SAFETY & QUALITY ACCOUNT

2020-21 Report

2021-22 Priorities

NSW GOVERNMENT

Northern NSW Local Health District

Published: December 2021

vaccination clinic - From left, Margaret Crilly (Clinic Manager, NNSWLHD), Jo Oldham-Moir (Emergency Nurse, The Tweed Hospital), Dan McPhee (Paramedic, NSW Ambulance), Wayne Jones (Chief Executive, NNSWLHD).

From the Chair of the Board

This Safety and Quality Account 2020-21 for Northern NSW Local Health District reflects on the great work performed by our staff and their endeavours to provide excellent person-centred care. It was formally endorsed by the Northern NSW Local Health District Board at its meeting on 24 November 2021.

Mr Mark Humphries   Date: 24 November 2021
Chairperson
on behalf of the
Northern NSW Local Health District Board

Aboriginal people are the traditional owners of this land

Acknowledgement of Country

We acknowledge that the Bundjalung, Yaegl, Gumbaynggirr and Githabul Nations are the Traditional Custodians of the lands and waters where we work and live.

We acknowledge the Traditional Custodians' living culture, their connection to country and their contribution to the life of this region. We pay our respects to the Ancestors and Elders, both men and women of these Nations, and to all Aboriginal people past, present and future.

Northern Rivers Region

The Northern Rivers Region is bounded by:

- The Pacific Ocean to the east

- The Great Dividing Range to the west

- The border with Queensland to the north

- Mid-North Coast to the south

The defining characteristics of the region are:

- The white sandy beaches

- The fertile valleys of the Tweed, Richmond and Clarence rivers

- Rainforest parks, wildlife, trails and waterfalls

- Wollumbin (Mount Warning) and its caldera

- Coastal migratory whales

Our Communities

- Population estimate for 2021 = 313,820[1]
    - Expected to be 344,060 by 2036
    - 7 Local government areas

- Diverse rural, coastal and Aboriginal communities

- Ageing population: 24% > 65 years (17.4% for NSW)

- Lower socioeconomic status

- 5.4% Aboriginal residents

- 6.3m visitors each year – one of the busiest destinations in Australia

- Significant cross-border flows (before COVID-19 restrictions)

- Services provided to ~ 60,000 people in South-East Queensland

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[1] Source: HealthStats NSW

Our Local Health District

- Networked hospitals / health services
    - 8 Hospitals
    - 4 Multi-purpose services
    - 2 HealthOne services
    - 20 Community health centres
    - Dental services

- Mental Health, Alcohol & Other Drugs

- Strong collaboration with North Coast Primary Health Network
    - Integrated care

- Role delineation
    - High self-sufficiency
    - Most services up to level 5 of 6
    - Referral pathways to QLD

- Staff:[5] 5,099 staff

- Budget 2020/21[6] = $927m (total expenses)
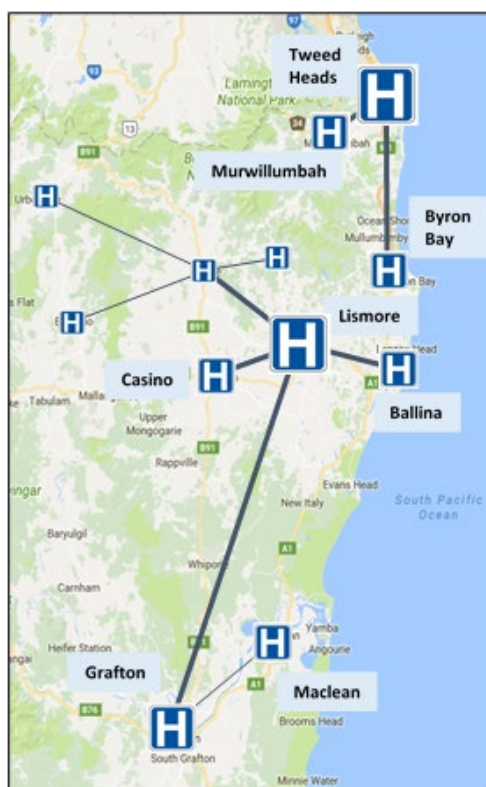
Every Day in Northern NSW Local Health District[2]

584 people
visit an emergency department

279 people
are admitted for acute care in a hospital

87 people
have a surgical procedure

6 people
are admitted for mental health care

1,007 people
receive care in an outpatient clinic or community health service

297 people
receive community-based mental health care

3 babies
are born

1.7 people
receiving palliative care die in hospital

2.3 people
are likely to have a hospital acquired complication[3]

0.03 people
die from unexpected cardiac arrest in hospital[4]

NSW GOVERNMENT

Achievements in Safety and Quality

A Healthy Community Through Quality Care

From the Chief Executive

Northern NSW Local Health District (LHD) is committed to improving the safety and quality of care and services to the people of our communities across the entire Northern NSW.

This commitment is demonstrated by:
- Listening to our patients, their stories and their experiences.
- Engaging with our clinicians, ensuring they are supported to maintain and improve the standards of patient care and services.
- Fostering an organisational culture for safety and quality which is underpinned by our principles and values and promotes improvement.
- Ensuring good governance, leadership and accountability.

The year 2019-20 has been quite extraordinary. The impacts of COVID on how we deliver our services and what services we needed to establish in response to the virus have been significant. Little did we know what was in store for us as we addressed the risks created by the COVID virus and endeavoured to protect our community, our patients and our staff. Of course, we were not alone in doing this and without the support of our communities and partners we would have faced a far more difficult year than we encountered.

In this Safety and Quality Account we feature:

- Risk management in action – COVID preparedness planning and management.

- Continuing to reduce hospital acquired pressure injuries.

- Reducing hospital acquired neonatal birth trauma.

- Improving Aboriginal health.

- Expanding virtual care services.

- Improving patient care and experience for Mental Health, Alcohol and other Drugs patients.

- Improving patient experience.

- Improving workplace culture.

Mr Wayne Jones   Date: 24 November 2021
Chief Executive

Governance – Risk Management
COVID-19 Planning

The health service organisation:
  a. Identifies and documents organisational risks
  b. Uses clinical and other data collections to support risk assessments
  c. Acts to reduce risks
  d. Regularly reviews and acts to improve the effectiveness of the risk management system
  e. Reports on risks to the workforce and consumers
  f. Plans for, and manages, internal and external emergencies and disasters

Action 1.10 Clinical Governance Standard

Rapid assessment of Policies Procedures and Guidelines

Enhanced Community Partnerships

NNSWLHD COVID-19 Policy and Planning Committee

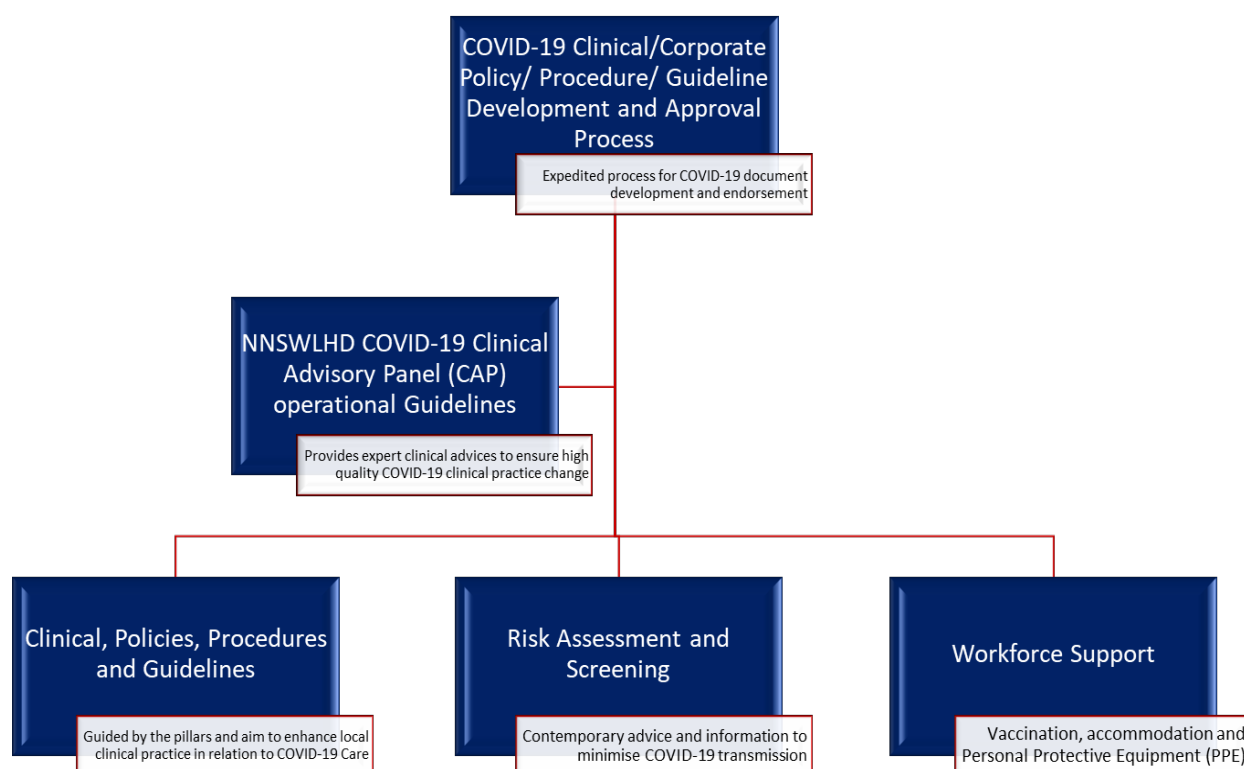**Responsive Models of Care**

Resilient Workforce

- Staff and Patient Welfare Plan
- COVID-19 Workforce Plan
- COVID-19 Patient Flow and Demand Management Plan
- COVID-19 Vulnerable Communities Plan
- COVID-19 Aboriginal Outbreak Management Plan
- COVID-19 Community and Allied Health Plan
- COVID-19 Communications Plan

- Mental Health Alcohol and Other Drugs Capacity Management Plan
- COVID-19 Renal Services Plan
- COVID-19 Palliative Care Plan
- COVID-19 Paediatric Plan
- Radiation Oncology Model of Care
- Residential Aged Care Facility (RACF) Outbreak Plan
- Disability Response Plan
- COVID-19 Rehabilitation Plan

Governance – Risk Management
COVID-19 Planning

COVID-19 Clinical/Corporate Policy/ Procedure/ Guideline Development and Approval Process

Expedited process for COVID-19 document development and endorsement

NNSWLHD COVID-19 Clinical Advisory Panel (CAP) operational Guidelines

Provides expert clinical advices to ensure high quality COVID-19 clinical practice change

Clinical, Policies, Procedures and Guidelines

Guided by the pillars and aim to enhance local clinical practice in relation to COVID-19 Care

Risk Assessment and Screening

Contemporary advice and information to minimise COVID-19 transmission

Workforce Support

Vaccination, accommodation and Personal Protective Equipment (PPE)

Achievements

- NNSW LHD Vaccination Program - The LHD Vaccination rates as at 7 November 2021

| LGA 2019 Name of Residence	% Received dose 1	% Received dose 2	LGA Population
Ballina (A)	>95%	89.0%	37,124
Byron (A)	85.5%	75.0%	29,052
Clarence Valley (A)	>95%	85.3%	42,953
Kyogle (A)	92.3%	80.7%	7,285
Lismore (C)	93.4%	82.4%	35,892
Richmond Valley (A)	94.4%	81.8%	18,938
Tweed (A)	89.8%	80.1%	80,193

- NNSW LHD Virtual COVID Care in the Community (VCC) – provides 24 hour 7 day per week care delivered by Medical, Nursing and Allied Health clinicians to confirmed COVID19 patients. The service also ensures the social welfare and mental health of patients.
- NNSW LHD Fit Testing Program implemented - data until 25 October 2021, identifies 2488 staff have been fit tested.
- Aboriginal Health Outbreak Management
- Pop-Up Testing Clinics have been implemented at multiple sites across the LHD to improve access to testing for the community.
- Management of staffing shortages due QLD Border restrictions to ensure continuation of high demand acute inpatient and community services.
- Robust stewardship of the LHD's Personal Protection Equipment (PPE) stockpile to ensure appropriate PPE was readily available to staff when they needed it.

Reducing Hospital Acquired Pressure Injuries

A hospital acquired pressure injury is a localized injury to the skin and/or underlying tissue occurring during an inpatient hospital stay. The injury is primarily caused by prolonged pressure on the skin.

Northern NSW LHD has maintained a sustained reduction in hospital acquired pressure injuries during 2020/21. This directly attributable to a number of key initiatives and practice changes.
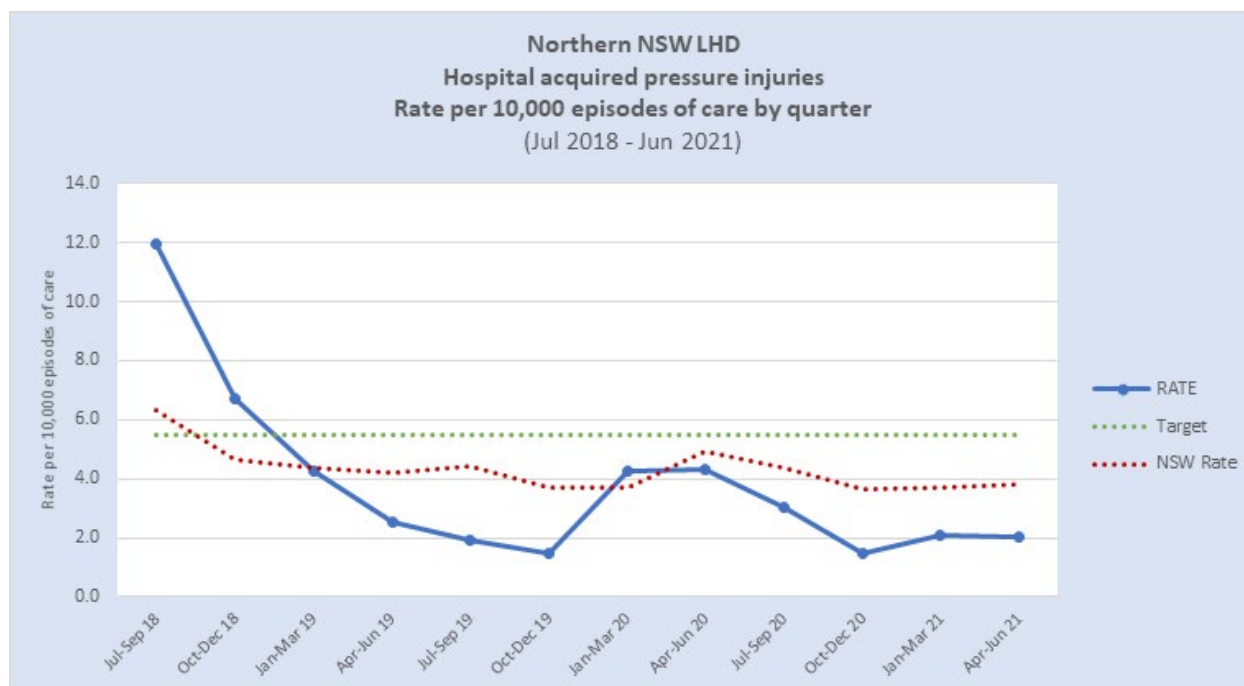

Key Initiatives:
- Introduction of Chief Executive mandated Pressure Injury Prevention and Management (PIPM) online learning modules – greater than 90% of NNSW LHD nurses and midwives have now completed all modules in My Health Learning.
- Establishment of a network of wound resource nurses across LHD sites – 66 wound resource nurses have attended intensive wound care education, including five key modules on PIPM.
- Implementation of PIPM audits and surveillance systems to ensure all pressure injuries are correctly identified, staged, managed appropriated and patients receive information and education.
- Monthly monitoring and reporting on pressure injury data from ims+, eMR and the HIE.
- Participation in a statewide prospective mixed method evaluation study on hospital acquired pressure injuries.
- District wide audit of all PIPM equipment and the subsequent development of a standardised PIPM equipment list that is reviewed annually by a team of multidisciplinary clinical experts.
- Consumer codesign project to develop education tools and an information brochure.
- Development of an electronic PIMP that enables a multidisciplinary collaborative approach to care that is inclusive of the patient and their family/carer.

Reducing Hospital Acquired Neonatal Birth Trauma

Neonatal birth trauma is a hospital acquired complication.[7] The consequences of neonatal birth trauma may be significant and have life-long consequences.

The definition of neonatal birth trauma for this performance indicator includes a number ICD10AM codes relating to different types of brain haemorrhage, skeletal injuries, spinal injuries and nerve injuries.[8]

Quality Improvement Data System (QIDS) data for Northern NSW LHD for 2019/20 continued to show neonatal birth trauma rates above the NSW average rate despite a significant decrease from the 2018 rate. Review of the data highlighted a clinical variation in the number of neonatal complications, specifically Subgaleal Haemorrhage (SGH), at one level 5 maternity service. At the request of the LHD Health Care Quality Committee, a clinical review of eight newborns coded with a diagnosis of epicranial subaponeurotic haemorrhage due to birth trauma was undertaken to identify actual clinical incidence.

Northern NSW LHD
Hospital Acquired Neonatal Birth Trauma
Rate per 10,000 episodes of care by quarter
(Jul 2018 - Jun 2021)
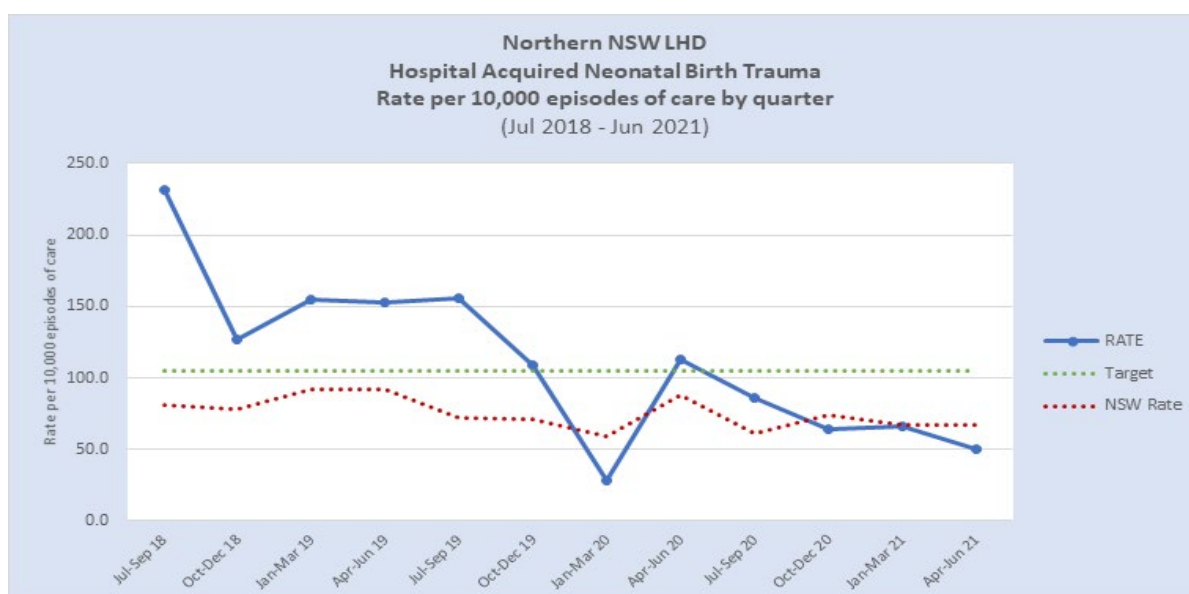
The clinical review identified documentation issues - clinical manifestations of neonatal trauma can be varied and clear documentation of provisional and actual diagnosis in the healthcare record is necessary to avoid coding errors.

Key Initiatives:

- Development of an LHD clinical procedure for SGH in line with RANZCOG statement on prevention, detection and management of SGH in the newborn.
- Education and training related to documentation; particularly in relation to clinical suspicion of SGH and confirmation as formal discharge diagnosis.
- Quarterly documentation audits by Clinical Midwifery Consultant to ensure accurate coded data commenced 2019.
- Ongoing governance and surveillance through the LHD Maternity and Neonatal Services Committee.

Outcome : Accurate data showing the LHD hospital acquired birth trauma rate is significantly below the target set for the LHD and in line with the NSW average rate.

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[7] Australian Commission on Safety and Quality in Health Care Hospital - Acquired Complication 16
[8] 2020/21 NSW Health KPI and Improvement Measure – Data Supplement

Empowering Aboriginal Health

One of six strategic directions in the Northern NSW LHD
Strategic Plan 2019 – 2024

5.4% of our population are Aboriginal people
HealthStats NSW

Highlights of our Empower Aboriginal Health Priorities 2020/21

- **Creating culturally safe environments**
  Respecting the Difference training supports culturally safe environments with 1208 staff completing the training since July 2020.[9]

- **Strengthening Aboriginal community participation.**
  The LHD is undertaking a recruitment process for the LHD Community Action Groups (CAG), which includes the recruitment of up to two Aboriginal community representatives on each CAG.

- **Growing and developing our Aboriginal workforce participation**
  Work has been undertaken in the recruitment and retention of Aboriginal people in the LHD of particular note we have expanded the type of school based trainee positions to include Allied Health Assistants and Administration.

- **Developing and delivering healthy lifestyle community based programs.**
  Our programs team still continues to deliver healthy lifestyle community based programs with the expansions of programs to target safe swim programs for babies and their families.

- **Continuing to prioritise programs to support Aboriginal people living with chronic conditions.**
  The Chronic Care Aboriginal Program and the Integrated Aboriginal Chronic Care Program continue to be delivered and provide tailored support for Aboriginal patients.

- **Strengthening our Aboriginal partnership by continuing to support shared solutions.**
  Focus on COVID in Aboriginal communities. Localised Aboriginal community messaging has been developed by way of COVID vaccine flyers and video messaging. We are also assisting in supporting AMS staff to participate in the LHD's vaccination roll out.

- **Commencing the shift towards performance reporting and monitoring by developing a localised NNSWLHD Aboriginal Health Dashboard**.
  The work on the development of a localised NNSWLHD Aboriginal Health Dashboard is continuing with the aim of the initial Dashboard going live end 2021.

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[9] Respecting the Difference completion numbers as at 31 May 2021.

VIRTUAL CARE-TELEHEALTH
Staying OVID-Safe

Reported in 2020, was the rapid increase in the use of Virtual Care (also called telehealth). The pandemic created a need for clinicians to find other ways to connect with patients. Many changed from delivering healthcare exclusively face to face, to including connecting remotely with patients at home or at a facility closer to home. Remote connections during this period included by telephone or videoconferencing.

The rapid uptake of virtual care provided an opportunity for a deep dive evaluation involving clinicians and patients and where available carers. Despite technical issues being reported as a barrier, it was concluded that virtual care should remain as a part of healthcare delivery.

WHAT DO CLINICIANS SEE AS BARRIERS FOR USING TELEHEALTH WITH VIDEO
- 81% said technical issues on the patient / client side
- 56% said technical issues with Skype for Business (this included patients / clients who did not have a device or adequate data)
- 48% said connectivity issues experienced by clinicians and patients / clients
- 44% said they felt they were struggling, nervous of new technology or frustrated when things went wrong

Feedback from clinicians evidenced a need for the District to initially prioritise underpinning the foundations of virtual care. Implementing improvements to existing infrastructure and technology alongside effective change management, including supporting patients when requested, earned early positive results reported by Clinicians.

Underpinning virtual care by improving its foundations was identified as a priority, following the deep dive evaluation of virtual care-telehealth in 2020		
People	**Processes**	**Technology**
To implement effective change management and education about existing and new technologies.	To provide access to additional videoconferencing platforms supporting the need for flexibility when delivering healthcare that matters to patients.	To identify and action where there is a need to upgrade or replace existing infrastructure and technology.

The resulting improvements in Information Technology & Telecommunications (IT&T) infrastructure and technologies has minimised barriers and addressed many of the issues previously experienced by clinicians and their patients. A dedicated virtual care project team focused on change management, worked collaboratively with IT&T to ensure identified business and education needs were addressed, supporting ongoing safe delivery of healthcare.

Network upgrades, remediation, improved Wi-Fi connectivity and bandwidth development	Increased efficiency, reliability, performance and security and improved stability of conferencing connections across all platforms.
Desktop computers now include an integrated camera. Computers on wheels include microphones, webcams and connections to web-browsers	Transformed thousands of workstations into usable videoconferencing workstations, enabling virtual-care-telehealth with video. Work in progress is enabling multi-platform accessibility from existing meeting rooms all sites across the District.
Mental Health and AOD Technology Refresh Project	Improved ability for remote interaction between mental health practitioners, clients and other health providers
T-RAP Project, purposely built iPads installed across the District. *Quality Award Winner 2021*	Improved access for our community and patients, providing secure, reliable and user-friendly access to the Queensland Health Portal.
Dedicated support teams, end user training, online help guides, and technical help lines	Supporting healthcare delivery in both the clinical and administrative workplace.

Progress with Mental Health, Alcohol and other Drugs (MHAOD) Priorities for 2020/21
Improving Patient Safety

Avoidable hospital readmissions.
- Mental Health has implemented Safe Havens as an alternative to the emergency department.
- Mental Health continues to monitor 7-day follow up post inpatient admissions.
- Mental Health continues to monitor 28-day readmission rates for mental health inpatient units.

Supporting our front-line managers to improve the completion of discharge summaries.
- 17 General Practitioners across the LHD took part in a pilot program to trial automated admission discharge notifications for nominated patients who had an inpatient mental health admission. This has been evaluated and supported to expand to more GPs in the LHD.
- MHAOD have implemented autosend for discharge summaries for all inpatient and community services except AOD Community which is currently in progress.

Implementation of SafeWards in all mental health inpatient units.
- SafeWards has been successfully implemented in all mental health inpatient units; ongoing monitoring process being developed to ensure effective quality loop cycle.
- A Staff Safety Culture Survey administered in late 2020 with the aim to re-survey in 12 months to identify ongoing concerns and evaluate the implementation of safety programs such as Safe Wards, Safe Haven, Seclusion and Restraint strategies.

Review of the risk assessment process used to support leave approval for involuntary patients.
- Mental Health will continue to closely monitor absconding involuntary patients and implement strategies identified from clinical incident reviews. Mental health services encourage a team clinical incident review for each episode.

Mental Health Consumer Experience – Action on Results
- MHAOD are developing an action plan to re-engage and refresh the YES and CES surveys.
- Mental Health Forum has been engaged to canvas ideas for promoting YES/CES survey completion.
- YES/CES feedback boards are promoted in waiting rooms..
- NNSW LHD has representation with the PHN and the Mental Health Commission to improve the health literacy to consumers who need to access mental health services.

Implementation of a new overnight MH Emergency Care (MHEC) service for mental health patients in Emergency Departments.
- Mental Health has implemented an overnight MHEC service (at weekends only). MHEC is 24 hours a day Thursday, Friday, Saturday and Sunday. These roles were to comprise a Virtual Assessment component with Ambulance and Police (virtual PACER). Unfortunately, this has not been realised and a review of the virtual PACER model will occur.
- Safe Haven opened in Lismore in August 2021 with the expectation of reducing mental health presentations to ED. Tweed Safe Haven is in progress.

Improving Patient Experience

Wordle of compliments received by the NNSW LHD for the FY 2020.2021.

The reporting of patient feedback for governance purposes has been strengthened through the, now routine, quarterly Patient Feedback Summary Report, which is submitted to both the Health Care Quality Committee and the Board. This features a Feedback Outcome Tracker to demonstrate that all promised actions have been followed through until completion.

- 'Caring', 'professional', 'amazing' and kind' continue to be the dominant themes of patient compliments received at the LHD level.
- Inadequate or inappropriate examination / treatment, and the attitude or conduct of clinicians, continue to be the major themes of patient complaints.

The Northern NSW LHD' Clinical Governance Framework focusses upon person-centred care, with systems in place to improve the experience of health care.

Nurturing a culture of INCLUSION & RESPECT in the workplace

Respectful Workplace Behaviour is EVERYONE'S BUSINESS

To learn more visit:

https://intranet.nnswlhd.health.nsw.gov.au/human_resources/bullying-and-harassment/

NNSWLHD Organisational Development & Learning Team January 2020

Key Initiatives

- **Use of Screensavers to create awareness** – Bullying is Not Ok, Code of Conduct – Not just a Policy, Working for All of Us – The Age of Inclusion

- **HETI MHL Module *– Better Together*** – mandatory for all staff – to increase understanding of: what constitutes workplace discrimination; harassment and bullying; what is expected of individuals regarding acceptable and unlawful behaviour; the role individuals have in prevention and effective handling and how to report incidences. **4473 staff have completed the module**.

- **HETI People Management Skills Program** - The aim of the program is to help participants recognize their own career journey, apply a humanistic lens to leading teams and manage with empathy. **8 staff successfully completed the spring cohort program.**

- **Locally Delivered Workshops** - *Prevention and Management of Workplace Bullying* (general staff) **– 58 workshops delivered with 440 staff attending**; *Creating Respectful and Inclusive Workplace Culture* Workshops (Manager) - **40 workshops delivered with 239 staff attending.**

Enhancing Staff Wellbeing

- **Creation of a Staff Health and Wellbeing Initiatives and Resources intranet site**
- **Mental Health First Aid Workshops (2 day face-to-face)** – To improve knowledge and confidence of managers to support staff who may have a mental health issue and to decrease stigmatising attitudes. **3 workshops delivered.**

Review of Performance Against 2020/21 Service Agreement Key Performance Indicators

Strategy 1: Keeping People Healthy

Performance	Strategy	Description
🟥	1.1	Childhood Obesity - Children with height and weight recorded (%)
	1.2/1.6	Smoking at any time during pregnancy:
🟥		Aboriginal Women
🟥		Non- Aboriginal Women
🟥	1.3	Pregnant women quitting smoking - by the second half of pregnancy
🟩	1.4	Hospital Drug and Alcohol Consultation Liaison (% increase)
🟩	1.6	Get Healthy information and Coaching - Get Healthy in Pregnancy Referrals

Strategy 2: Provide World-Class Clinical Care Where Patient is First

Performance	Strategy	Description
🟩	2.1	Hospital Acquired Pressure injuries
🟩		Fall-related Injuries in Hospital
🟩		Healthcare Associated Infections
🟩		Hospital Acquired Respiratory Complications
🟩		Hospital Acquired Venous Thromboembolism
🟩		Hospital Acquired Renal Failure
🟩		Hospital Acquired Gastrointestinal Bleeding
🟩		Hospital Acquired Medication Complications
🟩		Hospital Acquired Delirium
🟩		Hospital Acquired Persistent Incontinence
🟩		Hospital Acquired Malnutrition
🟩		Hospital Acquired Cardiac Complications
🟩		3rd and 4th Degree Perineal Lacerations During Delivery
🟩		Hospital Acquired Neonatal Birth Trauma
🟧		Discharge Against Medical Advice for Aboriginal Inpatients (%)
	2.2	Unplanned Hospital Readmissions:
🟩		All Persons
🟩		Aboriginal Persons
	2.3	Overall Patient Experience:
🟥		Adult admitted
N/A		Emergency department
		Patient Engagement Index:
🟧		Adult admitted
N/A		Emergency department
🟥	2.4	Emergency treatment performance - Patients with total time in ED <=4hrs (%)
🟧		Transfer of Care - Patients Transferred from ambulance to ED <=30 minutes (%)

Legend: 🟩 = Performing   🟧 = Under-performing   🟥 = Not performing

Strategy 3: Integrate Systems to Deliver Truly Connected Care

Performance	Strategy	Description
N/A	3.1	Aged Care Assessment Timeliness
🟧		Mental Health: Acute Post-Discharge Community Care - Follow up in 7 days (%)
🟧		Mental Health: Acute readmission - Within 28 days (%)
🟩		Mental Health: Acute Seclusion Occurrence - Episodes (per 1,000 bed days)
🟩		Mental Health: Acute Seclusion Duration - Average (Hours)
🟥		Mental Health: Involuntary Patients Absconded
🟧		Mental Health Consumer Experience: score of Very Good or Excellent (%)
🟥		Mental Health Presentations staying in Emergency Department > 24 hours (n)
🟧	3.5	Domestic Violence Routine Screening - Routine Screens conducted (%)
🟩		Out of Home Care Health Pathway Program - completing assessment (%)
N/A		Sexual Assault Service - Referrals for initial psychosocial assessment (%)
		Sustaining NSW Families Programs:
🟩		Families completing the program (%)
🟩		Families enrolled and continuing in the program (%)
🟩	3.6	Electronic discharge summaries completed (%)

Strategy 4: Develop and Support Our People and Culture

Performance	Strategy	Description
N/A	4.1	Staff Engagement - People Matter Survey (%)

Actions for 2021-22

- **Childhood obesity.** Results for recording height and weight are good in our hospitals. We will continue to take action to improve recording in our community sites.

- **Smoking at any time during pregnancy.** We will investigate reasons for this not performing result . Health promotion staff redeployed during COVID pandemic.

- **Pregnant women quitting smoking by second half of pregnancy.** We will investigate reasons for this not performing result . Health promotion staff redeployed during COVID pandemic.

- **Discharge against medical advice for Aboriginal inpatients.** Some improvement from 2019/20. We will continue to work with Aboriginal health workers to further improve results.

- **Overall Patient Experience.** NNSW LHD rate was 75%, NSW target is 85%, NSW average was 71%. We will review results to identify areas for improvement.

- **Domestic Violence Screening.** Some improvement from 2019/20.We will continue to focus more on screening in Child and Family Services using strategies to improve access to women when on their own.

- **Emergency treatment performance.** We have implemented action plans to address this underperforming result. LHD Patient Flow Manger position established. Models of care are being reviewed.

- **Absconding Involuntary Patients.** Most absconding occurs when a patient goes on approved leave. We are continuing to review the risk assessment for approving leave.

- **Mental Health Consumer Experience.** Some improvement from 2019/20. Surveys are provided to clients at discharge and when they are reviewed quarterly. To improve the reported results, the priority of effort is going to the locations where the results are poorer.

- **Mental Health Patients in Emergency Departments for >24 hours.** MHEC is 24 hours a day Thursday, Friday, Saturday and Sunday in ED enable earlier assessment, treatment and planning. We will continue to investigate other improvement strategies to improve this result.

> **Setting the Priorities**
>
> 'Clinical Risk' is the most important way of establishing the highest priorities for action
>
> <div align="right">NNSW LHD Clinical Governance Framework</div>

The Northern NSW LHD's safety and quality priorities for 2021-22 are:

1. To keep our community and health services COVID-safe.[10]

    - We will continue to sustain our Public Health response to protect our community.

    - We will continue to prevent the transmission of the COVID virus to our patients and staff.

    - We will maintain our preparedness to respond to outbreaks of COVID-19.

    - We will respond to the needs of the residential aged care facilities and disability care facilities within our community.

2. We will implement action plans to improve patient flow across the LHD to ensure that patients are cared for at the most appropriate facility for their clinical condition and closest to their home.[11]

    - Establishment of a Patient Flow and Virtual Care Hub. This will be the single point access for referral of patients requiring transfer across the LHD.

    - Review of models of care.

    - Maximise clinical capacity in all NNSW LHD facilities.

3. We will continue along our pathway for reducing hospital acquired complications.

    - Strengthen reporting for governance and management purposes.

    - Improve the data quality of reported results.

    - Clinical practice improvement to prevent complications.

4. We will continue to empower the following Aboriginal Health priorities.[12]

    - Creating culturally safe environments.

    - Strengthening Aboriginal community participation.

    - Growing and developing our Aboriginal workforce participation through the development and implementation of targeted workforce recruitment and retention strategies.

    - Developing and delivering healthy lifestyle community-based programs.

    - Continue to prioritise programs to support Aboriginal people living with chronic conditions.
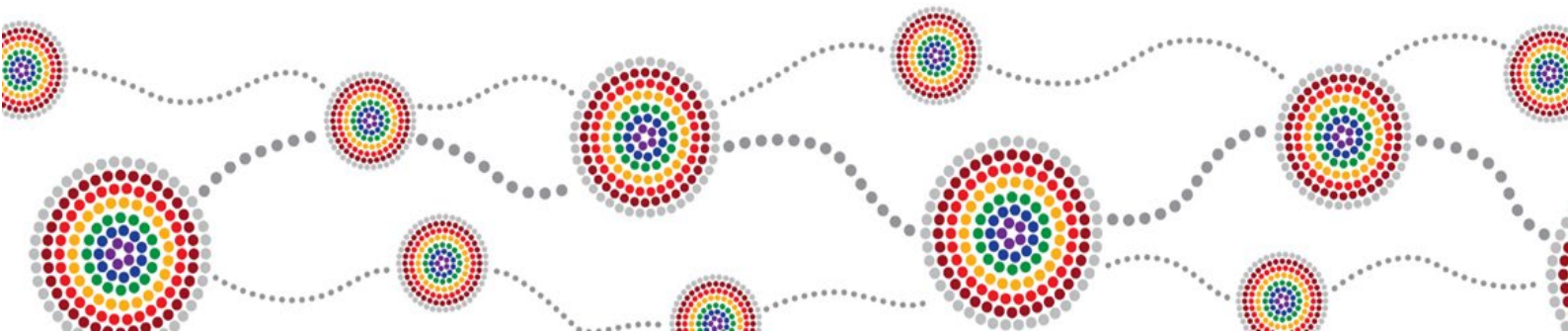
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[10] Risk No. 1 on the Northern NSW LHD strategic risk register.
[11] Risk No. 6 on the Northern NSW LHD strategic risk register.
[12] Risk No. 9 on the Northern NSW LHD strategic risk register.

- Strengthen our Aboriginal partnership by continuing to support shared solutions.
- Implementing a localised NNSW LHD Aboriginal Health Dashboard.

5. Virtual Care:

   - We will continue to increase the proportion of non-admitted service events which are provided through telehealth videoconferencing towards 10% or more.
   - We will develop a Strategy for Virtual Care to align the District's priority to integrate virtual care across services, in consultation with stakeholders internal and external to the LHD.
   - We will explore opportunities for efficiencies and effectiveness brought about by the inclusion of virtual care as a mode of healthcare delivery.

6. We will continue our efforts to improve our results for the LHD safety and quality key performance indicators which are 'not performing'.
   - Childhood obesity. We will continue to improve the recording height and weight of children in our community sites.
   - Discharge against medical advice. We will continue to implement local solutions to reduce the discharge of Aboriginal patients against medical advice.
   - We will continue our focus on *avoidable hospital readmissions*.
   - Domestic Violence Screening. We will continue to focus on screening in Child and Family Services.
   - Integrating care with GPs. We will continue to support our front-line managers to improve the completion of discharge summaries.
   - Mental Health seclusion duration. We will continue to embed SafeWards in all mental health inpatient units.
   - Absconding Involuntary Patients. We will continue to closely monitor absconding involuntary patients and implement strategies identified from clinical incident reviews.
   - Mental Health Consumer Experience. We will continue to allocate priority for action to the issues identified where the results are poorer.
   - Mental Health Patients in Emergency Departments for >24 hours. We will continue to implement local patient flow strategies.

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