



Health
Mid North Coast
Local Health District

A large, decorative graphic consisting of numerous hand-drawn, irregular shapes in various colors (yellow, pink, green, blue) scattered across the dark blue background. A prominent feature is a large, multi-layered circular shape in the center-right, composed of concentric rings in green, pink, and blue, resembling a stylized sun or a large eye.

Safety and Quality Account
2020-21 Report
2021-22 Future Priorities

The Mid North Coast Local Health District acknowledges the
Traditional Custodians of the lands across the Mid North Coast.

We pay our respects to past, present and emerging
Elders of the Gumbaynggirr, Dunghutti, Birpai and Nganyaywana nations.





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Statement on safety and quality

Chief Executive
Mr Stewart Dowrick



Professor Heather Cavanagh
Chair - Governing Board

On behalf of the Governing Board, I am pleased to present the Mid North Coast Local Health District (MNCLHD) Safety and Quality Account outlining improvements achieved over the past 12 months. The Report identifies areas of excellence and also those where we still have more work to do as our teams work

under extraordinary circumstances to provide safe, quality care during the COVID-19 pandemic.

As a testament to our commitment to safety and quality, we signed the Quality and Safety Attestation Statement on the 11 August 2021.

The Statement is underpinned by this Safety and Quality Account, confirming the Governing Board's role in providing strong governance and leadership ensuring a culture of safety and quality improvement within the District.

The 2020-2021 year was challenging for the Mid North Coast region with MNCLHD supporting staff and community in the COVID-19 response.

The response of the healthcare teams across Mid North Coast has been outstanding and has enabled safe patient care to continue in the midst of the COVID-19 pandemic.

On behalf of the Governing Board I extend thanks to each member of the healthcare team in enabling safe workplaces for our colleagues and safe practices to our community.



Stewart Dowrick
Chief Executive

The Mid North Coast Local Health District (MNCLHD) continued the important protection and prevention work in the COVID-19 Pandemic response. This included the rapid implementation of testing clinics including pop-up options in smaller communities as cases were identified. This ensured easy access for

patients presenting with respiratory-like symptoms.

With the introduction of approved COVID-19 vaccines, MNCLHD established clinics to provide vaccinations to the Phase 1a and 1b priority groups including health staff and emergency services. These clinics then opened to the general public for AstraZeneca and Pfizer vaccines and have continued to provide these vaccinations throughout 2021. The COVID-19 vaccination hubs have significantly supported the community in moving towards optimal vaccination rates across all Local Government Areas in the Mid North Coast.

Our teams developed new ways of working such as the accelerating of 'virtual care' programs allowing consultations with health professionals to be undertaken over the phone or by videoconferencing.

Our corporate services moved to on-line training, meetings, conferences, staff orientation and other activities to ensure teams remained connected and able to maintain and enhance their professional standards and keep up to date with best practice while working within a COVID-19 environment.

About us

Mid North Coast Local Health District (MNCLHD) covers an area of 11,335 square kilometres, extending from the Port Macquarie Hastings Local Government Area in the south to Coffs Harbour Local Government Area in the north. The western and southern borders of the MNCLHD join the Hunter New England Local Health District.

Our services

The range and complexity of services provided locally has increased over the past 10 years enabling more of the local community to be treated nearer to home.

Our services include Health Promotion, Public Health, Aboriginal Health, Sexual Health HIV/AIDS, Multicultural Health, Mental Health and Drug and Alcohol, Cancer, Oral Health, Women's Health and Aged Care. Our key partners include the North Coast Primary Health Network (Healthy North Coast), NSW Ambulance, Non-Government Organisations, Aboriginal Community Controlled Health Organisations, Private Health Sector and Education Facilities.

Coffs Harbour is one of several designated resettlement locations for refugees and has a growing number of humanitarian refugees settling in the area. The main refugee communities include Afghani, Sudanese, Burmese, Congolese, Togolese, Sierra Leone, Ethiopian, Eritrean and Somali. Smaller numbers of Asian migrants also reside in Laurieton, Wauchope and Port Macquarie.

It is predicted that by 2026-27, 19 per cent more patients will be treated by our health service than in 2020-2021.

Traditional custodians

The traditional custodians of the land covered by the MNCLHD are the Gumbaynggirr (from south of Grafton to just south of Macksville), Dunghutti (from south of Macksville to half way between Kempsey and Port Macquarie), Birpai (Port Macquarie area), and Nganyaywana (south-east region of the New England Tablelands) Nations.

Our Aboriginal population

In 2016 there were 12,082 Aboriginal people living within MNCLHD with 30 per cent living in Coffs Harbour LGA, 28 per cent in Kempsey LGA and 26.3 per cent in Port Macquarie-Hastings LGA.

Kempsey LGA has the highest proportion of its population identifying as Aboriginal at 11.6 per cent, followed by Nambucca with 7.6 per cent.

The Closing the Gap Strategy remains a key priority for MNCLHD.



Our population

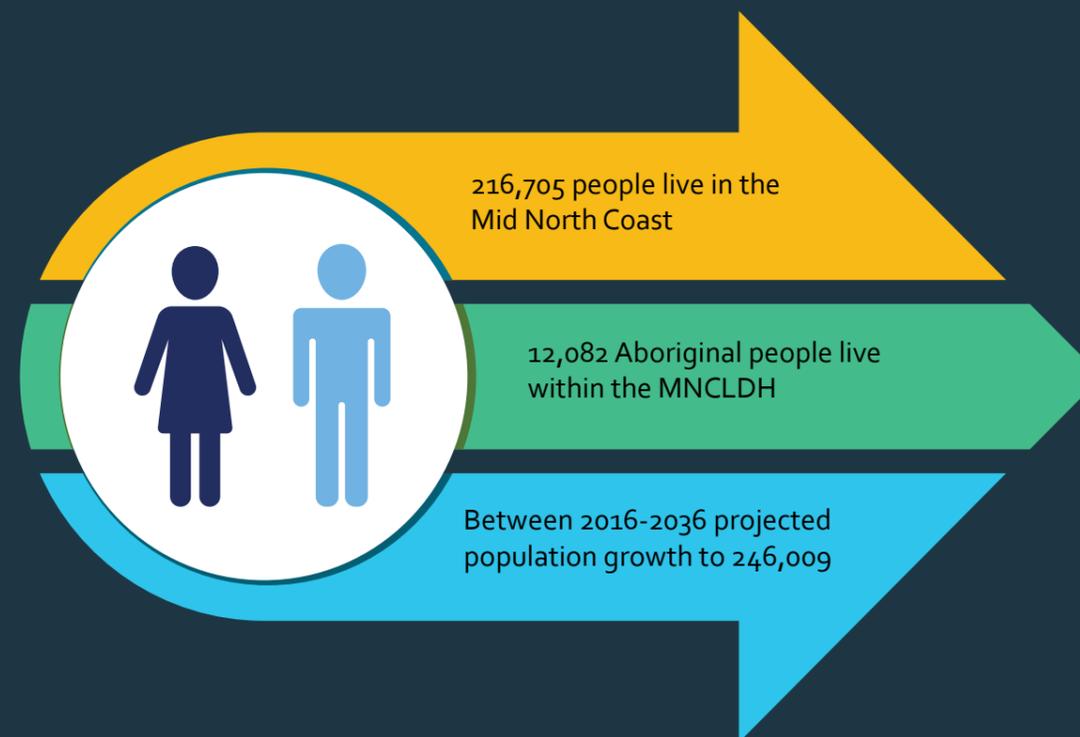
In 2016, MNCLHD population was 216,705 accounting for 2.8 per cent of the total population of NSW. Between 2016 and 2036 the MNCLHD population is projected to increase by 29,304 (13.5 per cent) to 246,009.

Higher growth is forecast in the more populous Local Government Areas (LGAs) of Coffs Harbour and Port Macquarie-Hastings, with Kempsey LGA forecast to decline slightly by 1.5 per cent.

Growth

MNCLHD will continue to experience a growth in the ageing population (65+) through to 2036. It is well documented that an older population is more likely to have multiple co-morbidities, requiring more complex, coordinated care. Bellingen, Coffs Harbour, and Port Macquarie-Hastings LGAs will see the biggest growth in the aged population.

From 2016 to 2036 the Bellingen 65+ age group is expected to grow by 44 per cent, Coffs Harbour by 59 per cent and Port Macquarie Hastings by 56 per cent. Kempsey and Nambucca's 65+ age group is expected to grow by 33 per cent and 35 per cent respectively.





1. Summary of achievements in safety and quality

1a. Statement on safety and quality

What is a Safety and Quality Account?

A Safety and Quality Account (the Account) is a report about the quality of services provided by a NSW Local Health District. It is an important way for the Mid North Coast Local Health District (District) to provide an overview of the quality of the services provided, to recognise areas of best practice where we are doing well and identify areas we need to focus on over the next 12 months.

The quality of our services is measured by looking at patient safety, clinical effectiveness and patient experiences in all service areas. The Account highlights important areas of how quality care is being provided in a caring and compassionate way, and also shows how we are concentrating on improvements to patient care and experience.

The Governing Board and Executive Team – overseeing strategic directions for safety and quality

The MNCLHD Strategic Plan and management approach aligns plans, performance and day to day management of the organisation. The MNCLHD Planning and Accountability Framework supports integrated planning activities across the District. In 2021, MNCLHD commenced developing a new Strategic Plan.

MNCLHD Strategic Directions 2017-2021



New Strategic Plan

The development of the new Strategic Plan for MNCLHD has maximised the use of technology to provide virtual engagement sessions with a range of stakeholders across the Mid North Coast, including both internal and external stakeholders.

Engagement with MNCLHD consumers was conducted through the existing District Consumer Advisory Group and the Mental Health Consumer Advisory Group. The sessions included some background information on the planning process and some highlights from the MNCLHD Health Needs Profile.

Participants were asked the following questions:

- What matters most to consumers and the community?
- What do you think make a good experience for someone receiving care?
- What are some of the things the District can do to help keep people healthy or stop them getting sick?
- How can the District more effectively engage with patients and the community?
- Who do you think the District should be partnering with to develop and deliver good health services?
- What else do you think the District needs to get right in terms of how it does its work?

The key external partners consulted during the engagement process included:

- Aboriginal Medical Services
- Healthy North Coast (HNC)
- Local Government
- Other Government Agencies
- Universities.

The MNCLHD Governing Board and Senior Executive Team have informed the Vision for the Local Health District, along with key priorities and enablers.

Other key inputs in to the MNCLHD Strategic Plan include:

- Patient survey data
- Patient stories
- Complaints and compliments data
- Performance data from the LHD
- Environmental scan – social, political, healthcare trends
- Policy directions and requirements
- Engagement with staff and stakeholders
- Engagement with consumers and community.



MNCLHD Patient Safety and Quality Attestation Statement

A mandatory requirement of the National Standards is to submit an annual Patient Safety and Quality Attestation Statement to our accrediting organisation by 30 September each year. The MNCLHD Attestation was signed on behalf of the Governing Board by the Chair and the Chief Executive and submitted in September 2021 demonstrating their commitment to safety and quality. A copy is attached at the end of this document.

1b. Snapshot of achievements over the previous 12 months

1. MNCLHD Response to the COVID-19 pandemic

Respiratory Protection Program (RPP)

The MNCLHD Respiratory Protection Program is a long-term strategy which aims to protect staff from pathogens spread via both airborne and droplet transmission routes.

For personal protective equipment to provide maximum protection, it is essential that the wearer be properly trained and competent in its safe use including fit checking, donning and doffing, infection prevention and control measures.

MNCLHD has established governance mechanisms to oversee the RPP. This includes the establishment of the RPP Governance Steering Committee which reports up through to the Governing Board.

A Clinical Advisory Group was also established to provide expert advice to the RPP Governance Steering Committee on issues and/or potential risks to the program objectives.

As at 2 September 2021, 971 MNCLHD healthcare workers are successfully fit tested. This includes approximately 97% of Category 1 'high risk staff'.

Information and Communication Technology (ICT)

The COVID-19 response has been underpinned by a number of support areas, and as a key function the ICT team has been focused on developing an agile and timely response for COVID-19 activities, while maintaining information security and service quality standards.

A number of new technologies have been developed and implemented, including mobile network devices and networked mobile vans that allow fast setup and relocation of new vaccination and screening sites (including the drive-through testing centres) where they are needed throughout the District, and more recently for the Special Health Accommodation. In addition, 14 services have been set up in new and refurbished buildings for vaccination and screening hubs, booking and administration centres and Public Health contact tracing centres.

For patients, a secure method for providing and managing tablets for faster check in at vaccination sites and for virtual care where the patient can easily connect to specialists; QR codes for screening results, and new vaccination booking and recording systems have been implemented. There have been more than 1,000 changes to the electronic medical record system for COVID-19 and resolved more than 2,000 requests for equipment and system changes.



2. Governance and Cultural Realignment in Hasting Macleay Clinical Network

The Hastings Macleay Clinical Network (HMCN) Governance and Cultural Realignment Plan is a project aimed at improving the safety and quality of care delivered and supporting a culturally safe environment for all healthcare consumers. The project commenced in March 2021 and includes a number of initiatives led by the HMCN Network Coordinator.

Intentional Hourly Rounding

Intentional Hourly Rounding has been implemented across all departments in the HMCN with early data indicating a reduction in patient falls and call bell frequency.

Clinical Handover

Clinical handover briefing huddles and Health Service Assistance Handover initiatives are components of the project that aim to support clinicians in communicating critical information.

Governance Escalation Pathway

The HMCN Governance Escalation Pathway aimed to empower and guide management teams to escalate to executive leaders in an appropriate and timely manner. Empowering the multidisciplinary team to 'Speak Up' has been fostered through the development of an education pathway that focuses on assertive and reflective communication, accountability and multidisciplinary simulation training.

Each of these initiatives aims to integrate and promote cultural safety amongst healthcare teams. HMCN Governance and Cultural Realignment Plan continues to grow and evolve to ensure that our community receives high-quality, safe care in our healthcare facilities.

3. Admission Discharge Notification

Developed by eHealth NSW, in partnership with the Integrated Primary Care team at MNCLHD, the hospital Admission/Discharge Notice (ADN) was designed to support continuity of care and reduce hospital readmission. It ensures a patient's GP is kept abreast of developments in their care and any movement between community and hospital care settings. More than just notifying a GP as to changes in a patient's care; the alert also prompts GPs to follow up and manage any ongoing treatment the patient may require immediately after leaving hospital.

Receiving the right post-discharge care reduces the chance of a patient needing to be re-admitted to hospital for further treatment no matter if it's a referral to a specialist or hospital-at-home care.



Patient story



Iyeesha is a young Aboriginal woman living with Chronic Kidney Disease (CKD) on the Mid North Coast. Iyeesha is the eldest of nine children and her story started in 2012 when she had just turned 12 and started feeling unwell.

"Mum took me to the hospital to get checked out. A team of specialists were flown up from Sydney so they could escort me back to Sydney Children's Hospital. I woke up in the Intensive Care Unit, covered in tubes.

It turned out that what we thought was a tummy bug was acute renal failure. My kidney function was no more than 10%."

Iyeesha's Mum learned peritoneal dialysis which meant that she was able to have her dialysis treatment at night at home.

Iyeesha received a donor kidney and underwent a transplant which gave her five years free of dialysis and she is "forever grateful of this person's gift that gave her life". In 2018 the kidney went into rejection and it was removed.

In 2021, Iyeesha travelled to Ballina, NSW – 310 kilometres away to attend training in Home Haemodialysis which can take up to 12 weeks, however she learned quickly and was able to return home after just five weeks.

"I have now been on home haemodialysis for six months. Initially I had to adjust to having a bulky artificial kidney in my room as a constant reminder, however now it has just become part of the furniture. Being on home haemodialysis has so many advantages and I wish I had chosen to do this a lot sooner as it is so much more beneficial being able to do this in the comfort of my own home. I now have the control and choice of what hours and days that I dialyse, allowing me the freedom to live more of a 'normal' life as a 21-year-old."

Building on her connections and networks has led to Iyeesha's employment with The University of Sydney where she has commenced as a Research Assistant working on the CARI Clinical Guidelines for Indigenous Australian and New Zealanders living with kidney impairment.

Iyeesha said she hopes her "lived experience and understanding of living with Chronic Kidney Disease will assist others and allow me to give back and help those who are on a similar journey to me."



2. Achievements against priority initiatives over the past 12 months

The following is a brief outline of the planning processes we undertook to identify priority areas and the achievements for safety and quality improvements for 2020-2021.

2a. Summary of safety and quality planning processes and governance structure Planning for Safety and Quality

Safety and Quality Planning Processes

Planning processes to achieve the aims under the Quality Improvement Strategy focused on priorities for action including engaging staff to create a positive safety and quality culture, identifying leaders to deliver sustainable safety and quality initiatives, and driving safety and quality practice across the District through the use of analytics.

In 2021, the world-wide impact of the COVID-19 pandemic and the effect on local communities and the delivery of health services required the District to continue its focus to ensure an agile response to the growing and changing needs to manage the pandemic while maintaining the delivery of health services.

Key organisational priorities for quality and safety for the next 6-12 months have been identified to ensure critical business continues and the MNCLHD remains committed to delivering quality services.

Governance for Safety and Quality

A District committee structure and reporting framework provides the overarching governance for patient safety and quality in the MNCLHD and has strong clinician and consumer representation. The peak committee is the Health Care Quality Committee (HCQC) and is a committee of the Board.

The patient safety and quality committees of each clinic network reports to the HCQC, and clinical services report on the seven Safety and Quality domains and the Quality Improvement Strategy Aims.

The Governing Board-endorsed Quality Improvement (QI) Strategy provides guidance on focus areas for patient safety and quality for the MNCLHD outlining four aim statements to guide the monitoring and measurement of safety and quality at clinical service level.

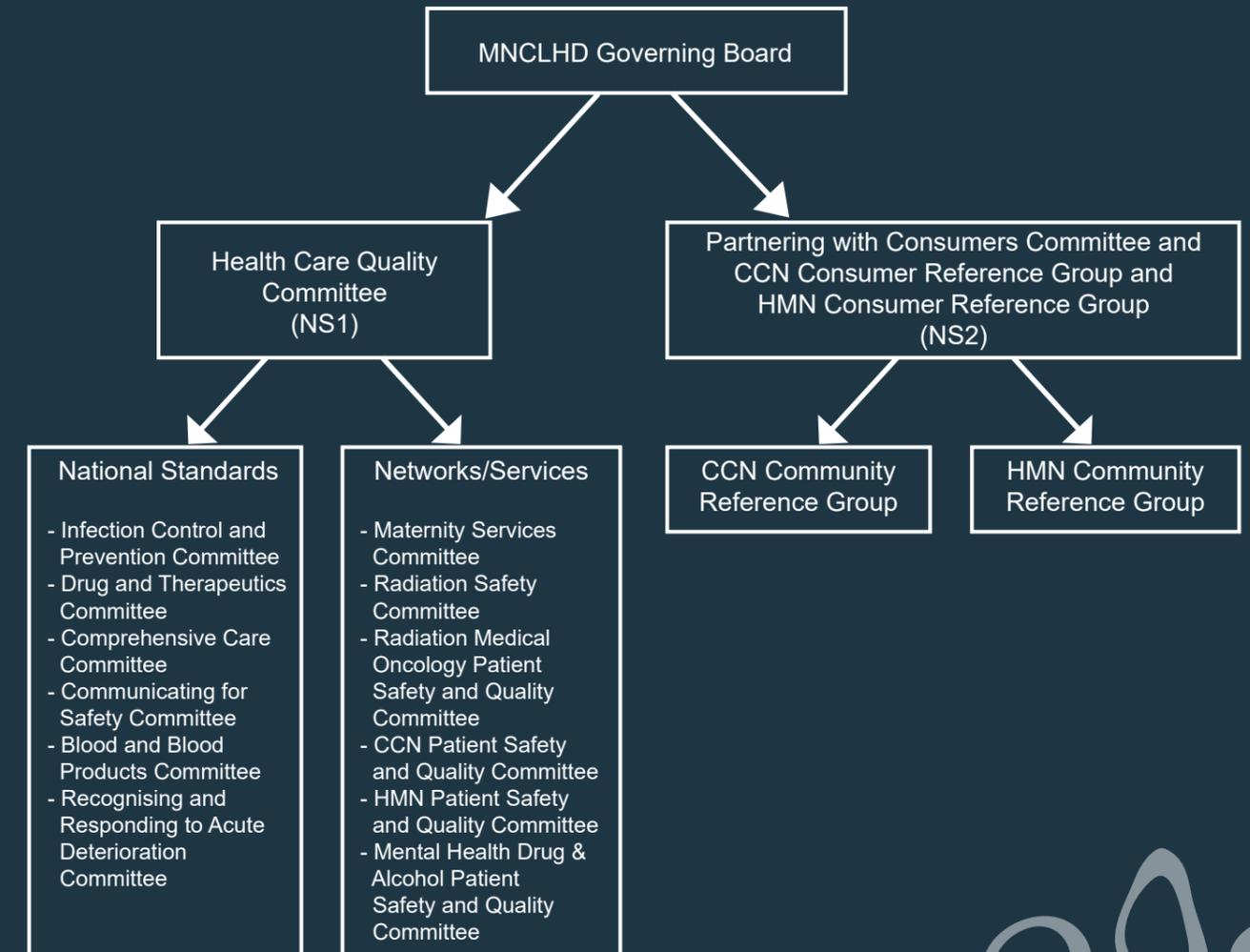
The four aims are to:

1. Continuously seek out and reduce patient harm
2. Achieve the highest levels of the reliability for clinical care
3. Deliver "what matters most"- partner with consumers to create the patient-centered health system; and
4. Deliver innovative and integrated better value care for every individual.

The Health Care Quality Committee is a subcommittee of the Governing Board and has developed a reporting schedule for service level/ clinical stream to report on service level patient safety and quality outcomes that are aligned to the four aim statements in the QI strategy. This provides the opportunity for the Health Care Quality Committee to have a "deep dive" into the patient safety and quality processes and outcomes at a clinical level providing additional assurance to the Governing Board on the scope of patient safety and quality activities across the organisation.

In addition to the governance processes of the Health Care Quality Committee, the Governing Board receives data on key quality measures on a monthly basis.

Patient Safety and Quality Reporting Structure



Accreditation

The MNCLHD participates in the Australian Accreditation Scheme and our services are assessed for compliance with the National Safety and Quality Health Service (NSQHS) Standards. These standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. The primary aims of the NSQHS Standards is to protect the public from harm and to improve the quality of health service provision.

Rescheduled MNCLHD Accreditation Assessment

The Ministry of Health and the Australian Commission on Safety and Quality in Health Care (ACSQHC) granted an extension to MNCLHD's accreditation status from 6 November 2021 to 31 May 2022, due the COVID-19 restrictions and state border closures. MNCLHD Accreditation Assessment is now scheduled to occur on 31 January 2022. Although Accreditation has been postponed, the District is focused on ensuring appropriate systems are in place to provide a standard of care consistent with National Standards.

Closing the Gap (CTG)

MNCLHD has an Aboriginal Cultural Safety and Security Framework (ACSSF), with an Implementation Plan.

The ACSSF Implementation Plan was developed around:

- the MNCLHD Aboriginal Health Plan 2019-2023
- the National Cultural Respect Framework 2016-2026.

Implementation of the ACSSF meets the Aboriginal and Torres Strait Islander specific actions in the National Quality and Safety Health Service Standards.

Aboriginal Health Plan

MNCLHD Aboriginal Health Plan - Improving health outcomes for Aboriginal and Torres Strait Islander patients by improving cultural competence and safety

The Governing Board and Executive are committed to Closing the Gap by improving Aboriginal Health outcomes and ensuring services are culturally safe for Aboriginal people. The development of the Aboriginal Health Plan 2019-2023 was endorsed by the Governing Board in May 2019. The core strategy under the Plan is to provide services that improve the health and wellbeing of Aboriginal people

There are a number of key Strategic Direction (SD) initiatives underway and achievements.

SD 1: Building Trust through Partnerships

- The MNCLHD is a partner to the Mid North Coast Aboriginal Health Accord, consisting of Durri Aboriginal Corporation Medical Service, Galambila Aboriginal Health Service Incorporated, Werin Aboriginal Corporation and Healthy North Coast. The Accord's vision is for optimal health and wellbeing for Aboriginal people and communities on the mid north coast.
- Galambila and Coffs Clinical Network Partnership Committee established and improved partnerships to support culturally safe services.

- Aboriginal Community Advisory Committees have been established in Hastings Macleay Clinical Network.
- Macksville Hospital Aboriginal Advisory Committee was established and supported the development of the new Macksville Health Campus to be culturally safe.
- The District collaborates with Department of Communities and Justice, Community Transport, Housing, Aboriginal Community Controlled Health Services, Local Aboriginal Land Councils and Aboriginal Environmental Health programs to address the social determinants of health.

SD 2: Implementing what works and building evidence

- The MNCLHD Research and Knowledge Translation Plan is under review. Aboriginal Health is a key strategic domain for the next 5-year plan. Key targets will be developed relating to increasing staff involvement in Aboriginal health research.
- Healthy Communities Innovation Fund allocated 30% of total funding to support grants for health and wellbeing projects led by Aboriginal community organisations.
- MNCLHD Research Office has developed and implemented a Research Screening and Viability tool to ensure all prospective research addresses the Aboriginal Health Impact Statement. This is critical to ensure cultural safety of research conducted within the District.
- MNCLHD CTG Innovation Fund was established to ensure focus on innovation designed to improve Aboriginal Health outcomes.

SD 3: Ensuring Integrated Service Planning and Delivery

- There is a focus on 'Asking the Question' about a patient's Aboriginal or Torres Strait Islander origins to improve the recording of this information.
- Maam-darrundaygam daalbirwirr gamambigu (Embedding Cultural Safety in Health Professional Child Protection Responses for Aboriginal Children) model of care was completed in 2020 and is now being implemented not only in MNCLHD but also in other hospitals in NSW. It builds the capacity of hospital staff to provide culturally competent care for Aboriginal children and families who are at risk of becoming involved with the child protection system.
- An integrated Aboriginal Mental Health Alcohol and Other Drugs service based in Kempsey is in development and is expected to deliver culturally safe drug and alcohol services to the community. Health's Deadly free yoga classes are run in partnership with Jaanyмили Bawrrungga, providing Elder's Yoga, Mum's yoga and Community yoga.
- Cultural safety has been embedded into the NSQHS Standards and includes the assignment of an Aboriginal Cultural champion to each Standard to ensure a cultural lens is applied.

SD 4: Strengthening Aboriginal Workforce

- Aboriginal employment stretch target of 5.4% was achieved in 2021.
- The Elsa Dixon Employment Program has been embedded for several years with outcomes ranging from continued employment within MNCLHD to undertaking Tertiary studies at University.
- More Aboriginal people are in leadership roles in MNCLHD.



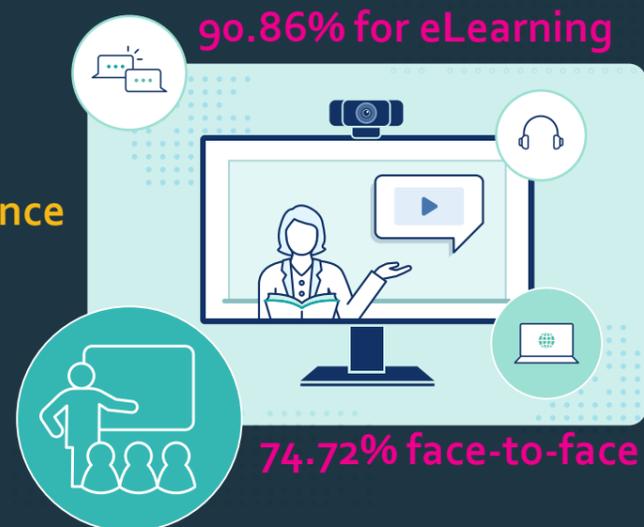
SD 5: Providing Culturally Competent Work Environment and Health Service

- MNCLHD Aboriginal Cultural Safety and Security Framework Implementation Plan commenced in June 2020 with a number of key initiatives completed to improve the cultural competency of the organisation for staff and consumers.
- Aboriginal Health Impact Statements (AHIS) are incorporated into the policy review development process and completion rates are reported annually. This ensures the impact on Aboriginal health is considered during the development of a procedure and that the appropriate consultation with Aboriginal stakeholders occurs.
- MNCLHD has embedded the NSW Aboriginal Cultural Engagement Self-Assessment Tool throughout all services. This self-assessment tool identifies gaps and ensure action plans are developed and implemented to improve cultural engagement.
- To address the rates of discharge against medical advice and to improve the patient experience more broadly the MNCLHD has implemented the Deadly Footsteps program (Hastings Macleay) – which covers all Aboriginal patients over the age of 16. Patients will receive a follow up phone call 48 hours, five days and finally at 10 days post discharge to ensure connection to the right care.
- As of June 2021, Respecting the Difference staff compliance achieved 74.72% face-to-face training and 90.86% for eLearning.

- The MNCLHD commenced the Aboriginal Health Worker/ Practitioner Framework project which is expected to be completed by 30 June 2022 and is a dedicated clinical position, to be involved in the care of Aboriginal patients. A scope of practice is currently been developed

SD 6: Strengthen Performance Monitoring, Management and Accountability

- Annually MNCLHD produces the MNCLHD Aboriginal Health Report Card on Aboriginal health and performance indicator measures. The report card is shared with Community Controlled Health Services partners.
- MNCLHD continues to strengthen PD2012_042 Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients, consistently achieving < 1% of unknown origin
- Key state-wide policies, procedures and initiatives are applied and communicated where applicable across the District. Examples include: Aboriginal Self-Assessment Engagement tool, Evaluation plan, Report Card and Dashboard, Workforce Initiatives, Participation in cross district research, and Respecting the Difference.



Respecting the Difference

2b. Improvements achieved through priority initiatives

Progress on priority initiatives from 2020-2021 Safety and Quality Account.

Initiative 1: Mental Health, Alcohol and Other Drugs Connecting with Care Plans Supporting Recovery in Mental Health

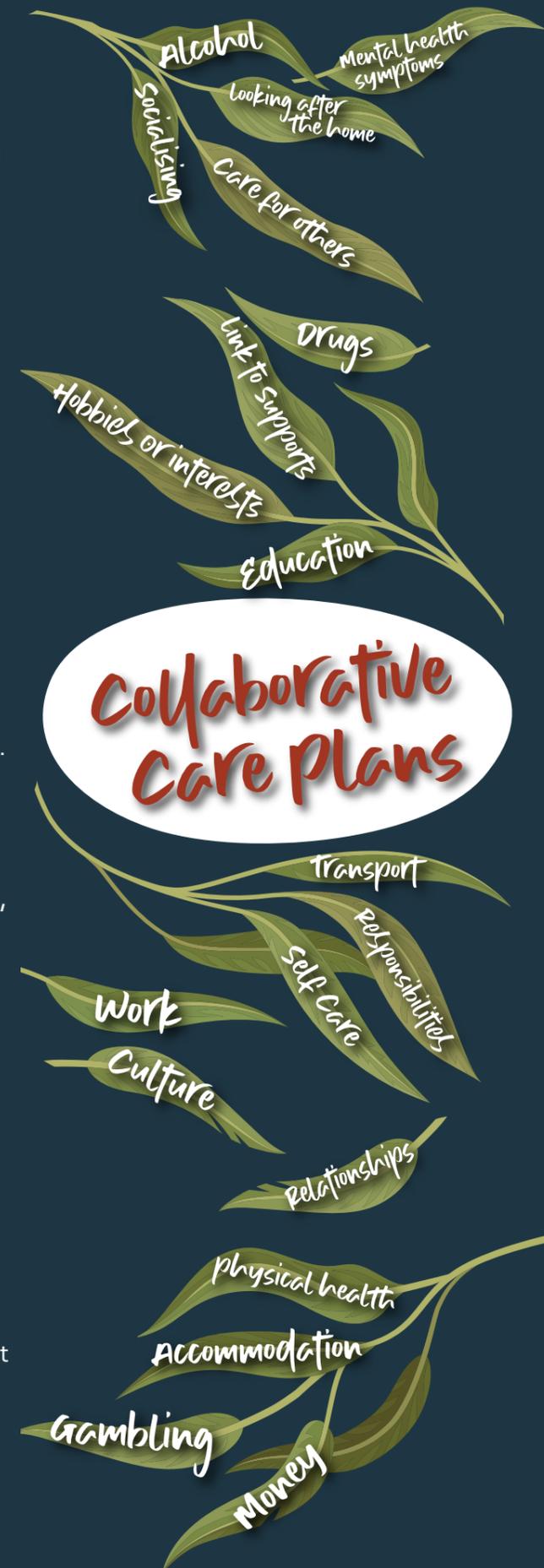
Rationale: As of February 2020, care planning, documentation and transfer of care accounted for 79 serious incident investigation recommendations. Of these, 19 are specific to care planning. Initial data from 2019 showed that 37% of consumers accessing MNCLHD Community Mental Health services had a collaborative care plan.

Plan: The Connecting with Care Plans project team was convened and completed extensive consultation in June 2020 with 36 consumers of the MNCLHD Mental Health Service and consumer advisory group (CAG) as well as 76 staff from a variety of services, roles and clinical expertise. During the consultation the change ideas were defined.

The project team utilised Clinical Excellence Commission (CEC) Improvement Science methodology, emphasizing research, consultation, innovation and rapid-cycle testing, to generate learning about what changes and in which contexts will produce improvements to the collaborative care plan process.

Measurable Outcome: Increase the number of mental health consumers with a collaborative care plan and reduce the risk of serious incidents.

Progress: In July 2021 there was a significant increase in the use of collaborative care plans. There was an increase to 66% in Port Macquarie Community Mental Health and 52% in Coffs Harbour Community Mental Health. Encouragingly, there has also been a reduction in 2021 of serious incident investigation recommendations relating to care plans from nine in 2019 and eight in 2020 to zero at the end of July 2021.





Initiative 2: My Virtual Care

Rationale: My Virtual Care is a videoconferencing platform that helps patients connect with health services when they cannot attend in person as was the case during COVID-19 restrictions.

Plan: Implement the My Virtual Care platform

Measurable outcome: Increase the non-admitted patient services provided via Telehealth

Progress: This platform was introduced into MNCLHD in April 2021 and is being used for:

- group therapy services (such as Rehabilitation).
- individual sessions (such as physiotherapy, community nursing and speech pathology).
- drop-in clinics (such as mental health services).

In addition, equipment has been upgraded:

- six new Stroke Rehabilitation Virtual Care rooms have been installed across the district, helping collaboration in care across sites
- overbed cameras have been upgraded across the District.

Training has been provided to several aged care facilities to assist them to use virtual care for their residents and an exercise app called Physitrack is being used by physiotherapists to provide home-based exercise programs for patients.

Initiative 3: Aboriginal Health smoking cessation recorded in the second half of pregnancy

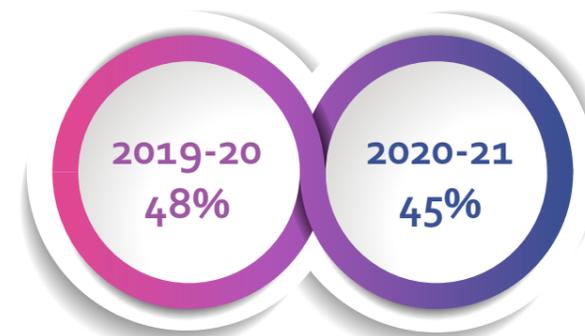
Rationale: Smoking rates in Aboriginal pregnant women remain a priority across the MNCLHD. 134 pregnant Aboriginal women smoked during their pregnancy in 2019-20 (48%).

Plan: Health Promotion and Maternity Services collaborated with the Aboriginal Maternal Infant Health Service, Aboriginal Medical Services and the Aboriginal community to implement evidence informed strategies to support Aboriginal pregnant women to quit. These strategies are set out in the MNCLHD Healthy Pregnancy Implementation Plan (The Plan).

Guiding the plan is the Healthy Pregnancy Implementation Group with representation from key stakeholders, partner organisations and Ministry of Health.

Measurable Outcome: Reducing the number of Aboriginal women smoking during their pregnancy.

Progress: In 2020-21 the number of Aboriginal women smoking during their pregnancy reduced slightly by 138 (45%). Health Promotion has had a focus on supporting health professionals who provide services to Aboriginal pregnant women.



This includes:

- providing easy access to smokerlyzers (used to measure carbon monoxide levels of mothers and babies in utero) and facilitating training in their use.
- providing easy access to approved Nicotine Replacement Therapy and training in evidence based use with pregnant women.
- facilitation of 'Healthy Conversations' Workshops to develop the skills and confidence of Maternity staff when having difficult conversations with pregnant women who smoke.
- regular meetings with Maternity Services to consider the monthly data results and review current strategies.
- development of social media and videography to engage with women and support quit smoking attempts throughout their pregnancy.



Initiative 4: Surgical Services Recovery

Rationale: COVID-19 had a significant impact on the District's surgical services resulting in increased wait times due to reduced surgical activity.

Plan: The District partnered with hospitals in the private sector and other public hospitals to undertake surgery on patients scheduled for procedures to increase surgical activity and reduce the waiting list.

Measurable Outcome: Reduced surgical waitlist and improve efficiency, so patients have surgery within the recommended timeframe.

Progress: Overdue patients waiting for a surgical date on the waitlist has reduced incrementally each month. The surgical waitlist has reduced by 22% from 10,201 to 7,908 in total, with a target to achieve no overdue elective surgery patients by the end of 2021. Additional funding is being negotiated to continue these partnerships to address the surgical waitlist. There is a targeted focus to reduce the waitlist for Ear, Nose and Throat (ENT), Orthopaedic (hand and foot) and general surgery.



Initiative 5: Incident Management

Rationale: NSW Health's new incident management policy (PD2020_047) ensures greater focus on preliminary risk assessment with a greater involvement of patients, families and carers in the incident review process.

Plan: Clinical Governance to partner with the Networks/Services to strengthening the existing preliminary assessment of any risks following a serious incident.

Measurable outcome: 100% of all serious incidents (Harm Score One) have a preliminary risk assessment completed and submitted to the Chief Executive (CE) within 72 hours of incident notification.

Progress: Since January 2021 all 16 Harm Score One incidents had a preliminary risk assessment completed and submitted to the CE within 72 hours. The District is strengthening the quality of these assessments and the involvement of the local teams in the recognition and mitigation of risks.



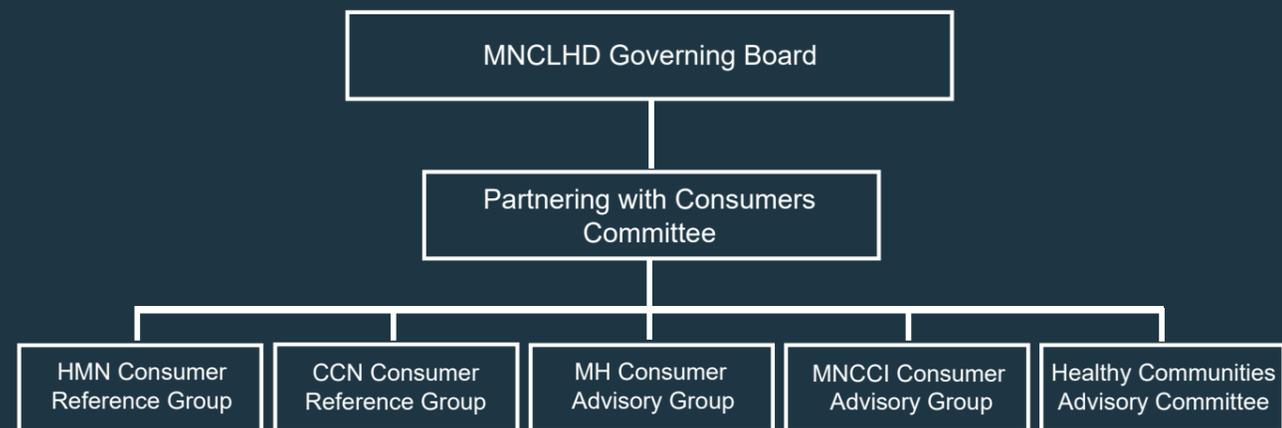


3. Improving the Patient Experience

Patient Experience

The District’s commitment to partnering with patients, consumers, and their families and carers in health decision-making and the co-design of services is a key component of the MNCLHD Strategic Directions and Clinical Governance Framework. The following information highlights District governance structures for oversight of the Partnering with Consumers standard implementation, key initiatives that aim to improve the patient experience, and mechanisms for receiving and responding to feedback about the health service.

Governance Structure for Partnering With Consumers



The Governing Board, through the CE and Senior Executive Team (SET), has accountability for the development and implementation of the Consumer and Community Engagement Framework and associated strategies. A community engagement structure consisting of the Partnering with Consumers Sub Committee of the Governing Board, consumer reference groups and Community

Connections forums has been established as follows:

Partnering with Consumers Sub-Committee: Membership of this Committee is comprised of Board Members, health service Senior Executive and managers and Community/Consumer Representatives and reports to the Governing Board. The Committee’s purpose is to develop strategies to communicate and engage with and receive feedback from communities about local health issues and service planning, to build trust and relationships with local communities, and to develop communication strategies to keep the community and consumers regularly and appropriately informed and engaged.

Consumer Reference Groups: There are two Consumer Reference Groups covering the Clinical Network boundaries across the MNCLHD– Coffs Clinical Network Consumer Reference Group and Hastings Macleay Clinical Network Consumer Reference Group. The Consumer Reference Groups provide a platform for community engagement, participation and information sharing. Specifically, the groups advise on service planning, delivery, evaluation, policy development, empowering communities to engage as partners in health, collaborating with partners and communication strategies to inform local communities on health matters and improving health literacy. The Consumer Reference Groups are primarily made up of members of the community, with senior management, Board members and Healthy North Coast representatives attending meetings.

Community Connections Forums: These forums are an initiative of the Governing Board and held throughout the District. Patients, carers, and members of the local community are invited to meet with members of the Board and health service team representatives at their local health services to provide feedback on their experiences and ideas for improvement. Coordination and support of the Partnering with Consumers Sub Committee, Community Reference Groups and Community Connections is provided through the Patient and Family Centred Care Program as part of the Clinical Governance and Information Services Directorate.

The Partnering with Consumers Suite

The Mid North Coast Local Health District Partnering with Consumers for Patient Safety and Quality 2021–2026 Suite is a series of three documents endorsed for interim use by the Senior Executive Team and Governing Board pending ongoing consultations with Aboriginal stakeholders and confirmation of new District Strategic Directions.

The three documents that comprise the suite are i) Mid North Coast Local Health District Partnering with Consumers for Patient Safety and Quality 2021–2026 Framework; ii) Consumer Voice (the Guide); and iii) the Toolkit — Collecting Patient Stories. It builds on the work from the Mid North Coast Local Health District Community Engagement and Consumer Participation Framework 2015–2017 and Mid North Coast Local Health District Partnering with Consumers Program 2019–2021.

The Suite:

- places the patient at the centre acknowledging their valuable knowledge and perspectives will shape Mid North coast Local Health District policies, programs and health services into the future
- aligns with the requirements of National Safety and Quality Health Service Standards (NSQHS) Standard 2: Partnering with Consumers
- meets governance requirements as a core program of the Mid North Coast Local Health District Strategic Directions, Mid North Coast Local Health District Clinical Governance Framework and NSW Health Elevating the Human Experience Guide
- strengthens our focus on patient-centred care by communicating, listening and responding to the voice of the consumer through patient reported measures, patient experience and satisfaction surveys, various community engagement forums and collecting patient stories.

In the spirit of collaboration and co-design, this suite builds upon the existing Partnering with Consumers Program of work and reflects the insights, experiences and wisdom of our teams, our partners at Healthy North Coast (North Coast Primary Health Network), our joint Community Reference Group members and consumer representatives as well as patients, families and carers engaged in our services.

Consumer Advisory Groups

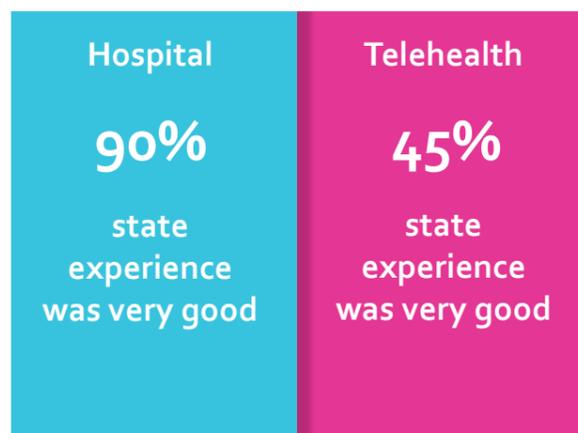
Following the COVID-19 restrictions reducing face to face contact, Consumer Reference Group members and consumer representatives have embraced online technology to continue their engagement in the design, implementation and evaluation of various strategic level projects and initiatives. Most recently, members participated in online workshops that aimed to inform priorities and ways of working for the groups for the coming year. A workshop highlight was the co-facilitation of the What does health service co-design mean to you? session, which was led by a consumer with the support of the Program Manager Patient and Family Centred Care.



Patient Experience while awaiting Emergency Care

The Patient Experience in the Emergency Department Program continues to positively impact on patients and staff in Coffs Harbour and Port Macquarie emergency departments. Following a successful trial in 2020-21, the NSW Ministry of Health generously renewed Patient Experience Officer funding for another three years. Recruitment is underway for these crucial roles, and as a reflection of the District’s commitment to Closing the Gap and strengthening the Aboriginal Workforce, two of the four roles are Aboriginal-identified positions. The Patient Experience Officers work particularly closely with frontline staff in triage and Clinical Initiative Nurse roles, who report an overwhelmingly positive impact on their own workload and the experiences of their patients. This program is supported with a District-wide approach, strong Executive sponsorship and multidisciplinary collaborations between nursing, emergency departments, the Patient and Family Centred Care program, and Aboriginal Health.

In addition to the state-wide BHI Patient Survey Program, teams continue to undertake Patient Experience Surveys at service level which are collated and reported through the Quality Audit Reporting System (QARS). For the period from 1 July 2020 to 1 July 2021, 2,737 Patient Experience Surveys were completed with an overwhelmingly positive result. All patients surveyed rated their care as good or very good.



Rural Hospital Adult Admitted Patient Survey 2019–20

BHI Patient Experience Survey Program

In 2021 Bureau of Health Information (BHI) released The Rural Hospital Adult Admitted Patient Survey 2019–20 results. The results reflect the experiences of 4,487 adult patients who were admitted to one of 98 small, rural public hospitals in NSW from July 2019 to June 2020. This survey included patients who attended Bellinger River District Hospital, Dorrigo Multi-Purpose Service and Wauchope District Hospital. While 90 percent of patients rated their overall experience as “very good”, only 45% rated their telehealth experience as “very good”. In 2020 the District invested in telehealth services to increase the use of telehealth and enhance the experience for consumers.



Patient experience surveys 1 July 2020 to 1 July 2021



Volunteers

We are fortunate to enjoy a long-standing partnership with our volunteers and value the continued generosity of the many individuals donating their time and energy to contribute to a better experience for patients, staff, and visitors. With a range of backgrounds and experience, volunteers play such an important role as an essential service working behind the scenes or alongside our staff to help the hospitals and the community. The Mid North Coast Local Health District recognises the excellent work undertaken by volunteers who provide support to our hospitals and community health centres to improve the experience of our patients, clients and staff.

Helen Mears – 2021 Senior Volunteer of the Year

In recognition of her hard work and commitment to Coffs Harbour Health Campus, Pink Ladies President Helen Mears has been named the region's 2021 Senior Volunteer of the Year by the state's peak body for volunteering, The Centre for Volunteering. In the 40 years that Helen has been a United Hospital Auxiliaries volunteer, she has fundraised for medical equipment, staffed the hospital's cafe and gift shop, and recruited, managed and inspired countless volunteers.

Helen has been Branch President for more than 30 years, overseeing fundraising of more than \$3 million for the hospital. During 2020, when all volunteer services were suspended due to COVID-19, Helen volunteered to order stock and was heavily involved in the reopening of the gift shop and ensuring it was safe for all volunteers to return. When the vaccination program was rolled out, Helen volunteered her time, mostly on weekends, to sort care packs for all staff who were receiving the vaccine.



Helen also volunteers in the Special Care Nursery, provides a monthly homemade morning tea for Mental Health and caters for regular meetings at Shearwater Lodge, an accommodation centre for cancer patients. The Centre for Volunteering accolade follows another award bestowed on Helen in June – the Mid North Coast Local Health District's Health Innovation Award for Volunteer of the Year.

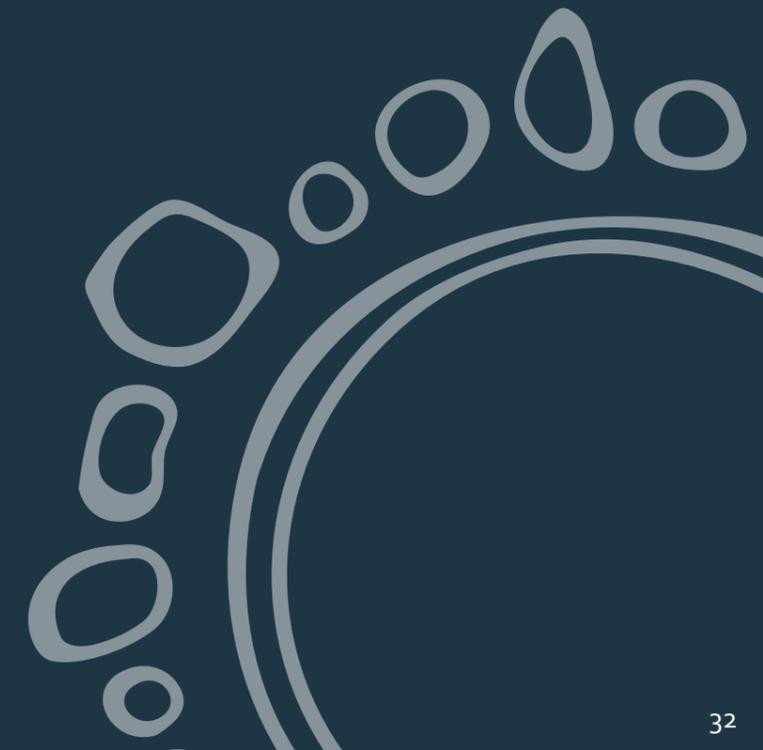
Community Support Dogs at Coffs Harbour Health Campus

Assistance dogs have significant positive effects on psychological wellbeing, emotional functioning, self-esteem, and vitality (Rodriguez et al., 2020). In the medical environment, these dogs display impeccable manners and are trained to not react to the bustle of hospital activity.

They walk at heel, sit and drop, as well as move into position near a patient and stay there. This is particularly beneficial for patients that are unable to get out of bed.

At Coffs Harbour Health Campus, staff collaborated with local business owner Kyra Ensbey of Bright Bessy Dog Training to invite Kyra's dog Chilli to visit patients and families in the hospital. Chilli, a highly trained community support dog, visited several wards across the hospital where she had an instant positive impact. Recently, a terminally ill patient was missing their Labrador and the patient's family requested a visit from Bright Bessy's Labrador. Jagger's visit to the patient lifted the mood of the patient and the family were very thankful. Due to demand, the program has expanded to 11 volunteers and their dogs, who all complete a rigorous six month training regime. Success stories such as Jagger's are common, and with the program expansion Bright Bessy's Community support dogs now visiting most wards in the hospital. The multidisciplinary approach has seen many social workers requesting a visit from one of the dogs to a patient who they feel would benefit.

Bright Bessy Community Support Dogs have had a significant positive impact to the hospital as a whole, bringing smiles not only to patients and visitors but to staff as well.



4. A workplace Culture that drives Safety and Quality Care

Culture is the values, belief systems, attitudes, and the set of assumptions that people within a workplace share. This is shaped by our individual upbringing, social and Culture context.

In the workplace, factors such as leadership, the strategic organisational direction, and management influence Culture. Culture plays a critical role in how our workforce adapts within climates of significant change and is directly linked to workplace experience and organisational performance.

The People Matter Employee Survey (PMES) is an important instrument to obtain feedback from staff to help make an even better workplace. The PMES was not completed in 2020 due to COVID-19 however in 2021, despite the challenges, PMES went ahead.

MNCLHD Cultural Transformation

A major project that has come out of the PMES feedback is MNCLHD Cultural Transformation. The MNCLHD Cultural Transformation approach is strengths-based and solutions-focused.

It involves engaging all levels across the District, Directorates and Networks in a self-determined evolution of the whole system, building shared focus, energy, and commitment to change. This contrasts with a siloed, "problem-solving" approach focused on "fixing" what is not working.

The MNCLHD Governing Board and SET are committed to partner actively to lead the MNCLHD Cultural Transformation. This has been evident in several Leadership Visioning Sessions to further develop how we need to effectively lead together.

We will deliver the MNCLHD Cultural Transformation through the following six key levers, which are aligned to the MNCLHD Strategy:

1. Purpose, Vision, Values and Ways of Working
2. Team Engagement
3. Organisational Alignment
4. Communication:
5. Leadership and Capability:
6. Governance, Systems and Processes.

The first phase of the MNCLHD Culture Transformation has primarily focused on Organisational and Leadership Alignment of the MNCLHD Governing Board and SET through NSW Health Strategy 2021 – 2030 and Visioning sessions on our Purpose, Values and Ways of Working. The second phase will begin with initial engagement with MNCLHD teams on being a Purpose and values-led District.

This will include:

- Establishing a MNCLHD community through a (draft) common and galvanising shared Purpose, Values and Ways of Working
- Aligning our Directorates / Networks to the NSW Health Strategy 2021 – 2030
- Creating a foundation of leadership performance, based on accountability, decision making and resilience.

All MNCLHD team members will have a role to play in enabling our Culture Transformation, from the Governing Board through to our front-line team members. All Executives, Leaders and Managers, at all levels across our LHD, need to champion the change and role model the right leadership behaviours.



Annual MNCLHD Health Innovation Awards

In 2021, the MNCLHD Health Innovation Awards went ahead. Unlike 2020 when they were held 'virtually', the District came together to acknowledge and celebrate innovation in a COVID-safe way.

The Category Winners were:

Patient Safety First

Patient Safety First with Admission Discharge Notification (ADN)

The ADN notifies the patient's General Practitioner (GP) within 24 hours of the person presenting and being discharged from hospital. This in turn allows GPs to recall or organise appointments ensuring the continuity of care for their patients.

The ADN improves the long-term health of Mid North Coast community by delivering the right care, at the right time and at the right place. This project was highlighted as one of the key achievements for 2020-21.

Excellence in the Provision of Mental Health Services

Group Cognitive Behaviour Therapy (CBT) in a Community Mental Health Setting

The nine-week Group Cognitive Behavioural Therapy program applies evidence-based best practice to enable consumers to better manage symptoms of anxiety and depression in a strengths-based group learning environment.

The group is led by a Senior Social Worker and Clinical Psychologist, with guest presentations from other mental health and community health staff. With its focus on psychoeducation, early intervention and overall wellbeing, the program is a sufficient, stand-alone intervention for many participants, reducing reliance on other mental health services.

Keeping People Healthy

Voice Project

This innovative eight-week program aims to improve voice related quality of life for people with Parkinson's Disease.

Voice classes are conducted by a multidisciplinary team providing an engaging way to enhance voice and communication as well as providing opportunities for socialisation. The online delivery of the program enabled participants to continue to exercise their voices while self-isolating during the COVID-19 pandemic.





People and Culture

You Make a Difference

'You Make a Difference' is a values-based program designed to celebrate and recognise our staff and their significant contribution to keeping our community safe during the COVID-19 pandemic.

'Thank you for making a difference' posters were created using small images of hundreds of our team members coupled with thank you postcards and certificates for managers to acknowledge excellence within their teams.

Team members reported that the campaign brought a sense of pride and accomplishment, particularly to the teams who had worked tirelessly throughout the COVID-19 pandemic.

Transforming the Patient Experience

Closing the Loop

The development of a nurse-led educational telehealth program ensures outpatients presenting for elective diagnostic coronary angiogram or angioplasty procedures receive appropriate information to assist in their pre-admission, peri-operative treatment and rehabilitation process. This program enabled cardiac catheterisation laboratory nurses to decrease procedural cancellation rates by 50%, increase patient satisfaction scores and decrease patient anxiety.

Health Research and Innovation

GET MOVING: Combatting hospital-acquired deconditioning

Hospital-acquired deconditioning has a devastating impact on patients, hospitals and societies. The implementation of the 'GET MOVING' program provided a unique multicomponent intervention designed to promote patient mobility through educational resources, a training competency package as well as staff and patient accolades. The pilot study successfully resulted in enhanced levels of patient mobility, functional independence and reduced hospital readmissions.

Closing the Gap (CTG)

Closing the Gap is a key strategic priority for the District. This Award is selected by the Chief Executive from all Team Category submissions to recognise excellence in Aboriginal Health Care.

Aboriginal Staff Identification (ID) Badges

Patients and their families can now easily identify Aboriginal and Torres Strait Islander staff through the creation of a locally-designed Aboriginal ID badge. This cultural safety initiative encourages conversations about community, appropriate services, programs and reconciliation. The badge symbolises the patient journey through the health system and empowers staff to be proud of their culture.

Governing Board Chair's Award

This Award is selected by the Chair from all Team Category submissions to recognise significant achievement by a team or service.

CARE Collaborative CCN

Connection, Awareness, Respect and Empathy are the four values that guide the CARE collaborative. Adhering to 'tiny is mighty', small easily accessible activities are held including trivia quizzes and fun events as well as weekly meditation and wellbeing sessions. Working within the philosophy of a collaborative, this project creates opportunities for staff connection, inclusion, compassion, and kindness.

ACI Innovation Award

The Mask Effect

This project aims to improve the experience of children with a chronic illness presenting to Port Macquarie Base Hospital's Paediatric unit. Non-toxic permanent markers were provided to age and cognitive appropriate children to play and decorate their face mask prior to their procedure. Staff engaged in open communication with the child and their family and carers encouraging the use of the markers to reduce fear and anxiety. This resulted in reduced time performing procedures, 'first time' success and a greater understanding of the child, their family and carer experience.



Staff Story: The Mask Effect

The story is from a Resident Medical Officer (RMO) from the Paediatric Unit at Port Macquarie Base Hospital (PMBH). The child was having a blood collection procedure. The intervention of 'drawing on the mask' was used to help with the process of collecting the blood.

Prior to the procedure the RMO was feeling anxious. Feeling anxious is the general feeling that I think that surrounds venepuncture in young kids. This comes from various people in the room. The mum is quite anxious as they don't want to see their child go through a procedure and see them in pain. The child is anxious and unexpecting of what's about to happen, they're fearful and frightened. You begin to pick up these emotions as the person who's going to perform the procedure of collecting the blood. That's the feeling to be aware of prior to performing the procedure.

But this time with the new intervention we took with drawing on the mask, I saw it create a happy and safe place for the child. It helped to form a good patient doctor relationship and alleviated a lot of that anxiety. The Registered Nurse (RN) and the student nurse were in the room with the child before me. They started the ball rolling with the play and then it was like a smooth process so that when I entered the room it was like "Hey, there's another person coming in to play and draw". This helped form the doctor patient relationship, going in early and introducing myself as someone who doesn't have a needle in their hand. Drawing on the mask with the child and interacting through play was important and helped to break down the disconnection that's often felt between doctor and patient or doctor and child.

Taking the blood the RMO felt relieved. I felt relieved as I was able to get the blood the first go. It took a little bit of looking before I felt a vein that I was comfortable with. This was my second time taking blood from a child. I felt having the child calm and relaxed that I could take my time to find a good vein. What was helping to create this atmosphere and to create the model that we were working in was working through play. The Registrar was there with the tambourine providing distraction techniques, the RN was there supporting mum and child and also helping to facilitate the nitrous oxide, and the student nurse was taking notes. There was just a general sense in the room of being calm. There was very little anxiety which made it a really good process so I was really relieved when it paid off and the blood came straight away. After the procedure the RMO continued to feel relief.

I felt relieved that taking the blood all went well. I think that everyone in the room had the sense that it went as best as we could have hoped for. Together we were calm and everyone was involved in the process including the child and the mum.

My learning points from that procedure were creating that initial relationship with the child, if you make the relationship through play then children don't see you as this clinical scary figure. Integrating the child in the process was really good with them being able to draw on the mask. I felt like this gave the child some autonomy and ownership over what happened and this may lead to better relationships with health services in the future. Involving the mum was important too. I felt she felt really happy and confident with us coming into the room and joining in drawing on the mask and this helped with making a relationship with her as well.



5. Review of performance against the 2020-21 NSW Health Key Performance Indicators (KPIs)

1. Future safety and quality priorities for the next 12 months

Planned Initiative 1. Hastings Macleay midwifery models of care

Over the next year the maternity services in the Hastings Macleay will be partnering with women in the community to co-design an enhanced midwifery model of care. This project will develop and implement a service that provides midwifery continuity of care. Midwifery continuity of care enables a known midwife to coordinate care throughout the woman's pregnancy, birth and up until the woman is six weeks postnatal. A maternity voices partnership network will be established to engage women

and families of the community and, together with the MNCLHD, a midwifery model of care will be developed and implemented.

Planned Initiative 2. Smoking Pregnancy

Smoking rates in Aboriginal pregnant women remain a priority across the MNCLHD. In 2020-21 45% of pregnant Aboriginal women smoked during their pregnancy. MNCLHD has a target to reduce this by 4% to 41% by the end of June 2022.

Health Promotion efforts in 2021-22 will continue to focus on Midwifery services, Aboriginal Maternal Infant Health Service (AMIHS), Aboriginal Medical Services and the Aboriginal community and consist of: bi-annual Healthy Pregnancy Working Group meetings to report on and provide guidance on The Plan by MNCLHD stakeholders, Ministry of Health and Aboriginal Medical Services.

Continue the monthly data review meetings with Health Promotion, AMIHS and Maternity Services with consideration of how best to support pregnant women who smoke to have a successful quit attempt and remain so during their pregnancy and beyond.

Professional development opportunities to support clinical staff to embed evidence based practice into routine care.

Planned Initiative 3. My Virtual Care Platform

Expansion of the My Virtual Care Platform Across the District, to involve more services and more locations. Larger reach into Aged Care Facilities, as well as implementation in the inpatient setting to connect patients with their families.

Increasing Access to Virtual Care

The MNCLHD is prioritising increasing access to Virtual Care for patients. This includes:

- Partnering with organisations to establish small virtual hubs in more remote locations, where patients may not have home connectivity, but can connect to the internet in a location near them, to receive services from the base hospitals.
- Facilitating a device loan system for patients without access to computers or mobile devices, for the duration of their care.

Equipment Upgrades

This financial year will see the installation of 15 new Virtual Care rooms for Mental Health Drug and Alcohol Services, promoting collaboration in care across sites.

Remote Patient Monitoring

Introduction of Remote Patient Monitoring, to allow patients with chronic conditions to remain healthy and safe in their homes and be active participants in their care.

Planned Initiative 4. Coffs Harbour Health Campus Invigorating Essentials of Care Project to reduce harm

Essentials of Care Reinvigoration Project – incorporating strategies to improve performance results of specific nurse sensitive indicators in Coffs Clinical Network.

The Essentials of Care Reinvigoration Project has four target areas which include:

- Falls Screening, Assessment and Preventative Management,
- Pressure Injury, Delirium and Malnutrition,
- Specialising Procedure Compliance and Special Management Improvement,
- Twelve month trial of incorporating the introduction of "My Hospital Discharge Ticket" to the Criteria Led Discharge to improve health literacy of all patients.

Project leads have been appointed and with specific measurable goals and KPIs to benchmark against.

Planned Initiative 5. COVID-19 response

Respiratory Protection Program

The MNCLHD Respiratory Protection Program (RPP) is a long-term strategy which aims to protect staff from pathogens spread via both airborne and droplet transmission routes. For personal protective equipment to provide maximum protection, it is essential that the wearer be properly trained and competent in its safe use including fit checking, donning and doffing, infection prevention and control measures. Fit Test Assessors will be appointed within each network and form part of the wider Health Safety and Wellbeing team. To ensure ongoing sustainability of the RPP, the District will explore train the trainer contingency planning. This model will minimise program disruption due to lockdowns and allow capacity to surge fit testing as required. Fit testing rosters will allow capacity to provide a sustainable and expanded program supporting the fit testing of approximately 3,700 employees annually.

Review of performance against the 2020 – 21 NSW Health Key Performance Indicators

The performance of Districts, Networks, other health services and support organisations is assessed in terms of whether it is meeting performance targets for individual Key Performance Indicators for each NSW Health Strategic Priority.

 Orange trend line represents the target for the financial year
Blue trend line represents current financial year performance

-  Performance at, or better than, target
-  Performance within a tolerance range
-  Performance outside the tolerance threshold

Strategy 1: Keep People Healthy				
Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
1.1	Childhood Obesity - Children with height and weight recorded (%)	70  ON TRACK	70	
	Measuring a child's height and weight helps us know whether a child is growing well, and we can identify children who are at risk of poorer health over the long term.			
1.2/1.6	<ul style="list-style-type: none"> • Aboriginal women 	44.61  ON TRACK	45.90	
	<ul style="list-style-type: none"> • Non-Aboriginal women 	7.70  ON TRACK	13.60	
	Smoking during pregnancy is not healthy for the mother or child. We measure the rate of Aboriginal women smoking while pregnant so we can see if our programs are culturally appropriate and effective.			
	The collaborative MNCLHD Get Healthy in Pregnancy Working Party implementation of key strategies identified to improve smoking cessation rates in pregnancy.			
1.2	Hospital Drug and Alcohol Consultation Liaison Number of consultations (% increase)	79.00  ON TRACK	75.00	
	Hospital and Drug Alcohol Consultation refers to the number of referrals we make to our specialist drug and alcohol team.			

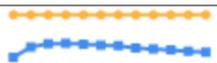
1.4	Hepatitis C Antiviral Treatment Initiation – Direct acting – by LHD residents (% Variance from target)	2%  ON TRACK	1%	
	We measure the number of treatments given to people suffering from Hepatitis C.			
Outcome 1: Keeping people healthy through prevention and health promotion				
Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
1.4	Children fully immunised at one year of age (%)	94.27  MONITOR	95	
	We measure the percentage of children who have received all of their scheduled vaccinations at one year of age.			
1.2/1.6	By second half of pregnancy (%)	31.50  NEEDS WORK	30.20	
	We measure the percentage of women that quit smoking while pregnant to determine if our programs are effective at assisting women to quit.			
	Get Healthy Information and Coaching Service – Get Healthy in Pregnancy Referrals (% increase)	25.00  ON TRACK		
	The Get Healthy Information and Coaching Service refers to the number of women referred to our specialist program aimed at improving women's health during their pregnancy.			
	BreastScreen participation rates (%)	55.50  ON TRACK	55	
	<ul style="list-style-type: none"> • Women aged 50-69 years 			
	<ul style="list-style-type: none"> • Women aged 70-74 years 	65.40  ON TRACK	55	
	BreastScreen participation rates refers to the percentage of women aged between 50 – 74 years who are screened using mammography for early detection of unsuspected breast cancer in women.			

Strategy 2: Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Results		
		Actual	Target	Performance
2.1w	Hospital Acquired Pressure Injuries (Rate per 10,000 episodes of care)	5.00  ON TRACK	6.40	
	A pressure injury is damage to your skin or soft tissue as a result of pressure or friction during hospital admission. We measure the rate of pressure injuries so we can develop strategies to stop them occurring.			
	(Rate per 10,000 episodes of care)	58.21  ON TRACK	103.60	
	These are infections people get while receiving care in our hospitals for a different health condition. We measure these so we can develop ways to reduce the number of healthcare associated infections that happen under our care.			
	Hospital Acquired Respiratory Complications (Rate per 10,000 episodes of care)	33.90  MONITOR	24.60	
	Respiratory complications are conditions that include respiratory failure and respiratory distress that may develop in people during hospitalisation. We measure these so we can develop strategies to stop them occurring.			
	Hospital Acquired Venous Thromboembolism (Rate per 10,000 episodes of care)	6.70  ON TRACK	7.70	
	Venous Thromboembolism is a condition where a blood clot forms in the veins, primarily in the legs, groin or arms. This condition can happen when your blood cannot circulate properly. Precautions can be taken to reduce the risk of them occurring during hospitalization and therefore such events are monitored			
	Hospital Acquired Renal Failure	0.00  ON TRACK	2.50	
	Renal failure is a condition where your kidneys stop working and are not able to remove waste and extra water from your blood or keep your body chemicals in balance.			
Hospital Acquired Gastrointestinal Bleeding (Rate per 10,000 episodes of care)	6.70  ON TRACK	10.40		
Gastrointestinal bleeding is bleeding that is occurring in your gastrointestinal tract (from your mouth to your rectum).				
Hospital Acquired Medication Complications (Rate per 10,000 episodes of care)	11.80  ON TRACK	12.80		
A medication incident is an event that may cause or lead to inappropriate medication use or patient harm. We measure these incidents to help us improve medication usage for our patients, and to ensure they don't occur.				

Strategy 2: Provide world class clinical care where patient safety is first

Strategic Priority	Measure	Results		
		Actual	Target	Performance
	Hospital Acquired Delirium (Rate per 10,000 episodes of care)	30.50  ON TRACK	44.00	
	Delirium is a change in mental state that causes confused thinking and reduced awareness.			
	Hospital Acquired Incontinence (Rate per 10,000 episodes of care)	1.4  ON TRACK	4.30	
	Hospital Acquired Endocrine Complications (Rate per 10,000 episodes of care)	21.40  ON TRACK	13.50	
	Endocrine complications include low blood sugar levels requiring treatment. It also includes malnutrition, when protein levels in the body drop while in hospital			
	Hospital Acquired Cardiac Complications (Rate per 10,000 episodes of care)	22.00  ON TRACK	38.60	
	A cardiac complication is a problem with the heart.			
	3rd or 4th Degree Perineal Lacerations During Delivery (Rate per 10,000 episodes of care)	263.78  ON TRACK	402.20	
	A perineal laceration is a tear that occurs during childbirth. We measure the numbers of tears that happen in our hospitals so that we can develop strategies to prevent them from occurring.			
	2.1	Hospital Acquired Neonatal Birth Trauma (Rate per 10,000 episodes of care)	108.40  ON TRACK	51.80
Neonatal birth trauma is an injury to a newborn baby during childbirth. Injuries may include bruising, swelling or a broken bone.				
	Discharge against medical advice for Aboriginal inpatients (%)	2.38  ON TRACK	3.00	
	Discharging against medical advice is when a person leaves hospital before health professionals advise them it is safe to do so.			
2.3	Patient Engagement Index (Number) Adult admitted patients	7.42  NEEDS WORK	8.50	
	Patient Engagement Index refers to the rating given by consumers of how engaged they feel in their care and treatment in our hospitals.			

Strategy 2: Provide world class clinical care where patient safety is first				
Strategic Priority	Measure	Results		
		Actual	Target	Performance
2.4	Elective Surgery Overdue – Patients (Number) • Category 1	0.00  ON TRACK	0.00	
	• Category 2	0.00  NEEDS WORK	61.00	
	• Category 3	0.00  NEEDS WORK	625.00	
	<p>Comment: This is the number of patients experiencing a delay in having their surgery based on the urgency of their surgery and the recommended timeframe. Category 1 is the most urgent.</p> <p>Elective surgery was ceased temporarily in 2020 because of COVID-19. A surgical service plan was developed and with additional funding and partnerships with the private sector, the aim is to have surgical program on track by December 2021.</p>			
	Emergency Treatment Performance – Admitted (% of patients treated in <= 4hrs)	37.64  NEEDS WORK	50.00	
Emergency Treatment Performance (ETP) refers to the percentage of patients that spend less than 4 hours in our Emergency Department.				

Outcome 4: People receive high quality, safe care in our hospitals				
Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
2.1	Fall-related Injuries in Hospital – Resulting in fracture or intercranial injury (Rate per 10,000 episodes of care)	6.70  ON TRACK	6.30	
	These are injuries that happen when someone falls while at our hospitals. We measure these injuries so we can investigate and improve our processes to stop them happening.			
2.3	Unplanned Hospital Readmissions – All admissions within 28 days of separation (%) • All persons	6.13  MONITOR	5.90	

<p>An unplanned hospital readmission occurs when a person returns to our hospitals within 28 days of their initial hospital stay and the second hospital stay is not expected and not part of their treatment plan.</p> <p>At PMBH, work has commenced with specific craft groups with high readmission rates to look at solutions to reduce these rates.</p>				
• Aboriginal patients		5.75  MONITOR	5.30	
<p>We want to provide safe, high quality and culturally appropriate care to Aboriginal people. We work to improve our communication during your stay and discharge process with follow up contact.</p> <p>Comment: Deadly Footsteps was introduced at Port Macquarie Base Hospital on May 17, 2021 and ran until July 23, 2021. The aim of the program was to work with all Aboriginal patients being discharged from the hospital and provide them with a comprehensive transition to discharge plan and follow-up in the community. The objective was to reduce the unplanned admissions <28 days in Aboriginal patients, by connecting them to the primary health care setting, navigating potential barriers to care and ensuring they are well informed regarding their post discharge care. As a result of the program unplanned readmissions <28days in Aboriginal people reduced to below the NSW benchmark of 5.3% and is sitting at 4%.</p>				
Overall Patient Experience Index (Number) • Adult Admitted Patients		9.00  ON TRACK	8.50	
Overall Patient Experience Index refers to the rating given by consumers of their experience in our hospitals.				
• Emergency Department		8.88  ON TRACK	8.50	
Overall Patient Experience Index refers to the rating given by consumers of their experience in our Emergency Departments.				
2.4	Elective Surgery Access Performance – Patients treated on time (%) • Category 1	100.00  ON TRACK	100.00	
	• Category 2	89.90  NEEDS WORK	97.00	
	• Category 3	73.40  NEEDS WORK	97.00	
The Elective Surgery Access performance KPI is the percentage of all patients who have surgery within the recommended timeframe based on the urgency of their surgery. Category 1 is the most urgent.				

Outcome 3: People receive timely emergency care

Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
	Emergency Department Presentations – Treated within benchmark times (%): <ul style="list-style-type: none"> • Triage 1: seen within 2 minutes 	100.00 	100.00	
	<ul style="list-style-type: none"> • Triage 2: seen within 10 minutes 	84.20 	95.00	
	<ul style="list-style-type: none"> • Triage 3: seen within 30 minutes 	64.60 	85.00	
<p>When people present to the Emergency Department, they are triaged based on the urgency of their illness or injuries they have. Triage 1 is the most urgent. Triage 1 to 3 have recommended timeframes. The timeframes are measured from the time of triage to been seen by a doctor or nurse.</p> <p>Comment: Hastings Macleay Clinical Network - Work commenced in late July to improve Category 3 KPIs. It was identified that due to access block in the ED there was a significant amount of Category 3 patients allocated to the waiting room that did not get seen within 30 minutes. As a result, the ED reviewed the role for the front of house FACEM and Clinical Initiative Nurse who now work collaboratively to see category 3 patients within benchmark time.</p>				
	Transfer of care – Patients transferred from ambulance to ED <=30 minutes (%)	84.08 	90.00	
<p>Transfer of Care is a measure of the time taken to access our hospitals when you arrive by ambulance.</p> <p>Comment: Hastings Macleay Clinical Network - In April 2021, the Hasting Macleay Clinical Network partnered with the Ministry of Health to conduct an external review of Patient Flow across the Network. The MOH are in the process of preparing a 'patient flow road map' and the network is about to embark on journey of strategies to improvement Transfer of Care.</p>				

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Results		
		Actual	Target	Performance
3.3	Mental Health: Acute Readmission: within 28 days (%)	18.80 	13.00	
<p>Acute readmission occurs when a person returns to our facilities within 28 days of their initial stay. The second stay is not expected or part of their treatment plan.</p>				
	Mental Health: Acute Seclusion <ul style="list-style-type: none"> • Occurrence (episodes per 1,000 bed days) 	1.40 	5.10	
	<ul style="list-style-type: none"> • Duration (average hours) 	1.70 	4.10	
<p>Acute Seclusion is the confinement of a patient at any time of the day or night alone in a room or area from which free exit is prevented. While seclusion can be used to provide safety and containment at times, we recognise it can also be a source of distress for the patient, staff and support persons.</p>				
	Mental Health: Involuntary patients absconded from an inpatient mental health unit: <ul style="list-style-type: none"> Incident Types 1 and 2 (rate per 1,000 bed days) 	1.54 	0.80	
<p>Involuntary patients absconded measures patients under an involuntary mental health order leaving an inpatient mental health unit inappropriately.</p>				
	Mental Health Consumer Experience:	74.00 	80.00	
<p>Mental Health Consumer Experience measures how our mental health patients feel about their experience while in our care. The reporting period of April to June 2021, has seen an increase in the percentage of Consumers who experienced a very good or excellent experience with the MNCLHD Mental Health Service.</p>				
	Emergency Department Extended Stays:	5.00 	13.00	
<p>Emergency Department extended stays refers to the number of presentations to the Emergency Department where a person stayed longer than 24 hours.</p> <p>Comment: After-hours psychiatrist coverage commenced in February 2021 and daily bed management and emergency mental health care improvements are occurring.</p>				
3.2	Mental Health Peer Workforce Employment: <ul style="list-style-type: none"> Full Time Equivalents (FTEs) (Number) 	4.90 	5.09	
<p>Mental health peer workers are employed specifically for their lived experience of mental illness, to work in roles such as peer support workers, consumer advocates and recovery support workers.</p> <p>Comment: Vacancies are actively being recruited into including an Aboriginal identified position.</p>				

Strategy 3: Integrate systems to deliver truly connected care

Strategic Priority	Measure	Results		
		Actual	Target	Performance
3.4	Aged Care Assessment Timeliness: Average time from ACAT referral to delegation – Admitted patients (Days)	1.40  ON TRACK	5.00	
Aged Care Assessment Timeliness measures the number of days taken for our patients to be assessed for aged care services when they are discharged from hospital and return home.				
3.5	Out of Home Care Pathway Program: Children and young people completing a primary health assessment (%)	100.00  ON TRACK	100.00	
The Out of Home Care Pathway Program refers to the percentage of children and young people in this program who complete a primary health assessment.				
	Domestic Violence Routine Screening: Routine Screens conducted (%)	52.48  NEEDS WORK	70.00	
Domestic Violence Routine Screening measures the number of early identification and intervention activities completed and asks about the patient's safety in relationships and the safety of their children.				

Outcome 2: People can access care in and out of hospital settings to manage their health and wellbeing

Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
3.1	Potentially Preventable Hospital Services (%)	26.08  MONITOR	25.56	
This is the proportion of Emergency Department presentations or admissions to hospitals for conditions where hospitalization was potentially preventable with appropriate individualised health interventions and early disease management delivered in the primary care and community-based care settings eg. measles, tetanus				
3.3	Mental Health Acute Post-Discharge Community Care Follow up within seven days (%)	74.10  ON TRACK	70.00	
Acute Post Discharge Community Care refers to the percentage of mental health consumers that receive a call from a Community Mental Health contact within seven days of discharging from one of our facilities.				
3.6	Electronic Discharge Summaries Sent electronically and accepted by General Practitioners (%)	88.25  ON TRACK	51.00	
Electronic Discharge Summaries Completed refers to the percentage of discharge summaries that are completed electronically and forwarded to patients' GPs to assist in ongoing care.				

Strategy 4: Develop and support our people and culture

Strategic Priority	Measure	Results		
		Actual	Target	Performance
4.3	Workplace Culture – People Matter Employee Survey Culture Index: Variation from previous year (%)	-1.0  ON TRACK %	-1.0%	
	Take Action – People Matter Employee Survey: Take action as a result of the survey – Variation from previous year (%)	3.00  ON TRACK	-1.00	
The People Matter Employee Survey is conducted on an annual basis across NSW Public Services to evaluate workplace culture. The goal is to achieve a higher survey response rate than the previous year and improve survey results (i.e.: the culture). Comment: Due to COVID-19, the survey was not conducted in 2020. The results for 2021 will be published in late 2021. These are the results for 2019.				
4.1	Staff Performance Reviews: Within the last 12 months (%)	61.25  NEEDS WORK	90.00	
Staff performance reviews ensure staff receive formal feedback on their performance and understand what their individual responsibilities are. This measures completion of performance reviews				
	Recruitment: Average time taken to request to recruit to decision to approve/decline/ defer recruitment (business days)	12.82  MONITOR	12.00	
This is the time taken to complete the recruitment of staff and have them appointed to a position.				
4.2	Aboriginal Workforce Participation - Aboriginal Workforce as a proportion of total workforce at all salary levels (bands) and occupations (%)	5.08  ON TRACK	1.80	
The goal is to identify opportunities to recruit Aboriginal people throughout the health service at all levels of the organisation and developing capacity to support career opportunities.				
4.5	Compensable Workplace Injury: Claims (Number)	178.00  NEEDS WORK	120.00	
This is the number of employees who have lodged claims as result of a workplace injury sustained. Comment: Overall workers compensation scheme performance continues to experience pressure due to higher than forecasted claim lodgement. Physical claims increased by 41% and psychological claims increased by 44% during 2020-21 when compared to the previous year. During the past five financial years, psychological claims have continued to trend higher year on year. This trend is consistent with whole of NSW Health performance. The 2021 MNCLHD Health Safety and Wellbeing Improvement Plan remains on track with a continued focus on physiological safety and early intervention strategies.				

Outcome 5: Our people and systems are continuously improving to deliver the best health outcomes and experiences

Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
4.3	Staff Engagement – People Matter Employee Survey Engagement Index: Variation from previous year (%)	-1.0 	-1.2	
The People Matter Employee Survey is conducted on an annual basis across NSW Public Services to evaluate workplace culture. The goal is to achieve a higher survey response rate than the previous year and improve survey results (i.e.: the culture). Comment: These are 2019 results - the People Matter Employee Survey was not conducted in 2020 due to COVID-19, however did go ahead in September 2021. The results will be available in late 2021.				
5.4	Research Governance Application Authorisations: Site specific within 15 calendar days – Involving more than low risk to participants (%)	79.13 	47.50	
This is to assess the efficiency of the authorisation process and improve processes.				

Outcome 6: Our people and systems are continuously improving to deliver the best health outcomes and experiences

Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
5.4	Ethics Application Approvals: By the Human Research Ethics Committee within 45 calendar days – involving more than low risk to participants (%)	100 	95.00	
This is time taken by the Ethics committee to approve.				

Strategy 6: Enable eHealth, health information and data analytics

Strategic Priority	Measure	Results (YTD)		
		Actual	Target	Performance
6.2	Telehealth Service Access: Non-admitted services provided through telehealth (%)	0.03 	10.00	
Telehealth is a way that health professionals can connect with patients via videoconference over the internet. Comment: The Virtual Care project is underway to implement the telehealth platform in to community health and outpatient services and upgrade equipment.				



This attestation statement **Professor Heather Cavanagh** is made by

Holding the position/office **Chair** on the Governing Body

For and on behalf of the governing body titled **Mid North Coast Local Health District Governing Board**

Mid North Coast Local Health District

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

- g. has routinely and regularly reviewed reports relating to, and monitored the Organisation's progress on, safety and quality performance in health care.
- 2. The Governing Body has, ensured that the Organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people.
- 3. I have the full authority of the Governing Body to make this statement.
- 4. All other members of the Governing Body support the making of this attestation statement on its behalf *(delete if there is only one member/director of the governing body)*.

I understand and acknowledge, for and on behalf of the Governing Body, that:

- submission of this attestation statement is a pre-requisite to accreditation of the Organisation using NSQHS Standards under the Scheme
- specific Actions in the NSQHS Standards concerning Governance, Leadership and Culture will be further reviewed at any onsite accreditation visit/s.

Signed 

Position **Governing Board Chair**

Date 11.08.2021

Counter signed by the Health Service Organisation's Chief Executive Officer (however titled)

Signed 

Position **Chief Executive**

Name **Stewart Dowrick**

Date 14/8/2021

Schedule of health service organisations covered by this attestation statement

Name of health service organisation	Address
Mid North Coast Local Health District	Morton St, Port Macquarie, NSW, 2444



Health
Mid North Coast
Local Health District