

# Southern Adelaide Local Health Network Annual Report 2015 -16

Southern Adelaide Local Health Network  
Annual Report 2015-16

© Government of South Australia, 30 September 2016

ABN: 14227133467  
ISSN: 2202-6630

This annual report was prepared by Media and Communications  
Southern Adelaide Local Health Network

This annual report can be accessed  
from the SA Health website

Southern Adelaide Local Health Network  
Office of the Chief Executive Officer  
C/- Flinders Medical Centre  
Flinders Drive  
Bedford Park SA 5042  
Telephone: 8204 4087  
Facsimile: 8204 5834

Hon. Jack Snelling M.P.  
Minister for Health

Dear Minister

In accordance with the *Public Sector Act 2009*, the *Public Finance and Audit Act 1987* and the *Health Care Act 2008*, I am pleased to present the annual report and financial statements of the Southern Adelaide Local Health Network for presentation to Parliament.

This report provides an accurate account of the operations of the Southern Adelaide Local Health Network for the financial year ending 30 June 2016, in compliance with the Department of the Premier and Cabinet Circular *PC013 Annual Reporting Requirements 2015-16*.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Tobi Wilson', with a long horizontal flourish extending to the right.

**Tobi Wilson**

Acting Chief Executive Officer  
Southern Adelaide Local Health Network

30 September 2016

## Table of Contents

About Us	5
Highlights	7
Agency Role Performance and Governance	8
Presiding Member, Health Advisory Council Statement	14
Acting Chief Executive Officer Report	16
Valuing People	18
Positioning for Sustainability	20
Doing it Properly	22
Fostering Knowledge and Learning	23
Our Partners in Care	24
Safety and Quality of Services and the Health Workforce	28
Activity Data	32
Workforce Information	36
Other Information	39

# About Us

## Our commitment

### Our vision

- > We believe in providing the standard of health care that we desire for our own families and friends.

### Our goals

- > **Valuing people** - we empower and respect patients, staff and partners
- > **Positioning for sustainability** - we create sustainable services for our patients through strong leadership, training, partnerships, wise use of resources and accountable practices
- > **Doing it properly** - we take pride in delivering quality health care services to patients first time, every time
- > **Fostering knowledge and learning** - we position SALHN as an innovator and leader in improving health care provision.

### Our purpose

- > We work at the leading edge of science and the cutting edge of innovation. We bring the most talented, knowledgeable and skilled individuals together to save lives and improve health. By doing this we improve health and well-being, support people in keeping them mentally and physically well, in getting them better when they are ill and, when they cannot fully recover, we support them in their journey with dignity.

### We believe

- > The best way to predict the future of health care is to create it. The future is created by what we do today, not by what we do tomorrow.

### Our values

- > We want to partner with you in meeting your health care needs through professionals whom you trust. We will deliver this service based on our goals.

### Our health service

Southern Adelaide Local Health Network (SALHN) provides care for more than 350 000 people living in the southern metropolitan area of Adelaide, as well as providing a number of statewide services, and services to those in regional areas. More than 7000 skilled staff provide high quality patient care, education, research and health-promoting services.

Health services which form SALHN include:

- > Flinders Medical Centre (FMC), Repatriation General Hospital (RGH) and Noarlunga Hospital.
- > Intermediate Care Services provided at GP Plus Super Clinic Noarlunga and GP Plus Health Care Centres at Marion and Aldinga/Seaford, in addition to Aboriginal health services and Aboriginal family clinics, health services in people's homes and the Aged Care Assessment Team (ACAT).

- > Southern Mental Health inpatient services at Flinders Medical Centre, Noarlunga Hospital and Repatriation General Hospital, including specialised services for eating disorders, veterans' mental health and problem gambling. Community based mental health services include the Adaire Community Mental Health Centre at Noarlunga, the Inner South Community Mental Health Centre (collocated with GP Plus Marion), and the Southern Intermediate Care Centre and Trevor Parry Centre, which are both located at Noarlunga.

## Plans and objectives

SALHN bases its targets on South Australia's Strategic Plan. SALHN's Annual Report 2015-16 provides an ideal opportunity to report on the steps taken by the organisation towards achieving these targets in the last year.

SALHN continued its Transforming Health journey in 2015-16. Transforming Health was introduced in 2014-15 to ensure the State's health system can effectively, flexibly and consistently provide the highest quality of care. It is achieving this by focussing on improving the quality of care provided at metropolitan hospitals, working in partnership with General Practitioners (GPs) and with primary and aged care providers to develop models of care that are integrated and provide a seamless journey for patients.

For people living south of the city, FMC will be a centre for complex medical procedures and services. Less complex care will be provided at Noarlunga Hospital. RGH will transfer many of its services to other hospitals and will retain Orthotics and Prosthetics South Australia on-site.

Creating capacity at FMC is an important part of Transforming Health, as services from RGH are transferred to FMC. In 2015-16, work began on a new 55-bed rehabilitation facility, 15-bed palliative care service with a roof top garden, 30-bed older person's mental health service and construction of a 1 780 space multi-storey car park at FMC.

At Noarlunga Hospital, a new purpose-built, eight chair Renal Dialysis Unit was opened; the first step in the expansion of the operating theatre suite, including the construction of two new theatres, which will cover about 1 000 square metres and see Noarlunga position itself as a major elective surgery centre in South Australia.

Draft concept plans for the \$15 million Veterans' mental health precinct at the Glenside Health Service campus were also released.

The changes to the way healthcare is delivered in the south supports a number of goals and targets under South Australia's Strategic Plan, including:

Target 84: Health service standard - By 2013, 90 percent of patients presenting to a public hospital emergency department will be seen, treated, and either discharged or admitted to hospital within four hours. (baseline: 2011); and

Target 78: Healthy South Australians - Increase the healthy life expectancy of South Australians to 73.4 years (6 percent) for males and 77.9 years (5 percent) for females by 2020 (baseline: 1999-01).

## Highlights

- > Flinders Medical Centre celebrated its 40<sup>th</sup> anniversary.
- > The Minister for Health, the Hon Jack Snelling MP opened the new Renal Dialysis Unit at Noarlunga Hospital, as part of the \$10 million Transforming Health investment at the site.
- > Work began on a new 55-bed rehabilitation facility, 15-bed palliative care service with a roof top garden, 30-bed older person's mental health service and 1 780 space multi-storey car park at FMC.
- > Work began on two new operating theatres, new day surgery unit and dedicated spaces for children and families in the Noarlunga Hospital Emergency Department. The operating theatre expansion will cover about 1 000-square metres and will position Noarlunga Hospital as a major elective surgery centre in South Australia.
- > Draft concept plans for the \$15 million Veterans' mental health precinct at the Glenside Health Service campus were released.
- > South Australia's Statewide Eating Disorder Service (SEDS) celebrated its first anniversary.
- > SALHN hosted its inaugural SALHN Awards program to recognise staff and achievements.
- > The \$2.8 million Adaire Community Mental Health Centre at Noarlunga opened.
- > The Patient and Family Escalation of Care project was launched across SALHN. The initiative encourages patients and their families to 'speak up' when they are concerned about their, or their loved one's condition.
- > SALHN participated in the White Ribbon Workplace Accreditation Program.
- > The FMC Volunteer Service celebrated 40 years of service.
- > The RSL Repat Park was selected as the successful proposal for the future use of the Repatriation General Hospital. Subsequent to this in October 2016, the ACH Group's Open Daws submission was selected as the preferred proponent for the future use of the site following the withdrawal of the RSL consortium. RSL SA will continue to work with the ACH Group to ensure Open Daws has a strong Veterans presence.
- > A world-first blood test was introduced at FMC which could help clinicians make a faster and more accurate diagnosis for patients having a heart attack.
- > The Enterprise System for Medical Imaging (ESMI) was deployed at FMC.
- > SALHN introduced The Pitch – an initiative to provide funding of up to \$10,000 for staff to implement a great idea in their ward, service or area. The ideas had to either make things better for staff; simpler for staff; easier for families/carers; or more efficient for SALHN.
- > A Flow Consultant Psychiatrist was appointed to help manage flow across the SALHN Mental Health Service.

## Agency Role Performance and Governance

SALHN is an incorporated hospital under the South Australian *Health Care Act 2008*.

### Role

SALHN provides a wide range of public acute and community health care services, and is responsible for some statewide services.

### Responsibilities

SALHN meets its responsibilities through the following key areas which underpin the planning, implementation and evaluation of its programs:

- > Client focused care:
  - Ensure accessibility and equity of health care services in a timely and effective manner, including services to veterans.
  - Ensure the coordination of services between RGH, FMC and Noarlunga Hospital and Intermediate Care Services.
  - Increase community awareness and participation in determining required health services including services for Aboriginal and Torres Strait Islanders, people from culturally linguistic and diverse backgrounds and people with mental illness.
  - Redesign services to meet the current and future health needs and priorities.
  - Increase flexibility of services to support new and changing models of care.
  - Create an environment to support self-management, early intervention and prevention, and chronic disease management within the SALHN population.
  
- > Quality and safety:
  - Create and maintain an environment that delivers high quality care and ensures the safety of patients, consumers and staff through effective systems and services.
  - Ensure compliance with accreditation and other health quality and safety standards and policies.
  - Provide a safe and secure environment for patients, consumers and staff.
  - Establish and implement processes that support the reduction of adverse health outcomes.
  - Ensure active involvement in continuous improvement and quality activities.
  - Ensure active involvement in audits, standards and regulation.
  - Ensure medical staff are appropriately credentialed and their scope of practice is defined.
  - Ensure patients and consumers are informed of their rights and responsibilities in relation to decisions about their care.
  - Ensure the organisation's culture, processes and structures are directed towards the effective management of potential opportunities and adverse effects.
  
- > Reorientation of care:
  - Develop integrated clinical and service networks within SALHN and across the health system.
  - Ensure greater collaboration between service providers and service receivers to facilitate the continuum of care across the public, private and non-government sector.
  - Improve the connectivity and reliability of key systems.



- Ensure availability of systems that provide accurate information in a timely manner to enable clinicians and other service providers to make appropriate decisions.
- > Corporate management and governance:
  - Optimise the use of available resources to achieve desired health care outcomes and to support the objectives of SA Health.
  - Ensure best possible outcomes within the agreed operating budget.
  - Ensure the delivery of effective operational financial services and system support (budget allocations, expenditure and revenue transactions, internal controls, and administration of the financial ledgers and information systems).
  - Consolidate existing facilities, space and services to increase efficiencies.
  - Share and streamline resources to minimise service overlaps and duplication.
  - Oversee risk management, internal controls, financial reporting, auditing and monitoring compliance with laws, policies and relevant codes of conduct.
  - Assist the Chief Executive of SA Health in the identification of risks, determination of priorities for action, development and implementation of strategies for effective risk management.
  - Ensure a skilled and capable workforce that is flexible and responsive to the needs of the SALHN and the communities it serves.
  - Ensure that employees, while at work, are safe from injury and risks to health and so far as is reasonably practicable; are provided with a safe working environment, safe systems of work, plant and substances in a safe condition, adequate facilities and appropriate information, instruction and training and supervision.

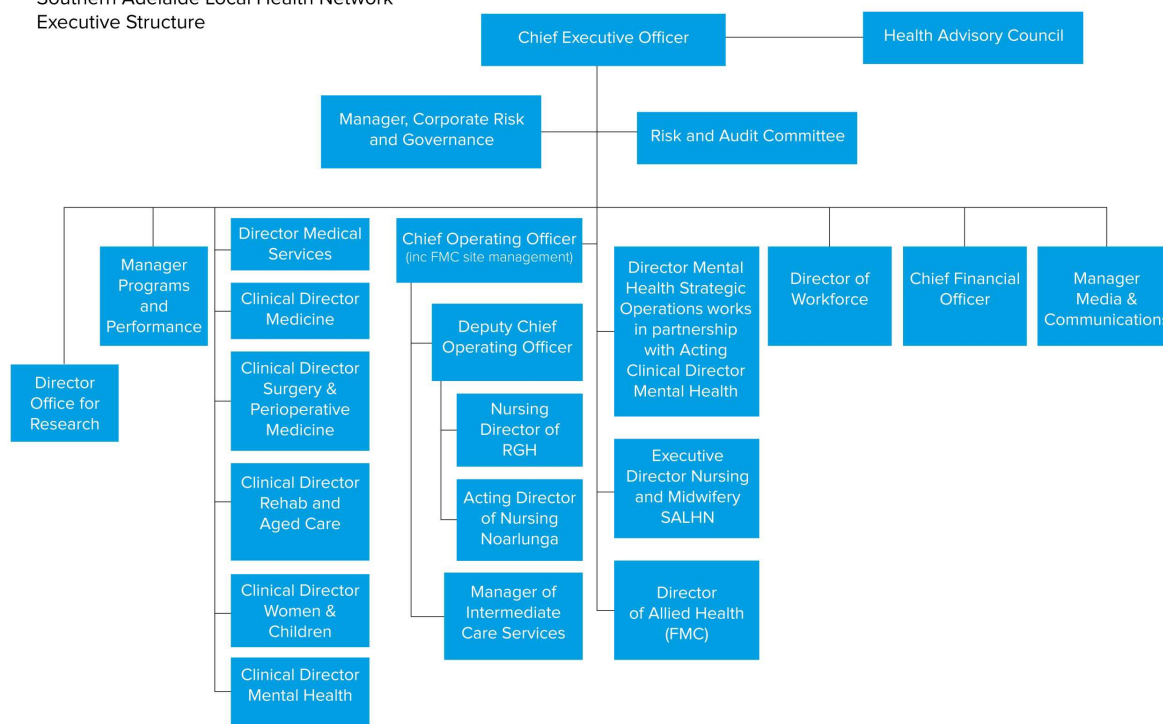
## **Governance**

SALHN is managed by a Chief Executive Officer (CEO), who reports to the Chief Executive, SA Health, who has overall responsibility for services provided by the public health system.

The CEO of SALHN is supported by the SALHN Executive, which provides the strategic direction, planning, monitoring of activity within the agreed policy, funding, activity and planning parameters as set by the Department for Health and Ageing.

SALHN is responsible for implementing and monitoring a governing framework to discharge its responsibilities, provide leadership to the SALHN and provide advice to the Chief Executive on specific matters.

Southern Adelaide Local Health Network  
Executive Structure



## SALHN Executive Committee

This committee is the peak decision body for SALHN. The committee is chaired by the CEO and comprises the Chief Operating Officer, Clinical Directors (Medicine, Surgery, Mental Health, Rehabilitation and Aged Care and Women’s and Children’s) and the Director of Workforce, Finance, Allied Health, Nursing and Midwifery Services. The committee assists the CEO to discharge responsibility to exercise due care, diligence and skill in relation to:

- > Effective and efficient monitoring and controlling of business and other risks
- > Credibility and objectivity in systems and processes
- > Compliance with application standards, laws and regulations
- > Compliance with SA Government and SA Health policies and directives
- > Delivery of effective, efficient, quality driven and safe clinical and corporate services
- > Responsible and appropriate budget management
- > Enhancing the capacity, mix, safety and skill of the workforce
- > Conduct of ethical research.

## SALHN Finance Committee

The Finance Committee assists the CEO to discharge responsibility in relation to financial management through monitoring financial performance, budget compliance, operational efficiency, financial recovery strategies, new initiatives and capital expenditure.

## **SALHN Industrial Liaison Forum**

The Industrial Liaison Forum provides a mechanism for SALHN senior staff to consult and exchange information with relevant union officials and delegates. The forums cover high level human resources, industrial relations and occupational health and safety matters that have broad impact or relevance across SALHN and/or groups of SALHN employees.

## **SALHN Partnering With Consumers Advisory Group**

The *Partnering With Consumers Advisory Group* (PWCAG) is the peak governing group for National Safety and Quality Health Service Standard 2: Partnering with Consumers. Its role is to lead the consumer and community engagement strategy of SALHN and provide consumer feedback and input into SALHN on its services and performances. The Group, established in February 2015, has a Consumer Chairperson and its membership consists of 12 Consumers Representatives and 10 SALHN staff members. PWCAG's three priority areas are: consumer involvement at all levels, development of a consumer engagement gold standard and Transforming Health.

## **SALHN Clinical Council**

SALHN Clinical Council is the peak Clinical Governance body responsible for the oversight of all clinical matters within SALHN. The council is chaired by the Director of Medical Services and discusses Clinical Governance matters for SALHN. Membership is drawn from divisions across SALHN and key executive staff, as well as external representatives from SA Medical Imaging, SA Pharmacy, SA Pathology, SAFKI, Clinical Council and a consumer representative.

## **SALHN Occupational Health Safety Welfare and Injury Management Committee**

SALHN Occupational Health Safety Welfare and Injury Management Governance Committee is the principal health and safety committee for SALHN. The SALHN OHSW&IM Governance Committee provides leadership, strategic and operational direction for SALHN on the achievement of SA Health OHSW&IM strategies and targets. The Committee is not a constituted committee under the *Work Health and Safety Act 2012* but it has the focus of reviewing SALHN OHSW&IM performance; and identifying and implementing improvements in the management of SALHN OHSW&IM.

## **SALHN Clinical Review Committee**

SALHN Clinical Review Committee provides a mechanism to analyse adverse event information from SALHN health services with the objective of recommending quality improvement initiatives. This committee has responsibility for formulating action areas to prevent or reduce the likelihood or severity of future adverse events.

## **SALHN Medical Advisory Committee**

The SALHN Medical Advisory Committee reports to SALHN Executive Committee and its function is to:

- > Consider and provide comment on all issues relevant to medical practice
- > Consider hospital policies relevant to clinical care

- > Consider hospital management practices as they apply to the care of patients
- > Provide advice on strategic planning and priority setting both within the southern area hospitals and beyond
- > Oversee the management of issues relevant to standards of care and accreditation of medical staff
- > Consider any other issues referred by the CEO of SALHN and provide a forum to advise the CEO of SALHN on medical related matters.

### **SALHN Audit and Risk Management Committee**

The Audit and Risk Management Committee ensures that SALHN has adequate systems and internal control structures to identify risks and discharge its corporate governance and financial management responsibilities. This Committee has an external Chair.

### **SALHN Southern Adelaide Clinical Human Research Ethics Committee (SAC HREC)**

The SAC HREC assists the CEO, SALHN and the Flinders University, Deputy Vice-Chancellor (Research) in discharging responsibility to exercise due care, diligence and skill in relation to:

- > Providing scientific and ethical review of clinical research proposals to be conducted at SALHN or University sites, and on other sites where clinical research is to be performed by SALHN or University staff
- > Providing scientific and ethical review of clinical research involving patients or staff of SALHN, or staff and/or students of the University
- > Providing scientific and ethical review of clinical research from organisations that have requested the SAC HREC review application(s) on their behalf
- > Improving ethical systems and processes at SALHN and the University
- > Compliance with applicable standards, laws and regulations.

### **SALHN Transforming Health Implementation Committee**

The role of the SALHN Transforming Health Implementation Committee (THIC) is to provide leadership for transformation and change. This includes facilitating and managing the planning and the implementation of service reconfiguration reforms in line with the SA Health Transforming Health Program and timeframes, supporting SALHN Executive in its governance, and oversight of the Transforming Health Program and the changes necessary for a complete and successful implementation.

### **SALHN Health Advisory Council**

The SALHN Health Advisory Council (HAC) advises SALHN on effective clinical and corporate governance frameworks to support the maintenance and improvement of standards of patient care and services by SALHN. It:

- > Advises on strategic plans to guide the delivery of services for SALHN
- > Provides strategic oversight of and monitors SALHN's financial and operational performance in accordance with any performance measures in the performance agreement for SALHN
- > Confers with the CEO on operational performance targets and performance measures to be negotiated pursuant to the service agreement for SALHN
- > Seeks the views of providers and consumers of health services, and of other members of the community served by SALHN, as to SALHN's policies, plans and initiatives for the provision of health services, and confers with the CEO on how to

- support, encourage and facilitate community and clinician involvement in the planning of SALHN services
- > Promotes SALHN's policies, plans and initiatives to providers, consumers of health services and other members of the community.

## Presiding Member, Health Advisory Council statement

It is with pleasure that I submit the Presiding Member's report for the SALHN Health Advisory Council (HAC) for the year 2015-16. I thank my fellow HAC members for their contributions, as they have once again shown themselves to be a committed group of community and clinical members, with skills that contribute significantly to the SALHN agenda.

We have once again worked well with the passionate and dedicated SALHN Executive who so ably lead the clinical, administrative and volunteer teams which deliver the services on the ground. It was with sadness that we farewelled Professor Belinda Moyes, the CEO of SALHN for the past three years, as she left to take on a new role at Barwon Health. Belinda has been a pleasure to work with, making significant and positive changes in a range of areas at SALHN, particularly governance, safety and quality and organisational culture.

The HAC met seven times during the year, and key performance indicators and reports were reviewed at each meeting with the key executive staff who lead the work, along with relevant financial performance and metrics. Additional regular reports have been developed and received, including regular formal updates for Intermediate Care, Safety and Quality and Workforce.

The HAC has attempted to support the SALHN Executive in the challenging governance and delivery of the Transforming Health Program, and the changes necessary for a complete and successful implementation.

In addition, a range of key issues have been reviewed or addressed by the HAC at its meetings, in particular:

- > Review of the Annual Financial Statements and Benefits Realisation Framework and methodology to measure achievements against targets.
- > A new approach to learning from consumer experiences within SALHN, relating to both compliments and complaints.
- > Regular overviews of the Transforming Health Program and SALHN Clinical Services Reconfiguration, along with advice and input from the HAC to potential improvements to implementation.
- > An update on the status of work associated with the continued implementation and integration of the National Safety and Quality Health Service Standards, including the completion, review and update of system-wide risk assessments, updates on the scope of the new Rehabilitation and Aged Care facility at FMC.
- > Being briefed on the *Approach to Escalation of Care by Consumers* campaign which has been implemented across the Network, which encourages patients and their families to escalate any concerns, and to trust their instincts if they are not happy with the care or advice provided.

The SALHN HAC looks forward to continuing its work with the committed leadership and teams within SALHN. In 2016-17 the HAC will review its priorities and work with the leadership team to support SALHN to achieve key performance indicators.

A handwritten signature in black ink, appearing to read 'H Williams', with a long horizontal flourish extending to the right.

**Dr Helena Williams**

Presiding Member

Southern Adelaide Local Health Network Health Advisory Council

## Acting Chief Executive Officer Report

I am pleased to bring you the SALHN Annual Report, which highlights our achievements in many areas in 2015-16 and provides a summary of our activity, workforce and partnerships across the Network.

FMC celebrated a significant milestone during the year, marking 40 years since the hospital first opened to the public on 6 April 1976. A special presentation was held on the day where staff came together to form the number '40'. A short film was also made about the history of the hospital.

Providing the best care, first time, every time underpins Transforming Health and there were some exciting developments in this area within SALHN in 2015-16.

The Minister for Health, the Hon Jack Snelling MP opened the new Renal Dialysis Unit at Noarlunga Hospital, as part of the \$10 million Transforming Health investment at the site. Work also began on two new operating theatres, new day surgery unit and dedicated spaces for children and families in the Noarlunga Hospital Emergency Department. The operating theatre expansion will cover about 1 000-square metres and will position Noarlunga Hospital as a major elective surgery centre in South Australia.

At FMC, work began on the new 55-bed rehabilitation facility, 15-bed palliative care service with a roof top garden, 30-bed older persons' mental health service and 1 780 space multi-storey car park.

The Repatriation General Hospital site will continue to service South Australian Veterans and the community for years to come. In 2015-16 it was announced that the RSL consortium was successful in their submission to redevelop the site into a Veteran's and community centre. Subsequent to this in October 2016, the ACH Group's Open Daws submission was selected as the preferred proponent for the future use of the site following the withdrawal of the RSL consortium. RSL SA will continue to work with the ACH Group to ensure Open Daws has a strong Veterans presence.

Draft concept plans for the \$15 million Veterans' mental health precinct at the Glenside Health Service campus were released. Construction of the new facility at Glenside is expected to start later in 2016 and be completed by late 2017.

New strategies to improve patient care, increase flow through the FMC Emergency Department and reduce inpatient length of stay across the Network were introduced during the year, enabling the Southern Adelaide Local Health Network to reconfigure its services to provide the best care for the community by maximising the use of new and existing infrastructure, specialist services and skilled staff.

The clinical reconfiguration program is being introduced across FMC and Noarlunga Hospital in preparation for the transfer of services from RGH in 2017.

Strategies which have supported reduced length of stay in 2015-16 have focussed on long stay patients and substituting inpatient activity to care which can be provided outside of the hospital environment.

As a network, the Southern Adelaide Local Health Network takes great pride in providing the standard of health care we desire for our own families and friends. A major part of providing this standard of care is understanding our patients and their families better and promoting more opportunities for them to provide feedback about the standard of care they receive. In



line with this, a network wide initiative – the Patient and Family Escalation of Care – was launched in 2015-16. The project, supported by posters in all wards and patient areas, encourages patients and their families to ‘speak up’ when they are concerned about their, or their loved one’s condition. The process has been endorsed by the Partnering with Consumers Group and will provide our patients, families and visitors with the confidence and comfort to alert staff if they are worried.

SALHN has had significant growth in its partnering with consumers, carers and the community engagement model over the past 12 months. Highlights of our work included the introduction of a Partnering with Consumers Advisory Group Working Party to review consumer feedback data and put recommendations up to SALHN Clinical Council; and the introduction of a Consumer, Carer and Community Engagement Procedure in partnership with consumers.

I would like to acknowledge mental health staff across SALHN's inpatient teams, emergency departments and subacute and community services who worked hard to improve consumer care and patient flow across the Network. In 2015-16 there were significant improvements in patient care in Morier Ward at Noarlunga Hospital and in Margaret Tobin Centre at FMC. SALHN also significantly improved its performance in reducing the number of mental health consumers who remained in an emergency department for 24 hours or longer.

Finally, I would like to acknowledge the work of Professor Belinda Moyes, who was Chief Executive of SALHN until May 2016. SALHN achieved many wonderful things in her time as CEO and it was with great pleasure that I was able to take up the position as Acting Chief Executive in her absence.

I’m proud to say that SALHN responded well to the significant challenges it was presented with during 2015-16 and I am confident the network will continue to lead South Australia on many levels during 2016-17.



**Tobi Wilson**  
Acting Chief Executive Officer  
Southern Adelaide Local Health Network

## Valuing People

### We empower and respect patients, staff and partners

*We bring the most talented, knowledgeable and skilled individuals together to save lives and improve health. By doing this we improve health and well-being, support people in keeping them mentally and physically well, in getting them better when they are ill and, and when they cannot fully recover, we support them in their journey with dignity.*

A highlight of 2015-16 was the inaugural SALHN Excellence Awards, which formally recognised staff for the wonderful care they deliver each day and others who provide a valuable contribution to our Network.

The awards were a huge success, attracting more than 120 nominations across 12 categories. Winners included:

- > Debbie McCarthy, Team Coordinator of FMC's Emergency Department (ED) Social Work Service in the Excellence in Allied Health Award. Debbie created a screening tool designed to identify women at risk of domestic violence. The tool was introduced into the FMC Emergency Department in 2011 and is now being used at major hospitals nationwide.
- > The Excellence in Teaching/Education Award was awarded to the Medical Emergency Team (MET) at FMC, which has developed an education model to ensure its system works to its optimum. MET is a rapid response service which delivers specialised and timely emergency assistance to patients, visitors and staff whose clinical condition is deteriorating.
- > Dr Andrew Blyth won the Excellence in Leadership Award for his work in leading significant reforms in the emergency departments at FMC and Noarlunga Hospital.

SALHN received high praise for some of its innovative work at the SA Health Awards, winning two categories.

The Improving Patient Safety category was won by the Department of Cardiovascular Medicine for its Streaming in Cardiology project at FMC. The project involved a redesign of cardiac services by 'streaming' patients according to their diagnosis into teams designed to treat that particular condition. This has helped to improve patient outcomes and hospital efficiency.

The Enhancing Hospital Care category was won by SALHN Corporate Services for improvements made to the use of pathology testing across the Network. Following a review of pathology testing, order volumes have now been reduced by 500,000 tests per year.

SALHN also had a very successful night at the 2016 South Australian Nursing and Midwifery Excellence Awards, with two staff winning awards and two staff receiving SA Premier's Nursing and Midwifery Scholarships.

Other highlights for 2015-16 include:

- > SALHN Mental Health Services launched SA Health's first Recovery College for people with a mental illness and their carers. The college, which is based at TAFE's Noarlunga Campus, is an educational initiative based around learning and growth to promote better mental health. The College aims to assist people with lived experience of mental health become experts in self-management, make informed

- choices and fulfil their ambitions in life.
- > Aboriginal Health Services Operations Manager Theresa Francis was named Onkaparinga Council's Australia Day Citizen of the Year for her tireless work advocating for better health services for Aboriginal and Torres Strait Islander people.
  - > All staff, volunteers and students on placement across SALHN were again offered free flu vaccinations.
  - > Noarlunga Hospital Clinical Nurse Aaron Leinonen and FMC Associate Clinical Services Coordinator Judy Tapara were both recognised for their humanitarian work following the 2009 earthquake and tsunami in Samoa with Humanitarian Overseas Service Medals from the Australian Government. The award recognises Australians who are exposed to risk or danger in the course of providing significant emergency humanitarian aid to civilians overseas.
  - > SALHN continued its program of staff forums to keep staff up to date with changes and projects across the network.
  - > SALHN took part in a research project to identify strategies to protect the health and wellbeing of staff and patients in SALHN, across Australia and the wider international community. Data collection for the Frontline Healthcare Project research project – that SALHN staff participated in via an iPad survey – was rolled out across all sites within the Network. The survey is designed to see how workplace factors, psychological wellbeing changes or remains stable over time.
  - > An afternoon tea was held in the FMC courtyard to mark National Close the Gap Day.
  - > SALHN celebrated its first Change Day. Change Day is a social movement that aims to energise and encourage people to show that they can make a difference in health care, no matter where they are or what their role. Wards and areas across the Network made pledges to show that everyone can make a difference to the health and wellbeing of our patients and their families.

## Positioning for sustainability

***We create sustainable services for our patients through strong leadership, training, partnerships, wise use of resources and accountable practices.***

Improving access for patients and the 'Breaking the Cycle' work which has been undertaken to achieve 70 percent of patients who are either discharged or admitted from the FMC Emergency Department within four hours (National Emergency Access Target (NEAT) performance) continued to progress well in 2015-16.

The FMC Emergency Department demonstrated significant improvements compared to the same time last year. For example, in one week in August 2015, the average ED visit time at FMC was 4 hours and 48 minutes compared to 5 hours and 47 minutes the same time the previous year. This is the equivalent of 220 fewer hours patients waited in the ED each day, or one hour per person, per day.

The initiatives undertaken during 2015-16 - including managing long stay patients much more effectively and exploring alternate pathways in and out of hospitals, including the use of Intermediate Care Services - will help us work towards achieving our target of 80 percent NEAT.

In other highlights in 2015-16:

- > The EPAS (Electronic Patient Administration System) team continued to work closely with SALHN staff to refine the EPAS system. The system is now operational at RGH, Noarlunga Hospital, Noarlunga GP Plus Super Clinic and Aldinga/Seaford GP Plus Health Care Centre. Some clinical and administrative areas within FMC have been provided with limited 'view only' access to EPAS.
- > The Enterprise System for Medical Imaging (ESMI) was deployed at FMC and RGH. ESMI enables the booking, reporting, distribution and storage of medical imaging examinations. The system incorporates a Picture Archiving Communication System, Radiology Information System, billing system and voice recognition software. The deployment of ESMI to FMC included Flinders Private Hospital, to enable clinical access to existing medical imaging services to ensure continuity of care.
- > South Australia's Statewide Eating Disorder Service (SEDS) celebrated its first anniversary. The service accepts up to 14 new referrals and responds to around 20 enquiries each week, providing information about SEDS and its treatment options for eating disorders to potential clients, carers, parents and service providers. The service also has an important academic partnership with Flinders University, which has seen research being undertaken in the areas of body image, recovery and patient care needs.
- > In what is believed to be an Australian first, SEDS also announced plans to introduce a state-run peer support program. The peer support workers – either people who have recovered from an eating disorder, or parents of a recovered child – will assist SEDS to support people living with an eating disorder, raise awareness of eating disorders within the wider community and provide 'lived experience' input to improve current programs, policies and procedures around eating disorders.
- > A new strategy to promote good discharge planning and patient flow was introduced across SALHN's acute sites. The strategy – called '1BY9' – concerns safely discharging at least one patient from every way by 9am, thereby freeing up beds for emergency and elective demand in the morning. This ensures that patients and

families can be involved in the discharge plan and transport from hospital can be coordinated with certainty.

- > Veterans and patients from the RGH's Ward 17 Post Traumatic Stress Disorder Unit and Ward 18 Older Persons Mental Health Service were given a demonstration by staff from Operation K9 – a program that pairs specially trained dogs with veterans living with PTSD to support their independence and social interactions. Operation K9 is a joint program provided by the Returned and Services League (SA) and the Royal Society for the Blind.
- > Health professionals from SALHN teamed up with contemporary dancers to develop a performance using falls prevention techniques as part of April Falls Awareness Month – a national campaign aimed at preventing falls in hospitals. Dancers weaved their way through wards at FMC, teaching falls movements designed to raise staff and patient awareness of the threat posed by falls. The message was simple but important – get people moving safely.
- > A respiratory program known as the Respiratory Integrated Care Service at FMC was extended after hours in partnership with the SA Ambulance Service. The service enables patients with chronic respiratory disease to receive care in the homes and prevents unnecessary hospital admissions.
- > A new handheld device and app developed at FMC is helping clinicians diagnose lipoedema – a condition characterised by swollen limbs – earlier and better monitor the success of treatment options. The device, made up of a small pump and a smartphone, was developed by the South Australian Biomedical Engineering Research and Teaching team at FMC.
- > A team of emergency doctors and nurses from FMC travelled to the Solomon Islands to provide education and support to clinicians at the National Referral Hospital. The team of 10, including six doctors and four nurses, spent two weeks at the hospital providing basic life support and triage training, and running group teaching scenarios with a focus on providing a whole-of-system approach to emergency care.
- > SALHN participated in the White Ribbon Workplace Accreditation Program, a Premier-led collaborative partnership with White Ribbon Australia and the South Australian Equal Opportunity Commission to prevent and respond to violence against women. SALHN began work developing a range of initiatives to support managers in dealing with incidents of violence – either physical, sexual, verbal, emotional or economic - that either occurs in the workplace or elsewhere.
- > SALHN showed its support for National Reconciliation Week by participating in the Southern Reconciliation Event at Noarlunga. The all-ages event showcased reconciliation projects and initiatives from government and non-government community organisations based in southern Adelaide, as well as live music, youth artwork displays and other performances.

## Doing it properly

***We take pride in delivering quality health care services to patients first time every time.***

***We believe in providing the standard of health care that we desire for our own families and friends. We want them to get the right care first time every time not because it's more effective, which it is, nor more efficient, which it definitely is, or even because it's more cost effective, which it almost certainly is. We want them to get the right care first time every time because they are our family and our friends and that's what we want for them.***

During 2015-16, SALHN focused on supporting older people in the south and planning with families about accommodation options after their hospital stay. Improvements in patient care led to a 30 percent reduction in patients who spend longer than 14 days in hospital, ensuring patients get the care they need and get home to their families sooner.

Another significant improvement by SALHN was the reduction in time for older patients to receive an Aged Care Assessment Team (ACAT) assessment – from an average of eight days in 2014-15 to less than two days for 87 percent of patients.

New strategies were also implemented across SALHN to reduce inpatient length of stay across the Network.

Improvements in average length of stay were achieved in the following areas in 2015-16 compared to the previous year:

- > Orthopaedic Surgery - 12 percent
- > Urology - 9 percent
- > Nephrology - 17 percent
- > Respiratory – 14 percent
- > General Medicine - 12 percent.

In other highlights:

- > A new streamlined pathway for 'buckle fractures' – a common childhood injury – was introduced into FMC and Noarlunga Hospital's emergency departments (ED). The pathway is designed to provide a more efficient treatment to patients, speed up treatment times in the ED and reduce demand on outpatient services.
- > In an Australian first, FMC appointed an Ear, Nose and Throat Otolaryngology Head and Neck Surgery nurse practitioner to its ranks.
- > A pocket-sized fitness device that tracks users' daily steps, distance travelled and calories burned – and then syncs the results wirelessly to a computer or smartphone – was introduced to improve care for dementia patients with complex needs at the RGH. The devices, known as VivoFit, are worn discreetly as watches and provide medical, nursing staff and dietitians with an accurate picture of each patient's daily energy usage, so that individually tailored nutrition programs can be developed. Patients in the Geriatric Evaluation and Management (GEM) 5 Unit at RGH have unique and complex care needs with delirium, dementia and wandering common themes. Nutritionally, this group of patients is also complex, with poor oral intake, malnutrition and weight loss common issues.
- > SALHN staff achieved an overall hand hygiene compliance of 81 percent for audit period one in 2016 – above the national target of 70 percent.

## Fostering knowledge and learning

*We position SALHN as an innovator and leader in improving health care provision.*

SALHN welcomed Emeritus Professor Villis Marshall, who returned to the Network after 15 years to take up the role of Director of the Office for Research. The appointment reflects the importance of research and the Network is very privileged to have such a highly respected health professional leading its research strategy going forward.

In other highlights:

- > In a world first, the Statewide Gambling Therapy Service at FMC began offering a new treatment that is shorter and has greater flexibility to encourage more problem gamblers to seek help. The service implemented a stepped model of care featuring its successful high intensity cognitive behavioural therapy (CBT) and inpatient high intensity programs, as well as a new low intensity CBT treatment option.
- > The Breath Analysis Research Laboratory at FMC began developing breath tests for early diagnosis of a wide range of diseases including gastrointestinal cancers, cystic fibrosis and Inflammatory Bowel Disease. Ultimately, these breath tests will be cost efficient, widely accessible and non-invasive.
- > A world-first blood test was introduced at FMC which could help clinicians make a faster and more accurate diagnosis for patients having a heart attack. The highly sensitive blood test is part of a study underway at FMC to investigate whether the speed and accuracy of heart attack diagnosis can be improved.
- > Researchers at FMC and Flinders University embarked on a research project to adapt an online self-help 'coping' program for cancer patients treated with curative intent for women diagnosed with metastatic – or incurable – breast cancer. The program, called Finding My Way, offers information, suggestions and support for women.
- > Researchers at Southern Adelaide Palliative Services (SAPS), based at the Daw House Hospice at the RGH, began investigating the clinical benefit of arsenic as an adjunctive treatment for persistent cancer pain.
- > Flinders University researcher Dr Kate Laver, who is based at RGH, was awarded a Dementia Research Development Fellowship, which aims to take evidence-based interventions for people with dementia into their homes using telehealth. Dr Laver aims to bring individualised support for carers of people with dementia in their homes.
- > Researchers at FMC continued their work contributing to the development of a vaccine aimed at preventing and treating tuberculosis, in conjunction with researchers from the University of Sydney and Colorado State University in the United States.
- > In what is believed to be a South Australian first, Margaret Tobin centre hosted a five-week placement of a final-year exercise physiology student. The aim of the placement was to improve the physical health of mental health clients and day-to-day functionality through exercises that focus first on stability and then on mobility.
- > Patients with mild to moderate heart dysfunction were the focus of an international study, which is looking at the best way to pre-empt abnormal heart rhythm and prevent sudden cardiac death. The study, being conducted at sites around the world including FMC, is testing whether inserting an Implantable Cardiac Defibrillator based on Magnetic Resonance Imaging assessment of heart scarring is better than current practice.

## Our Partners in Care

SALHN has had significant growth in its partnering with consumers, carers and the community engagement model over the past 12 months and has continued to strengthen within SALHN by:

- > Increasing the number of strategic level and operational level consumer and community engagement opportunities
- > Formalising clear communication, reporting lines and links with key strategic decision making groups
- > Embedding consumers in all levels of decision making within SALHN
- > Improving and increasing for training and development for consumers
- > Increasing the number of staff trained in Patient Centred Care and Consumer Engagement
- > Appropriately matching the right consumers to the right roles.

Highlights during 2015-16 included:

- > Establishment of Consumer, Carer and Community Engagement Procedure in partnership with consumers
- > Implementation of Nunga Lunches as the key Aboriginal Community Engagement method
- > Facilitating Consumer Engagement in Transforming Health Plans and opportunities at a SALHN level
- > Introduction of How Would You Rate Your Outpatient Experience? Survey which has had over 500 responses and has led to a number of quality improvement projects
- > Recruitment of four new Consumer Representatives to FMC Emergency Department (2), FMC Paediatric Department (1) and RGH GEM Unit (1)
- > Continuing to build upon and establish new partnerships with southern Adelaide community members and consumer groups, focussing on local government agencies, local non-government organisations and peak consumer groups, especially with the development of the SALHN Disability Action Plan
- > Introduction of Partnering with Consumers Advisory Group Working Party to review consumer feedback data and put recommendations up to SALHN Clinical Council.
- > Increased the number of members (individuals and organisations) on the SALHN Distribution List to 108.



# Our Volunteer Services

## The Volunteer Service for FMC

The Volunteer Service for the Flinders Medical Centre Inc. is unique among volunteer organisations. Its vision and diversity has set the pace, and continues to set the pace, for many other volunteer services in Australia. Now in its 41<sup>st</sup> year, the service has expanded diversely from its inception in 1976, and is still going strong.

Today, more than 600 registered volunteers assist the FMC and FCIC, providing funding for much needed medical equipment, and local and overseas study opportunities for medical staff and students. The Volunteer Service has donated approximately \$14.5 million to FMC since its inception.

Highlights for 2015-2016 included:

- > \$15 500 towards a non-invasive bladder scanner
- > \$9 345 towards medical imaging equipment
- > \$140 000 towards scholarships and research grants
- > \$32 989 towards a portable ultrasound machine
- > Five-day a week fundraising in the Level 2 Courtyard, through the courtyard grill, breakfasts, carvery and satay days.
- > The Volunteer Guide Service escorted and directed 61 000 patients and visits in FMC and FCIC.

## RGH Volunteer Service

The RGH Volunteer Service's objective is to provide a value-added service to all associated with RGH in an endeavour to complement the quality of patient care. The strong and vibrant volunteer base of 200 members contributed 30 000 hours to the hospital in 2015-16 in a myriad of roles which included patient companionship, clinic attendants, amenities trolleys, coffee shop, Pre-Loved Treasure Shop, Museum, sewing service and 'meet and greet' service.

During 2015-16:

- > The Internal Courtesy Car transported 3 540 passengers around the extensive RGH grounds
- > The Handcare Ladies pampered 140 patients, including manicures, hand massages and general nail maintenance
- > The ward visitation volunteers attended to approximately 300 special needs referrals for lonely and socially isolated patients, brightening up their days
- > 160 'emergency supplies' packs were donated to inpatients who were admitted without basic toiletries to get them through their initial few days of hospitalisation
- > The Sewing Ladies mended 130 items for staff and visitors and made 25 hemi-cushions for Repat Allied Health departments
- > The trading table made \$4 010 from the sale of baked goods, handicrafts and plants generously donated by our volunteers and people in the local community
- > The craft trolley, which does weekly rounds of RGH wards, raised \$1 402 from the sale of handicrafts such as knee rugs, scarves, baby clothes, knitted toys, and other interesting craft items.

## **Noarlunga Hospital Volunteer Service**

The Noarlunga Hospital Volunteer Service played an important and active role in supporting the Hospital during 2015-16.

Highlights include:

- > More than 45 volunteers donated 13 550 hours of their skills and time.
- > A fund raising amount of \$16 500 was achieved, mainly from raffles and Pop Up Shop sales which enabled donations of furniture, equipment and ancillary items to the Hospital.
- > Volunteers worked in a variety of settings to support patients, their families and staff. The work ranged from patient services on wards and specialist units to clerical assistance, gardening, painting and graffiti removal.
- > Introduction of two new services for patients: Art therapy and Random Acts of Kindness.
- > Volunteers were thanked and celebrated for their service at two major events – the Christmas luncheon and service badge presentation and the National Volunteers Week morning tea.

## **Fundraising**

### **FMC Foundation**

The Flinders Medical Centre Foundation works with donors and sponsors to fund vital hospital equipment and medical research projects at FMC and Flinders Centre for Innovation in Cancer (FCIC).

Highlights for 2015-16 include:

- > The FMC Foundation, in partnership with the Australian Hotels Association Grant, donated \$20 000 towards a Magnetic Resonance Imaging (MRI) purpose-built entertainment system at FMC. The system eases what was previously a loud and anxiety provoking experience for patients, especially children.
- > Tour De Cure pledged \$280 000 towards FCIC research projects in 2016.
- > FMC Foundation fully funded the Oncology Massage Program in FCIC, offering four specially trained oncology massage therapists who visit daily to offer soothing hand and foot massages to people receiving chemotherapy treatment. The program was boosted with a \$41 000 donation by Dry July 2015 participants who nominated to support the FMC Foundation.
- > Lightsview Ride Like Crazy riders and the Rendition Cancer Prevention Home auction raised \$140 000 towards brain cancer research.
- > The FMC Foundation in partnership with Arts in Health brightened up the lives of patients and staff in the Emergency Department with a swathe of vibrant artworks.
- > FMC Foundation, via funds from 2015 Xmas Appeal, funded a \$65 000 echocardiography machine for the ICCU department.
- > The annual pinkyellowblueball raised more than \$215 000 for cancer research and care at the FCIC.
- > A \$22 000 grant from Cops for Kids allowed the purchase of a Controlled Hypothermia Device for the FMC Neonatal Unit.
- > FMC Foundation provided \$15 000 towards the purchase of an anatomage table for the School of Medicine, as well as \$49 500 for KTP Laser Equipment for General Surgery.

- FMC Foundation, via a grant awarded from the AHA, provided \$48 300 to purchase a Video-nasoendoscope and Processor for the Speech pathology Department.

### **The Repat Foundation – The Road Home**

The Repat Foundation launched its new national brand, 'The Road Home', fundraising for vital research into injuries of service such as Post-Traumatic Stress (PTS) to support the health and wellbeing of veterans, emergency first responders and their families.

Funding \$292 000 in grants in the 2015-16 year, the new national brand is now helping to build and deliver appropriate and quality healthcare and improved outcomes for those who sacrifice so much to serve our community and our country. The Repat Foundation – The Road Home's Board of Governors has broadened nationally with defence, research and emergency first responder stakeholders.

In other highlights, The Repat Foundation – The Road Home:

- > Provided funding for a new project in the area of prostate cancer research through Flinders University and RGH.
- > Funded a project for PTS in the Ambulance workforce, through the Centre of Traumatic Stress Studies at the University of Adelaide.
- > Secured external grant funding to sustain the Veteran's Health and Wellbeing Art Program.
- > Developed and installed a mural honouring service people over the ages in the Ward 17 garden in partnership with a volunteer veteran artist.
- > Hosted many events including the annual Remembrance Business Breakfast and an ANZAC Cocktail Evening.

The organisation has been active in the new veterans' mental health Glenside precinct oversight committees and consultation; and has developed close working relationships with ex-service organisations and emergency first responder associations to work together to advocate for and improve the outcomes for those suffering injuries of service.

### **Daw House Hospice Foundation**

The Daw House Hospice Foundation raises funds to support Southern Adelaide Palliative Services incorporating the Daw House Hospice on the grounds of the RGH.

The Daw House Hospice Foundation is part of this vital support network which works to ensure the patient's journey is made comfortable through the provision of programs, equipment and complementary care. The Foundation supports patients, partners, parents and children alike by raising funds to support the work of Southern Adelaide Palliative Services incorporating the Daw House Hospice.

The Daw House Hospice Foundation provides a basic annual grant of over \$97 500 plus extras to Southern Adelaide Palliative Services, which funds additional services including equipment for patients in the community and Daw House. These services include the award-winning relaxation centre, art and music programs, bereavement services, client biography service, research grants and the Pet Partners program.

## Safety and quality of services and the health workforce

The SA Health Work Health Safety & Injury Management (WHSIM) System has continually improved over the past five years in line with the integration and alignment by the Local Health Networks' implementation of the SA Health Work Health Safety & Injury Management Corporate Framework.

The WHSIM system allows for a coordinated and systematic approach to managing work health and safety hazards while providing the pathway for the achievement of continuous improvement in health and safety performance by minimising work health and safety risks, which supports a culture of safety excellence.

The SA Health framework is aligned with the South Australian Public Sector Code of Practice for Crown Self-Insured Employers, which incorporates the Building Safety Excellence in the Public Sector 2015-2020 strategy. This strategy aims to ensure that safety is of high importance across the sector by providing a systematic approach to the improvement of injury prevention and the effective return of workers who are injured in the course of their employment.

The SA Health Work health Safety & Injury Management Corporate Framework aligns with the following national and state strategies including:

- > The Australian Work Health & Safety Strategy 2012-2022
- > SA Strategic Plan Target 1:3 Work-life balance, Target 21: Greater safety at work and Target 86: Psychological wellbeing
- > High Performance Framework: People and Culture: 2.4 Lift productivity by prioritising wellbeing
- > Safework SA: OHS Strategic Framework for South Australia
- > Modern Public Service and the State's Economic Priority 7 – SA is the best place to do business
- > It is also aligned to the SA Legislation: *Work Health & Safety Act & Regulations 2012*; Return to Work Act 2014 and other health service accreditation standards.

The SA Health WHSIM System is based on the Australian/New Zealand Standard 4801: Occupational Health & Safety Management Systems and comprises five general principles:

1. Commitment and policy
2. Planning
3. Implementation
4. Measurement and evaluation
5. Management review.

Each Local Health Network has assigned responsibility for the review and evaluation of their safety management performance certifying compliance with the above principles and alignment with the SA Health Work Health Safety & Injury Management Policy Directive.

Based on the five general principles, SALHN's safety performance for 2015-16 is reflected below:

### **Principle 1: Commitment and Policy**

The SA Health WHSIM Policy Directive defines that the Local Health Network takes reasonable practicable steps to recognise its duty of care for the provision of a workplace environment that minimises the risk of injury or incident. SALHN recognises this

responsibility by ensuring WHSIM is embedded into its organisational culture and governance framework and that its defined officers are educated about their WHS responsibilities whilst being accountable for WHSIM performance.

### **Principle 2: Planning**

The SALHN Safe Practice and Environment Committee is the overarching Work Health Safety governance committee for the organisation which is responsible for the implementation of the SA Health WHSIM Strategic plan requirements, while also developing local strategies for emerging risk to continue the reduction of work related injuries.

The Safe Practice and Environment Committee utilises a structured reporting program which supports employee health and wellbeing, hazard and risk management, WHS compliance and audit reviews for sustainment of its safety management systems.

### **Principle 3: Implementation**

SALHN's three main hospital sites each has an established WHSIM Consultative Committee that meet a minimum of six times each year to facilitate the implementation of system requirements while analysing emerging risk to support the ongoing reduction of workforce injuries across the organisation.

The WHSIM Committees review incident and hazards trends across their services, developing local strategies for mitigating risk, while escalating matters requiring Senior Management or Executive decision through the established Safe Practice and Environment Committee.

SALHN has 137 elected Health and Safety Representatives (HSRs) who provide advice on local work health safety risks while supporting the implementation of corrective actions to prevent further harm. As part of the organisational safety culture program, all staff and HSRs are invited to attend quarterly forums at all three main hospital sites, providing an avenue for effective communication; consultation and discussion of emerging work health and safety matters or systems ensuring continuous improvement of the network's existing safety management strategies.

Events requiring reporting through to the legislator (Safework SA) are also managed via these processes, thus ensuring necessary controls are monitored through the relevant committee action lists. This has allowed for early management review of incidents and implementation of corrective actions in a timely manner.

**Table 1 - Work Health and Safety Prosecutions, Notices and Corrective Action Taken**

Number of notifiable incidents pursuant to WHS Act Part 3	7
Number of notices served pursuant to WHS Act Section 90, Section 191 and Section 195 (Provisional improvement, improvement and prohibition notices)	0
Number of prosecutions pursuant to WHS Act Part 2 Division 5	0
Number of enforceable undertakings pursuant to WHS Act Part 11	0

While the key focus is to avoid the injury of our workers, a strong focus this year was to ensure that our workers when injured were better supported and returned to work promptly after injury via our injury management functions.

Our revised strategies successfully increased the awareness of workplace injuries across the organisation; and strengthened our early reporting systems, allowing prompt contact with workers when injured which promoted their earlier return and retention at work.

A collaborative approach for early intervention and rehabilitation for our injured workforce achieved a 29 percent reduction of new Workers Compensation claims this year while incorporating revised expenditure control processes contributing to financial efficiencies.

The new Building Safety Excellence Target for significant injuries was introduced this financial year. This is calculated based on the numbers of workers compensation claims where time lost exceeds one working week, and is reflected through Table 2 below. The main mechanism of injuries was associated with manual handling (58 percent), hit by moving object (11 percent) and slips, trips and falls (9 percent).

All events are investigated through local departmental managers with further reviews undertaken by the WHSIM service before closure of the investigation, ensuring all reasonably practicable corrective actions are implemented to prevent further injury.

**Table 2 - Work Health and Safety Performance (Building Safety Excellence Targets)<sup>3</sup>**

Total new workplace injury claims	169
Significant injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	16.43
Significant musculoskeletal injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	11.93
Significant psychological injuries – where lost time exceeds one working week (expressed as frequency rate per 1000 FTE)	1.17

**Table 3 - Agency Gross Workers Compensation Expenditure<sup>4</sup> for 2015-16 Compared with 2014-15<sup>3</sup>**

<b>Expenditure</b>	<b>2015-16 (\$)</b>	<b>2014-15 (\$)</b>	<b>Variation (\$ + (-))</b>	<b>% Change + (-)</b>
Income support	2 123 304	2 897 945	-774 641	-26.7
Hospital	285 927	211 867	74 060	35.0
Medical	911 551	1 194 267	-282 717	-23.7
Rehabilitation/return to work	4 661	72 156	-67 495	-93.5
Investigations	10 537	61 525	-50 988	-82.9
Legal expenses	557 306	554 914	2 392	0.4
Lump sum	3 036 289	1 809 651	1 226 638	67.8
Travel	28 965	31 951	-2 986	-9.3
Other	250 439	275 544	-25 105	-9.1
<b>Total Claim Expenditure</b>	<b>\$7 208 979</b>	<b>\$7 109 822</b>	<b>\$99 158</b>	<b>1.4%</b>

#### **Principle 4 & 5: Measurement, Evaluation and Management Review**

Work Health Safety and Injury management (WHS&IM) systems, statistics and emerging risks are reviewed via a coordinated reporting program through the SALHN Safe Practice and Environment Committee. Ensuring the continuous review and improvement of our safety management systems, SA Health coordinates audits of all Local Health Networks/Services through a structured internal schedule.

SA Health also participated this financial year in the Audit Verification system (AVS) evaluation review with SALHN nominating to be audited. The audit was conducted during the month of April 2016 and SA Health has advised that the final report will be due for release in August 2016. Details of the results will be reported in the 2016-2017 annual report.

All audit results are reported and monitored through the SALHN Safe Practice and Environment Committee, ensuring any recommendations of improvement are actioned and closed within the designated timeframes.

## Activity Data

**Table 4 - Summary of patient activity**

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Admitted patients	71 690	14 133	17 867
Outpatient consultations	37 8582	22 910	134 933
ED attendances (excludes people who did not wait to be seen)	81 340	39 176	N/A
<b>Total</b>	<b>531 612</b>	<b>76 219</b>	<b>152 800</b>

**Table 5 – Outpatient consultations**

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Allied health	34 297	6 099	26 477
Medical and emergency	64 020	3 824	38 405
Mental health	2 507	0	6 144
Ophthalmology	19 167	0	4 244
Palliative	0	0	6 856
Rehabilitation	0	0	3 630
Surgical	73 185	7 683	24 879
Women and children	53 807	1 323	0
Medical imaging	87 766	0	22 038
Diagnostic consultations	43 833	3 981	2 260
<b>Total outpatient consultations</b>	<b>378 582</b>	<b>22 910</b>	<b>134 933</b>

Note: Includes group patients.



**Table 6 - Emergency Department attendances**

	Flinders Medical Centre	Noarlunga Hospital
Triage category 1 – immediate	1 236	90
Triage category 2 – 10 minutes	13 773	5 262
Triage category 3 – 30 minutes	36 485	13 017
Triage category 4 – 60 minutes	25 474	18 787
Triage category 5 – 90 minutes	4 372	2 020
<b>Total Emergency Department attendances</b>	<b>81 340</b>	<b>39 176</b>

Note: Excludes people who did not wait to be seen.

**Table 7 - Emergency Department seen within threshold**

	Flinders Medical Centre
Triage category 1 – immediate	100%
Triage category 2 – 10 minutes	70%
Triage category 3 – 30 minutes	58%
Triage category 4 – 60 minutes	81%
Triage category 5 – 90 minutes	96%

**Table 8 - Activity profile**

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Average length of stay for overnight patients	5.58	5.43	12.01
Total overnight patients	41 284	4 019	7 173

Day patients (excluding emergency)	21 349	7 792	10 663
Babies born	3 686	0	0

**Table 9 - Emergency/elective admission profile**

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Emergency overnight admissions	29 557	2 488	2 536
Emergency day admissions	9 057	2 322	31
<b>Total emergency admissions</b>	<b>38 614</b>	<b>4 810</b>	<b>2 567</b>
Elective overnight admissions	11 727	961	3 641
Elective day admissions	21 349	2 756	6 838
<b>Total elective admissions</b>	<b>33 076</b>	<b>3 717</b>	<b>10 479</b>

**Table 10 - Elective surgery performance**

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Proportion of category 1 patients admitted within 30 days	92%	96%	66%
Proportion of category 2 patients admitted within 90 days	79%	97%	73%
Proportion of category 3 patients admitted within one year	89%	99%	93%

**Table 11 – Out of Hospital Services – Occasions of Service^**

	2015-2016
Intermediate Care Services	18 681*
GP Plus Service Funds programs ( <i>including Metropolitan Referral Unit metropolitan-wide service</i> )	232 438

^Occasions of Service calculated in line with ABF definitions

\*Some services within ICS were implemented throughout 2015/16, subsequently there is not full year activity for all services.

## Workforce Information

The Commissioner for Public Sector Employment works towards 'creating a world-leading public sector that serves South Australians well, does what it says it will do, and to which every public servant is proud to belong'.

For more information visit the [Commissioner for Public Sector website](#).

**Table 12 – Number of Employees by Age bracket by Gender**

Age Bracket	Male	Female	Other	Total	% of Total	2014 Workforce Benchmark*
15 – 19	9	4	0	13	0.2	5.5%
20 – 24	74	255	0	329	4.4	9.7%
25 – 29	166	611	0	777	10.3	11.2%
30 – 34	201	625	0	826	11.00	10.7%
35 – 39	187	653	0	840	11.2	9.6%
40 – 44	228	721	0	949	12.6	11.4%
45 – 49	238	742	0	980	13.0	11.1%
50 – 54	214	781	0	995	13.2	11.4%
55 – 59	207	793	0	1000	13.3	9.1%
60 – 64	133	475	0	608	8.1	6.7%
65 +	57	144	0	201	2.7	3.6%
<b>Total</b>	<b>1 714</b>	<b>5 804</b>	<b>0</b>	<b>7 518</b>	<b>100</b>	<b>100.0%</b>

\* Source: Australian Bureau of Statistics Australian Demographic Statistics, 6291.0.55.001 Labour Force Status (ST LM8) by sex, age, state, marital status – employed – total from Feb78 Supertable, South Australia at November 2013

**Note:** The \$ figures above are extracted from the Complete Human Resource Information System payroll system and record salary details only and do not include superannuation or reportable Fringe Benefits Tax amounts.

**Table 13 – Employees with a Disability**

	Male	Female	Other	Total	% of Agency
Total	7	8	0	15	0.2

**Table 14 – Types of Disability (where specified)**

	Male	Female	Other	Total	% of Agency
Disability requiring workplace adaption	6	5	0	11	0.1
Physical	2	2	0	4	0.1
Intellectual	1	0	0	1	0
Sensory	2	4	0	6	0.1
Psychological/psychiatric	0	1	0	1	0
<b>Total</b>	<b>11</b>	<b>12</b>	<b>0</b>	<b>23</b>	<b>0.3</b>

## Executives

**Table 15 - Executives by Gender, Classification and Status**

Classification	Ongoing		Term Tenured		Term Untenured		M	%	F	%	Total
	Male	Female	M	F	M	F					
EXEC0A	0	0	0	0	3	1	3	60	1	20	4
EXEC0B	0	0	0	0	1	0	1	20	0	0	1
<b>Total</b>	0	0	0	0	4	1	4	80	1	20	5

## Leave Management

**Table 16 - Average Days Leave per Full Time Equivalent Employee**

Leave Type	2014-15	2015-16
Sick Leave	12.8	12.7
Family Carer's Leave	0.1	0.2
Special leave with pay	0.5	0.4

## Performance Development

**Table 17 – Documented Individual Performance Development Plan**

	% with a plan negotiated within the past 6 months	% with plan older than 6 months	% no plan
Total Workforce	24.0	51.1	24.8

## Leadership and Management Development

**Table 18 – Leadership and Management Training Expenditure**

Training & Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	\$9 294 405	1.38%
Total leadership and management development expenditure	\$250 986	0.04%

*\* Leadership and Management Development expenditure is not separately identifiable; this is estimated to be at 40% of the adjusted total expenditure after excluding Medical and Nursing Professional development expenditure.*

Further human resources information is available from the Commissioner for Public Employment website.

## **Employment Opportunity Programs**

SALHN continues to support public sector equal opportunity programs including:

- > Providing opportunities for Aboriginal youth through Aboriginal Traineeships and Cadetships
- > Providing opportunities for young graduates
- > Continued commitment to and ongoing development of a local Aboriginal and Torres Strait Islander Pre-Employment Program aimed at maximising job-readiness for registered candidates and providing a pathway to employment.

## Other information

### Fraud

There were no instances of fraud reported during the year.

### **Whistleblowers Protection Act 1993**

The *Whistleblowers Protection Act 1993* provides an opportunity for public interest to be disclosed to a responsible officer of the SALHN. One report was disclosed during 2015-16.

### Contractual arrangements

The tenders SA Health currently has on offer are advertised on the [SA Government tenders and contracts](#) website.

### Public complaints

A whole of SA Health response is provided in the Department for Health and Ageing 2015-16 Annual Report, which can be accessed on the [SA Health website](#).

### Consultancies

**Table 19 – Summary of Consultancies**

Consultant	Purpose of consultancy	Number	Total \$
------------	------------------------	--------	----------

#### Value below \$10 000

Subtotal			0
----------	--	--	---

#### Value above \$10 000

Infonyx	Feasibility study to leverage the SA Health data warehouse to help implement the foundation data access package for SALHN Access and Activity domain.
HOI Pty Ltd	Draft National Drug Strategy 2016-2021; engage stakeholders and co-ordinate strategies between health and enforcement agencies across Australia.

Subtotal	2	\$86 925
----------	---	----------

---

**Total**

\$86 925

## Carers Recognition

SALHN is committed to providing services to carers and the people they care for.

Our work is underpinned by the principles of the Carers Charter the *Carers Recognition Act 2005*.

SALHN recognises that the rights of consumers and carers should be included in decisions and choices about their care, and an active acknowledgement that their contribution is unique, due to their lived experience.

Consumer and carer participation on SALHN service committees is strong, and in 2015-16 we worked to strengthen this partnership.

A key initiative in 2015-16 was the introduction of the Patient and Family Escalation of Care initiative, which encourages patients and their families to “*Tell us if they are worried*” and to keep asking until their concerns are addressed.

This encourages the patient or their family to speak up and engage with a nurse, midwife, doctor or someone if they are worried something is not right – and to keep asking until their concerns are addressed. As part of the initiative, patients and family are informed at every opportunity during their hospital journey on how to escalate care through staff; and patients and their families are empowered to ask for a Medical Emergency Team to be activated if their concerns are not addressed.

In other highlights in 2015-16:

- > An early introduction clinic to palliative care was introduced at Noarlunga Hospital and Marion GP Plus. The clinic assesses patients and caregivers’ physical health and social needs in a joint session; and then patients and caregivers undertake individualised sessions focussing on coping and adjustment to illness for patients and specific health and social needs of the caregiver. The caregiver has a private consultation to ensure that they are very much included in the overall patient care plan.
- > The ‘Ask Away’ initiative – which encourages patients and carers to ask questions during surgical ward rounds – was introduced.
- > The ‘We Want to Hear From You’ campaign - which encourages patients and carers to bring up any concerns they may have when they occur, rather than writing a letter of complaint once discharged, was introduced.
- > Patients and carers presenting to the DOSA (Day of Surgery Admission) Unit are actively involved in admission/discharge checklist procedures.
- > Family meetings are organised for complex care patients across all SALHN surgical wards.
- > The orthopaedic patient journey is enhanced, and now includes check points for ensuring patients and carers have been involved and engaged throughout the process e.g. checking that education has been provided.
- > Patient and carer representatives took part in the review of patient information.



- > As part of SA Government practice, employees of SALHN have access to flexible work practices and counselling services.
- > Clinicians within SALHN continue to prioritise carers in their work with patients. The concerns and issues relevant to carers are considered in assessment processes and carers are included in care and discharge planning.

## **Disability Access and Inclusion Plans**

SALHN is committed to ensuring people with disabilities are able to access a full range of services, facilities and information, as well as having the same opportunities as other community members to participate in employment, programs and services.

During the year, we sought feedback from consumers about their experience with our services so we can develop access and inclusion priorities and make genuine improvements for people with a disability. This was achieved through a community and stakeholder consultation questionnaire for the SALHN Disability Access and Inclusion Plan and through SALHNS's Consumer Engagement Coordinator. A SALHN Disability Access and Inclusion Plan 2016-2019 has been developed through this consultation with consumers and staff.

In other highlights:

- > Consumers and staff worked closely with architects to help design concept plans for the 30-bed Older Persons Mental Health Service being developed at FMC. Consumers and carers provided valuable input for bedroom and bathroom design, garden and outdoor areas and the general layout of the facility.
- > Consumers helped design the new, purpose-built Renal Dialysis Unit which opened at Noarlunga Hospital.
- > The interests of people with a disability continued to be incorporated into SALHN's corporate and operational planning through a consultative process with Complex Transitions Consultants (Disability) and active participation in workgroups comprising key stakeholders from SALHN and disability services in the south. The groups work together to achieve high quality and safe discharge outcomes for current inpatients, develop appropriate strategies for hospital avoidance for clients in the community and develop collaborative service improvement activities to improve the experience for people accessing health and disability services.
- > SALHN clinicians continued their involvement in the Disability and Acute Working party, a group comprising key stakeholders from across metropolitan and country health disability services that provides a consultative forum for policy development.
- > SALHN continued its participation in the Community Complex Care Interagency Network for Disability and Health. The network enables coordination of disability funding and continues to foster a collaborative interagency approach to management of complex clients, including clients with disabilities, working with key service providers in the hospital and the community.

## **Urban Design Charter**

The SALHN contribution to the South Australian Urban Design Charter has been included in a whole of SA Health response. This response can be found in the Department of Health and Ageing 2015-16 Annual Report on the [SA Health Website](#).

## **Sustainability Reporting**

The SALHN contribution to sustainability has been included in a whole of SA Health response. This response can be found in the Department of Health and Ageing 2015-16 Annual Report on the [SA Health website](#).

## **Employee Overseas Travel**

Travel, including overseas travel, is an important part of SA Health's business, allowing employees to participate in professional development opportunities including attending and presenting at leading edge conferences, seminars and workshops. Employees are supported through investment in training and development and SA Health is committed to the ongoing professional development of Medical Officers through the relevant industrial instruments.

Overseas travel allows the sharing of knowledge from one jurisdiction to another and is an opportunity for employees to advance SA Health's priorities and benefit the South Australian public health system by improving services.

Information on overseas travel acquitted by SALHN employees during 2015-16 is available on the [SALHN website](#)

## **Freedom of Information**

The various kinds of documents that are held by the SALHN include policy documents, client records, medical imaging records, financial records, staff personnel files and research documents. Further, SALHN has numerous publications about health related topics available for free and in some cases, for purchase.

### **Arrangements that exist to enable members of the public to obtain access to documents**

Applications for access to documents held by SALHN may be made under the *Freedom of Information Act 1991 (SA)*. Applications must be in writing and accompanied by payment of the application fee which is currently \$33. Additional costs may be incurred in accordance with the Freedom of Information (Fees and Charges) Regulations (e.g. reproduction costs and time required to process the application). A reduction in the fee payable may be applicable in certain circumstances.

Applications can be made to the relevant health services listed below, or by contacting the relevant service during business hours to arrange inspection or purchase of documents held by SALHN.

Freedom of information contacts:

### **Southern Adelaide Local Health Network**

Freedom of Information Service  
Level 1, Flinders Medical Centre  
Flinders Drive, Bedford Park SA 5042

Ph: (08) 8204 5514

[FMCFreedomofInformation@health.sa.gov.au](mailto:FMCFreedomofInformation@health.sa.gov.au)

**Flinders Medical Centre**

Freedom of Information Service

Level 1, Flinders Medical Centre

Flinders Drive, Bedford Park SA 5042

Ph: (08) 8204 5514

[FMCFreedomofInformation@health.sa.gov.au](mailto:FMCFreedomofInformation@health.sa.gov.au)

**Noarlunga Hospital**

Freedom of Information and Privacy Officer

Noarlunga Hospital

PO Box 437

Noarlunga Centre 5168

Ph: (08) 8384 9761

[Health.NHSFOI&PrivacyServices@health.sa.gov.au](mailto:Health.NHSFOI&PrivacyServices@health.sa.gov.au)

**Repatriation General Hospital**

Freedom of Information Officer

Repatriation General Hospital

Daws Road, Daw Park SA 5041

Ph: (08) 8276 9666

[Health.RGHFreedomofInformation@sa.gov.au](mailto:Health.RGHFreedomofInformation@sa.gov.au)

## Contact details

### **SOUTHERN ADELAIDE LOCAL HEALTH NETWORK**

Level 2,  
Flinders Medical Centre  
Bedford Park SA 5042  
Ph: (08) 8204 4087  
Fax: (08) 82045834  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

### **FLINDERS MEDICAL CENTRE**

Flinders Drive  
Bedford Park SA 5042  
Ph: (08) 8204 5511  
Fax: (08) 8204 5450  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

### **NOARLUNGA HOSPITAL**

PO Box 437  
Noarlunga Centre SA 5168  
Ph: (08) 8384 9222  
Fax: (08) 8326 3696  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

### **REPATRIATION GENERAL HOSPITAL**

Daws Road, Daw Park SA 5041  
Ph: (08) 8276 9666  
Fax: (08) 8275 1708  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

### **INTERMEDIATE CARE SERVICES**

PO Box 4  
5 Laffer Drive, Bedford Park SA 5042  
Ph: (08) 8201 7887  
Fax: (08) 8201 7823  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)

## Glossary of Terms and Acronyms

AISS	Aboriginal Infant Support Service
CEO	Chief Executive Officer
ED	Emergency department
FCIC	Flinders Centre for Innovation in Cancer
FMC	Flinders Medical Centre
HAC	Health Advisory Council
LHN	Local Health Network
PTSD	Post Traumatic Stress Disorder
PWCAG	Partnering With Consumers Advisory Group
RGH	Repatriation General Hospital
SAFKI	Southern Adelaide Fleurieu Kangaroo Island Medicare Local
SAHA	Southern Adelaide Health Alliance
SALHN	Southern Adelaide Local Health Network
WHS	Work Health and Safety
WHSIM	Work Health Safety and Injury Management

## Glossary of terms

### Aboriginal/Torres Strait Islander Health Worker

An Aboriginal or Torres Strait Islander person who provides clinical and primary health care for individuals, families and community groups.

### Allied Health Clinician

A generic term to describe a wide range of tertiary qualified health professionals who are not doctors or nurses.

### Chronic disease

A disease that persists for a long period of time.

### Clinician

A generic term to describe a wide range of health professionals.

### Co-morbidity

Where a person has two or more health problems at the same time.

### Department for Health and Ageing

The public sector agency (administrative unit) established under the *Public Sector Act 2009* with responsibility for the policy, administration and operation of South Australia's public health system.

### General Practitioner

A medical practitioner/doctor who works in primary health care and refers patients to specialist medical care.

### GP Plus Health Care Strategy

A strategy to provide a fully integrated and accessible health care system that increases prevention and early intervention services to promote good health.

### Health system

All health services provided to the people of South Australia.

**Indigenous person**

A person of Aboriginal and/or Torres Strait Islander descent who identifies, and is accepted as such by the community with which they are associated.

**Local Health Network (LHN)**

An incorporated hospital under the *Health Care Act 2008* with responsibility for the planning and delivery of health services. The LHNs for South Australia are: Central Adelaide LHN, Northern Adelaide LHN, Southern Adelaide LHN, Country Health SA LHN and Women's and Children's Health Network.

**Low birthweight babies**

Live births with a birthweight less than 2500 grams.

**Medical Practitioner/Doctor**

A person who is qualified (registered on the general register or on both the general and specialist registers) to diagnose physical and mental illness, disorders and injuries, and prescribe medications and treatment to promote good health.

**Neonatal**

Applies to an infant at any time during the first four weeks of life.

**Perinatal**

Relating to the period from about three months before to one month after birth.

**Primary health care**

Often the first point of contact that a person has with the health system, such as general practice, community nurses, pharmacists, social workers and other health providers. Primary health care is both an approach to dealing with health issues as well as a level of health service. It can include a range of strategies from health promotion, health protection, disease prevention, advocacy, social action and community development.

**SA Health**

South Australian public health system, services and agencies, comprising Department for Health and Ageing, Central Adelaide LHN, Northern Adelaide LHN, Southern Adelaide LHN, Country Health SA LHN, Women's and Children's Health Network and SA Ambulance Service.

**SA Ambulance Service**

SA Ambulance Service provides emergency medical assistance, treatment and transport, non-urgent patient transport and high quality patient care to the people of South Australia.