

# OUR YEAR IN REVIEW 2017 | 2018



**Health**  
South Eastern Sydney  
Local Health District

## Contents

FROM THE CHIEF EXECUTIVE	3
FROM THE BOARD CHAIR	5
OUR STRATEGIC PRIORITIES	6
SESLHD SENIOR EXECUTIVE 2017-18	7
OUR RESEARCH	8
CAPITAL WORKS & REDESIGN	14
SESLHD SNAPSHOTS	18
NURSING & MIDWIFERY	22
MEDICAL EXECUTIVE DIRECTORATE	26
PROGRAMS & PERFORMANCE	28
PRIMARY INTEGRATED & COMMUNITY HEALTH	32
ALLIED HEALTH	34
PLANNING POPULATION HEALTH & EQUITY	36
IMPROVEMENT & INNOVATION	38
MENTAL HEALTH	40
ROYAL HOSPITAL FOR WOMEN	42
ST GEORGE HOSPITAL	44
PRINCE OF WALES HOSPITAL	46
SYDNEY/SYDNEY EYE HOSPITAL	48
SUTHERLAND HOSPITAL	50
UNITING WAR MEMORIAL HOSPITAL	52
GARRAWARRA CENTRE	54
CALVARY HEALTH CARE KOGARAH	55
THANK YOU TO OUR VOLUNTEERS	56
SUPPORT FROM OUR FOUNDATIONS	58

# ON A TYPICAL DAY

South Eastern Sydney Local Health District





## From the Chief Executive | Gerry Marr

It has been a successful year at South Eastern Sydney Local Health District as we continue our transformation through the Journey to Excellence Strategy 2018-2021. We have committed ourselves to reshaping our models of care, radically changing the way we treat people and expanding services into people's homes and communities.

The new strategy has been developed in partnership with our staff and community to guide the district towards transformational change, as we work to empower communities to improve their health and wellbeing.

Our five strategic priorities: delivering safe, person-centred care; workforce wellbeing; better value; community wellbeing and health equity; and research and innovation, will drive the way we deliver health care services into the future.

In line with a district key priority, to foster research and innovation, Associate Professor Christopher White was appointed as Director of Research. His appointment will allow us to build capacity and capability for research and enable the next generation of researchers to make an impact in all fields of health care delivery.

I'm very impressed by the commitment of our staff and the level of innovation and excellence in the health care being delivered across the district. The Inspiring Ideas Challenge has showcased the depth of innovative ideas from staff, and the standard of projects and results are testament to the valuable work taking place. As part of an improvement education program, our Improvement Academy has provided organisation-wide leadership development to around 3000 staff who have been trained in ways to improve the patient care they provide.

We celebrated some key milestones in 2017-18, including the 160-year anniversary of caring at Prince of Wales Hospital; the 60-year anniversary of Sutherland Hospital and the 20-year anniversary of the Royal Hospital for Women's move from Paddington to Randwick.

This year saw Sydney/Sydney Eye Hospital named the 2017 Most Outstanding City Hospital in Australia by the Australian Patients Association. This follows the hospital's engagement with the Patient Opinion feedback platform which has led to targeted improvement projects responding directly to what patients said.

The district will greatly benefit from investment in new and improved services during 2017-18, including:

- An unprecedented \$720 million to deliver the Randwick Health and Education Precinct, allowing for the integration of education, training and research with world-class clinical services.
- The opening of the new Acute Services Building at St George Hospital, as part of the \$277-million campus redevelopment. More beds, a new helipad and twice as many operating theatres will ensure patients receive high-quality care in world-class facilities.
- The opening of the Sutherland Hospital expansion as part of the \$62.9-million redevelopment, including a new and expanded Emergency Department, Short Stay Unit, General Medical Unit, Inpatient Unit and expanded Critical Care Medical Unit.

I thank staff for their continuous dedication in providing exceptional care to our patients, our volunteers who freely give their time to support our work and our community partners who work with us to improve the population's health.

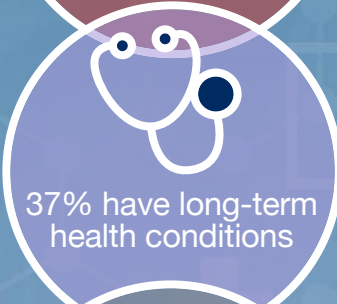


**The Inspiring Ideas Challenge has showcased the depth of innovative ideas from staff, and the standard of projects and results are testament to the valuable work taking place.**



# ABOUT US

## South Eastern Sydney Local Health District



7,573 BABIES BORN IN HOSPITAL
178,353 ADMITTED PATIENTS SERVICE EVENTS
2,635,125 NON-ADMITTED PATIENTS SERVICE EVENTS
228,206 TOTAL EMERGENCY PRESENTATIONS
47,212 THEATRE ATTENDANCES
20,610 EMERGENCY SURGERIES
0 PATIENTS OVERDUE FOR SURGERY END 2017-18
95.3% SURGERIES CARRIED OUT ON TIME





## From the Board Chair | Michael Still

As I write this letter it is clear that South Eastern Sydney Local Health District (SESLHD) is an organisation which has gone through significant improvement and change in recent years. Our Journey to Excellence has delivered real time enhancements to the already high-quality health care we provide for patients and our communities. The district has improved in every area and I note that it is no longer classified as requiring close watch under the NSW Health Performance Management Framework and is now meeting performance targets.

This is no small feat and it is due to the commitment of our 14,054 staff whom, on behalf of the Board, I thank sincerely.

Improvement and innovation continue to be at the heart of all we do – to build on the world-class research, treatments, facilities and services which comprise SESLHD. Partnerships, too, are key to our organisational excellence including strong relationships with our colleagues at the UNSW Sydney, University of Sydney, University of Technology Sydney and our co-located partners in the Mindgardens Alliance as well as others brought together as SPHERE - the Sydney Partnership for Health, Education, Research & Enterprise.

The year saw SESLHD attract new professionals such as Valerie Jovanovic, General Manager, Sutherland Hospital, while we inevitably lose others to retirement, such as the renowned Professor Neville Hacker, a global leader in gynaecological oncology who began pioneering treatments at The Royal Hospital for Women 32 years ago.

The spotlight has shone on a number of initiatives and facilities this year including the new Microbiome Research Centre at St George Hospital, led by Professor Emad el Omar, home to ground-breaking work on human microbiota and utilising state-of-the-art science to answer important clinical questions.

Meanwhile, Prince of Wales Hospital's new emergency department opened; 160 years of caring on the site was celebrated and, just weeks later, its Spinal Injuries Unit showcased an Australian first with its use of artificial intelligence to support patients in their communication: DeloitteASSIST.

Outside of our hospitals, SESLHD's presence and planning efforts were recognised with the success of "Communities at the Centre", an initiative of the Directorate of Planning, Population Health & Equity (DPPHE). Led by this directorate, with 10 other government and non-government agencies, a framework is being developed with the community – at the outreach shopfront, at workshops and pop-up cafes – to build community resilience and optimise wellbeing for residents in the public housing areas of South Maroubra and its surrounds.

DPPHE's outstanding work in bridging inequitable differences in health and wellbeing experienced by this disadvantaged population group is reflective of the aims in our district's Equity Strategy – a key part of the vision steering our work now and into the future.

During the year we continued to pave the way for our regeneration of the Randwick Campus in a partnership with UNSW Sydney and we expect the first sod to be turned for the rebuild of the Acute Services Building early in 2019. We thank Health Infrastructure for its great commitment to helping us make the Randwick Campus one of Australia's leading health, education and industry precincts.

As well, we are working toward the next stage of redevelopment at St George Hospital and looking to the future of the infrastructure needs of Sutherland Hospital.

A very sincere Thank You to our staff and leadership teams for all that you do in serving our community.



**It is with some sadness that I farewell our Chief Executive Gerry Marr OBE, while at the same time, celebrating his outstanding achievements for South Eastern Sydney Local Health District. The face of our district has changed under Gerry's leadership and on behalf of the Board, I thank him on his very successful efforts. We wish Gerry all the very best for his retirement.**



### The SESLHD Board:

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

# Our strategic priorities in summary



## Journey to Excellence Strategy 2018-2021

### Our purpose

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

### Our vision

Exceptional care, healthier lives



### Safe, person-centred and integrated care

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

- Decrease the hospital standardised mortality ratio by 5% each year
- Decrease adverse events by 10% each year
- Improve patient satisfaction of care by 20% each year
- Decrease the percentage of patients admitted to the emergency department by 5% each year



### Workforce wellbeing

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

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



### Better value

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

- Increase the number of hours given back to patients and the community eg: reduce waiting time/reduce number of visits
- Shift care into the community or outpatient settings
- Operate within the budget allocated to the organisation



### Community wellbeing and health equity

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

- Increase community self-reporting of good health by 5% (“good” or “better”)
- Increase the number of children reaching developmental milestones at 18 months and four years by 5%
- Reduce discrepancies in median age of death between geographic areas and priority populations
- Decrease the rate of preventable hospitalisations due to long-term and vaccine-preventable conditions by 5%



### Foster research and innovation

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

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

Partnerships that deliver

Responsive information management systems

Data & analytics

Fit-for-purpose infrastructure

A culture of continuous improvement

## Enablers

- ▶ Gerry Marr, Chief Executive

---

- ▶ Mark Shepherd, Director, Programs and Performance

---

- ▶ Dr James Mackie, Medical Executive Director

---

- ▶ Kim Olesen, Director, Nursing and Midwifery Services

---

- ▶ Patricia Bradd, Director, Improvement and Innovation

---

- ▶ Dr Jo Karnaghan, District Director, Medical Services

---

- ▶ Prof George Rubin, Associate Medical Director

---

- ▶ Kim Brookes, Director, Clinical Governance

---

- ▶ Julie Dixon, Director, Planning Population Health and Equity

---

- ▶ Claire O'Connor, Director, Allied Health

---

- ▶ Dr Greg Stewart, Director, Primary Integrated and Community Health

---

- ▶ Cath Whitehurst, Director, Capital Redesign

---

- ▶ David Pearce, Director of Operations, Mental Health Service

---

- ▶ Vanessa Madunic, General Manager, Royal Hospital for Women

---

- ▶ Tobi Wilson, General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital

---

- ▶ Leisa Rathborne, General Manager, St George Hospital

---

- ▶ Valerie Jovanovic, General Manager, Sutherland Hospital

---

- ▶ Margaret Savage, Director, Professional Practice Unit

---

- ▶ Maxine Brennan, Manager, Media and Communications

---

- ▶ Joy Hiley, Director, Workforce Services

---

- ▶ Flora Karanfilovski, Director, Health ICT

---

- ▶ Karen Foldi, Director, Finance

---

- ▶ George Deletaris, Director, Internal Audit





The SESLHD Research Strategy 2017-2021 places research at the heart of the district's work to improve individual care and community health and wellbeing.

Associate Professor Christopher White, Director of Research, SESLHD, said the strategy's implementation had begun with a series of priority actions, to build the research capacity within SESLHD.

"We have established a Research Directions Committee with representation from across the district and professional disciplines, consumer and community members. The committee meets regularly to draw on expertise to ensure we continue to foster research and innovation in all SESLHD hospitals and facilities," A/Prof White said.

The district now offers a centralised research information hub on its website.

"The re-launch of the SESLHD website enabled the development of a one-stop information shop for research, which hosts news and resources for clinicians, grant applicants and external partners, as well as patients, families and carers," A/Prof White said.

Focusing on research and innovation had made an impact across the other four pillars identified in the *SESLHD Journey to Excellence Strategy 2018-2021*.

"The strategy pillars are not vertical – they are cross-cutting and support one another in reaching objectives. We have seen this through the broad impact of research initiatives; projects can help improve workforce wellbeing as staff are empowered and engaged, and involvement in a clinical trial can improve outcomes for patients and the community – now and into the future."

## SPHERE: Research in action

SESLHD is one of 14 NSW leaders in health, education and medical research which joined forces in 2017, as the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE).

Founded on the principle of strength in numbers, SPHERE is an expert collaboration on new and innovative ways to deliver better health care for communities in NSW, in areas such as cancer treatment, mental health, diabetes and childhood illnesses.

**SPHERE is clear in its mission:** to integrate outstanding research; initiate top-quality education and professional practices to improve health outcomes; to deliver better health care; generate economic benefits and be a magnet for recruitment and retention of staff and investment.

To date, 12 clinical academic streams have been established in SPHERE in areas including occupational health research; Aboriginal health and wellbeing; maternal, newborn and women’s health; translating genomic medicine to clinical care; better health outcomes in diabetes, obesity and metabolic disease and the Sydney Translational Research and Education Alliance for Musculoskeletal Health (STREAM Health).

### Pathways to research

In August 2018, Professor Gerard Sutton, Head of Corneal Unit, Sydney Eye Hospital, and his team of researchers from the Corneal Bioengineering Program were awarded a \$1.1 million research grant from the NSW Medical Device Fund to develop a corneal BioPen.

The BioPen is designed to treat corneal ulceration and works by 3D printing a special ‘ink’ into the ulcer. The ink can carry antibiotics or even cells, enabling it to be customised to a patient’s particular needs.

The BioPen will better accelerate healing, reduce pain and prevent infection and is the first of its kind in the world.

A/Prof White said the BioPen exemplifies an innovative inquiry research pathway which the SESLHD Research Strategy aims to facilitate, in addition to growing the more conventional laboratory discovery and clinical trial approaches.

“In 2017, SESLHD’s The Inspiring Ideas Challenge – or TIIC – funded an application contributing to the initial development of the BioPen, which is now a world-leading initiative.



Our People



#### Sarah Benaud

Social Work Manager  
Sydney/Sydney Eye Hospital

I manage a team of three social workers including myself. I work with patients presenting to the Emergency Department (ED), along with hand and eye patients.

We see a lot of patients who are marginalised, homeless, in crisis and from all around NSW because we receive referrals from everywhere being a hand and eye specialist hospital.

I love working here. Everyone is passionate about patient care and the multidisciplinary teams work so well together. There’s a real sense of team work – we all genuinely care about what we are doing to support our patients.

Recently the ED NUM (nursing unit manager) and I received funding from the SESLHD Executive to run the HOPE Project – Homeless Opportunities Presentations Emergency. We plan to collect data on homelessness, develop resources and work with external services, so that we can improve our model of care for homeless patients.

Outside of work I love to go to the gym and go walking, and I especially love shopping – I call it retail therapy.



“All staff can participate in the SESLHD research culture by improving what it is they do on a day-to-day basis. Through utilising programs like TIIC or other grant schemes, staff have an opportunity to measure whether a new and different approach can make a positive difference.

“The Research Support Office is available to nurture and support staff from any discipline or service delivery group who have an inquisitive mind to implement research – and ultimately enhance the quality of their output,” A/Prof White said.

## Meeting community needs

The Department of Respiratory and Sleep Medicine at Sutherland Hospital has been a key partner in a number of major studies published in the last 12 months, including clinical trials that involve hospitals and universities from around Australia and overseas.

The studies have looked at best practice treatment for cancer patients who experience pleural effusion (fluid on the lungs), as well as an investigation into optimal management of a collapsed lung.

Dr Benjamin Kwan, Director, Respiratory and Sleep Medicine, Sutherland Hospital, said the department’s active role in influential research in this speciality will help meet the needs of the local community.

“We have an ageing population in the Sutherland Shire, so the disease patterns we treat at Sutherland Hospital tend to relate to co-morbidities that are seen in elderly patients – and respiratory diseases are very prominent,” Dr Kwan said.

“The presentations at Sutherland Hospital mean that we are well-placed to look critically at current practices and explore opportunities to implement translational research in areas of growing need.

“Respiratory medicine is complex and treatments are constantly evolving. Looking forward, I’d like to see Sutherland Hospital continue to focus on the application of newly evaluated, personalised medicine.”

Dr Kwan is currently one of the associate investigators in an innovative trial that aims to unlock the key to nicotine addiction. The research will compare two smoking cessation aids – a natural plant extract, cytisine (also known as Desmoxan) and the more expensive prescription drug widely available, varenicline, or Champix.

The researchers hope to recruit over 1,200 people, including participants from South Eastern Sydney where 16.2 per cent of adults are smokers – the sixth highest in the local health districts of NSW.

## Global developments in medicine

Following its 2017 launch, the Microbiome Research Centre (MRC) at St George Hospital, established by the St George and Sutherland Medical Research Foundation (SSMRF), secured additional funding to support capital works.

Jacquie Stratford, CEO, SSMRF, said the works – which are set to be completed in February 2019 – will include laboratory refurbishments to enable cutting-edge research.

“The research agenda of the MRC focuses on the role of the microbiome in clinically relevant health problems that affect the Australian population. State-of-the-art science is employed to answer clinically relevant questions and the translational outcomes will be applied to our population in the first instance – though the impact will be global,” Ms Stratford said.

In 2018, the MRC also obtained a Federal Government grant of \$2 million to establish a dedicated Bioinformatics Unit, which will include the appointment of three postdoctorate fellows and biospecimen storage.

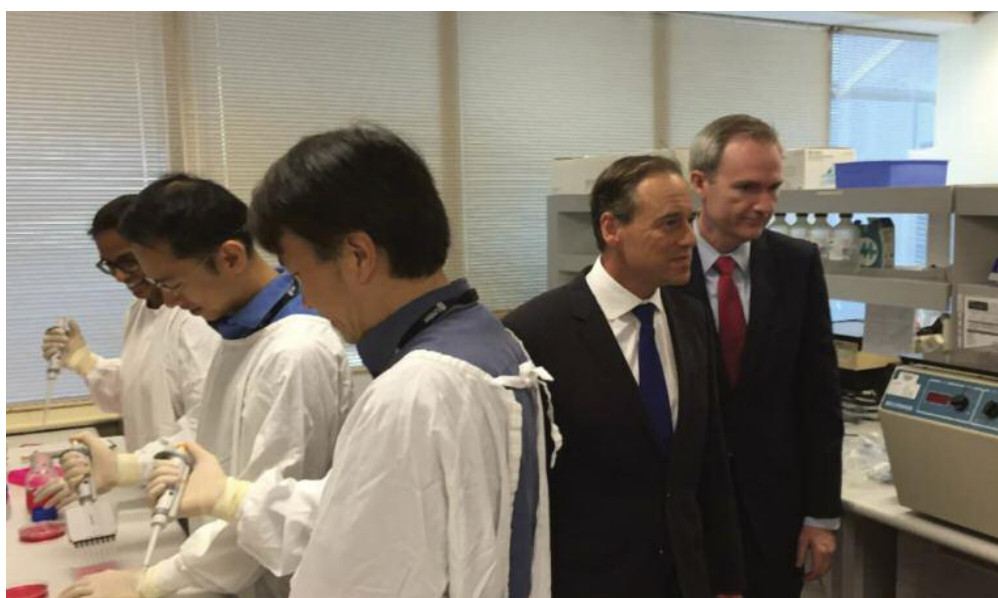
Professor Emad El-Omar, Director, MRC, said: “Bioinformatics is the essential discipline of analysing, interpreting and making sense of biological data. It relies on a combination of computing, mathematics, statistics and biology and requires sophisticated high-performance computers and software.

“In the microbiome field, bioinformatics is used in the initial phase of designing the studies and in the critical phase of analysing the massive amount of data generated by sequencing microbial and host genes,” Prof El-Omar said.

## Enablers for research: workforce training and funding

The SESLHD Research Strategy acknowledges key enablers to effectively build research infrastructure include implementing workforce research training and development, and securing funding for the investigation of priority health care areas.

In 2017, the Advance Care Planning (ACP) team at Prince of Wales Hospital was awarded a grant as part of the NSW Health Translational Research Grants Scheme (TRGS) for a study that aimed to address how ACP can be normalised into practice.



Our People



### James McVeigh

Nurse Practitioner, Cardiac Services,  
Prince of Wales Hospital

I’m responsible for coordinating the Heartlink Service that provides support to people living with chronic heart failure in our local community. Heartlink was established in 2001, as a nurse-led integrated model of care, between hospital services, GPs, specialist physicians and various health and non-health care providers in the community. We provide direct clinical care within the home to at present more than 240 patients, of whom the majority are aged over 75 years of age. Chronic heart failure is a very complex clinical syndrome and integrating care is essential to meet a patient’s complex health needs.

I became a cardiac nurse practitioner in 2003 and regard the nurse practitioner role as one of the pinnacle clinical nursing roles. I really enjoy my job and due to the complexity of the patients’ health issues I am able to use my skills, knowledge and expertise as a nurse practitioner to assist with their care at home. It’s rewarding when I assist in supporting patient independence, promote wellness and ultimately allow someone to remain at home.

Outside of work I love spending time with my family and playing golf!



To carry out the study, interested clinicians from across SESLHD (and Sydney LHD) were trained to become ‘normalisation agents’ – experts equipped to implement ACP for people with chronic disease in acute and community settings.

To date, the randomised control trial has involved and upskilled 114 health care professionals, and recruited 197 patients and 125 carers (where available) who were followed up at six months following an initial intervention to ascertain their impression of ACP.

In 2018, the study received a second round of funding through TRGS to extend the period of follow up of the same group to 18 months.

Moving forward, the research team will continue to examine the various mechanisms that are necessary for the intervention to become a routine in practice, and to mediate the work that individuals and groups do both independently and collectively to embed and sustain a new intervention.

Normalised ACP will promote the actual process of discussing end-of-life issues, and leave patients and families with an increased sense of feeling cared for

and understood, along with increasing ‘planning ahead’ practices.

## Looking ahead: greater community access to research

About one in 10 Australian women experience diseases related to high blood pressure (hypertension), including pre-eclampsia, gestational hypertension, or chronic hypertension – which equates to around 30,000 women each year.

Compared to women who had an uncomplicated pregnancy, those who experienced hypertension are at an increased risk of long-term health issues after pregnancy – they are twice as likely to have a heart attack or stroke or to develop diabetes and are at three times the risk of chronic high blood pressure.

Led by Professor Mark Brown and Dr Amanda Henry of the Obstetric Medicine Research Group at St George Hospital, starting in 2019, a multi-hospital and multi-district trial will recruit 500 women after a hypertensive pregnancy, from hospitals including St George Hospital and the Royal Hospital for Women, as well as the Royal Prince Alfred, Liverpool and Campbelltown hospitals.

The trial will study three options for follow up and lifestyle behaviour change for women in the first year after a hypertensive pregnancy. It will evaluate the impact of these interventions on measures of heart disease and stroke risk such as blood pressure, weight, healthy eating and exercise patterns.

Dr Henry said: “Pregnancy identifies a group of relatively young women at higher risk of heart disease, where the health care community might be able to intervene to reduce long-term risks. However, at the moment very few receive appropriate follow up, counselling, or any intervention to try and reduce their ongoing risk.”

Funded by the NSW Health TRGS, the study is also supported by the Get Healthy Service and partners including the Heart Foundation and patient advocacy group Australian Action on Pre-eclampsia.

If the trial is successful, measures will be implemented statewide to improve women's long-term health after hypertensive pregnancy.

### SESLHD: pioneering a centre of clinical research excellence

In 2018, the Fertility and Research Centre (FRC) at the Royal Hospital for Women – a joint venture with the UNSW Sydney that is supported by the Royal Hospital for Women Foundation – expanded in readiness for offering IVF treatment for eligible public patients resident within SESLHD. This will build on the treatments and fertility preservation for cancer patients which the one-of-a-kind centre has delivered since its initial launch in 2017.

A laboratory at the FRC will be operational from early 2019 and its completion will enable a complete range of fertility investigations and treatments. Once combined with the existing clinical consultancy, the FRC will provide comprehensive IVF and assisted reproduction services, as well as continuity of care for cancer patients, serving as an arena for world-class translational research.

Current research underway at the Royal Hospital for Women includes a trial in the Newborn Intensive Care Unit to determine if foetal blood flow can be re-directed by paracetamol. This treatment would be life-changing for up to 70 per cent of premature babies born with blood vessels that don't close and blood flowing in the wrong direction. Current treatments are known to have side effects and long-term risks – so this research has the potential to help countless babies worldwide.

Our People



**Daniella Susic**

Obstetric Clinical Research Fellow,  
St George Hospital

I began my PhD this year and by doing clinical research that involves a cohort study with pregnant women, I've continued to help and nurture women along their pregnancy journey, as well as spend time in the lab.

I don't know any other obstetricians who have followed a similar path into research as part of their fellow years, which has made my experience so far especially unique. I hope research and academia in the field will increasingly be acknowledged as important.

I'm working on MUMS – Microbiome Understanding in Maternity Study – which looks at the role of the microbiome during pregnancy. We're following mothers and then their babies, at key points throughout pregnancy and for the months following birth.

We're aiming to make an impact on how pregnancies are managed and potentially look at biomarkers for early detection of conditions that develop later in pregnancy, like gestational diabetes or pre-eclampsia.

Although we don't yet know what we're going to discover, I'm humbled and feel a sense of achievement from every opportunity where I support a woman's birth experience. I was inspired to work in women's health from a young age as I thought it was amazing two half cells could make a whole cell, and make a person – and I still feel that way!





It has been an exciting year for SESLHD which is benefiting from significant investment in major capital works projects at three of our major facilities: Prince of Wales, St George and Sutherland hospitals. The improved facilities will enable and enhance the effective delivery of services and quality care to our patients.

Cath Whitehurst, Director, Capital Redesign, said the two new facilities at St George and Sutherland had reshaped the campuses while the progression of planning for the unprecedented \$720-million redevelopment at the Randwick Hospitals Campus will ensure the precinct will continue to be one of the most comprehensive health innovation districts in Australia.

“The vision for a world-class Randwick Health and Education Precinct is developing with planning well underway. Redevelopment will include a new Acute Services Building for the Prince of Wales Hospital and the expansion of the Randwick Health and Education Precinct, which will transform health services in the region,” Ms Whitehurst said.

The new Acute Services Building, opening in 2022, will provide a range of innovations and improvements that will greatly benefit patients, staff and the community, supporting comprehensive improvements to population health. It will include:

- ▶ a new adult Emergency Department
- ▶ an expanded Psychiatric Emergency Care Centre (PECC), adjacent to the Emergency Department
- ▶ an expanded Intensive Care Unit

- ▶ 10 inpatient units that will replace ageing infrastructure with contemporary facilities to support new models of care
- ▶ new operating theatres for the Randwick Hospitals' Campus
- ▶ an expanded Central Sterilising Service Department
- ▶ a Medical Assessment Unit, including a state-of-the-art Virtual Care Centre, providing rapid assessment of patients directly referred from the community
- ▶ a new helipad to support all campus partners
- ▶ education and research spaces that will support collaborative clinical research and innovation.

As part of the early works, the Emergency Department expansion at Prince of Wales Hospital was completed with the department remaining operational throughout the 12-month works.

The Consumer and Community Advisory Group was established to contribute to the Randwick redevelopment; a charter, engagement framework and strategic plan were all developed and endorsed in January 2018.

At the end of the schematic design phase in April 2018, the Randwick Redevelopment Team hosted the first Milestone Forum, attended by more than 300 staff. The detailed design phase then commenced in May and will be completed in late 2018.



Our People



**Hannah Graetz**  
Senior Women's Men's & Pelvic Health  
Physiotherapist, Royal Hospital for  
Women

In my clinical role I see women with pelvic health conditions, like bladder, bowel and sexual dysfunction. We like to think we're the advocate in a woman's corner to improve their quality of life. We're also not just here to help manage the range of complaints women see us for, but also to promote women's pelvic health to the community by increasing the awareness of our services to primary contact practitioners and GPs.

Women's health really grabbed my attention as an area that was very under resourced and incredibly important, because of the isolation and impact these conditions have on a woman's sense of self, her role in the community and her daily activities. We recently set up a physiotherapist-led screening clinic in gynaecology for pelvic floor disorders to increase access to pelvic floor services and improve the clinical journey for women, so that's very exciting.

Working in women's health is a real privilege. It's incredibly rewarding to have a position where you can make a difference to the experience someone has by empowering them to feel like they can take back control of their lives.



# Capital Works & Redesign



The completion of major capital works projects at St George and Sutherland hospitals has delivered greatly improved facilities for patients and staff.

“The tremendous efforts by the district’s redevelopment teams, staff and Health Infrastructure in realising the vision of the new builds at St George and Sutherland are to be commended,” Ms Whitehurst said.

The new nine-level Acute Services Building at St George Hospital was officially opened by NSW Premier Gladys Berejiklian and Health Minister Brad Hazzard on 30 October, 2017.

The new building boasts the latest medical technologies and is a wonderful addition to the hospital’s \$43-million Emergency Department that was opened in 2014. Intelligent use of design principles and technology were incorporated in the detailed design phase to improve the quality of care provided. The Acute Services Building has delivered:

- ▶ new intensive care, high dependency and cardiac intensive care units
- ▶ eight additional digital operating theatres
- ▶ a new Cardiac Intensive Care Unit
- ▶ eight additional digital operating theatres
- ▶ 128 additional acute inpatient beds
- ▶ a new Cardiac Catheter Laboratory
- ▶ a new Central Sterilising Servicing Department
- ▶ an expanded and refurbished kitchen
- ▶ an expanded and refurbished Services Centre and Dock
- ▶ a refurbished Day Stay Unit and Endoscopy Suite
- ▶ a new helipad.



The new facilities at St George Hospital were showcased to more than 1000 consumers at a Community Open Day held on 14 October, 2017. Visitors were given a tour of the new facilities by staff stationed at key areas in the Acute Services Building.

“St George Hospital has a proud history with the local community and the Community Open Day was a great opportunity to showcase the new facilities that will greatly benefit the community well into the future,” Ms Whitehurst said.

The Sutherland Hospital expansion, which is part of the \$62.9-million redevelopment, was officially opened by Premier Berejiklian and Minister Hazzard on 16 December, 2017. Refurbishment works were also undertaken to include additional storage space for operating theatres and expansion of the imaging department, including space for a new CT scanner. The redevelopment has delivered:

- ▶ a new and expanded Emergency Department
- ▶ a new Emergency Department Short Stay Unit
- ▶ a new General Medicine Unit
- ▶ a new General Surgical Inpatient Unit
- ▶ an expanded Critical Care Medical Unit
- ▶ construction of a 140-space ground level car park

“The year ahead looks to be exciting as the local health district continues its transformation through major capital works and refurbishment projects which will be of great benefit to staff and patients for years to come,” Ms Whitehurst said.

Our People



**Dr Kate Charlesworth**  
 Medical Consultant in Environmental Sustainability, SESLHD

I’ve been tasked with improving the environmental sustainability off the district. As far as we know, I’m the first person from a medical background appointed to an environmental sustainability role in Australia. I’m really interested to hear good ideas from the frontline staff: What do our people want to see in a sustainability plan?

Part of my role is to look at research around carbon accounting and how sustainability is well aligned with the wider objectives of the health service: providing more care closer to the home, community based care, different and innovative models of care.

For an emergency department presentation, for instance, we could measure patient’s transport-related carbon emissions, and then the environmental impact associated with the presentation, including all the various investigations, treatments and care the patient receives. It’s a really new area, so we haven’t yet started to measure those things precisely.

The irony is that the health system is effectively producing its own patients, because the environmental degradation that health services contribute to harms human health. By the same token, our large carbon footprint also means that we have a tremendous opportunity to turn that around and become positive players in this space.



## Celebrating headspace

Staff, supporters and clients braved the drizzle on Bondi Beach, to come together and celebrate the inaugural headspace day on 9 October 2017, as part of National Mental Health Week.

headspace Bondi Junction staff and Youth Reference Group members also held a stall outside the Bondi Junction centre, providing morning tea and asking people to write down their tips for “What helps you feel better?” for a special photo board.

A national event, headspace day encourages people to share their personal tips on how they take care of their mental health, to gather ideas to pass on to young people so they can see the many different ways to maintain a healthy and positive headspace.

Jason Trethowan, CEO, headspace, said National Mental Health Week was an opportune time to remind adolescents and young adults of the importance of looking after their mental health and addressing issues early on, before they become more serious.

“headspace aims to educate and equip young people in managing their mental health. What better way than headspace day,” Mr Trethowan said.

James Isles, Centre Manager, headspace Bondi Junction, said his tip for positive mental health was acknowledging that it is okay to ask for help if you are not feeling great. “Make yourself a priority and welcome support from others including friends, family and professionals,” Mr Isles said.

“There is no shame in talking about mental health issues and the stigma of ‘feeling low’ wouldn’t be so great if more and more people sought support sooner.”

## Minister joins 160-year celebrations at Prince of Wales Hospital

Hundreds of Prince of Wales Hospital (POWH) staff and volunteers, past and present, took part in a historic photo call with the NSW Minister for Health, Brad Hazzard MP and Delta therapy dog Charlie Brown, to celebrate the 160th anniversary of caring in Randwick.

As part of the celebrations, the Prince of Wales Hospital Foundation organised a recreation of the original photo of the hospital being renamed by its namesake, the Prince of Wales, in 1920 – in the exact same location in the Edmund Blacket courtyard.

Minister Hazzard and Member for Coogee Bruce Notley-Smith MP were liberal in their praise for POWH staff and volunteers as well as the great work achieved raising funds for the hospital by its foundation.

"I am supposed to acknowledge all the VIPs but I want to acknowledge the incredible staff and volunteers at this great hospital for their hard work, passion and dedication to caring for our most vulnerable members of the community," the Minister said.

Bruce Notley-Smith said it was a proud day for the community: "This hospital has played such an enormous part in the lives of so many, not just locally but right across this state."

The 160th celebrations included the unveiling of a History Wall on level two of the Parkes building, with the history for each photo written by Audrey McCallum, President and Treasurer of the POWH Volunteers.

Along with celebrating our hospital's rich history, the Minister also launched the schematic designs and a flythrough of what the new Acute Services Building will look like when it's completed in 2022.

Minister Hazzard said the new building, which is part of the \$720-million redevelopment of the campus, will boast the latest medical technologies and will ensure frontline health care will be delivered in state-of-the-art facilities well into the future.



## Nursing forum presentations share the message: We care

Martin Place siege survivor Louisa Hope was among the inspirational keynote speakers at the **SESLHD 2017 Nursing and Midwifery Forum**, themed 'We Care' – focusing on the importance of wellness and self-care for nurses and midwives.

Opening the forum, Kim Olesen, Director, Nursing and Midwifery, SESLHD, said: "Contemporary research tells us that the delivery of critical care can sometimes come at a cost as we provide care in such complex and challenging environments, with limits on resources, alongside increasing expectations from consumers who access our services."

"The forum was an opportunity to stop and take a moment to look at a range of strategies and skills that we can incorporate into daily practice to support each of us as we provide care."

A diverse range of presentations included positive psychology, physical strength, mindfulness and yoga for emotional wellbeing, bereavement, recovery, nursing in art, leadership in midwifery, Aboriginal midwifery and birthing models.

Keith Jones, Nurse Manager, SESLHD Nursing & Midwifery Practice & Workforce Unit and Karen Woods, Acting Nurse Manager, Nurse Education & Research Unit, POWH, also provided an update about the highly successful Nursewell app.

"Essential to the design of the app was the understanding that compassion for ourselves influences now we show compassion to our patients and others," Ms Olesen said. In 2015, the Prince of Wales Hospital Foundation established the Louisa Hope Fund for Nurses to give nurses access to seed money for equipment, research and education.

Louisa was shot in the Lindt Café siege and spent three months in recovery at Prince of Wales Hospital and a private rehabilitation hospital. She is herself a donor and works tirelessly to raise more funds. "It's the unquantifiable aspects of nursing that touches our heart, that part where my heart and your heart connect," Louisa said.

"It's that something else that you bring that changes my experience in the hospital and it happens at Prince of Wales."



## St George Trauma Service brings injury awareness to high schoolers

The St George Trauma Service nursing staff this year launched the P.A.R.T.Y program – Prevention of Alcohol and Risk Related Trauma – a full-day, in-hospital excursion for high school students aged 16 years.

Kate Jarrett, P.A.R.T.Y Coordinator, said the program follows the path of a trauma patient from the site of an incident through to rehabilitation – should they be lucky enough to survive. "Our overall aim is to prevent trauma by influencing behaviour change. We want to help teenagers identify risks, make safe choices and to think about the short- and long-term consequences of trauma," Kate said.

A program highlight is where students go on a hospital tour, which includes visiting the ED, Intensive Care Unit and blood bank witnessing and participating in interactive scenarios along the way.

"P.A.R.T.Y has been shown to reduce the incidence of serious youth injury by four per cent a year, which equates to 15 young people in the SESLHD catchment area alone."

The P.A.R.T.Y program was launched with a grant from The Inspiring Ideas Challenge, which will provide funding until the end of 2019. For regular program updates, follow P.A.R.T.Y at St George Hospital on Facebook: [www.facebook.com/PARTYSGH/](http://www.facebook.com/PARTYSGH/)



## Sydney/Sydney Eye Hospital "most outstanding" say patients

Sydney/Sydney Eye Hospital's (SSEH) unwavering dedication to patient care, safety and improvement was recognised at a national level with the Australian Patients Association naming Australia's first hospital the Most Outstanding City Hospital in Australia for 2017.

Dr Pauline Rumma, Director of Clinical Services, Jennie Barry, Director of Nursing and Support Services, and Ann Hodge, Nurse Manager, Operational Nurse Support, accepted the award on behalf of all SSEH staff on 31 May at the Australian Patients Association Annual Awards Night in Melbourne.

The Australian Patients Association is an independent, not-for-profit organisation established to promote and protect the rights and interests of patients across Australia. The annual awards night recognises organisations and people who support the interests of patients and improving patient outcomes.

SSEH was named Most Outstanding City Hospital in recognition of its work in 2017 with the Patient Opinion feedback platform, founded in 2005, to promote honest and meaningful conversations between patients and health services.

Tobi Wilson, General Manager, SSEH and Prince of Wales Hospital, said winning such an award highlights the importance of seeking patient feedback and working collaboratively with our consumers to improve systems and overall patient care and outcomes.

"This great achievement fits with the aims of our district's Journey to Excellence as well as many of the 10 National Safety and Quality Health Service Standards by which facilities across SESLHD are surveyed," Tobi said.

SSEH joined the feedback platform two years ago, to make it simple for patients and carers to share their hospital experience.



## SESLHD staff shine in The Inspiring Ideas Challenge

Teams across SESLHD are bringing their big ideas to life through The Inspiring Ideas Challenge (TIIC).

Patricia Bradd, Director, Improvement and Innovation, SESLHD, said driving and leading innovation in SESLHD was a key priority of the Improvement & Innovation Hub (iiHub); TIIC was an opportunity for staff to breathe life into their innovative ideas.

“This year the projects were diverse and have produced outstanding outcomes so far,” Trish said.

Shortlisted applicants pitch their ideas in a bid to gain support from the Executive Panel; 21 teams successfully gained the TIIC of approval for their inspiring ideas this year.

Successful teams are supported by the iiHub and its partners with a series of workshops, forums and masterclasses that promote learning, sharing of ideas and celebration of successes.

The ‘Steady Steps: Moving Towards Better Balance’ project at Sutherland Hospital’s Southcare, set out to reduce falls and improve quality of life in older adults through fusing evidence-based falls prevention exercises with dance techniques performed to music.

Project participants scored an improvement of four per cent in quality of life measures, 10 per cent on the Modified Falls Efficacy Scale and 36 per cent in Frailty Index scores.

St George Hospital Surgery and Perioperative Service secured TIIC funding for its Accelerating ERAS (Enhanced Recovery After Surgery) Toward 2020 project. The ERAS team developed seven additional pathways with further enhancements to the colorectal model of care with positive outcomes for the 84 ERAS pathway patients.

Readmissions of discharged patients have been averted by a systematic follow-up process that alerts the ERAS nurse if a patient attends the Emergency Department, thereby allowing for timely review and follow up.

The project has also led to booklet updates and the collection of baseline data across all specialities for ongoing review and assessment.

## NCCC: Leading cancer treatment & research

Following the official opening of the Nelune Comprehensive Cancer Centre (NCCC) in April 2017, the Prince of Wales Hospital Cancer and Haematology Services launched an ambitious, comprehensive and methodical redesign program in August 2017.



Supported by the Board of Health Science Alliance and Prince of Wales Hospital Executive, the program is anchored by an active agenda to drive clinical excellence, research leadership, cancer scholarship, funding diversification, and communication and engagement.

Professor Boon Chua, Director, Cancer and Haematology Services, said the redesign prioritised: strengthening operation of multidisciplinary tumour streams and integration with surgical oncology and research to enable a research-driven and patient-centred model of care; strategic talent recruitment to build national and international leadership in cancer; collaboration with UNSW Sydney through the successful Randwick Cancer Roundtable initiative to develop campus-wide research collaboration; workforce review and alignment with strategic opportunities; enhancing cancer information management; financial analysis to develop risk mitigation and value-based strategies; governance framework to drive safety, quality and performance; and building brand recognition and philanthropic relationships.

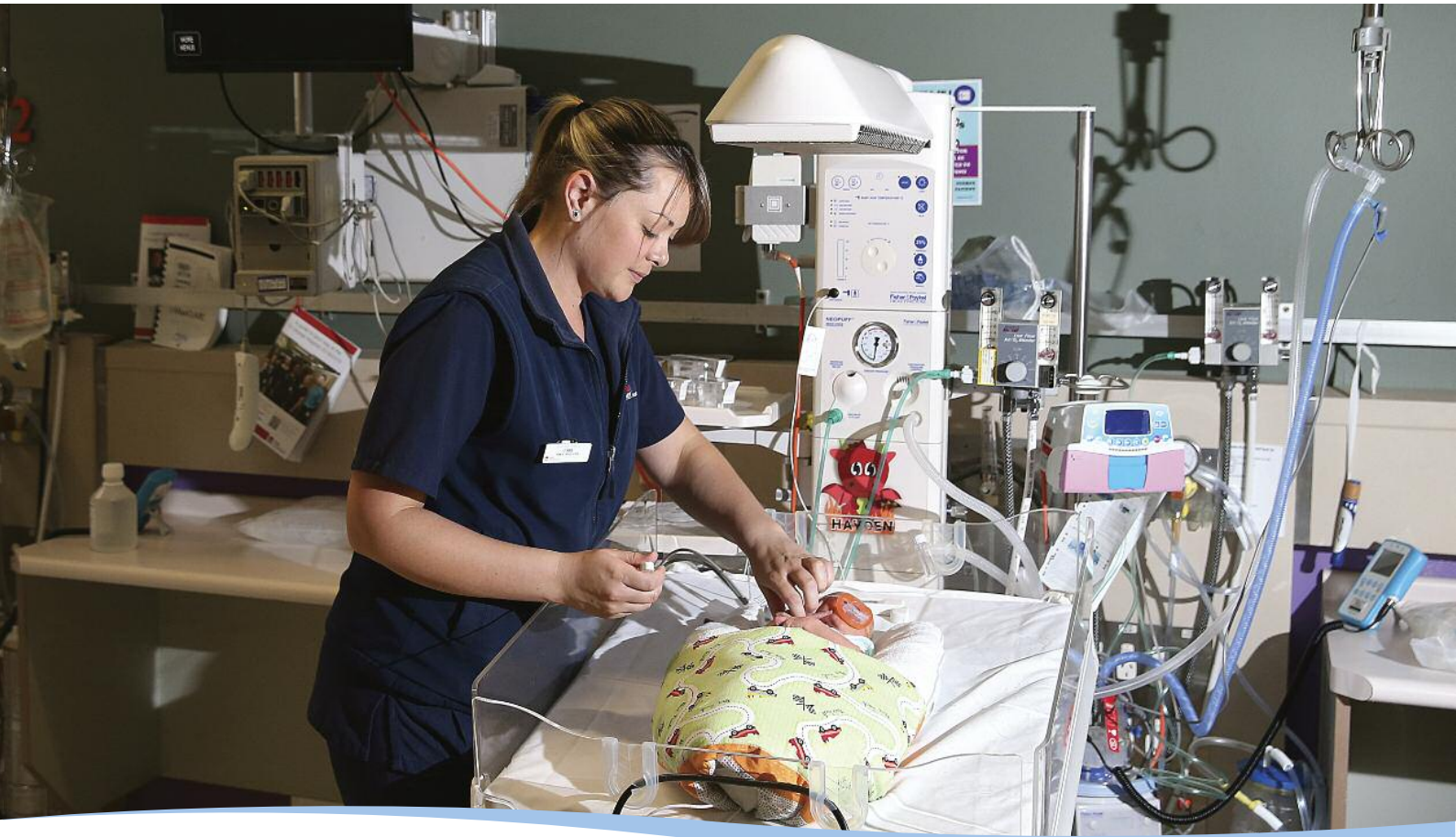
“The indispensable support of the Board of Health Science Alliance, Prince of Wales Hospital Executive, UNSW Faculty of Medicine leadership team, and all staff of the NCCC has enabled the significant progress to date,” Prof Chua said.

“Work is in progress to revitalise the Medical Superintendent’s Cottage as a new Prince of Wales Hospital Cancer Survivorship Centre, to optimise the health and wellbeing of people living with and beyond cancer by engaging all who are impacted by cancer as empowered partners.

“Together with the adjacent NCCC, which provides cancer care in an acute setting, the two facilities will be complementary in the provision of whole-of-person cancer care.”

The cancer survivorship program will focus on prevention, surveillance for recurrence, monitoring and intervention for the physical and psychosocial effects of cancer and cancer treatment. It will be driven by an innovative research agenda to optimise cancer survivorship care. Technological solutions including connected health and telemedicine will be systematically investigated and developed as a key component of the program. Completion of construction and commencement of operation are planned for mid-2019.

Prof Chua said further initiatives will be implemented as the Cancer Services redesign continues to ensure delivery of tangible and meaningful outcomes for patients and staff.



Providing leadership, coordination and strategic direction for nursing and midwifery across the district is key for this directorate, along with supporting the organisation and redesign of clinical streams.

## 1. Aged care

### Geriatric Flying Squad (GFS) enhancements

The Central and Eastern Sydney Primary Health Network (CESPHN) partnered with the SESLHD Aged Care and Rehabilitation Stream providing funds to enhance GFS services, as there was variation in the GFS model delivery, hours and staffing numbers across SESLHD. The funding allowed the GFS teams to work after hours and weekends providing acute care to residential aged care facilities' residents to reduce the incidence of unplanned hospital presentations. The total staffing enhancements were 2.78 nurse practitioners, 1.9 geriatricians and 0.53 clinical nurse consultants. Results include: over 90 per cent of residents seen by the GFS avoided a hospital presentation; emergency departments had an 80 per cent reduction in presentations from residential aged care facilities' residents.

## 2. Surgery

The Advanced Recovery Orthopaedic Program (AROP) was a successful example of work that arose from the Service Rationalisation Program. The introduction of AROP was a collaborative piece of work involving the Medical Executive Directorate, SESLHD Surgical Clinical Stream and the Prince of Wales Hospital (POWH) Orthopaedic Department. This is the first program of its kind within the Australian public hospital system seeing patients out of the hospital within 24 to 48 hrs post hip and knee replacement. This was made possible by changes in the model of care, increased continuity of care, modified anaesthetic guidelines for these patients and an AROP-specific patient pathway developed by the site clinical team. The implementation of the program at POWH continues to show increased staff satisfaction and benefits to patients, such as reduced inpatient bed days.

### 3. Redesign

The SESLHD Redesign Leaders Liz Mason and Louise Deady continue to build the capability of staff to make improvements and positive change through coaching, support and leadership development. Eight staff awarded a Graduate Certificate in Clinical Redesign applied the redesign method to the following projects:

- ▶ Simone Kelly, Marianne Camper, Edmund Ng: 'Sustainable Inventory Management Process for Lean Environments', for procurement and inventory management at Sutherland Hospital.
- ▶ Jeanine Smith and David Tobin: 'What about us: Inclusive care provision for clients transitioning from acute to community mental health care'
- ▶ Anna McGlynn, Amy Young and Brendan McDougall: 'Partners in Care: Integrating person-centred care to support self-management'

The projects have achieved positive outcomes and the staff continue to apply their improvement skills to make a difference for patients.



#### Our People



#### Kristin Mills

Nursing Executive Support Manager,  
St George Hospital

The work I do is so diverse it's difficult to summarise my role – every day is unique and different. I collaborate with a huge network of people from across the hospital and SESLHD, and at the same time manage the flow of information to meet the needs of the Nursing Executive team.

A highlight is coordinating the Future Nurse Unit Manager Program which accepts applicants from all disciplines who want to gain insight into the career path of nursing or midwifery managing.

We orientate participants with management responsibilities including finance, rostering, quality and safety, and then allocate them for leave relief so they can put these skills into practice.

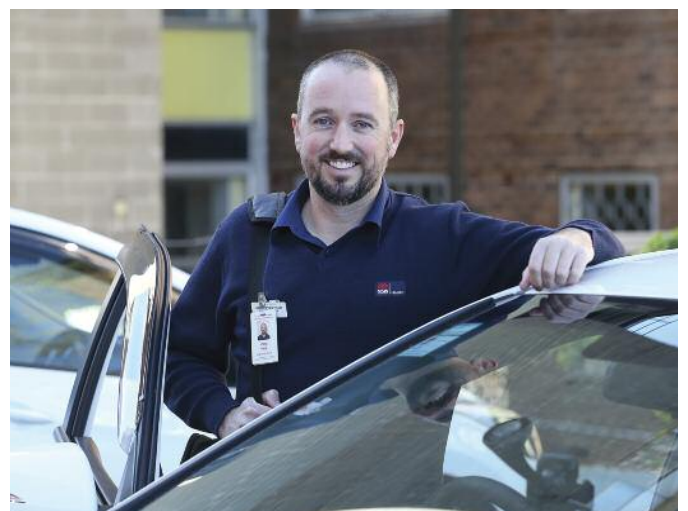
I enjoy seeing the staff grow and spending time with them in a mentoring capacity. I previously worked for almost eight years as a NUM, and hope I make a difference through sharing my own experiences.

I also represent St George Hospital in the SESLHD charitable working party initiative. We know that intrinsically nurses and midwives want to give back to the community, and the initiative aims to facilitate this, while in turn supporting staff health and wellbeing.

#### Journey to Excellence Strategy 2018-2021

1. Aged care  
Safe, person-centred and integrated care: Reduce ED presentations.  
Better value: Shift care into the community or outpatient settings.
2. Surgery  
Better value
3. Redesign  
Better value; Safe, person-centred and integrated care
4. Nursing & midwifery  
Safe, person-centred and integrated care





## 4. The Nursing & Midwifery Practice & Workforce Unit

- ▶ The Nursing and Midwifery Practice and Workforce Unit (N&MP&WU) has continued to apply the Heart of Caring framework to leadership development. In addition to the Effective and Clinical Leadership programs, which celebrated their tenth anniversary in 2018, specific workshops have been designed and piloted with Nursing and Midwifery leadership teams. This aligns with values-based approaches to care and safe, person-centred and integrated care. The wellbeing of staff continues to be a focus, with over 165 nurses and midwives trained to provide reflective supervision.
- ▶ The continuous improvement and development of positive workplace cultures remains a priority through a range of programs including Essentials of Care, the Person-Centred Care Program and Productive Ward. Safety huddles, safety crosses and the What matters to me? initiative have been embedded in these programs.
- ▶ By the end of June 2018, the N&MP&WU had delivered Foundational Supervision programs, focused on the supervision of clinical practice, to 238 nurses and midwives.
- ▶ The Nurse and Midwife Engagement Survey is underway for the second time. The positive impact of action plans implemented following the first survey is evident in site results.
- ▶ The Heart of Caring story project has seen the collection of over 40 stories from non-nurses and midwives. Theming and analysis of stories is a collaborative effort, bringing together staff from various departments and disciplines to share expertise and identify common ideals relating to the provision of compassionate person-centred care.



Our People



**Joan Walsh**  
Clinical Nurse Consultant, Urology,  
Continenence and Stomal Therapy,  
Sutherland Hospital

The consultative service I provide involves working with all disciplines – it's so interesting to collaborate with medical staff and allied health, and as a team, strive for the best possible outcomes for our patients.

Continenence can be a delicate area and for me it's a privilege to support patients to feel comfortable to discuss and work through any issues. Sometimes it's a challenge to encourage my colleagues to feel as passionate and enthusiastic about my speciality as I do but, when they see the interactions I get to have with patients and the difference I can make, it helps them to see beyond my role title.

I'm about to celebrate 29 years at Sutherland Hospital and all of my proudest achievements come from taking a team-focused approach, both with staff and members of the community. Thanks to fundraising support from local businesses, we introduced bladder scanners and urinalysis machines into each ward – it makes me proud our nurses have the tools they need to implement best practice.

My role is all about being there for people. It's important to me that I'm approachable and that my knowledge can benefit other nurses – and our patients.





The Medical Executive Directorate had a second productive year since its inception, engaging medical staff throughout SESLHD in efforts to improve patient safety and ensure the very best clinical services and quality of care.

## 1. Ensuring best disaster management / emergency response planning

The Disaster Management Unit and the Health Services Functional Area Coordinator developed a comprehensive 'No Notice' Exercise schedule for 2018, to test SESLHD facilities' and services' business continuity plans and emergency/disaster plans. Feedback from the staff involved was that the exercises were extremely positive and beneficial, rewarding and thought provoking. These exercises have allowed staff to identify gaps in work areas such as planning and communication strategies and action improvements.

## 2. Care for patients at end of life

A strategy for end-of-life care (EOLC) planning was developed with input from all district facilities, the Agency for Clinical Innovation and the Clinical Excellence Commission in time for alignment with new National Clinical Accreditation Standards, which require all services to demonstrate high-quality comprehensive EOLC. Implementation of the strategy is proceeding in stages, facility by facility. Ensuring EOLC documents are easily locatable within the electronic medical records system (eMR) will streamline developments with the new national online summary key health information for citizens – 'MyHealthRecord'.

## 3. JMOs help lead change

The Junior Medical Officer (JMO) Innovation and Improvement Committees continue to develop across SESLHD with increasing participation by junior doctors in quality and improvement projects and involvement at the highest level of clinical policy decision making. During 2017-18, JMOs have taken the initiative to lead more than 15 clinical quality improvement projects, with one gaining state-wide recognition for improving the safety of IV fluid prescribing by doctors.

#### 4. Better patient summaries at discharge

Another district project with active involvement by JMOs, is the REMEDY project. This initiative aims to improve patient discharges by ensuring better quality medication information summaries for general practitioners. REMEDY has involved JMOs conducting over 100 audits of medication summaries and working to find solutions to improve this process.

#### 5. Building research translation

Since the appointment of the Director of Research and development of the aspirational SESLHD Research Strategy, the district has continued to work toward meeting its key objectives. As part of this work, a Clinical Innovation and Research Committee has been established, focused on building research capacity, fostering research and enabling its translation across SESLHD. A research website has also been launched as part of the objective to develop a one-stop shop for research within SESLHD. It provides information for research including funding opportunities, ethics application processes, forms and templates, as well as information for patients, families and carers involved in a clinical trial.



Our People



**Dr Catherine Clark**  
Radiation Oncologist  
St George Hospital

Oncology patients are facing a very difficult period in their lives and it's a great privilege to provide care for them. I aim to support the whole person and so spend a lot of time with patients to ensure we're helping them and their families as much as possible.

I've spent my whole career working and learning within SESLHD, and one of the highlights has been the evolution of technology and significant improvements in oncology treatments. In 2018, I helped establish the new stereotactic radiation therapy services for patients with central nervous system tumours. This treatment allows focused high-dose radiotherapy to be administered whilst protecting the normal brain and allowing for better local control with fewer side effects.

I feel the St George team provides a really strong cancer care service. We don't function independently, but rely on each other to do our jobs to deliver treatment as best as we can.

I've been involved in a partnership which facilitates the treatment of patients from Noumea requiring brachytherapy. We build special connections with these patients – many have never left their homes and they otherwise may not have access to the care they need.

#### Journey to Excellence Strategy 2018-2021

1. Disaster/emergency response planning  
Safe, person-centred and integrated care.
2. EOLC  
Safe, person-centred and integrated care.
3. JMOs help lead change  
Fostering research and innovation.
4. Better patient summaries  
Safe, person-centred and integrated care.
5. Building research translation  
Fostering research and innovation.



Working closely with district executives, this directorate oversees, supports and co-ordinates the overarching performance of public hospitals and health services in South East Sydney.

The Programs and Performance Directorate is responsible for the day-to-day operations of the local health district (LHD), to ensure the smooth, efficient and effective running of services. Workforce Services, the Business Improvement and Efficiency Unit and other LHD services support and enable change through strong program management, sharing insights from data analytics and helping to foster improvement by identifying and mitigating risks. Among the accountabilities of this directorate are leading, directing and delivering on LHD-wide business efficiency, financial sustainability and value, access and service improvement.

## Performance

SESLHD has seen and treated an increase of 7,905 emergency patients in the 2017-18 financial year. The organisation used predictive tools and software such as Lightfoot analytics which has greatly assisted in achieving significant improvements in surgical and emergency department key performance indicators. The district carried out 192 more surgical cases in 2017-18 than the previous financial year, with 95.3 per cent of all theatre cases carried out on time. SESLHD successfully met the target of having all elective surgical patients treated within the appropriate clinical timeframe.

## Program Management Office

The SESLHD Value Improvement Plan (VIP) Program, coordinated by the Program Management Office (PMO), achieved \$18,264,519 in expense reduction and revenue generation savings for the upcoming financial year. The VIP Program increased efficiency and produced savings across the organisation by reducing duplication through initiatives such as consolidation contracts on the range of common products available across the facilities.

## Executive Services

Executive Services supports all facilities and directorates within the district and enables the organisation to improve accountability through good governance practices. This year, a focus area for the team was building the organisation's confidence in our ability to comply with legislation.

To assist SESLHD's accountability, the team developed a register and framework which mapped over 200 active pieces of legislation as they related to over 800 district policies. The project has ensured processes are in place so that management can provide the right information to staff, enabling them to do their jobs in a way that complies with the law.

## Workforce

This year, the Health Safety and Wellbeing Committee sought to enhance staff wellbeing at work through the implementation of the innovative Steptember and Get Healthy at Work programs throughout the district.

Human Resources Advisory Services worked collaboratively with local managers to implement recruitment and retention strategies that enable appointment to hard-to-fill positions such as ultrasound sonographers and technicians, clinical coders and mental health professionals. Examples have included a review and analysis of all aspects of the hard-to-fill roles, incorporating different approaches to attraction and retention, reviewing team structures, culture within the department, flexible working (home-based, part-time and out-of-hours working), and partnering with training providers to place trainees with the option to employ on completion of training.

A diversity and inclusion project which aims to increase employment opportunities for people with disabilities, ensuring that the workforce reflects the community we serve, was launched by Human Resources Advisory Services this year. The initial objectives are to build awareness of disability at work, to work with managers to identify suitable targeted roles, to partner with disability agencies to attract candidates and ensure the work environment is equipped and accessible, as well as addressing additional considerations for 'on-boarding' staff and supporting managers.

### Our People



**Erin Hudswell**  
Organisational Performance  
Support Manager

My background is in haematology, oncology and palliative care nursing then I completed my Masters and went into management. For me it's about improving the patient experience in hospital and the medical outcome, so every decision I make or drive, the first question I ask is 'How will this affect the patient and how can I make it better for them?'

We use a data analytics tool looking at historical data to show trends or changes and work closely with the improvement team to provide that analytic support for changes across the district.

Each week a report is developed on the performance of each hospital. The report contains the prior week's demand and performance and the predicted demand and performance going forward. Discussions are then had about the week going forward and how we can safely manage the flow of our system.

I get out of bed every day and just love coming to work. The thing I love about performance and access to health care is that there are always new initiatives and ways of working. If we can improve one thing about a patient's journey it is worth doing.





## Business Intelligence & Efficiency Unit

This year the Business Intelligence and Efficiency Unit (BIEU) has continued the development and enhancement of the local reporting platform known as OrBiT (Organisation Reporting and Business Intelligence for Transformation). The OrBiT dashboards are key to meeting the objectives of the *SESLHD Journey to Excellence Strategy 2018-2021*.

The platform's dashboards allow staff to access data and structure the information in a timely manner which supports monitoring of performance, accountability and providing insights to identify opportunities for improvement. Of particular note this year, the BIEU has collaborated with various business partners and clinical

streams to create several dashboards including the Surgical Dashboard, Patient Transport, STOP and Workforce Dashboard. The Surgical Dashboard has been acclaimed by the Ministry of Health as an easily accessible 'one-stop shop' for up-to-date surgical information, to enhance operational and strategic decision making.

Supporting the ongoing establishment of similar dashboards and analytical tools, the BIEU is leading a number of data quality and data governance initiatives, such as the Locally Enabled Analytics for Improved Performance (LEAP) project and the establishment of a SESLHD data governance policy and framework, which will enhance the quality and management of the data displayed within OrBiT.

## Managing risk

The position of Chief Risk Officer was established and recruited to in January 2018. Over the remaining five months of the financial year, a comprehensive review of the risk management framework was undertaken and, in line with recommendations made through the risk framework audit in August 2017, an Enterprise Risk Management Strategy 2018-2021 was drafted with a view to gathering feedback, revising and achieving endorsement early in the new financial year.

Along with development of the strategy and the day-to-day risk management practices, a number of other key outcomes were realised:

- Significant improvements were made in the organisation’s risk profile with risk reviews and subsequent online system updating occurring at three of the district facilities which refined and/or reduced SESLHD’s total risks from 555 to 445.
- A face-to-face risk management training module and a new computer code were introduced into the online training management system, to better capture and quantify training delivery statistics moving forward.
- The Risk section of the staff Intranet was completely overhauled to provide better functionality, accessibility and information.
- A robust records management system for risk was created within the content management system to enable better compliance practices and to document accessibility.
- After 28 years with the same insurer, SESLHD’s entire insurance portfolio was transitioned to a new provider.



Our People



**Kelly Crawford**  
 Manager, Workforce Transactions & Information Services, SESLHD

I manage a team of 25 staff responsible for a wide range of workforce-related tasks such as, recruitment and on-boarding, StaffLink, roster support/administration, workforce data reporting, training for workforce systems and personnel record keeping for more than 14,000 employees across the district.

We also work closely with e-Health and HealthShare on workforce systems and programs, as well as with the Ministry of Health.

I’m particularly proud of my team who continue to work hard to deliver our many services to employees and managers across the district, all while rolling out two major workforce systems over the past year – Health Roster and Recruitment and Onboarding (ROB). We work hard to ensure managers are supported as best as possible so they can focus on the other core parts of their jobs.

Outside of work I love spending time with and watching my son play sport – especially cricket. I also enjoy relieving my stress at the gym and reading.



# Primary Integrated & Community Health



The Primary Integrated and Community Health (PICH) Directorate continued to develop and expand its strategic approach to community health and integrated care services across the district during 2017-18.

The re-establishment of a District Child Youth and Family Service was successfully completed, with incorporation of child and family staff currently managed by Sydney Children's Hospital planned for next year.

Two major reviews arising from recommendations of the Health Care in the Community Review are underway: a comprehensive review of access and referral mechanisms, and the development of an Integrated Health Services Plan to inform capital planning for community facilities in the district's north. Both offer opportunities for more efficient, client-focused care, ensuring the physical configuration of community health services reflects new and better models of care.

A review, re-alignment and revised plan for the District Integrated Care Unit and strategy, will allow for a new direction. This will include locality based models of care coordination in close collaboration with the Central and Eastern Sydney Primary Health Network and general practices. A linked project is seeking to use co-design and co-production methods with consumers to better plan for and implement new models of integrated care.

The SESLHD Drug and Alcohol (D&A) Clinical Service Plan was launched and is being implemented. Its three major strategic directions are: to provide accessible, high-quality treatment, aligned with community and individual needs; to enhance the capacity of non-specialist D&A services to address D&A issues; to ensure the sustainability and continual development of D&A services.

The Integrated Oral Health Promotion Plan 2016-2020 continues to drive strategic priorities, which are being promoted through a communication plan that includes social media activity. Existing priority care pathways are being maintained and new pathways are being established, for example with clozapine patients at Sutherland Hospital.

The Clinical Ethics Service is now established as a robust, sustainable and independent service aligned to national guidelines. Among key actions in 2017-18 were expansion of a clinical ethics case consultation service and part-time appointment of a medical officer at St George Hospital to provide on-call clinical ethics consultations.

## 1. Environmental Sustainability

PICH appointed Australia's first-ever public health physician lead for environmental sustainability, Dr Kate Charlesworth. A revised Environmental Sustainability Strategy is in development with active engagement from all facilities and services across the district. SESLHD commissioned a greenhouse gas emissions assessment for the district which, for the first time, quantifies our carbon footprint – comparing the carbon cost of intensive, hospital-based models of care with community-based models. Increasingly, environmental sustainability will be seen as part of quality health care and value will be properly understood as better health outcomes with improved financial and environmental performance.

## 2. The Rockdale Child & Family Hub

Rockdale Hub is a place-based model focused on improving the health and wellbeing of children in the early years. Designed to increase access for vulnerable populations and improve early identification of child developmental needs, an integrated multi-agency partnership including community based services has increased access to health services. Previously undiagnosed developmental issues are being identified early and addressed.

## 3. SESLHD Homelessness Health Strategy 2018-2020

This strategy provides the foundation upon which SESLHD services can improve access, integration and the experience of care for people who are homeless. Informed by extensive consultation with service providers and people with lived experience of homelessness, the strategy will be monitored annually. Key action areas are flexible service delivery; consumer engagement and co-design; improved workforce capability and capacity; strengthened information systems and using evidence-based approaches; and inter-sectoral collaboration.

## 4. Kirketon Road Centre (KRC)

KRC has established a consumer reference group to provide crucial advice and insights into how its services and operations best meet the needs of the populations served. KRC continues to build its role in community based treatment and has now treated almost 300 people for hepatitis C. Internationally, in the era of interferon-free therapies, this is the largest community based cohort of people who inject drugs accessing treatment for hepatitis C. KRC has also participated in the Deadly Liver Mob project to further enable Aboriginal people to access hepatitis C testing and treatment, and has expanded its role in the provision of outreach nursing and social care to the inner city's homeless population.

## 5. Disability Strategy

The Disability Strategy Unit has provided primary leadership and direction for the district throughout the rollout of the National Disability Insurance Scheme (NDIS) in South East Sydney since 1 July 2017. Key actions undertaken include: implementation of the NDIS Transition Plan in conjunction with the SESLHD NDIS Steering Committee, resource development, staff education and training to enable SESLHD to support NDIS access.



Our People



### Elaine Moore

Child & Family Health Nurse, St George & Sutherland Primary Integrated Community Health

I began my career in general nursing and have always had an interest in child development and health promotion. After having my own children and having a positive experience from a child and family health nurse I progressed my career in this direction.

I conduct developmental screening for infants and children 0-5 years and support families in their adjustment to the complex role of parenting. I value working in partnership with families.

As part of the assessment we provide support for breastfeeding, sleep and settling and refer to other services as necessary such as allied health. Promoting emotional wellbeing through psychosocial screening, early identification of postnatal mood disorders and discussing timely referral is part of this role I really enjoy.

I also facilitate Early Bird groups for parents and newborns, which focus on building parental confidence, making social connections and sharing experiences.

I have a passion for assisting women at the beginning of their feeding relationship with an infant which takes time, patience and support. To sustain breastfeeding it's vital to support the mum so she enjoys the experience of breastfeeding her infant.

### Journey to Excellence Strategy 2018-2021

1. Environmental sustainability  
Foster research and innovation; Better value
2. Rockdale Hub
3. Homeless health
4. KRC
5. Disability Strategy  
Community wellbeing; Health equity; Safe, person-centred and integrated care



The Allied Health Directorate has a large reach and influence across all clinical areas, from acute to community settings. Its workforce can be found delivering care throughout the lifespan – from prenatal to palliative care and all areas in between.

The focus for this workforce is to improve health and wellbeing, to maximise the ability of each individual to achieve their potential across health, social and vocational domains.

In 2018, SESLHD appointed a permanent Director of Allied Health to support professional leadership for the allied health disciplines across SESLHD as well as the Norfolk Island Health and Residential Aged Care Service.

SESLHD has 1045 full-time allied health roles, filled by a total of 1275 staff – approximately 10 per cent of the district's total workforce. This year, over 1100 allied health students participated in clinical placements across SESLHD accounting for over 150,000 hours of clinical placement education.

A range of allied health initiatives have benefited from grants this year. Over \$90,000 in workplace learning grants were received from the Health Education and Training Institute (HETI) to support 29 allied health education activities in SESLHD in 2017-18, with a further \$30,000 in grants received for 2018-19. Seven projects were funded by The Inspiring Ideas Challenge (TIIC) in 2017-18 with a further five projects funded in 2018-19.

Allied Health was well represented among finalists at the 2018 SESLHD Improvement and Innovation Awards as well as having several staff feature in four award-winning teams. Participation in the district's research activity is growing with over 30 SESLHD allied health clinicians undertaking research in their speciality field.

## 1. Steady Steps: Moving Towards Better Balance

This innovative falls prevention program, funded through TIIC in 2017, combines evidence-based balance exercise with dance techniques performed to music. Many groups have completed the program, which won the People's Choice Prize for Best Poster at the 2018 NSW Falls Network Forum and the 2018 SESLHD Improvement and Innovation Award in the Patients as Partners category. Steady Steps: Moving Towards Better Balance is now offered as a service by the Southcare Community Rehab Team.

## 2. Constraint induced movement therapy

This evidence-based upper limb program for stroke patients, funded through the TIIC program, was completed at St George Hospital in April and Prince of Wales Hospital in June, resulting in great feedback from both clients and staff. Clients achieved meaningful upper limb functional improvements. The program is now being rolled out across the district.

## 3. NDIS change agents

Allied Health staff are working alongside the SESLHD Disability Strategy Manager and National Disability Insurance Scheme (NDIS) Project Officer to support staff to build their capacity to operate within the NDIS and in turn, best support people with disability throughout the district. As NDIS education champions, they facilitate formal training opportunities for staff including small group case study-based coaching sessions. As NDIS Working Group members, Allied Health staff have significantly contributed to the development of clear pathways between the NDIS and SESLHD. They are a point of contact and resource in their workplace for NDIS matters and have developed a good understanding of this important social reform.

## 4. Podiatry diabetes Orbit dashboard

This district-wide initiative allows the diabetic inpatient population to be identified across all major sites. Prior to its creation there was no way of reliably identifying this patient cohort. The dashboard supports a targeted response from the podiatry team when identifying high-risk patients. Care for this cohort can now be focused and ensure a smooth transition from inpatient to the outpatient setting. Proposed updates to the dashboard will include previous endocrinology visits and allow for use across disciplines.

## 5. Aboriginal social work cadet program

Funded by the Commonwealth and NSW governments, this program supports selected undergraduate Aboriginal allied health professionals both financially and by providing clinical experience in a workplace. St George Hospital has employed its first Aboriginal cadet in the social work department this year. The cadet will be supported to practice in a wide variety of clinical specialities within social work, while also receiving a mentorship from the St George/Sutherland Aboriginal Hospital Liaison Officer. Practice opportunities will also be identified in social work across SESLHD to further enhance learning and development.

Our People



### Margaret Holyday

Nutrition & Dietetics Advisor SESLHD  
Head of Nutrition and Dietetics, Prince of Wales & Sydney/Sydney Eye Hospitals

Dietitians work in all our hospitals, in primary and community health care teams and mental health services. We have diverse roles that include nutrition care to patients and clients, planning and delivery of health promotion activities to our community and also research into the role that improving nutrition can play in improving our patients' quality of life.

In my role as the district's Nutrition and Dietetics Advisor I'm responsible for leading and developing nutrition services across the district and building capacity and capability within our nutrition workforce. This role also allows me to facilitate input from dietitians across SESLHD into district-wide planning and programs.

I'm inspired everyday by the amazing achievements of our dietitians. This year many of them have undertaken projects both within their services and teams and also across the district to improve the quality of care to patients. Some successful examples include improving the identification of malnourished patients, ensuring people that need nutrition care are seen sooner, that the nutrition care we deliver is more effective, and that more care is provided at home.

### Journey to Excellence Strategy 2018-2021

1. Steady Steps  
Better Value: Shift care into the community or outpatient settings.
2. Constraint induced movement therapy  
Safe, person-centred and integrated care.
3. NDIS change agents  
Safe, person-centred and integrated care.
4. Podiatry diabetes Orbit dashboard  
Better Value: Shift care into the community or outpatient settings.
5. Aboriginal social work cadet program  
Workforce wellbeing.





The Directorate, Planning, Population Health and Equity (DPPHE) is one of the main providers of public health programs and services in the region, delivering both local and state-wide initiatives. Our work is focused on engaging and co-producing: to work with our communities, rather than simply for them as outlined in the SESLHD Community Partnerships Strategy.

The District Consumer and Community Council (DCCC) commenced meetings in February 2018 and is the key mechanism for ensuring that consumers and communities are heard – clearly and in all their diversity – and are integrated in all district services and programs, both clinical and corporate. The DCCC is developing several key focus areas for 2018-19, one of which is health navigation – a fundamental element in the consumer experience of the health service and a key priority in the district's *Journey to Excellence Strategy 2018-2021*.

## 1. St George Integrated Health Services Plan

The Strategy and Planning Unit developed this plan which was submitted to the Ministry of Health in March 2018. It outlines an integrated approach to addressing the physical, emotional and social wellbeing of the community with the implementation of innovative models of care to reduce demand on services. It also sets out the infrastructure requirements to achieve this into the future.

## 2. Staff flu vaccination at record levels

In preparation for the 2018 winter, the Public Health Unit (PHU) developed a novel online database on the REDCap platform to capture staff influenza vaccinations carried out in all district facilities. The PHU worked with DPPHE, the Media and Communications Unit, Workforce Services and all facilities to promote the program – a collaboration which achieved much higher coverage than previous years with over 90 per cent of high-risk staff being vaccinated in 2018.

### 3. Healthy children in focus

Resources offered in the Healthy Children Initiative programs – to prevent the development of childhood overweight and obesity – have supported organisations and efforts throughout SESLHD. Over 300 early childhood education and care services, 80 primary schools, 10 supported playgroup auspice organisations, 177 out of school hours care services and 209 families have participated in the Go4Fun program in the last financial year.

Promotion of early childhood literacy development through the Let's Read project led to 43 staff in early childhood services, parenting programs, family support and health services completing the project training, with 16 partner services set to deliver the initiative locally. Let's Read has the potential to reach 6,000 preschool aged children and their families.

### 4. Putting communities at the centre

Communities at the Centre: A Place-Based Equity and Well-Being Initiative in South Maroubra aims to reduce health inequities and improve community resilience. It focuses on co-production and seeks to mobilise the strengths within local communities. It is delivered in partnership with a number of organisations including Central and Eastern Sydney Primary Health Network, Randwick City Council, NSW Family and Community Services and The Deli. This is just one example of a shifting focus to major long-term community initiatives focused on people and places.

### 5. Improving the health of people living with HIV

SESLHD has the highest concentration of people living with HIV/AIDS in Australia. We provide services and support for nearly 50 per cent of all HIV clients in NSW and nearly two thirds of all HIV-related service activities. SESLHD is a leader in developing and delivering innovative strategies for prevention, improved access to services such as point of care testing, and integrated HIV care. As a result, notifications of new HIV diagnoses in SESLHD have decreased by 10 per cent between 2013 and 2017 – and to date, almost all people (93 per cent) with HIV in SESLHD are on active treatment.

### 6. Spreading the message to reduce risk

Effective response to public health risks often requires public engagement to communicate risks and prevention measures. For acute risks, such as measles cases, food-related outbreaks and environmental risks, this requires rapid distribution of key messages to large numbers of people. Whilst health authorities have traditionally relied on mainstream media for this, that approach has its limitations. Social media presents an additional channel through which to extend message reach. The Public Health Unit recently conducted a highly successful social media campaign regarding Ross River Virus which demonstrated the potential to change the face of public health messaging and make improvements in measurable uptake of protective behaviours.



**Dr Catherine Bateman-Steel**  
Staff Specialist & Deputy Director  
SESLHD Public Health Unit

My job is really varied – I like the fact I'm always being brought something left-field and have to think my way around it. I love problem solving. I'll be given a complicated problem that's causing people fear and angst and I have the opportunity to bring the team together and say 'what information do we need?' and organise them to respond quickly, and hopefully by doing so, protect people and avoid bad outcomes. Our work is about constantly putting out fires.

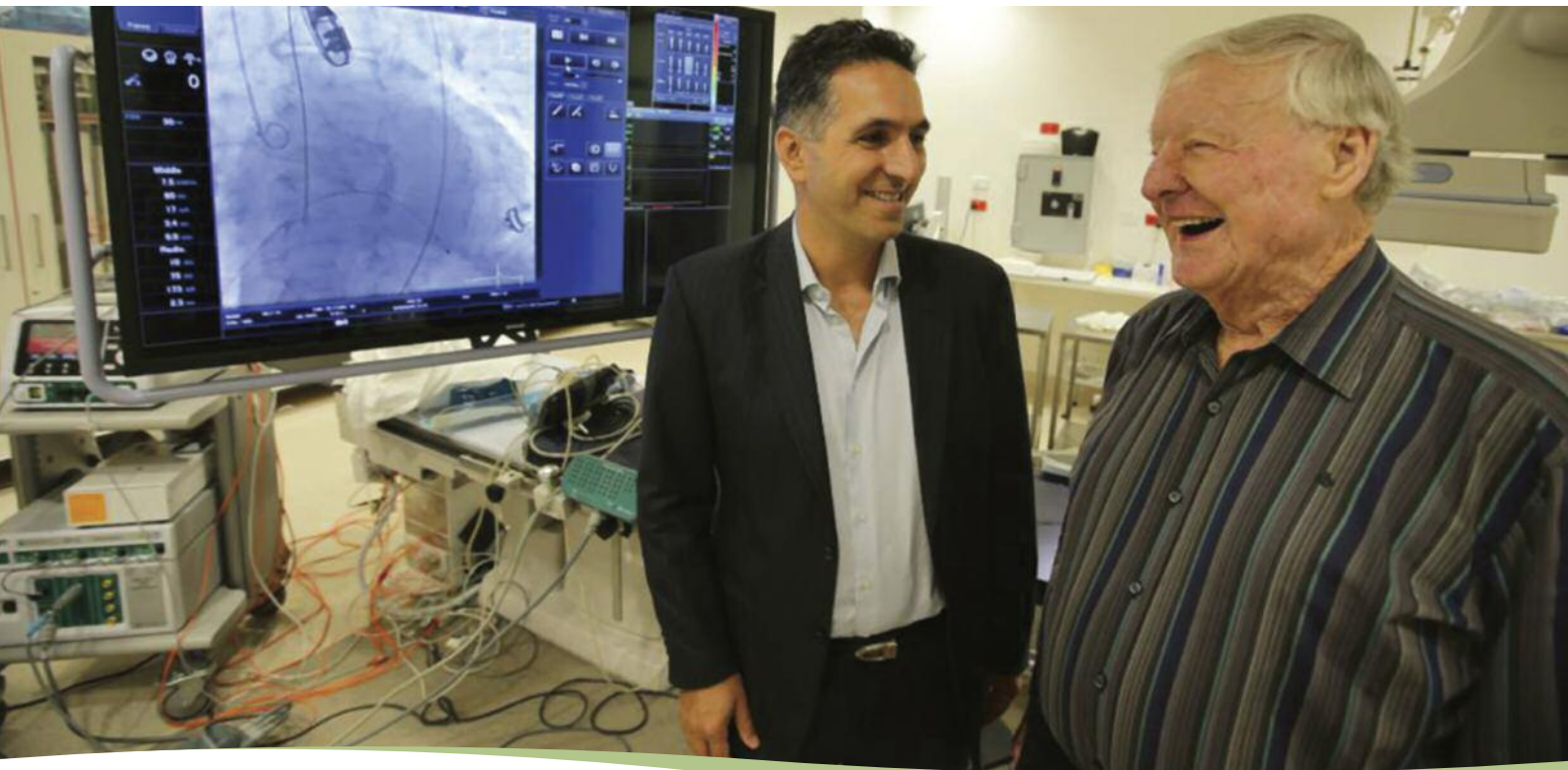
The Public Health Unit is notified of risks in the community. We understand what's happening at a whole-of-population level, we don't treat individuals. Our two main areas of potential risk are infectious diseases and environmental health and we have teams dedicated to assessing and managing both of these. We also have a fabulous immunisation team who support GPs, schools and the public. Our clinical teams are supported by epidemiology (data collection and analysis) and admin teams.

It's an important service. We don't always see the immediate impact of our work, but we do know that we are protecting people and it's an exciting area to work in.



#### Journey to Excellence Strategy 2018-2021

1. Integrated Health Services  
Better value; Shift care into the community or outpatient settings.
2. Staff flu vaccination  
Promoting workforce wellbeing.
3. Healthy children  
Community wellbeing and health equity; Increase the number of children reaching developmental milestones at 18 months and four years by 5 %.
4. Communities at the Centre  
Community wellbeing and health equity.
5. HIV health  
Safe, person-centred care and integrated care; Reduce ED presentations by 5 % a year.
6. Spreading the message  
Community wellbeing.



With a growing portfolio of projects supporting excellence in service delivery throughout SESLHD, the Improvement & Innovation Hub – the iiHub – continues to play a key role in the district’s world-class health care.

## 1. Improvement & leadership education grows

- ▶ The SESLHD Improvement Academy has continued to develop programs aimed at building the capacity and capability of the district’s workforce. Almost 3000 staff have completed Silver or Bronze Level modules which, upon review, were shown to develop transferable skills that are applied in the workplace. Gold Level training will be launched soon, to build more advanced application of improvement science.
- ▶ The LIFT Program for Emerging Leaders was completed by 71 participants this year. The program invites all participants to attend a two-hour interactive masterclass-style session each month, on the topics of leadership, engagement, mentoring, innovation, strengths, mindfulness and reflection.
- ▶ Utilising the NSW Health Leadership Framework, the leadership masterclasses were added during 2017-18 and were completed by 280 staff. Facilitated by internationally renowned experts, the masterclasses covered the topics of transforming complex systems, building and leading effective collaborative teams and appreciative leadership. Participant evaluations reveal “a new way of thinking and leading”.
- ▶ Over 100 staff completed workshops run in partnership with the Health Education and Training Institute (HETI) which focused on building financial capability across the district; a range of educational programs were delivered to assist staff in using data to inform, monitor and report on improvement initiatives, while SESLHD clinicians have been supported in using data to explore improvement opportunities in their areas.

## 2. The Professional Accountability Improvement Program (PAIP)

Focused on building a safety and reliability culture aligned to the Journey to Excellence, this program commenced at St George Hospital and District Workforce Services. PAIP rolled out the Everyone Matters Platform, enabling staff to raise compliments or concerns about colleagues’ behaviours, providing leadership training to address unacceptable behaviours, as well as the Speaking Up for Safety program which provides a framework for raising concerns directly with other staff members. A district-wide rollout will take place over the next three years.

### 3. Patient Safety Program leads positive change

By aligning efforts across the district's care services, a coordinated program of work is being developed to support reduced patient harm:

- ▶ Leadership WalkArounds were introduced to facilitate discussions about patient safety between executive teams and frontline staff, with 104 taking place this year. Participant feedback showed that staff believe the Leadership WalkArounds demonstrate a commitment from the executive to improve patient safety – and 88 per cent said they felt comfortable answering questions honestly and openly. A database is currently being developed to track outcomes.
- ▶ Two Patient Safety Fundamentals workshops were held to introduce staff to improvement science concepts and how they can be applied; 29 wards engaged with the Acute Adult Patient Safety Program, and evidence-based change packages were developed for six points of care where patient harm occurs. Work is underway on the next major area of focus: improving medication safety.

### 4. Leading service delivery improvements on Norfolk Island

SESLHD continued to support the Norfolk Island Health and Residential Aged Care Services (NIHRACS) where remote access to health service delivery remains a challenge.

The SESLHD Norfolk Island Support Team, with assistance from SESLHD services and departments, led reviews and improvements to enhance health care delivery. This included completion of reviews for: mental health, dietetics, information communications and technology, oral health, ophthalmology pathway support, cardiology pathway support, aged care support, along with participation in the Agency for Clinical Innovation's clinical redesign project Older Person Access Program and learnings from the 'Living Well in an MPS' collaborative. The team also worked with the Allied Health directorate on pathways.

Development of the successful maternity pathway to the Royal Hospital for Women, along with support to the Child Wellbeing program and a more streamlined process for Norfolk Islanders when inpatients at Prince of Wales Hospital, have resulted in positive outcomes. SESLHD is also leading new models of care for secure electronic 'telehealth' assessments with services, which are extending to Norfolk Island to allow for more accessible and timely health care.

### 5. Leading Better Value Care (LBVC) Program

The LBVC Program is a NSW Health initiative supporting the system-wide shift from volume- to value-based care, ensuring system sustainability, value and provision of better outcomes for patients. In line with the 2017-18 objectives, a key achievement was the establishment of the new Osteoporosis Refracture Prevention Service with clinics at Royal Hospital for Women, St George and Sutherland hospitals. This service identifies patients who present to hospital with minimal trauma fractures and ensures they receive community based follow up to minimise the chance of future osteoporotic fractures.

### 6. Supporting joy at work

The Organisational Development and Learning team has begun leading Joy at Work sessions, as part of a broader strategy of improving employee wellbeing and engagement, and fostering a positive workplace culture amongst teams. Each workshop begins with the question - What matters to you?

Workshops have taken place across all levels of the organisation with leaders and their teams. Sessions conclude with a commitment to sharing responsibility for making identified changes, at all levels of the teams, using improvement science to test identified change strategies.

Our People



**Dan Shaw**  
Innovation Manager, SESLHD

I work across the district with teams to think about the care they deliver in new, creative and different ways. There are lots of wonderful ideas and with innovation it's all about taking those ideas and testing them. That's why we have The Inspiring Ideas Challenge (TIIC), which allows our people to apply for funding for their innovative ideas. This year we had a huge response. It shows how dedicated and excited people are about innovation.

There's always a focus on technology. People think innovation is technology, but innovation can be anything. It can be changing a model of care, it could be taking something existing and doing it in a different way. It doesn't have to be something brand new that nobody has ever thought of.

The other part of my job is celebrating the success and achievements of teams through events like the Innovation and Improvement Awards or Bright Spots, where staff create a poster to celebrate the great work they do. These are showcased at the Annual Public Meeting each year.

Working in health – whether that's with patients, their families or my colleagues – I get a wonderful joy from being able to help others and work as a member of such a diverse and cohesive team.

#### Journey to Excellence Strategy 2018-2021

1. Improvement & leadership education grows  
Better value. Increase number of hours given back to patients and the community.
2. Professional Accountability Improvement Program
3. Patient Safety Program  
Safe, person-centred and integrated care.
4. Norfolk Island service improvements  
Safe, person-centred and integrated care. Community wellbeing and health equity.
5. LBVC Program  
Reduce ED presentations by 5 % each year.
6. Joy at work  
Increase percentage of staff who recommend SESLHD as a place to work and as a care setting, by 10 % each year.





The overall health of patients, their recovery and record levels of staff improvement training were among focus areas for this directorate in 2017-18.

## 1. Reduction in seclusion

The ongoing Mental Health Patient Safety Program supports the use of the least restrictive practices with patients. In 2017-18, specific initiatives targeting a reduction in seclusion achieved a rate of 5.2 episodes of seclusion per 1,000 bed days – better than the target set by NSW Health of 6.8 episodes per 1,000 bed days.

## 2. Focusing on recovery

To facilitate a recovery based approach to mental health service provision, the Mental Health Service is in the process of implementing the Strengths Model of Practice. In partnership with the Consumer Led Research Network, a study examining the application of this model was conducted in the Sutherland Acute Mental Health Unit with consumers and staff. This study provided significant new evidence confirming the value of applying this recovery supporting model to an acute inpatient unit.

## 3. Achieving new heights in staff training

As at June 2018, 78 per cent of Mental Health Service staff have completed Bronze Level Improvement Training and 29 staff have completed Silver Level Improvement Training at the SESLHD Improvement Academy. These training modules are part of a tiered education and capacity building program offering an opportunity for staff to gain improvement skills and knowledge and apply the principles of improvement methodology in the workplace. In this way, staff develop knowledge, skills and experience for rethinking and redesigning ways of working to improve the safety, quality and care experience of consumers and carers.

## 4. Recovery College advances

During 2017-18, the Recovery College received 1244 enrolments for the 94 courses offered. The college received project funding to extend the attendee eligibility to include Drug and Alcohol Service consumers and develop a new stream of drug and alcohol courses.

The college continues to develop courses addressing issues for minority groups, including the LGBTIQ community as well as the Introduction to Mindfulness in Macedonian course.

## 5. Youth smoking cessation

A translational improvement project, y-QUIT, embedded into the Keeping the Body in Mind program, has delivered an innovative smoking cessation program for youth (aged 12 to 25 years) experiencing psychosis who are engaged with SESLHD mental health services in an integrated care setting.

The y-QUIT project has successfully designed, implemented and delivered a youth smoking cessation program to 70 per cent of SESLHD's youth mental health consumers. Additionally, the project developed a suite of resources to assist consumers, carers and clinicians in smoking cessation and addressed building workforce capacity.



Our People



**Arna Rathgen**

Manager, Recovery College

Our students are adults who identify as having a mental health concern, carers and staff of the district. While most enrolments are people who've used SESLHD mental health services, those who haven't are also welcome to attend. This enables us to offer early support, as well as to connect with people who may otherwise have difficulty accessing services.

All of our courses are developed from scratch – co-produced by people with a lived experience of mental distress and health care professionals – and topic ideas come from students, clinicians and peer educators. The course development process is really transformative – it's about adapting what would have been a clinical program to an adult education model and context, and recognising that each stakeholder has unique knowledge that can make a difference to an individual's mental health recovery journey.

No matter the topic, our courses teach students they can lead meaningful and fulfilling lives full of hope.

I'm proud we're the first recovery college to be set up within a local health district in Australia and that we get to share what we've learnt with others. It's an extraordinary privilege to do my job – I come away from each course having helped others and learning new things about myself.

### Journey to Excellence Strategy 2018-2021

1. Reduction in seclusion  
Safe, person-centred and integrated care.
2. Focusing on recovery  
Safe, person-centred and integrated care.
3. Achieving new heights in staff training  
Workforce wellbeing.
4. Recovery College advances  
Community wellbeing and health equity.
5. Youth smoking cessation  
Foster research and innovation.



The Royal Hospital for Women had an extremely productive year meeting access and surgical targets while developing new models of care in maternity and women's health services.

Innovation remains a strong and focal part of The Royal's remit as the only standalone women's hospital in NSW. The Royal is continuing to enhance its current continuity models of care in maternity services with the introductions of a midwifery group practice-led homebirth service and Midwifery Antenatal Postnatal Service (MAPS).

With the completion of phase one of the Fertility and Research Centre, planning work commenced immediately for phase two in conjunction with the University of NSW. This included the building of an embryology laboratory, clinical suite and clean room for translational research with completion due in December 2018 before the introduction of an IVF service.

Staff entered a series of projects focusing on improvement and innovation and were successful in two district awards categories: Excellence in the Provision of Mental Health Services – 'Delivering perinatal mental health care via a domiciliary outreach service closely integrated with existing maternity and child and family health services', and Consumers' Choice for Person-centred Care – 'Risky business or a beautifully integrated partnership'.

Meanwhile, The Royal is in the process of developing a clinical services plan aiming to build a strong foundation for contemporary, evidence-based women's health clinical service that recognises and takes advantage of the partnerships on the Randwick Campus and beyond.

Work is well underway on the expansion of the Randwick Hospitals Campus which includes infrastructure planning for the expansion of the Newborn Care Centre and Birthing Services. Other major capital works include the replacement of all patient and service lifts and two chillers, while work is underway for the replacement of the air handling units.

Community members are actively involved in many aspects of the hospital's planning activities, participating in the development of new models of care, providing advice on the Randwick Campus' redevelopment and co-designing education programs for staff.

Over the coming year, The Royal will focus on promoting a supportive and safe workplace while fostering a culture of accountability; Speaking Up for Safety along with several local initiatives will be implemented as part of the district's Professional Accountability Improvement Program.

**Vanessa Madunic | General Manager**

## 1. Neonatal CPR training for parents prior to discharge

Cardiopulmonary resuscitation (CPR) training was traditionally offered only to the parents of certain babies cared for in the neonatal intensive care unit (NICU). Prior to this initiative, only 26 per cent of parents completed CPR training before their baby's discharge and only one facilitator was accredited to conduct this training. A quality improvement project was established, aiming to train 80 per cent of parents whose baby had moved from the NICU into Transitional Care within a six-month period. Nine key nursing staff were trained and accredited to provide the eight-hour session, which involves didactic and practical training covering first aid in infant resuscitation, choking and safe sleeping.

## 2. Enhancing continuity of maternity care for women in GP Shared Care

The Maternity Antenatal Postnatal Service (MAPS), was piloted this year after data showed that women were seeing a different carer for every appointment. The MAPS model provides every woman receiving care shared between The Royal and a general practitioner (GP) with a named midwife, to help coordinate the journey through pregnancy and the postnatal period. The midwife meets regularly with a named consultant obstetrician for case review while also providing informal education, linking women with community supports and services, and ensuring appropriate referrals and follow-ups for the physical, social and emotional care of the woman. The MAPS model aims to increase satisfaction for women and midwives through a meaningful relationship.

## 3. Birthing Triage Service commenced

A formal triage service was launched for The Royal's Birthing Services, after a review found large numbers of women were presenting for review or calling for telephone advice every day. By streamlining access and patient flow, the service enhances the hospital's capacity to provide one-to-one care for women in established labour.

## 4. Combined colposcopy service

Provision of colposcopy services provided by Gynaecology and Gynaecological Oncology departments have been combined and centralised within Gynaecological Oncology Services, to provide a comprehensive service in the outpatient setting which has increased capacity to manage screening and treatment of low- and high-risk women with human papilloma virus (HPV) and other cervical conditions. Changes to the National Cervical Screening Program has resulted in an increased demand for colposcopy services and follow-up screening particularly for women diagnosed with HPV. The combined colposcopy service has been set up to optimally manage these changes and provide timely access for women within the new recommended screening follow-up timeframes.

## 5. Leadership of specialised gynaecological nursing services

The Gynaecology Services Division includes many specialty services for women with a wide range of conditions including bladder and continence treatment, pessary care and vaginal dilation. The division has this year integrated these gynaecological specialty areas into one clinical nurse consultant position and has made succession planning for this specialised role a key priority.

### Journey to Excellence Strategy 2018-2021

1. Neonatal CPR training for parents  
Safe, person-centred and integrated care; Reduce ED presentations.
2. Enhancing continuity of maternity care  
Community wellbeing; Safe, person-centred and integrated care.
3. Birthing Triage Service  
Safe, person-centred and integrated care.
4. Combined colposcopy service  
Safe, person-centred and integrated care; Reduce outpatient lists.
5. Leadership of specialised gynaecological nursing services  
Safe, person-centred and integrated care.



St George Hospital has experienced an exceptionally productive year commissioning the Acute Services Building and functioning as a busy teaching public hospital. In alignment with the district's *Journey to Excellence Strategy 2018-2021*, five key areas of focus have been paramount this year:

### Safe, person-centred & integrated care:

- ▶ The new Acute Services Building opened in October 2017, improving the hospital's ability to meet the needs of the community and ensuring we have fit-for-purpose infrastructure so that patients and consumers have better experiences in our health care facilities and services.
- ▶ Surgical teams achieved a 000 Elective Surgery Access Program Target (ESAP) in 2017-18, meaning all patients who were scheduled to receive surgery received it in a timeframe appropriate to their clinical urgency. This is a significant achievement made by only a small number of hospitals in NSW.
- ▶ The Emergency Department (ED) continued to improve against the Emergency Treatment Performance (ETP) target and ensured its patients were treated within four hours of arrival. There was a gradual improvement in our ETP over 2017-18, following introduction of initiatives to ensure all patients are provided the right care, in the right place, at the right time.

**Workforce Wellbeing:** St George Hospital continued work focused on creating a happier and healthier workforce this year, with ongoing efforts to create a workplace culture supportive of acceptable behaviours and professional accountability. As part of this work, the hospital launched 'Everyone Matters', a feedback tool to assist in improving professional accountability and addressing unacceptable behaviour.

The hospital is also committed to improving the physical and mental health of its workforce with the launch of the Staff Health and Wellbeing program: classes and activities aimed at promoting and enhancing the physical and mental health of our workforce.

**Better value:** St George Hospital continued to operate in a financially responsible way and implemented many Value Improvement Plans that supported staff in making significant savings. The staff worked hard to produce \$4.5 million in savings and increased actual revenue by \$3.5 million.

The hospital developed many innovative models of care this year, shifting care into the community. This included expansion of the Geriatric Flying Squad, along with an outreach service that provides geriatrician-led residential aged care facility and home-based support in the St George Area.

### Community wellbeing and health equity:

To ensure our community experiences improved health outcomes and health inequities are reduced, outreach programs continue at St George Hospital.

The Better Health for Homeless Men program established a nurse-led clinic to ensure efficient ongoing care and provide influenza and hepatitis B vaccinations on site. The addition of a vaccination clinic will benefit not only the men who utilise our service, but the broader community by reducing the spread of preventable diseases.

**Foster research and innovation:** St George Hospital continued to foster a culture of innovation, research and translation, aligning with key academic and commercial partners. The Microbiome Research Centre – a collaboration between St George & Sutherland Medical Research Foundation, University of NSW and St George Hospital – is an example of this, enabling important research of the human microbiota in the gut, to see how disturbance occurs causing disease.

Leisa Rathborne | General Manager

## 1. Workforce wellbeing programs

St George Hospital worked at breaking down the stigma surrounding mental health problems, addressing the discrimination that might arise from seeking help while improving staff access to support services. The Work Health and Safety Committee launched the St George Staff Health and Wellbeing program, based on the understanding that clinicians must themselves be well in order to care for others. This program includes several classes and activities aimed at promoting and enhancing both physical and mental wellbeing for staff, including yoga, meditation, Zumba and a community garden. There is also significant work taking place through the Doctor Wellness Committee to ensure the wellbeing of junior and senior medical staff.

## 2. Electronic record keeping extends

To modernise patient care and enable essential electronic record sharing and data analytics, St George Hospital has focused on improving its information technology systems. In 2017 St George was the first major teaching hospital to successfully implement eRIC and in 2018, successfully launched Electronic Medication Management (eMeds) across the organisation. eMeds has improved the quality, safety and effectiveness of medication management within the hospital. The system ensures that the delivery of patient medications is supported by electronic systems, providing access to patient information and clinical decision support in real time.

## 3. Staff awarded for excellence

St George Hospital was represented at the SESLHD Improvement & Innovation Awards by six finalists and received four awards:

- ▶ **A Safe and Healthy Workforce:** ICU Manual Handling Orientation and Training Program
- ▶ **Board Member's Choice Award:** Improving the Accuracy and Safety of Intravenous Fluid Prescribing by Junior Medical Officers during the After-Hours Period
- ▶ **Volunteer Award:** Wayfinding Volunteers
- ▶ **Staff Member of the Year Award:** Dr Catherine Clarke

Three clinicians from St George Hospital were also named among the Top 50 Public Sector Women in NSW: Associate Professor Amany Zekry, Director, Medicine Clinical Stream, SESLHD; Associate Professor Theresa Jacques, Director, Intensive Care Unit, St George Hospital and Dr Jodi Lynch, Head of Oncology St George and Sutherland Hospitals.

## 4. Refurbishment of the birthing suite

The NSW Government has committed to providing \$11.5 million to expand and upgrade the hospital's birthing suite, which will accommodate eight rooms and two assessment rooms once relocated to level two of the Tower Block. This refurbishment will create more space and enable our dedicated staff to continue to improve on the exceptional care they already provide to local women.

### Journey to Excellence Strategy 2018-2021

1. Workforce wellbeing  
Create an environment where our people will be accountable and supported to reach their potential; Increase percentage of staff who recommend SESLHD as a place to work.
2. Electronic record keeping extends  
Enable eHealth and data analytics; Responsive information management systems; Fit-for-purpose infrastructure.
3. Staff awarded for excellence  
Increase staff participation in research/innovation education and training; Create an environment where our people will be accountable and can be happy, well and supported.
4. Refurbishment of birthing suite  
Fit-for-purpose infrastructure; Safe, person-centred and integrated care; Better value care.



While celebrating 160 years of caring at Randwick, Prince of Wales Hospital (POWH) this year experienced significant organisational changes, increased Emergency Department (ED) activity and prepared to set forth on major capital works as part of the Randwick Health and Education Precinct redevelopment.

More than 61,000 presentations to the ED in 2017-18 was around 3000 more than the year prior, 44,682 admissions to inpatient services and more than 12,500 theatre cases and around 384,500 non-admitted occasions of service were provided in outpatient and community settings this year.

To meet current and future demands, departments were aligned into new programs each led by a nursing and operations co-director and a medical co-director. Business managers and patient safety officers were embedded into the programs to support decision making and service line management was implemented, with over 130 managers receiving training to support these changes. As well, the Strategy and Planning team was expanded to support enhanced business planning.

To support the precinct vision, POWH has been testing, trialling and implementing new, exciting and innovative technology and models of care to enable provision of services that are less invasive, better targeted for those who are unwell and helping to reduce both emergency and hospital presentations and length of stay. These included DeloitteASSIST in the Spinal Unit, the Total Cardiac Care app-based model of care and the significant achievements of the Advanced Recovery Orthopaedic Program (AROP).

Hospital staff led and participated in significant research activity with 26 clinical trials and more than 100 other studies occurring this year, while the Glen McEnallay Simulation and Learning Centre's implemented ultrasound training and the accredited national Advance Life Support training program.

A high number of applications were submitted from POWH for the SESLHD Innovation and Improvement awards this year, many placing as finalists and three winning categories.

- ▶ Barbara Daly, Director of Nursing and Operations for the Emergency, Specialist and Continuing Medicine program, won the Collaborative Leader award. Barbara is the project lead for the patient flow collaborative at POWH.
- ▶ The Care of Older People in Surgery Service (COPS) team won the SESLHD Team of the Year category. COPS is a new team-based approach to providing care for older people admitted with a surgical problem.
- ▶ AROP was the winner in the category of Health Research and Innovation and was then nominated for a NSW Health Award.

Prince of Wales Hospital Foundation continued to be an important and generous support to the hospital providing more than \$1.6 million towards research.

**Tobi Wilson | General Manager**

## 1. Randwick Campus redevelopment

The NSW Government is investing \$720 million to redevelop the POWH and progress the vision of the Randwick Health and Education Precinct. Stage 1 of the redevelopment will deliver a new Acute Services Building, due for completion in 2022, which will provide innovations and improvements to benefit patients, staff and the community, and support comprehensive approaches for optimising health outcomes.

The schematic design was completed this year, before the project moved into the detailed design planning phase involving considerable patient and consumer input. The POWH ED was refurbished and expanded to deliver eight new treatment spaces that will meet demand while the new Acute Service Building is built to the west of the existing campus. The ED celebrated the opening of the relocated short stay unit containing 12 new treatment spaces in June 2018.

## 2. Supporting our people

As POWH moves toward the redevelopment, the Cost Centre Manager Capability Development Program set out to build the capacity of frontline managers with the skills they need to be successful. The program recognises that managers have varied experience and competencies and aims to promote a culture of managers working together to facilitate problem solving, sharing knowledge and resources. By being locally led and delivered, while drawing on available district resources the program provides managers with an increased network through which they can access the support they need.

## 3. Improving patient flow & community health integration

More than 70 staff have been involved in the development and implementation of an action plan aimed at addressing flow across the hospital, not just through the ED but also recognising challenges in access to surgery and intensive care and the transition to community services. With robust engagement from medical, nursing, allied health and support staff significant improvements in emergency treatment and transfer of care performance targets have been achieved.

As part of this work, the community health services have commenced a redesign process to achieve significant enhancements in model of care and resource realignment to realise the vision of a truly integrated health service at Randwick.

## 4. Technology & innovation

Supporting the vision for the Randwick Health and Education Precinct, POWH has been testing, trialling and implementing innovative new technology to enable us to provide less invasive, better targeted services, thereby reducing the number of emergency and hospital presentations and the length of stay.

The Spinal Unit partnered with Deloitte to improve patient communication by trialling an alternative to the nurse call bell. DeloitteASSIST is an artificial intelligence-enabled voice-activated patient communication solution enabling patients to request assistance without the need to press a button.

The Cardiology team partnered with UNSW Sydney, Australian Institute of Technology and the Heart Foundation to develop and trial a smart phone app. This app encourages healthy behaviour change and monitors patients from a virtual clinic, with the support of a community cardiac assessment unit, to allow the early detection of decompensation and prevent readmission to hospital.

## 5. Advanced Recovery Orthopaedic Program

The award-winning AROP - a successful collaboration between the district's Medical Executive Directorate, Surgical Clinical Stream and POWH Orthopaedic Department - is a clinician-led quality improvement initiative which enables a safe discharge from the acute hospital setting within 24 to 48 hours following elective hip and knee replacement surgery. Based on enhancements in surgical techniques, allied health services and perioperative care following its pilot, the program has been highly successful with 100 per cent of participants reporting satisfaction with their care and 178.5 acute bed days being saved.

### Journey to Excellence Strategy 2018-2021

1. Randwick Campus redevelopment  
Fit-for-purpose infrastructure;  
Community wellbeing and health equity; Safe, person-centred and integrated care; Better value.
2. Supporting our people  
Workforce wellbeing; Better value.
3. Improving patient flow & community health integration  
Community wellbeing and health equity; Safe, person-centred and integrated care.
4. Technology & innovation
5. AROP  
Community wellbeing and health equity; Safe, person-centred and integrated care; Better value.





Nursing, medical, allied health and support services' staff continued to provide optimal care for patients at Sydney/Sydney Eye Hospital (SSEH) over another busy year.

There were 32,689 Emergency Department (ED) presentations, 11,084 patient admissions and more than 108,000 occasions of outpatient service.

The Elective Surgery Access Program target remained at 000 for the fourth year running, the Emergency Treatment Performance targets averaged 85.9 per cent, against a required 89 per cent, and Transfer of Care scores of 99 per cent were very close to the required 100 per cent. This means that all patients scheduled to receive surgery received it, most patients presenting to ED received treatment within four hours of arrival, and close to 100 per cent of patients were transferred from an ambulance to the ED in optimal time.

We continue progress on our major works with infrastructure planning for the Ophthalmology and General Outpatient areas progressing to the next phase of detailed design where feedback will be sought from key user groups. The Heritage Stone Work Program continues with high-level replacement of deteriorating sandstone and associated façade repairs and the replacement of two lifts in the Clinical Services Building.

Staff were finalists in three SESLHD Improvement and Innovation Awards categories: Patients as Partners - Patient Opinion at Sydney/Sydney Eye Hospital; Team of the Year - both the Outpatients Department and the Security Team; and Staff Member of the Year - Jin Li, Nurse Unit Manager, 1 East Ophthalmology.

A series of 'Bright Spots' within the hospital were showcased featuring the work of pain management in post-operative hand surgical patients; the REACH Program; Falls Prevention; Foscarnet: Looking Beyond Standard Indications for Antimicrobials in Ophthalmology; Evaluating the Clinical Effectiveness of HydroTherapy; Sankalpa @ SSEH; H.E.R.Os wear Scrubs; A Tooth for an Eye, and Patient Opinion - Be Heard.

The Inspiring Ideas Challenge funding was awarded to the ED in partnership with the Social Work Department, to implement the Homelessness Opportunities for Presentations to Emergency (HOPE) project, using patient stories and data from the What Matters to Me survey, to better understand the needs of the homeless population that access the ED.

In 2018 Ansell partnered with the Australian College of Perioperative Nurses to show their support to all nurses across Australia and New Zealand, recognising their dedication and commitment to the profession. Three perioperative nurses from SSEH - Angela Zupan, Peta Lowe and Angie De Falco were nominated for the Ansell CARES H.E.R.O Nurse Service Awards, with Angela Zupan winning the award.

**Tobi Wilson | General Manager**

## 1. Positive patient opinion

SSEH is the first SESLHD facility to implement this innovative patient feedback system – a website enabling the public to publish their experiences of local health services. Staff are encouraged to be involved and have embraced the system, witnessing the positive changes that can take effect as a result of feedback on both positive and difficult experiences. Since the introduction of Patient Opinion there has been a 30 per cent reduction in patient complaints.

## 2. Cutting waitlist time for cataract assessment

Funding from the Inspiring Ideas Challenge was used to swap ophthalmologists with nursing and orthoptic staff, to lead clinics for patients' first screening appointment. This created 2500 extra clinic appointments for patients who had waited in excess of three years for a cataract assessment with an ophthalmologist since the date of their referral. These orthoptist- and/or nurse-led clinics saved over 650 wasted appointments by managing patients who did not require surgery, or who had already undergone surgery, from being allocated valuable time with an ophthalmologist.

## 3. Recognise, Engage, Act, Call, Help is on its Way (REACH)

REACH is a rapid response program implemented for patients, families or carers to escalate their concerns when they believe that the care provided has not sufficiently addressed a patient's condition. REACH aligns with National Safety and Quality Health Standards 1, 2 and 9 and was officially launched in October 2017 across all inpatient units of SSEH. There are dedicated phone numbers for patients, families and carers to call, initiating a care response.

All phases of the program were evaluated and reported in February 2018 with further evaluation to occur late-2018.

## 4. Hand Procedure Room

The Hand Procedure Room has been a collaborate venture between the Hand Unit and the Perioperative Service, championed by Dr Damian Ryan (Director of the Hand Unit). The aim is to manage relatively minor procedures that do not require the full facilities of the operative suites, thereby freeing up the hand operating theatres' sessions. This initiative, implemented in April 2018, helps reduce day-of-surgery cancellations and improves the timeliness of treatment, ensuring patients are treated according to clinical priority.

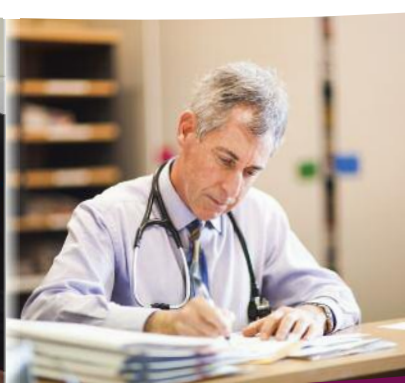
## 5. Antimicrobial stewardship (AMS)

In conjunction with the implementation of eMeds, a collaboration between the ophthalmology team, the SESLHD AMS IT analyst and the AMS pharmacist enabled the development of computer-based and standardised ophthalmic antimicrobial guidelines. An additional 32 ophthalmic indications were created for the electronic antimicrobial stewardship approval support system, GuidanceMS, resulting in increased prescribing consistency, improved antimicrobial approvals and monitoring.

### Journey to Excellence Strategy 2018-2021

1. Positive patient opinion  
Safe, person-centred and integrated care: Increase patient satisfaction by 5% each year.
2. Reducing waitlist time  
Safe, person-centred and integrated care;  
Better Value: Decrease patient wait time.
3. REACH Program  
Safe, person-centred and integrated care.
4. Hand Procedure Room  
Better Value: increase allocated treatment time by 5%.
5. Antimicrobial stewardship  
Safe, person-centred and integrated care.

# Sutherland Hospital & Community Health Services



Sutherland Hospital celebrated 60 years of service to the community, as part of a busy year. Work continued on service redesign and strategic planning to provide the highest quality of safe health care services and ensuring the hospital is equipped to meet the needs of the local community.

The past year marked a number of milestones including the completion of construction work for the \$62.9-million redevelopment that delivered a new and expanded Emergency Department (ED), a new emergency short stay unit, expanded high dependency and intensive care, as well as general medical and surgical inpatient capacity. Preparation for accreditation against the National Standards occurred in readiness for accreditation in 2018, while the hospital achieved Baby Friendly Health Initiative (BFHI) reaccreditation. A change in structure for the General Manager position saw the portfolio expanded to include the Garrawarra Aged Care Centre.

Implementing patient-focused contemporary models of care has been a top priority and our achievements include planning for the implementation of Early Access to Stroke Thrombolysis to improve the time from symptom to treatment for patients.

A new community facing model of care was developed with the new Rapid Assessment Diagnostic Interventional Unit Sutherland (RADIUS). RADIUS will manage undifferentiated, single problem and complex medical patients, who are not critically unwell, to receive rapid assessment, diagnosis and intervention prior to supported discharge back into the community or admission for further treatment. It is a model structured on a combination of inpatient general medicine and an ED avoidance referral system from general practitioners and community services and includes a day assessment unit and outpatient clinics.

A new student midwifery model of care called the Banksia Student Midwifery Group Practice was introduced. Student midwives work one-to-one with women throughout their pregnancy, birth and early parenting period, overseen by registered midwives and provide women with continuity of care throughout their pregnancies.

We have continued to test initiatives such as allied health services providing weekend physiotherapy for surgical patients to reduce length of stay and improve patient care, weekend discharges and patient flow.

An allied health assistant has been trialled to provide extra support across the week to improve patient care while expansion of other clinical services included appointment of an additional paediatric surgeon. An allergy pathway was commenced for low-risk patients. Senior medical staff numbers in the ED were increased.

We embarked on our Sutherland Integrated Health Services plan process this year and there has also been a focus on increasing engagement with our consumers.

---

Valerie Jovanovic | General Manager

---

## 1. Drop the Drawsheet Phase 2

The Sutherland Hospital Drop the Drawsheet project was established in 2016, as ongoing use of drawsheets was countering efforts to reduce hospital-acquired pressure injury rates, and maintain patient continence and dignity. Phase 2 has further decreased patients' risk of developing pressure injuries by 45 per cent over two years, increased staff awareness of appropriate continence aids and improved manual handling compliance.

## 2. Steady Steps: Moving Towards Better Balance

This program is improving the health and wellbeing of the population over 65 years of age leading to fewer hospital presentations and admissions. The program is preventing and reducing falls by improving Falls Risk Indicator and Frailty Index scores, delivering falls prevention efficacy and better quality of life, while promoting ongoing adherence to an exercise routine among older adults at home.

## 3. T.R.Y Hand Hygiene

Using a card system the T.R.Y Hand Hygiene program is improving hand hygiene rates and procedure compliance in the hospital. The system is an invitation for staff to engage in education and discussion on hand hygiene and compliance with the 'five moments' process. This system has improved patient safety outcomes and increased knowledge of hand hygiene.

## 4. Wound & pressure injury portal

The portal provides comprehensive, centralised and standardised information on wounds and pressure injury prevention for hospital staff. The portal provides best practice guidelines and a decision support system through online educational resources accessible by staff across all shifts.



Working together  
to improve the health  
and wellbeing of our  
Community.

### Journey to Excellence Strategy 2018-2021

1. Drop the Drawsheet
2. Steady Steps  
Provide world-class clinical care; Deliver better value care through safe, quality, efficient and evidence-based care.
3. T.R.Y Hand Hygiene  
Keep people healthy; Reduce the impact of infectious diseases on the community.
4. Wound & pressure injury portal  
Develop and support our people and culture; Right people, right skills, right time; to grow and support a skilled workforce

# Uniting War Memorial Hospital



Providing health care services responsive to the needs of people over 65 years of age is the mission at Uniting War Memorial Hospital (WMH). Our primary role is to provide rehabilitation and assessment via a diverse suite of comprehensive services and programs in a uniquely accessible campus environment.

Our integrated ecosystem of services includes specialist aged rehabilitation delivered through inpatient, outpatient and various specialist community settings. We have a full range of multidisciplinary (MDT) outpatient clinics inclusive of the full range of allied health, nursing and geriatric medicine. Our specialist community services include the Geriatric Flying Squad (GFS), Young Onset Dementia service (YODs), community and residential transitional aged care (TAC) and a seven-day per week day centre.

In line with community needs and in direct collaboration with the Central Eastern Sydney Primary Health Network (CESPHN), WMH has established and consolidated anticipatory care models and referral pathways for patients with more complex and frail needs living in the community. This care is delivered by a full MDT through services such as our continually growing day rehabilitation program, Integrated Rehabilitation and Enablement Program (iReap) and the expanding GFS.

WMH actively engages with consumers right through from service planning, as evidenced by strong engagement in the clinical strategic planning day, through to actual service delivery and reviewing and improving existing services, like iReap, GFS, YODs and inpatient models of care. WMH also has consumer representation on the SESLHD District Consumer and Community Council.

The hospital seeks to provide a safe and healthy workplace for all employees. We value the concept of staff wellbeing as is evidenced by our enthusiastic uptake of the SESLHD Get Healthy initiative and the implementation of a locally driven preventative health staff exercise program, 'Move 4 Life'.

WMH continues to build its profile in clinical research in the areas of primary progressive aphasia, frailty, falls prevention and rehabilitation for example the Fitness and Wellbeing Beyond the Hospital (FitWe) research project. WMH clinicians have presented their work at a variety of international and national conferences and specialty forums.

## 1. Geriatric Flying Squad (GFS)

The GFS is a rapid response multidisciplinary team which provides a comprehensive assessment and case coordination service for older people living in the community or a residential aged care facility (RACF). Central and Eastern Sydney Primary Health Network (CESPHN) provided funding for a nurse practitioner/transitional nurse practitioner and a geriatrician to allow more hours of operation on evenings, weekends and public holidays. Recent data analysis for RACF residents presenting to the Emergency Department (ED) at Prince of Wales Hospital (POWH) showed a significant reduction since the expanded service commenced against previous comparable periods. This resulted in a reduction in admissions to POWH of 1623 (2015) to 989 (2017). Our innovative ongoing partnership with NSW Ambulance and Police has further supported the effectiveness of patients being able to stay at home and avoid unnecessary presentations to an ED.

## 2. Integrated Rehabilitation and Enablement Program (iREAP)

iREAP is an innovative redesign of the traditional day rehabilitation model. It shifts the focus on to an anticipatory preventative model, aimed at identifying frail clients in the community in partnership with the primary health care sector. iReap was established in collaboration with the CESPHN, working with general practitioners to increase referral pathways and proactively provide integrated, semi-intensive, multidisciplinary rehabilitation to specific patient groups in an outpatient setting.

Through an eight-week, evidence-based program, 99 iREAP patients assessed had achieved: improved physical function, quality of life and reduced frailty; timely, efficient and effective care to reduce hospital admissions; improved patient experience and self-management.

## 3. Patient Experience Project

Staff recognised the need to collaborate with patients and family better to ensure the rehabilitation process was more meaningful to them and so would encourage better communication and greater participation. A framework for a better patient experience was developed through a multidisciplinary team quality project that surveyed patients about their current experiences on admission, mid-stay and on discharge.

Five key steps were identified at each stage of the patient journey and these were expressed from the patient perspective rather than the perspective of staff.

1. *Welcome* - I am greeted by friendly staff and I know why I am here; 2. *Plan* - I have met with my team to work out my plan; 3. *Participate* - I am doing all I can to work towards my goals; 4. *Progress* - I understand what I still need to do before leaving WMH; 5. *Farewell* - I feel prepared to leave and I know what happens next.

The engagement of patients reflecting on their own rehabilitation journey has identified improvement areas and enabled staff to think in new ways, working in a collaborative 'do with' rather than a paternalistic 'do to' or 'do for' manner. Stage 2 is now underway with multiple projects working to deliver on the five above stages.

## 4. Primary progressive aphasia (PPA)

The primary progressive aphasia (PPA) and related disorders clinic was established at WMH to provide comprehensive speech pathology services. Key patient care achievements have included individualised evidence-based behavioural interventions; alternative and augmentative communication; dysphagia management; provision of regional resources; success working with conversation partners; education and support. Staff have presented the work of the clinic at a range of local and international events and conferences.

## 5. Staff health & wellbeing

Staff health and wellbeing remains a WMH commitment, resulting in two initiatives this year: involvement by over 50 staff in the SESLHD-led 'Get healthy at work' program and participation in Move 4 Life. This three-hour movement training program is designed to help build physical resilience, address our bad or hazardous habits and promote health and wellbeing.

Our People



**Ruth Smotherer**

Nurse Unit Manager, Aged Care Rehabilitation, Uniting War Memorial Hospital

I manage 35 inpatients and 50 nursing staff, which involves collaborating with a large multi-disciplinary team and alongside other campus teams like the day rehab program (iREAP), Geriatric Flying Squad, Transitional Aged Care, Day Centre and Young Onset Dementia teams.

Our referral base is for identified aged rehabilitation, or those patients over 65 from any specialty, who could benefit from an extended stay with rehabilitation prior to their discharge home.

I absolutely love working here. Our team is so dedicated to providing the best possible care to patients and they're also passionate about my current focus - the 'Patient Experience Project' - which involves working with patients and family to achieve collective rehab goals from admission to discharge. This project is whole-heartedly supported by the executive too and is a key part of our strategic plan.

We're all about being patient focused and I love that I'm in a position to be able to instil those values in the next generation of nurses. Working alongside my team, I live my nursing values of patient empowerment, continuous professional development and quality culture.

### Journey to Excellence Strategy 2018-2021

1. GFS  
Decrease number of patients admitted to an ED by 5% each year.
2. iREAP  
Shift care into the community or outpatient settings; Promote care integration...
3. Patient experience  
Improve patient satisfaction...; Focus on person-centred care by promoting active engagement of the patient/family...
4. PPA  
Increase the number of SESLHD translational research projects...
5. Staff health & wellbeing  
Increased staff satisfaction, engagement, recruitment, retention...



The Garrawarra Centre, an accredited residential aged care facility, is home to 104 residents with a primary diagnosis of dementia who are unsuited to mainstream nursing home care. The innovative programs on offer for patients who exhibit challenging behaviours have been the focus of national awards and presentations this year, highlighting their valuable role in providing safe, person-centred care.

The centre's Multisensory Environment Program, funded by SESLHD's The Inspiring Ideas Challenge, was this year a finalist in the Diversional and Recreational Therapy Association Australia's Award for Excellence. The program creates a multisensory stimulation environment which is calming and therapeutic for residents, assisting with the management of anxiety and challenging behaviours.

The Garrawarra Centre was once again an active participant in the Essentials of Care (EOC) Showcase this year, presenting on the centre's Sunshine Project in the plenary session. The Sunshine Project is a collection of lifestyle activities that can be attended by residents and is accessible to all staff.

The centre was also the winner of the inaugural photo competition at the EOC Showcase, for a piece of work titled "Respecting the past... Embracing the present... Shaping the future".

The award-winning Yarn Bombing project, which encourages creation and outdoor display of knitted and crocheted items to promote creativity and teamwork among residents, was this year presented at the Diversional Therapy Recreational Association Annual Conference.

The value of Yarn Bombing was well received, reinforcing its role in the district's Journey to Excellence aim of ensuring consumers have better experiences in our health care facilities.



Calvary Health Care Kogarah has been a busy and changing environment this year, focused on looking to the future to meet the changing needs of the people we serve and building on the legacy of caring for the sick and the vulnerable.

- ▶ Calvary Kogarah received funding support from the SESLHD Nursing and Midwifery Directorate for additional palliative care nurses to enhance the in-reach service at residential aged care facilities (RACFs). These staff have commenced palliative care needs' rounds across both St George and Sutherland areas, with the goal of building capacity in RACF staff to care for patients requiring palliative and end-of-life care. These nurse practitioners work closely with the Geriatric Flying Squads to support the care of residents in place, where possible. This round is a collaboration with Calvary Bruce (ACT) and received the ACT Quality Healthcare Award in 2018.
- ▶ Calvary received a grant from the Agency for Clinical Innovation to implement the Palliative Care Outcomes Scale for patients discharged from the in-patient specialist palliative care service. The aim was to identify improvement opportunities to align with the 10 Essential Components of Care of the Palliative and End of Life Care Blueprint. Data was presented at staff forums and policies addressing areas needing attention were reviewed.
- ▶ In partnership with the Cancer Council, and with funding through NSW Clubs grants, Calvary Kogarah ran four eight-week Enriching Survivorship programs, promoting healthy living following cancer treatment. Calvary Kogarah was the first organisation to run a program in a language other than English with more to come in 2019.
- ▶ Calvary undertook a chart audit of 100 deaths of patients from culturally and linguistically diverse backgrounds to understand the patient journey and identify barriers to care. Focus groups were also held with inpatient and community multidisciplinary teams leading to the report's publication as Editor's Choice in September's *Palliative Medicine* journal.
- ▶ Installation of new flag poles to recognise the Aboriginal and Torres Strait Islander people was another highlight this year. These will be enhanced by an Aboriginal garden, funded through SESLHD grants, which will be installed near the Chapel of the Resurrection.
- ▶ This year, Professor for Palliative and Allied Health Research, Liz Lobb, became the Inaugural Chair of the Palliative and End of Life Care Research Institute, working alongside other Calvary sites.
- ▶ Calvary Kogarah developed a clinical services plan and started work on a strategic and workforce plan, to ensure it is sustainable and ready for the ever-changing environment of health and community care.



# Thanks, vullies!

Every year hundreds of volunteers throughout the district offer a friendly face and a valuable range of services to our patients, visitors and staff. The wide variety of volunteer activities include everything from running coffee shops, working as wayfinding guides or selling newspapers and magazines, to helping with laundry or library trolley services, gardening as well as patient and administrative support for wards.

Their dedication and service is much appreciated by the district. Some key highlights from 2017-2018 include:

**Prince of Wales Hospital:** Volunteer Sylvia Baynes received a lifetime achievement award for 45-years' service; Merry Poniman was a finalist in the SESLHD Innovation and Improvement Awards category for Volunteer of the Year.

**Royal Hospital for Women:** More than 100 volunteers assisted in three major fundraising events – Secret Men's Business, The Royal Dinner and the Bazaar in Bloom haute couture fashion night, which has raised more than \$1 million for the hospital during the past three years.

**St George Hospital:** Pet therapy was introduced in partnership with PAWS Pet Therapy to the aged care wards, while the hospital's wayfinding volunteers were finalists in the 2018 SESLHD Improvement and Innovation Awards.

**Sutherland Hospital:** The Kiosk Committee achieved its goal of providing \$3 million in funding to the hospital since its inception.

**Sydney/Sydney Eye Hospital:** The SSEH Hospital Auxiliary, established 99 years ago, raised more than \$25,000 for the hospital through its kiosk on Macquarie Street, while the Friends of Sydney Hospital raised \$80,000 for sight-saving equipment through sales from the Little Shop and foyer café.



*Thanks, vullies!*



# Support from our foundations



## The invaluable work of foundations across SESLHD continued to support our commitment to the delivery of excellence in patient care during 2017-18.

In this year of celebrating 160 years of Prince of Wales Hospital as a caring institution, **Prince of Wales Hospital Foundation (POWHF)** contributed \$1,655,237 in funding for projects at the hospital. Major initiatives included:

- ▶ \$650,000 for cardiac monitors throughout the Cardiothoracic Department and with help from the Seargeant Foundation, in the Stroke Ward
- ▶ \$285,000 for a Brainlab Navigation System from a generous private donor
- ▶ \$130,000 provided for the Emergency Department through support in the Christmas Appeal which helped purchase seven pieces of lifesaving equipment including a mobile ultrasound.

POWHF's annual grants program has provided over \$3 million for vital hospital projects in the last seven years including: 36 bodies of research, 78 pieces of equipment, three new innovations in patient care, 50 opportunities for staff education and professional development and 22 priority projects for nurses.

Exciting highlights this year included the foundation-funded history wall unveiled at the 160 years' celebrations; support for the Deloitte-Assist patient call system trial and the inaugural challenge walk along the El Camino in Spain with supporters and staff raising \$60,000.

**The St George and Sutherland Medical Research Foundation (SSMRF)** was established in 2007 with the sole aim of enriching the health care of the community through medical research at St George and Sutherland hospitals. It is supported by founding partner St George Bank.

In 2018, the foundation relaunched its Hospital Campaign – reaching out to doctors, nurses, allied health workers and hospital staff to support researchers in their hospitals. The strong response will lead to SSMRF announcing several new seed grants in 2019.

Over the past two years the SSMRF has been heavily involved with the establishment of the Microbiome Research Centre (MRC). To date SSMRF has secured \$7.5 million from federal and state governments as well as significant financial support from UNSW Sydney.

Funds are also raised at community events including the Beachside DASH, Michael Tynan Memorial Challenge and the SSMRF Annual Golf Day.

Since 1994, **The Royal Hospital for Women Foundation** has supported The Royal through philanthropy from individuals, trusts, corporate and community partners.

The foundation provides funding for leading-edge medical equipment, clinical research and holistic programs. As well, the foundation conducts strategic events and provides advocacy and publicity around The Royal's health education programs to improve health outcomes for women and babies.

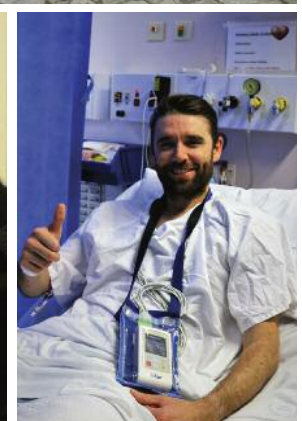
During this financial year, a total of \$1,209,635 was provided to the hospital for equipment, research and programs, including:

- ▶ **Lifesaving equipment:** More than 70 per cent of the equipment in the Neonatal Intensive Care Unit is funded through donations.
- ▶ Pioneering health programs such as 'Becoming Amazing Mothers' a social work program for vulnerable women.
- ▶ **Indigenous health care:** The pioneering Malabar Midwives began as a trial in 2008 with 30 Indigenous women giving birth at The Royal. The midwifery-led program now attracts at least 90 Indigenous women a year, gaining a national reputation as a culturally appropriate service, delivering best practice care in Aboriginal maternal and infant health and has been replicated at other hospitals throughout Australia.

- ▶ **New services:** \$1.6m was raised in the last two years for the Fertility & Research Centre at The Royal – Australia's first holistic fertility and research centre in a public health setting.
- ▶ **NSW Women's Breast Centre:** Providing screening, diagnosis and clinical care for more than 1500 women a year.
- ▶ **NSW Maternal Fetal Medicine Centre:** This unit is a complete multidisciplinary service to women across NSW with complex pregnancies, providing continuity of care from diagnosis, through pregnancy, birth and early infancy. The unit is internationally renowned as a leader of in-utero surgery for twin to twin transfusion – a disease that without treatment has a low chance of survival.

In 2017, the **Sydney Eye Hospital Foundation** provided over \$1.1 million for educational and research grants and new equipment. It funded \$470,946 for fellowships, \$200,502 for research and \$433,390 for new equipment including Carl Zeiss IOL Master 700 with intraocular lens (\$90,495), Carl Zeiss Humphrey Visual Field Analyser (\$34,495) and Carl Zeiss three OCTs with OCTA and Anterior Segment Modules (\$299,985).

The foundation also helps 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 and has commenced next year's mission – raising funds for eight new fellowships and equipment for the refurbishment of the Eye Outpatients Department.



JOURNEY TO  
**EXCELLENCE**  
2018-2021

JOURNEY TO  
**EXCEL**  
2018-2

EXCEPTIONAL CARE HEALTHIER LIVES

**JOURNEY TO  
EXCELLENCE**  
2018-2021

**LENCE**

021

EXCEPTIONAL CARE HEALTHIER LIVES

JOURNEY TO

**EXCELLENCE**



**Health**  
South Eastern Sydney  
Local Health District