

Southern NSW Local Health District

Quality Awards 2019

The annual SNSWLHD Quality Awards recognise and celebrate the tremendous commitment and innovation of staff to improve what we do in all aspects of our health service.

SNSWLHD is pleased to present the following projects as entries in the 2019 SNSWLHD Quality Awards. We thank all of those staff who entered submissions and congratulate those who have been selected to receive awards.

Following the Awards, selected projects will be submitted to the 2019 NSW Health Innovation Awards and NSW Premier's Awards.



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Patients as Partners

This award aims to acknowledge projects/programs which promote collaboration between the patient and the health care team to improve health.

Entries

Engaging with Consumers in Service Provision Decisions – Goulburn Community Mental Health

Team: *Robert Chapman, Jeffrey Wilson, Bradley Greenlees, Natasha Hutchinson*

This project aimed to improve the service provided at the Intramuscular Injection (IMI) Clinic to ensure it was person-centred. The team engaged with the consumers to identify how they wanted their service provided and identified other initiatives that could be added to the service to provide a more holistic and health focused opportunity.

As a result of working with the consumers, the program was renamed to the Wellness Program and now incorporates a health check as part of the process of receiving their medication, along with education on healthy eating options, and exercise and cooking components (through partnering with TAFE NSW).

General Practitioners were supportive of the program as it provides more continuity and opportunities for engagement with the consumers.

The next stage of the project aims to give the consumers ownership of the program so that they can form their own committee and look at future directions for the program.

CardioRespiratory Team - Goulburn Health Service

Team: *Jane Cotter, Sharon Eilers, Rachel Davis, LBVC Steering Committee GHS*

In July 2017, as part of the Leading Better Value Care (LBVC) initiative, Goulburn Health Service undertook audits of inpatient files to assess variation in clinical management of Chronic Obstructive Pulmonary Disease (COPD) and Chronic Heart Failure (CHF).

From these audits it was clear that there were definite areas for improvement in spirometry, patient education, discharge summary information, advance care directives, referrals and oxygen. The team believed that addressing these unwarranted variations would lead to fewer re-presentations, greater satisfaction, and an increase in self-management.

A LBVC Steering Committee was formed to guide actions with PDSA cycles, including the development of a multidisciplinary CardioRespiratory Team (Nurse Practitioner,

Physiotherapist, and Registered Nurse) with a sharing of roles across professional boundaries.

It is known that persons with COPD and CHF have better outcomes if they are assisted to self-manage their condition avoiding unnecessary admissions. The CardioRespiratory Team develops a relationship with the patient in the inpatient setting and continues working with them through Pulmonary Rehabilitation and/or home visits.

The results demonstrate occasions of service by the CardioRespiratory team in the inpatient setting increased by 74%, community occasions of service increased by 44% and referrals to pulmonary rehabilitation increased by 22%. There was also a downward trend in admissions, readmissions and bed days for the period that the team was established.

Patient-Centred Multidisciplinary Care planning in Sub-Acute Rehabilitation – South East Regional Hospital

Team: *Angela Griffin, Samantha Brownridge, Sharon Hoye, Michaela Tyrrell, Wendy Kelland, Stephanie Walton*

This project aimed to have 100% of rehabilitation patients with evidence of patient centred multidisciplinary care planning by the end of June 2019, which is in line with best practice as outlined in the NSW Health Rehabilitation Model of Care. The team planned to improve two issues; patient involvement in their care planning and the documentation of the care plan.

The team undertook several PDSA cycles and refined and improved their approach. The care plan document is displayed on the wall for both patients and staff at the bedside and regularly reviewed to give the patients visual feedback regarding their rehabilitation progress and to encourage ownership of their rehabilitation journey. It was agreed that routine use of the SARU care plan during multidisciplinary bedside rounding with participation from all health disciplines provides structure to the round.

Currently 87.5% of rehabilitation patients have a care plan in place with long term SMART goals identified. All disciplines have been engaged in conversations and problem solving sessions and there is a consensus that patient centred care planning is valuable and necessary to implement.

Paediatric Mealtime Support Clinic – Queanbeyan Health Service

Team: *Joanne Barraclough, Vanessa Howden*

The aim of this project was to review and improve the existing Infant Feeding Clinic so that it was based on current guidelines and provided a more empowering and family-centred approach.

The clinic was renamed Paediatric Mealtime Support Clinic and was based on the NSW Health Feeding Difficulties in Children Guidelines (2016).

Strategies for improvement included:

- Offering families Mealtime Matters group education sessions in addition to individual appointments
- Introduction of a new assessment template that puts family at the centre of their goal setting and care and promotes reflective questioning
- Asking families to bring in video of mealtimes at home to provide clinicians with insight into the mealtime experienced by families.

A continuous quality improvement cycle is in place for the Paediatric Mealtime Support Clinic to continually review and implement some of the longer term change ideas identified in driver diagram. Feedback questionnaires reveal that the families involved appreciated the changes and feel more confident and less stressed at their child's mealtimes.

Friday Lunch Group – Sub Acute Rehabilitation Unit (SARU) - Eurobodalla

Team: *Jason Mook, Marnie Gordon, Brenda Scott, Vicki Walsh, IGA Moruya*

One of the goals for safe discharge from SARU for some patients is that they can make a simple sandwich. The task allows the staff to evaluate how the patient plans their activity set up and execution and provides the multi-disciplinary team with strategies for modification if required.

The SARU team have established a lunch group to support patients to achieve this task. Each Friday the Nurse Unit Manager brings two patients in who prepare the salad vegetables, open tin items and other packages. Other patients are then brought in to make their sandwich from the prepared food and then clear up. The local IGA has sponsored the initiative by donating \$20 per week to buy lunch ingredients.

This project demonstrates innovation, by empowering the patient's independence. The task is person centred and patients have the option to be involved. As a team we are allowing our patients variety in their food choice. We are collaborating with our patients by providing support and encouragement and we can assess patients in a realistic environment. This initiative allows for conversations to occur about the patient's journey through the rehabilitation unit, and there is an opportunity to reiterate the aims of the project.

Surveys have demonstrated patient satisfaction with being able to have choice and variety in their lunch time meal; it promotes camaraderie and social interaction between patients as they support each other and patients state it makes them feel 'useful'. Most importantly it allows for a partnership between health team members and patients.

Using the Voice of Consumers and Carers to influence change and promote owned recovery - MHDA

Team: *Anne Francis, Robert "Butch" Young, Dr Pavan Bhandari, Peta Kleinig, Joanne Brown, Anita Bizzotto, Inpatient Consumers of the Chisholm Ross Centre and SERH and the SNSWLHD CPG, The management and staff of the SNSWLHD inpatient mental health units, Gabrielle Mulcahy*

Until recently, consumers admitted to acute public mental health facilities in NSW have been denied access to mobile telephones while they are in an inpatient setting. In September 2017, SNSWLHD was the first service in NSW Health to enable people in inpatient services to have ready access to personal electronic devices. In partnership with consumers, the LHD has been able to successfully develop a sustainable model through empowering people in the service to be responsible and respectful other people.

Overwhelming, the results to date have been extremely positive. Ultimately, this project recognises and supports the rights of consumers to continue on their recovery focused journey and remain connected to their lives. Mobile devices are also used as part of the recovery program in the inpatient setting, through use of evidence based apps that can be used by the people when discharged from the service. The use of devices has also enabled identification and recognition of triggers and what strategies can be put into place to manage these.

SNSWLHD has been pleased to receive feedback and acknowledgment as we implement this project. These have included:

- The NSW Ministry of Health Seclusion Review team, who visited the unit the day as the change was happening, and gave cautious support at our efforts to implement something so innovative
- A presentation (by invitation) on the project at the NSW Acute Benchmarking forum (October 2017)
- A visit from Deputy Mental Health Commissioner in October 2017, who commended the service in implementing this project
- LHDs from across NSW, who have requested and been sent copies of the supporting documents
- Teams from several hospitals across NSW, who have visited to observe the practical implementation

Pram Walk, Talk and Exercise Group – Child and Family Health, Queanbeyan

Team: *Adriana Doyle, Barbara Bennett, Queanbeyan Child and Family Health Team*

The Walk and Talk group was started 20 years ago as a Post Natal Depression (PND) prevention health initiative by Child and Family Health Nurses with community volunteers. Exercise, networking and support have been identified as effective therapies to treat PND and/or reduce the risks of PND.

From those early days the walking group has evolved into a weekly Pram Walk, Talk and Exercise Group providing participants with an opportunity to exercise with a fitness instructor with specific post-natal qualifications. A Child and Family Health Nurse also accompanies to provide advice from a health professional specific to maternal and infant issues.

Sustainability of the group was achieved with sponsorship from Dr Yates, Surgery at Jerrabomberra and Rotary Club of Jerrabomberra. This collaborative sponsorship funds a post-natal trained Fitness Instructor. Participants, volunteers and community representatives comprise the PND Advisory Group which provides governance for the program and organises the yearly PND Awareness Walk.

Client Satisfaction Surveys are used to ensure the group is focussed on the needs of the participants and they provide evidence that parents who would not otherwise have accessed services through more traditional means have attended the Pram Walk, Talk

and Exercise Group. Trust between new parents and Child and Family Health Nurses throughout the program has led to the development of meaningful therapeutic relationships, facilitating improved emotional and physical health outcomes for many parents.

Integrated Health Care

Integrated care involves the provision of seamless, person centred care across different health settings, focused on preventing illness and deterioration of health and delivering flexible, continuous and appropriate care in the right place at the right time. This award recognises innovative partnerships which promote an integrated approach to care.

Entries

Interventional Radiology Service – Eurobodalla

Team: *Phil Carter, Dr Tim Campbell, Dr Gavin Landow, Aaron Sanders, Sandra Evans, Dean Malpas*

As a result of developing a new CT service at Moruya, a suitably skilled and motivated radiologist became available in the private sector who was willing to partner with the LHD to provide on-site interventional radiology at Moruya. This service was previously not available locally for patients and they had to travel to the ACT to access services.

The new services provided include lumbar spine pain injections, ultrasound biopsies, musculoskeletal ultrasound injections, lung and liver biopsies on low risk patients and chest and abdominal drainages. In addition, high quality CT colongraphy was introduced which enabled patients who had failed colonoscopies to have access to this service.

139 patients have received the service since September 2017. This service enables patients to have some interventional work done locally which reduces the burden of travel, and provides prompt access to diagnostic service results and timely intervention. This service is bulk-billed and as such has no cost to the patient and provides a source of revenue to the LHD.

This service is now well established and has a solid referral base. There is a definite opportunity to expand the service as there is currently a six-week waiting list for outpatient ultrasound interventional work. In addition there is potential for the service model to be applied in other places in the LHD.

Fostering Integration through General Practitioner Liaison Officers – Ambulatory and Integrated Care

Team: *Lou Fox, Philippa Gately, Dr Roslyn Davis, Dr Duncan MacKinnon, Dr Melanie Dorrington, Dr Louise Tuckwell*

The aim of this project was to establish roles for medical practitioners to work specifically on identifying and addressing system-based issues to improve the coordination, quality and delivery of timely services to people in Southern NSW.

A partnership was established between SNSWLHD and COORDINARE (South Eastern NSW Primary Health Network) to jointly fund four General Practitioner Liaison Officers (GPLO's) one each in Bega Valley, Eurobodalla, Monaro and Northern.

After 12 months the key achievements to date include:

- Established relationships with local medical practitioners, primary care staff and local health district staff to share information on services available in the region and pathways for communication of issues for escalation and resolution
- Implementation of a LHD-wide GPLO Clinical Stream
- Inclusion of General Practitioner level representation in LHD clinical projects, models of care and decision making across LHD programs of work
- Progression of system-based changes and site/individual education for medical officers in the use of eMR.

Other key achievements include development of the surgical services directory for the Monaro Cluster, a reduction in inappropriate GP-referred Mental Health presentations to the Emergency Department in Goulburn, improved compliance with correctly identifying the treating General Practitioner for admitted hospital patients, and improved communication with referring GPs when referring patients to paediatrician services and to Emergency Departments.

Nurse Led Assessment, Treatment and Care (ATC) Clinic - Pambula

Team: *Kelly Jurd, Nicole Tate, Mitzi Hyland, Michelle Cruse, Jodie Cameron, Karen Dixon, Maryann Potts, Sydel DeZoya, Wendy Darcy*

Following South East Regional Hospital's opening and the decommissioning of Pambula's emergency department, a registered nurse-led clinic was established in Pambula to meet community expectations and maintain a level of outpatient care in Pambula. However, although the RN led model was deemed safe and effective it was

limited in its scope of practice and saw a reduced service activity at a high cost to the organisation.

This project evaluated the Pambula ATC Model of Care and the Emergency Nurse Practitioner Fast Track Service in SERH ED which identified underutilisation of both services. Following consultation with all stakeholders including the Pambula Engagement Committee, it was agreed to trial the role of the Emergency Nurse Practitioner supported by an ATC Registered Nurse at Pambula during higher seasonal activity over December through to the end of April school holidays.

The trial was implemented with success. Results include:

- 59% increase in the number of presentations at Pambula from the previous year
- The price per presentation has significantly decreased demonstrating improved service efficiency through increased activity
- 97% of patient's surveyed rated their care as very good and 100% were happy to see a nurse practitioner for similar illness or injury
- During the trial in 2018/19, while presentations increased at both SERH and Pambula, the contribution of the Pambula ATC to the Bega Valley Health Service management of urgent patients has increased significantly.

Following the success of the nurse practitioner-led service trial, consumer feedback and an ongoing commitment to promote the ATC model within the local community, a decision has been made that the Emergency Nurse Practitioner role will remain in Pambula ATC with plans to consider expanding the model to other LHD small sites and create an Emergency Nurse Practitioner workforce across the LHD.

'Using beds better – the right bed for the right patient' - Eurobodalla Nursing Service

Team: *Brigid Crosbie, Jim Herford, Jason Mook, members of the Multi-disciplinary care team, local residential aged care facility staff*

The aim of this project was to allow patients requiring long periods of non-weight bearing to have a seamless journey through their recovery, by partnering with other organisations to ensure care is provided in the most appropriate setting in an efficient way.

Patients who require long periods of non-weight bearing as a result of a fracture or surgery, mostly are not acutely unwell and require relatively simple care needs. The acute care beds in Moruya Hospital are in high demand, with an average length of stay

of 2-3 days, and are often not the most appropriate place for these convalescing patients.

The multi-disciplinary team at Moruya have partnered with residential aged care facilities to provide care for the patients during the non-weight bearing period and then to return the patient seamlessly to hospital for review and discharge as appropriate.

The outcomes for patients is they are provided with care in a more home-like and safe environment in the residential aged care facility and their transfers to and from the service are planned and well-coordinated. In some cases patients are transferred closer to family which makes visiting easier during the lengthy non-weight bearing period.

The advantages for the facility is that many acute bed days are saved, ensuring acute care hospital beds are available for acutely unwell patients.

The project team are continuing to improve and streamline this model and are working on processes for direct transfer to the SARU from the residential aged care facility if ongoing rehabilitation is considered likely.

Clozapine Basics for Community Mental Health Teams – Cooma Community Mental Health

Team: *Meredith Fleming*

This project aimed to provide allied health community mental health team members with clear information on the regular monitoring requirements for consumers on clozapine and when and how to escalate in response to clinical indicators of a deteriorating consumer.

An education package, Clozapine Basics, was developed and rolled out to all community mental health teams in SNSWLHD in October 2018. A one page chart was developed to provide a concise reference on clozapine monitoring and escalation triggers and procedures.

The project has created formal links to clozapine management across all SNSWLHD community mental health settings; it allows clinicians to respond quickly and confidently to signs of deterioration; it prompts an increase in monitoring and support

to prevent further deterioration and hospitalisation; and it prompts clinicians to notify the site clozapine coordinator to ensure the team then liaise with the consumer, carers, GP and psychiatrist to coordinate care.

Patient Safety First

Providing world-class clinical care where patient safety is first is a key priority for NSW Health. NSW Health has a shared vision that Patient Safety is everybody's business. This award acknowledges a commitment to putting patient safety first every day.

Entries

Falls and cognitive screening in the Emergency Department - Braidwood MPS

Team: *Jennifer Mitchell, Niccola Follett, Glenda Ralph, Robyn Johnson, Amarbir Singh, Lynda Hobby, Dr Trish Sacassan-Whelan*

Following several SAC 2 falls on the acute ward of Braidwood MPS, the facility joined a statewide CEC falls prevention collaborative with the aim of "by July 2018, 80% of patients over 65 years and over (45 years for Aboriginal/Torres Strait Islander) presenting to ED will have the Ontario Modified Stratify (OMS) and Abbreviated Mental Test Score (AMTS) completed" to identify those patients at risk of falling.

Through a series of Plan, Do, Study, Act (PDSA) cycles the team worked to facilitate changes in ED procedures to promote early screening of patients in the ED. This was determined to be a way of enabling patients to take responsibility for their own falls risk reduction, alerting staff to patients at risk of falls prior to ward transfer and enabling falls prevention planning to commence in ED. Delirium is often missed in ED and screening all patients increased the likelihood of detecting patients with a delirium and commencing prevention strategies in those patients assessed as being at risk.

As a result, there have been no SAC 1 or SAC 2 falls in Braidwood MPS since May 2017.

Whilst the goal of 80% of patients aged over 65 presenting to the ED having had OMS and AMTS completed has not been achieved consistently, the average completion is 62% with an overall upward trend. The ward has achieved 100% Falls Risk Assessment and Management Plan (FRAMP) compliance and 100% AMTS compliance for all patients within 24 hours of admission in the March 2019 audit. Since the commencement of the project, ED staff are now routinely completing the ED Aged Care Assessment which includes CAM, DRAT, Waterlow score, skin inspection and Blaylock. Daily huddles continue and discuss patient's risk of falls or delirium.

Braidwood MPS has achieved a change in culture regarding falls and falls risk management. Staff were committed to achieving the goal identified at the start of the project and continue to work towards achieving this goal. There has been a domino effect of change whereby staff are now screening for other risk factors without request to do so.

Keeping it clean in the community – Bega Valley Community Health

Team: *Emily Laszuk, Sharon Maher, Tanya Allison*

The aim of this project is to standardise aseptic technique in wound care in community health in the SNSWLHD through the development of an endorsed document to guide practice.

The Bega Valley Community Health team are developing a local procedural document and have commenced an implementation plan. A baseline audit of current practice is being undertaken and an action plan will be developed to address deficit areas. Patient education from the guide will be provided to each client which will enhance self-efficacy.

This project is still in progress but already it has endorsed a guideline which will ensure consistent care across the LHD.

Leading Better Value Care: Preventing falls and delirium - Moruya and Braidwood

Team: *Nicola Follett, Catherine Bateman, Loren De Vries, Jim Herford, Jason Mook, Jennifer Mitchell, Trena O'Shea, Melissa Smith, Michelle Allan, Judy Ryall, Glenda Ralph*

In 2017, collated data identified that there were twelve patients who fell and sustained a serious injury at Moruya (9) and Braidwood MPS (3). These sites were selected to be part of the Leading Better Value Care – Falls Prevention Initiative.

Utilising the improvement methodology as part of the Falls Prevention Initiative, teams at Braidwood and Moruya Health Services have significantly reduced patient fall risk by implementing best practice interventions using small tests of change. Moruya ward built on their existing daily rapid round, requesting that the multidisciplinary team identify the highest risk patients each day to be part of a ward based safety huddle. Moruya Sub Acute Rehabilitation ward recognised that Orthostatic Blood Pressure was

the leading issue for improvement. The team at Braidwood MPS focused on improving screening for both falls and delirium in the Emergency Department.

Nurse Unit Managers have displayed leadership and commitment to improving patient outcomes. High importance was placed on this project at the ward level. This work has improved the safety culture on the wards and built strong links with LHD subject matter experts for falls and delirium and local teams. Wards have monitored and displayed data on a weekly basis as a way of communicating with their teams about the project. Project outcomes have resulted in significant improvements with risk screening, assessment and falls rates on the key wards.

In 2018, Moruya Surgical Ward had three patients fall and sustain a serious injury. No falls resulting in serious injury occurred on Moruya SARU or Braidwood MPS. When compared with 2017 data, this equates to a 75% reduction in falls at the end of 2018. Compliance with risk screening for both falls and cognition has significantly increased.

Improvement processes at Moruya and Braidwood continue to be monitored through local governance systems. Outcomes are reported to the LHD Clinical Safety Committee. A LHD Sustainability Plan, monitored by the CEC is in place.

MOPS - Monitoring Observation for Patient Safety - Improvement Strategy – Bega Valley Nursing and Midwifery Service

Team: *Nicole Tate, Nicole Tate, Rowena Mitchell, Roxanne Edwards-Maguire, Sarah Little, Michaela Tyrrell, Maree Gurton*

From January 2015 to June 2017 Bega Valley Health Service had six SAC 1 and ten SAC 2 incidents with the cause attributable to failure to recognise or respond appropriately to deterioration in hospitalised patients.

Utilising the Pareto principle all themes from the 16 incident recommendations were tallied to establish that 29% of the problem related to a requirement to strengthen operational protocols; 22% of incident causes required improvement in Clinical Emergency Response System (CERS) and Between the Flags (BTF) monitoring; 17% of the problem related to ineffective communication or escalation between teams and 12% of the adverse event trend was caused by failure to document resuscitation plans.

Actions for improvement included the development of operational protocols to strengthen specific evidence based practice requirements, implementing 4 hourly core

mandatory observations (and audit tool) on all acute care patients, minimum daily safety and multi-disciplinary team huddles in every unit including the Bega Valley Health Service leadership team, Executive Rounding and development of the Clinical Care Escalation Pathway.

To 30 April 2019 (a period of 22 months) there have been zero SAC 1 or SAC 2 incidents with causative factors relating to failure to recognise and/or respond to deteriorating patients. The developing culture of escalation and communication regarding patient safety allows for early intervention and harm prevention /minimisation.

The 'pre-fall huddle' – reducing patient falls - Moruya Hospital General Ward

Team: *Jim Herford, Trena O'Shea, Molly Walker, Angela Chang, Cath Bateman, Niccola Follett, Loren De Vries and the fabulous Nurses, Volunteers, Pharmacists and Wardsmen of Moruya Hospital General Ward*

In 2017 we had many falls on the ward - four were rated SAC 2 incidents. Repeated efforts to increase compliance with screening assessments (falls risk and cognition) had not reduced actual falls, neither had post-fall huddles.

As part of the LHD Leading Better Value Care - Preventing Falls Initiative, a local multi-disciplinary improvement team was formed. The team decided to utilise an existing multi-disciplinary rapid round process to conduct a 'pre-fall huddle' on the patients considered at high risk of falls. At the 'pre-fall huddle' a comprehensive falls risk management plan was developed and incorporated into clinical handovers.

There has been a palpable change in culture on the ward from a team somewhat resigned to the inevitability of in-patients falling, to one where all staff are actively engaged in minimising risk of falls. In particular nurses working on the floor have embraced the pre-fall huddle as an opportunity to collaboratively problem solve, and a safe place to share their experience and expertise.

The number of falls has decreased by 50% in the 12 months since the project began (to March 2018), completion of falls risk assessment on admission has increased from less than 60% to 79% in January 2019 and completion of cognition assessment with 24 hours of admission has increased from 3% to 79% in March 2019.

Simulation Centre - South East Regional Hospital

Team: *Rowena Mitchell, Dr Nathan Oates, Dr Konrad Reardon*

At the end of 2017, the South East Regional Hospital Simulation Centre (SERHSC) was created to enhance clinical knowledge, skills and response to deteriorating patients (and visitors) and to improve overall coordination of processes and flows within the response system to ensure a streamlined approach by all clinicians in real events.

The Simulation Service can be utilised where topics are developed by the ward and the simulation centre leads the coordination of the simulation exercise inclusive of the simulation debrief. The SERHSC also conduct whole of hospital simulation where the Clinical Emergency Response Systems (CERS) are tested and improved where needed. Each fortnight the simulation centre holds 30 minute rolling education sessions on high priority topics. In collaboration with Australian National University (ANU) medical educators and the Rural Medical School, education days are delivered for medical students from the ANU.

Engagement in simulation is rising consistently with an average of 1-2 simulations booked per fortnight, this also includes across hospital sites and other SNSWLHD clusters. The most exceptional result is the contribution to the achievement by SERH of nil SAC 1 or SAC 2 incidents relating to deteriorating patients since May 2017 (the simulation project commenced at the end of 2017).

Infections – who needs them? Queanbeyan Hospital

Team: *Judith Sullivan, Della Trute, Jane Nicholls, Christine Kearnes*

Between February and May 2018, eight patients acquired a surgical site infection at Queanbeyan. These were identified by routine review of pathology results and reports from surgeons at patient follow up. Three patients underwent caesarean section and five patients had breast surgery. Clinical Reviews were conducted on all cases. As a result, a number of preventative strategies have been implemented to change clinical management at Queanbeyan Hospital and with the LHD.

These strategies included changing the solution for washing sterile implants, ensuring the use of alcohol-based skin preparation instead of povidone iodine skin prep (as per Safety Notice 05/17), improved compliance with Surgical Antibiotic Prophylaxis Guidelines, and improved compliance with aseptic technique during inpatient wound care.

The Operating Theatre team developed a patient information handout providing information on how to care for their wound and prevent infection. Theatre staff visit patients post-operatively to provide real time education.

Safer PIVC compliance on surgical ward – Goulburn Hospital

Team: *Katherine Withers, Lauren Hogan, Cheryl Tozer and Kristy Wilson*

This project aimed to increase compliance with NSW Health Guideline GL2013_013 *Peripheral Intravenous Cannula (PIVC) Insertion and Post Insertion Care in Adult Patients* and improve documentation of PIVC entry into iView.

Staff surveys and audits were completed to determine a compliance baseline. Multiple PDSA cycles were completed as improvement strategies were introduced.

The result was that documentation of PIVC insertion in iView increased from 10% to 92%. The team have plans to spread the change to all wards within Goulburn Hospital.

Implementing standing orders for pain relief and antiemetic's – Goulburn ED

Team: *Alana Dawes, Dr Usman Ghani, Jeff McDonald, Tracie Simon, Joanne Gowland, Kellie Betts, Kristy Wilson*

This project aimed to reduce time to treatment and implement standing orders for pain relief and anti-emetics for patients in the waiting room of Goulburn ED. The literature suggests that although acute pain is the reason for the majority of presentations to ED, it is not well recognised and managed due to delayed administration and/or under-treatment.

The project remains in progress but team collaboration has improved and there is a heightened awareness of the importance of timely pain management in the ED.

Keeping People Healthy

This award aims to acknowledge innovative projects and programs which promote good health through raising awareness of health choices, preventing ill health and improving the overall health and wellbeing of the community.

Entries

Preventative model of care for adult patients - Moruya Dental Clinic

Team: *Dr Aravinthan S Bharathy, Lara Mayze*

Adult patients in the Moruya Dental Clinic had extensive waiting times for assessment and treatment and as a result needed more dental treatment than initially required. In 2017, patients were waiting for over 2 years for a dental assessment, with over 300 patients assessed outside of recommended benchmark timeframes as per the NSW Priority Oral Health Policy (POHP) Directive. There is also an increasing demand for dental services in the Eurobodalla area by an ageing population that is further complicated by lengthy waiting times. Most of the treatment provided focussed on episodic care of acute problems, with little emphasis on prevention. There was clearly a lack of a prevention model embedded into the current practice and model of care.

A clinical improvement project was implemented in February 2018 which aimed to have all adult clients on the waitlist for the Moruya Public Dental Clinic assessed within the recommended time frames, per the POHP, with a focus on preventative dental care by October 2018. The reduction of waiting times to benchmark timeframes means patients will have access to general preventative dental care sooner. This will bring about a shift in the model of care with an emphasis on prevention.

Once the project was initiated the waiting time for a comprehensive dental assessment for adults went from 22 months in July 2017 to under 3 months in October 2018. The number of clients offered assessment appointments increased from 203 in 2017 to 1028 in 2018 within the same period (March – October). All adult clients on the waitlist for the Moruya Dental Clinic were assessed within the recommended timeframes as per the POHP by October 2018.

This project focused on improving oral health outcomes in an innovative and sustainable way, addressing the “keeping people healthy” category. Patients were provided with timely care, whilst primary prevention methods were embedded into standard practice. Through supporting the clients with preventative advice, the negative impacts of poor oral health is expected to decrease, ultimately improving health outcomes and decreasing service demands and keeping people healthy.

WHIN-ing at School – Snowy Hydro Wellbeing In-Reach Nurse Project - Cooma Community Health

Team: *Nikki Rabbitte, Kirsten Herbert, Lou Fox, Wendy Attwood, Belinda Jamieson, Andy Winfield*

The Snowy Hydro Wellbeing Health In-reach Nurse (WHIN) project is a pilot project underway in Southern NSW and Murrumbidgee Local Health Districts to provide targeted support to vulnerable students and families. Following a number of adverse events with young people in small regional areas (including youth suicide, self-harm, reduced rates of school attendance) an initiative was developed to introduce specialist nursing roles in three rural areas with a focus on wellbeing.

The WHIN's have a key role in coordination, planning and collaboration across agencies through working with students and families in a client-directed, goal based model of care. The Snowy Hydro Corporation have provided funding for a two-year pilot of the Cooma WHIN position, which is being delivered in partnership with the NSW Department of Education, NSW Department of Premier and Cabinet and NSW Ministry of Health.

The number of students and families that have accessed support from the WHIN role between commencement in July and end April 2019 is 297 (individuals). The WHIN role has an average open caseload between 40 and 50 students. The intervention provided includes a mix of face to face, case planning, telephone and case conferencing support. The average length of services for each consultation is 1hr 40 minutes.

The WHIN has provided specialised support for students who would previously have not had access, and has streamlined priority access to support that has led to students being assisted with wellbeing and health improving decisions.

The WHIN project is an innovative partnership within a new delivery model targeting vulnerable populations. The funding associated with this role encompasses public-private partnership investment with a focus on community wellbeing and early intervention. The WHIN position engages the families, students, teachers and other health professionals, breaking down the barriers to delivering truly integrated care. At the centre of this model is the student – support is provided based on the student's individual health and wellbeing needs with a focus on self-determination and improving health literacy for students and their family.

Supporting our People

Developing and supporting our people and culture is a priority for SNSWLHD. By supporting the people working for in our District, positive interactions in the workplace are inspired and health outcomes are improved.

Entries

Building capability in a rural renal nursing workforce – SNSWLHD Renal Services

Team: *Linda McCorriston, Judy Ryall, Melissa Williams, Robyn Facchini, Alison Winsbury (Canberra Hospital), Dr Michael Noel (Nepean)*

There is a recognised need to provide a rural renal service in which patient care can be supported along the whole chronic kidney disease (CKD) trajectory. There is a growing number of CKD, home dialysis, transplant and renal supportive care (RSC) clients who require outpatient outreach care. In SNSWLHD, renal nurses are generally employed in satellite dialysis units and approximately two thirds of this workforce have only been exposed to haemodialysis, trained from novice in their respective units. In order to provide a flexible and responsive person-centred rural renal service, renal nurses require skills to expand beyond satellite haemodialysis to provide renal outreach services.

Traditionally there has been limited opportunities for dialysis nurses to expand their renal knowledge and skills. However the Renal Network with SNSWLHD and Canberra Hospital coupled with the Leading Better Value Care (LBVC) Renal Supportive Care (RSC) initiative, provided an opportunity for facilitated placements with Canberra Hospital and Nepean Hub RSC in order to grow the renal nursing workforce. The SNSWLHD Renal Clinical Nurse Consultant (CNC) was successful in obtaining funding for travel expenses and backfill (\$65,000) through the NSW Nursing and Midwifery Office Nurse Strategy Reserve Fund (NSRF).

The first placements commenced in February 2018 and will continue through until 30th June 2019. They consist of 13 nurses to Nepean Hub (inclusive of palliative care), 25 nurses to Canberra Hospital and nine nurses to Outreach.

An integrated renal service is now more apparent because this initiative has led to an enhanced collaborative partnership between the tertiary and rural teams and a deeper understanding of the role each member plays in the tertiary hospital renal team. Skills

and knowledge have increased in relation to RSC, CKD and Home Therapies and there is a noted enthusiasm to learn more and provide support to the Outreach clients.

Adult Admission Assessment - Mud Map - Eurobodalla

Team: *Rosalie Baseler, Jason Mook, Jason Mook, Jim Herford*

The importance of undertaking timely comprehensive assessments of patients on admission is well known to increase patient safety and produce better outcomes. Moruya General Ward, the Sub-Acute Rehabilitation Unit and Batemans Bay inpatient ward all had difficulty in achieving the required targets. It was identified that staff had difficulty in navigating the eMR system to ensure the mandatory requirements were met. This project aimed to address these issues and ensure completion of 100% of Adult Admission Assessments within 24 hours of admission.

A working party of key stakeholders commenced and mapped out solutions on how to better support staff to use eMR. They designed a colour-coded step-by-step guide – the Mud Map. The Mud Map is displayed in the three wards and is now part of everyday workflow. It is also used for orientation of new staff.

The completion of adult admission assessment within 24 hours has gradually increased to around 60% in eMR reports while manual daily data collection remains at around 90%. Subjective feedback from nursing staff indicates the Mud Map has added value and increased their understanding of how to efficiently use eMR in order to accurately document admission assessments in a more timely way.

Key Health Worker Accommodation Project - Goulburn

Team: *Kerry Hort, Deb McGuffike, Liz Clarke, Pam Keys, Kayla Keys, Gary Wright, Tero Korpinen, Kate Rice, Cassie Skelly, Andrew Woolner, Katie Hannaford, Steve Oakman, Peter Murphy*

The aim of this project was to provide a high standard, cost effective staff accommodation solution to support the attraction and retention of key health workers to Goulburn. Due to the demolition of the existing onsite staff accommodation beds (47) for redevelopment of Goulburn Hospital and Health Service, a project was initiated to source alternate rental accommodation. Project funding was allocated from Health Infrastructure, to support the implementation of the new accommodation model.

Key stakeholders were identified and engaged to form the Key Health Worker Project Team. A smaller working group was then developed from the Project Team to form the KHWA Working Group which met weekly for the 18 months duration of the project.

The result of the project was the acquisition of additional rental properties to include 40 new beds in addition to the 33 that were currently under lease and used by Junior Medical Officers. The overall standard of accommodation in Goulburn is now inviting, modern, secure and ready to accommodate our visiting staff (including medical staff) for the future of Goulburn Health Service.

A 45% cost reduction has been made in the current 2018/19 financial year YTD March. The cost in 2017/18 was \$427k with the current financial period being \$231k. An 80% occupancy rate KPI was set as part of the KHWA Project; this was the required rate to make the rental accommodation model sustainable and cost effective. In the 13 month period from March 2018 – March 2019 an average occupancy of 86% has been achieved.

Due to the overall success of the Key Health Worker Accommodation project in Goulburn, consideration is being given to the same accommodation model being replicated around the district, so the same benefits can be achieved.

Mindful Wellbeing for Managers – Eurobodalla CMHDA

Team: *Jocelyn Pfitzner, Doug Skipper, Loyd Murray, Tina Le*

This project aimed to address symptoms of workplace related burnout, build mindfulness and wellbeing skills, thereby improving health outcomes for managers. Empirical research among healthcare professionals demonstrates high rates of job stress, compassion fatigue and burn out symptoms which can negatively affect mental health and wellbeing, along with quality, safety and financial cost to delivering health care.

The Mindful Wellbeing team consisted of a number of mental health clinicians with considerable experience and expertise in the mindfulness and wellbeing field. A program was developed which consisted of seven, 30-minute weekly sessions targeting managers of the Eurobodalla Health Service. The program was received very enthusiastically by all participants. There was an increased awareness by participants of the importance of mindfulness and wellbeing practices to enhance their professional practice and increase health and wellbeing outcomes.

The program gave sanctioned authority for managers to step out of their daily role and responsibility for a short period of time (30 minutes) to pause, reflect, breathe, recalibrate, and be human vs superhuman.

Various follow on initiatives are being discussed to sustain and spread the program across the Eurobodalla and wider LHD.

Nurturing Novice Community Nurses – Eurobodalla Community Nursing

Team: *Kristine Lenehan, Edwina Fynmore, Kylie Belcher, Nicole Reid, Elizabeth Craze*

This project commenced in 2015 and aimed to create a sustainable and worthwhile Transitional Registered Nurse (TRN) program in Eurobodalla Community and Palliative Care nursing service, so that Transition Nurses will be able to safely and confidently work independently in the community and succession planning for the nursing workforce will be supported.

The TRN program commenced in Eurobodalla Community and Palliative Care Nursing in 2015. Since then eight Transitional Registered Nurses have been placed. The team have seen many benefits to the program. They value the enthusiasm, knowledge and fresh approach that a TRN brings and current team members feel that their knowledge and skills have increased as they have to be a role model. They also feel that community nursing locally is being seen as a viable career path.

The team has become nurturing and have taken ownership of the TRN program as they realise the value of developing and influencing novice nurses. The program is reviewed as part of an ongoing quality project with the aim to keep the program relevant and worthwhile.

Retention and support of Allied Health staff through rotations – Eurobodalla Allied Health

Team: *Catherine Barkley, Gretchen Buck, Lisa Reade, Miriam Staker, Sharon Newman and Catherine Barkley*

The Eurobodalla Allied Health Heads of Department noted that young staff and new graduates would often move to other health services after approximately 12-18 months in order to expand their skills and careers. Within the Eurobodalla there are

heads of department in Speech Pathology, Occupational Therapy and Physiotherapy that cover all of the Eurobodalla. This offered opportunities for job rotations for positions of the same grading and amount of Full Time Equivalent (FTE).

Whilst it had been noted within and external to the allied health departments that the use of rotations had improved retention of staff and the motivation of those staff, these outcomes had not been evaluated further. This project evaluated the outcomes through a questionnaire.

The results found that the use of rotations has assisted to motivate our staff and increase the longevity of their time within the Eurobodalla Health service. This outcome is strongly associated with having dedicated and knowledgeable Heads of Department who are able to negotiate and coordinate successful rotations as well as provide supervision and support for each of their staff.

Collaborative Team

This award aims to emphasise the need for people to work together across boundaries to implement projects/programs which promote improvement in the health of our community and our health systems.

Entries

Improving Care for Patients with Traumatic Chest Injuries – Critical Care Services

Team: *Louise Casey, Dr Trish Saccasan-Whelan, Vivienne Chapman, Joanne Dungey*

The Blunt Chest Trauma Working Party was formed in response to adverse clinical outcomes surrounding patients with blunt force chest injuries. The Working Group focused on two presenting problems; fractured ribs and/or sternum and patients who required an intercostal catheter (ICC) for pneumothorax/haemothorax. If not managed early and proactively both patient groups, especially older patients are at much higher risk of chest infection/pneumonia, pulmonary embolus, and inadequate pain management which increase length of stay, access block and health care costs.

Clinical reviews and documented adverse patient outcomes indicated that a number of patients with blunt force chest trauma injuries were not receiving adequate care and developing avoidable complications. Additionally, the insertion of intercostal catheters (ICC) and application of underwater seal drains in some Southern NSW LHD sites has been associated with a number of adverse patient outcomes.

The Working Party developed and implemented two documents, the *Blunt Chest injury Pathway (CHiP)* and *Pleural drain insertion and management of traumatic chest injuries* to standardise practice across all Emergency Departments and areas where ICC's are inserted and/or patients are admitted with traumatic chest injuries.

The Canberra Hospital Trauma Service were consulted throughout the process of developing the CHiP and agreed to accept appropriate admissions from sites without a Close Observation Unit or Intensive Care Unit.

The CHiP and pleural drain education plan is currently being implemented across the LHD. To date face to face education and training has been provided at all Emergency Departments and Intensive Care/Close Observation Units who insert and/or care for patients with pleural drains - approximately 300 Southern NSW LHD Medical Officers

and Nursing staff. This training has been provided by Emergency Medicine & Training (EMET) teams from The Canberra Hospital and Calvary Hospital; the Trauma Director and Trauma CNC ran trauma workshops at South East Regional Hospital, Cooma, Batemans Bay and Goulburn Hospital where blunt chest trauma and pleural drain insertion were the priority areas following adverse patient outcomes; College of Emergency Nursing Association: Trauma Nurse Program (TNP) 2 day workshop was held at Goulburn Base Hospital and attended by 25 Emergency Nurses from across the entire LHD.

The result has been that reviews of patients notes across the LHD who have had pleural drains inserted have not identified any adverse outcomes since December 2018; documentation of pleural drain insertion has improved along with drain insertion observations attended in eMR; and patients who have pleural drains inserted are being admitted to either an Intensive Care Unit or Close Observation Unit or transferred to a tertiary facility. A formal review of outcome data will take place in during June and July 2019 (6 months following intensive education and training).

If the mountain won't come to Mohammed, Mohammed must go to the mountain – the Goulburn Medical Record Move – Goulburn Health Service

Team: *Kristy Phelps, Janice Harmond, Kate Rice, Judy Yeo, Cassie Skelly, Julie Chisholm, Laura White, Ruth Jobson, Fiona Dinsmore, Nha Craig, Emily Marchese, Emma Feld, Robyn Lunt, Rosanne Miller, Kerry Hort, Margaret Muilwyk, Lillian Granger, Leanne Rogers*

The purpose of this project was to develop, manage and implement the rationalisation and relocation of the paper based Medical Records for Goulburn Health Service Inpatient, Outpatient, Emergency Department, Community Health, and Community Mental Health Drug and Alcohol (CMHD&A) in response to the demolition of the existing storage space as part of the GH&HS Redevelopment. The team had to sort, cull and prepare 46,192 medical records to be moved offsite whilst ensuring no risk to patient safety and this service was provided at the most competitive price and within timeframes deadline.

The Medical Records Change Decanting & Relocation User Group (MRCD&RUG) was initiated with meetings held weekly over six months. Representatives included managers, medical records staff from the Hospital, Community Health, CMHD&A and the Redevelopment Team.

Within seven months the project team achieved their goal of sorting, culling and emptying the Medical Records storage buildings and uplifting the contents to the offsite storage facility by the required date for the redevelopment demolition deadlines.

The teams that came together to achieve the successful outcome of this work clearly demonstrated the LHD Core Values and the capacity to work effectively together, undertake significant change management, align priorities and work practices to achieve common goals, whilst meeting timeframes and medical records management compliance requirements.

Let's work together: Tough times don't last, but tough teams do – Queanbeyan Community Mental Health Service

Team: *Casey Spannari, Sandra Morgan, Sheryl Greentree, Yvonne McAviney, Jacquelin Singh, Christopher Hancock, Margaret Saville, Lauren Rodger*

The aim of this project was to improve staff morale and team culture within the Queanbeyan Community Mental Health service. Prior to the commencement of the program, the team had experienced a number of unexpected and rapid changes. Combined with low staff numbers, this ultimately had a negative impact on the morale of the team which can ultimately have a negative impact on the team's ability to function cohesively. This can potentially place consumers, staff and the health service at risk of not providing safe and effective treatment.

The managers of the service introduced the Essentials of Care: Ways of Working activity. This activity is designed to improve teamwork, communication and patient outcomes. It provides the team with the opportunity to develop statements of how the team will work together.

Staff feedback has confirmed that the Essentials of Care Program created a collaborative environment where all staff felt respected and able to contribute to improving our team culture.

The results show that developing the Ways of Working statements provided the team with ownership and recognition for work we do to improve the lives of others. This has inspired a number of team members to contribute to the ongoing development of the team in a creative way. This is evidenced by the fact that a number of staff are actively

contributing to the weekly newsletter and participating in the development of further quality improvement projects.

Making Accreditation CORE business in Mental Health Drug and Alcohol – MHDA

Team: *Gabrielle Mulcahy, Tim Leggett, Fiona Beston, Anne Francis, Jo Brown, Peta Kleinig, Anna Smith, Jo Graham, Anita Bizzotto, Netty Swinburne-Mephram, Wayne Cumberland, Helen Sieler, Jenni Hudson, Yvonne McAviney, Brooke Rowlands, Christopher Hickman, Lisa Stevenson, Julie Cameron, Kira van Klink, Dustin Cleverley, Fiona Burns, Erin Evans, Chris Groninger, Kelly Winter, Jocelyn France, Jodie Quinnell, Jocelyn Pfizner, Danielle Neves, Caron Copas, Wayne Lynch, Susan Judd*

The Mental Health Drug and Alcohol (MHDA) service developed and implemented a coordinated approach to the 2018 SNSWLHD assessment against National Safety & Quality Health Service (NSQHS). A MHDA Accreditation Working group, consisting of senior leaders and managers, commenced in January 2018. This project aimed to promote the vision of patient safety as everyone's business. It involved a collaboration between representatives from the Mental Health Inpatient Units, Community MHDA, TECS and the MHDA leadership team. Accreditation was embedded in the terms of reference and agenda of every meeting, from MHDA Leadership Meetings to unit staff meetings. The MHDA service is spread across multiple sites, and this project ensured the service developed a consistent approach to patient safety and quality across all levels of service provision.

The project generated energy and commitment across services to ensuring that standards became integrated into core business. Terms of reference and agendas of meetings are currently being adapted to reflect updates to the 2nd NSQHS standards. Accreditation boards continue to be updated monthly so that momentum and attention to standards continues to remain core business across MHDA. Accreditation remains a standing item on meeting agendas. Clinical nurse educators across inpatient and community settings in MHDA are making explicit the link between training and standards.

The MHDA service remains committed to ensuring accreditation remains CORE business and this will support the proposed move to short-notice assessments.

Never Tear Us Apart [thanks INXS] – Queanbeyan Maternity

Team: *Jenny Flaherty, Fiona Burge, Emma Mann, Jennifer Brandon-Baker, Jacqui Daniels, Josine Snoek, Janine Turnbull, Gai McGeoch, Nicola Hall, Sonia Nisbett, Vanessa Ward, Jessie Brack, Karen Bamford, Jo Bellani, Vanessa Morris, Stephanie Walker, Alina Baldock, Bronwyn Maher, Dr Peter Davis, Dr John Azoury, Dr Martina Mende, Dr Jeannie Ellis, Dr Sarah Jensen, Dr Amy Daly, Dr Geetha Mathew, Dr Tom McGuire*

3rd and 4th degree perineal lacerations are a known complication of child birth and there has been a worldwide increase in the rate of these injuries over the last decade. In this project, Queanbeyan Maternity Unit aimed to reduce their rate of perineal lacerations which has seen a steady increase since 2015.

The multi-disciplinary project team involved all staff in the Maternity Unit including medical officers and collaborated with the Canberra Hospital and Women's Health Australasia.

Improvements strategies included: implementation of 60 degree "Episcissors" these ensure that the incision is at the correct 60% angle; education and starting the "perineal care checklist" during 2nd stage of labour; encouraging 'hands on' and control of the head during delivery; warm compresses to perineum during late 2nd stage; visualisation and guarding of perineum during delivery; maintaining communication between the woman and the accoucher; development of *Guidelines for the Care of the Perineum* during delivery; OASI pathway for postnatal care and follow up; and collection and utilisation of patient stories from women who have experienced 3rd and 4th degree tears in Queanbeyan maternity unit.

There has been a reduction in 3rd and 4th degree lacerations from 3.5% in 2016/17 to 2.02% in 2018/19 (YTD).

The project is continuing and aiming to further reduce the rate and share successes with other units in the LHD.

A Safe and Healthy Workplace

SNSWLHD is committed to ensuring a safe and healthy environment for patients and staff. This award aims to acknowledge the strong safety and healthy culture that underpins SNSWLHD's commitment to providing a safe working environment for all staff.

Entries

'Code Black – Empowering Staff' – South East Regional Hospital

Team: *Allyson Johnston, Annette Nichols*

Health care workers are at significant risk for exposure to occupational violence whilst in the course of their duties, and appropriate response protocols, education/training and prevention strategies must be adopted to reduce the impact of such an event. Demonstrating a commitment to the safety of staff, consumers and other people within Bega Valley Health Service (BVHS) facilities, this project aims to equip staff with the training, knowledge, practical skills and workplace emergency duress response protocol education, in order to confidently and competently manage violent or aggressive situations.

The project focused on delivering violence prevention and management (VPM) training, refining and promoting emergency response protocols and conducting mock code black drills. These provided valuable learning opportunities for staff to practice VPM strategies, cohesive team work and review duress response protocols.

2019 data suggests a projected 299 participants or 43% of the total BVHS identified category 2 staff, will attend VPM training in this 12 month period, successfully meeting BVHS' VPM personal safety training targets.

This project has achieved its aims and results demonstrate that VPM training, code black education and mock drills, increase staff's knowledge, skills and confidence to manage occupational violence utilising facility code black duress response protocols. BVHS restraint data reflects a decrease in usage of the high risk prone restraint position for safer level 3 and seated position techniques, a positive trend supported by NSW Health (HETI 2014). Decreased prone restraints could be attributed to increased staff VPM training rates, however further analysis of data and trends would be needed to support this observation.

Early Stakeholder Intervention – People and Performance – Goulburn

Team: *Samantha Allen, Kellie Batten, Michelle Lewthwaite, Jo-Ann Mackie*

In 2016 a program was launched which focused on early intervention for staff with major at risk musculo-skeletal injuries. This program, WISE, aims to improve health outcomes for our injured workers by offering psychology services to assist with their return to work program. Through the use of a screening questionnaire, high risk workers are identified who may benefit from counselling intervention.

Partnering with Employers Mutual Limited, the Recovery @ Work Coordinators undertook training on the WISE protocols. The aim is to screen all new claims within 48 hours of receipt – and achieve an 85% take up rate for those workers identified as suitable for the program. SNSWLHD has consistently achieved this. Although workers participate in the program at their own choice, those that have participated have had a more active recovery as they have been able to understand their injury and with the collaboration of the treating providers and the workplace, return to their duties with a more positive mindset.

The WISE program is also a strategy to decrease claims becoming hindsight impacting (claims that will continue to cost the LHD over a number of years). By actively managing all aspects of a claim, correct treatment and rehabilitation correct treatment is available to positively return our workers back to their pre-injury duties. Reducing the amount of open, active claims can result in surplus funds being returned to SNSWLHD.

Sustainable Ward Project – Queanbeyan Inpatient Unit

Team: *Josie Grenfell, Christine Kearnes, Cassandra Packwood, Karen Cameron*

This innovative project aims to improve Queanbeyan IPU (inpatient unit) waste management system and reduce our environmental impact, by incorporating a range of strategies which will reduce waste to landfill and as a result save valuable funds that can be redirected into patient care. The project encourages staff interaction and responds to staff demands; a 2018 survey of 88 Queanbeyan Health Service staff found 76% of staff rated their concern for waste management as “concern or very concerned”.

Strategies implemented included implementation of food organic waste collection via GoTerra maggot farm in ACT; implementation of food rescue and donation of unopened, sealed foods to local charity Ozharvest; increase of comingled recycling items such as rigid plastic, aluminium bottles, cans, containers etc; increase in paper and cardboard recycling where possible; change to water bottle procedures - 1 bottle per patient/per admission, unless otherwise requested; promotion of specialised recycling options such as battery recycling, cartridge recycling, soft plastics; repurposing of safe medical equipment where appropriate for donation to developing nations; re-homing of past 'best before' enteral feed for animal shelters e.g. local WIRES; additional labelled bins were purchased to make segregation easier and bin/waste stations were set up to help staff/patients make informed decisions on where their waste should go. This involved the removal of some smaller bins around the ward to reduce "convenient tossing".

In the short time since implementing new practices in July 2018, the Queanbeyan Hospital has increased its comingled recycling waste and seen a noticeable and continuous decline in general waste to landfill via Suez data.

Since commencing the project, new practices have proved efficient, with few complications. This has led to high compliance rates by health service staff. Continued staff education, feedback and communication will assist in a smooth progression of the project. This education process has been incorporated into staff orientation for both the hotel services and nursing department.

Health Research and Innovation

This award aims to recognise collaboration between researchers, policy makers, service users, health managers and clinicians in research. This collaboration is critical and can lead to findings that are more likely to be innovative and positively inform health decisions.

Entry

CTPA : A CQI Project- Becoming Australia's Best – South East Regional Hospital

Team: *Grant Bryant, Ralph Dixon, Jennifer Leayer, Huw Vitlin, Danny Ovenden, Jeff Howlett, Brendan Pottie*

Computed Tomography Pulmonary Angiography (CTPA) is considered the gold standard test for detecting pulmonary emboli. When it comes to CTPA examinations there can be large variation in technique – and a large potential for failure. Failing to get a diagnostic image means the patient goes undiagnosed with a potentially fatal disease which is treatable. Fail rates for CTPA are between 2-10% depending on literature. At Bega District Hospital our fail rate was around 10%.

The aim was to research why our fail rate was high, what causes CTPA to fail and to improve pulmonary emboli detection rates. It was discovered that failed CTPA exams were due to patients performing Valsalva, patient breathing throughout the exam, large body habitus, poor contrast timing, poor venous access, staff education, unsuitable patients and patients with tachycardia.

After six months the CTPA fail rate fell to Australia's best (so far known) and continues to sit at close to zero seven years into the project. Image quality increased, radiation dose fell and more pulmonary emboli were detected thus greatly improving patient outcomes.

The CTPA CQI project is ongoing. The findings have been presented twice at conferences and staff from other organisation such Orange Base Hospital, South East Radiology, Prince of Wales Hospital, Hunter New England Health, Calvary Hospital Canberra, Canberra Imaging Group and The Canberra University Medical Radiation Science have reached out to improve their own methods in regards to CTPA techniques.

Excellence in the provision of Mental Health Services

Mental Health is a priority area for the NSW Government. This award recognises and showcases innovation in improving the quality and safety of mental health patient care.

Entry

“Together we will influence” SENSW Regional Plan - NSW’s first Regional Mental Health and Suicide Plan

Team: *Cherie Puckett, Julie Carter, Andrew Gow, Alison Bradley, Abhijeet Ghosh, Zoe Harris, Gerard Duck, Tim Heffernan, Colleen Krestensen, Irene Constantinidis, Anne Francis*

The development of a Regional Mental Health and Suicide Prevention Plan (the Plan) and implementation strategy is a triad commitment to Mental Health in South Eastern NSW (SENSW). The SENSW Regional Mental Health and Suicide Prevention Plan is intended to provide a blueprint for collaborative action for mental health service development over the next five years to reduce the impact of mental illness and suicide within our region.

The Plan is intended to have a practical, concrete focus, with specific actions to inform real change over time in the way services are delivered and clear roles and responsibilities for these actions.

The Mental Health and Suicide Prevention Strategy Working Group has been established with the support of the Executives of the Southern New South Wales Local Health District, the Illawarra-Shoalhaven Local Health District and COORDINARE to jointly oversee and guide the development of a Regional Mental Health and Suicide Prevention Strategy.

The Plan focuses on services and options for people in the community and seeks to cover the spectrum of mental health and suicide prevention needs within the region, from prevention through to the interface with acute care within an integrated system approach. It also recognizes the importance of considering different ways in which integrated services and care can be achieved. This ranges from better communication between providers through to shared delivery of services.

This project has seen the establishment of a more collaborative and informed way of working, with the effective utilisation of resources, preventing duplication.

Volunteer of the Year

The Volunteer of the Year Award recognises the significant contribution of an individual or group of volunteers within SNSWLHD.

Entries

Brad Rossiter - Eurobodalla

Brad Rossiter has been the chair of the Eurobodalla Community Representative Committee (CRC) since 2010. Brad is an enthusiastic volunteer who spends significant time supporting the service to provide excellent care and to promote health in the community. He is an excellent role model for other volunteers and supports the CRC members to enhance their contribution to the Eurobodalla Health Service. Brad has been a strong advocate for CRC to engage with the community, in the community. He is the driving force behind the Eurobodalla Health Expo, which has been an annual event in the Eurobodalla since 2016. It was Brad's vision that saw a place for community and local health providers to come together. He has worked with local businesses to ensure that the event is free for exhibitors and the community. This has strengthened the relationship that the Eurobodalla Health Service has with its community.

Brad is respectful to all members of the CRC, to staff and managers of the organisation and highly respectful of patients and visitors and other service users through his advocacy for ongoing improvements to health care in the Eurobodalla.

Edward Hawke – Goulburn

Edward is one of the original volunteers in the Dementia and Delirium Volunteer Program (DDVP) project undertaken at Goulburn Base Hospital during 2015 and 2016. Edward is now in his fourth year as a DDVP volunteer. He has consistently provided appropriate and individualised care to inpatients registered in the program and their families and carers. Edward quietly models professionalism in his voluntary role and has built strong relationships with colleagues and staff in an effort to achieve the aims of the program by offering emotional support and practical assistance to vulnerable patients in hospital.

Beryl Harris – South East Regional Hospital

Beryl Harris is an exceptional volunteer who deserves to be recognised for her continuous efforts to helping others. Over the past 34 years Beryl has been a dedicated volunteer, starting her volunteering services supporting patients at Bega Hospital in 1985 and continuing to volunteer today at South East Regional Hospital. Beryl began her career as a trained nurse at Bega Hospital and in 1967 then left the hospital to start a family.

Beryl led the establishment of the Pink Ladies and Oncology volunteers at Bega and has been a volunteer for Palliative Care, Pastoral Care, the Hospital Auxiliary, Dementia Delirium Hospital program, Sub-Acute Rehabilitation Breakfast Club and the Fracture Clinic.

In 1999 Beryl was diagnosed with breast cancer which required surgery, chemotherapy and radiotherapy, but this did not deter her from volunteering and helping out in the Oncology Unit. Beryl's commitment to volunteering is astounding and is undeniably impressive.

Beryl's overall contributions and effort towards volunteering over the past 34 years has had a significant impact on the hospital. Without her dedication, passion, motivation and enthusiasm for volunteering I believe that some of our programs would not have enjoyed the success they have had.

Staff Member of the Year

This award aims to recognise SNSWLHD employees who have made an exceptional contribution to the health system within SNSWLHD.

This award aims to acknowledge an individual who:

- As part of their clinical or support role in SNSWLHD, provides excellence in service to support staff, patients, carers or families
- Is a role model for promoting positive cultural change and inspiring other staff within the LHD
- Uses new and innovative ways to engage staff, patients, carers or families

Entries

Liz Redden - Administration Officer Cooma Medical Imaging

Liz has demonstrated the CORE values of Southern NSW Local Health District and was nominated by her peers to win the Cooma Staff Member of the Year award in 2018.

A dedicated team member as Administration Officer for Cooma Medical Imaging Department, Liz provides excellent customer service and patient care. Liz is a role model for promoting positive cultural change and inspiring other staff within NSW Health. Liz has a sound knowledge skill base and provides great customer service and is always engaged with patients and staff alike. Liz consistently demonstrates a commitment to promoting the CORE values of Collaboration, Openness, Respect and Empowerment.

Liz is the most recognisable face at Cooma Hospital. She is the cornerstone of the Imaging department and seemingly knows every patient who walks through the doors and in turn they all know her. It is due to the fondness in which she is held and the home-style welcoming comfort which she radiates that her voice is so well known. It carries with it enthusiasm, openness, warmth and care. Combining these personal attributes with the work ethic that embodies what this LHD strives for, results in Cooma's staff member of the year. She is the perfect description of the LHD Staff Member of the Year.

Jackie Ross - Registered Nurse – Bombala Multi-Purpose Service

Jackie was nominated in 2018 as the Bombala staff member of the year by her peers. Her professionalism both within the team of Bombala MPS also reflects how she interacts with other staff both local & district

Jackie provides a strong work ethic and puts patient care and safety first. She shares wonderful relationships with her colleagues and is constantly building on those internal relationships with all staff.

Jackie excels in providing excellent care to residents and inpatients. She has had long standing experience as a registered nurse and enrolled nurse and thrives on providing care and support to those clients who require assistance in a rural Health capacity. As part of her clinical role she provides on going education and training support to new staff members and is happy to share her knowledge with especially students. Jackie has recently volunteered to perform in the Clinical Nurse Educator role whilst we recruit to this position for both Bombala and Delegate MPS sites. She performs this role in addition to her normal duties and excels in the role as she is extremely organised and passionate about education. Jackie is also our Pharmacy champion and has reorganised the Bombala MPS pharmacy to a high degree whilst reorganising stock ordering to help save resources and funding.

Jennifer Mitchell - Registered Nurse- Braidwood MPS

Jennifer has worked tirelessly to change the culture of the Braidwood acute ward and Emergency Department in relation to risk screening, assessment and care planning. She is an advocate for older frail adults who have fall and delirium risk factors. Jen has shown excellent leadership skills and has undertaken rapid quality improvement cycles, monitored data on a weekly basis, provided education and acted as an excellent conduit between the LHD Leading Better Value Care Falls team, her colleagues and the management at Braidwood since taking on the falls champion role in 2017.

Despite the project ending, Jen has continued to use her passion and enthusiasm to keep her colleges moving forward in screening. As at the last report Braidwood MPS has achieved 100% screening in the ED, for cognition and delirium.

Jen always led by setting the example in her own clinical practice and was very open about her own short-falls at times, and always endeavours to better herself and her practice. She is a clinician, she understands clinicians and their daily struggles and frustrations and has an ability to empower and guide.

Kathleen Mowbray - Registered Nurse – Delegate Multi-Purpose Service

Kathleen has demonstrated the CORE values of Southern NSW Local Health District and was nominated by her peers to win the Delegate Staff Member of the Year award in 2018.

As an extremely professional dedicated team member, Kathleen provides exceptional residential and patient care. She is a role model for promoting positive cultural change and inspiring other staff within Delegate MPS. Kathleen uses innovative ways to engage staff, residents, patients, carers or families and demonstrates a commitment to promoting the CORE values of Collaboration, Openness, Respect and Empowerment.

Jenny Flaherty - Clinical Nurse Educator – Maternity Department Queanbeyan

Jenny was nominated for her professionalism both within her direct team in the Maternity Department of Queanbeyan and also how she interacts with other areas of the Queanbeyan Health Service. She provides a strong work ethic and puts patient care and safety first. She shares wonderful relationships with her colleagues and is constantly building her internal relationships with all staff.

She has had long standing experience as a Nurse Educator and thrives on the busy and exciting nature of a Maternity Department. As part of her clinical role she provides ongoing education and training support to new staff members and has many years of clinical knowledge and experience to contribute to both medical officer and nursing staff.

Jenny recently contributed to a quality improvement project which analysed and reduced incidents of perineal tears within Maternity services. As the project lead, she analysed anomalies and factors that contributed to perineal tearing during birth and put in place actions and strategies to improve patient outcomes.

Jenny Flaherty embodies all that is midwifery. As a practitioner, she provides exemplary care towards all women and their families. As an educator, Jenny instils in all that women are the centre of her care. As a midwifery specialist, Jenny is able to facilitate learning, self-reflect and act as a conduit between the midwifery and medical teams and is highly respected by all. Jenny has a wealth of knowledge regarding maternity services and is an invaluable member of the Queanbeyan Maternity team. WE LOVE HER!!!!!!!

Andrew McLaughlin - Head Gardener and Maintenance - Queanbeyan Hospital

Andrew was the recipient in 2018 for the Monaro Cluster General Managers award. His professionalism both within his direct team in the Maintenance department of Queanbeyan is commendable and also how he interacts with other areas of the Queanbeyan Health Service and is a credit to the Health Service.

Andrew incorporates himself as part of the team and provides guidance and is a positive role model for junior staff. Andrew promotes a sense of teamwork and a positive culture to the Maintenance Department who inspires other staff to do their best at all times. Andrew encourages all staff to continue there on the job learning and professional development. Andrew also promotes a collaborative approach to his team. His capacity to liaise and build good working relationships with these areas is a testament to his professionalism.

Collaborative Leader/Staff Excellence Award

This award aims to acknowledge individuals who have demonstrated an outstanding contribution to the organisation of a unit, site or group of sites within SNSW LHD and who demonstrates exceptional collaboration within their role.

Entry

Jennie Keioskie - Rural Adversity Mental Health Coordinator

Jennie Keioskie has been in the Rural Adversity Mental Health Coordinator position for SNSWLHD for over seven years. The Rural Adversity Mental Health Program (RAMHP) is a major program of the University of Newcastle Centre for Rural and Remote Mental Health (CRRMH) in partnership with the rural local health districts in NSW. The aim of the program is to link people experiencing mental health problems to appropriate care, educate rural communities on mental health and wellbeing and provide local relevant information to ensure community members are informed on programs, resources and services to support access and recovery from mental health concerns.

Jennie's dedication and understanding of her community's needs is exemplified everyday by the trust both local service providers and community members have for her. This has enabled her to link over 850 people to care since 2016.

Jennie's responsiveness and creativity is both a true strength and asset to the communities within the Southern LHD. She has an ability to relate to a wide range of diverse people and reach the community's most vulnerable populations. This is exemplified by her strong partnerships with people across sectors and industries, including: Dairy Australia, Rural Fire Services, SES, Primary Industries (Oyster Coast Australia, Bega Cheese), sporting clubs, South Coast Women in Dairy, homelessness services, local land services and all levels of the health care system (PHN, LHD).

RAMHP State Program Manager Tessa stated that Jennie, as a long service RAMHP coordinator, never tires, is always positive and approachable; is always committed to improving mental health and wellbeing; and reducing stigma and suicide in rural regions where adversities like drought, and fires impact greatly on community members.

Women in Health – Aboriginal and Torres Strait Islander

Introduced in 2018, this award aims to celebrate an Aboriginal or Torres Strait Islander woman in the health service deserving of recognition for her inspiration, motivation, positivity and leadership qualities.

Entry

Kimberley Green - Aboriginal Mental Health Worker – Goulburn Community Mental Health

Kimberley exerts NSW Health's CORE values daily and is a valued member of the Goulburn Health Service team. Kimberley is an experienced collaborator, enjoys working within the new shared working space of Goulburn Community Health & Goulburn Community Mental Health Drug & Alcohol as a result of the Goulburn Hospital redevelopment. Kimberley is always open to fresh ideas, listening and considering other people's opinions and different ways of doing business. Kimberley prides herself on her work, reputation and regularly asks for feedback so she can continually improve on the service she is providing. Kimberley is a valued team member of Aunty Jeans Goulburn, a member of the Goulburn & Yass NAIDOC committee and volunteer of the Goulburn White Ribbon Ball Committee 2019 to raise funds for the White Ribbon

Campaign to stop domestic violence through educating and empowering men. Kimberley often puts up her hand to go above and beyond what is expected of her. In collaboration with Corinne Dyson Mental Health Clinician and Cecilia Pavlovic Aboriginal Health Worker, Kimberley developed a Women's Aboriginal Healing Circle pilot which they are presently evaluating. The aim of the healing circle, is for the women to meet weekly as a group and share personal stories in a culturally safe, sensitive and respectful manner.

Women in Health – Non-Aboriginal and Torres Strait Islander

This award aims to celebrate a woman in the health service deserving of recognition for her inspiration, motivation, positivity and leadership qualities.

Entries

Caroline Cook – Nurse Practitioner, Diabetes

Just being a Nurse Practitioner says something about the person she is - she is a shining star! We are very proud to have her working within Nursing and Midwifery, as an outstanding professional colleague.

Caroline has established a Diabetes Service within SNSWLHD in which she undertakes quarterly clinics for communities that have no access to endocrinology services. She manages complex patients that are not able to be managed by standard community services;;provides comprehensive diabetes assessment and management, prioritising clinical issues; consistently evaluatesg treatment strategies and medication management; provides consistent and comprehensive feedback mechanism and support to GP’s, Diabetes educators and other health professionals to support decision making processes and management related to diabetes treatment. The service is utilised to its capacity – with patient and clinician feedback being overwhelming positive for the LHD.

She has established a health referral pathway for diabetes services in collaboration with the Primary Health Network; established a Communities of Practice Network for all Diabetes Educators within SNSWLHD providing clinical support and consistency in management and treatment for diabetes within the LHD; written the SNSWLHD Diabetes Policy associated with standards for the delivery of care. The purpose was to ensure that all persons receiving diabetes care in SNSWLHD receive safe and high quality evidence-based care on all ‘occasions of service’.

Caroline is the ultimate champion within the realm of the continuum of care, diabetes management and integration of services across all SNSWLHD facilities.

Leanne Ovington – Director of Nursing and Midwifery Eurobodalla

Leanne has been a key leader in the development of the Eurobodalla Health Service Clinical Services Plan and encouraged staff involvement. She has overseen and lead

improvements of the Moruya ED to create a better work environment the establishment of the CT service in the Eurobodalla; and as part of her , Executive Clinical Leadership program, developed a program for local nursing staff to be trained to insert PICC lines.

Leanne has been the leader of the Whole of Health Program in Eurobodalla and has demonstrated excellent results including the “Silent 12” project which won multiple awards at the 2017 Quality Awards. Leanne’s leadership of vacancy management has been noted within the LHD and she participated in a project to develop a LHD vacancy management approach. Eurobodalla has no agency nursing staff as a consequence of Leanne’s approach to managing vacancies.

She has been instrumental in establishing the bed manager role for Eurobodalla and improving the twice daily bed board meetings (even achieving weekend bed board meetings). She was a key leader in the establishment of the Eurobodalla Sub Acute Unit which has improved access to rehabilitation in Eurobodalla, and is consistently at 100% occupancy.

Leanne consistently leads by example. . She displays the CORE values, is highly professional and has a very strong work ethic. Leanne is highly respected by staff, managers and patients and is often mentioned as a person who has influenced learning or displayed CORE values during staff PPAD.

Lisa Kennedy – General Manager – Eurobodalla

Throughout her time in the Eurobodalla General Manager role, Lisa has been committed to growing local team members to achieve their potential. This is demonstrated by the long-term stability of the management team . and her ability to develop skills of her managers. She believes in her staff’s strengths and supports them to be successful in senior roles.

Lisa challenges her team to constantly find better ways to do things, and turn ideas for improvement into a reality. The implementation of a CT service in Moruya was achieved with strong leadership and collaboration with the capital works team to find a solutions without increasing the footprint of Moruya Hospital. .

Lisa always demonstrates CORE values, has a good work ethic, a strong sense of public duty and values these traits in her staff. Lisa is courageous in making difficult decisions

and instils confidence in her managers to make decisions. Above all Lisa is kind, she shows a high level of empathy and emotional intelligence allowing her to see things from many viewpoints. The most recent results of the people matters employee survey put the Eurobodalla Health Service above the state in many indicators. .

Marie Callan – Nursing and Midwifery Project Officer

In Marie's role as Project Officer for Leading Better Value Care programs, she strives to work alongside the Pillars and key stakeholders with the ultimate goal of bringing about change and making a difference to the way health care is delivered. She is highly regarded by ACI and other LHDs for her involvement and willingness to support LHDs in LBVC and openly share her innovative work. Marie consistently works with determination and creativity. Despite juggling multiple roles and responsibilities, she has a strong work ethic and is determined to do her best at all times. Marie has been able to inspire many staff involved in LBVC to achieve outcomes they did not think possible. She has been able to do this through her ability to encourage and empower staff. Her ability to connect with all staff has supported many relationships such as that with the PHN.

Marie has been able to find many ways to do things differently particularly communication regarding LBVC and the New Graduate nursing program. Social media has become increasingly important in getting out information and Marie works closely with the Media team to make this happen.

Judges

The SNSWLHD Board and Executive would like to acknowledge and thank the following people for participating in the judging panels for the 2019 SNSWLHD Quality Awards:

- Board members Diana Williams, Geoff Frost, Dr Brian Tugwell, Mark Harrison, Margaret Lyons and Narelle Davis
- Executive and senior staff Andrew Newton, Jackie Jackson, Judy Ryall, Dr Dennis Pisk, Virginia Cater, Dr Lyn Currie, Cherie Puckett, Tony Robben, Lou Fox, Jude Constable, Brendan Church, Muku Ganesh, David Hohnke and Andrew Elliott.