Southern Adelaide Local Health Network

Quality Plan

2022-2024

Quality Plan Contents

Acknowledgement

Ngadlu tampinthi, Kaurna Miyurna yaitya yarta-mathanya Wama Tarntanyaku. Ngadlu tampinthi purkarna pukinangku, yalaka, tarrkarritya. Parnaku yailtya, parnaku tapa purruna, parnaku yarta ngadlu tampinthi.

Yalaka Kaurna Miyurna itu yailtya, tapa purruna, yarta kuma puru martinthi, puru warri-apinthi, puru tangka martulayinthi.

We acknowledge the Kaurna people are the traditional custodians of the Adelaide Plains and pay respects to Elders past, present and future. We recognise and respect their cultural heritage, beliefs and relationship with the land. We acknowledge that they are of continuing importance to the Kaurna people living today.

The Aboriginal and Torres Strait Islander Community

We recognise the experiences and health needs of our Aboriginal and Torres Strait Islander community. We acknowledge Aboriginal and Torres Strait Islanders are the first people of Australia and we accept the wrongs of the past. We understand past government policies and practices negatively impact on Aboriginal and Torres Strait Islander health. We will work to ensure these wrongs are not repeated. We are committed to collaborating with Aboriginal and Torres Strait Islander people to maximise their lifelong health outcomes.

Definition

The term Aboriginal is used with respect in this document as an all-encompassing term for Aboriginal and Torres Strait Islander people and culture.

Government of South Australia

Health
Southern Adelaide
Local Health Network

Foreword

The Southern Adelaide Local Health Network (SALHN) Governing Board, Interim Chief Executive Officer, Executive Director Medical Services and Director Clinical Governance are delighted to present our Quality Plan 2022-2024.

We are committed to providing respectful, quality, person and family-centred care by continuously improving the healthcare we deliver.

The Governing Board, through the Clinical Governance Sub-committee, Executive and Clinical Council, is committed to working as a team to ensure we are providing reliable and evidence-based services that meet our consumers' needs for both now and into the future.

This SALHN Quality Plan is underpinned by the Six Domains of Quality that supports person and family-centre care; Appropriate, Safe, Efficient, Effective, Acceptable and Accessible.

The SALHN Board Clinical Governance Sub-committee, Executive and Clinical Council fully endorse this plan that describes enablers and priorities to improve health care in the south.

It supports safety for our patients and staff, the delivery of evidence-based health care, and a strong focus on continuous improvement. The strategy has been developed through wide consultation with Executive members, the Clinical Divisions, the National Standards Committees, the Partnering with Consumers Advisory Group, and the Aboriginal Health Steering Committee.

Mark Butcher
SALHN Governing Board Chair

Jenny Richter
SALHN Board Clinical Governance Sub-Committee Chair

Wayne Gadd
SALHN Interim Chief Executive Officer

Dr Diana Lawrence
Executive Director of Medical Services

Diana Taylor
Director of Clinical Governance

Our Mission

SALHN's Mission is to build a thriving community by consistently delivering reliable and respectful health care for, and with, all members of our community.

Our Purpose

We will care for you every step of the way.

Our focus contributes to addressing the social determinants of health during the first 1,000 days and the last 1,000 days of a vulnerable person's life. We will partner with community and non-government care providers so that all members of our community can access care and live meaningful lives.

Introduction

The Southern Adelaide Local Health Network (SALHN) provides healthcare including hospital, outpatient and community and a number of state-wide services to a population of more than 355,000 people who mainly live in southern Adelaide. We also care for people from regional South Australia, the Northern Territory and New South Wales.

SALHN is unique in its clinical service delivery profile in that it provides services across the lifespan, from obstetrics, maternity and neonatal services, to end of life care provided through hospital and community based palliative services.

The SALHN Quality Plan sets the direction and key activities and priorities required to strengthen our systems in order to further improve the safety and quality of the health care services we provide to our consumers and their families to 2024.

This Quality plan was endorsed by the SALHN Clinical Council in December 2021 and the SALHN Executive in January 2022.

The plan is structured in two focus areas:

1

Priority areas that are a continuation of improvement work commenced in prior years.

2

Priority areas that target specific areas where a performance gap has been identified.

Quality Plan Outcomes

Working as a team, our outcomes will be the provision of:

Respectful, quality, person and family-centred care by improving the healthcare we deliver,
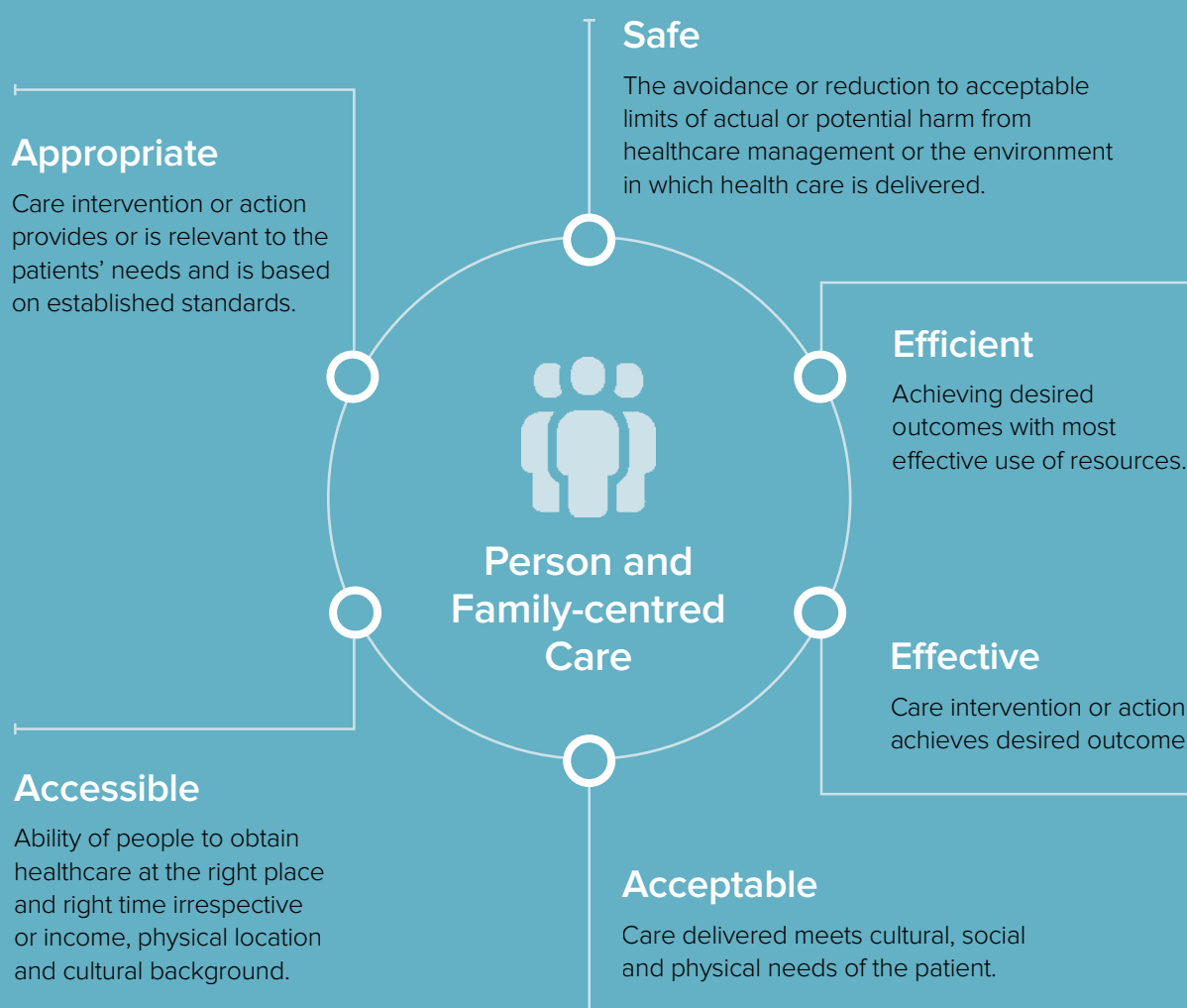
Reliable and evidence-based services that meet our consumers' needs,

Commitment to improving the health outcomes of Aboriginal and Torres Strait Islander people.

Quality Principles

The SALHN Quality Plan is underpinned by the following Quality Principles.

Six Domains of Quality that supports person and family-centred care:

Safe
The avoidance or reduction to acceptable limits of actual or potential harm from healthcare management or the environment in which health care is delivered.

Appropriate
Care intervention or action provides or is relevant to the patients' needs and is based on established standards.

Efficient
Achieving desired outcomes with most effective use of resources.

Person and Family-centred Care

Effective
Care intervention or action achieves desired outcome.

Accessible
Ability of people to obtain healthcare at the right place and right time irrespective or income, physical location and cultural background.

Acceptable
Care delivered meets cultural, social and physical needs of the patient.

The three core principles as described in the *Australian Safety and Quality Framework for Health Care* developed by the Australian Commission on Safety and Quality in Health Care are:

Consumer-centred

SALHN provides care that is respectful of and responsive to individual preferences, needs and values.

This means a partnership between consumers, family, carers and SALHN's healthcare teams.

Processes of care are designed to optimise the consumer experience.

Driven by Information

SALHN utilises the latest available knowledge and evidence about safety and quality.

Safety and quality data are collected, analysed and utilised for improvement.

Action is taken to reduce unjustified variation in standards of care, and to improve consumers' experiences and clinical outcomes.

Safe and high quality health care for Australia

Organised for Safety

Safety is a high priority in the design of health care.

At SALHN organisational structures, work processes and funding models recognise and reward taking responsibility for safety.

Quality Planning Context

The SALHN Quality Plan is underpinned by the following Quality Principles:

South Australia

The SALHN Quality Plan has been developed to align with State and SA Health strategic directions:

- **SA Health and Wellbeing Strategy 2020 – 2025**
- **Wellbeing SA Strategic Plan 2020 – 2025**
- **Mental Health Strategic Plan 2017 – 2022**

The plan has been developed using the following frameworks and standards including:

- Australian Safety and Quality Framework for Health Care
- National Safety and Quality Health Services (NSQHS) Standards (second edition)
- Clinical Care Standards as developed by professional bodies and other relevant associations

Southern Adelaide Local Health Network

The Quality Plan was developed by the SALHN Clinical Council throughout 2020-2021 with extensive input from Executive, the Clinical Divisions, NSQHS Standards Committees and the Partnering with Consumers Advisory Group (PwCAG). The Plan describes enablers and priorities identified or aligned to the following:

- **SALHN Strategic Directions Map 2019-24**
- **SALHN annual Service Level Agreement (SLA) with the Department for Health and Wellbeing (DHW)**
- **SALHN COVID-19 Pandemic and Enduring Operations Plan**
- **SALHN's operational risks rated as extreme or high and strategic risk SR01: Quality, reliable, safe care.**
- **Recommendations and suggestions for improvement from Accreditation against the NSQHS Standards in 2019**
- **Goals identified by SALHN's PwCAG consumer members**
- **Top three patient incident types from SALHN Safety Learning System data**
- **Top three themes from the SALHN Clinical Review Committee**

Priorities have been categorised as being specific/targeted or continuation of improvement or work commenced in prior years:

- Specific or targeted priorities are those that are yet to start or are in the early phases and may require additional resources to implement and maybe subject to specific time constraints. Due to the number of specific or targeted priorities identified, these have been allocated to specific years over the duration of the Plan using a risk-based approach.
- Continued priorities are those that are established (e.g. Enterprise Risk Management System) or where work has commenced (e.g. Integration of the Electronic Medical Record) and are the responsibilities of the Executive, Divisions, Committees or staff to further embed into clinical practice. Implementation of these priorities will continue to ensure practice is part of 'business as usual' at SALHN.

Southern Adelaide Aboriginal Health Context
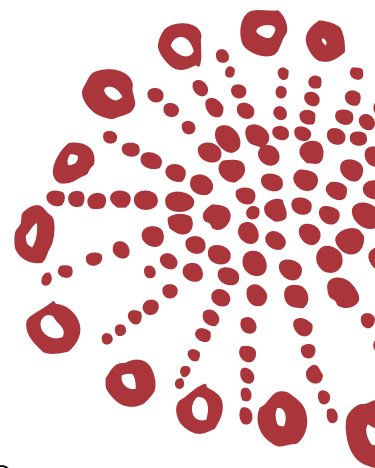
SALHN has a strong, resilient and diverse Aboriginal community that includes local metropolitan and rural and remote areas of South Australia, Northern Territory and western New South Wales.

SALHN recognises the importance of building partnerships across all levels of this broad community.

The Plan is closely aligned to the following key National frameworks:

- **National Safety and Quality Health Service Standards: User Guide for Aboriginal and Torres Strait Islander Health**
- **National Agreement on Closing the Gap (July 2020)**

The outcomes of the *National Closing the Gap Agreement* are:

Shared decision-making

Aboriginal and Torres Strait Islander people are empowered to share decision-making authority with governments to accelerate policy and place-based progress on Closing the Gap through formal partnership arrangements.

Building the community-controlled sector

There is a strong and sustainable Aboriginal and Torres Strait Islander community-controlled sector delivering high quality services to meet the needs of Aboriginal and Torres Strait Islander people across the country.

Improving mainstream institutions

Governments, their organisations and their institutions are accountable for closing the gap and ensure services and sites are culturally safe and responsive to the needs of Aboriginal and Torres Strait Islander people, including through the services they fund.

Aboriginal and Torres Strait Islander-led data

Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally-relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development.

17 socio-economic targets

(including the three specific health outcomes).

The Aboriginal and Torres Strait Islander Consumer and Community Group is a key partnership in SALHN at the Executive and Board level. With shared decision making and improving mainstream institutions as key priorities, the Quality Plan was developed inclusive of Aboriginal and Torres Strait Islander people with the aim to understanding and address the six actions in the National Safety and Quality Health Service Standards that focus specifically on meeting the needs of Aboriginal and Torres Strait Islander people.

Approach to addressing the six actions that specifically meet the needs of Aboriginal and Torres Strait Islander people
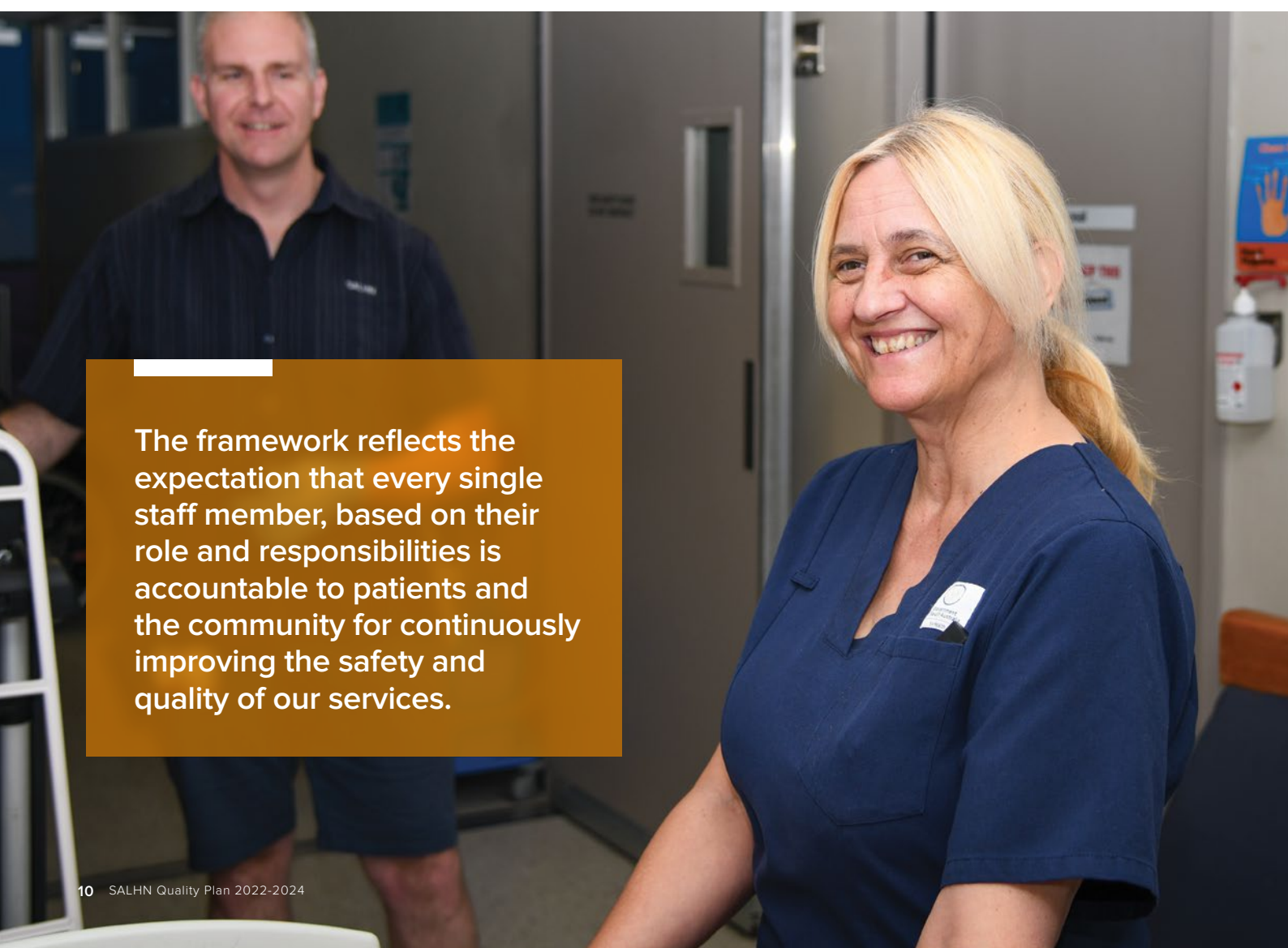
Source: National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health.

Integrated Governance and Quality Cycle

Integrated Governance Framework

The provision of safe and quality services is embedded within the charter for the SALHN Governing Board which is ultimately responsible for ensuring that the Network is governed well and delivers safe, high-quality health care services. The Board has established a Clinical Governance Sub-Committee to monitor, advise and assure the Board on the performance of quality and safety in SALHN.

The framework reflects the expectation that every single staff member, based on their role and responsibilities is accountable to patients and the community for continuously improving the safety and quality of our services.

The SALHN Executive, management and leadership teams have oversight of quality performance and provides oversight of, and leadership on, the provision of high quality, safe clinical care and services and clinical governance systems for all SALHN programs and services. This includes:

(1)

Clinical Governance, particularly in relation to quality clinical service improvement, risk management and the systems and processes that support the delivery of care are well engineered and achieve the required results

(2)

Clinical effectiveness and efficiency of services to maintain and improve health and ensure the greatest possible health gain from available resources

(3)

Strategic planning to ensure services are accessible and future clinical capacity and capabilities are developing

(4)

Monitoring of performance and proportionate action when it is outside of agreed indicators or measures of quality care to ensure safe care and prevent unacceptable variation into the future.

Integrated Governance is the mechanism by which patients and consumers always receive safe, high quality and respectful health care. Integrated governance supports staff to deliver exemplar care to their patients.

The Integrated Governance Framework describes the elements that are essential for SALHN to achieve an integrated corporate and clinical governance system where strategy and operations are aligned via a well-engineered and connected system. The framework reflects the expectation that every single staff member, based on their role and responsibilities is accountable to patients and the community for continuously improving the safety and quality of our services.

Improvement

Quality improvement is a systematic approach to designing, testing and implementing changes using real time measurement for improvement.

Quality improvement aims to make a difference by improving the safety, effectiveness and experience of patient care. There are a range of improvement methodologies such as the Model for Improvement where changes are tested in small cycles that involve planning, doing, studying and acting (PDSA) and Lean methodology which focusses on continually improving processes by removing waste, duplication and eliminating processes or steps that add no-value.

In SALHN the implementation of the Continuous Improvement Framework and the eight steps of problem solving aims to develop SALHN's capability and build a collaborative and sustained continuous improvement culture. It provides SALHN managers, leaders, clinicians and staff with a consistent methodology to apply problem solving to improve clinical care.

(Re) Engineering

Building quality into all aspects of the health care system promotes less risk, improved performance and greater ability to respond to the complex and changing demands of the health system.

Lower rates of adverse events lead to better patient experiences, improved health outcomes and improved sustainability of the health system. Quality engineering refers to the process changes that occur through the development and refinement of clinical procedures, services and operations. It involves:

- the consideration of the end to end cycle,
- the principles of standardisation,
- cross functional teams (across units and divisions) working on solutions and owning them.

The Continuous Improvement Framework and the Integrated Management System support quality engineering, refinement and ownership of problems and their solutions.

Assurance

Quality assurance is the process of confirming that the quality standards are being met within SALHN. Quality assurance is only one facet or quality control, along with improvement and system engineering.

Governance Process
(Point of Care to Board and back)

Everyone within SALHN has a role to play in supporting the delivery of safe and quality care. The SALHN Governing Board is accountable to the Minister for Health and Wellbeing and is responsible for oversight of the delivery of safe, high-quality and accessible services and providing strategic directions for SALHN in conjunction with the SALHN CEO.

The CEO and Executive are responsible for ensuring systems and processes are in place to enable high quality and safe care can be delivered, while managers and clinicians are accountable for implementing and adhering to these systems and processes.

Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance is the system through which assurance is given from point of care to the Board and back that these systems are highly functioning, continuously improving and well designed. Governance systems support an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.

Assurance processes are described in the Integrated Governance Framework and include:

- Accreditation
- Clinical Audit
- Clinical assurance visits Committee Structures: e.g. Clinical Council, Clinical Review Committee
- Clinical Care Standards
- Clinician Engagement
- Clinical Education and Training
- Clinical Supervision
- Consumer Engagement
- Consumer Feedback and Management
- Coronial Reporting
- Corporate and Clinical Governance Units
- Credentialling and scope of clinical practice
- Internal Audit
- Mortality Review Process
- Orientation and Induction
- Patient Incident Management
- Performance Monitoring
- Professional Registration
- Risk Management
- Safety Alerts system

Risk Appetite for Safety and Quality

In February 2021, the SALHN Governing Board endorsed Risk Appetite statements that form part of our risk management framework.

These statements provide clarity on the boundaries of acceptable levels of risk against the five SALHN Management Domains (Safety, Quality, Delivery, People, Cost), key strategic priorities and regulatory requirements.

The risk appetite process enables us to better manage and understand the level of risk exposure and make informed risk- based decisions within established risk appetite tolerance.

Risk appetite statements help us maximise opportunities to be successful in delivering our Strategic Directions Map and plan to avoid situations that could limit this achievement.

The risk appetite statement reflects that:

We have zero appetite for causing preventable harm to our patients or for health and safety breaches for our employees, contractors and the community;

We actively seek opportunities to pursue activities that provide quality care and keep our patients safe and that enable a safe workplace for patients, staff and visitors.

Engineering
New process / workflows / interventions

Improvement
Solving problems / addressing risks

Assurance
How do we know?

Current and Future Directions

Health Services Planning

SALHN is undertaking Health Service Planning to support the delivery of the Southern Area Health Direction (SAHD) vision of SALHN as a bold and dynamic organisation that delivers healthcare according to our principles of quality from the first 1,000 days to the last 1,000 days of life.

This plan will acknowledge that the Southern Adelaide Aboriginal and Torres Islander population has a growing young population with 56% of the population aged <25 years. Furthermore, the growth of this young population is at a rate faster than the non-indigenous population and also when compared to the rest of South Australia.

SALHN aims to significantly reshape how it delivers care, providing 50% of the projected growth in contemporary, consumer-centred, acute hospital facilities and 50% of projected future growth through innovative models of care, enabled through digital technology, closer to home (in region, in community, at home).

This will require SALHN to invest time and resources through an integrated planning approach to be prepared for accelerated innovation and change a scale, engaging our clinicians, community and partners.

The SAHD has been developed to meet the projected demand for the southern region over the next ten years, recognising the demographic, technological, social and infrastructure challenges facing SALHN.

The aim of SALHN's Health Service Plan and Infrastructure Master Plan is to outline the Network's health service direction and clinical priorities over the next ten years to meet the growing health service needs of our community.

Clinical Services Planning

SALHN is continuing to strengthen our clinical services planning which will connect our clinical services, teaching, research, staff and services across the organisation to engage and support clinical leaders and their teams to plan and deliver safe, reliable and respectful health care to our community into the future. This will enable planning strategically across the four Strategic Directions Pillars and operationally through the Integrated Management System Tiers.

The Service Plan will align with and be enabled by the Integrated Governance Framework, Digital Strategy, the Research Four Fields of Enquiry, Continuous Improvement Program and the Clinician Engagement Strategy. It is intended that planning will be aligned through Divisions and into specialities to form an integrated planning framework for SALHN.

This will be a new way of working and will require trust, mutual understanding of the issues identified and establishing relationships within the care team. Service Planning will be underpinned by an Integrated Planning Framework for SALHN and will specifically link with community health service needs and priorities.

National Safety and Quality Health Service Standards, Second Edition

Accreditation is an important driver for patient safety and quality improvement. Accreditation to the NSQHS Standards provides assurance that mandated standards for safety and quality are met. The NSQHS acknowledges the importance of Aboriginal and Torres Strait Islander health care needs and has subsequently identified six specific actions for health service organisations to address.

SALHN was assessed against the Second Edition of these Standards in November 2019 and was successful in achieving full accreditation for three years. SALHN next accreditation assessment is scheduled for late 2022.

Clinical Trials Governance Framework

The ACSQHC has led the development of the National Clinical Trials Governance Framework as the first step towards a nationally consistent approach to the accreditation of health services for the conduct of clinical trials.

It is anticipated that, accreditation to the NSQHS Standards will optimise organisational strategic planning to deliver clinical trial services and assess that efficient processes have been implemented to undertake:

- Trial site feasibility assessment
- Timely ethics and governance approvals
- Participant/patient recruitment
- Trial management
- Workforce management
- Financial management.

The Governance Framework and supporting resources will be implemented in January 2022. Planning is underway to implement across SALHN under the governance of the SALHN Clinical Council.

Improvement and Research

Understanding and reducing unwarranted variation in clinical care is critical to improving the quality, value and appropriateness of health care[1]. Introducing innovation with quality improvement principles in mind will also better serve patients[2].

At SALHN, engaging clinicians from all professions will be an essential condition for the success of our quality improvement initiatives. The Four Fields of Enquiry will drive a culture of questioning and capability building in research and continuous improvement, together with Clinical service planning, formal structures (e.g. Clinical Council) and change champions, will be used to improve communication of purpose, developing and sharing best available evidence and data to a strengthen an inter-disciplinary team approach for quality improvement and research endeavours.

Investing in research and culturally appropriate service improvement initiatives have been identified as critical drivers for closing the health gap for First Nation peoples. In SALHN, there is a genuine commitment to support Aboriginal led research that reflects community priorities and health service needs.

Clinician Engagement Strategy

The SALHN Clinician Engagement Strategy aims to increase horizontal leadership (shared, distributed and adaptive) opportunities for clinicians to work collaboratively, with a common purpose, to set goals with our consumers, make decisions and share resources and responsibilities for the delivery of best possible patient care, experience, and outcomes.

A team approach[3] involves a team of clinicians from different disciplines, together with the patient, undertaking assessment, diagnosis, intervention, goal-setting, and creating a coordinated care plan and evaluating outcomes.

The patient, their family and carers are involved in these discussions about their condition, prognosis and care plan. Identifying goals of care helps to organise and prioritise care and contributes to improved satisfaction, quality-of-life and self-efficacy for patients[4].

SALHN will strengthen the mechanisms to develop shared understanding between patients, family, carers and the clinicians in the multi-disciplinary team and the likely steps required to attain the agreed goals.

[1] Australian Commission on Safety and Quality in Health Care, The National Safety and Quality Health Service (NSQHS) Standards User Guide for Review of Clinical Variation in Health Care, 2020

[2] Dixon-Woods M, Amalberti R, Goodman S, Bergman B, Glasziou, P. Problems and promises of innovation: Why healthcare needs to rethink its love/hate relationship with the new, BMJ Qual Saf 2011;20(Suppl 1):i47-i51.

[3] Jessup RL. Interdisciplinary versus multidisciplinary care teams: do we understand the difference?, Australian Health Review, 2007, 31(3):330-331.

[4] Australian Commission on Safety and Quality in Health Care, Implementing the Comprehensive Care Standard: Essential elements for comprehensive Care, 2018.

> **We understand that meaningful person and family-centred care occurs when there is a true partnership between the consumer and health professionals.**

Digital Strategy

SALHN clinicians must have timely access to data that is meaningful to them, and that helps them excel and innovate. Engagement with clinicians has been crucial to integrating data and analytics across key components of the organisation, including clinical care, organisational performance, research and future planning. SALHN's Digital strategy brings together people, strategy, technology, processes and data for the organisation to achieve rapid improvements in overall digital maturity. This strategy will also involve privileging Aboriginal people's voices and perspectives to inform data systems, practices and to provide data insights and interpretation.

Consumer and Community Engagement Strategy

The SALHN Community Engagement Strategy guides our approach to community engagement. We want to:

- Create strong, trusting, and meaningful relationships with our community to better align our clinical services to our community's needs,

- Achieve excellence in person and family-centred care, to build partnerships to improve and innovate, to become a destination for world-class research and training, and to ensure academic and evidence-based research is aligned to clinical care,

- Ensure the citizens in our community, can access information about health to help develop knowledge about their own health and the health system that supports people now and into the future,

- Create more opportunities for our community to help us plan, deliver and evaluate our health care and systems. We will engage in a meaningful way with all community groups and we will support our staff to participate.

Through our Consumer Engagement Strategy, we aim to ensure our consumers are at the centre of everything we do. We understand that meaningful person and family-centred care occurs when there is a true partnership between the consumer and health professionals. Involving, listening and working side-by-side with our patients and the community is critical to developing this partnership and this has informed our new Consumer Engagement Strategy. *'To listen, act, make better, together'* is our operating principle, developed by our Partnering with Consumers Advisory Group. Our Aboriginal and Torres Strait Islander Consumer and Community group will also be an integral partner and play a critical role in determining how we can orientate our health system to meet the needs of First Nations peoples.

Our Consumer Engagement Strategy 2022-2024 is underway and will reflect the changing health system and context and recognise diversity within our community. Our strategy will:

- continuously improve care delivery and be guided by the lived experience of our consumers and carers.

- provide evidence to inform how we prioritise quality improvement projects.

- increase the number of consumers, carers and community members involved in SALHN and broaden their role, so that we can build thriving partnerships.

- make sure that culturally and linguistically diverse groups, particularly Aboriginal and Torres Strait Islander groups, have their voice heard at all levels of SALHN from decision making to co-design of service initiatives and models of care.

Total Quality Care

In April 2021, SALHN Executive commissioned the Total Quality of Care program which focusses on the Six Domains of Quality (as described on page 6). This program will allow the Network to plan and deliver services differently and more efficiently into the future by bringing staff across all areas together to tackle complex system issues. Total Quality Care will deliver reliable and respectful health care to the Southern Adelaide community whereby all current and future consumers can access the services they need when they need them through:

- Integrated, end to end planning of care,
- Focusing on processes and improvement,
- Using tacit and explicit information and knowledge,
- Valuing people.

The Total Quality Care program will drive initiatives which focus on:

- Developing patient goals for each episode of care, aligned to the clinical and patient situation through a shared decision-making process,
- Ensuring that the Program objectives are aligned to SALHN strategic objectives by connecting forward thinking of demand and the planned operational response and connecting risk management to strategic planning,
- Understanding current and future planning, scheduled and unscheduled work, and alternative pathways,
- Identifying variation between demand and capacity, improving patient flow and bed availability and solutions for long stay patients,
- Focusing on current patients and ensuring the right patient is in the right place, at the right time, on time,
- Identification and implementation of strategies to improve patient flow.

South Australian Virtual Care Service

The use of telemedicine and virtual health care has increased exponentially over the past decade, with the COVID pandemic of the past 24 months further accelerating expansion into almost all areas of health care. In countries like Australia, which must overcome the tyranny of distance, telemedicine has clear advantages in providing rapid in-reach of clinical expertise. To continue to meet community expectations and address care challenges, an innovative virtual solution appropriate to the South Australian context has been developed in conjunction with key service partners including SA Ambulance Services (SAAS), Digital Health South Australia, metropolitan Local Health Networks and regional Local Health Networks. A state-wide Virtual Care Service model has commenced with the purpose of driving a progressive shift towards increased virtual access to healthcare services, improving both patient outcomes and system sustainability. This model of care was initially based on the endorsed SALHN foundational virtual models within the Southern Area Health Direction plan.

The SA Virtual Care Service's (SAVCS) virtual emergency model and regional support model is a system-wide, multi-agency, multi-disciplinary virtual clinically-focussed service that provides coordinated care across a number of specialties. Initially, the service comprises a Care Co-ordination Centre which delivers two distinct services – a Virtual Emergency Service (VES) and Rural Virtual Care (RVC), providing advice, planning and care support to paramedic and clinical service partners. As part of its remit, the SAVCS will also develop and trial, in conjunction with research and service partners, novel processes, models and technology to guide, improve and lead in the provision of virtual clinical services through a Living Laboratory.

COVID-19

SALHN has had an agile and coordinated approach to the management of COVID-19 since the beginning of the pandemic in March 2020.

This has involved multiple strategies including the Incident Management Team, procedures and pathways, processes to ensure staff and patient safety (e.g fit testing, screening, visitor concierge) and establishing vaccination and testing clinics for staff and patients in the community (e.g. within the Aboriginal Family Clinic).

SALHN is the state-wide Maternity stream for pregnant women due to our ICU and neonatal capacity. With the opening of the interstate border in November 2021, extensive planning has occurred to meet the demand with the anticipated surge of cases as we transition to living with COVID.

SALHN will continue to work with SA Health and other agencies to meet the demands and challenges the health system faces with the unprecedented COVID-19 pandemic.

Quality Plan Priorities

Specific/Targeted Priorities by Year

2022				
Outcomes	**NSQHS**	**Focus Area**	**Action**	**Executive Responsible**
Continuous improvement [2]	1	Education governance	Develop an integrated multidisciplinary approach for mandatory, professional and simulation training	CWO/ professional leads
Inclusivity [1]	1	Better understanding and addressing the needs of our consumers who may be experiencing vulnerabilities or complexity	Identifying and prioritising our consumers expressing vulnerabilities or complexity	EDAH and ICS
Continuous improvement [2]	1	NSQHS Model and regular Accreditation Huddle structure	Review structures to create a sustainable and integrated model	EDMS and EDGR
Inclusivity [1]	1	Aboriginal and Torres Strait Islander care	Develop safety and quality priorities to address the specific health needs of Aboriginal and Torres Strait Islander people	EDAH and ICS
Continuous improvement	1	Patient flow	Identification & implementation of strategies to improve patient flow and reduce preventable harm related to delays to care and ambulance ramping	COO
Inclusivity [1]	2	Aboriginal and Torres Strait Islander care	Develop partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	EDAH and ICS
Communication [1]	5	Goals of Care	Progress goals of care; including supporting all consumers in setting care goals and providing consumers with documented goals in and understandable format after every family meeting or goal-setting meeting. Integral to this is communicating with the principles of Shared Decision Making	EDMS
Inclusivity [1]	8	To understand consumers who may be experiencing acute mental state deterioration	Develop and implement strategies to improve recognition and responding to acute mental state deterioration.	EDMS
Continuous improvement [2]	8	Management and Identification of SEPSIS within SALHN	Develop strategies to improve recognition and management of sepsis	EDMS
Continuous improvement [2]	8	Recognising and responding to acute clinical deterioration	Review and improve education and training programs across all disciplines to recognise patient deterioration during the reversible phases of deterioration, to improve the response to acute physical deterioration	EDMS

2022/2023

Outcomes	NSQHS	Focus Area	Action	Executive Responsible
Continuous improvement [2]	1	Better understanding and addressing the needs of NDIS and complex vulnerable consumers.	Develop an approach to manage consumers with complex care needs inclusive of care pathways and an integrated planning framework	EDAH and ICS
Continuous improvement [2]	1	Exploration of Aboriginal patients who 'Did Not Wait' (DNW) in Noarlunga ED	Review, collect and monitor patient feedback to develop a more comprehensive understanding of why Aboriginal patients do not wait. Utilise learnings and develop research proposal with academic partners	EDAH and ICS
Continuous improvement [2]	1	Reducing unwarranted clinical variation	Establish a Clinical Variation Committee to reduce unwarranted clinical variation and to ensure co-ordination of improvement efforts with a focus on HACs, HRT indicators and the Clinical Care Standards	EDMS
Continuous improvement [2]	3	Peripheral Intravenous Cannula and other invasive medical devices	Review of policy, procedure, competency, line maintenance and audit framework to reduce peripheral line infections and SABs	EDNM
Communication [1]	6	Structured Interdisciplinary Bedside Rounding (SIBR)	Evaluation and expansion to 3 further units to improve communication processes with patients and their families	EDMS
Continuous improvement [2]	1	Developing a welcoming environment in the Cancer Wellness Centre	Work in partnership with the Southern Adelaide Aboriginal and Torres Strait Islander Consumer and Community group and staff to identify opportunites to enhance the environment of the CWC making it more culturally safe and appropriate	EDAH and ICS

2023/2024

Outcomes	NSQHS	Focus Area	Action	Executive Responsible
Communication [1]	1	Medical Consultations	Clear process for interdisciplinary consultations to improve clinical communication practices	EDMS
Communication [1]	5	Serious Illness/Futile Care	This relates in part to Goals of Care with a focus on curative care, supportive care and/or terminal illnesses	EDMS

1: Outcome 1: We work as a team for, and with, all our consumers to provide respectful, quality, person and family-centred care by improving the healthcare we deliver
2: Outcome 2: We consistently provide reliable and evidence-based services that meet our consumers' needs

Quality Plan Priorities

Specific/Targeted Priorities by Outcome

Outcome 1:					
We work as a team for, and with, all our consumers to provide respectful, quality person and family-centred care by improving:					
Outcomes	**NSQHS**	**Focus Area**	**Action**	**Year**	**Executive Responsible**
Inclusivity	1	Better understanding and addressing the needs of our consumers who may be experiencing vulnerabilities or complexity	Identifying and prioritising our consumers expressing vulnerabilities or complexity	2022/2023	EDAH and ICS
Communication	1	Medical Consultations	Clear process for interdisciplinary consultations to improve clinical communication practices	2023/2024	EDMS
Communication	5	Goals of Care	Progress goals of care; including supporting all consumers in setting care goals and providing consumers with documented goals in and understandable format after every family meeting or goal-setting meeting. Integral to this is communicating with the principles of Shared Decision Making	2022	EDMS
Communication	5	Serious Illness/Futile Care	This relates in part to Goals of Care with a focus on curative care, supportive care, and or terminal illnesses.	2023/2024	EDMS
Communication	6	Structured Interdisciplinary Bedside Rounding (SIBR)	Evaluation and expansion to three further units to improve communication processes with patients and their families	2022/2023	EDMS
Inclusivity	8	To understand consumers who may be experiencing acute mental state deterioration	Develop and implement strategies to improve recognition and responding to acute mental state deterioration.	2022	EDMS

Outcome 2:
We consistently provide reliable and evidence-based services that meet our consumers' needs

Outcomes	NSQHS	Focus Area	Action	Year	Executive Responsible
Continuous improvement	1	NSQHS regular Accreditation Huddle structure	Review structures to create a sustainable and integrated model	2022	EDMS and EDGR
Continuous improvement	1	Education governance	Develop an integrated multidisciplinary approach for mandatory, professional and simulation training	2022/ 2023	CWO/ professional leads
Continuous improvement	1	Better understanding and addressing the needs of NDIS and complex vulnerable consumers.	Develop an approach to manage consumers with complex care needs inclusive of care pathways and an integrated planning framework	2022/ 2023	EDAH and ICS
Continuous improvement [2]	1	Reducing unwarranted clinical variation	Establish a Clinical Variation Committee to reduce unwarranted clinical variation and to ensure co-ordination of improvement efforts with a focus on HACs, HRT indicators and the Clinical Care Standards	2022/ 2023	EDMS
Continuous improvement	3	Peripheral Intravenous Cannula and other invasive medical devices	Review of policy, procedure, competency, line maintenance and audit framework to reduce peripheral line infections and SABs	2022/ 2023	EDNM
Continuous improvement	8	Management and Identification of SEPSIS within SALHN	Develop strategies to improve recognition and management of sepsis	2022	EDMS
Continuous improvement	8	Recognising and responding to acute clinical deterioration	Review and improve education and training programs across all disciplines to recognise patient deterioration during the reversible phases of deterioration, to improve the response to acute physical deterioration	2022	EDMS

Quality Plan Priorities

Embedded Priorities

Outcome 1:				
We work as a team for, and with, all our consumers to provide respectful, quality person and family-centred care by improving:				
Outcomes	**NSQHS**	**Focus Area**	**Action**	**Executive Responsible**
Inclusivity	1	Working in partnership and listening with Aboriginal and Torres Strait Islander peoples to develop care pathways which help address care needs in SALHN	Strengthen relationships with Aboriginal and Torres Strait Islander peoples in Southern Adelaide. Develop an Aboriginal Health Quality Service plan that provides a roadmap for and identifying and implementing strategies to improve the health and wellbeing of Aboriginal and Torres Strait Islander People. Progress the SALHN Innovate Reconciliation Plan 2019-2021	EDAH and ICS
Inclusivity	1	Aboriginal and Torres Strait Islander care	Working in partnership with Aboriginal and Torres Strait Islander peoples to implement the six actions in the NSQHS Standards that focus specifically on meeting their needs and improving health outcomes	EDAH and ICS
Staff Culture	1	Better understanding and supporting our staff through Clinician/Staff Engagement including creating high functioning teams and an emotionally safe environment for staff to enable their best work	Implement and evaluate the clinical engagement plan, teach and embed continuous improvement strategies as an outcome from audit results and problem solving initiatives	CWO/EDMS
Inclusivity	5	Identifying consumers with Delirium or Cognitive impairment and addressing their needs	Standardise 4AT tool, develop resources for implementation and deploy across SALHN and enhance staff education to better understand consumer needs	EDAH and ICS
Inclusivity	5	Addressing Responsive Behaviours	Develop strategies to improve management of patients (incl. care of the older person with delirium/cognitive impairment) and safety for staff	EDAH and ICS
Inclusivity	5	Reduce restrictive practices	Develop strategies to improve management of patients to reduce restrictive practices	EDNM

We work as a team for, and with, all our consumers to provide respectful, quality person and family-centred care.

We consistently provide reliable and evidence-based services that meet our consumers' needs.

Quality Plan Priorities

Embedded Priorities

Outcome 2:				
We consistently provide reliable and evidence-based services that meet our consumers' needs				
Outcomes	**NSQHS**	**Focus Area**	**Action**	**Executive Responsible**
Communication	1	Integrated Governance Framework	Continual embedding	EDGR
Governance	1	Enterprise Risk Management System	Implementation of new system and embedding across SALHN	EDGR
Continuous improvement	1	Integrated Audit Framework	Development and implementation of an organisation wide NSQHS audit framework	EDMS
Continuous improvement	1	Reduce variation in practice	Minimise variations in practice through the development of divisional procedures in alignment with evidence based practice and the implement Clinical Care Standards	EDGR and EDMS
Continuous improvement	1	Patient flow	Identification & implementation of strategies to improve patient flow and reduce preventable harm related to delays to care and ambulance ramping	COO
Continuous improvement	1	Continuous Improvement Program	Continual embedding of the Continuous Improvement methodology across SALHN to build capacity to problem solve to improve the safety and quality of care delivered. Strengthen the alignment of projects to priorities identified in this Safety and Quality Plan	EDNM
Communication	2	Increasing partnerships with consumers and the local community	Develop innovative partnerships with our consumers to better understand and enhance consumer experience and outcomes	EDNM
Continuous improvement	3	Ultrasound probes reprocessing	Implement an action plan, based on the gap analysis to ensure that Ultrasound probes are processed in accordance with best practice	EDNM
Continuous improvement	3	Outbreak Management	Analyse learnings from recent outbreaks and develop SALHN wide approach and integrate learnings into current practice	EDNM

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Outcomes	NSQHS	Focus Area	Action	Executive Responsible
Communication	6	Integration of EMR	Focus on critical information communicated between health care providers and to consumers on transfer and discharge	CIO
Communication	6	GP Integration	Improving communication pathways between acute and community care	EDMS
		Discharge Continuity of Care for Aboriginal and Torres Strait Islander peoples	Develop a safety and quality improvement plan that supports continuity of care and effective transfer of care for Aboriginal and Torres Strait Islander peoples when discharged	EDAH and ICS
Communication	6	Patient Information on Discharge	Improving communication and provision of patient-centred information to consumers	EDMS
Continuous improvement	3	Hand Hygiene Collaborative	Embed strategies to improve hand hygiene compliance and reduce healthcare associated infections	EDNM
Continuous improvement	4	Best Possible Medication History	Introduction of the National Prescribing Service (NPS) Get it Right! for best possible medication history, and access to NPS Medicinewise modules on SALHN intranet. Further consideration of Partnered Prescribing (PP).	EDNM
Continuous improvement	4	Improving Trainee Medical Officers prescribing practices	Multidisciplinary prescribing workshops, promote a culture of open discussion of medication safety issues, and encourage open discussion of medication errors with the aim of quality improvement	EDNM
Continuous improvement	4	Adverse Drug Reaction Management and Reporting	Improve documentation, management and reporting of adverse drug reactions in SALHN	EDNM
Continuous improvement	4	eGFR calculator	Facilitate eGFR calculator review within the EMR	EDNM
Continuous improvement	5	Risk Screening and Care Planning Tool	Complete pilot of tool, review tool, implement across SALHN	EDAH and ICS
Continuous improvement	5	Falls Prevention	Review and further identify strategies to minimise the risk of falls and harm associated with falling	EDAH and ICS
Continuous improvement	7	Identifying and reducing Iron deficiency anaemia pre-operatively	Develop strategies to improve iron deficiency anaemia pre-operatively	EDMS

Measuring Success and Improvement

Formal progress reports against this plan will be tabled at Clinical Council biannually who will in turn report to the SALHN Executive and the Board Clinical Governance Sub-Committee.

Progress against the plan will also inform the annual Safety and Quality Account that is deliverable to the DHW annually as part of the SALHN SLA.

Reporting against priorities identified in this plan will occur regularly via the following mechanisms:

Divisional reporting to the NSQHS Standards Committees (biannual),

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Divisional reporting to Clinical Council (biannual),

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NSQHS Standards Committee reporting to Clinical Council (biannual),

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Divisional and National Standards Committee reporting to the Tier 4 Accreditation Huddle (Monthly),

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Enterprise Risk Management system via risk treatment plans (frequency or reporting is dependent on risk.

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The Board Clinical Governance Sub-committee also receives bimonthly quality reports which tracks performance against an agreed set of quality indicators.

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This document/publication can be provided in
an alternative format upon request.