for various key

projects at Prince of Wales Hospital this year. These projects included:

- ▶ The Nelune Comprehensive Cancer Centre (NCCC): \$11.7 million towards the landmark facility
- ▶ Randwick Hospitals Campus Hybrid Operating Theatre: \$250,000 from the Lewis Foundation, plus a further \$75,000 for video conferencing equipment
- ▶ Image intensifier: provided through the generosity of a major donor for the POWH surgical department. The image intensifier is used for orthopaedic surgery, angiography, placement of catheters and implantation of cardiac rhythm management devices.

POWHF's major campaigns this year included:

- ▶ ENT Laser: purchased for the Head and Neck Cancer Unit in conjunction with ear nose and throat specialist Dr Ian Jacobson
- ▶ Support of the Urology Department to purchase two bladder scanners, an ECG machine, patient transport monitor and two blood pressure oxygen saturation machines
- ▶ Louisa Hope Fund for Nurses: created to help nurses at POWH have access to seed funding via a grants process for research, education and equipment.

The POWHF was also the beneficiary charity for the NSW Racehorse Owners' Association's Racing's Night of Champions annual gala, at which Professor Denis Wakefield was awarded a grant for the development of a vaccine to treat HLA B27 Spondyloarthritis (SpA).







JOURNEY TO
EXCELLENCE

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Health
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Local Health District