

OUR YEAR IN REVIEW 2015 | 2016



Health
South Eastern Sydney
Local Health District

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Gerry Marr

From the Chief Executive

South Eastern Sydney Local Health District continues its transformation through its Journey to Excellence strategy, implementing significant positive changes to improve patient outcomes. Our priority is to increase our focus on research, service improvement and innovation.

Organisational improvements and efficiencies are being driven with the launch of 95 value improvement programs which will remove duplication and reduce inefficient processes to better support frontline services.

Equity has taken a greater focus across the district with the release of the Equity Strategy which aims to improve the health and wellbeing of the most disadvantaged groups of people.

Reducing health inequities and building community partnerships is crucial to achieving an effective and sustainable health system for the future.

I am very impressed by the degree of commitment of our staff and the level of innovation and excellence in the health care that is being delivered. Our new Improvement Academy is training frontline staff in a range of techniques and tools to allow them to test new and innovative service models to assist in the delivery of quality health care services to patients.

Integrated care is a key priority as the district is faced with the future challenges of a growing and ageing population. The Integrated Care Strategy explores new ways of managing increasing demands on health services. The opening of the Integrated Skin Cancer Clinic at HealthOne Sutherland is a shining example of an integrated care model that has delivered promising results with reduced waiting times to diagnosis and treatment for 1000 patients in 12 months.

Through the continued efforts of our staff, improvement in emergency care, particularly transfer of care, has seen the district consistently perform above target at 91 per cent. In 2015-16 there were 223,336 emergency department presentations, an increase of 3.4 per cent compared to the previous year, 7981 babies born, 169,186 admissions and 3,176,181 occasions of service.

On the building front, it has been an exciting time for our local health district with extensive capital works projects taking shape including:

- ▶ the \$277 million redevelopment of St George Hospital
- ▶ the \$114 Bright Alliance building at the Randwick Hospitals Campus that will house the Nelune Comprehensive Cancer Centre
- ▶ the \$62.9 million redevelopment of Sutherland Hospital.

Investment in new and improved services during 2015-16 include:

- ▶ opening of headspace, Bondi Junction which provides early intervention services to young people in the areas of mental, physical and sexual health
- ▶ refurbishment of the Sydney/Sydney Eye Hospital Hand Clinic, including 20 treatment bays that will benefit 2800 people who undergo surgical operations each year
- ▶ opening of the expanded St George Hospital Sleep Disorders Laboratory that schedules 1400 sleep and 300 respiratory failure studies each year
- ▶ opening of the \$2.85 million Prince of Wales Hospital hybrid operation theatre with advanced medical imaging devices enabling minimally invasive surgery
- ▶ completion of building works for the \$2 million redevelopment of the Prince of Wales Hospital Emergency Department.

Like me, I am sure that you are proud to be part of one of the most respected and lauded local health districts in NSW. However, while we can count many achievements, there is always more work to be done to ensure we provide the best health care to every patient, every time. Our commitment to provide quality, safe, patient care remains at the forefront of our work.

I thank staff for their outstanding commitment to providing quality health care services in a year of unprecedented demand, volunteers who give tirelessly of their time to help us deliver services and our community partners who work with us to improve the population's health.



//
OUR PRIORITY IS
TO INCREASE
OUR FOCUS ON
RESEARCH, SERVICE
IMPROVEMENT
AND INNOVATION
//

On a typical day

South Eastern Sydney Local Health District has:

462
TOTAL
ADMISSIONS

1,540
OVERNIGHT
PATIENTS

612
EMERGENCY
DEPARTMENT
PRESENTATIONS

22
BABIES
BORN

120
SURGICAL
PROCEDURES
PERFORMED



Michael Still

From the Board Chair

The 2015-16 year presented an array of opportunities and challenges for South Eastern Sydney Local Health District. As the district's Board Chair, I was delighted to witness timely, innovative responses which maintain and build upon our commitment to world-class health care.

Demand is high for a growing range of services in our diverse communities and we expect that growth to continue. Key performance indicators – which for a large hospital network such as ours are difficult to meet – are now being met. All of our clinicians, staff and management are to be congratulated for making that happen.

Once again this year, there was significant improvement in the district's financial position resulting from our focus on patient care while avoiding waste and duplication. This aim is a key part of our mission, our Journey to Excellence – and we are making solid gains without frontline service being compromised.

Although periods of high demand, such as winter, will continue to provide challenges, this year has seen enormous improvements in their management – a credit to all those involved.

SESLHD has further developed its relationship with UNSW Australia, and we are engaged in a significant research partnership. A diversity of first class research programs are conducted across our district, ensuring South

Eastern Sydney LHD is the employer of choice for many leading Australian and international clinicians – Associate Professor Boon Chua, our new joint Head of Cancer Services, is an exciting example. Read more about our research in this review.

I would like to thank the Hon. Jillian Skinner MP, NSW Minister for Health, for the support, both personal and financial, that she has shown for our district this year particularly with redevelopment funding for St George and Sutherland hospitals as well as a major new initiative for the redevelopment of the Randwick Health Campus.

The Board has worked cohesively with executives to enable important change management programs this year, which have and will continue to promote our focus on patient care. This focus is at the heart of everything we do. I would like to thank the other members of the SESLHD Board for their wholehearted commitment, expertise and wisdom without which the progress we have made would not have been possible.

Finally, I would like to thank our Chief Executive Gerry Marr OBE, his senior management team and the 13,160 staff they lead.

I look forward to continuing the Journey to Excellence that we began two years ago. It will continue to achieve superior health care outcomes for our patients and our communities and build a compelling professional environment for all clinicians and staff.

The SESLHD Board, led by the Board Chair, Mr Michael Still, is made up of 13 members who bring a wealth of knowledge and experience to the management of South Eastern Sydney Local Health District.

- | | |
|---|-----------------------------|
| ▶ Michael Still | ▶ Dr Gorur Krishna Harinath |
| ▶ Patricia Azarias | ▶ Janet McDonald |
| ▶ Deborah Cansdell | ▶ Kate Munnings |
| ▶ Jonathan Doy | ▶ Professor Peter Smerdely |
| ▶ Associate Professor Robert Farnsworth | ▶ Kristin Stubbins |
| ▶ Associate Professor Peter Gonski | ▶ Professor Jeanette Ward |
| ▶ Dr Debra Graves | |

About Us



Covers 468 square kilometres



Approximately 840,000 residents



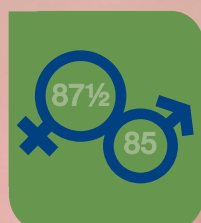
51% were born overseas



Almost 23% from non-English speaking backgrounds



The fastest growing age groups are the over-85s and 70-84s



Average life expectancy 85 years for males, 87½ for females

South Eastern Sydney Local Health District



SESLHD Senior Executive

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

CAPITAL REDESIGN

SESLHD is undergoing significant changes as a result of capital works projects at three of our major facilities: Prince of Wales, St George and Sutherland hospitals.



Cath Whitehurst, Director, Capital Redesign, said the redevelopment of facilities “will allow for the effective, efficient and innovative delivery of services.”

“It will also provide improved patient flows and access to services,” she said.

In February 2015, the NSW Government announced \$307 million in funding to construct the Acute Services Building, to be built above the new **St George Hospital** Emergency Department on Gray Street.

Construction of the new nine-level Acute Services Building has commenced and the government will now accelerate construction to complete the building up to six months earlier.

Fast-tracking construction will save about \$30 million without any reduction in the size of the project or the clinical services delivered. The building will include intensive care, high dependency, cardiac intensive care, extra operating theatres and extra acute inpatient beds, along with a new helipad.

The Acute Services Building incorporates intelligent use of design principles and technology in the detailed design phase to reinforce positive behaviours by staff, patients and visitors ultimately improving the quality of care delivered.

It will include decentralised staff stations that allow nursing teams to be based closer to patient bedrooms



enhancing patient supervision, and improved:

- ▶ infection control capacity by delivering negative pressure rooms and positive pressure rooms reducing the spread of infection
- ▶ patient privacy, with inpatient units having 50% of accommodation in single rooms
- ▶ patient, visitor and staff amenities including waiting areas, patient lounge and beverage bay area, quiet rooms and food/retail precinct

- ▶ staff education facilities including conference rooms with video conference capability and simulation rooms and enhanced safety for staff and patients using mobile duress and CCTV technology.

The Sutherland Hospital has been allocated \$62.9m of funding for capital redevelopment, including a new Emergency Department, additional inpatient and critical care beds and refurbishment works. ▶

OUR PEOPLE



Vicky Manning

Director of Nursing & Midwifery, St George Hospital

Vicki's exposure to nursing has involved everything from research to travelling internationally for work, but nothing compares to the satisfaction she gets from working with her team at St George.

As a leader of a service, Vicki is continually looking at the workforce's clinical capabilities, as well as policies and procedures to ensure patient safety.

“I really like working with my management team. Over the years, I've gathered together staff to work with me - I've looked and observed what skills they have. I think I've put together a very good team.”

Vicki is passionate about succession planning and has created a model that allows nurses to receive mentorship for progression into a management role.

“The program provides a framework to understand the role, by giving them a 'day in the life of' experience. It has been a huge success, with 99 per cent of participants eventually moving into a management position.”

This past year has seen significant progress, with the completion of the detailed design phase, the contracting of the building and project teams and the commencement of building works.

It is anticipated the building including refurbishment works will be completed by mid-2017. The redevelopment will include a Short Stay Unit within the Emergency Department to enable safe, efficient care for those patients requiring treatment which can be delivered within a determined time frame, and, inclusion of a General Medical Unit to deliver person-centred care to those requiring a generalist model of care.

In March 2015, \$500 million was announced for the redevelopment of **Prince of Wales Hospital** and associated services.

The announcement identified a new emergency department, extra beds, new operating theatres, an expanded rehabilitation and ambulatory care unit and a dedicated mental health precinct on site. The funding announcement has triggered a much broader planning exercise, incorporating many of the other key campus and precinct partners.

Prince of Wales Hospital is uniquely co-located with the Royal Hospital for Women, Sydney Children's Hospital Randwick and Prince of Wales Private Hospital. It forms part of a specialised health and academic health sciences precinct comprising the Randwick Health Campus, the UNSW Australia Kensington Campus and immediate surrounding areas.

The facility is also co-located with specialist clinics, ancillary medical services and research institutes around the campus including the Black Dog Institute, NeuRA, Eastern Heart Clinic and other associated services.

Given the number of entities on the Randwick Health Campus, Health Infrastructure, in conjunction with SESLHD and key campus stakeholders, is taking the opportunity to review the long-term urban development framework for both Greater Randwick Region and the Randwick Academic Health Sciences Precinct. This broader master planning process will ensure the hospital redevelopment aligns with this framework.

The NSW Government is investing in the Randwick Health Campus to increase its standing as one of Australia's leading providers of health services. This project aspires to transform the Randwick Health Campus into a leading centre for health and wellbeing, and the fundamental integration of health, research, education and teaching services. ■



THE NELUNE COMPREHENSIVE CANCER CENTRE

The Nelune Comprehensive Cancer Centre (NCCC) within the Bright Alliance building at Prince of Wales Hospital will deliver state-of-the-art facilities for the treatment of patients with cancer and blood disorders.

It will consolidate the majority of cancer services at the Randwick Health Campus into a single facility, treating patients from Prince of Wales, the Royal Hospital for Women and Sydney Children's hospitals.

The NCCC was named in honour of Nelune Foundation co-founder Ms Nelune Rajapakse OAM who is contributing \$6 million towards construction of the centre.

Stage 1 of the NCCC opened in October 2014. Radiation oncology which is part of stage 2 commenced treating patients on 6 September 2016. The remainder of stage 2 is scheduled for completion late in 2016.



OUR PEOPLE



Greg Finnigan

Domestic Services Manager, Prince of Wales Hospital

Greg Finnigan's work is focused on the management of all cleaning and back of house services at Prince of Wales Hospital, managing over 180 staff. His interest in continuous improvement has resulted in the implementation of a number of new initiatives; including the establishment of chemical dispensers in wards and new manual handling equipment.

"I've had a number of professions throughout my career. When I was 17, I joined the army as a cook. I signed-up because I wanted to see the world. I didn't get very far – Wagga to Brisbane, and then Townsville.

"I started out in health working as a cleaner in the operating theatre at St Vincent's Hospital where I met my wife - she was working as a nurse. My attraction to health is that I like that we're doing something useful for patients. We've supported a number of staff in completing a Certificate III in Cleaning Services. The service we provide allows health professionals to look after patients efficiently and safely."

SESLHD - A GROWING RESEARCH CENTRE

The district is set to release its first formal framework for research. Dr James Mackie, Medical Executive Director, SESLHD, said the aim of the plan was to create coherence around the many wonderful research projects being undertaken at various sites.



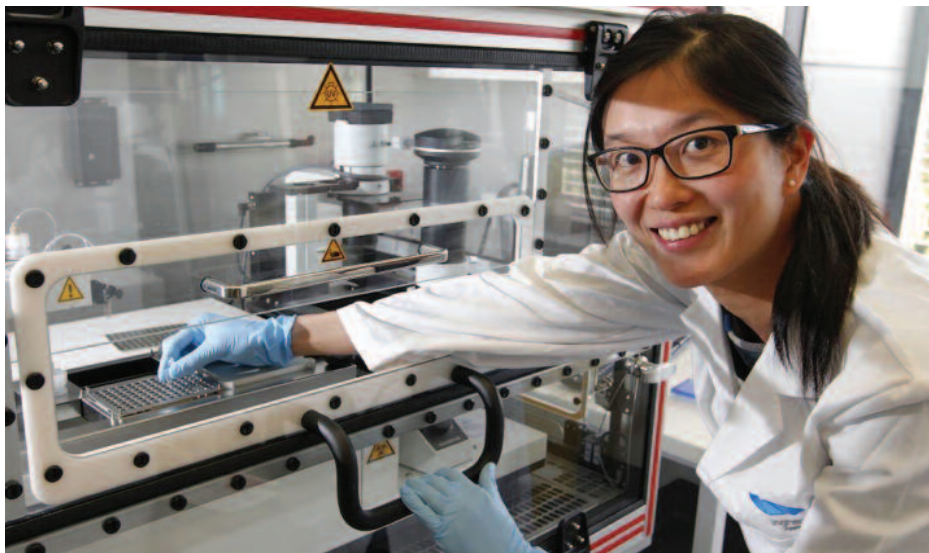
“We do a lot of great work in all specialities including allied health, nursing, medical and perinatal, however, we’ve never had a framework for this to take us into the future,” Dr Mackie said.

“We’ve set about developing a research strategy to bring that all together and to give us a way forward and improve our research output.”

Research currently taking place includes a world-first medicinal cannabis trial, treatment of candidiasis to prevent preterm birth, the Amniotic Fluid Lactate Study, thermoregulation in acute brain injury, management of acute lumbar radicular pain and the role of the efficacy of the Chinese herbal medicine Sailuotong in helping increase memory and brain function in people with Alzheimer’s disease.

The SESLHD Drug and Alcohol Service together with the University of Sydney is conducting the trial of cannabinoid replacement therapy Sativex for the management and treatment of cannabis dependence.

The National Health and Medical Research Council-funded study is being done in collaboration with a range of other universities and local health districts in NSW. Within SESLHD, the trial is currently taking place at the Langton Centre, Surry Hills and the St George Drug and Alcohol Service, Kogarah. The trial will examine the efficacy, safety and cost-effectiveness of the medication for treating cannabis dependent patients in the community who have



previously been unsuccessful in attempts to quit.

At St George and Sutherland hospitals, a range of research projects are being supported through research grants presented by the St George and Sutherland Medical Research Foundation. These include:

- ▶ St George and Sutherland Critical Care Research Program: thermoregulation in acute brain injury program
- ▶ Beta 2-glycoprotein 1: 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 of the impact of a supervised exercise program on the quality of life of lymphoma patients undergoing chemotherapy
- ▶ Postpartum physiology, psychology and paediatric follow-up study
- ▶ The effect of exercise with and without manual therapy as an early intervention in mild chronic obstructive pulmonary disease.

The Royal Hospital for Women is a highly active research institution in all areas of perinatal care, with a large number of staff from midwifery, obstetrics, neonatal nursing and neonatology contributing to this research activity.

The Royal conducts a large amount of its own research as principal investigators as well as participating in research by universities and other hospitals. The Perinatal Academic ▶

OUR PEOPLE



Anne Lainchbury

Clinical Midwifery Consultant, Midwifery Practice Development & Perinatal Research Coordinator, Royal Hospital for Women

As the 2016 winner of The Royal’s Improvement in Patient Care and Staff Contribution awards, Anne Lainchbury, a midwife for 36 years, has a passion for the work she performs.

“Continuity of care is really important to me. My first mandate was to help establish the midwifery group model of care, which allows women to receive continuity throughout their pregnancy, birth and postnatal period. We started this model 10 years ago, and we now have the largest number of midwives in Australia working this way.”

Anne also established and runs the “next birth after caesarean” clinic, an initiative designed to offer women who’ve had one child via caesarean consistent information and support for their next birth.

“The group has been running for about a year and it is receiving really good feedback. I love the contact with the women... It’s about truly listening to what our women want, and recognising that everyone has had different journeys to get here.”



Group (PAG) was created to review all research activities at The Royal and oversee all current research. PAG discusses resource implications and establishes the research strategy for the future.

Research studies that are currently recruiting include:

- ▶ **APPROVE study:** Aims to evaluate the effectiveness of oral probiotics for the prevention of mastitis in breastfeeding women.
- ▶ **Breathing for Life Trial:** To determine if a new FENO breath test can help guide doctors to better manage asthma in pregnancy and lead to improved outcomes.
- ▶ **Neuro-protection (MAGENTA) Trial:** To determine whether the use of magnesium sulphate given to women immediately prior to preterm birth allows for the best outcomes of the babies at two years of age.
- ▶ **CIPS:** Research into whether treating asymptomatic candida infection (thrush) with clotrimazole during pregnancy can reduce the chance of preterm birth.

▶ **ICARIS:** Reviewing the impact on caesarean section rates following injections of sterile water for severe pain in labour. The hypothesis of this study is that sterile water injections, when compared to a placebo, may reduce caesarean section rates performed in labour by 30 per cent.

▶ **MAGNIFIC:** Magnetic non-invasive acupuncture for infant comfort: Can this procedure help reduce pain for babies in the Neonatal Intensive Care Unit?

▶ **FEEDUR:** Feeding during red cell transfusion: Aims to assess the effects of feeding and withholding feeds on gut oxygenation and perfusion in preterm infants receiving red blood cell transfusions using near-infrared spectroscopy.

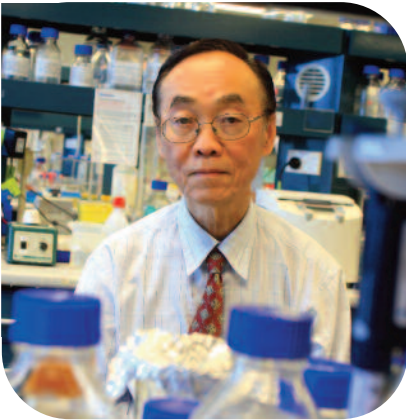
Uniting War Memorial Hospital at Waverley is recruiting individuals with vascular dementia or Alzheimer's disease with cerebrovascular disease for a clinical trial of a Chinese herbal medicine.

The National Institute of Complementary Medicine (NICM) and Western Sydney University is conducting the trial into Sailuotong, a complex combination of ginkgo, ginseng and saffron scientifically developed over the past 10 years, which has been shown to improve learning and memory function and the health of brain tissue.

The Chinese herbal medicine may be effective in vascular dementia because it may target the different causes and symptoms.

Participants must be 40 years and over and not previously taken any medications for the treatment of vascular dementia. Their cognitive ability and psychological wellbeing will be assessed throughout the trial.

NICM is Australia's leader in complementary medicine research and policy and received seed funding from the Commonwealth and State Governments. ■



OUR PEOPLE



Joshua Philip

Manager, Infection Prevention & Control, Sutherland Hospital

Joshua has a background in critical care nursing and six months into his role, he received the 'Exemplar Award' for his quick-thinking and outstanding performance.

Joshua is heavily involved in the fit-out for Sutherland Hospital's redevelopment to create a safe working environment, making his role a busy mix of patient and staff safety.

"In my first four weeks we had a salmonella outbreak. With over 300 presentations in the Emergency Department, I worked with the hospital team to reduce the spread of infection and provide effective treatment. I assisted with the intake of patients and supplies, as well as ensuring the flow of patients within the ED.

"I really enjoy the variety I receive in my role. I get to interact with patients, but also work with staff to empower them and to help them feel safe."

SUPPORTING SESLHD'S TRANSFORMATION

The Improvement and Innovation Hub - the iiHub - was created to support the district's agenda, outlined in the Chief Executive's three-year plan, the *Roadmap to Excellence 2014 -17*.



Photo by Liz Cotter

In tandem with the Journey to Excellence's principles, iiHub's work is person-centred and involves close engagement with clinical and other personnel across the organisation.

Now into its second year, the iiHub is continuing to build local capacity and capability in improvement through a number of portfolios.

1. Improvement Academy launch

The SESLHD Improvement Academy – an online virtual academy accessible to staff – was launched in December 2015. To date, over 1200 staff have completed the Bronze level training, and good progress is being made towards achieving the 2016 calendar year target of 20 per cent of our staff (or 1835 people). Silver level training will be launched later this year, with participants supported to complete an improvement project aligned with the Patient Safety Program.

2. Patient Safety Program and Breakthrough Collaborative

The Acute Patient Safety Program and Mental Health Patient Safety Program were launched in May by Professor Jason Leitch, National Clinical Director, Health and Social Care Directorate, NHS Scotland. To date, 15 acute adult clinical teams from across SESLHD have come together to look at reducing harm and improving reliability across: infection-related ventilator associated complication (IVAC); deteriorating



patient; catheter-associated urinary tract infection; falls and sepsis.

Six teams from SESLHD Mental Health joined the acute adult teams at the Learning Sets.

- The iiHub is utilising the internationally-recognised Breakthrough Series Collaborative methodology, to assist with local improvement activities. Two programs utilising this methodology are the Patient Safety Program as outlined above, and the Diabetes Care Collaborative where GP practices are working with health district staff to increase the rate of HbA1C screening to 70 per cent by December 2016.

3. Staff engagement – developing change and leadership

Change Day is a social movement which invites the health and community care workforce across

Australia to make a pledge to do one thing to improve the health and wellbeing of individuals. SESLHD participated in Change Day for the second successive year on 16 March 2016 and saw an increase of pledges from approximately 500 in 2015 to over 2200 this year.

- Sixty-eight staff are part of the inaugural Emerging Leaders cohort that commenced in October 2015. Participants attend monthly group sessions enabling them to develop skills and internal networks. A mentoring program has been established for interested participants as well as project management opportunities that are aligned with service rationalisation.

- SESLHD is currently participating in two cohorts of the HETI Leadership program. The Clinicians and Executives Team Leadership (CETL) program at the Royal Hospital for Women is in its ►

OUR PEOPLE



Maria Jessing

Clinical Improvement Manager, SESLHD

Completing a professional development program at the Institute of Healthcare Improvement Boston has allowed Maria to bring valuable skills back to SESLHD, particularly in the area of change management.

As Clinical Improvement Manager, Maria worked with colleagues to develop the Patient Safety Program - an initiative that brings together teams to prioritise common goals, including falls reduction and infection-related ventilator complications.

The initiative uses the Breakthrough Collaborative - an improvement methodology that Maria studied in the USA, which to date has produced almost 1000 quality improvement advisors worldwide.

"I can't think of a job I'd rather be in. My dad passed away in March this year, and he was cared for beautifully at St George Hospital. I've never been more proud to be a SESLHD employee. It's nice to know that even when you're removed from the frontline, you're still making a contribution to the level of care."



second-year 'sustainability' phase and the iiHub is working closely to support and align the needs of the Integrated Care Unit to deliver the Integrated Care Leadership Program.

► SESLHD facilitated a leadership course via the Massive Open Online Course (MOOC) platform in conjunction with UNSW Australia, which featured face-to-face and online teaching. Sixty participants completed the course offering positive feedback. Meanwhile, a Leadership Master Class for 60 senior leaders was held in May 2016, facilitated by Professor Jason Leitch, from the National Health Service, Scotland.

4. Innovation – Inspiring Ideas, Bright Spots & Awards

Submissions to The Inspiring Ideas Challenge (TIIC) led to the selection of 12 projects being supported by a \$1million SESLHD innovation investment. These funds are dedicated to promoting improvement and innovation and encourage staff to share their innovative ideas to improve health outcomes for our patients, staff and community. Nine of the 10 Innovation in Integrated Care projects previously funded (\$2.5m over two years) are now sustained models of care.

► Some 115 Bright Spot posters were showcased to staff and the community at the SESLHD Annual Public Meeting on 4 December 2015.

Bright Spots included local innovations and improvement successes in both clinical and non-clinical areas across the district.

The SESLHD Improvement and Innovation Awards forum was held for the second time in June 2016. These awards recognise innovation and excellence in the delivery of health programs and services to the SESLHD community. ■





Caring for the residents of Norfolk Island

In May 2016, SESLHD was appointed by NSW Health to work with the Commonwealth to extend its support to the residents of Norfolk Island by providing local governance, strategic and operational support for clinical service provision.

The relationship between SESLHD and Norfolk Island, originally formalised in a 2012 Memorandum of Understanding, was due for review by 30 June 2016.

The Norfolk Island Health and Residential Aged Care Service (NIHRACS) was established, subject to the directions of the Commonwealth Minister from 1 July 2016, who vested NSW Health with the power to direct the NIHRACS as an affiliated health organisation. All Norfolk Island citizens are now eligible for Medicare and the Pharmaceutical Benefits Scheme.

The Chief Executive, senior executives and support staff across SESLHD worked swiftly to support this complex

transition to the new Norfolk Island Health and Residential Aged Care Service (NIHRACS). In just two months, a needs assessment and review was completed for Norfolk Island's patient safety and quality operations, aged care, mental health and workforce units, along with a forensic financial audit. This was a collaborative undertaking involving local staff, the Norfolk Island community, the Commonwealth, Ministry of Health and SESLHD.

The NIHRACS organisational structure and interim employment arrangements were reviewed, baseline budgets established, an aged care clinical services plan was devised and staff development opportunities were supported via face-to-face training as well as access to HETI Online.

As part of ongoing support for NIHRACS, a SESLHD Norfolk Island Operations Committee, made up of district executives and their delegates, will provide continuing governance and oversight of the new arrangements for the health care of Norfolk Islanders.

This work is coordinated by the Improvement and Innovation Hub.

Key lead agencies from both Commonwealth and state governments will support SESLHD to ensure Norfolk Island will:

- ▶ continue to build a resilient and thriving healthy community
- ▶ implement the Norfolk Island Health and Residential Aged Care Clinical Services Plan, outlining referral pathways and clinical partnerships with SESLHD, establishing clinically relevant visits by SESLHD specialists
- ▶ develop an integrated health services plan in collaboration with its community, Central Eastern Sydney Primary Health Network and other agency partners with a primary care focus
- ▶ establish community and clinical consultative committees
- ▶ explore and implement innovative health technology and models of care
- ▶ build workforce sustainability
- ▶ commence public health report implementation, along with health prevention and early intervention education for the community. ■

OUR PEOPLE



Alanah Bailey

Clinical Nurse Coordinator, Stroke Unit, Prince of Wales Hospital

Alanah has worked as a nurse for 17 years and has spent the majority of her career working within neurology. Her passion for nursing is clear through her commitment to the profession and winning the prestigious Nurse of the Year award at the International Nurses Day commemoration at Prince of Wales Hospital.

"I love the patient contact. As a nurse practitioner, I'm very clinically focussed. A few years ago I decided I wanted to make sure I kept the patient contact and being a nurse practitioner allows that. It's where I feel like I can make the most difference."

Alanah loves the variety that her role brings and works closely with families to provide support, fostering the best patient outcomes.

"On my first day of nursing I was terrified. Nothing keeps me awake but I stayed awake the whole night. It still feels like the first day on the job for me because I'm constantly learning and being challenged - I'm just no longer terrified!"

SESLHD SNAPSHOTS

The year 2015-16 saw a host of positive health care initiatives launched or expanded across our district.



La Perouse leads indigenous dental care

The newly built La Perouse Dental Clinic has opened its doors to the local community, following an official opening on 9 March 2016.

Construction of the two-chair dental clinic commenced in 2015, utilising Commonwealth funding provided under the Voluntary Dental Graduate Year Program. The NSW Ministry of Health provided supplementary funding for much-needed upgrades

to the existing Community Health Centre facilities.

The opening was attended by Gerry Marr, Chief Executive, SESLHD and Dr Greg Stewart, Director of Primary and Integrated Health, current and former SESLHD Aboriginal Health managers and liaison officers, oral health dignitaries from Sydney Local Health District and the Centre for Oral Health Strategy NSW, La Perouse Land Council members, Redfern Aboriginal Medical Service representatives, community elders, and SESLHD Oral Health Service team members.

Claire Phelan, Director, Oral Health Services, said the clinic played a key local health role, not limited to dental services.

“The La Perouse Dental Clinic forms an important part of an integrated SESLHD health service and is providing additional oral health services to Aboriginal people across the continuum of care. It also provides a strategically placed geographic base for outreach health promotion and facilitates linkages with services offered by general/allied health providers,” Ms Phelan said.

Planning, construction and commissioning of the dental clinic was auspiced by SESLHD Oral Health Service, SESLHD Aboriginal Health Unit, La Perouse Land Council (on whose land the clinic is situated), La Perouse Community Health Centre and Gujaga Preschool with frequent advice and input from community elders.

At the opening event, Joyce Timberry welcomed guests to Country on behalf of the Bidjigal people while Chris Ingrey, Chief Executive of La Perouse Land Council, formally acknowledged the strength of the partnership between the Land Council and the Community Health Centre. Auntie Dulcie Simms performed the honour of cutting the ribbon to open the dental clinic, before guests enjoyed a light lunch and cake-cutting ceremony.

In April 2016 SESLHD Oral Health Service was included in a pilot project supported by the Centre for Oral



Health Strategy NSW, Nepean Blue Mountains Local Health District (NBMLHD) and the Poche Centre for Indigenous Health. The Dalang project aims to improve oral health and prevent obesity of Aboriginal children. Five newly graduated oral health therapists are employed by NBMLHD and hosted by Aboriginal health settings across NSW, including at Armajun Aboriginal Health Service, Durri AMS, Albury Wodonga

Aboriginal Health Service and La Perouse Community Health Centre. Fifty percent of their time is focused on providing clinical services and 50 percent is devoted to planning and implementing the Dalang oral health promotion program.

Since opening the dental clinic at La Perouse, access to SESLHD dental services by Aboriginal people has steadily increased. ■



Sydney Hospital's new hand clinic: managing patients statewide

The refurbished Sydney Hospital Hand Clinic was officially opened on May 20 following an impressive \$900,000 revamp. The refurbishment included 10 spacious new treatment bays and new equipment.

The clinic is part of the Sydney Hospital Hand Unit, which provides a comprehensive elective and emergency service for all hand and wrist disorders within SESLHD.

It is also a major tertiary level centre for hand referrals from across NSW.

Dr Pauline Rumma, Director of Clinical Services, Sydney/Sydney

Eye Hospital, praised the good work of all staff involved in the refurbishment, especially clinical staff who maintained high volumes of service during the project.

In 2015, the clinic recorded 15,198 presentations – up from 14,548 in 2014 – and 2820 surgical operations. ■



Southcare Outreach Service caring for the elderly at home

Older residents living in the Sutherland Shire are receiving rapid health care and assessment in their own home thanks to the Southcare Outreach Service (SOS) run in collaboration with NSW Ambulance and local GPs.

The service has been instrumental in helping people over the age of 65 years avoid visits to the emergency department and hospital admissions since its inception in February 2014.

Associate Professor Peter Gonski, Director of Southcare, Sutherland Hospital, said SOS provided health care and medical attention – responding within one to 48 hours

– to people with medical conditions such as acute back, knee and hip pain, decline in mobility or recent history of falling. “Clients are also provided with appropriate interventions to help manage their conditions, and care planning, for up to six weeks,” A/Prof Gonski said.

Superintendent Sean Kearns, NSW Ambulance Acting Deputy Director of Operations for the sector, said SOS allowed paramedics to refer suitable patients to a more appropriate care pathway than a traditional emergency response allows.

SOS has received more than 730 referrals from NSW Ambulance, GPs and other community services since its inception, and was named a finalist in the 2015 NSW Health Awards.

Expert nurses, paramedics, physiotherapists and occupational therapists liaise with GPs to ensure co-ordination of planned care including referral to appropriate services, to ensure people can remain safe at home. ■



Building on international reputation for sleep disorders research

Health Minister Jillian Skinner was joined by Member for Oatley Mark Coure to officially open St George Hospital’s expanded Sleep Disorders Laboratory on 24 September 2015.

The laboratory has moved to the building formerly occupied by the Psychiatric Emergency Care Centre which is now located in the new Emergency Department.

The move allowed the Sleep Disorders Laboratory to expand from a two-bed to a six-bed facility. This will enable it to build on its current annual work schedule of 1,400 sleep studies and 300 respiratory failure studies.

“This laboratory provides early intervention in the treatment of sleep disorders and respiratory failure diseases, including motor neurone disease, muscular dystrophy, post-polio syndrome, obesity-hypoventilation syndrome, developmental disorders and end-

stage lung and heart disease,” Mrs Skinner said.

“Early intervention and treatment reduces hospital admissions, which is great for the patient and great for the health system at a time of growing demand.”

The Sleep Disorders Laboratory is part of St George Hospital’s Centre for Sleep Disorders and Respiratory Failure, which gained international recognition for its research into respiratory failure, obstructive sleep apnoea and respiratory failure associated with diving and aviation.

The centre was first to publish on orthodontic treatments for obstructive sleep apnoea, which has changed clinical practice around the world. ■



Meeting the challenge: Randwick Campus's new hybrid theatre

The \$2.85 million hybrid operating theatre at the Randwick Campus Operating Suite enables diagnostics in real time for complex interventional vascular procedures or in conjunction with open surgical or combined procedure delivery.

In vascular surgery, there has been a major shift during the past decade from predominately open surgical procedures to now 90 per cent of vascular problems being corrected by endoluminal techniques.

Dr Andrew Lennox, head of vascular and endovascular surgery at Prince of Wales Hospital, said the hybrid theatre is cutting-edge and enables specialists to perform minimally invasive complex interventional endovascular procedures and combined procedures with conventional open vascular surgery.

"The ability to treat patients in the one theatre session under the one anaesthetic rather than in separate stages in different theatres has a number of potential benefits including reduced length of hospital stay and fewer risks for patients," Dr Lennox said.

This state-of-the-art system in an operating theatre environment also has an application in major gynaecological surgeries and paediatric vascular interventional procedures.

"Public patients in the area are now able to access this world class facility at the Randwick Campus Operating Suite," he said.

Funding for the theatre was received from NSW Ministry of Health as well as a \$250,000 donation to the Prince of Wales Hospital Foundation by The Lewis Foundation. ■

OUR PEOPLE



Simone Kelly

*STOP Project Officer & Equipment Manager,
Critical Care Medicine, Sutherland Hospital*

As an intensive care unit nurse and the Equipment Manager for Critical Care, Simone combines her love of nursing, along with her passion for quality improvement, to challenge inefficiencies in clinical care.

"I really enjoy the mix of nursing and quality improvement. I can walk through the door and no day is the same. The experience from both sides allows me to critically evaluate the way we work, and to continually look for better ways to do things."

Simone is involved in STOP, the Sensible Test Ordering Project, an initiative designed to improve pathology practices. Since its inception, the program has significantly reduced unnecessary and costly testing procedures by 15 per cent.

"Whichever role I'm doing, I'm passionate about the team work. It's all about the person in the bed and ensuring they're getting the same level of care that we would give a loved one."

NURSING & MIDWIFERY

Leadership, coordination and strategic direction for nursing and midwifery throughout SESLHD is the focus of this directorate.



Central to this work is a person-centred and compassionate approach, achieved through evidence-based initiatives that build leadership, along with individual and team resilience. The values of capacity, capability, collaboration and culture underpin a commitment to practice development and a culture of learning which focuses on outcomes both locally and statewide.

1. District-wide surgical clinical pathways established

Clinicians from across SESLHD came together to develop consistent, safe and evidence-based clinical pathways for the top 10 elective surgical procedures across the district. This was done through an innovative and collaborative approach to ensure patient safety and reduce unwanted clinical variation in practice across the district.

This collaborative team effort resulted in the development of a governance structure, pathway structures and flowchart and a surgical pathways Sharepoint website. Eleven pathways have been developed thus far.

An electronic audit tool has been developed to audit variances, inform changes required to pathways, graph trends and reflect key performance indicators such as readmission rates and length of stay.

The enhanced collaboration has improved teamwork across and within



the SESLHD facilities encouraging mutual respect and utilisation of different skill sets. SESLHD is the only NSW district to develop district-wide surgical clinical pathways.

2. Multidisciplinary clinical supervision workshop

Clinical supervision has been identified as critical for the provision of safe, quality clinical care. A district-wide assessment identified a need to develop standardised skill sets in clinical supervision for staff in supervisory roles. The Nursing & Midwifery Practice & Workforce Unit (NMPWU), in conjunction with managers of education, developed clinical supervision training models for nursing and midwifery that were delivered throughout 2015.

The district executive team endorsed an NMPWU request that this program be extended to medicine and allied health resulting

in a multidisciplinary clinical supervision workshop delivered in late 2015. The workshop provided the opportunity for participants from all disciplines to learn together and enhance interdisciplinary teamwork.

The program is aimed at enhancing the ability of all health disciplines to provide 'point of care' clinical supervision. It supports participants to gain skills, confidence and experience, and engages them in providing feedback and managing challenges. The program has been evaluated positively across each of these learning domains and will continue to be offered throughout 2016-17.

3. Engaging GPs in breast screening

The BreastScreen South Eastern Sydney Illawarra: General Practitioner Engagement Project has been rolled out by Eastern Sydney Medicare Local and South Eastern Sydney ►



Emma Hayes

Clinical Nurse Educator, Oncology, St George Hospital

A day for Emma Hayes is a busy mix of clinical duties, providing support and education for staff and graduates – and squeezing in time for her own leadership development.

"Since I was a student, I always wanted to be an oncology nurse. I did a number of placements in oncology and I loved the vibe. Many patients are going through some of the most challenging circumstances in their lives, and their optimism is refreshing, and so inspiring."

Over the last 12 months, Emma has been involved in the Clinical Leadership Program, which identifies an individual's strengths and looks at ways to further utilise those skills.

"I love working with the new grads. They often thank me for having confidence in them and teaching them clinical skills that they will use throughout their nursing career. I don't need to be thanked, but it's nice to know that I'm making a difference."



and Illawarra BreastScreen Service. This has created a dynamic partnership for the promotion of the important services offered by BreastScreen to general practitioners.

4. Improving advance care planning for patients with chronic respiratory disease

Completion of the redesign project Plan Early: My Future Care project has improved advance care planning (ACP) for patients with chronic respiratory disease in the Respiratory Coordinated Care Program (RCCP) at Prince of Wales Hospital. The solutions implemented and results include:

- Patients that are 'end-stage' are now identifiable and ACP can commence earlier. An evidence-

based tool was tested to identify patients who have a 40 to 90 per cent chance of dying within 12 months. The tool was so successful it is now being designed into a tab for the integrated care dashboard (under development in OrBiT) to facilitate ACP for any patient admitted to a ward.

- Respiratory staff have been trained in initiating ACP discussions with patients.
- ACP documentation is increasing – as at August 2016, 16 per cent of end-stage RCCP patients had resuscitation plans (up from 0 per cent).
- Alerts in eMR for patients with an advance care plan are being developed, in consultation with eHealth, so all hospital staff will know when a patient has an

advance care plan and can access its details.

- Engagement with GPs is underway so RCCP staff are provided with a simple way to share a patient's advance care plans with their GP.

5. New protocols enabling enhanced emergency nurse care

The SESLHD Emergency Adult Nurse Protocols allow for the early implementation of appropriate clinical care and the start of patient assessment and treatment by nurses within their scope of practice, along with escalation to a senior medical officer prior to being seen by a medical officer or nurse practitioner when necessary.

Over the past year, the emergency medicine stream has collaborated to

develop the protocol portfolio to incorporate more clinical presentations, enabling a greater population of patients presenting to emergency departments to have assessment and intervention implemented prior to medical officer review.

The College of Emergency Nursing Australia has requested that the SESLHD Emergency Adult Nurse Protocols be made available on their website as an example of best practice. ■



OUR PEOPLE



Naome Reid

Senior Social Worker, Royal Hospital for Women

Naome values being part of a team that helps connect women and their families under The Royal's umbrella of care.

"I was looking for an organisation which held values similar to my own - a lot of key social work values exist here and they're connected with other disciplines really well."

Naome sees both immense joy and devastating loss when working with families in the neonatal intensive care unit (NICU).

"Being a social worker in a maternity hospital is not all warm and fuzzy - a lot of what we do here is trauma-informed care. It's about coordinating a model of care and treating all of the women with an equal level of respect."

Naome said the "real heroes" of the job are the babies and their parents.

She said the best part of the job is "seeing parents being able to get involved and gain confidence - seeing people bond and attach with their babies."

PRIMARY INTEGRATED & COMMUNITY HEALTH

Renamed to reflect our increasing responsibility and involvement in community health services, this directorate sits alongside acute services.



Primary Integrated and Community Health (PICH) is responsible for management of many community facing and population-based services including Oral Health and Aboriginal Health.

The recently finalised Healthcare in the Community review, provides a roadmap for the future development of a Child and Family Health Service for the southern half of the district, to work in close collaboration with Sydney Children's Hospital Network Randwick, which manages child community services in the northern sector and an Aged, Extended and Integrated Care Coordination and Commissioning Unit, which will develop integrated and consistent aged, extended and integrated care services across SESLHD.

Our Integrated Care Strategy and Action Plan has been progressively implemented with particular attention to care coordination, patient activation, risk stratification, clinical leadership, and use of the collaborative method to implement new systems. PICH will continue to work collaboratively with our primary care partner, Central and Eastern Sydney Primary Healthcare Network (CESPHN), in order to implement a primary care-based model for integrated care.

1. District Aged Care Assessment Teams join forces

SESLHD successfully amalgamated the four stand-alone ACAT teams into a single entity, in order to effectively

operate within the new Commonwealth 'My Aged Care' system. This was achieved through successful collaboration between War Memorial Hospital, Prince of Wales Hospital, Sutherland Hospital and Calvary Health Care. The project outcomes include the establishment of a centralised intake for all SESLHD ACAT referrals, a centralised appointment scheduling system and a centralised delegation roster.

2. Dental health for Aboriginal residents

Under the auspices of the SESLHD Oral Health Service, a new two-chair dental clinic for Aboriginal people was opened at the La Perouse Community Health Centre. An Oral Health Promotion Plan, to drive preventative strategies for the coming years, was completed and published.

3. HealthOne Sutherland supporting integrated care

HealthOne Sutherland has developed an integrated primary and community health approach with our partner organisation, CESPHN.

Multidisciplinary teams working with local general practitioners, community health workers and other health professionals aim to improve access to healthy living programs that align with the NSW Health Integrated Care Strategy and the "health care home" model.

4. Intervention for those at risk of overdose

SESLHD Drug and Alcohol Services has developed and implemented an intervention for clients at risk of opioid overdose, teaching them to respond to overdose situations at which they may be present, including provision of, and training in, administration of the drug naloxone. To date, over 140 patients have been trained in this life-saving approach. SESLHD Drug and Alcohol Services is working with five other districts through a NSW Health Translation Research Grant to implement and evaluate take-home naloxone for opioid overdose prevention, at treatment services, needle syringe programs and peer-based service settings across NSW.

5. Art as healing

The Cultural Healing Through Paint and Colour Project aims to provide a culturally specific art therapy program for adult Aboriginal patients who are hospitalised, thereby supporting them to remain in care. While similar art projects have been successfully implemented in children's hospitals across Australia and other parts of the world, this is a first for an adult hospital. ■



Margaret Broadbent

Deputy Manager, Aboriginal Health, SESLHD

Margaret has been working within the district for 17 years, and her long history has been invaluable in connecting people within the community – and helping to keep them out of hospital.

In February this year Margaret successfully applied for funding for an art therapy initiative through TIIC - The Inspiring Ideas Challenge.

"When patients are admitted to hospital, they're given an art pack with the choice of a boomerang, plate or a canvas. We're also producing a culturally specific Aboriginal colouring-in book."

The Aboriginal Health team works closely with the community and in collaboration with a number of projects, including the Clontarf Program.

"The initiative is designed to keep Aboriginal teens in school. Last year we performed health screens and there were a few boys referred for their eyesight and hearing. We've provided information on carers in health, healthy eating and smoking. It has been a success, so we'll continue to run this annually."

PLANNING POPULATION HEALTH & EQUITY

The 200-strong Directorate of Planning, Population Health and Equity provides support to the SESLHD Board, executives and staff to make informed decisions about the strategic priorities and changes that will bring sustainable improvement to the district's performance.



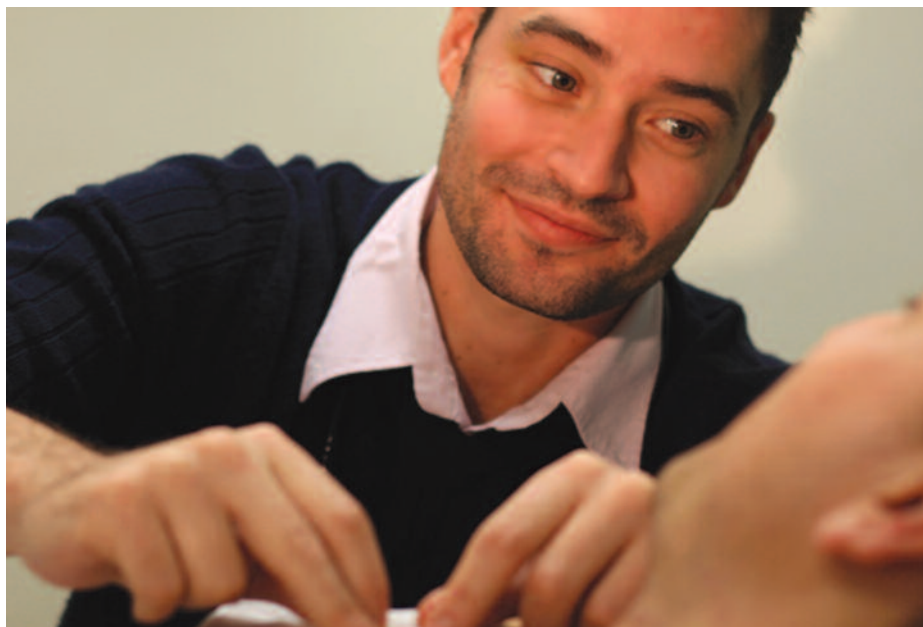
The Directorate of Planning Population Health and Equity (DPPHE) manages the implementation, monitoring and evaluation of strategies, population health, clinical service and business plans that improve the effectiveness and efficiency of services for our community. Key operational units are the Falls Prevention Programs, Health Promotion Service, HIV and Related Programs Unit, Public Health Unit, Short Street Sexual Health Centre, Strategy and Planning Unit, Sydney Sexual Health Centre, The Albion Centre along with several statewide and international services and programs.

1. Improving access to care, reducing harmful lifestyle choices and increasing immunisation

In the past year, DPPHE has continued to improve access to HIV/sexual health and viral hepatitis prevention, treatment and care services to priority population groups. The directorate has noted improvement in the rates of immunisation among two to five year olds and school students and there is also evidence of a reduction in the prevalence of tobacco use amongst our residents to 10 per cent.

A number of new initiatives are underway to reduce obesity amongst children and adolescents, including testing of the Active Teen Leaders Avoiding Screen-time (ATLAS) boys and Nutrition and Enjoyable Activity for Teen (NEAT) girls apps developed by Newcastle University. These innovative apps, which were found to improve measures of body composition and muscular fitness and reduce screen time and sugar sweetened drink consumption, have been further co-designed by high school children attending a number of high schools in the local area.

Also this year, the evidence-based Quit for New life Program has been implemented at the Royal Hospital for Women to reduce smoking rates among Aboriginal women.



2. Forging genuine and enduring partnerships with our community

National accreditation surveyors saw the excellent work taking place in SESLHD. A newly formed Community Partnership Unit provided leadership and support to facilities to strengthen community engagement and give our community a greater voice across our system to drive up the quality of care delivered by services. The surveyors noted the district's community engagement activities as "some of the best work" they had seen.

3. Advancing our quest for health equity

DPPHE has developed a district-wide Equity Strategy and delivery plan which takes a systematic and whole-of-system approach to improving the health and wellbeing of our most disadvantaged groups, and is focused on both the people and the places where they live. The strategy has been co-produced internally by staff and externally with key partners including the primary health network, other government and non-government agencies, community groups and consumers. A number of initiatives are well underway across the organisation, including a partnership with Bayside Council –

Doing it Differently Grants – delivering a range of grants to local community groups to come up with solutions for building community resilience and wellbeing. DPPHE has also secured two grants from the Cancer Institute NSW to reduce the prevalence of smoking in Aboriginal and Arabic communities.

4. Improved transport access at the Randwick Campus

Transport access guides (TAGs) have been developed for the Prince of Wales Hospital and the Royal Hospital for Women, to align with the NSW Health Environmental Sustainability Strategy: 2012-2015, the SESLHD Sustainability Strategy and Action Plan: 2013-2016 and EQUIP 15.17, by enhancing physical access to facilities for the community.

Patients, visitors and new staff will be further assisted with 'way-finding' technology for mobile devices, which features internal maps of the hospitals accessed by scanning QR codes. ■

MENTAL HEALTH

Comprising inpatient, ambulatory community, rehabilitation and specialist programs, this district service cares for consumers with a range of developing or existing illnesses.



Care and treatment across the mental health illness spectrum is provided incorporating prevention, early diagnosis and intervention, case management, emergency response, triage, assessment, acute and sub-acute care services.

1. Supporting the mental health of young people

headspace Bondi Junction was officially launched in May 2016 by Prime Minister Malcolm Turnbull. The core objective of the centre is to deliver early intervention strategies and services for young people aged 12 to 25 years who are at risk of developing or showing early signs of mental health, physical health and/or drug and alcohol problems. Administered by SESLHD, the centre partners with local organisations and services to provide mental health, physical and sexual health, alcohol and other drug counselling, and vocational support. It received more than 300 referrals within its first three months of operation.

2. Ongoing commitment to South Eastern Sydney Recovery College

The college provides recovery based educational courses aimed at supporting people to recognise and develop their own talents and skills. The courses are developed and delivered in partnership with people with a lived experience of mental health concerns and health care workers. In 2016, the NSW Health



Mental Health and Drug Office funded the college to provide training to staff from other local health districts and their partners. The college has had more than 700 students.

3. Commencement of the Mental Health Patient Safety Program

The program aims to systematically reduce harm experienced by people receiving care from mental health services in SESLHD by supporting frontline staff to test, gather real-time data and reliably implement interventions. It is centred on five work areas including leadership and culture and least restrictive practices. Around 46 improvement projects are in development following feedback from 195 frontline staff about findings of the Mental Health Patient Safety Culture Survey held in October 2015.

4. Increasing private patient revenue

In 2015-16, Mental Health increased private patient fee revenue by 38 per cent, providing an additional \$1.3



million towards the revenue target on the previous year. This was achieved through initiatives such as employment of a full-time mental health revenue officer.

5. Phase 2 of the Keeping our Body in Mind program

The 18-week program aims to reduce antipsychotic medication-related weight gain and vulnerability to metabolic syndrome through lifestyle and life skills interventions. It is complemented by 16 workbooks on lifestyle-related topics such as tobacco smoking and sleep. The program is currently targeting clients attending clozapine clinics throughout the district. Around 90 per cent of clients had participated in cardiometabolic screening and 51 per cent at the Prince of Wales Hospital Phase 2 pilot site had received a risk reduction intervention based on their identified cardiometabolic risk factors. ■

OUR PEOPLE



Melanie Lai

Head of Orthoptics, Sydney Eye Hospital & Discipline Advisor, SESLHD

As the department head at Sydney Eye Hospital and in a professional advisory role for the district, Melanie values working in a team with leading orthoptists from interstate and internationally.

"I really enjoy leading and working with the team here - and also developing as a clinician. I believe you're a good manager if things can run smoothly, even if you're not there."

In May 2016, Melanie spoke at the World Associations for Eye Hospitals Congress in the Netherlands about how the Sydney/Sydney Eye Hospital glaucoma investigation clinic is linking in with ophthalmologists to assist in the management of chronic eye disease.

"By utilising the highly specialised skills of orthoptists, and through collaboration with the multidisciplinary eye team, we're working to ensure that patients receive the right care, at the right time, in the right place."

FINANCE

Along with ensuring the timely and accurate provision of financial information to internal and external stakeholders, the 86 finance staff ensure compliance with processes and controls that constitute regulatory and legislative requirements.



Departments within this unit include Financial Reporting and Accounting; Internal Reporting; Procurement; Clinical Products; Financial Systems Management and the Billing Service Centre. The unit also undertakes business development for a range of capital and commercial projects.

1. New structure for billing services

This year saw commencement of the Billing Service Centre (BSC) review following a number of years in the planning. This is expected to bring considerable benefits to the employees, customers and stakeholders of the BSC. The first phase was an intensive review of all people, processes and technology and the development of a revised operating structure.

2. More revenue opportunities

A review of the outstanding revenue opportunities in the district has been completed. This process took considerable effort to coordinate from a site and district perspective and enabled an extra \$500,000 in medical billing. In addition this project highlighted a number of areas for improvement which are currently being implemented via the Revenue Project.

Importantly, it brought an increased focus from the sites upon revenue and has led to a positive start to the current financial year.



3. Implementation of new cost-efficiency tools

The Budget Buildup tool has standardised the budget allocation process for employee-related costs across the district, based on the staff profile, providing a better ability to analyse variances to budget. The tool has also been sent to other local health districts with wide acceptance and implementation. The VMO Budget tool provides facilities with an estimate of contracted hours, on call hours, callbacks and costs, allocated by cost centres.

4. Adjusting budgets for self-funding services

Self-funding services are typically not funded by Supplementations, however, submissions to the Ministry of Health were successful this year for expense and revenue budgets. This provided a better analysis of variances to budget.

5. Streamlining processes

Cost centre forms and procedures were updated, ensuring that cost centres were established for different purposes and identified sources of funds. The updated forms had multiple purposes and improved linkages between workforce, finance and performance reporting sectors of the district.

The first VMO (visiting medical officer) workshop for the district was conducted this year. This assisted in identifying issues needing resolution and helped make processes more efficient for managing this workforce. ■



INTERNAL AUDIT

Conducting independent, objective assurance and consulting activity, the Internal Audit Directorate is designed to add value and improve the operations of SESLHD.



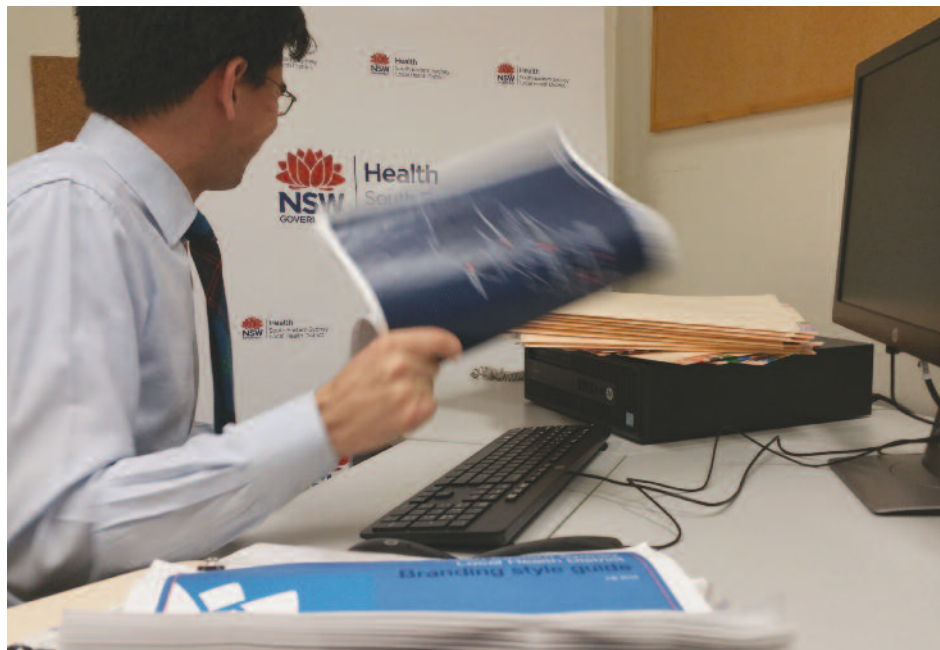
The team's vision is to be regarded as the leading audit function in NSW Health through the provision of risk-based and objective assurance, advice and insights which contribute to the health and wellbeing of the community.

1. Audit Plan delivers improved processes and outcomes

Internal Audit partnered with management during 2015-16 to deliver 12 specific audits which were reported to the Board Audit and Risk Management Committee and the Chief Executive covering facilities and processes across the district. The audits aimed to contribute to improved controls, processes and better patient safety outcomes and covered activities such as: infection control, medical records, research, staff specialists, incident management and activity based funding. A total of 52 observations were made with 93 actions agreed to be implemented by senior management.

2. Focus on patients and clinical risk

A realignment of the Annual Audit Plan for 2016-17 was completed, to provide a greater focus on patient safety, patient consultation and clinical risks. At least one third of audits planned for the current financial year will cover risks associated with clinical governance,



patient admission and discharge, clinical handover, the Community Partnerships Strategy and medical equipment maintenance.

3. Preparation for Norfolk Island joining SESLHD

Internal Audit facilitated a due diligence review of the Norfolk Island Hospital Enterprise (NIHE) prior to its management being handed-over from the Commonwealth of Australia to SESLHD. This review was critical in informing senior management of the current state of the NIHE prior to it being transferred to SESLHD and recommended 59 management actions to improve controls and processes particularly in the areas of budgeting and

forecasting, governance, procurement, payroll and high risk medications.

4. Guest auditor program

The biggest challenge facing Internal Audit is accessing the clinical expertise required to increase our focus on patient safety and clinical risks. To overcome this, we are implementing a guest auditor program where nursing staff and clinicians will be invited to participate in specific audits so that we can leverage their experience and expertise to deliver better patient safety outcomes. It will also provide an opportunity for staff to gain some of the good audit disciplines which they can then take back to their respective departments. ■

OUR PEOPLE



George Deletaris

Director of Internal Audit, SESLHD

A large part of George Deletaris's role involves the provision of something known as "risk-based objective assurance" district wide – so that clinicians can provide effective and efficient health care services.

"We play an important governance role which assists management improve patient safety and quality. I enjoy the opportunity to get across the facilities, as well as working with senior management to make a real difference and add value."

Key projects the team are working on include: ensuring clinical handovers are appropriate, reviewing medication management, and ensuring medical equipment is maintained and working efficiently.

"I was attracted to health because I have a real passion for patient safety, and if I can do that [in a place] where I'm making a difference, that's ideal."

"I think it's important to stay healthy – it makes you a bit more resilient to deal with challenges inside and outside of work."

WORKFORCE SERVICES

Responsible for fostering a positive experience in the workplace for all employees, the Workforce Services Directorate covers recruitment and payroll services, workforce monitoring and planning.



The service also provides high-level support on a range of human resource issues, interpretation of awards and relevant policies, employment diversity, work health safety, injury management and wellbeing.

Over 2015-16, the Workforce Services Directorate underwent a major restructure and re-visioning to refresh the strategic plan and align the service priorities to the Journey to Excellence.

A number of key priorities were undertaken to direct the teams' leadership, skill development and work practices in line with the Journey's aims and to develop the knowledge, skills and attitude of the directorate for business capability.

The key achievements for 2015-16 reflect the early stages of the vision and mission of the Workforce Services Directorate in:

- ▶ building the capability of our people managers for the Journey to Excellence, and
- ▶ providing governance of, and an integrated business partnership model and collaborative leadership for, the effective delivery of people management services.

1. Proactive cost management

The directorate has led proactive management of workers compensation claims to enable a \$2.9m hindsight and \$1.7m deposit surplus which enables funds to

return to SESLHD's Health Safety and Wellbeing Team.

2. Improved tools for managers

Workforce Services has managed the development of the A-Z Encyclopaedia to assist managers in navigating the varied Workforce Services' information available on the intranet (Workforce Transaction Service). This has assisted in building the capability of people managers by enabling them to source information relevant to workforce.

3. One-stop shop for information

A Workforce Transaction Services Responsibility Matrix (Workforce Transaction Service) is now up and running. This matrix allows managers to source where, how and who manages each function in a one-stop shop.

4. Better induction of new managers

Development of the New Managers Induction Program (Workforce Advisory Service) occurred in 2015-16, which has strong links to the NSW Performance Development Framework.

The pathway is designed to equip managers with the tools to effectively manage the performance of their staff and teams and involves blended learning, one-on-one coaching sessions, online training and

classroom style learning opportunities. This program was revised in 2016 to provide managers with:

- ▶ a positive and supportive relationship with their Workforce Advisory Services consultant
- ▶ familiarity with the awards, policies and procedures required to fulfil their responsibilities
- ▶ Tools for self-directed learning and development
- ▶ Skills in managing people and finances
- ▶ Skills in managing all aspects of workforce transactional activities related to recruitment, position maintenance, roster support, workforce systems and reporting via a positive and supportive relationship with the Workforce Transactions Services team
- ▶ Skills in managing all aspects of work, health and safety, performance development, complaint management and resolution, misconduct, change management, sick leave, non-work related and work related medical conditions/injuries, excessive annual leave and grading/regrading of positions.

5. Health screening improved

Introduction of a process for health screening of prospective employees, enabling a risk management approach and reasonable adjustment for new recruits with a pre-existing medical condition or disability. ■



Louise Dunne

Acting Deputy Director of Nursing, Sydney/Sydney Eye Hospital

Louise's nursing career spans over 30 years – and now, she finds herself in a senior role at the first hospital she worked at upon migrating to Australia.

"After working for a year at Sydney Hospital, I travelled for nine months around Australia and worked on the Edward River at the Gulf of Carpentaria. The nearest doctor was an hour and a half by plane, so if something happened you were it. We had very little equipment, so it really required me to think on my feet, and get back to my basic training."

Louise enjoys the challenge of supporting the five nurse unit managers and the after hours nurse manager to support their employees and deliver a safe and effective service to patients.

"I see myself as the eyes and ears of the unit. As long as we keep the patient at the centre of our care, we can't go wrong."



St George Hospital has experienced a highly successful year in 2015-16, implementing a new management structure which separated St George and Sutherland hospitals into two separate entities.

The staff worked extremely hard to produce \$7.2 million worth of savings from our value improvement plans and increased actual revenue from \$67.6m in 2014-15 to \$73.5m in 2015-16. Significant further improvement occurred in access to care for surgical patients, with no patients overdue for their procedure as at 30 June 2016 – an improvement from 174 patients overdue on 30 June 2015.

Redevelopment works at the hospital commenced with building above the new Emergency Department, with the structure reaching nine levels and leading to a 'topping-out' ceremony in September attended by the NSW Minister for Health, Jillian Skinner. At the same time, staff commenced work on the change management that will be required to move into the Acute Services Building in late 2017.

The outstanding efforts of hospital staff were recognised at the SESLHD Improvement and Innovation Awards, with 11 projects entered and six awards received. Meanwhile, the St George and Sutherland Hospital Child and Family Health Service became the first community team in NSW to be awarded Community Baby Friendly health Initiative (BFHI) accreditation.

In October 2015, Professor Steven Krillis was awarded a \$400,000 grant by the Macular Disease Foundation of Australia for ground-breaking research on age-related macular degeneration, the most common blindness in Australia and the western world. Meanwhile, the valuable role of donors to the hospital was highlighted with \$80,000 from the St George Motor Boat Club enabling urgent expansion of the Pelvic Floor Unit.

And finally, addressing further technological improvement at the hospital, Lightfoot – a data analytical tool – was implemented on three projects, creating great clinician engagement with further improving the care provided to patients. Two of the projects achieved reduced length of stay for stroke and aged care patients, while the third project improved the flow of patients through the Emergency Department.

Leisa Rathborne, General Manager

1. Awards success for St George Hospital

The annual SESLHD Improvement and Innovation Awards highlighted the outstanding contribution made by staff to the advancement of health care provision across the district. Main category winners for the hospital included: Patients as Partners with the St George Hospital Enhanced Recovery After Surgery project; integrated health care with SAFE feeding, SAFE families: A paediatric feeding service; translational research into improving the emotional wellbeing of major trauma patients; and Arts in Health with art therapy for Arabic speaking cancer patients. Heather Doolan, St George Hospital's PACE Coordinator, was named Staff Member of the Year while Janette Dennis won Volunteer of the Year. The hospital's IVC Working Party was awarded by the NSW Health Minister, Jillian Skinner, at the 2015 Multicultural Health Communication Awards for developing resources for the multicultural community. Meanwhile, Associate Professor Theresa Jacques, Director of the Intensive Care Unit at St George Hospital, was announced the winner in *The Australian Financial Review* and Westpac 100 Women of Influence Awards for 2015.

2. Major redevelopment

Main works for St George Hospital's \$277 million redevelopment commenced in January 2016. The new nine-storey Acute Services Building will house a number of services including integrated intensive care, high dependency and cardiac 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. Hospital refurbishments include a new main entry and façade, admission office and day surgery unit, while there will be a new and expanded hospital kitchen and expansion of the Gray Street carpark.

3. Cancer Care Centre expansion

NSW Health Minister, Jillian Skinner, announced \$1.5 million in funding support towards the expansion of the St George Cancer Care Centre in August 2015, to increase capacity for additional chemotherapy chairs.

The expansion of the centre is an important project, as staff administer chemotherapy to an average 25 patients per day, along with providing services and support for people with a variety of non-cancer conditions.

4. Sleep disorders: more research & international recognition

The Sleep Disorders Laboratory was opened by the NSW Health Minister, Jillian Skinner, in September 2015. The laboratory is part of the expansion of the hospital's Centre for Sleep Disorders and Respiratory Failure, which makes the two-bed unit a six-bed facility and increases capacity for sleep and respiratory failure studies.

The Centre for Sleep Disorders and Respiratory Failure has gained international recognition for its research into obstructive sleep apnoea and respiratory failure associated with diving and aviation. The centre was also first to publish on orthodontic treatments for obstructive sleep apnoea, which has changed clinical practice around the world.

5. Emergency Department media campaign

Following the opening of the new ED in October 2014, there was a notable increase in the volume of 20 to 45-year-old patients self-presenting to the ward in a private car. A review of Lightfoot data provided a range of insights: these patients were coming in increasing numbers from the high-density housing areas of Wolli Creek and along the Princes Highway corridor and some 51 per cent did not have a registered GP. In addition, the January 2016 relocation of St George After Hours GP Practice caused an immediate increase in the volume of presentations – from 203 up to 218 presentations per day, peaking up to 252.

A social media campaign was aimed at 20 to 45-year-old residents offering details of alternatives to ED care; promoting the value of having a registered GP and details of afterhours GP services including 13SICK.

Following the launch of the campaign, there was a drop in presentations amongst this group by 19.1 per cent.



Roadmap to Excellence

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

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

Cancer Care Centre expansion
3.11 Securing added value and financial stability of the health services we provide.

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

ED media campaign
3.3 Improving the way we deliver emergency care.



The Prince of Wales Hospital (POWH) and Community Health Service has had a successful year functioning as a busy full service teaching public hospital with significant research activity.

Accreditation was completed by both hospital and community services against the EQulP National Accreditation and Commonwealth Community Care Support Standards within the Department of Community Health – a significant undertaking for all staff involved.

Surgical teams achieved a 000 Elective Surgery Access Program Target (ESAP). All patients who were scheduled to receive surgery as appropriate to their clinical urgency received this. This result was managed by only two other major NSW public referral hospitals.

Emergency teams continued to improve against the Emergency Treatment Performance (ETP) target of 72 per cent achieving 69 per cent. Patients were treated within four hours of arrival in the Emergency Department (ED). The ED also recorded a substantial improvement of 69 to 94 per cent in Transfer of Care (the time it takes for

patients to be transferred from an ambulance to the ED). This performance was delivered despite annual presentation growth of around 3 per cent.

► **Expense Reduction:** All staff have contributed to expense reduction and revenue generation. Twenty value improvement projects were completed generating \$5.1 million in ongoing savings. The majority of reductions were from: increased efficiency in contracts management, staffing adjustments via salary packaging, administrative and leave consolidations, overtime and call back reductions, medications management and enabling licence to occupy arrangements in appropriate clinics. A corresponding focus on revenue saw POWH achieve an end of year result of \$75,235,273 of which \$32,215,792 was from compensable patients (those for whom income can be derived such as overseas, Department of Veteran Affairs or privately insured patients).

► **Major Works:** The year's capital projects included construction of the Bright Alliance Building which when commissioned, will house the Nelune Comprehensive Cancer Centre, UNSW's Scientia Clinical Research Project and an expansion of the Sydney Children's Hospital Network. The hybrid operating theatre complex was commissioned

enabling interventional vascular procedures to be performed in isolation or in conjunction with open surgical activity. Space reconfiguration of the ED enabled the size of pharmacy and equipment storage areas to double. Planning for the Edmund Blacket Building upgrade commenced with UNSW to provide flexible learning areas in upgraded facilities. And finally, POWH, district and NSW Health Infrastructure have commenced current and future facilities' and infrastructure planning. This process, involving extensive staff and community input, assesses community needs, patterns of health service activity and the way health care is delivered, with recommendations to meet our community's future needs.

► **Awards:** Staff entered a series of projects into the SESLHD Improvement and Innovation Awards, winning three: one patient safety award - 'The implementation of a multidisciplinary

hospital wide simulation training program' and two work health safety awards – 'Innovation in Work Health & Safety, Cardiac monitor transport trolley' and 'Collaboration in Work Health & Safety, Nursing manual handling competencies project'.

► **Research and Education:** Our staff lead and are participating in close to 100 active clinical research trials. With the UNSW Clinical School, POWH has worked to secure and manage over \$8.5 million in funding via competitive National Health and Medical Research Council and other industry grants. In training our staff of the future, we have invested in 330,678 hours of education to students via 2489 clinical placements across medicine, nursing, allied health, radiography, nuclear medicine, orthoptics, pharmacy, psychology, radiation therapy, genetic counselling and more.

David Pearce, Acting General Manager

1. The Bright Alliance building

Completion of external construction was celebrated with a 'topping out' ceremony attended by the NSW Health Minister, Jillian Skinner MP. When commissioned, this 10-storey building will house the Nelune Comprehensive Cancer Centre, UNSW Australia's Scientia Clinical Research Project and an expansion of the Sydney Children's Hospital Network.

2. NSW's first human imaging research centre

Part of the Australian National Imaging Facility (NIF), the new facility has been scheduled for development by POWH, UNSW Australia and Neura. Parties entered a foundational agreement to develop this multidisciplinary research facility. Activity will cross discipline groups including medical imaging, neurosciences, oncology and engineering.

3. POWH hybrid operating theatre

This innovative new theatre was commissioned in July 2016, providing a unique operating environment which supports complex interventional

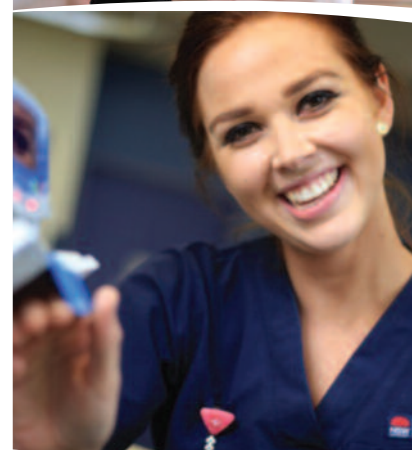
vascular procedures done in isolation or in conjunction with open surgical activity. Diagnostics are available in real time improving procedure accuracy and patient outcomes. The hybrid theatre is for use with adults and children.

4. Orthopaedic multidisciplinary preadmission clinics

POWH teams have developed these preadmission clinics for joint replacement patients. Led by clinical nurse coordinators, clinics were established with post-acute care, nurses, physiotherapists, occupational therapists and social workers. Clinics have proven to significantly reduce hip and knee replacement patients' lengths of stay in hospital.

5. Hyperbaric medical management

POWH has developed unique training for the Royal Australian Navy (RAN), which has been delivered to RAN medics and additional medical staff on HMAS Penguin. The training has enabled more sophisticated hyperbaric services to be delivered at HMAS Penguin servicing RAN staff and the local diving community which has reduced the need for POWH acute admissions.



Roadmap to Excellence

Bright Alliance building
3.10.2 We will implement a new process for determining strategic decisions on capital investment, equipment and maintenance and improvement.

First human imaging research facility
3.5.1 There will be evidence of more effective collaboration across disciplines to manage individuals with complex comorbidities.

Hybrid operating theatre
3.5.1 We will critically examine the pathways of care for the most commonly occurring combinations of long term illnesses. We will identify and action the opportunities for redesign of these pathways with frontline clinicians in the lead.

Orthopaedic multidisciplinary preadmission clinics
3.5.1 There will be evidence of more effective collaboration across disciplines to manage individuals with complex comorbidities.

Hyperbaric medical management
3.3.1 As part of our other work on integration, we need to establish collaborative partnerships to build on existing and produce well defined out of hospital programs.



The \$62.9 million Sutherland Hospital redevelopment commenced in 2016. Completion of the redevelopment will deliver a new and expanded emergency department and additional general medical capacity.

In line with the district's Journey to Excellence, a new hospital management structure was established. The General Manager and new senior executive team at Sutherland Hospital can better focus on delivering frontline services more efficiently and effectively to the local community.

The hospital received Australian Council on Healthcare Standards accreditation against the National Standards, accreditation from the NSW Health Education Training Institute to provide the prevocational medical education and training program and accreditation of the Emergency Department.

Nearly \$2,500,000 in savings were made this year by implementing a number of value improvement plans including the Sensible Test Ordering Project (STOP) project, which improved patient care and reduced pathology

charges by \$740,000, while total revenue increased \$1,076,000 over the previous year. The Emergency Department implemented improved models of care and streaming which resulted in improved Transfer of Care and more efficient administration patient discharge processes which freed up the capacity for admitting patients and increased patient flow.

A number of innovative and successful projects were instigated during the year. Examples include the highly effective Say No to MROs (see opposite), the development of an information and training program to provide support to overseas nurses in the hospital's culturally diverse nursing workforce and a patient safety program.

Sutherland Hospital projects and services have been recognised both within the district, at the SESLHD Improvement and Innovation Awards and externally. The Southcare Outreach Service (SOS) was a finalist at the 17th Annual NSW Health Awards while Southcare successfully collaborated with the Central and Eastern Sydney Primary Health Network to gain additional funding for the Geriatric Flying Squad.

Karen Becker, General Manager

1. Tackling multi-resistance organisms in intensive care

The hospital implemented the 'Say No to MROs' Project in its Intensive Care Unit, due to a large increase in multi-resistance organism acquisitions. Several strategies were introduced, reducing MRO acquisition from 15.7 to 1.3 per 1000 bed days, reduction in length of stay and increased hand hygiene compliance. Winner of the Harry Collins Award in the 2016 SESLHD Improvement and Innovation Awards, the project has contributed significantly towards increased patient safety and quality of care.

2. Sensible test ordering improves patient care

The development and implementation of the Sensible Test Ordering Project – 'STOP' – reduced pathology-related harm by 17 per cent and saved The Sutherland Hospital \$740,000. Monitoring pathology testing for the first time, a project team identified that repeat testing was the most significant area of waste and rolled out a multifaceted approach across the hospital, such as using the S.M.A.R.T (Specific, Meaningful And Relevant Testing) ordering principles. The project was so successful that it has now been implemented across the district.

3. Helping individuals with chronic conditions better manage their own health

The South Eastern Sydney Health Improvement Referral & Education Service (SHIRES), based at Sutherland Hospital, is a student-led project which provides a service to people at risk of, or living with long-term chronic conditions. The clinic works with clients to prioritise their health issues and empower them to have an active role in managing their own chronic health conditions. SHIRES is available to anyone interested in improving their health including staff, volunteers and patients.

4. Multiple accreditations achieved

The hospital successfully achieved accreditation of its services from a number of bodies including four-year accreditation

against the National Safety and Quality Health Services Standards, re-accreditation of an ophthalmology training position, accreditation of the Emergency Department and four-year accreditation from HETI for medical training. A highlight was the accreditation of the Child and Family Health Service's Baby Friendly Health Initiative, a global program sponsored by the World Health Organisation which ensures that local women receive ongoing and effective support to breastfeed new babies. The St George and Sutherland Hospital team are the first community team in NSW to be awarded this accreditation.

5. Reducing pressure injury in patients

The 'Take the Pressure Down' project was introduced by Sutherland Hospital Occupational Therapy (OT) team to improve prevention and management of pressure injury for patients. The OT team developed a training package which was delivered in 23 education sessions to nursing staff, focusing on the effective assessment of pressure injury risk and multidisciplinary team interventions. A total of 161 nurses took part, resulting in increased use of the multidisciplinary team to address patient care needs in pressure injury management.

6. Flying Squad improves outcomes for district's aged residents

Expansion and improved patient outcomes were achieved by Sutherland Hospital's Southcare Geriatric Flying Squad (GFS) which supports Sutherland Shire Residential Aged Care Facilities (RACFs). The squad provides assessments of acutely unwell older people who live in the Sutherland Shire's 26 aged care facilities, creating benefit for both patients and SESLHD; by facilitating treatment of older people in RACFs, avoidable hospital presentations are achieved while the client receives rapid-response treatment at their place of choice. Over the year, GFS saw 413 clients, 91 per cent of whom avoided presenting to an emergency department (ED) due to early intervention and treatment. Arranging direct hospital admissions for 4 per cent of clients also contributed to avoidance of ED presentations.



Roadmap to Excellence

Say No to MROs
3.4 Person centred health and care services.

STOP Project
3.1.1 Securing added value and financial stability of the health services we provide.

SHIRES Project
3.5.1 There will be evidence of more effective collaboration across disciplines to manage individuals with complex comorbidities.

Accreditation
3.4 Person centred health and care services.

Take the pressure down
3.2.1 Complete training needs analysis for frontline staff, including current training and development support in the same time frame.

Southcare Flying Squad
3.4 Person centred health and care services.



The Royal Hospital for Women experienced an exceptionally productive year, leading or participating in a range of initiatives such as the Clinical and Executive Team Leadership (CETL) Program which has led to several positive outcomes.

Extension of the hospital's existing reproductive medicine service will see the 2017 opening of a Fertility and Research Centre offering IVF treatment for public patients, while the hospital's Gynaecology Services division has established a successful support group and treatment programme for Australian women who suffer the rare condition MRKH Syndrome. This division also continues its development of a pioneering pain management service for women suffering chronic gynaecological pain.

In addition to the key achievements outlined opposite, The Royal is further developing its holistic approach to perinatal mental health, with the multidisciplinary, long-term care of pregnant women and new mothers managing mental illness. Meanwhile, the hospital's

Urogynaecology Service is now providing specialist clinics, in conjunction with St George Hospital's Prof Kate Moore, and building further on our clinical expertise in this area.

'Safety huddles', a quality and safety initiative of Gynaecology Services, have further refined the focus on patient care this year, bringing key members of the multidisciplinary team together for daily patient handovers focused on clarifying care plans, referrals and supporting junior staff.

The Neonatal Services Division, in addition to supporting the care of over 900 babies in intensive or special care from all across NSW in 2015-16, has worked on upskilling of pool neonatal nursing staff through the PUPS Programme, as well as establishing the innovative Family Integrated Care for parents and leading the district's Neonatal Services Steering Group.

In the upcoming year, The Royal will continue its focus on patient safety and quality through the enhancement of the executive patient safety walkarounds program and to promote and expand our reach to women, babies and their families within the local health district and beyond.

Vanessa Madunic, General Manager

1. Leading district care of newborns

The Royal led establishment of SESLHD's Neonatal Services Steering Group. This collaboration will ensure delivery of efficient care by meeting the needs of mothers, babies and clinical staff and developing common clinical policies, protocols and nursing education while striving for excellence and innovation in neonatal care via strong and responsible governance.

2. Promoting world's best care model for NICU parents

In 2015, The Royal participated in an international study evaluating the Family Integrated Care model, which involves parents as partners in the care and decision-making associated with their at-risk newborns. This highly effective, valuable program has now been adopted as a model of care in the Newborn Care Centre.

3. Standardising neonatal medications for best practice care

The Royal's Neonatal Services Division has been leading the NeoMed project, which is working to establish consensus and an evidence-based approach to medication prescribing practices and administration to reduce drug errors.



4. Hospital-wide focus on staff wellness

Sankalpa is a science-based, meditation, wellness and compassionate care program in which staff learn and practice relaxation, stress reduction, mindfulness, compassion and self-compassion skills. The focus of the Sankalpa program is to improve staff wellness and wellbeing, decrease burnout rates of hospital staff and improve patient and family-centred care through fostering compassion in staff – enabling staff to become even more compassionate than they already are. The Royal is the district's pilot site for this program, which is supported by the NSW Ministry of Health.

5. New surgical protocols for women experiencing miscarriage

Implementation of the Miscarriage: Surgical Management Local Operating Procedure by the Gynaecology Services Division is a more comprehensive approach to providing surgical care to women with non-progressive, anembryonic pregnancy or incomplete miscarriage (up to 20 weeks gestation). The clinical practice and educational notes provide consistent evidence-based guidelines for optimal clinical care and decision making regarding use of Misoprostol and reducing unintentional risk of miscarriage prior to surgery.



Roadmap to Excellence

SESLHD Neonatal steering group
3.5.1 We will identify and action the opportunities for redesign of pathways with frontline clinicians in the lead.

Family Integrated Care
3.4.1 Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient and carer experience and patient health outcomes.

NeoMed
3.2.1 Building capacity and skills to equip frontline staff to improve consistently

Sankalpa Program
3.4 Person centred health and care services.

Implementation of the Miscarriage – Surgical Management Local Operating Procedure

3.3 Improving the way we deliver emergency care.



The Sydney/Sydney Eye Hospital has had a successful year functioning as a busy teaching public hospital.

Accreditation was completed against the EQulP National Accreditation in partnership with Prince of Wales Hospital and Community Health Services.

Surgical teams achieved a 000 Elective Surgery Access Program target (ESAP). 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.

Emergency teams exceeded targets in two areas: the Emergency Treatment Performance (ETP) achieving 90.09 per cent against a required 81 per cent and Transfer of Care achieving 96.67 per cent against a required 90 per cent. The first target relates to patients being treated within four hours after their arrival in the Emergency Department and the second relates to the time it takes for patients to be transferred from an ambulance to the Emergency Department. This performance was delivered despite the merge of the Ophthalmology and General Emergency departments in November 2015.

► **Expense reduction:** All staff have contributed to expense reduction and revenue generation. Value improvement projects (VIPs) delivered

\$2,486,306 in ongoing savings. Nursing workforce redesign resulted in zero nursing agency staff being employed from March 2016, saving \$827 000, or 33 per cent of the total VIP figure. In addition significant savings were made with more efficient use of Visiting Medical Officer (VMO) hours across the hospital. Remaining reductions were from increased efficiency in contracts management, increased staff commencing salary packaging, reductions in overtime and call backs and improved medications management.

► **Major Works:** The Hand Unit completed its accommodation reconfiguration and refurbishment to increase the size of patient activity areas. Infrastructure planning has commenced for Ophthalmology and general outpatients. Planning is in early stages starting with extensive staff consultation. A security review of staff, patient and visitor areas has been completed resulting in new gates and facility lock-down mechanisms.

► **Awards:** Staff entered a series of projects into the SESLHD Improvement and Innovation Awards and succeeded in winning the Collaborative Team category (SESLHD Surgical Pathways). In addition, staff member Melanie Lai (Head Orthoptist) won Collaborative Lead of the Year. Finally, Professor Mark Gillies was awarded a Chief Executive prize for establishing a medical retinal patient database.

David Pearce, Acting General Manager

1. New Acute Ophthalmic Services Clinic

Supporting the amalgamation of Sydney and Sydney Eye Hospitals two emergency departments (ED) was the introduction of an Acute Ophthalmic Services (AOS) clinic. This has improved access to care by offering clinically appropriate ED patients a pre-booked follow up appointment. This has resulted in 91 per cent of patients being discharged from the ED in four hours.

The AOS clinic has also reduced wait list and appointment times for corresponding VMO-led clinics such as vitreo-retina, oculo-plastics and cornea. It uses fellows and junior ophthalmologists to assess and manage patients with non-urgent conditions. This has improved access to VMO-led clinics for patients with more urgent treatment requirements.

2. New models of care - glaucoma

A revised model of care for the glaucoma investigation clinic has led to significant improvements in team efficiencies and in patient care.

The revised model means glaucoma, which is a chronic condition, is now managed separately in acute and chronic phases. In initial phases (with acute or chronic presentations), orthoptists see patients and provide a comprehensive assessment of their health care needs and their understanding of care pathways. Assessments then go to ophthalmologists who use them to provide more efficient acute care. It is planned for the future that when patients are ready for ongoing management, they will return to orthoptists.

This revised model allows more efficient use of both orthoptists and ophthalmologists time, increases patient flow and enables the team to treat larger numbers of patients.

3. Improved assessment & cataract care

A revised model of care for the cataract assessments outpatient clinic was completed. This redesigned clinic introduced nurse-led shared assessments and prioritises surgery for patients at highest risk of falls. Refinement of the referral process and active communication with referrers has also improved appropriate referrals and access for falls risk patients. Combined efforts have significantly reduced wait list times.

4. Nursing workforce redesign

Nursing Services has redesigned the nursing workforce to introduce enrolled nurses and assistant nurses across all specialities. Simultaneously the casual nursing workforce pool was strengthened which has resulted in no agency nurses being required since March 2016 creating budget savings of \$827,000.

5. Outpatient treatment for hand injuries

The Hand Unit has redesigned its outpatient treatment spaces. Redesigned areas offer more effective use of space and increased patient privacy, enabling the team to adjust its model of care.

This adjusted model has the patient remain in one treatment space throughout their appointment with our multidisciplinary team moving through areas as required. Patients no longer wait in public queues in between seeing doctors, nurses and hand therapists and no longer see staff members consulting with each other concerning patients.



Roadmap to Excellence

Ophthalmic Services Clinic
3.3.1 Produce clear flow management programs in our emergency departments that take the opportunity for redesign in our refurbished facilities, producing consistent target achievement.

Revised models of ophthalmic care
3.3.1 Produce clear flow management programs in our emergency departments that take the opportunity for redesign in our refurbished facilities, producing consistent target achievement.

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

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



Uniting War Memorial Hospital Waverley is a public health organisation within SESLHD, focused on rehabilitation and assessment services for people aged over 60 years, as well as people with younger onset dementia.

The hospital provides inpatient and outpatient rehabilitation, allied health and geriatric medical services, dementia and frail aged day care, and an aged care assessment team, as well as specialist clinics and health promotion activities.

Its highly successful young onset dementia (YOD) service continues to provide an age-appropriate, dementia-specific program for people with YOD living in SESLHD, facilitating social participation, independence, community involvement, physical activity and quality of life. In March this year, the hospital redesigned its outpatient services, developing an anticipatory care model to manage and coordinate care before problems escalate to acute and/or long-term care.

The Integrated Rehabilitation and Enablement Program (iREAP) addresses the need to provide early multidisciplinary, community-

integrated services for at-risk older people with difficulty in self-management of chronic conditions.

Although in its infancy, the program already shows positive results in achieving outcomes such as improved integration of services and prevention of acute hospital presentations.

Last year, the district's four individual Aged Care Assessment Teams (ACAT) located at Kogarah, Randwick, Sutherland and Waverley amalgamated into a single entity to form the SESLHD ACAT.

Through a healthy process of change management and robust SESLHD teamwork, the project objective was to deliver a cohesive and streamlined ACAT service that interfaced with the newly implemented Commonwealth My Aged Care system (MAC).

The SESLHD ACAT Centralised Intake Service (CIS) is now the single point of intake, scheduling and delegation for all ACAT referrals within SESLHD, as well as triaging phone enquiries for those navigating MAC.

Further refining of ACAT processes and consolidation of SESLHD's ACAT practices via CIS will see the hospital being best placed to optimise the aged care assessment services into the future.



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

This teaching hospital, set in a lush and private garden setting to enhance patient wellbeing, celebrated its Golden Jubilee in 2016, marking 50 years of service.

Calvary remains committed to continually evolving to meet the needs of the people in the local community with the goals of person-centred care, sustainability, improvement, integration, innovation and growth at its core.

This year, the facility implemented an integrated leadership and governance model for its inpatient and community palliative care service.

Rehabilitation initiatives, such as the Calvary Community Health Physiotherapy team's Strong and Steady Program, continue to improve patient care and quality of life. This program followed a review of literature and best practice models by the physiotherapy team, to determine whether incorporating land-based exercises with hydrotherapy as part of a day rehabilitation program, would lead to better patient outcomes. An evaluation found that clients improved in all outcome measures

with better strength and balance and the risk of falls was reduced in one-third of attendees, while 86 per cent of clients reached their own functional goals.

Positive results continued in 2015-16 in the Parkinson's Wellbeing Program, run in partnership with Southern Neurology. The program was developed after identifying a gap in comprehensive multidisciplinary rehabilitation services for the long-term management of Parkinson's disease. The goal of this evidence-based, five-week program is to improve the quality of life of people living with Parkinson's disease through increased knowledge, exercise and lifestyle change.

The physical and psychological measures of this program showed improvements for the majority of participants, leading to the development of a follow-on community exercise program, titled Parkincise. In August 2015, Parkinson's NSW provided seed grant funding for equipment and staff training in Parkincise, Caringbah YMCA provided the venue and staff, and Calvary Health Care Kogarah provided specialised training and support to maintain this program which promotes and supports active living with Parkinson's disease.

Both the Parkinson's Wellbeing Program and Parkincise program were finalists in the Preventative Health section of the SESLHD Improvement and Innovation Awards in 2015 and 2016.



The Garrawarra Centre, an accredited residential aged care facility with 120 dementia specific beds, provides person-centred, high-level care for people with a primary diagnosis of dementia who exhibit challenging behaviours and cannot be accommodated in a mainstream nursing home.

Residents are provided a safe and secure environment, on either a permanent or respite basis.

The past 12 months have seen a number of projects and successful initiatives take place including efforts to keep staff safe seeing a downward trend of Workcover claims, along with a non-violent crisis intervention class for staff from Garrawarra and other aged care facilities.

Improvements at Garrawarra have included extensive renovation of the cottages and replacement of 80 per cent of the facility's windows.

Initiatives for both staff and residents have included the Coffee Cart Club which enables all to enjoy morning or afternoon tea in the scenic outdoors, the 'yarn bombing' project that had all at Garrawarra decorating the grounds in wool creations, as well as the Alice in Wonderland Spring Fair, attended by the friends and families of all at the centre.

Staff development is an important part of the work at Garrawarra; this year some 14 staff attended training which promoted awareness of lesbian, gay, bisexual, transgender and intersex issues, conducted by ACON. In addition, TAFE NSW ran a professional development course designed by staff at the Garrawarra Centre, while several participated in the transitional registered nurse program in conjunction with the Sutherland Hospital development program for aged care nurses.

TO OUR VOLUNTEERS, WE SAY THANK YOU...



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 help provide funds for vital equipment, support services, educational programs and research grants.





The Royal Hospital for Women Foundation supports the provision of specialist care of women and newborns in NSW by raising money for several divisions including the Newborn Intensive Care Unit.

It helps fund the Child Abuse Survivors Becoming Amazing Mums (CASBAM) service and the Malabar Community Midwifery Link Service. CASBAM helps previously abused mothers bond with their newborns, while the Malabar Midwifery Link Service aims to improve maternal and infant health outcomes for Indigenous Australians by providing culturally-appropriate care.

The Royal's foundation is supporting the establishment of the first comprehensive, holistic, public fertility and research centre of its type in Australia and it is funding research into an early detection blood test for ovarian cancer.

By the end of the year, the **Prince of Wales Hospital Foundation** will have contributed more than \$9.1 million to key projects including the Nelune Comprehensive Cancer Centre (NCCC), the new hybrid operating theatre and Brainlab navigation system for neurosurgery.

The foundation provided \$11.7 million to the NCCC thanks to significant contributions from the Nelune Foundation and the Lowy Foundation. It provided \$250,000 to the hybrid operating theatre through a donation from The Lewis Foundation. The Brainlab system was purchased with \$285,000 in funding from a private donor.



To date, the foundation has provided a total of \$1.5 million in grants to support staff research, education, health promotion, patient care and the Louisa Hope Grants for nurses. It has helped purchase vital equipment such as ECGs, bladder scanners and ICU sports beds; funded research into memory loss and cancer; provided community health education; contributed to the Emergency Department upgrade, and purchased new equipment for the Recovery Department.

In 2016, the **Sydney Eye Hospital Foundation** provided almost \$800,000 in new equipment for operating theatres, clinical support equipment, research and fellowship programs which have contributed significantly to a reduction in patient waiting lists.

This foundation was created in 1981 to provide funding for equipment, research and education through fellowships and grants. It provides nine fellowships in ophthalmic sub-specialties including glaucoma, uveitis and corneal.

The Eye Hospital's Foundation has distributed around \$14.5 million since contributions began in July 1986. So far this year, it has provided around \$22,500 in grants to support nurse education and to create an instructional video about taking corneal infection samples.

The foundation also helps the Friends of Sydney Hospital (FOSH) 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 was officially launched on the evening of Thursday, 20 October 2016.

It is closely affiliated with the Sydney Hospital Hand Unit, one of the largest hand surgery units in Australia, based at Sydney Hospital.

The foundation was established by Kerry Isaacs and Ruth Lillian. Kerry is the wife of the late hand surgeon Ian Isaacs who was a former director of the hand unit where he worked for 30 years.

Dr Isaacs always wanted to set up a foundation to improve the treatment of debilitating hand injuries and diseases.

The foundation aims to improve treatment and prevent injury and diseases of the hand, wrist and forearm by supporting research, education and optimal treatment.

In 2015, there were 3162 surgical admissions to the hand unit, of which 80 per cent were trauma cases. The unit sees around 200 patients each week.

The St George and Sutherland Medical Research Foundation has had another successful year, announcing more than \$700,000 in research grants at a medical symposium in June.

The foundation was established in 2007 to support medical researchers at St George and Sutherland hospitals.

It has attracted Harvard Medical School international researcher Professor Richard Stevens for two years to work with Professor Steve Krilis's leading gastroenterology and immunology teams at St George Hospital. ■

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