

# HORNSBY HOSPITAL “THE FAIRYTALE”

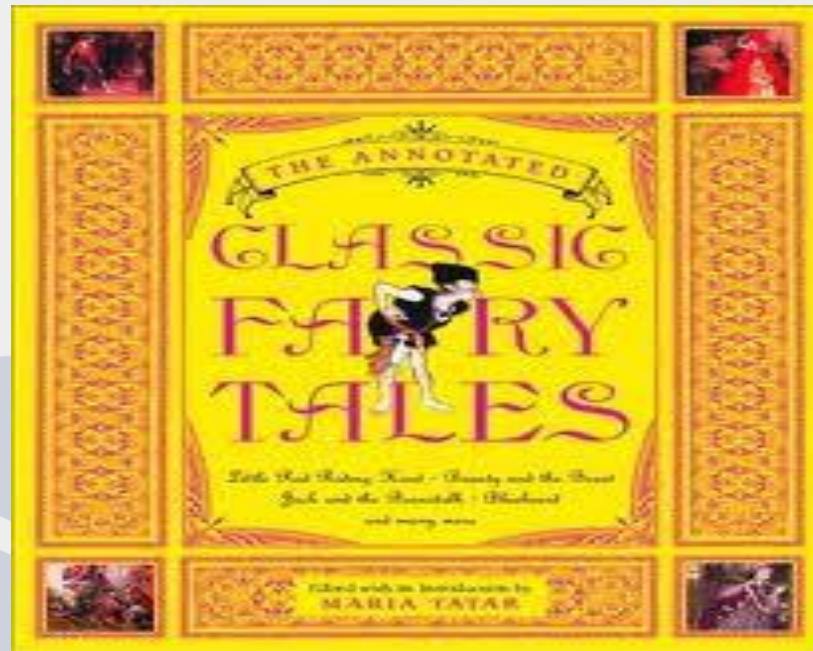
## OUR WHOLE OF HOSPITAL STRATEGY FOR IMPROVING TIMELY ACCESS TO CARE



Health

# Setting the Scene

Once upon a time in a land far, far away there was a majestic place called the Ministry of Health...



**In the Ministry there was a fiefdom known as:**

**Northern Sydney Local Health  
District !!**



**Ruling over 800,000 loyal subjects and covering  
some 900 square kilometres, the LHD was rightly  
proud of its premier place in the Ministry**

# Five “castles” in the Local Health District



Health

# The “mighty” Hornsby Hospital



# **A proud history of quality clinical care, of innovative clinical practices and research**

**NSW Health Award Finalist 2010 “Better than a blank, more specific than a spot” – Pharmacy**

**Winner of the 2005 NSW Health Award - GRACE – Geriatric Rapid Acute Care Evaluation Service**

**Winner of the 2007 NSW Health Award – “The great race’ – A practical, peer oriented approach to intern orientation**

**Excellence in research: Curran Research Unit**

**Professor Sue Kurrle “Physical co-morbidities of dementia”**



# However by 2012 clinical performance was at an all time low by previous standards ....

Not meeting ED KPIs

LoS above peer benchmarks

High elective surgical wait times



# Hornsby Hospital in the media !





SEVEN of Australia's 10 worst-performing hospital emergency departments are in NSW, and the state has none of the top performers, the first National Health Performance Authority report into waiting times shows. Doctors say failure to meet national targets risks lives and hits the sickest patients.

Cutting emergency department stays to four hours was linked to a 13 per cent fall in patient deaths in research published in the *Medical Journal of Australia* this year. Associate professor Owler said the blockage was not just caused by a lack of resources for emergency departments, but was linked to bed and staff shortages throughout hospitals.

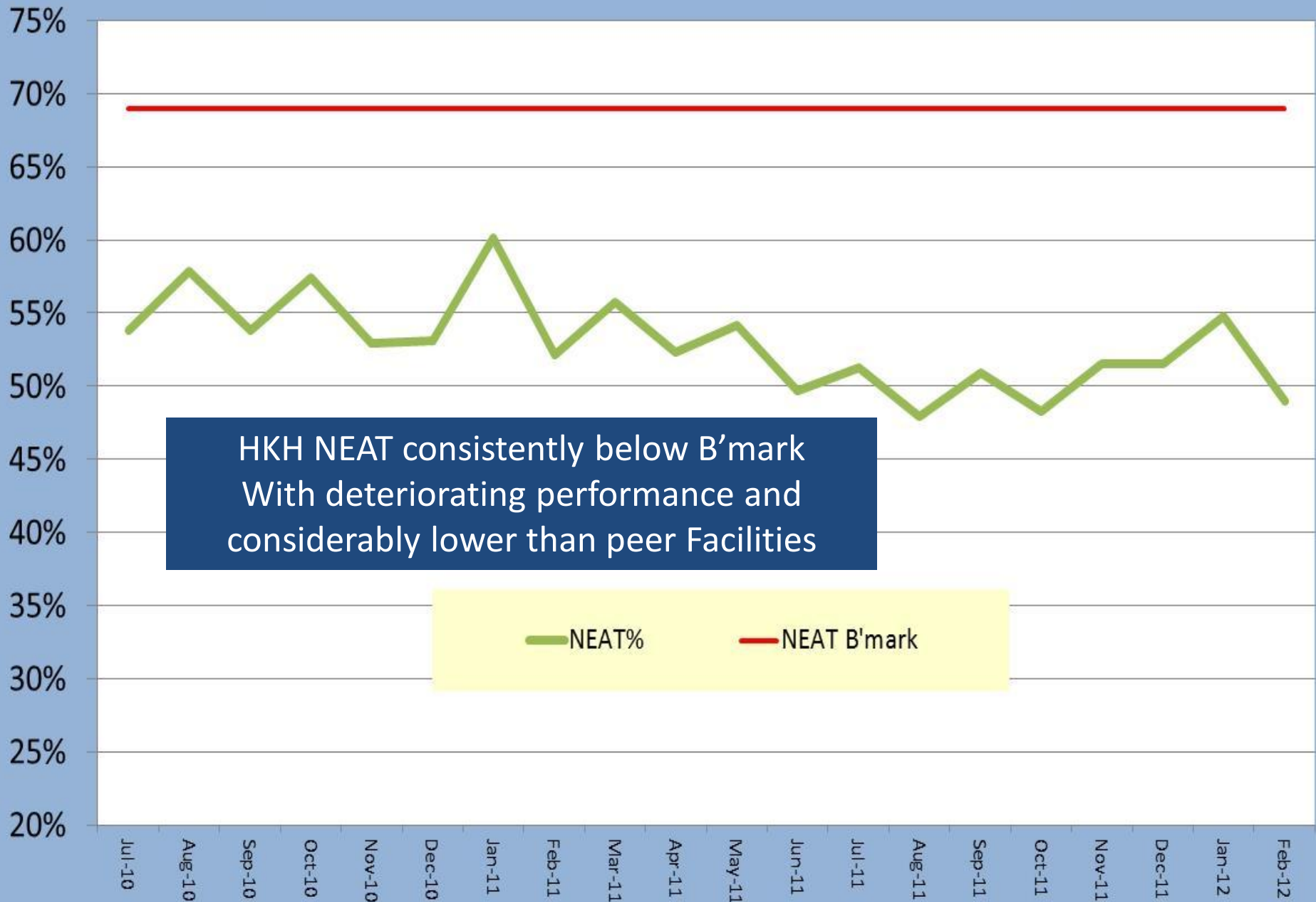
"Maybe the emergency departments are doing things more efficiently, but the rest of the hospital flow, which relies on improving capacity and design, is not," he said.

The new analysis released on Friday shows

[redacted] Hornsby Ku-ring-gai, [redacted] hospitals were all listed in the bottom 10 per cent in the country

Read more: <http://www.smh.com.au/national/health/emergency-nsw-dominates-list-of-worst-hospitals-20121213-2bco5.html#ixzz3IKt4tKYP>

# HKH EPT Performance 2010-2012

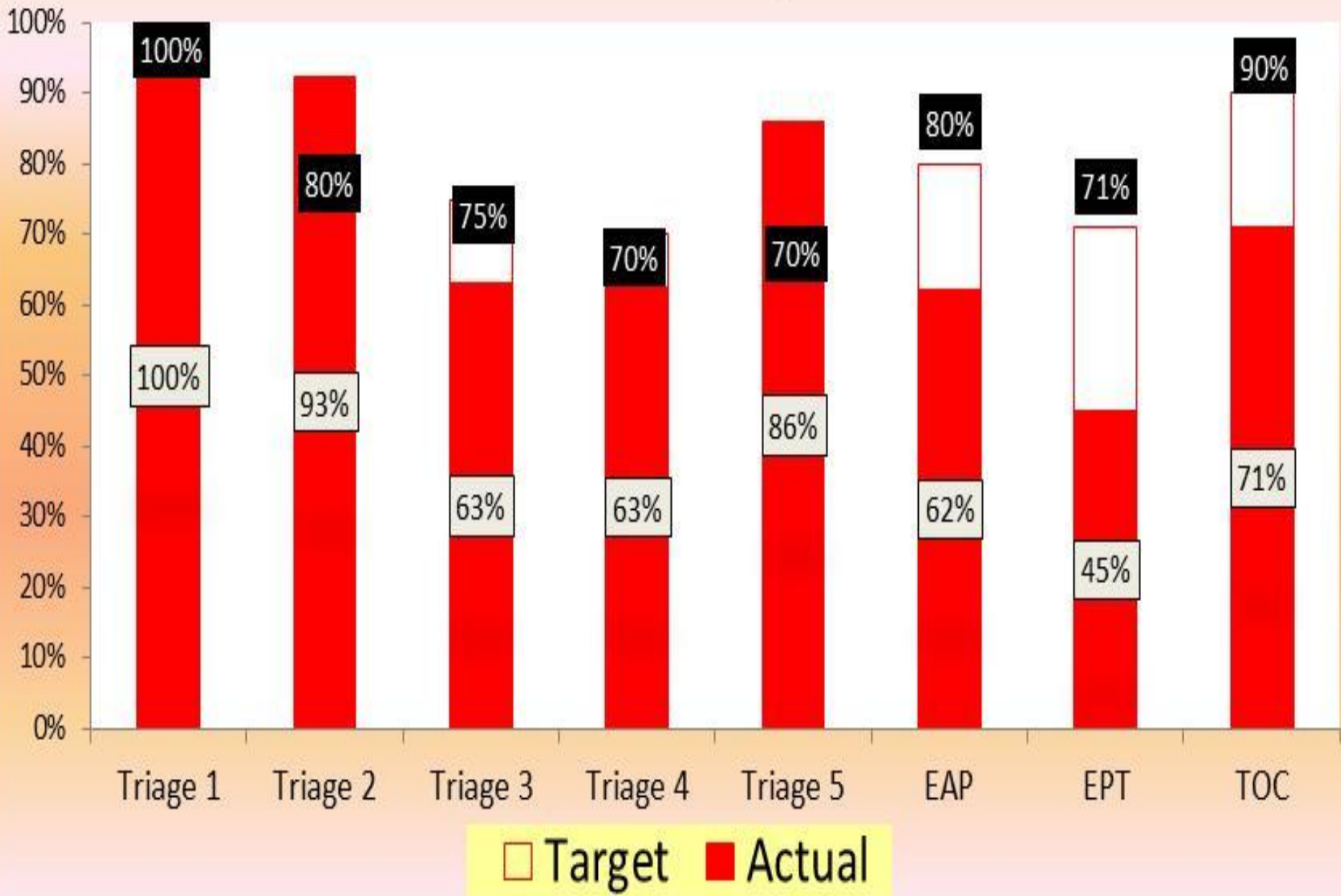


HKH NEAT consistently below B'mark  
With deteriorating performance and  
considerably lower than peer Facilities

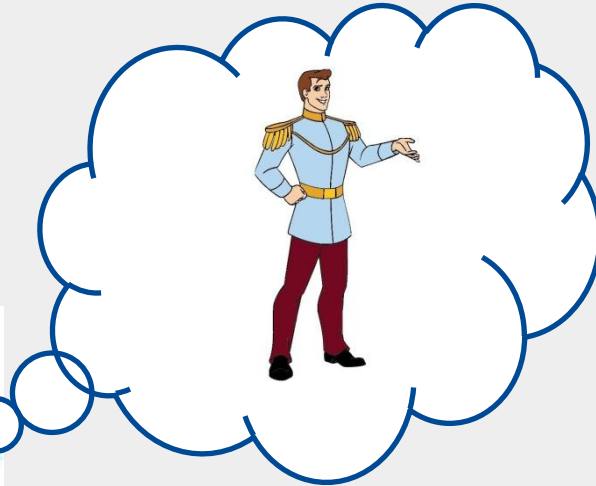
— NEAT%

— NEAT B'mark

# HKH Results – Feb 2012 KPI's below Targets



**Our Vision** :to improve the quality of care our patients can expect and the way our hospital functions.



# Galvanising our troops



# Transforming Hornsby into the Jewel in the Crown



# Strategy

We had a strategy to move us from a poor performing hospital to one of the best that we and our community could be proud of.

Our goal was and is to improve the quality of care our patients can expect and the way our hospitals function.

Our strategy did not have a **fairy godmother** or a **magic wand** but involved taking a whole of hospital approach to redesign our processes and care systems.



# National performance targets NEAT – gave us an opportunity and a mandate for change

“Whole of hospital”

- transformational system

wide reform !

- Operational change
- Strategic change
- Cultural change

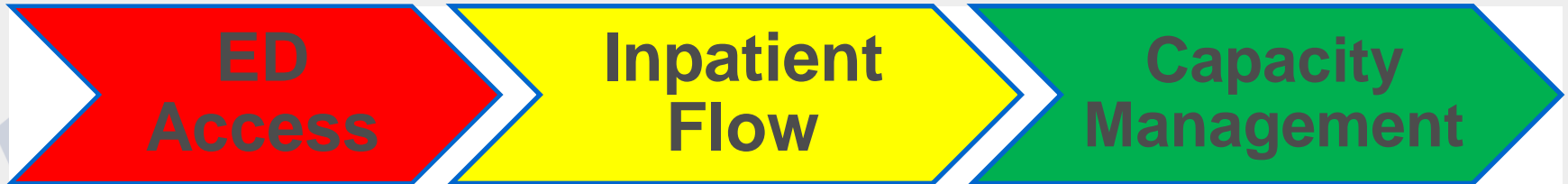


"I've seen this before: Combustion due to extreme resistance to change."



# Whole of Hospital Strategy

...to improve access to care ,implement and embed new models of care and improve the quality of our care processes.



# Emergency Department and Access

To improve timely access to care and meet our ED KPIs

and for patients this means  
“reduced waiting times in ED  
and quicker access to care”

# Strategy: ED and Access Projects

ED Team based Care

ED SASS

Fast Track project

ED Navigator

Voice recognition

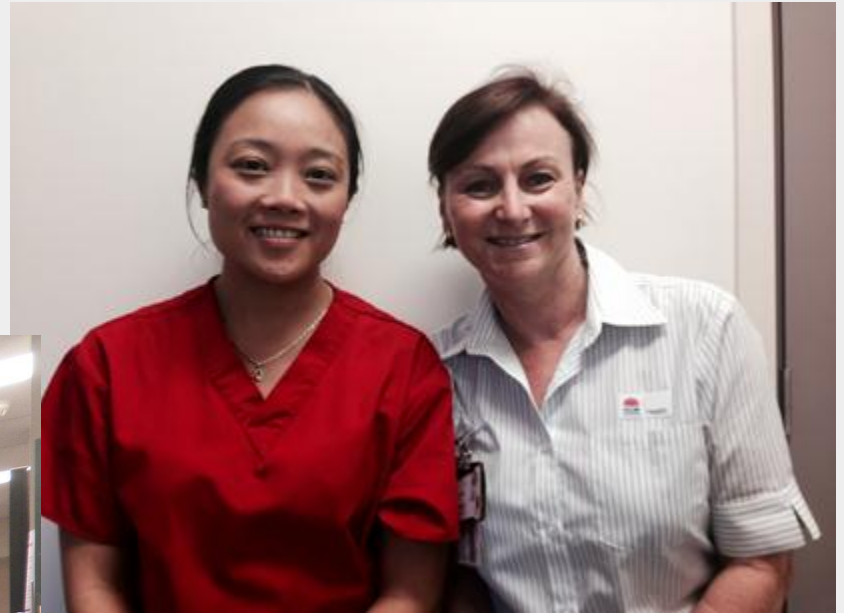
“Pull till we’re full”

GRACE

Parkinson’s project



# ED Team Based Care and ED Navigator



# Patient flow

Efficient and timely flow of patients through the organisation.

*..and for patients this means  
“ moving in a timely way to  
the next point of care, more  
coordinated care with better  
communication about my  
care ”*

# Strategy: **Patient Flow**

**Transit Unit**



**Departure Lounge**

**ED Direct to Ward Admission Project**

**Fractured NOF Project**

**Inter Hospital Transfers**

# Capacity Management

To facilitate timely discharge planning, improved LoS and ability to manage capacity.

*and for patients this means  
“ understanding when I will  
be going home and being  
involved in the planning for  
this.”*

# Strategy: **Capacity Management**

**Patient Journey Boards: rapid rounding**

**Telemetry Project**

**Criteria Led Discharge**



**Capacity  
Management**



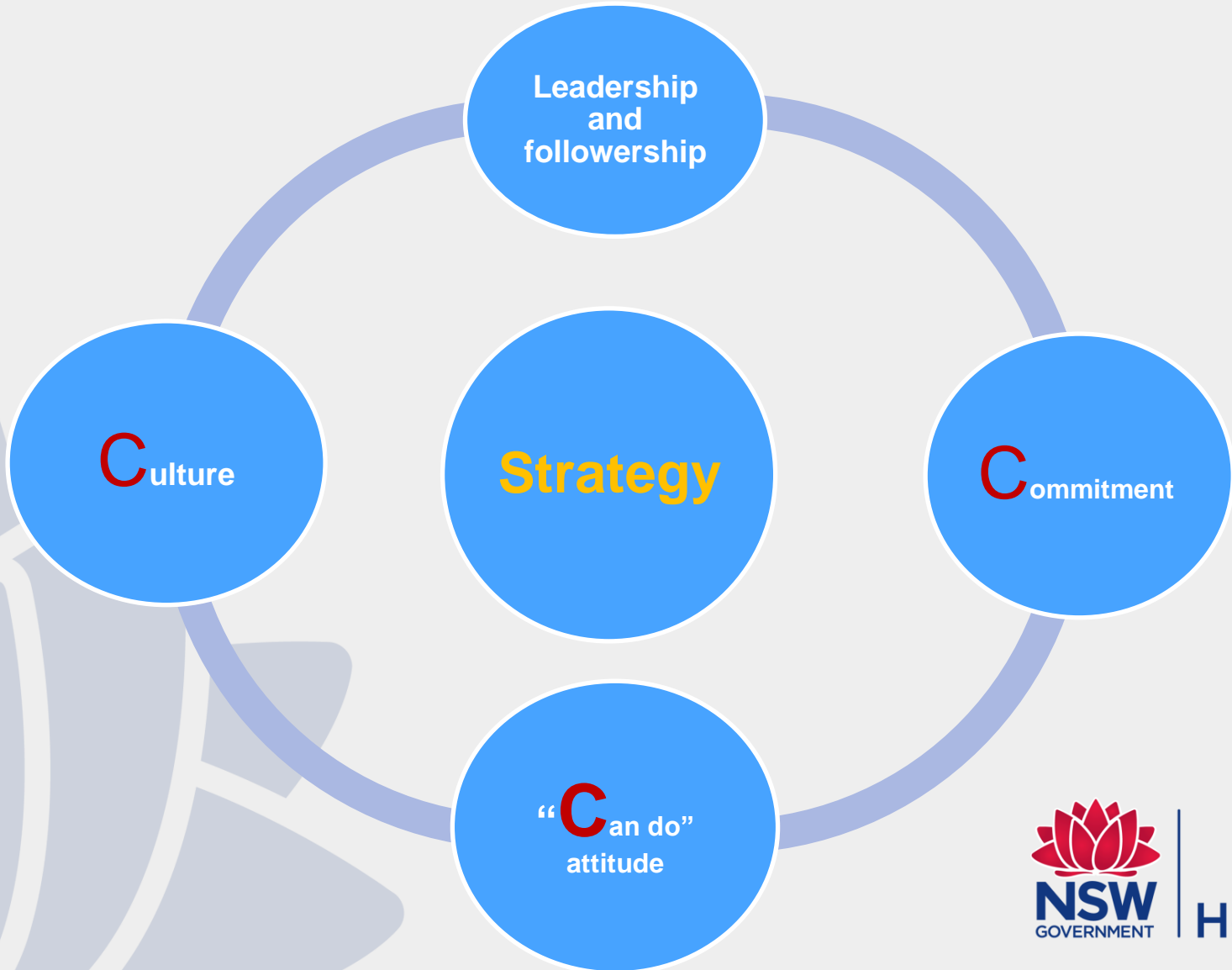
# Patient Journey Boards and rapid rounding

PLACEMENT ISSUES  
PATIENTS WITH OWN MEDICATIONS

Patient Name	VMO	Intern	Pager #	EDD	Allied Health										Management Plan	Janice	Donna	Bed #	Where From	Destination	Nurse Allocation
					RDT	PT	OT	SW	SP	DT	Ph										
HEIM	GOODEN	ANDREW	52525	10.6																	
VI	GOODEN	ANDREW	52525	6.6																	
LINGI	WATSON	DAMAR	52805																		
	SIMPSON	LIZ	52516	4.6																	
N	CHOONG	JASMINA	52719	3.6																	Madan
	HARRIS	LIZ	52516	10.6																	
ELL	HALE	ANDREW	52525																		
	VASICA	PHOEBE	52700	6-6																	CARMEL
JSON	HALE	ANDREW	52525																		
	SIMPSON	LIZ	52516	4.6																	
S	SIMPSON	LIZ	52516	3-6																	TL
	LYONS	ANDREW	52525	4-6																	Joseph
N	LIN	RICHARD	52515																		
MILLE	DARKE	JASMINA	52719	3-6																	Christina
OR	GOODEN	ANDREW	52525	1-6																	
	SHARP	PHOEBE	52549	3-6																	
UDRAN	READ	PHOEBE	52549	3.6																	Carol
T-JONES	GOODEN	ANDREW	52525	3-6																	
CER	LIN	ANDREW	52525	29.5																	
RT	GOODEN	RICHARD	52515	3.6																	Simin
ST	KIYORK	ANDREW	52525	3/6																	
ES	READ	PHOEBE	52549	10/6																	
TERN	RUTOVITZ	JESSICA	52705	5/6																	
	ANDREW	52525																			

● Need to be seen  
● Assessing patient  
● Assessment completed

# We couldn't implement our strategy without our "3C"s



# A “Can Do” attitude

**Using communication to highlight what we can do rather than what can't be done**

# In 4 hours **you can**.....

Cook a 13kg Turkey



Fly from Sydney to Fiji



Travel from London to Paris on the Chunnel



Cook 120 packets of 2 minute noodles



Watch Gone with the Wind



Have a Kate Middleton Hairdo



Run 4 City to Surfs



Listen to the Beethoven's 5<sup>th</sup> eight times

# Commitment



Walking in the shoes of our colleagues and patients

**“Own it”**

# Leadership and followership

**Finding and supporting our  
leaders and our “lone nuts”!**

## How to start a movement - Derek Sivers



# How to start a movement - Derek Sivers Embedded





# Challenges along the way

**6.9% increase in ED presentations**

**7.9% increase in admissions**

**Worst recorded influenza season in NSW in 2014 and in 2015**

**Lack of isolation beds**

# **The results after 2 years... Hornsby Ku-ring-gai Hospital Service is “NEAT!!”**

**Improved clinical performance**

**Improved quality outcomes for patients  
(decreased % falls, decreased % hospital  
acquired infections)**

**Decreased number of patient complaints in  
access, waiting times and patient flow.**

**New innovative technology and care models**

# HORNSBY KU-RING-GAI HEALTH SERVICE

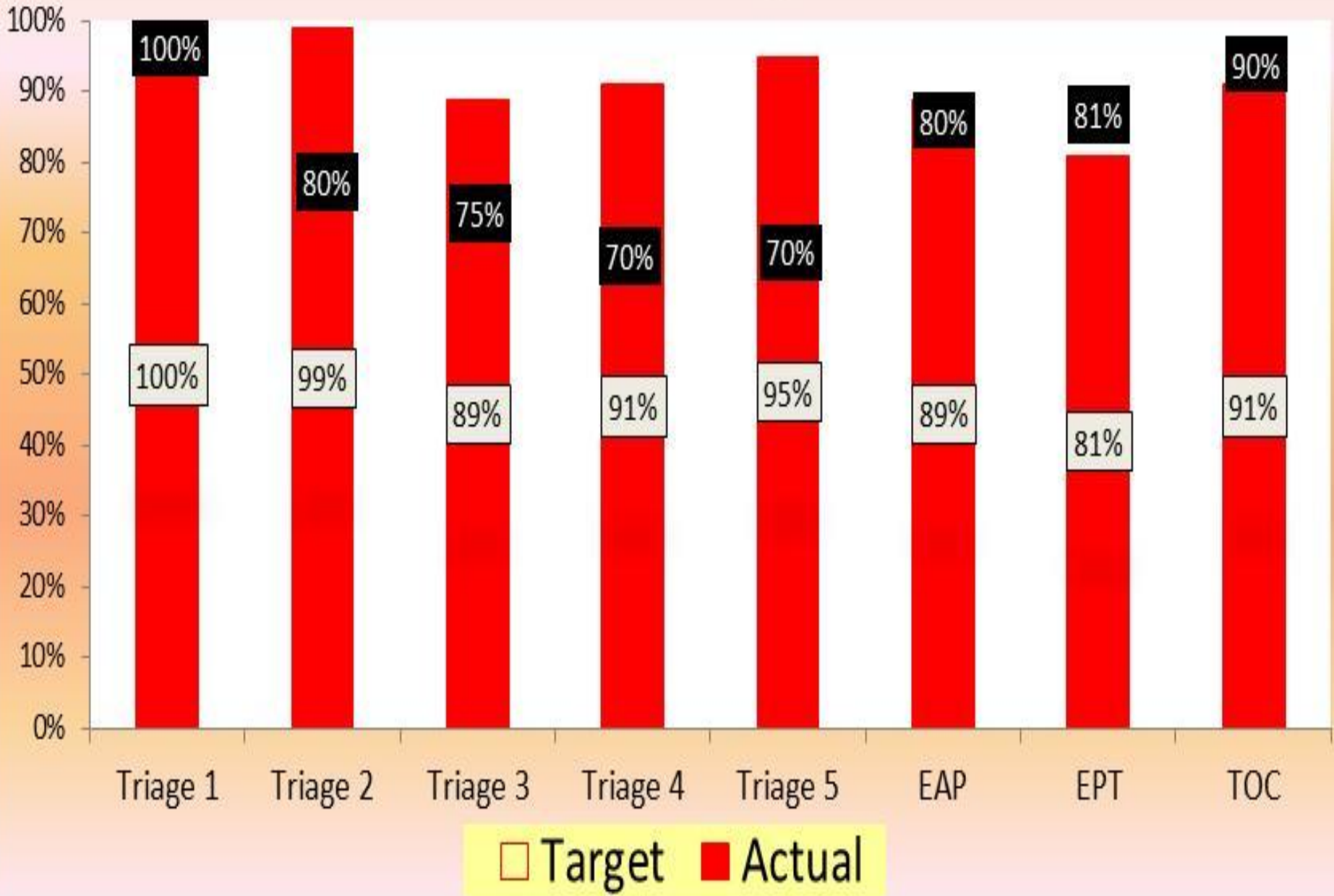
## EMERGENCY TREATMENT PERFORMANCE 2015



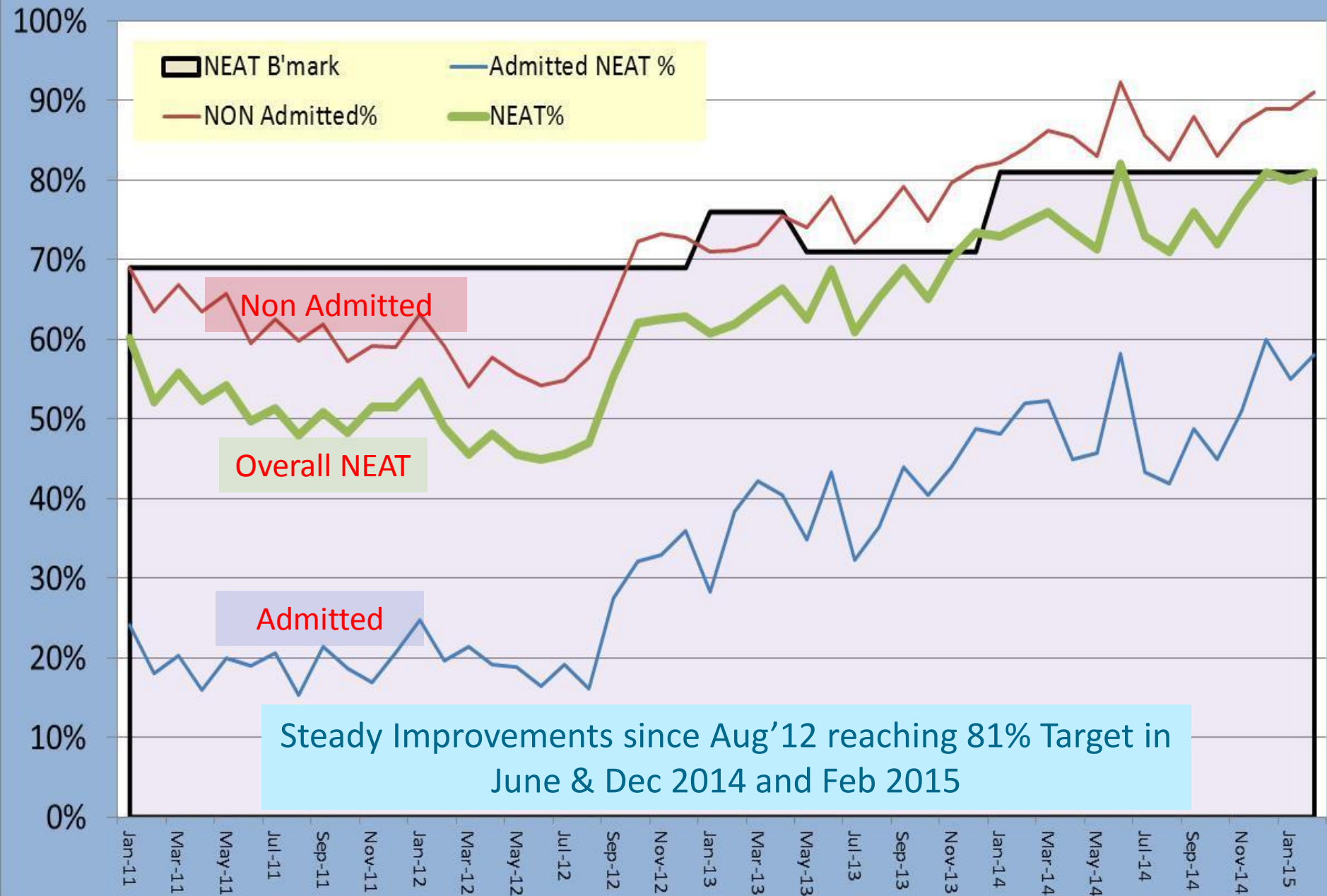
Month	Overall Status	Emergency Treatment Performance (ETP)																						
<b>FEBRUARY 2015</b>  2015 NSW ETP = 81% until June 2015	The February ETP performance for Hornsby Hospital was <b>81%</b> The result of 81% represents a sustained improvement in ETP for the past 4 months.  The overall time from triage to clinician first seen (21 minutes) has improved significantly over the past 2 years.	<b>Hornsby Hospital</b>																						
		<table border="1" style="width: 100%; border-collapse: collapse; background-color: #ffff00;"> <thead> <tr style="background-color: #cccccc;"> <th></th> <th>February 2013</th> <th>February 2014</th> <th>February 2015</th> </tr> </thead> <tbody> <tr> <td><b>Overall ETP</b></td> <td style="text-align: center;">64%</td> <td style="text-align: center;">75%</td> <td style="text-align: center;">81%</td> </tr> <tr> <td><b>Admitted ETP</b></td> <td style="text-align: center;">38%</td> <td style="text-align: center;">52%</td> <td style="text-align: center;">58%</td> </tr> <tr> <td><b>Non admitted ETP</b></td> <td style="text-align: center;">74%</td> <td style="text-align: center;">84%</td> <td style="text-align: center;">91%</td> </tr> <tr> <td><b>Average time from triage to first seen</b></td> <td style="text-align: center;">34mins</td> <td style="text-align: center;">22mins</td> <td style="text-align: center;">21mins</td> </tr> </tbody> </table>		February 2013	February 2014	February 2015	<b>Overall ETP</b>	64%	75%	81%	<b>Admitted ETP</b>	38%	52%	58%	<b>Non admitted ETP</b>	74%	84%	91%	<b>Average time from triage to first seen</b>	34mins	22mins	21mins		
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Hornsby Ku-ring-gai Hospital Redesign Strategy	Projects and benefits realisation
<p><b>EMERGENCY DEPARTMENT.</b> The HKH Emergency Department has implemented a number of clinical redesign strategies to improve and sustain ETP.</p>	<p>The establishment of the ED team based model of care, daily Structured Interdisciplinary Bedside Rounding (SIBR), improvements to the ED Fast Track and the new ED navigator/ patient flow role have been implemented to improve internal processing, patient flow and operational efficiency within the ED.</p> <p>A new project involving the ED and mental health service will commence in early 2015. The aim of this project will be to improve communication between the two services in respect to patients requiring medical clearance prior to mental health assessment.</p>
<p><b>ORGANISATIONAL CAPACITY</b> projects being undertaken focus on facilitating timely discharge planning and improving length of stay.</p>	<p>Clinical redesign projects will be implemented throughout 2015 to facilitate timely discharge planning, improve length of stay performance and assist in managing the hospital's capacity. Criteria Led Discharge projects, initially in a surgical sub speciality will commence in 2015. The Criteria Led Discharge project will align with the Stage 1 redevelopment transition program for new models of care.</p>
<p><b>PATIENT FLOW</b> projects aim to facilitate improved and more efficient patient flow from the ED and throughout the organisation.</p>	<p>A number of new clinical redesign projects will continue to be implemented during 2015 to facilitate improved access to care and patient flow through the organisation. A new redesign project in the Fracture Clinic will aim to improve the efficiency and flow of patients attending the Fracture Clinic. A rehabilitation project is also currently being planned.</p>

# HKH Results – Feb 2015 ALL KPI's MET



# HKH NEAT Performance since 2011



# Monthly Emergency Treatment Performance Report for NSLHD

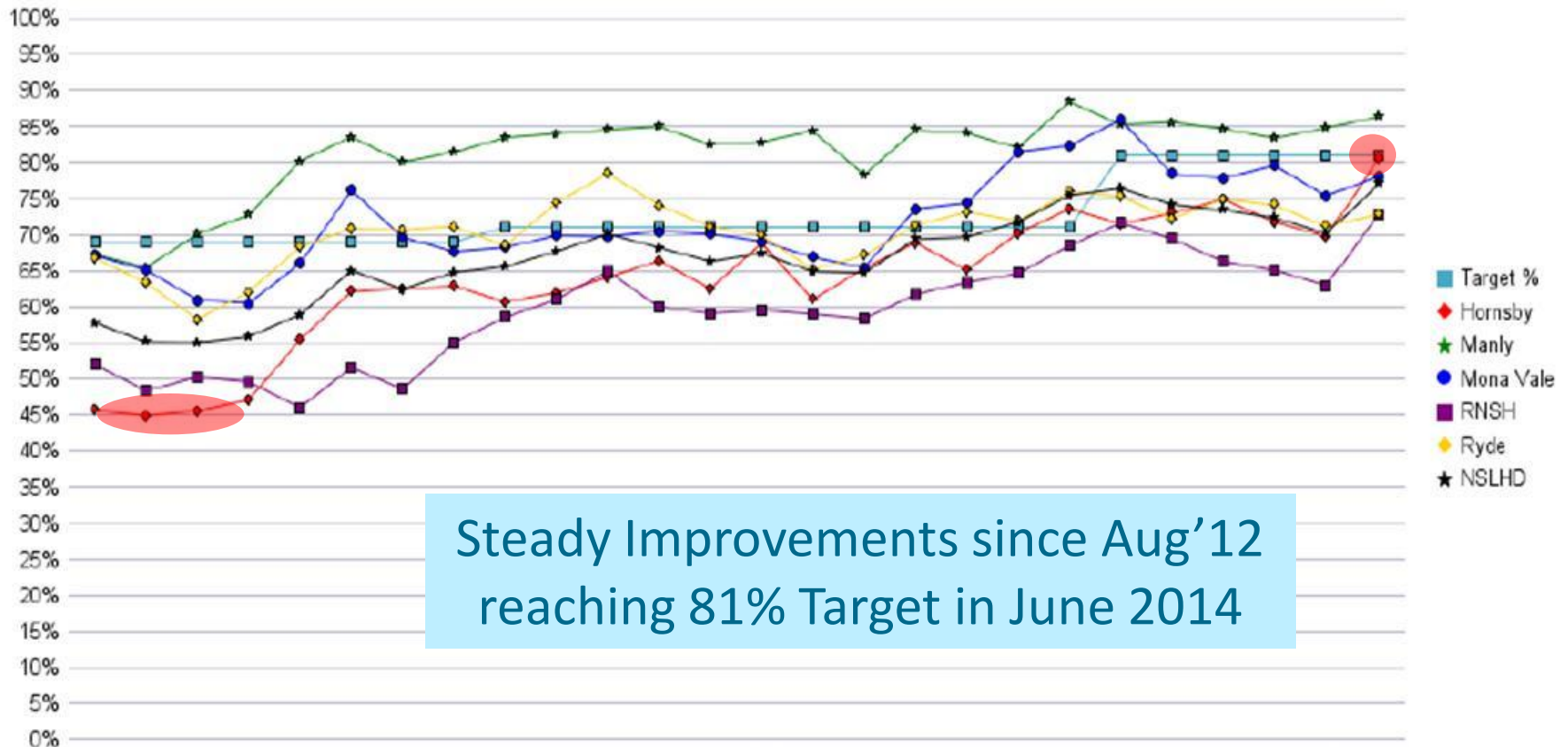
Emergency Treatment Performance: ED Patients Admitted, Referred or Discharged within 4 Hours of Presentation (%)  
For the last 26 Months



Departure Month:	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul 14	Aug 14	Sep 14	Oct 14	Nov 14	Dec 14	Jan 15	Feb 15
Hornsby	63%	64%	66%	69%	65%	71%	63%	67%	70%	66%	72%	75%	73%	75%	76%	74%	71%	82%	73%	71%	76%	72%	77%	81%	80%	81%
Manly	84%	84%	85%	86%	83%	84%	85%	79%	85%	84%	83%	89%	86%	87%	85%	85%	85%	87%	85%	87%	88%	88%	90%	88%	88%	88%
Mona Vale	71%	73%	72%	73%	72%	72%	70%	69%	76%	77%	83%	84%	88%	80%	80%	82%	77%	80%	81%	83%	86%	88%	85%	87%	88%	84%
RNSH	61%	63%	67%	62%	61%	62%	61%	60%	63%	65%	66%	70%	73%	70%	68%	67%	64%	74%	66%	64%	64%	65%	70%	67%	72%	69%
Ryde	71%	77%	80%	76%	74%	73%	67%	70%	73%	76%	74%	78%	77%	74%	78%	76%	74%	76%	72%	73%	76%	82%	80%	84%	82%	81%
NSLHD	68%	70%	72%	70%	68%	70%	67%	67%	71%	71%	73%	77%	78%	76%	75%	74%	72%	78%	73%	72%	75%	76%	78%	78%	79%	78%

# Monthly NEAT Performance Report for NSLHD

NEAT Performance: ED Patients Admitted, Referred or Discharged within 4 Hours of Presentation (%)  
For the last 26 Months

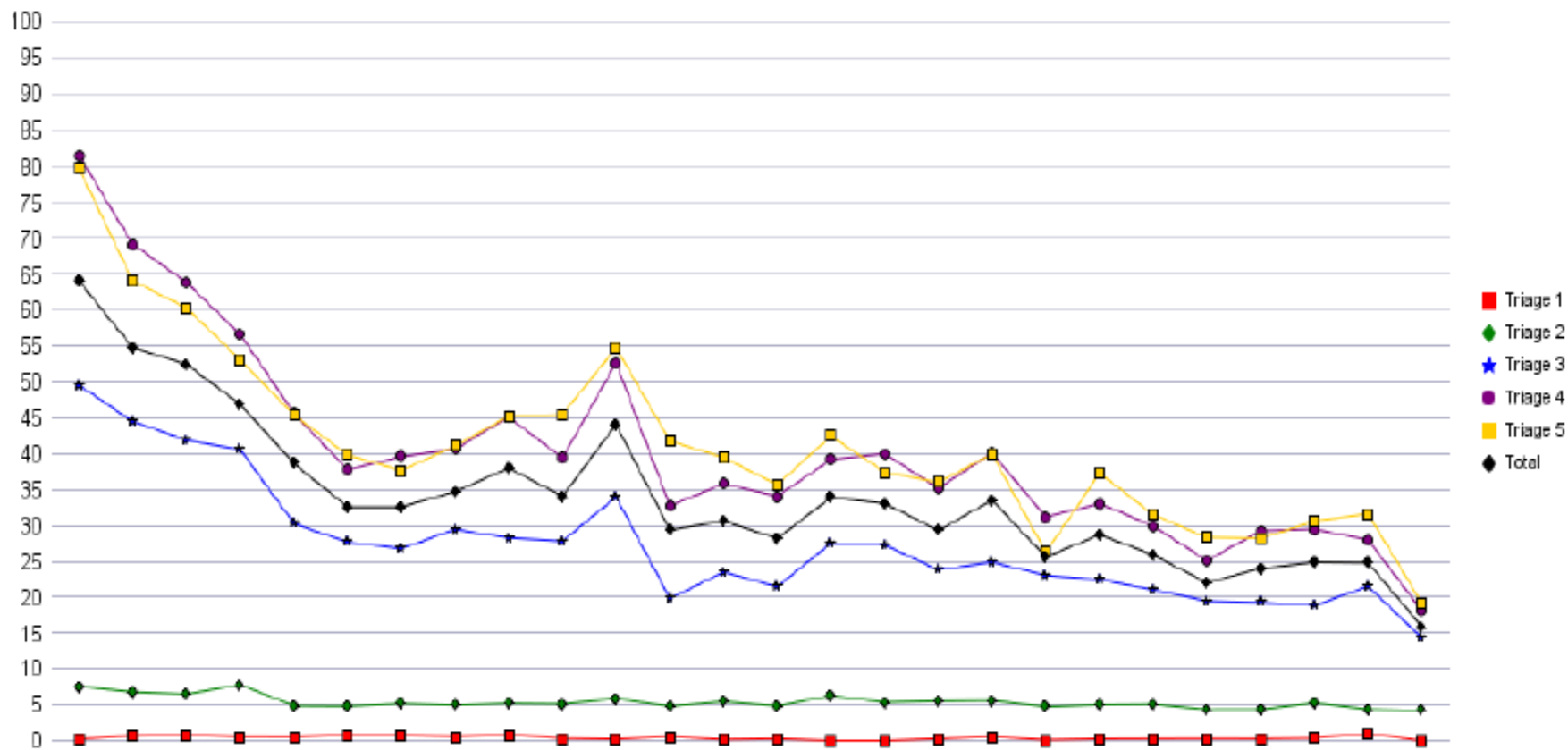


Steady Improvements since Aug'12  
reaching 81% Target in June 2014

Departure Month:	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14
Hornsby	46%	45%	46%	47%	55%	62%	63%	63%	61%	62%	64%	66%	63%	69%	61%	65%	69%	65%	70%	74%	72%	73%	75%	72%	70%	81%
Manly	67%	65%	70%	73%	80%	84%	80%	81%	83%	84%	85%	85%	83%	83%	84%	78%	85%	84%	82%	88%	85%	86%	85%	83%	85%	86%
Mona Vale	67%	65%	61%	61%	66%	76%	70%	68%	68%	70%	70%	70%	70%	69%	67%	65%	74%	74%	81%	82%	86%	78%	78%	80%	75%	78%
RNSH	52%	48%	50%	50%	46%	52%	49%	55%	59%	61%	65%	60%	59%	60%	59%	58%	62%	63%	65%	68%	72%	69%	66%	65%	63%	73%
Ryde	67%	63%	58%	62%	68%	71%	71%	71%	68%	74%	78%	74%	71%	70%	65%	67%	71%	73%	72%	76%	75%	72%	75%	74%	71%	73%
NSLHD	58%	55%	55%	56%	59%	65%	62%	65%	66%	68%	70%	68%	66%	67%	65%	65%	69%	70%	72%	75%	76%	74%	73%	72%	70%	77%

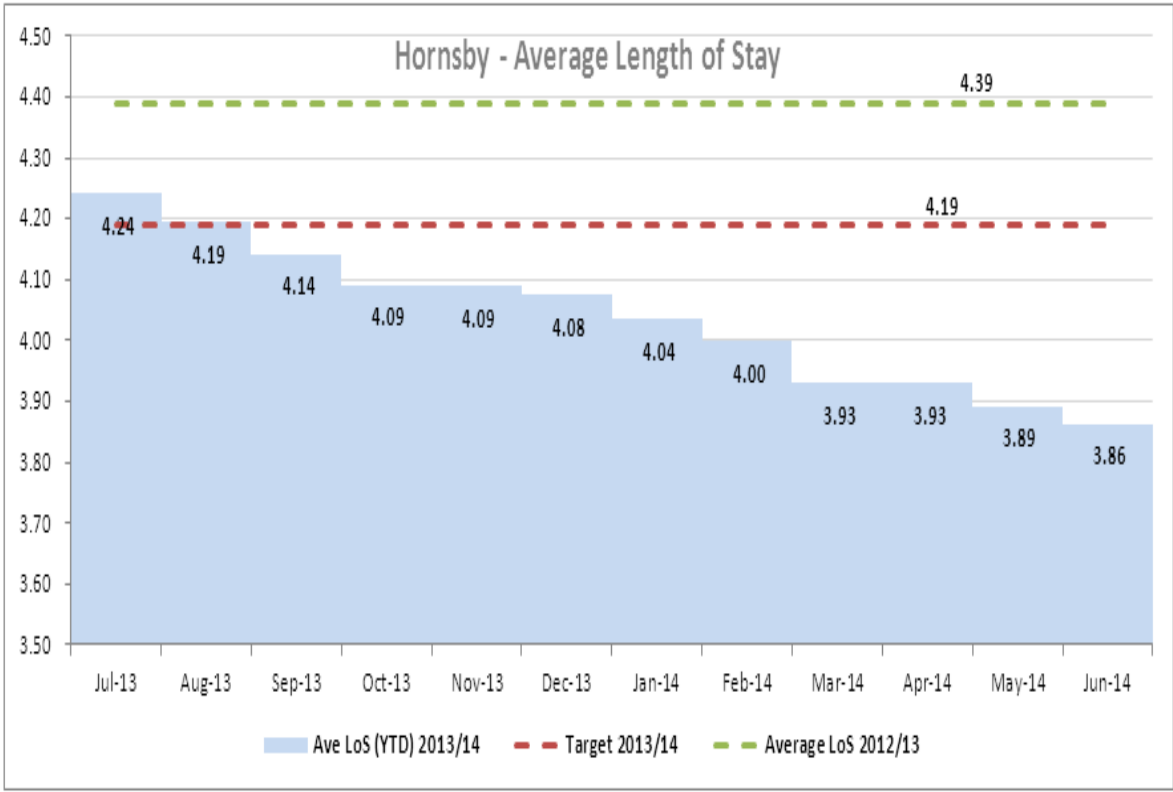
# Monthly NEAT Performance Report for Hornsby

## Average Presentation Time to First Seen Time in Minutes by Triage Category For the last 26 Months



Departure Month:	May 12	Jun 12	Jul 12	Aug 12	Sep 12	Oct 12	Nov 12	Dec 12	Jan 13	Feb 13	Mar 13	Apr 13	May 13	Jun 13	Jul 13	Aug 13	Sep 13	Oct 13	Nov 13	Dec 13	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	
Triage 1	0	1	1	1	1	1	1	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0
Triage 2	8	7	6	8	5	5	5	5	5	5	6	5	5	5	6	5	6	6	5	5	5	4	4	5	4	4	
Triage 3	50	45	42	41	30	28	27	30	28	28	34	20	23	21	28	27	24	25	23	22	21	19	19	19	19	22	14
Triage 4	82	69	64	57	46	38	40	41	45	39	53	33	36	34	39	40	35	40	31	33	30	25	29	30	28	18	
Triage 5	80	64	60	53	45	40	38	41	45	46	55	42	39	36	42	37	36	40	26	37	32	28	28	31	32	19	
Total	64	55	52	47	39	33	33	35	38	34	44	29	31	28	34	33	29	34	26	29	26	22	24	25	25	16	





Length of Stay reduced from 4.39 Days in 2012/13 to 3.86 Days by YTD June 2014

This improved LOS meant we had saved 6,638 Bed Days compared to 2012/13

This equated to 18 less Beds per day required and an efficiency \$ savings of \$5M

	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Sub-Acute Average Bed Day Cost 2012/13
Average LoS 2012/13	4.39												
Target (-0.20)	4.19												
Average LoS (YTD)	4.24	4.19	4.14	4.09	4.09	4.08	4.04	4.00	3.93	3.93	3.89	3.86	
Variance to Target (YTD)	0.05	0.00	0.05	0.10	0.10	0.11	0.15	0.19	0.26	0.26	0.30	0.33	
Variance to Ave LoS 2012/13	-0.15	-0.20	-0.25	-0.30	-0.30	-0.31	-0.35	-0.39	-0.46	-0.46	-0.50	-0.53	\$ 754
Overnight Separations (Acute)	1,069	1,089	1,036	1,059	1,028	1,035	936	1,002	1,100	1,093	1,124	1,023	
Overnight Bed Days (Acute)	4,532	4,508	4,137	4,152	4,088	4,058	3,512	3,651	3,681	4,161	4,534	3,636	
YTD Bed Days Saved (Seps YTD x Reduction in Ave LoS)	-157	-424	-793	-1,269	-1,590	-1,989	-2,566	-3,229	-4,314	-4,800	-5,761	-6,638	
YTD Savings (Bed Days Saved x Ave Cost per Bed Day)	118,698 F	319,872 F	597,666 F	957,124 F	1,198,685 F	1,499,869 F	1,934,549 F	2,434,693 F	3,252,485 F	3,619,562 F	4,343,479 F	5,004,796 F	

# Driving Innovation at Hornsby

- **Clinical Data Dashboard**
- **ED Mental Health project**
- **“Pull till we’re full” model in ED**

# Hornsby Ku-ring-gai Hospital In Safe Hands & Clinical Data Dashboard



Choose date from Drop  
Down List

Sep-14



Month & Year Sep-2014		
Emergency Department		
NEAT Performance	Admit NEAT	Discharge NEAT
76%	49%	88%
Med errors rate /1000 bed days	Falls rate/1000 bed days	Triage to 1st seen Ave
3.88	7.75	0:17
DNW/LWOS	Time to Antibiotics hh:mm	Total Presentations
50	0:29	2,993
DNW/LWOS p'cent	Unplanned Repres 48 hrs	Mortality Count
1.67%	4.6%	3

Month & Year Sep-2014		
Lumby Building Ward 1A		
LOS	Ward Traffic	% Dischg before 10am
5.80	252	4.3%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
2.76	6.90	4.3%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
4.14	Pending	2
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
2	5	4

Month & Year Sep-2014		
Lumby Building Ward 2A		
LOS	Ward Traffic	% Dischg before 10am
3.80	355	19.7%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
6.02	4.51	18.2%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
1.50	Pending	0
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
0	4	3

Month & Year Sep-2014		
Geraghty Unit		
LOS	Ward Traffic	% Dischg before 10am
23.60	49	5.9%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
1.70	3.40	5.9%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
0.00	Pending	0
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
1	0	0

For information regarding the CEC In Safe Hands Minimum Dataset & additional unique HKH criteria, please see the Definition boxes on the right of the dashboard >>>>

[Click on Cell for drop down list](#)

Month & Year Sep-2014		
Acute Assessment Unit		
LOS	Ward Traffic	% Dischg before 10am
1.60	597	5.2%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
0.00	6.29	27.6%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
2.10	Pending	2
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
0	11	4

Month & Year Sep-2014		
Lumby Building Ward 1B		
LOS	Ward Traffic	% Dischg before 10am
4.60	290	6.2%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
7.44	5.95	15.4%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
4.46	Pending	3
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
2	3	4

Month & Year Sep-2014		
Lumby Building Ward 2B		
LOS	Ward Traffic	% Dischg before 10am
3.40	401	18.0%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
1.45	2.91	12.0%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
0.00	Pending	0
Infection Rate total	Unplanned re-admits	Unplanned ICU/HDU transfer
0	5	1

Audit Date - use dropdown list >>> Jun-2013		
Quarterly Audit VTE Statistics		
TEAM	VTE Risk Assessment	VTE Prophylaxis
Med 1	40.0%	60.0%
Med 2	0.0%	75.0%
Med 2A	20.0%	66.0%
Med 3	60.0%	75.0%
Med 3A	0.0%	0.0%
Med 4	0.0%	66.0%
Surg A	33.0%	100.0%
Surg B	40.0%	100.0%
Surg C	60.0%	80.0%
Ortho	0.0%	100.0%
Hospital	28.1%	60.0%

Some Maternity data unavailable until mid-month re OB data delays

[Click on Cell for drop down list](#)

Month & Year Sep-2014		
ICU/HDU		
LOS	Ward Traffic	Transfers Out
3.70	123	41
Med errors rate /1000 bed days	Falls rate/1000 bed days	Separations after 6 pm
8.51	12.77	9
Unplanned Admits	VTE Diagnosis	Mortality Count
0	Pending	4
Infection Rates	Unplanned re-admits	Unplanned ICU/HDU transfer
0	0	0
Hospital Acquired Infection by Ward/Unit	Lumby Building Ward 1A	Lumby Building Ward 1B
MRSA	0	2
VRE	1	0
C diff	1	0

Month & Year Sep-2014		
Maternity Unit		
LOS MGP Hours	Ave LOS Vaginal births hours	Ave LOS Caesarean hours
26	42	65
Med errors rate /1000 bed days	PPH	Term admits SCN Rate
0.00	15.9%	14.3%
Wound Infection Events	VTE Diagnosis	
0	Pending	
Baby Unplanned re-admits 7 days	Baby unplanned re-admits 7-28 days	Unplanned ICU/HDU transfer
6	3	0
Lumby Building Ward 2A	Lumby Building Ward 2B	ICU/HDU
MRSA	0	0
VRE	0	0
C diff	0	0

Month & Year Sep-2014		
Mary Giles Ward		
LOS	Ward Traffic	% Dischg before 10am
17.20	66	13.6%
Med errors rate /1000 bed days	Falls rate/1000 bed days	% Dischg Wkend
6.84	5.13	4.5%
Hospital acquired PI/1000 bed days	VTE Diagnosis	Mortality Count
0.00	Pending	0
Infection Rate total	Unplanned re-admits	Unplanned ICU/HDU transfer
0	0	0
Acute Assessment Unit	Mary Giles Ward	Geraghty Unit
MRSA	0	0
VRE	0	0
C diff	0	1

Audit Date - use dropdown list >>> Jun-14		
Hand Hygiene Annual Audit		
ED	AAU	ICU
64.3%	76.0%	79.1%
Lumby 1A	Lumby 1B	Maternity
86.5%	90.3%	70.9%
Lumby 2A	Lumby 2B	Mary Giles
81.5%	88.0%	97.6%
	Whole Hospital	Geraghty
	82.9%	97.6%

# Our Whole of Hospital Program

Clinical engagement

Team work

Collaboration

Communication ++++

- Positive media
- Improved staff morale
- Recognition : 47 hospitals in NSW, Australia and overseas visited



# The happy ending ...

