ST VINCENT'S
HEALTH NETWORK
SYDNEY

Safety and Quality Account

St Vincent's Health Network Sydney
2023-2024

Better and
fairer care.
Always.

Dalarinji – "Ours Belonging to Us. Artist: Lani Balzan

Acknowledgements

We would like to acknowledge the land of the Gadigal and Burramattigal peoples of the Eora Nation; as well as the Dharug Nation on which our services are built. We pay our respects to Elders past and present, and we walk and work together in the journey of improving Aboriginal and Torres Strait Islander Health Outcomes.

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1. ST VINCENT'S HEALTH NETWORK

Anna McFadgen
Chief Executive Officer
St Vincent's Health Network Sydney

1.1 CEO Statement On Safety & Quality

It is particularly timely to be writing this Quality & Safety Account Foreword, just weeks after undergoing our National Safety & Quality Health Service Standards Short Notice Assessment. After four days of thoroughly assessing every part of our Hospital, the Surveyors have awarded St Vincent's Health Network Sydney full Accreditation, with no recommendations, and a rare 3/3 ACSQHC maturity rating for Research and Clinical Trials; an outstanding result.

It was particularly gratifying to hear the Surveyors speak about the extent to which they saw our St Vincent's Mission and Values in action; the embedded teamwork approach they witnessed in our patient safety and improvement journey and the level of dedication and commitment our people have for delivering the best outcomes and experiences for our patients and clients. As this Quality & Safety Account attests, these qualities fundamentally underpin our safety culture and how our people serve our patients, clients, and indeed each other, every day.

In this Report, you will read about several initiatives that have supported our continued efforts towards better, fairer care for our communities throughout the last twelve months. These initiatives include: our concentrated efforts in reducing Hospital Acquired Complications, our sustained performance improvement to provide timely emergency care for our community, and our Clinical Governance Framework refresh, which is aligned with the model Clinical Governance Framework provided by the Australian Commission of Safety and Quality in Healthcare and is designed to ensure the provision of safe, effective, connected and personalised care across our Network.

Another area where you will see we are focusing our efforts is staff wellbeing, recognising the clear relationship between staff safety & wellbeing and patient safety and experience. To enhance wellbeing across our Network, we have introduced opportunities for staff to practice Mindfulness and Deep Relaxation Practices that contribute to self-care and self-compassion and have welcomed the first cohort of participants into the 12 month Improvement Capability Training Program (ADEPT). Through this program participants are immersed in teaching and application of improvement methodology, elements of safety culture and leading sustainable safe teams.

As this Report showcases, our safety and quality culture is firmly embedded in our daily endeavours. I am so proud of this culture and extremely grateful to our people, volunteers and supporters for being active participants in this important journey.

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1.2 Snapshot Of Achievements Over The Past 12 Months

1.2.1 Optimising operations with a Daily Management System

In 2023-24 SVHN undertook a major change to the operating model for the Network in order to support enhanced safety and patient experience, more timely access to care and improved communication and engagement.

The new 'Daily Management System' features a Tiered meeting structure designed to address urgent and important matters simultaneously, improve communication flow, problem solving and tactical decision making, enabling leaders to more effectively manage operations.

The system consists of four tiers of meetings that facilitate communication from the frontline to executive levels. These meetings are structured and recurrent, using scrum boards to track discussion points and assigned actions. Data reviewed at each level includes demand and access, Harm Score 1 and 2 incidents, Length of Stay (LLOS), and patient flow.

Figure 3 SVHS Tiered Meeting Structure

1.2.2 A Year of Progress in Hospital-Acquired Complications (HAC) Management

Over the past year, SVHN has made significant progress in reducing the occurrence of Hospital-Acquired Complications (HACs). Key aspects of this improvement has been ensuring the accuracy of our data and the effectiveness of clinical practice. The development of a local analytics dashboard has also been instrumental in tracking our progress and providing our teams with up-to-date and accurate information for better analysis and decision-making.

Some of the key clinical practice improvements included focusing on the insertion and management of peripheral intravenous cannulas (IVCs), standardising insertion trolleys with the correct equipment, ensuring regular shift by shift reviews and upskilling of Nurses in specific wards in IVC insertion. These initiatives alone have reduced blood stream infections by half.

As a result of these efforts, SVHN have successfully reduced the HAC rate by close to 50 per cent, leading to 200 fewer HACs per 10,000 episodes of care. To maintain these improvements, clinicians are receiving training in the HAC review process, and data structures are being established to ensure visibility of this data moving forward, for active management.

Figure 1 HAC performance over the last 18 months
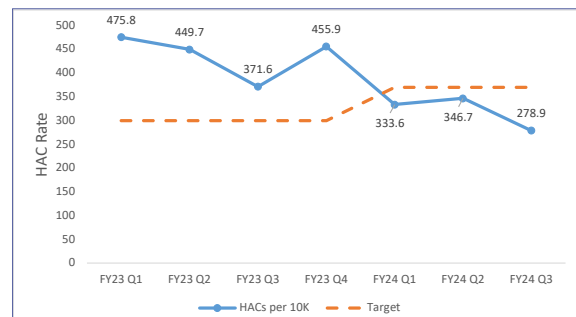
1.2.3 Improving Venous Thromboembolism (VTE) Risk Management: A Targeted Initiative

In 2023-24 SVHN launched events by increasing compliance with VTE Risk Assessments. This effort focused on ensuring that assessments were completed at admission and throughout a patient's stay, followed by appropriate VTE prophylaxis. Regular audits identified that compliance was low across all inpatient areas, leading to missed opportunities for preventive care.

To address this issue, a key change was implemented within MedChart, the Electronic Medication Management (EMM) system, by introducing a forced function that prompts prescribers to complete a VTE Risk Assessment before prescribing. Developed in consultation with medical officers and supported by an educational program, this change was first trailed in two wards, to identify and resolve any issues before expanding hospital-wide.

After full implementation, a significant decrease in the incidence of VTE-coded HACs was observed. Additionally, a VTE Risk Assessment Dashboard was developed to monitor compliance, support clear reporting, and quickly identify any future gaps in care. This tool is now utilised by the VTE Committee, MedChart specialists, and analytics teams to ensure ongoing improvements in patient safety.

Figure 2 VTE HAC Rate trend
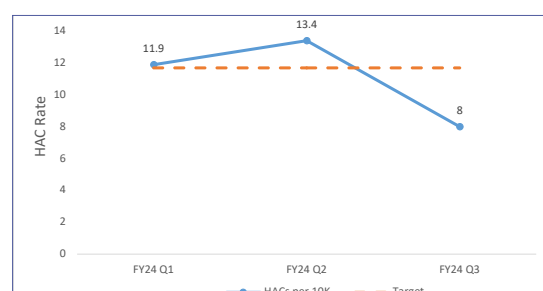
1.2.4 Enhancing Timely Emergency Care: A Success Story

Over the last twelve months, SVHN has made substantial strides in improving timely emergency care, particularly for patients arriving by ambulance. Through implementing the Daily Management System (tiered daily management huddles), structured improvement programs, capability development for frontline teams and data visibility across the Network, SVHN has consistently achieved the State target for this key performance indicator for the past six months.

Most importantly, as a result of these improvements, between November 2023 and March 2024, SVHN was able to release over 1,500 hours of ambulance time back into the system so our community can receive more timely paramedic responses.

1.2.5 Achieving Triple 0 in Elective Surgery

In the wake of the COVID-19 pandemic, SVHN faced a significant challenge with patients waiting for elective surgery beyond benchmark category wait times. In response to this, the Elective Surgery Recovery Program was launched with the ambitious goal of reducing the number of patients waiting beyond their urgency category to zero by the end of December 2023, ensuring that no patient would be overdue for their surgical care.

To achieve this goal, SVHN implemented several strategic initiatives:

1. **Increased Theatre Capacity:** The capacity for elective surgery within theatres was expanded by extending existing elective theatre sessions and introducing Saturday sessions. This strategy allowed for the treatment of 114 additional patients.

2. **Post-Operative Contracted Care Model:** In collaboration with St Vincent's Private Hospital Sydney (SVPHS), a post-operative contracted care model was developed. This model facilitated the increased throughput of surgical activity by providing additional post-operative bed capacity for 620 patients, alleviating the internal constraints caused by competing demands from the emergency department.

3. **Data-Driven Decision Making:** The development of elective waitlist and surgical activity dashboards provided the Elective Surgery Recovery Steering Committee with real-time data, enabling informed decision-making and ongoing monitoring of progress towards the target.

By the end of December 2023, SVHN had successfully completed all overdue elective surgeries and has sustained this achievement for the 2023-24 year. The success of the Elective Surgery Recovery Program not only ensured timely surgical care for patients but also demonstrated SVHN's commitment to delivering high-quality healthcare despite the challenges posed by the pandemic.
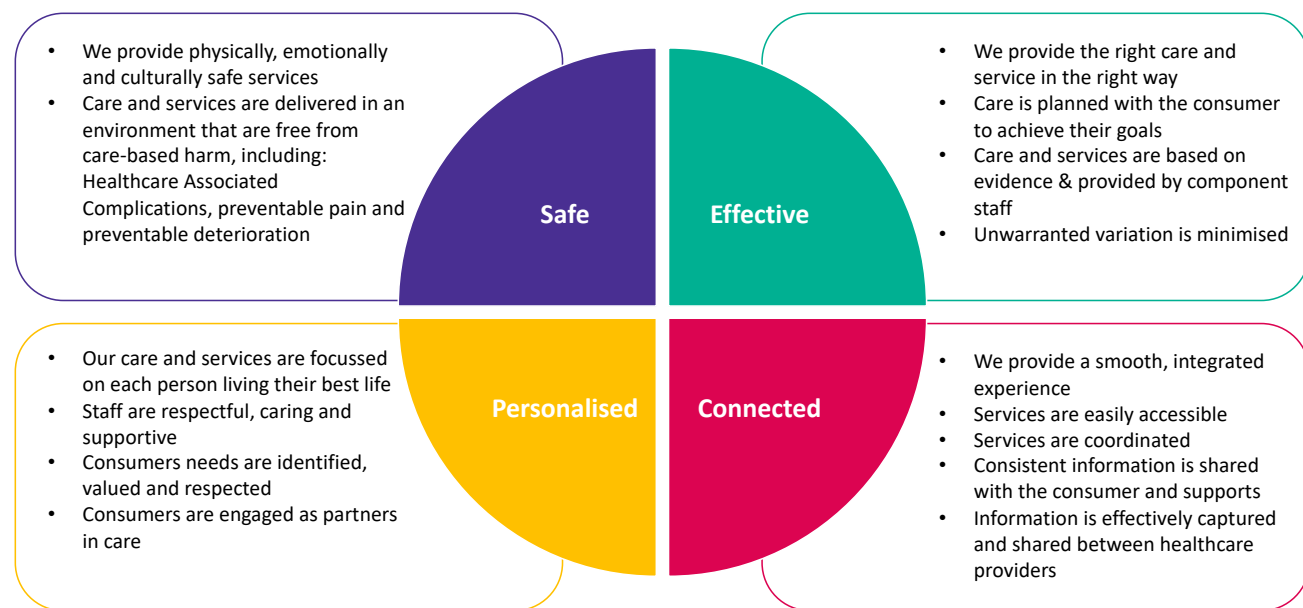
| 2. ACHIEVEMENTS AGAINST PRIORITY INITIATIVES OVER THE PAST 12 MONTHS

2.1 A New Clinical Governance Framework

SVHN has undertaken a comprehensive refresh of its Clinical Governance Framework to further drive continuous improvement in patient outcomes and experiences. This revised framework is now aligned with the National Model Clinical Governance Framework established by the Australian Commission on Safety and Quality in Health.

The primary objective of this update is to ensure that everyone at SVHN, irrespective of where they work, understands their role in delivering the best quality care and experience for our patients and clients, through the delivery of care that is safe, effective, personalised, and connected.

Figure 4 SVHNS Clinical Governance Framework

Safe
- We provide physically, emotionally and culturally safe services
- Care and services are delivered in an environment that are free from care-based harm, including: Healthcare Associated Complications, preventable pain and preventable deterioration

Effective
- We provide the right care and service in the right way
- Care is planned with the consumer to achieve their goals
- Care and services are based on evidence & provided by component staff
- Unwarranted variation is minimised

Personalised
- Our care and services are focussed on each person living their best life
- Staff are respectful, caring and supportive
- Consumers needs are identified, valued and respected
- Consumers are engaged as partners in care

Connected
- We provide a smooth, integrated experience
- Services are easily accessible
- Services are coordinated
- Consistent information is shared with the consumer and supports
- Information is effectively captured and shared between healthcare providers

2.2 Priority Areas Identified In Last Year's Account

2.2.1 Enhancing Follow-Up for Aboriginal and Torres Strait Islander Patients

Improving readmission rates for Aboriginal and Torres Strait Islander patients has been a longstanding priority for SVHN. The 48-Hour Follow-Up program is applied to all Aboriginal and Torres Strait Islander patients who visit our Emergency Department, with a focus this year on expanding it across our entire service.

To ensure culturally appropriate interactions, staff from the Aboriginal Health Unit have provided cultural training to Nurse Unit Managers responsible for the follow-up calls. This initiative helps build trust and foster collaboration with First Nations patients.

A hospital-wide procedure has been developed in partnership with Nurse Unit Managers and the Aboriginal Health Unit, now in use across all admitted wards. The follow-up process has been enhanced to include opportunities for Aboriginal patients to provide feedback on cultural safety, enabling continuous improvement.

The transition to electronic documentation of follow-up calls has facilitated data collection to support ongoing improvements in addressing gaps in care for Aboriginal and Torres Strait Islander patients. A dashboard is currently under development to provide data insights, drive standardisation of practices, and identify further opportunities for continuous improvement.

2.2.2 Enhancing Transitions of Care for Residential Aged Care Facility (RACF) Patients

Transitions of care pose significant risks for Aged Care patients, particularly those residing in residential aged care facilities. Poorly communicated discharge plans can lead to higher readmission rates among this vulnerable population. To address this, SVHN launched a project in March 2023 aimed at reducing emergency department presentations and 28-day readmission rates for patients in residential aged care.

Since its inception, the project has supported 247 patients, representing 11% of all Hospital in the Home (HITH) admissions during the same period. The service has extended to over 10 residential aged care facilities within the SVHN catchment. The average patient age is 87, with a (Rockwood) Frailty score of 7, indicating severe frailty and complete dependence for personal care, though generally stable.

The initiative has achieved notable results, with only 13% of patients readmitted to the hospital within 28 days, some for conditions unrelated to their initial admission. The average length of stay for these patients in the service was two days. Data on common diagnoses, including urosepsis/UTIs, pneumonia, falls, and delirium, highlights the types of conditions managed under this pathway.

| 3. IMPROVING THE PATIENT EXPERIENCE

3.1 Digitising The Elective Surgery Pathway – Enhancing Communication And Care

In response to patient feedback regarding communication gaps while awaiting surgery, SVHN have co-designed a digital enhancement to the elective surgery patient pathway from Recommendation for Admission (RFA) to the Day of Surgery (DOS). This initiative aims to replace the existing paper-based process with a fully digital system through the CareMonitor platform.

Previously, the pathway from RFA to DOS involved manual processes, with limited interactions with patients. The new digital system automates scheduled, timely communication through the CareMonitor patient app, ensuring more consistent contact throughout the waiting period. The CareMonitor clinical web portal further enhances the process by allowing staff to identify bottlenecks in patient preparedness and improve the legibility and completeness of patient information via digital forms. The addition of in-app messaging between staff and patients increases the frequency and quality of communication, streamlining administration and enhancing the overall quality of care provided by teams.
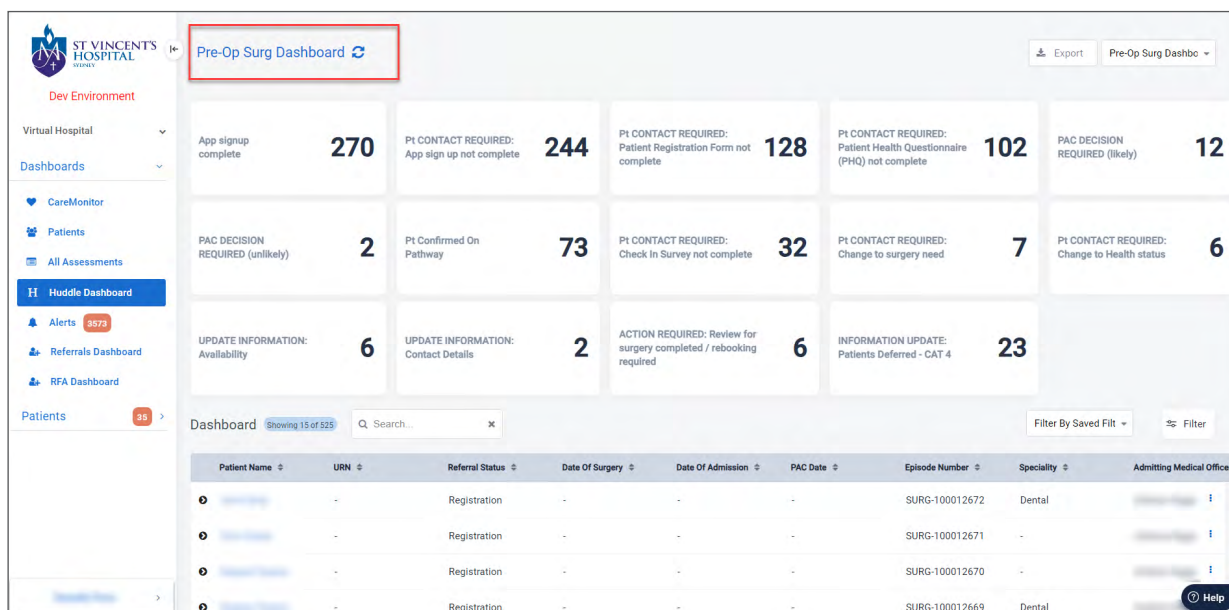
3.2 Improving Patient Voices: The Patient Reported Measures Initiative

SVHN is advancing its commitment to patient-centred care through the Patient Reported Measures (PRMs) initiative. This initiative integrates patient feedback on outcomes and experiences into healthcare planning and delivery, ensuring that the voices of patients, especially those from under-served populations, are central to the care provided.

PRMs play a vital role in adapting healthcare services to meet current demands and inform strategic decisions on resource allocation and service design. By fostering shared decision-making, enhancing clinician-patient relationships, and supporting realistic goal setting, PRMs contribute to improving clinical quality and safety. As part of the broader NSW Health Statewide PRM Program, SVHN employs the HOPE platform across multiple clinical streams, including Medical, Sub-Acute & Ambulatory Care, Heart & Lung, and Surgical.

Throughout 2023-2024, the optimisation of the HOPE platform at SVHN has involved refining role responsibilities, improving platform functionality, and strengthening governance to ensure that PRM data is effectively utilised across all levels of care. Future plans include expanding PRM processes to cover non-admitted care experiences, providing a more comprehensive understanding of patient feedback and further embedding it into the continuous improvement of healthcare services.

3.3 Improving Communication With Relatives: A Targeted Response To Feedback

In response to concerns raised by relatives about the lack of regular progress updates and difficulties in reaching ward staff, SVHN initiated a focused effort to enhance communication practices. The feedback led to the formation of a Multi-Disciplinary Team (MDT) Communications Working Group. This group undertook a thorough review of current communication practices, identified key issues, and developed strategies to improve interactions with relatives.

The MDT Communications Working Group prioritised five key areas for improvement:

1. **Picture Board of the Ward Team:** This visual aid helps relatives identify and familiarise themselves with the medical staff.

2. **Visibility of Medical Rounding Times:** Providing clear information on when doctors will be available for updates ensures relatives are informed about when to expect communication.

3. **Signage for Phone Contact:** Clear instructions on how to reach the ward and whom to speak with for different concerns improve accessibility.

4. **Patient Care Boards:** Updated boards in patient rooms now communicate daily care plans and key information, keeping relatives informed about patient care.

5. **Welcome to the Ward Brochure:** This comprehensive guide provides relatives with essential information about ward procedures, contact details, and what to expect during the patient's stay.

These initiatives have resulted in noticeable improvements. Relatives have provided positive feedback on the picture board and the visibility of rounding times, which has enhanced their understanding and satisfaction. Additionally, there has been a significant reduction in complaints related to phone communication, with only one complaint documented in 2024, compared to previous years.

3.4 Supporting Under-Served Patients Through A Community Partnership

SVHN is proud to collaborate with a local charity to provide essential toiletry items to vulnerable patients, ensuring access to basic necessities that can greatly enhance their hospital experience and uphold their dignity. Through this partnership, patients who may lack personal care products are offered items such as soap, shampoo, toothbrushes, and even a notebook and pen, creating a more comfortable and supportive environment during their stay.

This initiative reflects SVHN's commitment to compassionate care by addressing fundamental needs and fostering a more dignified and respectful patient experience.

4. A WORKPLACE CULTURE THAT DRIVES SAFE AND QUALITY CARE

4.1 Enhancing Patient Care Through Continuous Improvement: The SVHN Improvement Capability Program

The systematic collection and use of Patient Reported Measures (SVHN is committed to fostering a culture of continuous improvement to elevate patient outcomes and experiences. Central to this commitment is the Improvement Capability Program, a structured initiative designed to equip staff with the tools and knowledge necessary to identify, escalate, and resolve issues that impact patient outcomes and experiences.

The Improvement Capability Program operates at multiple levels to build capacity across the organisation. It begins with a **Foundational level**, where all staff are introduced to basic improvement concepts, fostering a shared understanding of their role in maintaining and enhancing healthcare quality. The **Intermediate level** offers more advanced training through intensive workshops, preparing participants to lead improvement projects. The **Adept level** provides a 12-month in-depth exploration of improvement methodologies and safety culture,

with a focus on building local leadership capacity for sustainable initiatives. A bespoke version of the Intermediate level, the **Junior Medical Officer (JMO) Improvement Series**, has engaged 26 participants this year, further embedding these principles among junior medical officers.

The capability program also includes specialised training, such as the **Accelerating Implementation Methodology (AIM)**, which equips staff with essential change management skills critical for implementing both clinical and non-clinical improvements. Additionally, the **ACI Clinical Redesign School** offers a graduate certificate program that enhances the workforce's ability to undertake significant redesign projects aligned with SVHN's strategic goals.

The impact of the Improvement Capability Program is evident in the tangible benefits it has produced across SVHN. Staff engagement in improvement initiatives has increased, leading to enhanced discharge processes, reduced hospital-acquired infections, and improved patient experiences.

1 **Foundational** 2 **Intermediate** 3 **Adept**

Safety & Quality Essentials Pathway - *The path to safer healthcare*

4.2 Promoting Staff Wellbeing: The MWAC And SEED Programs At SVHN

SVHN is dedicated to enhancing staff wellbeing through targeted programs that promote self-care, resilience, and a sense of community. The Wellbeing at Work Group, comprising representatives from various departments including operations, Inner City Health, Learning and Development, Medical, Quality Performance Improvement, Pastoral Care, Work Health & Safety, and the Arts program, meets regularly to champion these initiatives.

One such initiative is the **Staff Meditation, Wellness, and Compassion Program (MWAC)**, which offers mindfulness and deep relaxation practices to support self-compassion and wellbeing among staff. Recognising the importance of self-care in delivering compassionate patient care, SVHN has facilitated the participation of staff in 30- or 60-minute sessions during work hours. The program has been expanded with new equipment, allowing sessions to be held across the campus. In early 2024, 25 staff facilitators completed training to lead these sessions, with regular groups now meeting from Monday to Friday. The program's value was particularly evident in the weeks following the Bondi Incident, where it played a crucial role in supporting staff resilience during a period of high stress.

Another key initiative is the **SEED Program**, a workplace wellness model designed to foster meaning, happiness, and connectedness at work. Originally developed by the Illawarra Shoalhaven Local Health District following the 2019-20 Bushfires, SEED stands for Stability, Encompassing, Endurance, and Direction. It emphasises holistic wellness, including personal, community, and spiritual wellbeing. In May 2024, SVHN held two introductory sessions, attended by 56 staff representatives, to explore how SEED could be integrated into their teams. Later in 2024, SEED champion training will commence, equipping staff to implement and support these wellness initiatives across the network.

4.3 Staff Engagement

The 2024 Staff Survey at SVHN saw a participation rate of 41%, and reflected significant gains in staff engagement and views on patient safety. Notably, 79% of staff expressed pride in working for SVHNS, and 78% would recommend the organisation to family and friends. Overall engagement also saw a 2% improvement, with a particularly strong 9% increase in staff recognition of research as vital to improving patient outcomes.

Despite these positive trends, the survey identified two key areas for further improvement: staff reward and recognition and staff wellbeing and resilience. In response to these findings, an Action Plan is being developed to address the feedback and continue fostering a supportive and engaged workplace environment.

| 5. REVIEW OF PERFORMANCE AGAINST 2023-24 NSW HEALTH KEY PERFORMANCE INDICATORS

Over the last 12 months SVHN's top 10 key achievements against Future Health strategic objectives are:

5.1 Regional Diabetes Education Access And Management Program

The Regional Diabetes Education Access and Management Program, developed in partnership with Murrumbidgee Primary Health Network (PHN), aims to enhance healthcare access for regional communities by providing multidisciplinary specialist support in diabetes management. This initiative aligns with Strategic Directive 2.4, emphasising the importance of equitable healthcare access for all populations, particularly in under-served regions. Through this program, regional patients receive comprehensive diabetes care, bridging gaps in service delivery and improving health outcomes in these communities.

5.2 Environmental Sustainability Plan

This year SVHN launched the Network's first Environmental Sustainability Plan, in alignment with Strategic Objective 6.2. This Plan identifies five priority areas aimed at addressing factors impacting climate outcomes and supports concrete actions in governance, culture and engagement, waste and energy management, transport and procurement, and clinical sustainability. Through these targeted interventions, SVHN is committed to advancing environmental sustainability and reducing its ecological footprint.

5.3 Heart Lung Outpatient Clinic Capacity

In alignment with Strategic Objective 5.1, SVHN has expanded its role as a Centre of Excellence in Heart and Lung care by commissioning new outpatient clinic capacity. This enhancement will improve service delivery for patients in need of heart and lung care through increased capacity and a more contemporary, fit-for-purpose environment. Additionally, SVHN has appointed a Director of Heart Lung Research to bolster research capabilities and drive advancements in this critical field.

5.4 Sydney's First Pop-Up Cooling Hub

SVHN has launched Sydney's first pop-up cooling hub, providing relief from extreme heat for individuals experiencing social disadvantage. Supported by the City of Sydney, the hub offers cooling fans, spray mists, water, and a place to rest or sleep. It also includes health checks and ongoing medical observation to ensure the well-being of those utilising the facility. This initiative aligns with Strategic Objective 3.7, focusing on enhancing community support and addressing critical needs during extreme weather conditions.

5.5 Pride In Health And Wellbeing Recognition

In alignment with Strategic Objective 4.1, SVHN was honoured as Service Provider of the Year by ACON's Pride in Health and Wellbeing Index. This accolade recognises SVHN's steadfast commitment to enhancing inclusion for sexuality and gender diversity within the health service, underscoring its efforts to create a more inclusive and supportive environment for all patients and staff.

5.6 Research On Interventional Pharmaceutical Treatments For Bone Disease

In 2023-2024, SVHN launched a world-first pilot study in collaboration with the Garvan Institute for Medical Research, exploring the efficacy of interventional pharmaceutical treatments aimed at reducing the prevalence of bone disease, which impacts approximately 80% of multiple myeloma patients. This initiative supports Strategic Objective 5.1, focusing on advancing innovative research and improving treatment outcomes in specialised areas of care.

5.7 Enhancements For Aboriginal And Torres Strait Islander Communities

In alignment with Strategic Objective 3.5, SVHN has implemented several initiatives to improve outcomes and experiences for First Nations communities. These include the introduction of a 48-hour follow-up program to provide culturally safe and timely care, the establishment of cultural care champions, and the launch of an Outreach Heart Failure Diagnostic Clinic. This clinic, a collaborative effort with Murrumbidgee Local Health District, St Vincent's Private Hospital Griffith, and the local Aboriginal Medical Service (AMS), aims to enhance diagnostic and care services for heart failure in the region.

5.8 Metastatic Prostate Cancer Clinical Trial

In 2023-2024, SVHN conducted a multi-site clinical trial to evaluate the safety and efficacy of a new treatment protocol for metastatic prostate cancer. The results, published in Nature, demonstrated that participants experienced extended survival, significant pain relief, and fewer side effects. This achievement aligns with Strategic Objective 5.3, reflecting SVHN's commitment to advancing cancer care through innovative research and improved treatment outcomes.

5.9 Geriatric Model Of Care

In 2024, St Vincent's Health Network Sydney (SVHN) developed and implemented an enhanced Geriatric Model of Care in collaboration with patients, carers, and multidisciplinary teams. This new model emphasises individualised care, optimising the coordination and input from various healthcare professionals to ensure safe, reliable care across hospital settings and at home. By empowering patients and their families to make informed decisions about their care, this initiative aims to improve the quality and personalisation of geriatric care.

A key feature of this initiative is the Geriatric Short Stay (GSS) model of care. This model enables early collaboration between nursing staff, geriatric medicine specialists, social workers, physiotherapists, occupational therapists, family members, carers, and the patient. The multidisciplinary team (MDT) assesses the patient within the Emergency Department (ED) at the outset of their admission, providing an alternative pathway that seeks to avoid unnecessary admission to an acute ward where possible. Additionally, it enhances care coordination from the ED through to the wards and discharge, ensuring a more seamless and effective care experience for geriatric patients. This approach not only improves patient outcomes but also supports a more efficient use of healthcare resources.

| 6. FUTURE SAFETY AND QUALITY IMPROVEMENT INITIATIVES

Aligning to the SVHA Strategy 2030 Vision:

"Every person, whoever and wherever they are, is served with excellent and compassionate care, by a better and fairer health and aged care system".

SVHN has identified 5 priority areas for the coming year:

1. **Aboriginal Health:** Create an environment where Aboriginal people, patients, and staff thrive through culturally safe and holistic healthcare that honors their identity, wisdom, and resilience.

2. **Patient Outcomes and Experience:** Support staff in delivering consistent, safe, and high-quality care to every patient, every time.

3. **Financial Sustainability:** Establish a robust, integrated financial system driven by evidence-based decision-making, innovative cost reduction, revenue optimisation, and cross-service collaboration.

4. **Research Information and Technology:** Propel research innovation and technological advancement across the St Vincent's Precinct to enhance healthcare delivery and patient outcomes, positioning SVHN as a leader in medical research and technological innovation.

5. **Our People:** Foster a dynamic and engaged workforce with leaders who prioritise safety and employee wellbeing, ensuring a supportive and thriving work environment.