PERFORMANCE

NSW 2021: A PLAN TO MAKE NSW NUMBER ONE

NSW Health has a strategic planning framework to guide the development of services and investments in the NSW public health system over the next 10 to 20 years.

NSW 2021: A Plan to Make NSW Number One was launched in September 2011 and is the NSW Government's 10 year plan to rebuild the economy, return quality services, renovate infrastructure, strengthen our local environment and communities, and restore accountability to government.

The Plan sets immediate priorities for action and guides NSW Government resource allocation in conjunction with the NSW Budget. The Plan includes specific health-related targets.

NSW Health is the lead for the following NSW 2021 goals:

- Goal 11: Keep people healthy and out of hospital
- Goal 12: Provide world-class clinical services with timely access and effective infrastructure.

GOAL 11: KEEP PEOPLE HEALTHY AND OUT OF HOSPITAL

Keeping people healthy and out of hospital will improve our quality of life and is the best way to manage rising health costs. Our health system needs reshaping to focus more on wellness and illness prevention in the community. This focus will help reduce rates of smoking, risk drinking and obesity which can lead to heart disease, strokes, diabetes, kidney failure, asthma and other potentially avoidable diseases which have a significant impact on individuals and public hospital services. Coordinated preventive health strategies will help reduce the burden of chronic disease on our health system, and help our children and future generations to live healthier, happier and more fulfilling lives.

GOAL 12: PROVIDE WORLD-CLASS CLINICAL SERVICES WITH TIMELY ACCESS AND EFFECTIVE INFRASTRUCTURE

We will provide timely access to world-class health care through increased investment in infrastructure, making more beds available, and providing more nurses. By establishing Local Health Districts (LHDs) and new governance arrangements for the NSW health system, we are restoring local decision-making so that our hospitals and health services can be managed by those closest to the patient. As the 'front door' to acute hospital services, our emergency departments (EDs) need targeted changes to better manage demand, and our planned surgery management strategies need to be transparent. The patient and their carers will be at the heart of these plans to ensure timely access to quality health care.

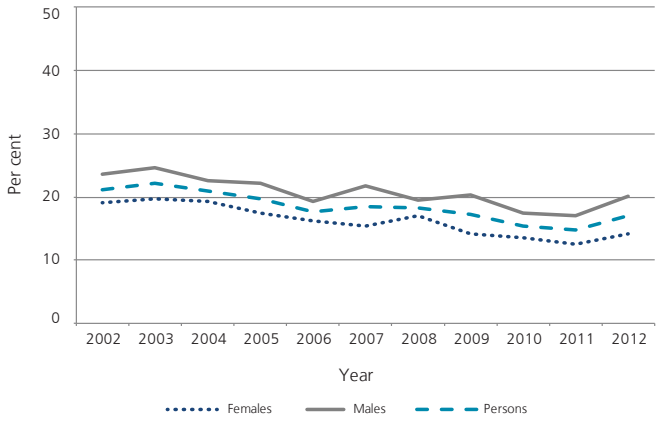
GOAL 11: PERFORMANCE AGAINST TARGETS

TARGET: REDUCE SMOKING RATE

Smoking is responsible for many diseases, including cancers, respiratory and cardiovascular diseases, making it the leading cause of preventable death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than for the general population.

The 2012 Population Health Survey was administered using Computer Assisted Telephone Interviewing (CATI). Because of diminishing coverage of the population by landline sampling frames (estimated to be less than 80 per cent in 2011) mobile phone numbers were included in 2012 using an overlapping dual-frame design. The impact of this change was an increase in the number of younger people, males and Aboriginal people in the survey sample. All of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking.

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW, 2002 to 2012

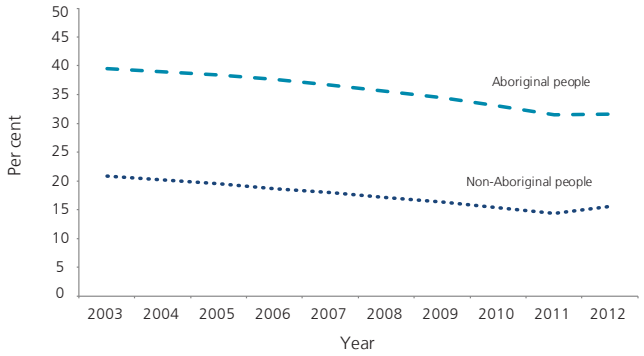


Source: Health Statistics NSW, Centre for Epidemiology and Evidence.

Interpretation

In 2012, the rate of current (daily or occasional) smoking in adults aged 16 years and over in NSW was 17.1 per cent (males 20.2 per cent and females 14.1 per cent). Over the period 2002 to 2011, the rate of current smoking significantly declined from 21.2 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent.

Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2003 to 2012



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

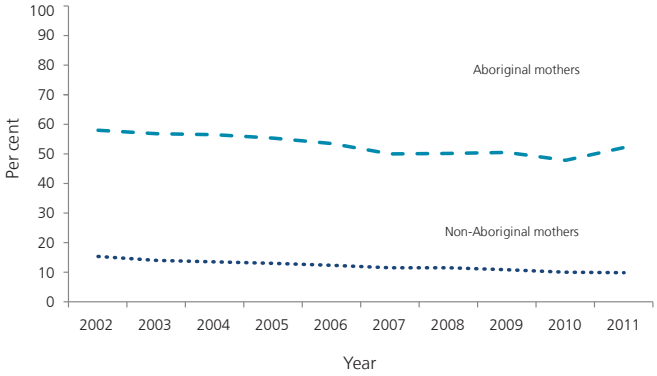
In 2012, the rate of current (daily or occasional) smoking in people aged 16 years and over in NSW was 31.6 per cent for Aboriginal people and 16 per cent for non-Aboriginal people. Aboriginal people were two times more likely to smoke than non-Aboriginal people. Between 2003 and 2012 there has been a decrease in the proportion of Aboriginal adults who were current smokers (from 39.5 per cent to 31.6 per cent).

The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample.

Smoking during pregnancy by mother's Aboriginality

Smoking during pregnancy increases the risk of adverse outcomes for both the mother and the child. For the mother, smoking during pregnancy increases the risk of placental abruption, placenta praevia, pre-term labour and pre-term rupture of membranes. For the baby, maternal smoking is a risk factor for poor growth in the uterus, low birth-weight, pre-term delivery, perinatal death, and sudden infant death syndrome.

Smoking during pregnancy by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence. Note: Both stillbirths and live births are included. All deliveries in NSW are included.

Interpretation

In NSW in 2011, the percentage of women who reported smoking during pregnancy was 52 per cent for Aboriginal women, and 10 per cent for non-Aboriginal women. Aboriginal women are 5.2 times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2010, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002, and a significant decrease in the gap between Aboriginal and non-Aboriginal women's smoking rates during pregnancy. An increase in the reported rates of smoking during pregnancy in Aboriginal women from 2010 (48 per cent) to 2011 (52 per cent) may be partly due to a change in the data collection question in 2011.

The following outlines the key achievements in 2012-13 to reduce smoking rates in NSW.

Key achievements 2012-13:

Since 7 January 2013, following amendments to the *Smoke-free Environment Act 2000*, smoking has been banned in certain outdoor public places which are most commonly visited by children and families, are often crowded and where it is difficult to avoid the exposure to second-hand smoke including:

- within 10 metres of children's playgrounds
- swimming pool complexes
- public transport stops and stations
- spectator areas of grounds during organised sporting events
- within four metres of a pedestrian access point to a public building.

HEALTH IN FOCUS

Using legislation to maximise health gains: Smoke-free Legislation

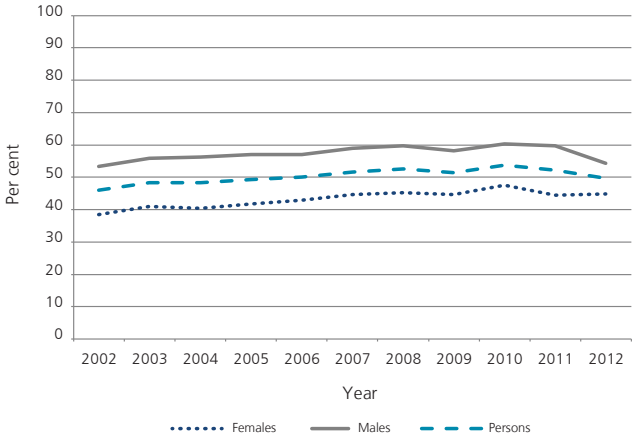
NSW continues to be at the forefront of making the necessary environmental changes to reduce tobacco use across the community. The *Tobacco Legislation Amendment Act 2012* made a range of public outdoor places smoke free including swimming pool complexes, spectator areas of sporting grounds, railway platforms, ferry wharves, bus stops and taxi ranks and within 10 metres of children's play equipment. In 2015, NSW will see smoking in outdoor dining areas become a relic of the past, with seated dining areas and food fairs becoming smoke free.

Smoking-related illness accounts for around 5,300 deaths and 46,000 hospitalisations per year in NSW and costs about $8 billion annually. Taking steps to limit people's exposure to second-hand smoke in outdoor public places is a key step in efforts to minimise tobacco smoking in our society.

TARGET: REDUCE OVERWEIGHT AND OBESITY RATES

Obesity increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Overweight or obesity in adults aged 16 years and over, NSW, 2002 to 2012

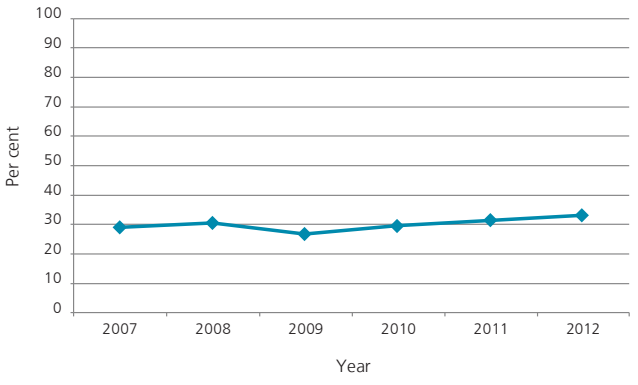


Source: NSW Adult Population Health Survey (SAPHaRI). Centre for Epidemiology and Evidence.

Interpretation

In 2012, the rate of overweight and obesity in adults aged 16 years and over in NSW was 49.7 per cent (males 54.3 per cent and females 44.9 per cent). In NSW, between 2002 and 2007, the rate of overweight or obesity in adults increased significantly from 46.0 per cent to 51.7 per cent. Since 2008 however, the rate has remained stable.

Overweight or obesity in children aged 5 to 16 years, NSW, 2007 to 2012



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation

The NSW Schools Physical Activity and Nutrition Survey (SPANS) provides baseline and periodic estimates of the prevalence of overweight or obesity in NSW children aged 5-16 years based on measured height and weight.

The SPANS survey shows that, between 2004 and 2010, overweight or obesity rates have stabilised and were estimated to be 22.8 per cent in both years for children aged 5-16 years. The graph shows parent report (i.e. not measured) data from the NSW Population Health Survey which is used to monitor the ongoing trend in childhood overweight and obesity in NSW. This also shows a stable trend between 2007 and 2012.

Key achievements 2012-13:

The Children's Healthy Eating and Physical Activity Program (Munch and Move®, Live Life Well @ School and Crunch&Sip®) provides training to primary and child care teachers to promote healthy eating and physical activity.

Since 2008, 73 per cent (2481 out of 3400) of centre based child care services and 83 per cent (71 out of 86) of family day care schemes have participated in *Munch and Move®*. Of these, 92 per cent provide meals to children that serve fruit and vegetables, healthy snacks and water or age-appropriate milk, and 90 per cent provide active play time for 1-5 year olds.

More than 58 per cent of NSW primary schools have participated in *Live Life Well @ School* and 64 per cent of NSW primary schools provide opportunities for students to eat vegetables and fruit, drink water each day and promote physical activity.

The *Targeted Family Healthy Eating and Physical Activity Program (Go4Fun)* supports children and their families to adopt a healthy lifestyle in the long term. Since July 2011, more than 2000 children and their families have participated in a Go4Fun program. These children have:

- reduced their waist circumference by an average of 1.7cm and reduced their Body Mass Index (BMI) by an average of 0.7kg/m2
- increased their physical activity by an average of 3.6 hours per week and reduced their sedentary activity by an average of 5.5 hours per week
- increased their fitness and self esteem.

The *Get Healthy Information and Coaching Service® (Get Healthy)* provides free, individually tailored telephone coaching support to NSW adults aged 18 years and over, aiming to reduce risk factors for chronic disease and reduce overweight and obesity.

In 2012-13, 4446 NSW adults participated in the Get Healthy Service – ninety-two per cent took part in the coaching service and eight per cent in the information only service. Those completing the six month coaching program lose on average 3.9kg and 5cm off their waist circumference and maintain these improvements for at least six months. Get Healthy is being used by those in the community who are most in need including Aboriginal people, those in the lowest quintiles of advantage and people from rural and regional locations.

Service improvements for 2012-13 included an enhanced service for Aboriginal people and the introduction of a module to prevent type 2 diabetes.

In the 2012-13 financial year, NSW Health worked with WorkCover NSW to develop and concept test the *NSW Healthy Worker Initiative*, which is funded under the National Partnership Agreement on Preventive Health. This Initiative focuses on reducing overweight and obesity, smoking and the harmful consumption of alcohol.

As part of the Initiative, individual workers will be offered a brief health check to identify their risk of type 2 diabetes and cardiovascular disease with referral to appropriate services including the Get Healthy Service and the QuitLine. In addition, a Workplace Support Service will be implemented to improve the workplace environment to support individual behaviour change.

The Knockout Health Challenge is a community-based program that supports Aboriginal people to reduce their risk factors for chronic disease. In 2012-13, 586 people in 22 teams from 20 communities across NSW participated in the Challenge. The Challenge included a weight loss competition from March to June in which collectively over one tonne of weight was lost across the participating teams. A number of maintenance strategies have been implemented to support continued improvements in weight including a pedometer challenge and referrals to Get Healthy.

HEALTH IN FOCUS

Empowering consumers: 8700kj campaign

The 8700kj campaign was launched in 2012 and is aimed at encouraging consumers to make informed choices about fast and ready-to-go food. It focuses on educating the public about their kilojoule intake and giving them easy access to information in order to make balanced food choices. The 8700kJ campaign supports NSW legislation, as an Australian first, which saw the introduction of mandatory kilojoule labelling on fast food menu boards and on popular convenience foods in major supermarkets.

Many community members are taking advantage of the convenience of the 8700 mobile application to stay in the know about kilojoules while they're out and about with 165,000 downloads to date. The app empowers people with information about the energy content for what they're eating. It's a great free tool for NSW consumers to assist them in making better food choices and maintaining a healthy weight.

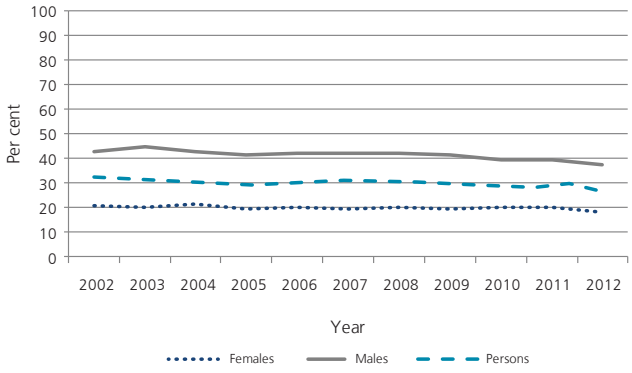
TARGET: REDUCE RISK DRINKING

Excessive alcohol consumption has adverse health consequences and contributes to aggressive behaviour, family disruption, and reduced productivity. While higher levels of consumption are associated with higher levels of harm, high rates of harm have been found among low-to-moderate drinkers on the occasions they drink to intoxication.

In February 2009, new guidelines based on modelling of the lifetime risk of harm from drinking were introduced. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the lifetime risk of harm from drinking alcohol. The target is to reduce total risk drinking to below 25 per cent of the adult population by 2015.

The following graph represents the percentage of adults aged 16 and over who consume more than two drinks a day.

Alcohol consumption at levels posing a lifetime risk to health in adults, NSW 2002



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

In 2012, it was estimated that 27.6 per cent of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol. A significantly higher proportion of males (37.3 per cent) consumed more than two standard drinks a day compared with females (18.3 per cent).

The following list outlines the key achievements in 2012-13 to reduce risk drinking in NSW.

Key achievements 2012-13:

- Additional funding of $1.8 million was spent on the Involuntary Drug and Alcohol Treatment Program to help reduce drug and alcohol addiction:
- During 2012-13 two key public education campaigns were implemented:
  - The campaign 'What are you doing to yourself?' targeted young people in the Kings Cross area of Sydney with the aim of reducing excessive drinking and public drunkenness through responsible cultural values in alcohol consumption. Using outdoor posters, taxi-back ads and a social media strategy on YouTube, the campaign ran from November 2012 to February 2013.
  - The statewide campaign 'Know When to Say When' aimed to reach the broader community about how and why we drink, and how we need to change negative drinking practices as a long-term solution to problematic alcohol use. Using TV, print, radio, online and website advertising, the campaign ran from January to May 2013 achieving a 75 per cent recall rate at the end of the campaign.
- The Drug and Alcohol Service Planning Model for Australia, formerly known as the Drug and Alcohol Clinical Care and Prevention (DA-CCP) Model is a nationally agreed population based planning model that will estimate the need and demand for drug and alcohol health services across Australia once finalised. One component of this model includes screening and brief intervention for a group of people in the population whose self-reported risk drinking status identifies them for a 15 minute screening and brief intervention by a drug and alcohol worker.

HEALTH IN FOCUS

NRL stars join Know When to Say When campaign

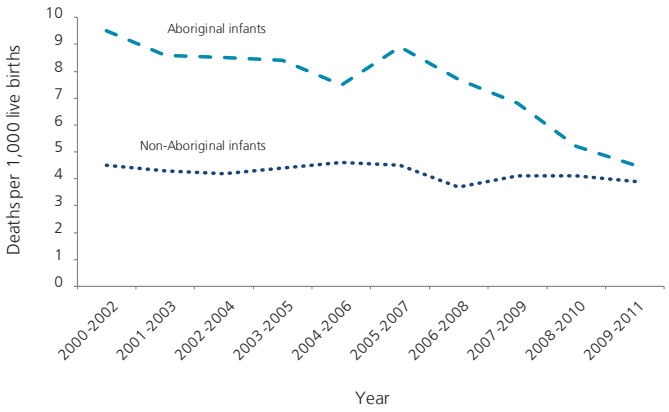
The Know When to Say When campaign forms an important part of the NSW Government's commitment to tackle binge drinking and alcohol-fuelled anti-social behaviour, which also includes sobering up centres, the Three Strikes scheme and the Kings Cross Plan of Management. The campaign encourages people who regularly drink to excess to question their relationship with alcohol. By asking people to explore how and why they drink, the Know When to Say When campaign is an important step towards raising awareness of the social and health impacts of binge drinking and of getting the message across that it is important people take personal responsibility for the negative consequences of their drinking

This campaign is not about telling people not to have a good time when they go out or when they are having a drink with their family and friends. It is about knowing when the right time to stop is before doing something you regret. By teaming up with the NRL's best known faces to help promote this campaign NSW Health was able to further spread the message that we can no longer afford to ignore the consequences of the Australian binge drinking culture.

TARGET: CLOSE THE GAP IN ABORIGINAL INFANT MORTALITY

Infant mortality is the death of a live-born baby within the first year of life. The most common causes of infant mortality in Aboriginal children are conditions originating in the perinatal period such as prematurity, problems with foetal growth, complications of pregnancy and respiratory and cardiovascular disorders specific to the perinatal period.

Infant Deaths by Aboriginality, NSW, 2000 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.
Note: The data is presented as 3 year moving averages.

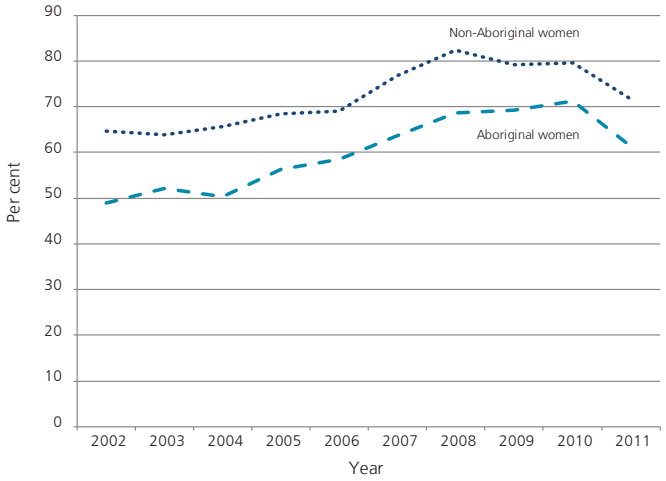
Interpretation

In the period 2009-11, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 4.5 deaths per 1000 live births for Aboriginal infants, compared with 3.9 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is 1.3 times the non-Aboriginal rate. There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last ten years.

Antenatal visits – Births where the first maternal visit was before 14 weeks gestation

The desired outcome is improved health of mothers and babies. Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early commencement of antenatal care allows problems to be better detected and managed and engages mothers with health and related services.

First antenatal visit by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.
Note: In 2011 the question for antenatal care changed from "Duration of pregnancy at first contact for care (weeks)", to "Duration of pregnancy at first comprehensive booking or assessment by clinician".

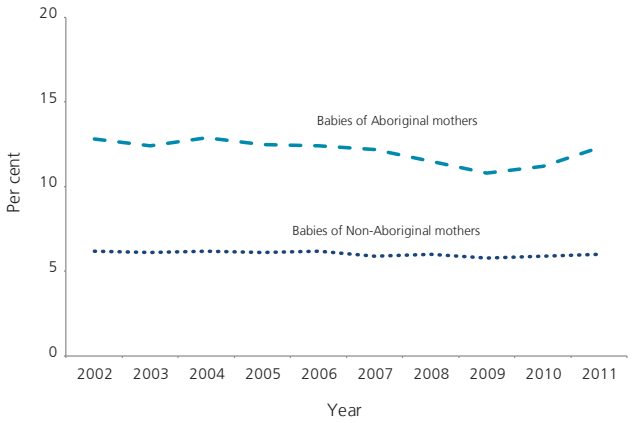
Interpretation

The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 14 weeks gestation has increased since 1996. While the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, the gap continues to narrow. In 2011, the question for antenatal care changed, resulting in a decline for Aboriginal and non-Aboriginal mothers.

Low birth weight babies – weighing less than 2500g

The desired outcome is reduced rates of low weight babies and subsequent health problems for them. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Low birth weight babies by mother's Aboriginality, NSW, 2002 to 2011



Source: Health Statistics NSW. Centre for Epidemiology and Evidence.

Interpretation

The rate of low birth weight babies born to Aboriginal and non-Aboriginal mothers has been relatively stable over the last ten years. In recent years, the rate of low birth weight babies born to Aboriginal mothers has been around 12 per cent. However, this is around twice that for non-Aboriginal mothers.

The following list outlines the key achievements in 2012-13 to close the gap in Aboriginal infant mortality in NSW:

Key achievements 2012-13:

- The *Stay Strong and Healthy It's Worth It* campaign, ran from July to October 2012. The campaign aimed to raise awareness among Aboriginal women and their partners of the risks of drug and alcohol consumption during pregnancy, the challenges of dealing with a mental illness and the services available to support them.
- The Aboriginal Maternal and Infant Health Service provides maternity care to approximately 75 per cent of Aboriginal women. The Service aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality for Aboriginal babies. Midwives and Aboriginal Health Workers collaborate to provide a high quality maternity service that is culturally sensitive, women centred, based on primary healthcare principles and provided in partnership with Aboriginal people.
- The Building Strong Foundations for Aboriginal Children, Families and Communities (BSF) programs provides a culturally safe and appropriate early childhood health service for Aboriginal children from birth to school-entry age and their families. There are now a total of 15 BSF sites across NSW. Referral pathways have been established to assist vulnerable children and parents/carers to access intervention services before issues escalate.

Other services provided by the NSW government to improve Aboriginal health include:

- The Aboriginal Communities Water and Sewerage Program, which is a joint initiative of the NSW Aboriginal Land Council and the NSW Government to support operation, maintenance, repair and monitoring of water and sewerage systems in more than 60 communities. In 2012-13, a further three Aboriginal communities began receiving improved services, bringing the total to 41 communities and over 4000 people who currently receive improved water and sewerage under the Program. NSW Health has
  a key role as a member of the Program steering committee, through the development of risk-based water and sewerage management plans and by supporting drinking water monitoring.
- Housing for Health is a licensed methodology for improving living conditions in Aboriginal communities. It is a safety and health focused housing repair and maintenance program. NSW Health Housing for Health projects are managed through the Aboriginal Environmental Health Unit and delivered with Public Health Units; projects have been undertaken in 78 Aboriginal communities.
- A ten year evaluation of the projects demonstrated the intervention reduced hospital separations for infectious diseases by 40 per cent for people living in houses that received Housing for Health, compared to the rest of the rural NSW Aboriginal population. *Closing the gap: 10 Years of Housing for Health in NSW* can be found on the NSW Health website.
- In 2012-13, Housing for Health was delivered to 385 houses in 13 communities. Over 10,900 items relating specifically to health and safety have been fixed, benefiting over 1450 people. Projects were completed in Box Ridge, Coraki, Purfleet, Tibooburra and Walhallow, and new projects commenced in Toomelah/Boggabilla, Balranald, Broken Hill, Cobar, Cudjallagong, Menindee, Muli Muli, Cabbage Tree Island and Murrin Bridge. Four of these projects are being undertaken in collaboration with the Aboriginal Housing Office (AHO) incorporating extensive housing upgrades carried out by the AHO with a focus on addressing key problems that lead to health issues.

HEALTH IN FOCUS

Sister Alison Bush mobile simulation centre

A mobile simulation centre (MSC) launched in August 2012 is revolutionising the way clinical training is delivered in regional and remote areas of NSW. The Centre is named after Aboriginal Midwife Sister Alison Bush AO, one of the longest serving and most influential midwives in NSW, and is housed in a purpose built 19 metre long semi-trailer with a dedicated prime mover. It is equipped with world class training equipment. It is an innovate and unique way of ensuring that NSW health staff in regional and remote areas of NSW have access to high fidelity, high end technology and the best training and education support on their door step with the ultimate aim of improving patient care and safety.

To date the MSC has travelled approximately 12,000 kilometres, to 24 rural and remote locations delivering nearly 1000 individual training sessions for nurses, doctors and allied health professionals. The MSC was created, designed and funded by the Sydney LHD.

TARGET: IMPROVE OUTCOMES IN MENTAL HEALTH

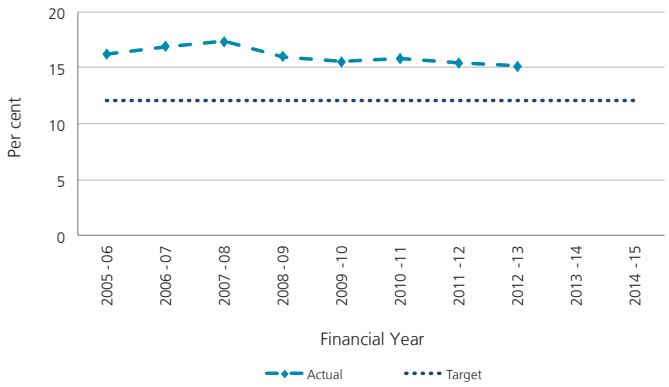
Mental health readmission within 28 days

The desired outcome is improved mental health and wellbeing through effective inpatient care and adequate and proper post-discharge follow up in the community. Readmission after mental health care is influenced by the effectiveness of care in hospital as well as by community care after discharge. High rates of readmission may be a signal of problems in care, however caution must be taken when interpreting indicators as very low rates of readmission may reflect difficulties with access to services.

Mental health acute readmission within 28 days

Proportion of separations from an Acute Public Mental Health Unit which were followed by Readmission within 28 days to any other NSW Acute Public Mental Health Unit

Readmission to a mental health acute service within 28 days



Source: NSW Health Information Exchange, NSW Ministry of Health (annual)
Updated: October 2013

Interpretation

The readmission rate for mental health patients in NSW has declined slightly, to 15.1 per cent in 2012-13 from a peak of 17.3 per cent in 2007-08. This may reflect continued enhancement in community and inpatient mental health services. The Mental Health Acute Benchmarking Program worked with local services across 2012-13 to explore the variation in rates and the factors affecting readmission to acute mental health units.

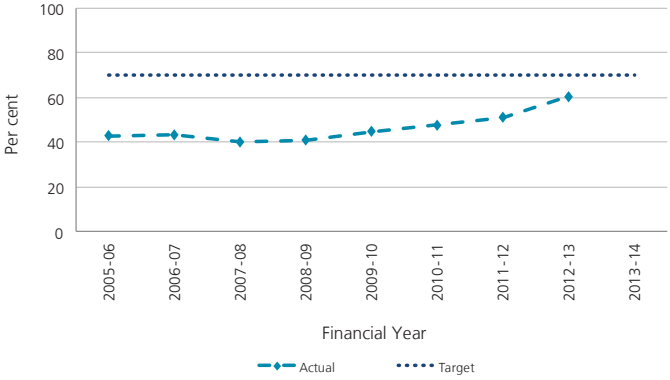
Mental health acute post-discharge community care

The desired outcome is to increase patient safety in the immediate post-discharge period and reduce the need for early readmission.

The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow-up and support by professionals and peers) in community settings for mental health patients discharged from a hospital leads to an improvement in symptom severity, readmission rate, level of functioning and patient assessed quality of life.

Early and consistent follow up in the community reduces suicide risk among hospital-discharged mental health patients with high suicide risk and history of self-harm.

Proportion of Clients Discharged from an Acute Public Mental Health Unit who are seen by a Community Mental Health Team within 7 Days of that Discharge



Source: NSW Health Information Exchange, NSW Ministry of Health (annual)
Updated: October 2013

Interpretation

This indicator measures the percentage of people seen by any NSW community mental health service within one week of discharge from an acute public mental health unit.

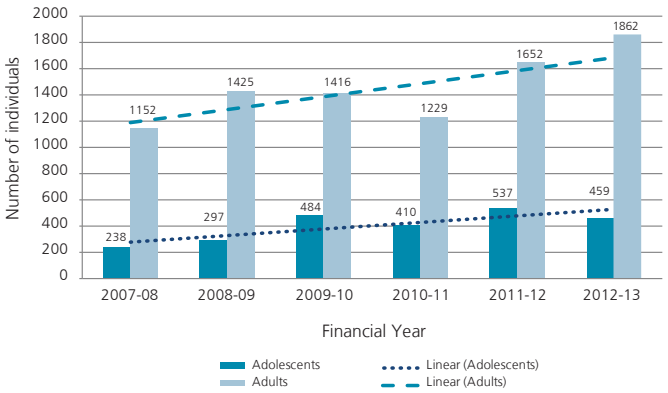
NSW performance on this indicator has improved steadily, from 40 per cent in 2007-08 to 60 per cent in 2012-13. This improvement may reflect enhancements in community mental health care and specific service initiatives designed to improve follow up rates. Some of this increase may also be due to improved data collection by community mental health services.

Divert from court into treatment

The Justice Health & Forensic Mental Health Network (JH&FMH) Statewide Community and Court Liaison Service (SCCLS) provide mental health assessments and advice to magistrates when mentally ill adults are charged with summary offences at the local court level. JH&FMHN clinicians, based in 20 Local Courts undertake mental health assessments and provide a mental health court report including treatment options. This assists the Magistrate in making informed decisions regarding diversion options for individuals with mental health problems and, where appropriate, diverting people away from custody and into community-based mental health treatment.

The JH&FMHN Adolescent Court and Community Team (ACCT) aims where possible to divert young people with emerging and established mental health problems from the criminal justice system into mental health treatment in the community.

Number of adolescents and Adults with Mental Illness Diverted from Court to Community Treatment and Trendlines



Source: Community and Court Liaison Service Data Collection for Adults and Adolescent Court and Community Team Data Collection (six monthly); Department of Attorney General and Justice (annual) Updated: Oct-13.

Interpretation

In 2012-13 FY the SCCLS diverted 1,743 people into community based mental health services. 81 per cent of all the individuals identified and assessed as having a mental illness were diverted from the judicial system. The remaining 19 per cent were remanded to prison and were linked to custodial mental health services.

A further 119 people who appeared before court via audio – video link directly from prison (Silverwater Metropolitan Remand and Reception Centre) were assessed as having a mental illness and diverted to mental health treatment services in the community. **Total 2012-13 FY adult diversions: 1,862.**

In 2012-13 FY the ACCT diverted 459 young people from the criminal justice system into appropriate treatment in the community. **Total 2012-13 FY adolescent diversions 459.**

Key achievements:

- A new policy directive, *Transfer of Care from Mental Health Inpatient Services'* PD2012_60, was released in November 2012. This policy was developed in extensive consultation with consumers and service providers and supports continuity of care and the safe transfer of a mental health consumer's care across settings.
- NSW Health has invested in services to support care in both hospitals and the community. Initiatives such as the Housing and Accommodation Support Initiative (HASI) have resulted in a reduction of unnecessary hospital admissions and people being treated more appropriately in the community. NSW commenced new community mental health initiatives in NSW with funding provided by the Commonwealth under the National Partnership Agreement Supporting National Mental Health Reform. This involved:
  - providing support services for people with severe or persistent mental illness to transition to living in the community from long term institutional care.
  - delivery of the new Boarding House HASI program, providing non-clinical in-reach support to boarding house residents who have been assessed as having a mental illness.
- The NSW Government announced a new three year pilot program of integrated care led by the non-government sector to provide two new pilot service centres in the State, with $1.8 million committed to the innovative new project in the 2013-14 State Budget.
- A statutory review of the *Mental Health Act 2007* commenced in June 2012 to determine whether the policy objectives of the Act remain valid and whether the terms of the Act remain appropriate for securing those objectives. A discussion paper was released and community consultations were held across NSW to report to Parliament with suggested legislative changes to the *Mental Health Act* which was approved by Cabinet and tabled in Parliament in May 2013. The Ministry is undertaking further analysis and targeted consultation in relation to key issues that arose with a view to providing recommendations for potential legislative reform to government in 2014.
- The mid-term evaluation of the NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005-15, completed in 2012, confirmed the effectiveness of a number of statewide Older People's Mental Health initiatives in reducing preventable hospital admissions and achieving better health outcomes for older people with mental health problems. Key initiatives include the community-based Mental Health Aged Care Partnership Initiative and the Transitional Behavioural Assessment and Intervention Service unit initiative and development of SMHSOP non-acute inpatient units. An economic evaluation of the Mental Health Aged Care Partnership Initiative, completed in early 2013, confirmed the cost-effectiveness of this model.
- All three Assertive Community Child and Adolescent Mental Health Service pilot teams in Nepean Blue Mountains, Northern Sydney and Southern NSW LHDs are operational and providing services to young people and their families.
- To enhance the competency of staff working with clients with mental health problems and intellectual disability, the University of NSW has been contracted to develop an Intellectual Disability and Mental Health Competency Framework.

HEALTH IN FOCUS

Assertive Community Treatment team to support patients with mental illness

Nepean Blue Mountains LHD, in direct response to the needs of consumers severely impacted by the effect of their mental illness, developed and redesigned an Assertive Community Treatment team. The team works collaboratively and intensively with consumers to support them to live a fulfilling life in the community and reduce hospital admissions. After 12 months an evaluation has shown a dramatic decrease in days in hospital and number of admissions.

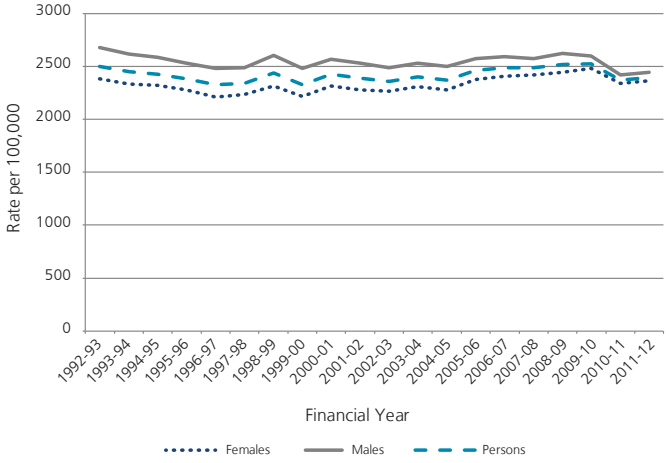
This project received the Minister for Mental Health Award for Excellence in the Provision of Mental Health Services at the 2013 NSW Health Innovation Awards.

TARGET: REDUCE POTENTIALLY PREVENTABLE HOSPITALISATIONS

The desired outcome is a reduced rate of potentially preventable hospitalisations.

Potentially Preventable Hospitalisations (PPH) are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management, usually delivered in an ambulatory setting such as primary health care (for example, by general practitioners or community health centres).

Potentially preventable hospitalisations by sex, NSW 1992-93 to 2011-12



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

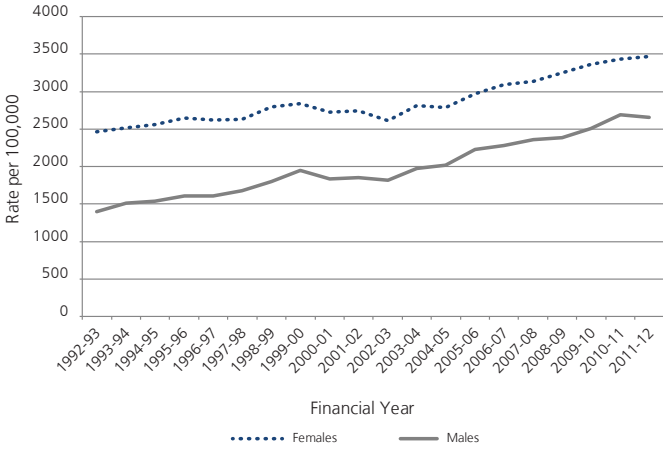
Interpretation

In NSW between 1992-93 and 2009-10, there was an overall increase in the trend for the rate of all PPHs. On 1 July 2010, there was a significant change in coding standards for diabetes, which is a substantial contributor to total preventable hospitalisations. This contributed to the rates of hospitalisation for all PPHs decreasing in 2010-11 and then stabilising in 2011-12.

Fall injury hospitalisations

The desired outcome is to reduce fall-related injury among people 65 years and over. Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls for several reasons, including reduced strength and balance, impaired vision, chronic illness and medication use. Over one quarter of people aged 65 years and over living in the community report falling at least once in a year and many more fall more than once.

Fall-related injury overnight stay hospitalisations by sex, persons aged and 65 years and over, NSW, 1991-92 to 2011-12



Source: Health Statistics NSW, Centre for Epidemiology and Evidence.

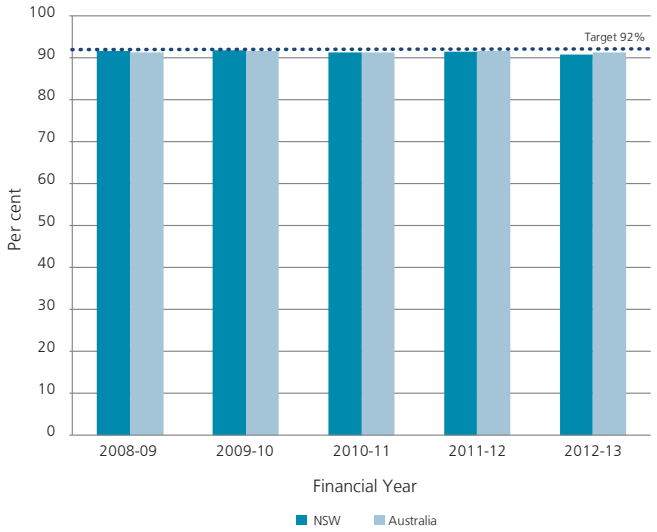
Interpretation

Rates of hospitalisations for falls among older people have been increasing for the last 20 years however between 2010-11 and 2011-12, the rates stablised. These rates represent an overall burden of injury from falls on the hospital system which is influenced not only by the rate of new injuries from falls in the community but also from factors such as the medical consequences of these falls.

Children fully immunised at one year

The desired outcome is reduced illness and death from vaccine preventable diseases in children. Although there has been substantial progress in reducing the incidence of vaccine preventable disease in NSW, it is a challenge to ensure optimal ongoing coverage of new cohorts of children.

Children fully immunised at one year



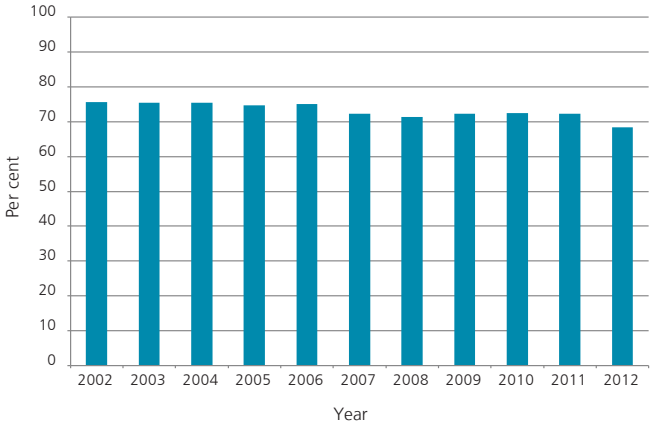
Source: Australian Childhood Immunisation Register

Interpretation
The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2012-13 indicates that 91 per cent of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average of 91 per cent. It is acknowledged that this data may underestimate actual vaccination rates by around three per cent due to children being vaccinated late or delays by service providers forwarding information to the Register.

Adult immunisation

The desired outcome is reduced illness and death from vaccine preventable diseases in adults. Vaccination against influenza is recommended by the National Health and Medical Research Council. Free vaccine is provided under the National Immunisation Program to eligible individuals. NSW Health actively promotes influenza vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002 to 2012



Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

Interpretation
The percentage of adults aged 65 years and over, vaccinated against influenza during the previous 12 months has remained relatively stable in the last five years to 2012.

The following list outlines the key achievements in 2012-13 to reduce potentially preventable hospitalisations in NSW.

Key achievements 2012-13:

- Vaccination programs: NSW Health offers vaccines recommended for adolescents by the National Health and Medical Research Council in a school based vaccination program. In the 2012 school year, 81 per cent of children in Year 7 were vaccinated against diphtheria, tetanus and pertussis (whooping cough). Booster vaccination against pertussis provides protection not only for the adolescent, but also for any siblings too young to have received a full course of the vaccine. This represents an improvement in coverage over the 2011 school year, in which 77 per cent of Year 7 students were vaccinated with diphtheria, tetanus and pertussis (dTpa) vaccine. In 2012, 78 per cent of girls who commenced a course of human papillomavirus (HPV) vaccine in Year 7 received all three doses. This represents an improvement in coverage over the 2011 school year, when 71 per cent of Year 7 girls were fully vaccinated against HPV. NSW continues to achieve consistently high immunisation coverage rates among two year old children, with 92 per cent of children recorded as fully vaccinated on the Australian Childhood Immunisation Register.
- Falls Prevention: Stepping On is an education and physical activity program that provides tailored support to people aged 65 years and older in building strength, confidence and knowledge to reduce falls and injury from falls. In the 2012-13 financial year, 287 programs were delivered across NSW, significantly expanding program reach into areas of greater need.
- The Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013 was passed in June 2013. This amends the Public Health Act 2010 from 1 January 2014 to require principals of child care facilities to obtain vaccination records, including conscientious objector forms, before enrolling children in child care. Principals that enrol children without first obtaining documentation that shows a child is fully vaccinated for their age, or is on a recognised catch-up schedule, or has a medical contraindication to vaccination, or has a registered conscientious objection, could be fined up to $4000 under the Education and Care Services Regulation.

HEALTH IN FOCUS

Using technology to help keep parents on time

In April 2013 NSW Health launched the Save the Date to Vaccinate campaign to educate and inform the community about the importance of ensuring that all children are fully immunised on time.

Several tools to assist parents with immunising on time were developed including a phone app, a personalised printable schedule, and informative immunisation videos, all accessible from the campaign's microsite immunisation.health.nsw.gov.au

The app allows parents to enter their child's name and birth date, as well as their GP's contact details. The app then calculates the next immunisation due date and sends a series of reminders to prompt the parent to call their GP to schedule an appointment for each immunisation. Parents can make that call straight from the app. Between April and September this year, the app has been downloaded more than 28,000 times and continues to be highly rated (4+ average) by both iPhone and Android users.

GOAL 12: PERFORMANCE AGAINST TARGETS

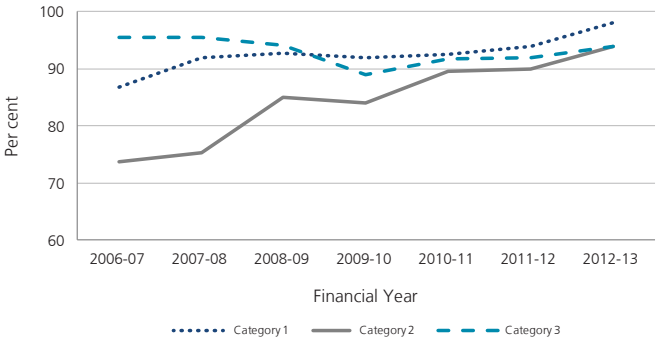
TARGET: REDUCE HOSPITAL WAITING TIMES

Planned surgery patients: National Elective Surgery Target (NEST)

The desired outcome is for the timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

The National Partnership Agreement on Improving Public Hospital Services requires jurisdictions to ensure that patients receive their surgery within clinically recommended timeframes as determined for each patient by their medical practitioner.

NSW Hospital Performance National Elective Surgery Targets (NEST)



Source: Waiting List Collection Online System, NSW Ministry of Health
Updated: September 2013

Interpretation

NSW public hospitals continue to perform well against the target of reducing hospital waiting times based on the percentage of patients treated on time in each of three urgency categories: Category one (admission within 30 days), Category two (admission within 90 days) and Category three (admission within 365 days). As at June 2013, 96.1 per cent of elective surgery patients were admitted to hospital for their surgery within the clinically appropriate time frame. This is an overall improvement of 4.4 per cent on the same period last year.

As at June 2013 the overall performance for NSW Hospitals included:

- Category one – 99.1 per cent (target 100 per cent). Performance has improved by 5.1 per cent on the same period last year.
- Category two – 96.0 per cent (target 93 per cent). Performance has improved by 6.2 per cent on the same period last year.
- Category three – 94.6 per cent (target 95 per cent). Performance has improved by 2.8 per cent on the same period last year.

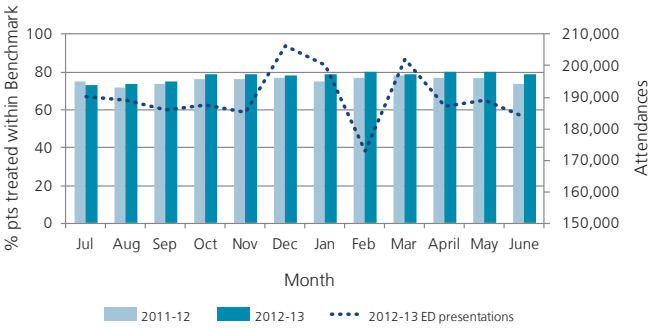
Emergency Department triage times – treatment provided within benchmark times

Overcrowding and extended stays in the emergency department (ED) for patients admitted to a hospital bed are associated with poorer outcomes. Staying for longer than necessary in an ED also delays ambulance offloads and reduces access for new patients presenting to the hospital.

The desired outcome is for the treatment of ED patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Patients presenting to the ED are classified or triaged into one of five triage categories and seen on the basis of their need for medical and nursing care. Each triage category has a recommended maximum time that the patient should wait to be seen by a healthcare professional.

All triage Categories Percentage Treated within Benchmark



Source: ED Information System

Interpretation

Healthcare services continue to improve access to clinical services and are within benchmark for ED triage times. There was increasing demand for services with well in excess of 2.6 million emergency attendances during 2012-13. Despite this, a three per cent increase compared to the previous year, NSW EDs continue to perform extremely well.

NSW EDs always give priority to those patients who may experience a life threatening illness and continue to treat 100 per cent of the most seriously ill (Triage one) patients within the National Benchmark of two minutes.

For the remaining four triage categories, performance has improved compared to the same period last year:

- Triage category two performance was 3 percentage points above the Australian College of Emergency Medicine (ACEM) target of 80 per cent.
- Triage category four and triage category five, performance was 7 per cent and 22 per cent above the recognised ACEM target of 70 per cent.
- Triage category three, the state's hospitals performance improved by 1.7 per cent compared to the same period last year.

The following list outlines the key achievements in 2012-13 to reduce hospital waiting times in NSW.

Key achievements 2012-13

- The State Government has invested in new ways to improve the delivery of surgical services. This has included development of new models of care such as high volume short stay surgical units, specialist centres in Ophthalmology and Orthopaedics and the streaming of planned and emergency surgery.
- During 2012-13 there were over 216,000 planned surgical cases performed. This was 4140 more than the same period last year.
- In addition as at June 2013 over 96 percent of patients were admitted for their planned surgery within clinically recommended time frames. This was an improvement of 4.4 per cent on the same period last year.
- To assist in reducing waiting times for care, the NSW Government committed $4.7 billion over four years towards the NSW Health Capital works program. This included a wide range of capital works projects progressed during 2012-13 including:
  - Tamworth Hospital Stage two redevelopment
  - Blacktown Mount Druitt Hospital expansion Stage one
  - South East Regional Hospital Bega
  - Hornsby Ku-ring-gai Hospital Redevelopment Stage one
  - Wagga Wagga Hospital redevelopment
  - New England/North West Regional Cancer Centre
  - Dubbo Base Hospital redevelopment Stage one and two
  - Multipurpose Service at Gulgong
  - Parkes and Forbes redevelopment and upgrade
  - Royal Prince Alfred Hospital, Missenden Mental Health Unit
  - Cessnock Hospital ED upgrade and
  - Planning for new Ambulance stations at Albury, Bega and Wagga Wagga.
- In February 2013, with the support of the Director General and under the Executive Sponsorship of Ken Whelan, Deputy Director General, System Purchasing and Performance, the Whole of Hospital Program was launched to deliver high quality, safe and efficient health care when people need access to the hospital system.
- The Program seeks to strengthen linkages between services to enhance continuity of care. It is about local hospital teams working together on the whole patient journey from when they come into hospital until they leave. The Program can assist in reducing patient waiting times for surgery and in the Emergency Department through better management of patients already in hospital.

HEALTH IN FOCUS

In Safe Hands: Structured interdisciplinary bedside rounds

Western NSW LHD has implemented a new team based, patient centred model of care, structured interdisciplinary bedside rounds (SIBR). SIBR brings the interdisciplinary team to the bedside every day for a standardised care planning with the patient and family.

Real time coaching and feedback for each team member is modelled on the SIBR round. Patient bedside journey boards enhance the model by creating a communication tool with the patient and family. This approach has been enthusiastically received by patients, *"I was so well looked after, and the doctors were doing 'cyber' visits daily, where all the medical staff involved in your recovery come in and have a mini conference with you daily to assess you and make plans/goals..." (anonymous patient).*

This model has become embedded in the care delivery for the acute medical unit at Orange Hospital Service. The medical ward executive drives the continued sustainability of the model which is easily transferrable. The Service is planning to implement SIBR throughout the hospital.

This project was a finalist in the 2013 NSW Health Innovation Awards for the Patients as Partners Award.

TARGET: IMPROVE TRANSFER OF PATIENTS FROM EMERGENCY DEPARTMENTS TO WARDS

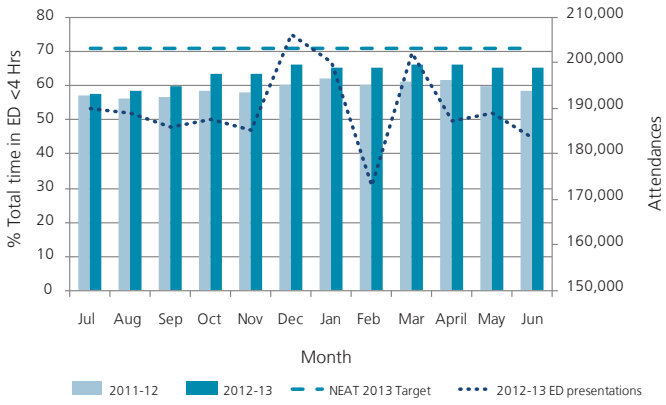
National Emergency Access Target (NEAT) percentage of patients with a total time in the ED of four hours or less

NSW has the most emergency presentations of any state (34 per cent of the national total). The number of presentations has been steadily increasing by 3.3 per cent each year over the last four to five years.

The National Emergency Access Target (NEAT) is a component of the National Partnership Agreement on Improving Public Hospitals. By 2015 the aim is that within four hours 90 per cent of all patients presenting to a public hospital emergency department will either physically leave the department for admission to hospital, be referred to another hospital for treatment or be discharged home.

Safety of patients is the utmost priority, and the target is not intended to overrule clinical judgement as decisions on whether it is clinically appropriate for a patient to be retained in an emergency department for more than four hours must be at the discretion of the treating clinicians. NEAT is an ambitious target and NSW Health is keen to make sure that the care provided is right for the patient, not simply about meeting a time based target.

NEAT – Per cent of patients with total time in ED <=4 hours



Source: Emergency Department Information System

Interpretation

EDs across the state continue to improve their performance in patient treatment times, resulting in benefits to both the front of house and the whole of the hospital.

From January to June 2013, 65.6 per cent of patients left EDs within four hours which was a significant improvement on the same period last year (59.3 per cent).

As a result, NSW is closer to meeting the target for NSW which is 71 per cent for the calendar year.

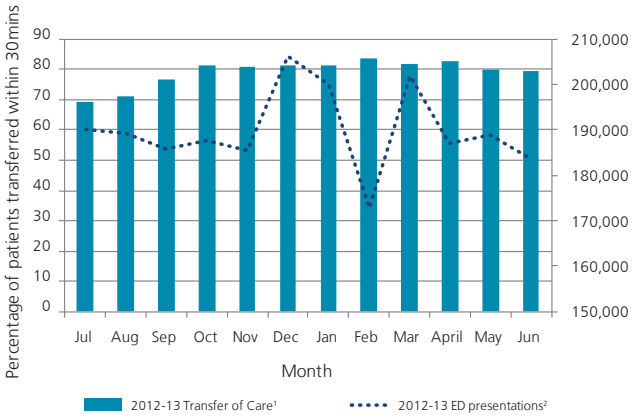
Transfer of Care within 30 minutes

The desired outcome is for the timely transfer of patients from ambulance vehicles to hospital EDs or inpatient units, resulting in improved patient satisfaction as well as improved ambulance operational efficiency. Transfer of Care is a measure which replaced the previously reported Off Stretcher Time metric.

The definition of Transfer of Care is the transfer of accountability and responsibility for patient care from an ambulance paramedic to a hospital clinician. This occurs either in the ED or in a hospital inpatient unit.

Information for Transfer of Care comes from the transfer of care reporting system, which matches ambulance data to ED data within the Health Information Exchange on a daily basis.

Ambulance to Emergency Department Transfer of care



Source: 1. Transfer of Care Reporting System 2. NSW Health Information Exchange

Interpretation

As at June 2013 for Transfer of Care was 79 per cent. This is a 4.3 per cent improvement on the same period last year. The aspirational target for Transfer of Care is 90 per cent.

The following list outlines the key achievements in 2012-13 to improve the transfer of patients from EDs to wards in NSW.

Key achievements 2012-13

- To support improvements in access to emergency care, the Whole of Hospital Program, launched in February 2013 assists in:
  - improving teamwork and collaboration around patient care management
  - improving clinical models to deliver better outcomes with greater efficiency for patients and the system
  - preventing clinical deterioration by working with primary and community care providers
  - avoiding inpatient stays by delivering high quality and safe care to patients directly in their homes
  - connecting and shortening care for patients when they are in the system
  - working better with the Ambulance service to deliver improved care and manage patients in a more timely manner.

- Already at a local level LHDs are implementing new models of care in their emergency departments. These include Fast Track Zones and patient streaming. A 2-1-1 system is also being implemented which aims to achieve two hours patient assessment and treatment, one hour inpatient referral and one hour to transfer the patient to a ward or home. Other models of care include care outside the emergency department such as Medical Assessment Units and Hospital in the home based services.
- The NSW Patient Flow Systems Program has provided staff with well proven tools and education resources to help minimise delays for patients. The Program focus is on timely access to safe, quality care and it uses theoretical and practical approaches to eliminate any identified constraints in the patient care journey. This approach frees up time and resources to care for more patients. Improved liaison with NSW Ambulance and strong involvement of Ambulance Liaison Officers in emergency department patient flow strategies is also resulting in more timely access to care.
- To further support improvements in this area the NSW Government has committed, over four years, to making an additional 1390 beds available in the NSW Health system. This included making 550 adult acute overnight beds available in addition to the 840 new beds funded by the Commonwealth Government. NSW Health is on track to deliver on this committment by March 2015.
- Additional beds are being made available through capital works projects coming on line, freeing up existing beds by using new models of care to reduce unnecessary hospital stays or the need for a patient to be admitted to hospital.
- In 2012-13, NSW Health purchased an additional 38,000 cost weighted inpatient separations across the system. This additional activity translates to the equivalent of a total of some 369 beds/treatment spaces.

HEALTH IN FOCUS

Setting the standard: A patient journey at Royal North Shore Hospital

A plan for improving clinical outcomes for clinically deteriorating patients has been developed at Royal North Shore Hospital. It centres on education of the entire hospital workforce using short films where executives, managers, doctors and nurses were invited to script and "star" in the film.

The result has been that all aspects of the 'Between the Flags' program have been implemented, and no serious clinical incidences have been reported in 2013 to date.

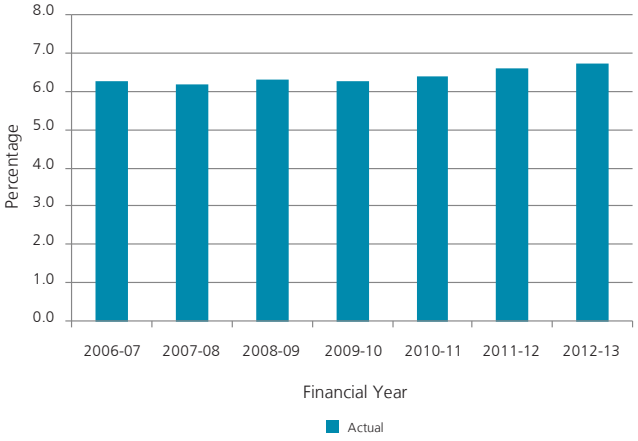
TARGET: REDUCE UNPLANNED READMISSIONS

Readmission within 28 days

The desired outcome is improved health and wellbeing through effective inpatient care and adequate and proper follow up in the community.

Unplanned Readmissions are a measure of the percentage of patients who are readmitted to hospital within 28 days of their initial discharge from that hospital, for any reason. This indicator is considered useful in identifying potential issues with the quality and effectiveness of the hospital care provided, as well as discharge planning and community follow up and support provided to patients once they leave the hospital. Rates of unplanned readmissions are regularly monitored by the Ministry, the Clinical Excellence Commission (CEC) and the LHDs and Networks to trigger investigation into possible issues with the management of care from hospital to home.

Unplanned /unexpected readmissions within 28 days of separation



Source: State Health Information Exchange (Inpatient Collection)

Interpretation

The level of unplanned readmissions within 28 days has remained relatively unchanged since 2006-07, with a slight upward trend observed since 2010-11.

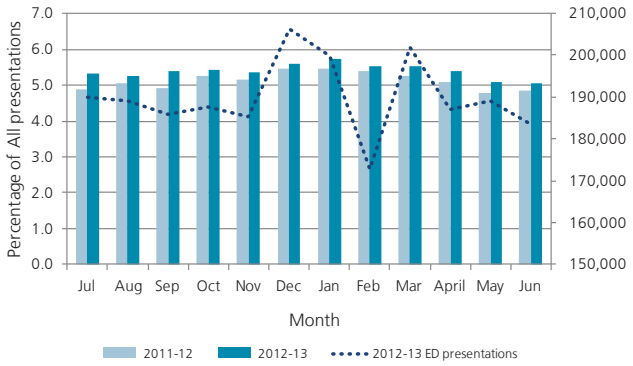
In 2012-13, LHDs and Specialty Health Networks, supported by the Clinical Excellence Commission and the Ministry of Health, have undertaken detailed reviews of causes of unplanned/unexpected readmissions. These reviews found that many of the readmissions seem to be associated with post-discharge care in the community or with factors not directly associated with the initial hospital admission. LHDs are trialling tools for early identification of patients most at risk of unplanned readmissions and are developing strategies for preventing those readmissions that may be avoidable.

Unplanned representations to emergency departments within 48 hours

The desired outcome is to improve quality and safety of treatment by reducing unplanned and avoidable re-attendances of patients to the same ED within 48 hours.

Unplanned representations to EDs may be an indicator of diminished quality of care and patient outcome. The indicator is used to trigger investigation into possible care provided.

Representations to the same Emergency Department within 48hrs



Source: Emergency Department Information System

Interpretation
The percentage of representations to NSW public EDs is similar to 2011-12, despite an increase in presentations.

The following list outlines the key achievements in 2012-13 to reduce unplanned readmissions in NSW.

Key achievements 2012-13

- A range of initiatives have been implemented to improve identification of patients who are most at risk of readmission and their improved follow up in the community. Programs include:
  - Aged Care Emergency Program
  - Compacks Program
  - Hospital in the Home Program, and
  - Connecting Care Program.

Further strategies are being developed in conjunction with the Pillars and Medicare Locals with particular focus on elderly patients and those with chronic conditions.

HEALTH IN FOCUS

Frequent User Management initiative

Implemented by NSW Ambulance, this initiative works with patients and stakeholders to provide appropriate treatment to patients identified as frequent callers. Initial results indicate this initiative assists in providing patients with the most appropriate care and contributes to the appropriate deployment of ambulance resources. Results show a 65% decrease in the number of calls three months post intervention.

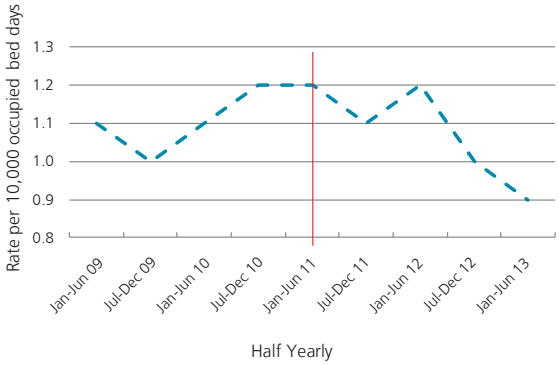
This project received the Patients as Partners Award at the 2013 NSW Health Innovation Awards.

TARGET: DECREASE HEALTHCARE ASSOCIATED BLOODSTREAM INFECTIONS

The desired outcome is to achieve a reduction in the number of Staphylococcus Aureus bloodstream (SAB) infections acquired by patients receiving treatment in NSW Hospitals.

Staphylococcus Aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common of community and healthcare associated sepsis. There is emerging evidence that many of these infections are preventable through effective prevention and control.

Staphylococcus Aureus Bloodstream (SAB) Infections



Source: NSW Healthcare Associated Infection Data Collection New definition commenced July 2010

Interpretation
SAB infection rates decreased in 2012-13 following concerted efforts to reduce infections caused by peripheral intravenous cannulas in many NSW hospitals.

The apparent rise in rates between January to June 2010 and July – December 2010 is due to a change in definition to adopt the national definition, which has increased the range of data reported.

Key achievements 2012-13

- National Hand Hygiene Initiative: NSW continues to achieve the highest Hand Hygiene compliance rates across Australia with an average compliance rate of 80.4 per cent in June 2013. Hand Hygiene compliance rates have increased in each audit period. The national Hand Hygiene compliance rate is 78.3 per cent.
- Healthcare Associated Infections program: Staphylococcus Aureus Bacteraemia and central line associated bloodstream infections continue at low levels and remain below national benchmarks.
- The NSW Environmental Cleaning Policy (PD 2012_061) was released in November 2012. The policy outlines the standards for cleaning wards and units in public hospitals. It is supported by Standard Operating Procedures, which specify in detail how cleaning is to be undertaken in various scenarios, and an audit procedure to check that facilities are adequately cleaned.
- The Sepsis Kills Program – Paediatric: The NSW Minister for Health launched the *NSW Paediatric Sepsis Toolkit* in May 2013. The toolkit includes a Paediatric Sepsis Pathway;

Paediatric Sepsis Reference Card, which prompts clinicians on key points of the sepsis management of paediatric patients; Sepsis Neonatal First Dose Empirical Parenteral Antibiotic Guideline; Sepsis Paediatric First Dose Empirical Parenteral Antibiotic Guideline; Sepsis Paediatric Frequently Asked Questions and Paediatric Blood Culture Sampling Guideline. These tools can be found on the Clinical Excellence Commission (CEC) website.

HEALTH IN FOCUS

Reducing the incidence of Staphylococcus aureus bacteraemia by managing vascular access devices in the Coronary Care Unit

At Liverpool Hospital two thirds of health care associated Staphylococcus aureus bacteraemia (SAB) incidences are caused by vascular access devices, with the Coronary Care Unit accounting for over a quarter of vascular access device-related SAB detected between February and August 2012.

A cross-functional team at Liverpool Hospital formed a project team to identify preventable factors leading to vascular access device-associated SABs, and to implement an effective and sustainable system for optimal vascular access device care to prevent all cases of vascular access devices-associated SAB in the Coronary Care Unit over the period of the project.

This collaboration has proved effective, significantly reducing the incidences of SAB in the Coronary Care Unit. The team plan to continue and extend this work through:

- adoption of this program hospital-wide
- incorporating 'cannula conversation' into multidisciplinary rounds – 'In Safe Hands program'
- empowering patients in the care of their vascular access devices
- eliminating unnecessary duplication
- including vascular access device care as a key performance indicator for display on the Quality and Safety noticeboard
- using the same techniques when targeting other healthcare-associated infections.

This project was a finalist in the 2013 NSW Health Innovation Awards for the Harry Collins Award

TARGET: INCREASE PATIENT SATISFACTION

Formerly managed by the NSW Ministry of Health, the Patient Survey Program transferred to the Bureau of Health Information (BHI) in July 2012.

Since the transfer, the survey program has been reviewed and redeveloped with the aim of making surveys easier for patients to complete and more useful for hospital staff working to improve healthcare services.

Commencing with the Adult Admitted Patient Survey, the review process included consulting patients about their experiences, analysing past information, reviewing nationally and internationally relevant literature, and talking to clinicians and hospital managers to better understand their needs.

The redevelopment has had leadership from a Strategic Advisory Committee. Consisting of representatives from BHI, Ministry of Health, Agency for Clinical Innovation (ACI), CEC, LHDs and consumers, the committee provides considered and expert advice on the strategic direction and performance monitoring of the survey program.

The purpose of the NSW Patient Survey Program is to:

- Understand patients' health care experiences
- Identify and report on the strengths and weaknesses of health care provided
- Provide information on how hospitals and health facilities are performing
- Enable health services to identify where they perform well and opportunities for improvement
- Allow hospitals to compare with other like hospitals, encouraging shared learning.

Working to support the survey program is an Implementation Advisory Committee. Representing all LHDs, the committee works with the BHI to ensure LHDs and Networks are kept informed of the survey progress. With the assistance of the Implementation Advisory Committee a communications toolkit, including posters, postcards and brochures, was distributed to all LHDs in June 2013. These materials were used to inform patients and staff that the survey program was underway and to encourage a high response rate.

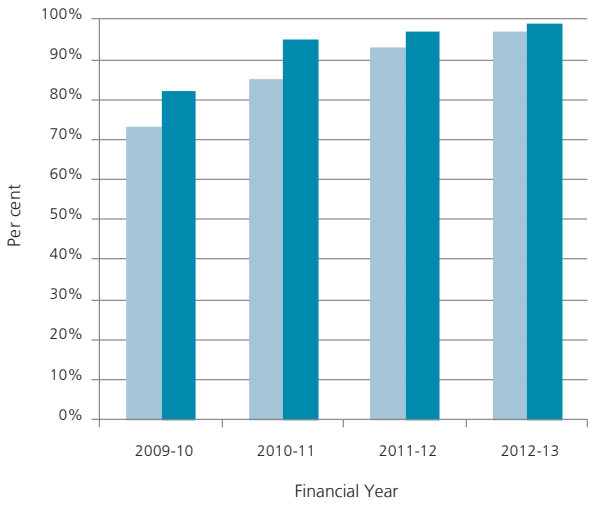
Transfer of responsibility for the patient survey and review of survey arrangements delayed surveying during 2012. Mail out of The Adult Admitted Patient Survey began to patients in June 2013. The survey program schedule is available at BHI's website as is the analysis of previous patient surveys.

TARGET: ENSURE PUBLICLY PROVIDED HEALTH SERVICES MEET NATIONAL PATIENT SAFETY AND QUALITY STANDARDS

The desired outcome is to increase the number of public hospital facilities with current accreditation.

Accreditation is an indicator of the Government's objective to provide public hospital services that are of high quality. Accreditation signifies professional and national recognition awarded to hospitals and other healthcare facilities that meet defined industry standards. Public hospitals can seek accreditation through the Australian Council on Health Care Standards (ACHS) Evaluation and Quality Improvement Program, Business Excellence Australia (previously known as the Australian Quality Council), the Quality Improvement Council, and through certification as compliant with the International Organisation for Standardisation's (ISO) 9000 quality family or other equivalent programs. Quality programs require hospitals to demonstrate continual adherence to quality improvement standards to gain and retain accreditation.

Percentage of Public Hospitals Accredited



Source: NSW Ministry of Health

Accreditation is reported as the percentage of facilities that are accredited.

Interpretation
The percentage of accredited facilities has been increasing steadily over the last four years and more than 95 per cent of public hospitals in NSW are now accredited, covering nearly 100 per cent of public hospital beds. A high or increasing rate of accreditation is desirable.

Key achievements 2012-13

The number of hospitals and beds covered by the voluntary accreditation scheme has increased in 2012-13.

In January 2013, the National Safety and Quality Health Service (NSQHS) Standards, developed by the Australian Commission on Safety and Quality in Health Care, came into effect. Australian Health Ministers have agreed that all public and private acute and day surgery hospitals and public dental services will be accredited against the NSQHS Standards. When hospitals' current accreditation expires they will be surveyed against the national standards. Hospitals, LHDs and Networks are currently working to meet the requirements of these standards. There are 10 NSQHS Standards including:

- Standard 1 – Governance for Safety and Quality in Health Service Organisation
- Standard 2 – Partnering with Consumers – describes the framework for active partnership with consumers
- Standard 3 – Preventing and Controlling Healthcare Associated Infections
- Standard 4 – Medication Safety
- Standard 5 – Patient Identification and Procedure Matching
- Standard 6 – Clinical Handover
- Standard 7 – Blood and Blood Products
- Standard 8 – Preventing and Managing Pressure Injuries
- Standard 9 – Recognising and Responding to Clinical Deterioration in Acute Health Care
- Standard 10 – Preventing Falls and Harm from Falls.

A small number of NSW public hospitals have already achieved accreditation under the new national accreditation scheme.

HEALTH IN FOCUS

Accreditation in NSW

The Clinical Excellence Commission (CEC) is supporting NSW public health services to prepare for accreditation by providing information about the accreditation system and the National Safety and Quality Health Service (NSQHS) Standards.

CEC resources and tools to support health services prepare for their accreditation assessment include: a website that brings together state and national documents linked to the NSQHS Standards actions and expert support for specific NSQHS Standards, such as Patient Safety, Partnering with Patients, Health Care Associated Infection, Medication Safety, Medication Reconciliation, Between the Flags, Pressure Injury Prevention, Bloodwatch and Falls Prevention.

Key health executives and staff have attended a special seminar on accreditation and the CEC is facilitating a regular Accreditation Network for NSW Health.