



South Western Sydney Local Health District

Safety & Quality Account

*transforming your
experience*



The South Western Sydney Local Health District's (SWSLHD) Safety and Quality Account aims to inform consumers, carers, the wider community, and the NSW Ministry of Health, of the commitment we hold towards providing consistent, safe and high-quality care throughout our organisation.

These Accounts will present and reflect on SWSLHD's safety and quality journey along with our achievements for 2019-2020. The account will also feature our ongoing commitment and plans for improving safety and quality in 2020-2021.



Table of Contents

Foreword	2
Message from our Board Chair and Chief Executive	3
South Western Sydney Local Health District	4
Our Strategic Priority	7
Our Goal is to Transform Your Experience	8
Our Districts Achievements in Safety & Quality - A Snapshot	12
Priorities for 2020-21	14
Key Performance Indicators - A Snapshot	16
To Our Community	18
KPI Report	19
Board Attestation Statement	25

Message from our Board Chair and Chief Executive

South Western Sydney Local Health District is committed to providing consistent, safe and high-quality care to the growing community of the south-west. Our aim at SWSLHD is to create an environment where safety is everybody's responsibility, where all staff speak up for safety and where we strive to deliver high-quality healthcare to our communities.

Our vision is supported by NSW Health's CORE values – Collaboration, Openness, Respect and Empowerment. These values underpin our activities and drive our commitment to provide care excellence through our facilities, programs and services. Throughout the COVID-19 pandemic, we have kept our community safe and found new ways to provide care for the people of south western Sydney. Our services are delivered based on the latest clinical evidence and reflect consumer experiences and needs. Our clinicians and staff are committed and dedicated, and continually find innovative ways to provide consistent, safe and high-quality care.

Our vision is simple:
Leading care, healthier communities.

This Safety and Quality Account provides transparency while showcasing many of our achievements. Our future priorities for safety and quality will be outlined. We are committed to positively transform how the south-west community experiences our organisation. We acknowledge the important role played by our Community Representatives in driving quality improvement in our District and thank them for their contribution.

Ms Amanda Larkin

Chief Executive
South Western Sydney
Local Health District

Mr Sam Haddad

Chair
South Western Sydney Local
Health District Board



South Western Sydney Local Health District

About Us

Our Local Health District covers an area of 6,243km² across the Local Government Areas of Canterbury-Bankstown, Fairfield, Liverpool, Campbelltown, Camden, Wollondilly and Wingecarribee. This is a diverse mix of city and country landscapes stretching from Bankstown to Bowral and is home to some of the most multicultural communities in Australia.

Our population is among the fastest-growing in the nation, expected to grow to 1.2 million people within the next decade. Our community is large, fast-growing and diverse.



Our Facilities and Services

South Western Sydney Local Health District is home to six hospitals and many health services including:

- Bankstown-Lidcombe Hospital, Liverpool Hospital, Campbelltown & Camden Hospitals, Fairfield Hospital, Bowral & District Hospital
- Mental Health, Primary & Community Health. Oral Health, Drug Health, Aboriginal Health, Public Health, Population Health, Community Aged Care and Translation Services.

Our Community



Population of 966,450 residents



45% speak a language other than English at home



43% were born overseas



20,000 people are Aboriginal or Torres Strait Islander



24,426 live in social housing

85+

1.6% are adults over the age of 85

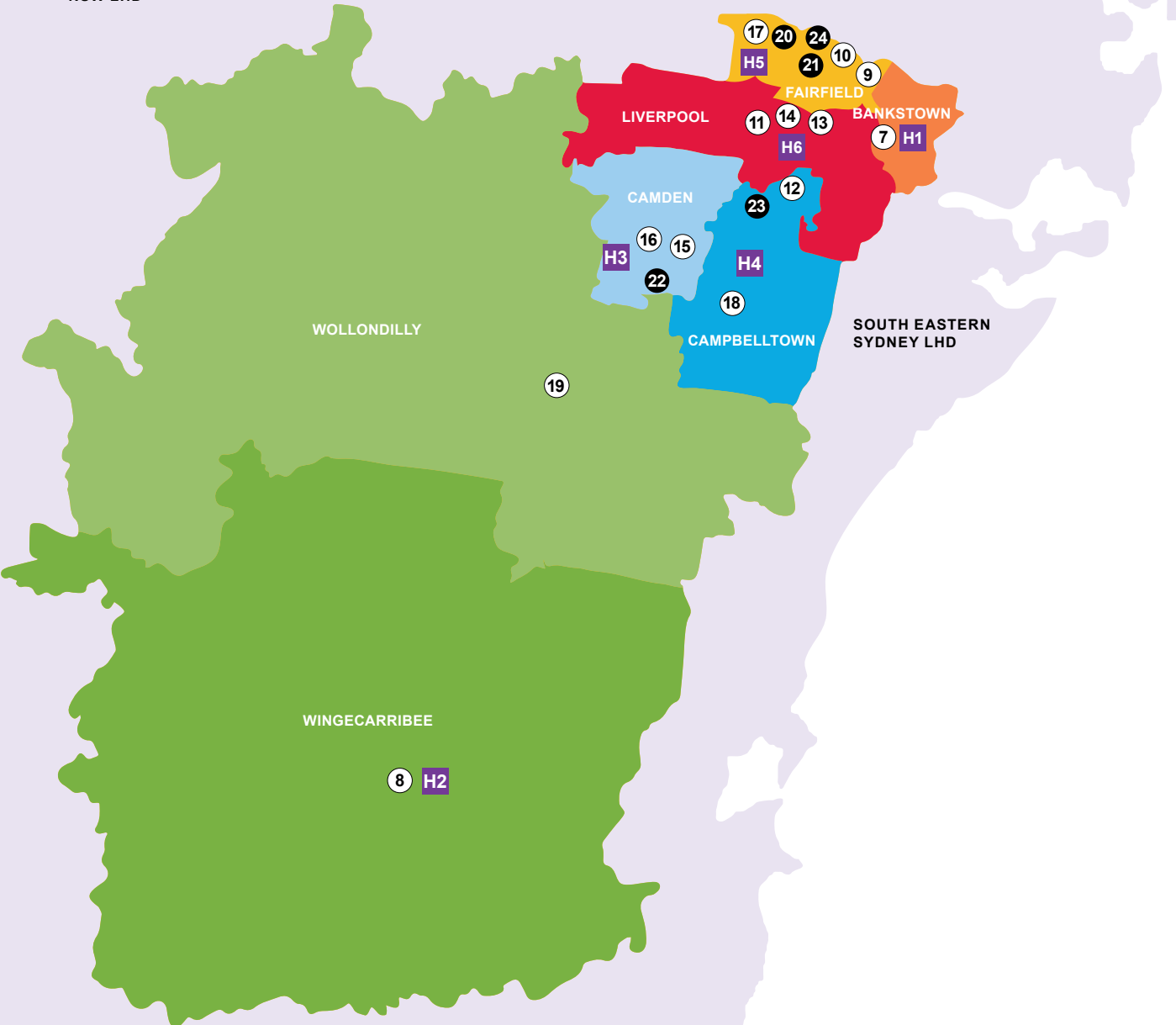


21% are children

WESTERN
NSW LHD

NEPEAN BLUE
MOUNTAINS LHD

WESTERN
SYDNEY LHD



SOUTHERN LHD

ILLAWARRA
SHOALHAVEN
LHD

Our Hospitals & Services

KEY

Hospitals

- H1** Bankstown-Lidcombe Hospital
- H2** Bowral & District Hospital
- H3** Camden Hospital
- H4** Campbelltown Hospital
- H5** Fairfield Hospital
- H6** Liverpool Hospital

Affiliated Health Organisations

- 20** Braeside Hospital
- 21** Karitane
- 22** Karitane @ Camden

Major Community Health Centres & Integrated Health Hubs

- | | | |
|--|---------------------|-----------------------|
| 7 Bankstown | 12 Ingleburn | 17 Prairiewood |
| 8 Bowral | 13 Liverpool | 18 Rosemeadow |
| 9 Cabramatta | 14 Miller | 19 Tahmoor |
| 10 Fairfield | 15 Narellan | |
| 11 Hoxton Park | 16 Oran Park | |
| 23 Scarba - South Western Sydney | | |
| 24 Service for the Treatment & Rehabilitation of Torture & Trauma Survivors (STARTTS) | | |

Our Role

The role of South Western Sydney Local Health District is to provide consistent, safe and high-quality services that promote the health of our community, and to provide care and treatment to the sick and injured. All facilities and services of SWSLHD maintain full accreditation.



SWSLHD



11,403
Babies born in
our District



300,892
People who came
to our hospitals by
ambulance



225,696
People admitted
into our Hospitals



1,805,469
Occurrences of care
provided in our
community or through
outpatients



41,645
Operations
completed in our
Hospitals



189,644
Interpreter services
provided to our
Community

Our Strategic Priority



Safe, Quality Care

Our first strategic direction is to provide consistent, safe and quality care.

Our services are delivered based on the latest clinical evidence and reflect your experiences and needs. We focus on partnering with patients, families and carers in healthcare decision-making and improving staff culture and wellbeing.

SWSLHD maintains a culture that strives for safety and quality improvement.

We are committed to providing consistent, safe and high-quality care, ensuring accountability at all levels of the organisation from the bedside through to the governing board.

The SWSLHD **Clinical Governance Framework** outlines the roles and responsibilities of our staff to achieve better patient care. Our Clinical Governance Framework works hand in hand with our Transforming Your Experience program. The framework is summarised into 5 key principles.





You matter to us. If there is something we can do better, let us know.

Our Goal is to Transform Your Experience

***Transforming Your Experience* is SWSLHD's strategy to deliver consistent, safe and high-quality care, and positively transform how our patients, consumers, staff and communities experience our organisation.**

We have developed *Transforming Your Experience* together with our patients, consumers, staff and the broader community.

There are four key focus areas of *Transforming Your Experience*.



1. Consistent delivery, quality and safe care



3. Respectful communication and genuine engagement



2. Personalised individual care



4. Effective leadership and empowered staff.

Patient Care Boards









Patient care boards are an opportunity for you to communicate with us while you are in our care. The care boards can be used as a prompt for you, your carers, and your care providers to discuss your goals, how you are feeling and any questions you or your family have.



Positive feedback has been received from you, including:

“He wanted to be able to run around and play for a little while without his oxygen tube. So I wrote this on the board. The nurse looking after him saw this, and for 10 minutes he could be just like the other kids.” — Mum, Paediatric Unit, Fairfield Hospital.

“I really like the motivational goals section. It helps me to think about what I want to achieve...” — Client, Inpatient Withdrawal Unit, Drug Health.

Patient Care Board

Today's Day and Date: <i>01/01/2019</i> My Name is: <i>Mary</i> Partner/Careers name: <i>Joe</i>	Care Team Nurse: <i>Tom</i> Doctor/Team: <i>Dick</i> Allied Health: <i>Harry</i>
Goals for Today <ul style="list-style-type: none"> • <i>Eat my lunch sitting in the chair</i> • <i>Get outside for a while</i> 	Expected Date of Transfer of Care/Discharge (EDD) <i>01/01/2019</i>
Communication Family/Careers questions or comments <ul style="list-style-type: none"> • <i>My daughter needs a Drs certificate for being here with me</i> • <i>I've gone outside for some fresh air</i> 	Risk of having a fall is: <div style="display: flex; justify-content: space-around;"> Low High </div>
	How I Move: <div style="display: flex; justify-content: space-around;">     </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;">     </div>
	Diet/Fluids <ul style="list-style-type: none"> • <i>Full</i> • <i>Thin fluids</i>

transforming your experience





Staff Culture - TYE Safety Essentials

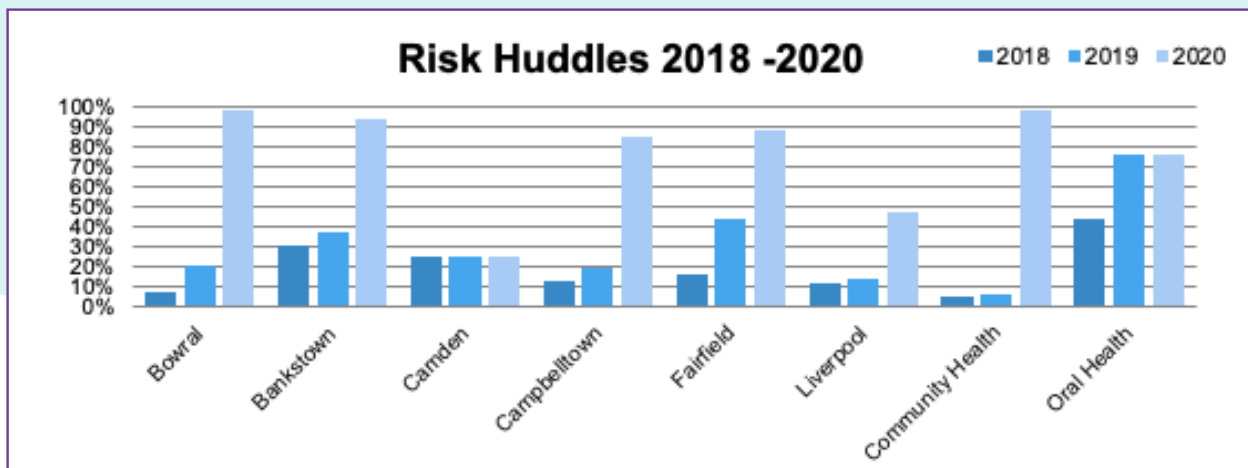
Another way we are increasing our communication with you is through leader rounding.

Rounding is time we spend with you, at your bedside, understanding how you are and where we can provide further support. We have begun leader rounding with you at all levels of our organisation, including by our managers and executives. Rounding is an opportunity to show you we care about your experience, and engage with you in your care. Our leaders completed 2775 rounds with our patients and over 1500 rounds with our staff.

We have also focused on implementing risk huddles across our District. Risk huddles are regular team meetings that discuss key risks for our patients and our team. The number of risk huddles have increased by 51% since 2018. Risk Huddles provided managers and staff with a tool to support their delivery of consistent, safe and high-quality care.

During April 2020 we introduced **Staff Wellness Rounding** to better support staff during COVID-19. There were 530 “wellness rounds” completed from 20 April to 20 June 2020.

Table 2: Risk Huddle Implementation



Leadership Programs

The TYE Foundational Leadership Program provides our team with opportunities to develop capability, competence and confidence in dealing with the daily challenges in healthcare. In 2019-20, 74 team members completed the TYE Foundational Leadership Program.

In March 2019, SWSLHD launched the TYE Leadership Academy with 12 participants completing the 10-month program. The Academy targets high- performing team members who will steer the future of the organisation and transform your experiences.



If you would like to read more about Transforming Your Experience [click here](#)



Our Districts Achievements in Safety & Quality – A Snapshot

Improving Access to Care

We have a large refugee population in our District. The NSW Refugee Health Service partnered with the University of NSW, South Western Sydney Primary Health Network and Settlement Services International to improve how you access Refugee Focused Health Services and mainstream general practice.

Preventing Falls in Our Hospitals

Aunty Roma's Fall Prevention Program at Fairfield Hospital is the first Aboriginal and Torres Strait Islander falls prevention program in our District. We developed this program to address identified health needs, reduce the gap and improve the quality of care delivered to Aboriginal and Torres Strait Islander people.

Improving Outcomes for Our Ageing Population

The Aged Care Rapid Assessment and Investigation Unit was introduced at Liverpool Hospital to assist our large, and aging population. This program enables our patients to receive priority care planning.

Improving Your Experience in Our Care

Bowral and District Hospital have focused on patient rounding to enable person-centred care and improve access to safe, high-quality and consistent care. They have seen great results with a 24% decrease in falls and a 30% decrease in medication errors. Both patients and staff have reported feeling more valued.

Our Response to COVID-19

The SWSLHD Public Health Unit & Emergency Operations Centre have worked with the NSW Ministry of Health to respond to COVID-19 outbreak and flatten the curve. This response has involved COVID-19 testing clinics, screening in our hospitals and clinics, re-deployment of staff, increased operational hours and flexibility to respond in a rapidly changing situation.

Improving Access to Care

Our Roaming Liver Clinic started in August 2019. This clinic is a collaboration between our Drug Health services and Liverpool Hospital to provide improved testing and treatment for Hepatitis C Virus.

★ Improving the Delivery of Care

Our Mental Health ED app has been developed, creating an automated Mental Health reporting tool to meet the needs and requirements of a data-driven health workforce. This App allows our team to monitor the delivery of clinical care.

★ Providing Culturally Appropriate Care

This program provides culturally responsive antenatal care. Significant improvements have been achieved since implementation, including 49% improvement of baby birth weight and smoking rates of women in the program decreasing by 6%. Breastfeeding at discharge has increased from 53% to 61.5% for Aboriginal Women enrolled in the Tharawal MGP.

★ Improving Your Experience in Our Care

Patients treated for hip fractures at Bankstown-Lidcombe Hospital have the same mobility they had before the injury within 120 days of treatment. This makes Bankstown-Lidcombe Hospital the best performer for hip fractures in Australia.

★ Improving Your Access to Care

We have implemented our School Mobile Dental Services Program at SWSLHD. Through this school-based program we have delivered free dental care to some of the most at-risk children in our district.

★ Providing Culturally Appropriate Care

The Aboriginal Chronic Care Program (ACCP) Risk Stratification Tool project was initiated to improve the quality of care for Aboriginal and Torres Strait Islander people living with a chronic condition. This program identifies people at-risk of poorer health outcomes and helps these individuals with care most appropriate to their needs.

★ Improving Your Access to Care

The fast-track emergency surgery pathway at Camden & Campbelltown Hospitals was recognised as a NSW Health Finalist. This program reduces the number of patients requiring admission, reduces the length of stay using a day surgery model, and improves patient experience while in our care.

If you would like to read more about Our Achievements [click here](#)



Priorities for 2020-21

Aboriginal Child and Family Programs

Our Aim

We want to improve health outcomes for Aboriginal children and their families in South Western Sydney. This aim is in line with the first 2000 days framework.

Future focus

As a result of the continued expansion of the SWSLHD Aboriginal Child and Family programs, Primary and Community Health and Aboriginal Health have identified the need to realign their current support structures to:

- Strengthen the cultural integrity of our programs;
- Achieve better alignment of services, reduce duplication and minimise the potential for our community not being able to access services;
- Improve our capacity to address psychosocial and developmental vulnerabilities;
- Ensure consistency in service provision and strengthen clinical governance and service linkages in line with the First 2000 day's framework.

SWSLHD will engage Western Sydney University to undertake an independent service review of the SWSLHD Aboriginal Child and Family Program. The outcomes of this review will inform the re-alignment of our programs in the future and improve your experience.



Transforming Your Experience

Our Aim

We aim to deliver consistent, safe and high-quality care while positively transforming how our patients, consumers, staff and communities experience our organisation and services.

Future Focus

We will continue to develop Transforming Your Experience to improve the safety and quality of your care, focusing on the following areas:

- We have a diverse cultural community. We will improve cultural safety through our workforce participating in cultural competency training workshops.
- We will further enable our patients, consumers and carers to provide direct, timely feedback about their care experiences through translating our My Experience Matters survey into the 10 key languages for SWSLHD.
- Continuing to support leadership development with the TYE Foundational Program and TYE Leadership Academy.
- We will further strengthen Leader - Patient rounding to continue to enhance your experience.

Shaping our Future Health Care Services



Our Aim

One of our key focus areas is shaping our healthcare system for the future to provide innovative and responsive care by investing in new facilities, services and emerging technologies.

New Facilities and Services

We are transforming our facilities and services to better meet your needs. Macarthur Research Centre has been announced and the redevelopment of Campbelltown hospital is underway. Bankstown-Lidcombe Hospital Emergency Department and Bowral and District Hospital redevelopment will be complete by the end of 2020.

We will ensure safe, high-quality services for people with a disability and their carers through the SWSLHD Disability and Carer's Plan. We will ensure the wellbeing of the ageing community is addressed through the development and implementation of the Older Persons and Rehabilitation Services plan.

Emerging Technologies

We will deliver diverse ways of care through the implementation of an integrated digital strategy and the expansion of telehealth. A culture of innovation will be fostered through the development of the SWSLHD Innovation Hub.

Providing Culturally Appropriate Care to Our Diverse Population

Our Aim

We are planning for future-focussed health neighbourhoods to meet the needs of our growing and diverse south-west community.

Future Focus

The great linguistic and cultural diversity of our population provides an opportunity to reflect on the way we provide care and to become a leader in Australia in the delivery of culturally safe and appropriate care.

- The health literacy needs of consumers will be addressed with a focus on the development of appropriate health information.
- Health Alliances with Fairfield, Wollondilly and Campbelltown councils have been established to address priority health, social and built environment issues.
- Diverse ways of care will be delivered through the expansion of telehealth and interpreter services.



Key Performance Indicators - A Snapshot

As a Local Health District, we measure our performance against a range of indicators. We are continuously striving to improve the safety and quality of care that you receive. Our Community Representatives identified the KPIs most important to them, which are presented below. We thank our Consumer Representatives for their contribution to our District and our goal to be the safest Local Health District.

In delivering health care, there are sometimes unintended complications that occur. The table below demonstrates some of these complications. We are committed to reducing their occurrence.

Although we met our target in the indicators below, we are committed to becoming the safest Local Health District in NSW. We will work with you, your families and carers so we can continue to improve.

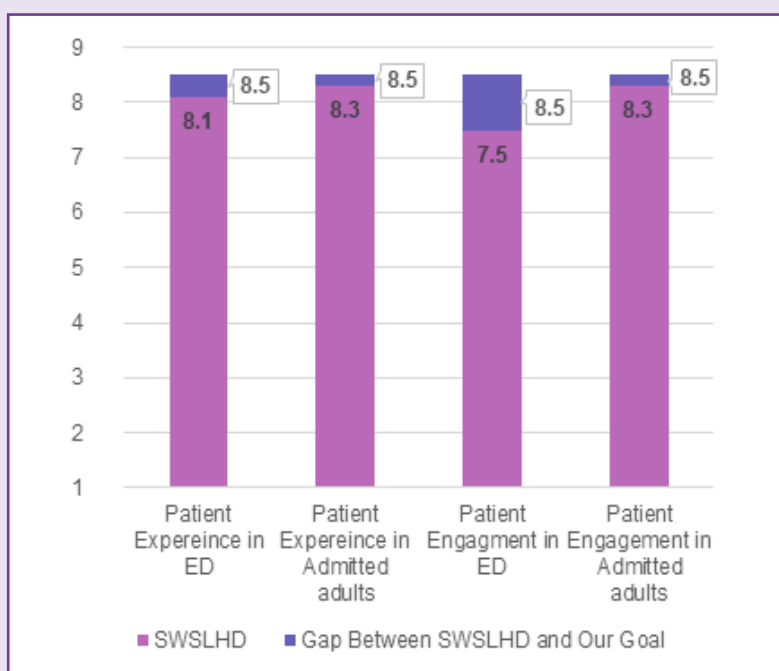
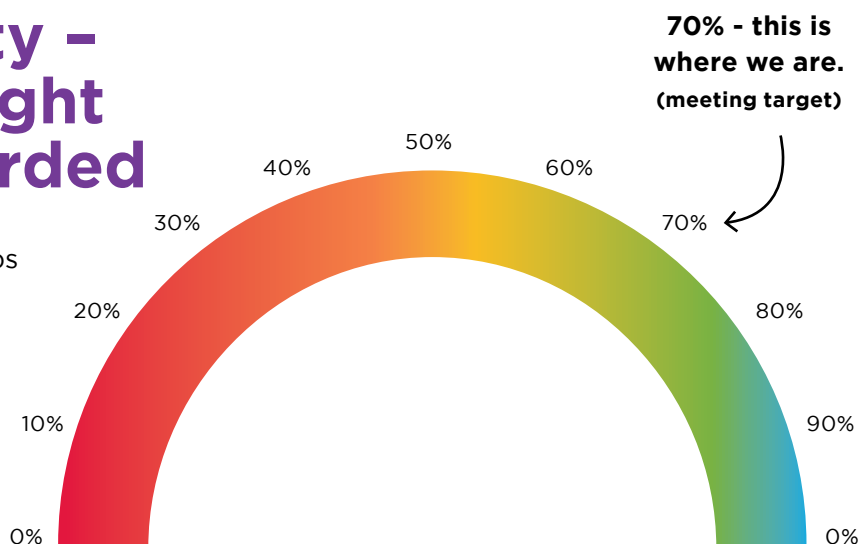
Table 3: July 2019 - June 2020: Key Performance Indicators

Key Performance Indicators	SWSLHD Target (per 10,000 episodes of care)	SWSLHD Result	What does it mean?
Hospital Acquired Pressure Injuries	8 or under	2.1	A pressure injury is damage to your skin or soft tissue as a result of pressure or friction. We measure the rate of pressure injuries so we can develop strategies to stop them occurring.
Fall-related Injuries in Hospital - Resulting in fracture or intracranial injury	5.2 or under	4.1	These are injuries that happen when someone falls while at our hospitals. We don't want our patients to injure themselves at our hospitals. We measure these injuries so we can investigate and improve our processes to stop them happening.
Healthcare Associated Infections	121.4 or under	79	These are infections people get while receiving care in our hospitals for a different health condition. We measure these so we can develop ways to reduce the number of healthcare associated infections that happen under our care.
Hospital Acquired Medication Complications	29.5 or under	26.2	A medication incident is an event that may cause or lead to inappropriate medication use or patient harm. These events can be related to professional practice, drug products, procedures or systems. We measure these problems to help us improve medication usage for our patients, and to ensure they don't occur.
3rd of 4th Degree Perineal Lacerations During Delivery	377 or under	304.1	A 'perineal laceration' is a tear of the skin surrounding a woman's vagina that occurs during childbirth. We measure the numbers of tears that happen in our hospitals so that we can develop strategies to prevent them from occurring.
Hospital Acquired Malnutrition	6.6 or under	1.9	'Hospital acquired malnutrition' is when patients in our hospitals do not receive enough nutrients to maintain good health and support with recovery'. We measure malnutrition to ensure our patients receive enough nutrients to recover while in our hospitals.

Childhood Obesity – Children with Height and Weight Recorded

Measuring a child’s height and weight helps us know whether a child is growing well.

Why we measure: The greater the percentage of children we measure, the more confident we can be in identifying and helping children who are at risk of poorer health over the long-term.



Your Experience and Engagement in Our District

Your experience is important to us. We are continuing to develop TYE to improve the experience you have with us and how engaged you feel.

Why we measure: We aim to provide clinically excellent, person-centred care while improving the experience you have in our hospitals and our emergency departments. We will use this data and your feedback to develop strategies to continue to improve.

Mental Health Consumer Experience

Mental Health Consumer Experience measures how our mental health patients feel about their experience while in our care. 85% of our Mental Health consumers rated their care as ‘Very good’ or ‘Excellent’.

Why we measure: We measure how our mental health consumers feel in our care and believe our service is ‘Very good’ or ‘Excellent’. Measuring this rate helps us drive improvements in how we deliver this service.





To Our Community

We have designed this report with our south-west community in mind.

If you would like to provide feedback on how we can improve these reports, your feedback would be greatly appreciated. Please send any feedback to SWSLHD-ClinicalGovernanceUnit@health.nsw.gov.au. We would like to acknowledge the invaluable contribution of our patients, carers and families and wider community in shaping our health district for the better. Thank you to the south-west community.



Full KPI Report

Table 4: July 2019 - June 2020: Key Performance Indicators - Formal Results

Performance measure	Our results	Commentary
Childhood Obesity - Children with height and weight recorded	70%	<p>Measuring a child's height and weight helps us know whether a child is growing well.</p> <p>Why we measure: The greater the percentage of children we measure, the more confident we can be in identifying children who are at risk of poorer health over the long-term.</p> <p>Our goal is 70% or above. To reach our goal we will continue to embed this program of measurement into clinical practice. It is important to us that we provide care to our community that is relevant and appropriate for their needs.</p>
Smoking During Pregnancy Aboriginal Women	<p>Previous year 35%</p> <p>Current year 31.5%</p>	<p>Smoking during pregnancy is not healthy for the mother or child.</p> <p>Why we measure: We measure the rate of Aboriginal women smoking while pregnant, so we can see if our programs are culturally appropriate and effective.</p> <p>Our goal is to continue to reduce this number each year. Although we met our target, we will continue to develop new strategies to assist women in quitting. It is important to us that we develop programs that are effective for our community.</p> <p>*(2018) most recently available data.</p>
Smoking During Pregnancy Non-Aboriginal Women	<p>Previous year 7.5%</p> <p>Current year 7.7%</p>	<p>Why we measure: We measure the percentage of women that quit smoking while pregnant to determine if our programs are effective at assisting women in quitting.</p> <p>Our goal is 7% or below. To reach our goal, we will embed into clinical practice the referral of women to our support services. It is important to us that we develop programs that are effective for our community.</p> <p>*(2018) most recently available data.</p>
Pregnant Women Quitting Smoking	<p>Previous year 26.1%</p> <p>Current year 25.1%</p>	<p>Why we measure: We measure the percentage of women that quit smoking while pregnant to determine if our programs are effective at assisting women to quit.</p> <p>Our goal is 30.1% or above. To reach our goal, we will embed into clinical practice the referral of women to our support services. It is important to us that we develop programs that are effective for our community.</p> <p>*(Jul 2018 - Jun 2019) most recently available data.</p>
Hospital Drug and Alcohol Consultation Liaison	<p>Previous year 5,773</p> <p>Current year 7,062</p> <p>(Number of consultations)</p>	<p>Hospital and Drug Alcohol Consultation' refers to the number of referrals we make to our specialist drug and alcohol team.</p> <p>Why we measure: We measure this to enhance the safety, quality, appropriateness and outcomes for patients with substance use disorders in hospital settings.</p> <p>Our goal is to increase the number of consultations we complete each year. Although we have met the target for this year, we must continue to increase your access to care. We will continue to work to improve the number of consultations we provide, so we meet our community's needs.</p>
Hepatitis C Antiviral Treatment Initiation	167 Treatments	<p>'Hepatitis C Antiviral Treatment Initiation' is a treatment given to people suffering from Hepatitis C.</p> <p>Why we measure: We measure the number of treatments given for this condition so we can develop ways to increase its use.</p> <p>Our goal is 850 or more treatments each year. To reach our goal, we are developing an action plan to reach doctors in private practice in the LHD to improve this result. We will continue to work to improve the number of treatments we provide, so we meet our community's needs.</p> <p>*(Jul - Sep 19) most recently available data.</p>
Get Healthy in Pregnancy Referrals	3825 Referrals	<p>The 'Get healthy Information and Coaching Service' refers to the number of women referred to our specialist program aimed at improving women's health.</p> <p>Why we measure: We measure the number of women referred to this program to be sure we are improving the health outcomes of women and babies by supporting pregnant women to achieve a healthy weight during their pregnancy.</p> <p>Our goal is to complete 1135 referrals or more each year. Although we met our goal this year, we will continue to develop strategies to increase the accessibility of care. We will work to improve the number of consultations we provide so we can meet the needs of our community.</p>

Performance measure	Our results	Commentary
Hospital Acquired Pressure Injuries	2.1/ 10,000 episodes of care	<p>'Hospital Acquired' is something that happened to you while you were in hospital. This is a separate event to the reason you came into hospital.</p> <p>A 'Pressure Injury' is damage to your skin or soft tissue as a result of pressure or friction.</p> <p>Why we measure: We measure the rate of pressure injuries so we can develop strategies to stop them occurring.</p> <p>Our goal is 8 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any member of our community getting a complication while in our care.</p>
Fall-related Injuries in Hospital – Resulting in fracture or intracranial injury	4.1/ 10,000 episodes of care	<p>'Fall-related Injuries' are injuries that occur when someone falls while at our hospitals.</p> <p>Why we measure: We don't want our patients to injure themselves at our hospitals. We measure these injuries so we can investigate and improve our processes to stop them occurring.</p> <p>Our goal is 5.2 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any harm coming to a member of our community while in our care.</p>
Healthcare Associated Infections	79.0/ 10,000 episodes of care	<p>'Healthcare Associated Infections' are infections people get while receiving care in our hospitals for a different health condition.</p> <p>Why we measure: We measure these so we can develop ways to reduce the number of HAIs that occur under our care.</p> <p>Our goal is 121.4 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Respiratory Complications	19.6/ 10,000 episodes of care	<p>'Respiratory Complications' are conditions that affect the group of organs that assist with breathing.</p> <p>Why we measure: We don't want you getting sick while at hospital. We measure the rate of respiratory complications so we can develop strategies to stop them occurring.</p> <p>Our goal is 28.5 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Venous Thromboembolism	4.4/ 10,000 episodes of care	<p>'Venous Thromboembolism' is a condition where a blood clot forms in the veins, primarily in the legs, groin or arms. This condition can happen when your blood cannot clot or circulate properly.</p> <p>Why we measure: We measure this number to ensure our care initiatives are successful in stopping its occurrence.</p> <p>Our goal is 8.8 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Renal Failure	1.2/ 10,000 episodes of care	<p>'Renal Failure' is a condition where your kidneys stop working and are not able to remove waste and extra water from your blood or keep your body chemicals in balance.</p> <p>Why we measure: We measure this number to ensure our care initiatives are successful in stopping its occurrence.</p> <p>Our goal is 2.2 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Gastrointestinal Bleeding	7.8/ 10,000 episodes of care	<p>'Gastrointestinal Bleeding' is bleeding that is occurring in your gastrointestinal tract (from your mouth to your rectum).</p> <p>Why we measure: We measure this number to ensure our care initiatives are successful in stopping this occurring.</p> <p>Our goal is 13.5 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Medication Complications	26.2/ 10,000 episodes of care	<p>A medication incident is an event that may cause or lead to inappropriate medication use or patient harm while in our care. These events can be related to professional practice, drug products, procedures or systems.</p> <p>Why we measure: We measure these problems to help us improve medication usage for our patients, and to ensure they don't occur.</p> <p>Our goal is 29.5 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any member of our community getting a complication with their treatment while in our care.</p>

Performance measure	Our results	Commentary
Hospital Acquired Delirium	30.5/ 10,000 episodes of care	<p>'Delirium' is a change in the brain that causes confused thinking and reduced awareness.</p> <p>Why we measure: We measure this number to ensure the care we provide is successful in stopping this from happening.</p> <p>Our goal is 54.2 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Persistent Incontinence	2.0/ 10,000 episodes of care	<p>'Persistent Incontinence' is a loss of control over your urination or bowels.</p> <p>Why we measure: We measure this number to ensure the care we provide is successful in stopping this from happening.</p> <p>Our goal is 5.6 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Malnutrition	1.9/ 10,000 episodes of care	<p>'Hospital Acquired Malnutrition' is when patients in our hospitals do not receive enough nutrients to maintain good health and support with recovery.</p> <p>Why we measure: We measure malnutrition to ensure our patients receive enough nutrients to recover while in our hospitals.</p> <p>Our goal is 6.6 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Cardiac Complications	36.7/ 10,000 episodes of care	<p>Cardiac relates to your heart. A 'Cardiac Complication' is a problem with the heart.</p> <p>Why we measure: We measure this number to ensure the care we provide is successful in stopping this from happening.</p> <p>Our goal is 61.7 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community getting a complication while in our care.</p>
3rd of 4th Degree Perineal Lacerations During Delivery	304.1/ 10,000 episodes of care	<p>A 'Perineal Laceration' is a tear of the skin surrounding a woman's vagina that occurs during childbirth.</p> <p>Why we measure: We measure the numbers of tears that occur in our hospitals so that we can develop strategies to prevent them from happening.</p> <p>Our goal is 377 or under. Although we met our goal this year, we will continue to develop strategies to reduce this even further. We don't want any member of our community getting a complication while in our care.</p>
Hospital Acquired Neonatal Birth Trauma	29.8/ 10,000 episodes of care	<p>'Neonatal Birth Trauma' is an injury to a newborn baby. Examples of injuries include bruising, swelling or a broken bone.</p> <p>Why we measure: Having a baby at our hospitals is safe. We measure the rate the injuries occur to continue to improve the care we provide women and their babies.</p> <p>Our goal is 64 or under. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. We don't want any member of our community having complications while in our care.</p>
Discharged Against Medical Advice for Aboriginal Inpatients	<p>Previous year 3.04%</p> <p>Current year 3.07%</p>	<p>Discharging against medical advice is when a person leaves hospital before our health professionals advise them it is safe to do so.</p> <p>Why we measure: We measure the number of Aboriginal inpatients who leave our hospitals against the advice of doctors so we can develop strategies to provide more effective and culturally appropriate care to Aboriginal people.</p> <p>Our goal is 2.04% or below. To reach our goal, we are completing a review of Aboriginal Health programs to ensure we improve the cultural integrity of our programs and their effectiveness. We want the care we provide to be culturally appropriate and consistently safe.</p>
Unplanned Hospital Readmissions – All Admissions within 28 days of separation: All persons	<p>Previous year 6.47%</p> <p>Current year 6.39%</p>	<p>An 'Unplanned Hospital Readmission' occurs when a person returns to our hospitals within 28 days of their initial hospital stay and the second hospital stay is not expected and not part of their treatment plan.</p> <p>Why we measure: We want to get our care right the first time. By measuring unplanned readmissions, we can work out ways to improve our delivery of care for patients.</p> <p>Our goal is 6.47% or below. Although we met our goal, we will continue to improve the care we provide you. To continue to reach our goal, we are implementing our transfer of care strategy involving enhancing our communication with to you during your stay and at discharge, and using follow up phone calls.</p>

Performance measure	Our results	Commentary
Unplanned Hospital Readmissions – All Admissions within 28 days of separation: Aboriginal Persons	Previous year 8.48% Current year 8.74%	Why we measure: We want to provide safe, high-quality and appropriate care to Aboriginal people. By measuring unplanned readmissions, we can work out ways to improve the care we provide. Our goal is 8.48% or below. To reach our goal, we are implementing our Transfer of Care strategy involving improving our communication with you during your stay and at discharge, and using follow up phone calls. We want the care we provide to be culturally appropriate and consistently safe
Patient Experience Index Adult admitted patients	8.3/10	‘Overall Patient Experience Index’ refers to the rating given by consumers of their experience in our hospitals. Why we measure: We aim to provide person-centred care and improve the experience you have in our hospitals and in our emergency departments. Our goal is 8.5 or above. To reach our goal, we will continue to develop our transforming your experience program, and increase our responsiveness to your feedback. We aim to continually improve your experience in our care.
Patient Experience Index Emergency Department	8.1/10	‘Overall Patient Experience Index’ refers to the rating given by consumers of their experience in our Emergency Department. Why we measure: We aim to provide person-centred care and improve the experience you have in our hospitals and in our emergency departments. Our goal is 8.5 or above. To reach our goal, we will continue to develop our transforming your experience program, and increase our responsiveness to your feedback. We aim to continually improve your experience in our care.
Patient Engagement Index Adult admitted patients	8.3/10	‘Patient Engagement Index’ refers to the rating given by our consumers of how engaged they feel in their care and treatment in our Hospitals. Why we measure: We aim to provide person-centred care and improve the experience you have in our hospitals and in our emergency departments. Our goal is 8.5 or above. To reach our goal, we will continue to develop our transforming your experience program, and increase our responsiveness to your feedback. We aim to continually improve your level of engagement in your care.
Patient Engagement Index Emergency Department	7.5/10	‘Patient Engagement Index’ refers to the rating given by our consumers of how engaged they feel in their care and treatment in our Emergency Departments. Why we measure: We aim to provide person-centred care and improve the experience you have in our hospitals and in our emergency departments. Our goal is 8.5 or above. To reach our goal, we will continue to develop our transforming your experience program, and increase our responsiveness to your feedback. We aim to continually improve your level of engagement in your care.
Emergency Treatment Performance – Patients with total time in ED more than 4 hrs	61.22%	‘Emergency Treatment Performance’ refers to the percentage of patients that spend less than four hours in our Emergency Department. Why we measure: We continue to try and improve your experience in our Emergency Departments and improve the accessibility of care. Our goal is 81% or above. To reach our goal, we have implemented Access to Care Plans to improve our Emergency Treatment Performance. It is important to us that care is accessible to you on time.
Transfer of Care – Patients transferred from ambulance to ED less than 30 minutes	85%	‘Transfer of Care’ is a measure of the time taken to access our hospitals when you arrive by ambulance. Why we measure: We measure the time Transfer of Care takes to ensure our Hospitals are accessible to you. Our goal is 90% or above. To reach our goal, our Nurse Navigators are improving our escalation processes and focusing on ‘Right Patient, Right Place, Right Time’. It is important to us that care is accessible to you on time.
Aged Care Assessment Timelines – Average time from ACAT referral to delegation – Admitted patients	3.1 days	‘Aged Care Assessment Timeliness’ measures the days taken for our patients to be assessed for aged care services when they are discharged from our hospitals and return home. Why we measure: We measure the time it takes for an aged care assessment to be completed so patients have the right support at home to complete daily activities and maintain independence. Our goal is 5 days or less. Although we met our goal this year, we will continue to develop strategies to increase the accessibility of our care. It is important to us that appropriate care is accessible to you on time.

Performance measure	Our results	Commentary
Mental Health: Acute Post-Discharge Community Care – Follow up within seven days	73.74%	<p>'Acute Post-Discharge Community Care' refers to the percentage of mental health consumers that received a call from a Community Mental Health contact within 7 days of discharging from one of our facilities.</p> <p>Why we measure: Calling within this timeframe increases patient safety in the immediate post-discharge period. These calls also reduce the need for early readmission. By increasing this percentage, we can improve the effectiveness of the care we provide our mental health consumers.</p> <p>Our goal is 70% or over. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. It is important to us that we provide appropriate care that helps you stay safe in the community.</p>
Mental Health: Acute readmissions – within 28 days	11.33%	<p>'Acute Readmission' occurs when a person returns to our facilities within 28 days of their initial stay. The second stay is not expected and not part of their treatment plan.</p> <p>Why we measure: We are always trying to improve the care we provide to our Mental Health consumers. Understanding how often our consumers readmit in our care helps us to improve our care strategies.</p> <p>Our goal is 10% or below. To reach our goal, we are embedding our use of community care follow up strategies to better support our patients post-discharge. It is important to us that we provide appropriate care that helps you stay safe in the community.</p>
Acute Seclusion Occurrence - Episodes	7.3/ 1,000 bed days	<p>'Acute Seclusion' is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented.</p> <p>Why we measure: While seclusion can be used to provide safety and containment at times, it can also be a source of distress for the patient, staff and support persons. Wherever possible we use alternative, less restrictive ways of managing behaviour.</p> <p>Our goal is 5.1 or below. To reach our goal, we will continue to develop and maintain our current partnerships to deliver safer, more effective and coordinated services to our community. It is important to us that the care we provide to you is appropriate.</p>
Acute Seclusion Occurrence – Average	4.6 hours	<p>Why we measure: While seclusion can be used to provide safety and containment at times, it can also be a source of distress for the patient, staff and support persons. Wherever possible, we use alternative, less restrictive ways of managing behaviour.</p> <p>Our goal is under 4 hours. To reach our goal, we will continue to develop and maintain our current partnerships to deliver safer, more effective and coordinated services to our community. It is important to us that the care we provide to you is appropriate.</p>
Involuntary Patients Absconded – From an inpatient mental health unit – incident types 1 and 2	13 (Jul 19 – Sep 19) 11 (Oct 19 – Dec 19) 10 (Jan 20 – Mar 20) 10 (Apr 20 – Jun 20)	<p>'Involuntary Patients Absconded' measures patients under an involuntary mental health order leaving hospital inappropriately.</p> <p>Why we measure: Leaving hospital when it is unsafe to do so can cause harm to patients, staff and the wider community. We measure this number so we can develop ways to reduce how often it happens.</p> <p>Our goal is to achieve 0 occurrences. To reach our goal, we have implemented our 'Feeling Safe in the Emergency Department' Program. It is important to us that the care we provide to you is appropriate and helps you feel safe in our care.</p>
Mental Health Consumer Experience: Mental health consumers with a score of Very Good or Excellent	85%	<p>Mental health consumer experience measures how our mental health patients feel about their experience while in our care.</p> <p>Why we measure: We measure how many mental health patients think our service is 'Very good' or 'Excellent' to help us make improvements in how we deliver this service.</p> <p>Our goal is 80% or above. Although we met our goal this year, we will continue to develop strategies to increase your experience in our care. It is important to us that the care we provide to you is appropriate, helps you feel safe in our care and is tailored to you.</p>
Emergency Department Extended Stays: Mental Health Presentations staying in ED greater than 24 hours	968 Occurrences	<p>'Emergency Department Extended Stays' refers to the number of presentations to the Emergency Department (ED) where a person stayed longer than 24 hours.</p> <p>Why we measure: We want our hospitals to be accessible to you. We measure the number of times extended stays occur so that we can develop strategies to stop them happening.</p> <p>Our goal is to achieve 0 occurrences. To reach our goal, we have implemented our 'Feeling Safe in the Emergency Department' Program. It is important to us that you have timely access to care that is appropriate, helps you feel safe in our care and is tailored to you.</p>

Performance measure	Our results	Commentary
Domestic Violence Routine Screening – Routine Screens conducted	67.45%	<p>'Domestic Violence Routine Screening' measures the number of early identification and intervention activities completed.</p> <p>Why we measure: The screening program promotes awareness of the health impacts of domestic violence, asks questions about patient's safety in relationships and the safety of their children, and provides information on relevant health services. We measure the percentage conducted so we can continue to develop strategies to improve.</p> <p>Our goal is to achieve 70% or above. To reach our goal, we will continue to embed the routine screening program into our clinical practice. It is important to us that we provide care to our vulnerable community members that is appropriate, timely and keeps you safe.</p>
Out of Home Care Health Pathway Program – Children and young people completing a primary health assessment	100%	<p>The 'Out of Home Care Health Pathway Program' refers to the percentage of children and young people in this program who complete a primary health assessment.</p> <p>Why we measure: Keeping children safe is very important. We measure the percentage of children receiving this care to ensure they are kept safe.</p> <p>Our goal is 100%. We met our goal this year and will continue to develop strategies to ensure we remain at 100%. It is important to our community and us that we provide safe and timely care to vulnerable children within our community.</p>
Referrals of victims of sexual assault receiving an initial psychosocial assessment	89.4%	<p>This service provides safety and support to victims of sexual assault.</p> <p>Why we measure: We want to ensure victims of sexual assault receive appropriate support. We measure the percentage these assessments occur to ensure support is being provided appropriately.</p> <p>Our goal is 80% or over. Although we met our goal this year, we will continue to develop strategies to increase the quality and safety of your care. It is very important to our community and us that we provide safe, appropriate and timely care to vulnerable children within our community.</p>
Sustaining NSW Families Program – Families completing the program when child reached 2 years of age	62.04%	<p>The sustaining NSW families program assists parents to learn helpful parenting strategies. It aims to promote healthy, happy and safe environments to support families.</p> <p>Why we measure: We want to make sure our programs are effective. Measuring this allows us to see where we need to develop strategies to improve.</p> <p>Our goal is 50% or over. Although we met our goal this year, we will continue to develop strategies to increase the effectiveness of your care. It is important to us that we assist our community with relevant care programs in a timely and effective manner.</p>
Sustaining NSW Families Program – Families enrolled and continuing in the program	68.47%	<p>The sustaining NSW families program assists parents to learn helpful parenting strategies. It aims to promote healthy, happy and safe environments for families.</p> <p>Why we measure: We want to make sure our programs are effective. Measuring this allows us to see where we need to develop strategies to improve.</p> <p>Our goal is 65% or over. Although we met our goal this year, we will continue to develop strategies to increase the effectiveness of your care. It is important to us that we assist our community with relevant care programs in a timely and effective manner.</p>
Electronic Discharge Summaries Completed - Sent to State Clinical Repository	Previous Year 65.9% Current Year 64.4%	<p>'Electronic Discharge Summaries Completed' refers to the percentage of discharge summaries that are completed electronically.</p> <p>Why we measure: When a summary is electronic this allows you or your GP to easily access your information after you have left the hospital. We measure this percentage so we can develop strategies to increase usage.</p> <p>Our goal is to reach 65.9% or above. To reach our goal, we are developing action plans at the service unit level to achieve the required improvement. It is important to us that the information we provide to you enables you to receive appropriate care while in the community.</p>

Attestation Statement

This attestation statement is made by Sam Haddad

Name of office holder

Holding the position/office on the Governing Body Chair

Title of officeholder of Governing Body

For and on behalf of the governing body titled Board

Governing body's title (the Governing Body)

South Western Sydney Local Health District (Attached schedule lists all facilities and services covered by this attestation statement)

Health service organisation name (the organisation)

1. The Governing Body has fully complied with, and acquitted, any Actions in the National Safety and Quality Health Service (NSQHS) Standards, or parts thereof, relating to the responsibilities of governing bodies generally for Governance, Leadership and Culture. In particular I attest that during the past 12 months the Governing Body:
 - a. has provided leadership to develop a culture of safety and quality improvement within the Organisation, and has satisfied itself that such a culture exists within the Organisation
 - b. has provided leadership to ensure partnering by the Organisation with patients, carers and consumers
 - c. has set priorities and strategic directions for safe and high-quality clinical care, and ensured that these are communicated effectively to the Organisation's workforce and the community
 - d. has endorsed the Organisation's current clinical governance framework
 - e. has ensured that roles and responsibilities for safety and quality in health care provided for and on behalf of the Organisation, or within its facilities and/or services, are clearly defined for the Governing Body and workforce, including management and clinicians



South Western Sydney Local Health District

Liverpool Hospital Eastern Campus
Locked Mail Bag 7279
Liverpool BC NSW 1871

Tel. (612) 8738 6000
SWSLHD-ClinicalGovernanceUnit@health.nsw.gov.au
www.swslhd.nsw.gov.au

*transforming your
experience*

