



Southern Adelaide Local Health Network Annual Report 2013-14

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Annual Report 2013 -14

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Office of the Chief Executive Officer
Southern Adelaide Local Health Network

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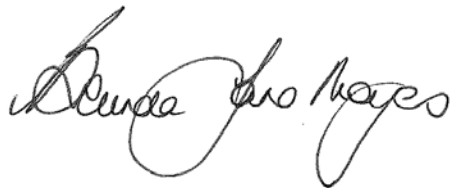
Hon. Jack Snelling M.P.
Minister for Health
Minister for Mental Health and Substance Abuse

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 2013-14 Southern Adelaide Local Health Network Annual Report 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 2014, in compliance with the Department of the Premier and Cabinet Circular, PC013 Annual Reporting Requirements.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sandra Hoopes', written in a cursive style.

Chief Executive Officer
Southern Adelaide Local Health Network

26 September 2014

Table of Contents

About Us	5
Plan and Objectives	6
Highlights	7
Agency Role Performance and Governance	8
Presiding Member, Health Advisory Council Statement	13
Chief Executive Officer Report	15
Valuing People	18
Positioning for Sustainability	20
Doing it Properly	22
Fostering Knowledge and Learning	24
Improving the Health of Aboriginal people	26
Safety and Quality of Services and the Health Workforce	28
Our Volunteer Services	32
Fundraising	34
Activity Data	36
Workforce Information	42
Account Payment Performance	73
Other information	74
Freedom of Information	78

About us

Our vision

- > An organisation that is built on trust
- > A culture where leadership flourishes at all levels
- > Reward and recognition for staff effort and achievement
- > Care that is good enough for our own families.

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 Southern Adelaide Local Health Network as an innovator and leader in improving health care provision.

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 state-wide services, and services to those in regional areas. More than 7500 skilled staff provide high quality patient care, education, research and health-promoting services.

SALHN provides a range of acute and sub-acute health services for people of all ages through its acute sites and its network of community and inpatient mental health services and primary health care services. The organisation works closely with a wide range of health providers in the southern region of Adelaide, including the Southern Adelaide Fleurieu Kangaroo Island Medicare Local.

SALHN is supported by the SALHN Health Advisory Council, which monitors and provides advice on improving clinical care outcomes within SALHN, with a particular focus on local service integration, performance and the safety and quality of services.

Health services which form SALHN include:

- > Flinders Medical Centre (FMC), Repatriation General Hospital (RGH) and Noarlunga Hospital.
- > Primary Health and Transition Services, including GP Plus Super Clinic Noarlunga, GP Plus Health Care Centres at Aldinga and Marion, and a primary health site at Seaford, in addition to Aboriginal health services and Aboriginal family clinics, health services in peoples' homes and the Aged Care Assessment Team (ACAT).
- > Southern Mental Health inpatient services at FMC, Noarlunga Hospital and RGH, including specialised services for eating disorders, veterans' mental health and problem gambling. Community based mental health services include the Inner South Community Mental Health Centre (co-located 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 (SASP).

SALHN's Annual Report 2013-14 provides an ideal opportunity to report on the steps taken by the organisation towards achieving these targets in 2013-14.

Highlights of the many initiatives and projects undertaken during the year include:

- > **SASP Target 6 – Aboriginal wellbeing.**
Using SA Health's Aboriginal Health Care Plan 2010–2016 as its cornerstone, SALHN began work on a 12-month plan focussing on building culturally responsive and respectful services that enables equity in health access and outcomes for Aboriginal people. Our role and responsibility will be to engage and work with the broader service systems to improve the health and wellbeing impact and outcomes for our Aboriginal population.

- > **SASP Target 32 – consumer and client satisfaction with government services.**
The Southern Adelaide Health Alliance (SAHA) was launched in late 2013. The Alliance is the first of its kind for South Australia and consists of a strategic partnership between SALHN, Southern Adelaide Fleurieu Kangaroo Island Medicare Local, South Australian Ambulance Service and the Health Consumers Alliance of SA. The Alliance joins more than 30 other organisations that currently contribute to health outcomes and work with consumers to design and coordinate better health care for our community in the southern suburbs.

- > **SASP Targets 30 and 31 – Women on Boards and Committees.** SALHN is supported by the Health Advisory Council (HAC) which monitors and provides advice on improving clinical care outcomes within SALHN, with a particular focus on local service integration, performance and the safety and quality of services. Dr Helena Williams continued as Presiding Member of the HAC in 2013-14. It was noted in 2013-14 that the majority of HAC members were male; it is expected that there will be a greater gender balance in 2014-15.

Highlights

- > SALHN became the first local health network in South Australia to be assessed against all 10 National Safety and Quality Health Service Standards and the first to meet all 209 core actions.
- > SAHA was established and announced the first round of projects aimed at giving back 'healthy hours' to the southern Adelaide community. Each project will contribute to SAHA's aim of giving back 500,000 healthy hours to the community by 2017.
- > New models of care were introduced into FMC Emergency Department, providing a more effective service for consumers, staff and the wider community. This included a new pathway for managing chest pain presentations which reduced cardiology admissions into FMC by 22 per cent.
- > Mental health services were integrated back into SALHN.
- > New SALHN clinical leadership positions were appointed, including nursing directors of emergency, intensive care and peri-operative medicine. SALHN Chief Operating Officer and Deputy Chief Operating Officer roles were also established to provide operational leadership for SALHN.
- > The first statewide integrated electronic health record in Australia, EPAS, was rolled out at Noarlunga Hospital and GP Plus Super Clinic Noarlunga. This was followed by GP Plus Health Care Centre Aldinga, a Southern Primary Health site at Seaford and Repatriation General Hospital
- > SALHN began developing a 12-month plan focussing on building culturally responsive and respectful services that enable equity in health access and outcomes for Aboriginal people.
- > The Statewide Eating Disorder Service was developed by SALHN in collaboration with other health professionals and consumers across South Australia.
- > The Geriatric Evaluation Management (GEM) service at RGH was expanded, with the opening of an additional 10 beds designed specifically for people with behavioural and psychological symptoms of dementia and delirium management.
- > A new mobile mental health team, '24 Acute,' was established to provide emergency response care to consumers who are in crisis overnight and to reduce presentations to the Noarlunga Hospital and FMC.
- > SALHN recorded a 42 per cent increase in the number of new Consumers nominating to be involved in SALHN Consumer Engagement Activities. A Consumer Council member was also appointed to the newly-established Clinical Council, bringing consumer insight and involvement into clinical policy setting and decision making.
- > The Eye Bank of South Australia, located at FMC, marked a milestone with its 3000th donated cornea.

Agency Role Performance and Governance

SALHN is an incorporated hospital under the *SA 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. The level and nature of these services is based on government priorities, clinical need and service demand.

Responsibilities

SALHN meets its responsibilities through the following key foundation 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 Primary Health and Transition Services.
 - Increase community awareness and participation in determining required health services including Aboriginal and Torres Strait Islanders, people from culturally linguistic and diverse backgrounds and people with mental illnesses.
 - 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 audit, 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.

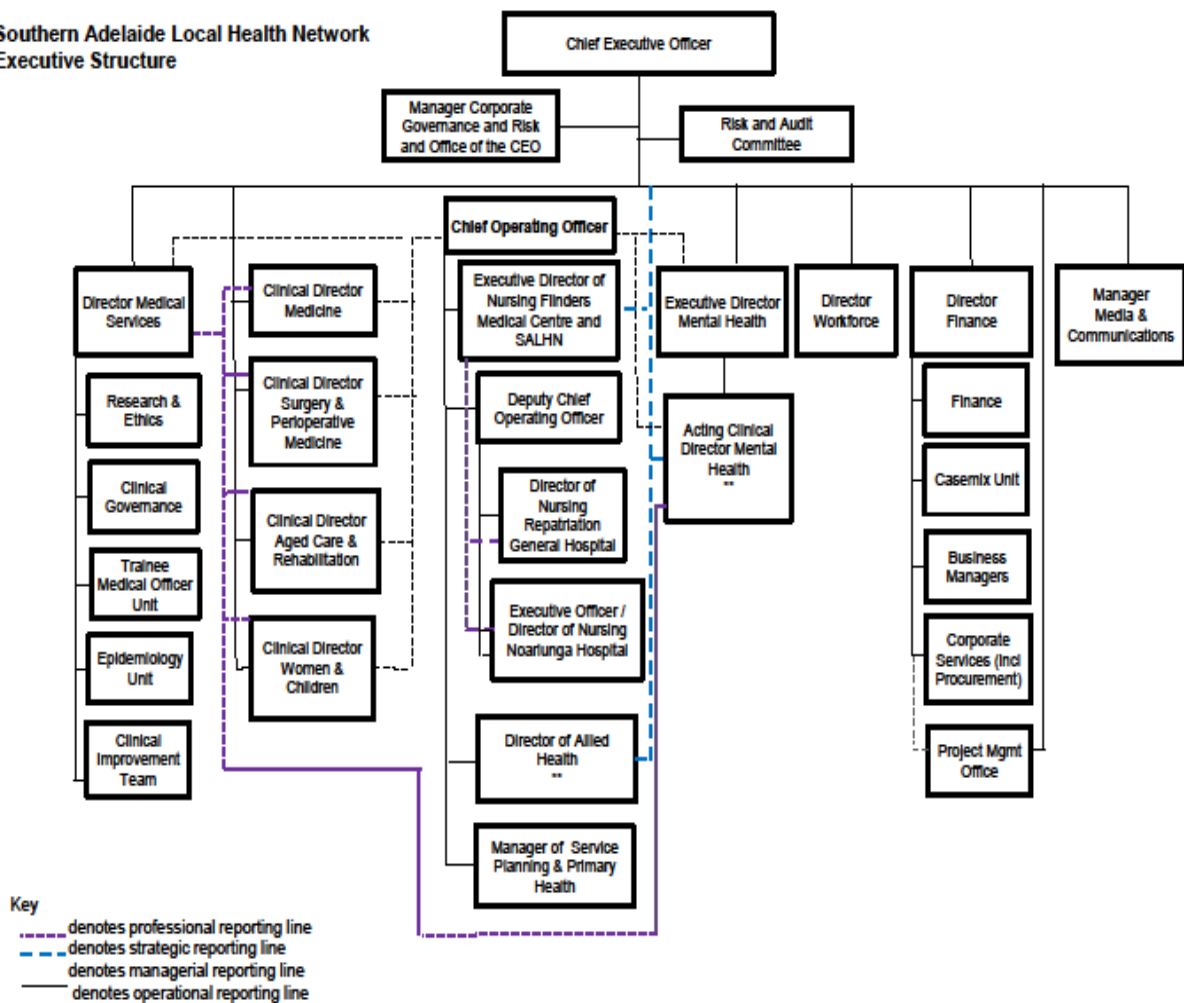
Governance

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



** position is currently being reviewed

Toward the end of the financial year SALHN focussed on improving its governance capability to strengthen the health and vibrancy of SALHN as a Local Health Network. A review of governance committees occurred that has seen the establishment of three peak governance committees - SALHN Executive Committee, SALHN Clinical Council (first meeting scheduled for 23 July 2014) and SALHN Strategic Operations Committee (scheduled to commence late July 2014). They are actively supported by and have strong links with the SALHN HAC, SALHN Risk and Audit Committee and the various SALHN Consumer Councils.

The next 12 months will see changes to Committee structures across SALHN to better align decision making and action to the strategic directions and priorities for SALHN in particular in:

- > establishing the right authorising and operating environments
- > achieving consistent and transparent decision making
- > setting clear expectations for accountabilities
- > outlining responsibilities for decision making and action
- > identifying key expectations for collaboration
- > eliminating unnecessary bureaucracy
- > improving service quality, safety, efficiency and effectiveness.

There are plans to strengthen consumer engagement across SALHN and consumer participation in decision making regarding health care planning and service delivery in 2014-15.

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 and the Directors of Workforce, Finance, Allied Health, Nursing and Medical 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 Clinical Governance Committee

The Clinical Governance Committee assists the CEO to discharge responsibilities in relation to the provision of safe and high quality care to patients. The Committee has an internal Chair and members meet monthly.

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 meets monthly to discuss Clinical Governance matters for SALHN with membership drawn from divisions across SALHN and key executive staff, as well as external representatives from SA Medical Imaging, SA Pharmacy, SA Pathology and the Southern Adelaide-Fleurieu-Kangaroo Island Medicare Local. Clinical Council also includes a consumer representative.

SALHN Strategic Operations Committee

SALHN Strategic Operations Committee is a peak governance subcommittee of SALHN Executive responsible for the management and delivery of health services including the promotion of standardised, integrated business and performance operations that are in line with the SALHN Strategic and Operational priorities; and the establishment and implementation of minimum standards for the management of business and performance operations in each Clinical Stream and Sites across the SALHN.

SALHN Occupational Health Safety & Welfare & Injury Management Committee

SALHN Occupational Health Safety Welfare & Injury Management (OHSW&IM) Governance Committee is the principal health and safety committee for SALHN. 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 OHSW Act but it has the focus of reviewing SALHN OHSW&IM performance, 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 and members meet quarterly.

SALHN Health Advisory Council

- > The 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.
- > 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 in connection with the 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

In 2013-14 the Health Advisory Council (HAC) once again functioned extremely well, progressing strong partnerships with the CEO and Executive team at SALHN.

HAC continued to focus on its strategic priorities of consumer partnership and experience, safety and quality, primary care integration and workforce support. It has clearly been another challenging year but the staff at SALHN have risen to the challenge, and I am pleased to report just a few significant achievements in each of the HAC's strategic priority areas.

HAC was extremely proud that SALHN was the first Local Health Network in South Australia to be accredited to all 10 National Safety and Quality Standards. The survey visits took place during September 2013 and during my meeting with the surveyors on behalf of the HAC, I was able to report that the HAC assists in driving the Safety and Quality Standards due to it being a strategic priority for the HAC.

The second safety and quality standard relating to Consumer partnerships and experience has also been a priority for the HAC and the process of partnering with consumers within SALHN has been reviewed and improved. The HAC has also commenced a process of hearing stories of consumer experience within SALHN services shared by those consumers at each HAC meeting.

The HAC was pleased to note the establishment of SAHA – a partnership between SALHN, the SAFKI Medicare Local, South Australian Ambulance Service and the Health Consumers Alliance. This partnership has driven a range of projects that strive for improvements in care across the continuum and it is hoped that, regardless of the outcome of the formation of Primary Health Care Networks in SA, this approach to primary care partnership and integration will continue to thrive.

The HAC noted a range of workforce support strategies designed to improve the experience of the workforce and performance measurement in this area and looks forward to seeing the outcome of this work. The HAC also requested and received a briefing from the Department regarding HAC members' obligations related to the health and safety of staff, volunteers and visitors.

The HAC met seven times during the financial year, with six formal scheduled meetings and one extraordinary meeting.

I represented the HAC and met with the Minister on one occasion and the Chief Executive of the Department for Health and Ageing twice during this period. These meetings provided an opportunity to raise particular issues of concern to the HAC, for example, the rise in alcohol fuelled violence in SALHN health services, and the issue of integration between Drug and Alcohol and Mental Health Services in SA.

The meetings also provided an opportunity for the Minister and the Chief Executive of the Department for Health and Ageing to provide briefings to the HAC on future directions and key issues.

SALHN's key performance indicators steadily improved and in particular, Emergency Department (ED) turnaround times and handover to clinician rates were the best in the State. These results are extraordinary considering the number of attendances to SALHN

EDs, and the fact the FMC ED is one of the busiest in the country. This is a major credit to the hard work of the staff.

In addition:

- > Patients seen in target time increased from 67 per cent to 69 per cent
- > Four hours to discharge increased from 65 per cent to 75 per cent
- > Decision to admit increased from 37 per cent to 52 per cent
- > The percentage of patients leaving ED within four hours (NEAT target) increased from 48 per cent to 54 per cent
- > The percentage of patients admitted within four hours increased from 23 per cent to 29 per cent.

Throughout the year the financial position of SALHN was reported at every meeting to the HAC, inclusive of the overall financial position, projected end of year position, and planned and current strategies to achieve savings targets, and improve operational efficiencies within the Network. The HAC was pleased to see \$26 million dollars of efficiency savings but noted that, with ongoing increases in demand, various funding and financing challenges, and political drivers, it was not possible to gain a break-even position.

It was not possible for the HAC to review and approve the annual financial statements, as the timing of receipt of the audited financial statements meant that members were not able to give the statements due consideration.

This has, however, created an opportunity for improvement, by consideration of increasing the linkages between the SALHN Audit and Risk Committee and the HAC, as well as improving the processes for review of future end of year financial statements.

In reviewing the SALHN Annual Report the HAC noted travel expenditure for SALHN during 2013/14. This will be more closely reviewed in the future, inclusive of the policies and procedures relating to staff travel, and this will thereafter be reported to the HAC, and then closely monitored during 2014/15.

At the end of the financial year, the HAC farewelled three departing members -Theresa Francis, Paul Gardner and Jackie Wood. I thank them for their valued input throughout the year and I look forward to welcoming and working with the new HAC members.

I also wish to thank Belinda Moyes and her Executive team for their leadership and partnership, and of course all the tireless staff at SALHN who everyday go about the business of delivering high quality care to the communities of the south.



Dr Helena Williams

Presiding Member

Southern Adelaide Local Health Network Health Advisory Council

Chief Executive Officer Report

As we begin a new financial year, we can reflect on the many positive achievements of SALHN during 2013-14.

The vision for our SALHN in 2013-14 - and into the future - is an organisation that is built on trust, creating a culture where leadership flourishes; where staff are recognised and rewarded for achievement; and where the care we deliver is at the standard we would expect for ourselves and our families.

Our endeavour is based on valuing and respecting people, doing things properly, fostering knowledge and learning and positioning our organisation as one characterised by being sustainable.

As the health needs of the population change, organisations need to evolve and innovate. A number of strategies designed to improve care to our southern community were put in place at SALHN during 2013-14, and I am pleased to report that they are already having positive effects.

Flinders Medical Centre (FMC) is now the busiest emergency department in South Australia, and one of the busiest in Australia, but thanks to a new model of care, waiting times for patients and the time it takes to either be admitted into hospital or discharged reduced during 2013-14.

The new model of care involves senior doctors assessing patients early after arrival in the Emergency Department, so decisions about their care can be made in a more timely manner. The initiative, which was introduced in February 2014, is part of SALHN's commitment to evolve and develop new and more efficient and patient-centred ways of providing care to manage growing demand.

In its first three months the model of care introduced in the FMC Emergency Department saw a 10 per cent increase in the percentage of patients seen and discharged within four hours, compared to the same three months in 2012. More patients were also seen, treated and admitted within four hours and seen within recommended timeframes. This has been a remarkable effort from the clinicians in the Emergency Department and on inpatient wards at FMC, considering there has been a 16 per cent increase in emergency presentations in 2014 compared to 2012.

A new pathway for managing chest pain presentations at FMC was also introduced. As a result, one in every five patients presenting to the FMC Emergency Department with chest pain no longer need to be admitted into hospital overnight. Within a three month period from January 2014, the pathway was successful in reducing cardiology admissions into FMC by 22 per cent.

A '24 Acute' mental health team was also established to ease congestion in our Emergency Departments at FMC and Noarlunga Hospital. The service provides care to consumers in crisis in the community overnight and aims to reduce presentations of new and existing consumers to Emergency Departments. The service is available to see people in police holding cells at Sturt and Christie's Beach and also provides support to existing mental health teams at FMC and Noarlunga Hospital.

The Outpatient in Focus team continued to work with staff to change the profile of outpatients and improve the way services are delivered across SALHN. A crucial part of changing the outpatient profile is supporting clinicians and clinic staff within each speciality

to focus on services for patients where hospitals are the most appropriate environment to optimise their health outcomes. You can read more about the project's 2013-14 initiatives in *Valuing People*.

In December 2013 SALHN became the first Local Health Network in South Australia to be assessed against all 10 National Safety and Quality Health Service Standards and the first meet to all 209 core actions. This was an outstanding result for SALHN and the feedback received from the Australian Council on Healthcare Standards surveyors was very positive. The team of independent experts from the Council confirmed that we are a proud and committed organisation.

We believe the achievement was made possible in no small part due to SALHN's commitment to Value People – whether they be our staff, our consumers or our community.

We saw the flow-on effect of our efforts with a 42 per cent increase in the number of new consumers nominating to be involved in Network consumer engagement activities in 2013-14. Promotion of best practice examples of consumer activity across SALHN continued to increase understanding and awareness by staff and the community and we developed and strengthened new relationships with external consumers and consumer groups, particularly in the area of local government.

Our consumer-centred approach was further exemplified by the development of SAHA, launched in late 2013.

The Alliance is the first of its kind for South Australia and consists of a strategic partnership between Southern Adelaide Local Health Network, Southern Adelaide Fleurieu Kangaroo Island Medicare Local, South Australian Ambulance Service and the Health Consumers Alliance of SA. The Alliance joins more than 30 other organisations that currently contribute to health outcomes and work with consumers to design and coordinate better health care for our community in the southern suburbs. It gives me great pleasure to be the inaugural Chair of the Alliance for the first 12 months, a position which will be rotated across all four core organisations each year. SAHA launched six projects on 31 March, which were completed by July this year. Each project aims to contribute to SAHA's aim of giving back 500 000 healthy hours to the community by 2017.

In other achievements, Noarlunga Hospital and GP Plus Super Clinic Noarlunga were the first health sites to 'Go Live' with the new Enterprise Patient Administration System (EPAS) in Australia. The system was then introduced at GP Plus Health Care Centre Aldinga, a Southern Primary Health site at Seaford and Repatriation General Hospital. The system enables health professionals to electronically access patient information at the bedside and in consulting rooms – another example of SALHN working together as a team for the mutual benefit of consumers, staff and the wider community.

In the community, a team of nurses and social workers provided greater support to people with complex health needs to help reduce hospital admissions in the southern suburbs. The Community Complex Care Team is a SALHN initiative that supports people who are at risk of multiple presentations to hospital – presentations that could be avoidable. This cohort of people may go to hospital regularly as a result of their chronic condition(s) or combined health and social needs. The team takes a case management approach for each patient, identifying services offered by community providers. Through negotiation with patients and providers, access into services such as mental health, drug and alcohol, disability, aged care and social services is coordinated and formalised.

SALHN's mental health services cared for approximately 1800 consumers each month during the year, with community mental health teams caring for 1300 of these.

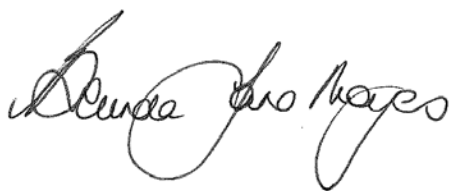
Nearly 250 new consumers now receive treatment in the community each month. I am pleased to report that 85 per cent of consumers received a follow up contact within seven days of discharge from our mental health service.

SALHN acknowledges the important role it plays as a partner in health care for Aboriginal people. During 2013-14 – and using SA Health’s Aboriginal Health Care Plan 2010 – 2016 as its cornerstone - SALHN developed a 12-month plan focussing on building culturally responsive and respectful services that enables equity in health access and outcomes for Aboriginal people. The key focus of the plan is to build capacity, capability and confidence across SALHN and its community to better partner with and respond to the health needs of Aboriginal people. During 2014-15, we are committed to building a strong foundation to support action across the organisation to achieve measurable improvements and gains for Aboriginal people who access our services.

SALHN continued to build on its reputation as a research leader and we were thrilled that three of our long-term employees were recognised for research excellence in their field – Clinical Director Associate Professor Nick Antic become the first Australian respiratory and sleep physician to be elected as Program Committee Chair of the American Thoracic Society’s Sleep and Neurobiology Assembly; Clinical Director of Obstetrics and Gynaecology at FMC Associate Professor Robert Bryce was awarded the Royal Australian and New Zealand College of Obstetricians and Gynaecologists President’s Medal for his work in medical education and women’s health – the highest award presented to a Fellow by the College; and The Flinders Centre for Innovation in Cancer’s Professor Graeme Young was named South Australia’s Scientist of the Year 2013.

I am pleased to report that SALHN met its savings target in 2013-14 – the second year in a row we have made substantial savings through hard work and ‘Doing it Properly’. SALHN projected savings achievement of \$26 million in 2013-14, up from \$24 million in 2012-13.

We enter 2014-15 with a sense of positivity, confident that the strategies we have put in place this year will stand us in good stead next year and beyond. We are determined not to rest on our laurels, but will continue to strive to provide high quality care for our community, all the while working towards continued improvements in our governance and accountability, performance and savings targets.



Adj Prof Belinda Moyes
Chief Executive Officer
Southern Adelaide Local Health Network

Valuing People

We empower and respect patients, staff and partners

Health is a people business. No matter how good our technology, the medical advances we make, or the increased understanding every new doctor, nurse or allied health person brings with them, our business revolves around people. Our multidisciplinary teams are so effective because they bring together people from different disciplines – along with their combined knowledge and skills - and they use them to treat people. We know that when we empower and respect our patients, our staff and our partners then we get the best from them.

Highlights of what we achieved in 2013-14 included:

- > A series of staff forums were held across SALHN. SALHN recognises that we value staff and want to hear their views – both good and bad – about how we can improve our Network. The forums were held on each of our acute sites and informed staff about the latest developments in SALHN. At the end of the presentation, staff were encouraged to offer their views and ask any questions.
- > A new project to actively encourage cancer survivors to adopt a healthy diet, weight range and exercise regime was launched. The *Healthy Living after Cancer* project – a partnership between Australian and international investigators, including a team from FMC and Cancer Council SA – encourages survivors of cancer to adopt a healthy lifestyle through a program of pro-active telephone support. The project demonstrates that we value our patients – no matter what part of the treatment journey they are on.
- > Individuals who attempt suicide for the first time, and their families, will have increased access to critical support services when they present at FMC, under a new partnership with Anglicare SA. As part of the collaboration, mental health workers from the hospital's Emergency Department will enlist the help of Anglicare SA's *A Cry for Help* program to further develop the chain of support available to patients who present with self-harm, and their loved ones.
- > Young health professionals across the SALHN were among a new wave of future leaders helping to build a strong and sustainable health system for the future, through involvement in SA Health's Young Professionals Group. The group, which is open to all SA Health staff aged 35 or under, was established in March 2006 to provide a voice for young employees and empower them to build skills which support their development as leaders across SA Health.
- > Southern Adelaide Palliative Services (SAPS) developed practical guidelines to support clinicians on wards throughout FMC, RGH and Noarlunga Hospital to deliver safe and quality end of life care for non-complex patients. The Palliative Medication Guidelines were developed by a multidisciplinary team within SAPS in response to the current national focus on evaluating essential elements for safe and high quality end of life care in acute hospitals. The initiative demonstrates that we value and support clinicians in the valuable role they play in supporting patients and their families.
- > Eleven new State Government Jobs4Youth trainees were welcomed to SALHN in June 2014. Over the coming year, the trainees will learn more about SA Health and SALHN including our vision, mission and values, the services available to employees, as well as the culture and standards expected of all Public Service

employees. We value our employees – whether they be new to SALHN, or long-term employees.

SALHN also continued to strengthen its partnership work with consumers in 2013–14, to ensure that our hospitals and services bring consumers' perspective into the design, planning, implementation and evaluation of services and infrastructure.

SALHN's Consumer Engagement Coordinator coordinates a range of activities to that end, including:

- > Consumer engagement advice and support to clinical and non-clinical staff
- > Facilitation of Consumer Councils
- > Consumer participation and patient centred care education
- > Recruitment and management of Consumer Programs namely:
 - Consumer Surveyors
 - Consumer Representatives
 - Consumer Patient Information Reviewers
 - SALHN Opportunities Consumer Distribution List.

In 2013-14 SALHN significantly increased its consumer engagement opportunities by developing new programs, expanding existing activity and strengthening relationships with the community. Highlights for this period included:

- > A 42 per cent increase in the number of new consumers nominating to be involved in SALHN Consumer Engagement Activities.
- > Promotion of best practice examples of consumer activity across SALHN to increase understanding and awareness by staff and the community. The Consumer Representatives in FMC's Neonatal Unit and Emergency Department, in particular, have been promoted through local media articles, feature articles in *Southern Health News* and main entrance displays.
- > Strengthened and established new relationships with external consumers and consumer groups particularly in the area of local government agencies, local non-government organisations and peak consumer groups.
- > The recruitment of a new Consumer Representative to the Women's and Children's Division, Department of Obstetrics and Gynaecology, at FMC.
- > The continuation of incorporating consumer and/or carer feedback in the development and/ or review of all patient and consumer information.
- > Fulfilled the criteria for National Standard 2: Partnering with Consumers. This contributed to SALHN's success in achieving the accreditation to the National Safety and Quality Standards.
- > The partnership model was used to develop a discussion paper for SALHN Executive on options for the SALHN Consumer and Community Engagement Model.

Positioning for sustainability

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

Our aim is for SALHN consumers to experience best practice within an integrated and seamless health care service. In doing so, SALHN also strives to reduce the duplication of resources and processes.

A key initiative during 2013-14 was the Outpatients in Focus project, which continued to work with staff to change the profile of outpatients and improve the way services are delivered across SALHN. Outpatients in Focus keeps SALHN sustainable by saving patients, GPs and hospital staff alike time, reduces readmissions to hospital, creates capacity and reduces duplication.

Highlights of key initiatives introduced to the Outpatients in Focus project during the year included:

- > Introducing centralised outpatient interpreter services
- > Introducing waiting list transparency and audit. Towards the end of 2013 the Outpatient in Focus team began a process of checking with patients (and their GPs) on the outpatients waiting list to determine if they had either been seen elsewhere or no longer needed their appointment. This assisted SALHN to get a true representation of the demand on services.
- > The development of an outpatients' hub to improve appointment and referral responsiveness. This will be trialled at RGH to act as a central point for RGH outpatient referrals, phone enquiries and bookings.
- > SALHN-wide procedures and work instructions for outpatient clinics. Work began on creating standardised procedures for outpatient administrative work processes.
- > IHPA costing study. The Independent Hospital Pricing Authority visited SALHN to discuss the outcomes of the costing study that SALHN clinicians contributed to in 2013 and to present on the implications of the new Activity Based Funding model of care for patients across the system.
- > Prioritising core business in each specialty service – referral requirements, triage criteria and management guidelines.
- > Perfecting Medicare compliance for pathology orders (SALHN-wide).
- > Tightening criteria for transport assistance.

In other highlights of what was achieved by SALHN during the year:

- > The first round of projects aimed at giving back 'healthy hours' to the Southern Adelaide community were announced by SAHA. The projects stand SALHN in good stead to reach its aim of being a sustainable Network. For example, one of the Round One projects was the development of a 'Where Do I Go?' flipchart, which helps residents in the southern community know which local services are available when they are unwell. This is designed not only to help patients find the right service first time, every time, but it also reduces unnecessary presentations to our emergency departments.
- > A project using high speed internet and iPads to deliver rehabilitation to older people living in the outer southern suburbs - as part of an exciting new Telehealth in the Home project – began. The study, being run by the RGH and Flinders University, is funded by the Australian Government under the National Broadband Network

Enabled Telehealth Pilot Program. The initiative not only saves patients time by being treated in their own homes, but also reduces readmissions to hospital, reduces the need for resources and creates capacity in our acute sites.

- > An innovative SALHN initiative began bridging the patient care gap between residential care and the acute sector. The program aims to find the best 'fit' for residential care patients – primarily aged patients with complex care needs - who receive treatment in the acute sector and need to be transitioned back to residential care.
- > The new Statewide Eating Disorder Service welcomed its first clients through the doors, providing greater access to eating disorders assessment, treatment and support across South Australia. The Service has been developed following extensive consultation with key public and private stakeholders and will be provided under the governance of the SALHN.
- > A new model of care for patients with diabetes began being rolled out across SALHN GP Plus sites. The contemporary, evidence-based model is designed to deliver integrated services provided in partnership with staff from both the acute and primary health sectors. The service will help reduce unnecessary admissions, or re-admissions to hospital, and create capacity in our acute sites.
- > A partnership between Noarlunga Hospital and the SA Dental Service at GP Plus Super Clinic Noarlunga has slashed waiting times for paediatric dental surgery in the south by half – from 12 months to six. Prior to the introduction of the service, clients were seen at the Women's and Children's Hospital. The service being provided from Noarlunga Hospital now allows them to be seen faster and closer to home. The team of one dentist and two dental assistants see three children each session, with two sessions per month. They perform a variety of procedures ranging from simple restorations, through to complex root canal treatment, stainless steel crowns and extractions.

Doing it properly

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

We take pride in delivering quality health care to patients first time every time. Why? Because that is what we would want for our 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.

The focus for SALHN in 2013-14 was to further develop and enhance services and programs to ensure our diverse population receives the right services, at the right time and in the right place.

Highlights of what was achieved during the year include:

- > A new mobile mental health team was established in the SALHN to provide care to consumers who are in crisis overnight and to reduce presentations to the Noarlunga Hospital and FMC Emergency Departments. The highly experienced '24 Acute' mental health team provides an emergency response service between the hours of 10pm to 8am, seven days a week, complementing existing mental health services to provide around-the-clock care in the southern suburbs.
- > Respiratory Integrated Care Service began clinics at GP Plus Super Clinic Noarlunga. The Service offers a case management service to patients with complex Chronic Obstructive Pulmonary Disease, and targets patients at high risk of re-admission with three or more admissions in the last twelve months.
- > The Southern Adelaide Paediatric and Adolescent Diabetes Service began at GP Plus Health Care Centre Marion. The service caters for teenagers and young adults who are attending FMC paediatric clinics and aims to provide services in an accessible location and assist them in making the transition to adult services over time.
- > A new project was undertaken by FMC's Physiotherapy Department in a bid to improve the assessment and treatment provided to older people who are unsteady walking and are at risk of falling. As part of the project, a team of physiotherapists developed early assessment and treatment plans when patients are first admitted to hospital in a bid to strengthen functional mobility, such as walking and getting in and out of bed, and preventing harm from falls. The physiotherapy treatment plans are individualised and based on assessment of problems specific to each person.
- > The empathy of doctors was put to the test by a southern study aimed at improving the training of medical students. The research project began engaging doctors across the SALHN to investigate whether there are differences in patient empathy amongst clinicians depending on their seniority and location of work. The information may help inform the design and management of Flinders University's School of Medicine future clinical training programs for medical students.
- > A nine chair infusion and chemotherapy service opened at Repatriation General Hospital. The Medical Infusion and Chemotherapy Service will provide an extensive range of treatment for patients with many different diseases, including cancers and blood diseases, severe arthritis, immune deficiencies and multiple sclerosis. The service provides essential treatment for many patients and helps them to maintain their independence and quality of life.

- > The Geriatric Evaluation Management (GEM) service at RGH was expanded, with the opening of an additional 10 beds designed specifically for people with behavioural and psychological symptoms of dementia and delirium management. The GEM model of care aims to support and promote independence and self-management for older patients, to assist them to live independently in the community for as long as possible. The new unit complements 30 existing GEM beds at RGH but focuses more on providing tailored programs for patients with behavioural and psychological symptoms of dementia, who are admitted with SALHN.
- > Getting back into the school routine was made easier for FMC's long-term eating disorder patients with the establishment of their own classroom based within the hospital. Previously, students worked on their studies in their own time, within their hospital ward and often in bed, making it difficult to concentrate. Now, they have regular lessons, five days a week from 9.30 am.
- > A Hypertension Clinic at GP Plus Marion was established to help people better control their blood pressure. Run by the FMC Clinical Pharmacology Department, the clinic is a valuable resource for GPs and staff specialists whose patients are continuing to present with unacceptable blood pressure levels despite changes in lifestyle or medication.
- > An outreach Sexually Transmitted Disease Clinic was established at GP Plus Super Clinic Noarlunga. The trial program is being run by the Royal Adelaide Hospital STD clinic and is giving people in the southern suburbs access to free and confidential STD clinic services.

We are proud to report that SALHN was also successful in using its resources and finances wisely in 2013-14, with a number of highlights:

- > SALHN made a projected savings achievement of \$26 million in 2013-14, up from \$24 million in 2012-13.
- > Outpatient occasions of service reduced year-on-year by four per cent (year to date May 2014).
- > Goods and services costs were reduced year on year by more than five per cent (index adjusted).
- > A third round of Targeted Voluntary Separation Packages was progressed with a further reduction in 47 full time equivalents at the end of June 2014.

Fostering knowledge and learning

We position our Network as an innovator and leader in improving health care provision.

SALHN's continued its strong focus on fostering knowledge and learning in 2013-14.

Highlights of what we achieved included:

- > A new southern study began investigating the effectiveness of yoga as a complimentary therapy among Veterans with Post Traumatic Stress Disorder (PTSD). Led by the RGH PTSD Unit and made possible by a \$24 000 grant from The Repat Foundation, it is hoped the study will result in a range of benefits for participants, such as increased mindfulness and a new way of managing symptoms in conjunction with more traditional treatments.
- > A new Hepatitis B vaccine was trialled on patients with diabetes as part of the final stage of a 12-year research program aimed at protecting vulnerable adults from the viral disease. The clinical trial, launched in October 2013, will see the vaccine administered over a 12-month period to at least 200 adults at FMC – the only site currently taking part in South Australia.
- > A new online self-help program could provide better coping strategies for recently-diagnosed cancer patients to help reduce the stress associated with cancer. The website, called *Finding My Way*, was developed by researchers from FMC and Flinders University.
- > Researchers began investigating the effects of minocycline – a common antibiotic – on the sleep patterns of patients taking strong medication for chronic pain, in a new study by the Adelaide Institute of Sleep Health, based at RGH, and University of Adelaide. The study will focus on pain medications that contain opioids. Opioids have a range of adverse side effects and can affect a person's ability to breathe and sleep normally. Minocycline helps to reduce inflammation caused by the opioids thought to be responsible for the adverse side effects.
- > An innovative iPhone app called *W8Loss2Go* was used in an FMC trial to see if it helped motivate and encourage severely obese young people to lose weight and improve their health. The app, developed by Dr Robert Pretlow in the United States, is based on techniques that are applied to treating addictions, which has been translated into the obesity area. The trial is a partnership between Dr Pretlow, researchers from FMC's Department of Paediatrics, the Child and Adolescent Mental Health Service (CAMHS) and Flinders University.
- > Researchers in the south began working on the first social health screening tool in Australia to identify how social factors can impact on a patient's ability to act on their doctors' advice and effectively self-manage their illness. Preliminary work for the tool, which will consist a series of questions developed by researchers from SALHN and Flinders University, has been funded by a \$16 000 grant from the Faculty of Health Sciences at Flinders University. This feasibility study will inform a much larger study to validate the tool, for which National Health and Medical Research Council project grant funding will be sought. This would test the tool with approximately 300 patients to examine whether it's able to predict which patients experience significant social factors that affect their health and ability to self-manage or attend and benefit from health care.
- > Palliative care and respiratory researchers at the RGH investigated whether blocking the body's own morphine-like chemicals during exercise may ease the perception of shortness of breath in people with refractory dyspnoea, or breathlessness. The aim

of the study is to understand the role of a person's own opioids in regulating breathlessness in people with Chronic Obstructive Pulmonary Disease .

- > Southern Adelaide Diabetes and Endocrine Services investigated whether a variety of new treatments have the ability to reduce or eliminate the use of insulin in people with type 2 diabetes. The new treatments could have major benefits for people living with type 2 diabetes by not only better controlling blood sugar levels and blood pressure, but also assisting with weight loss and potentially lowering the risk of cardiovascular disease.
- > Funding from the Flinders Medical Centre Foundation helped a Flinders motor neuron disease research team find a possible new way of diagnosing the neurodegenerative disorders, which causes the death of motor nerve cells responsible for controlling muscle movement. The team is also working on the development of a ground breaking treatment, which will target motor neurons with a gene therapy.
- > A therapy program helping people to overcome a common mental health disorder dramatically reduced hospital admissions across SALHN. The Dialectical Behaviour Therapy program, which is run by the Outer Southern Mental Health team from Adaire Clinic in Noarlunga, provides support to those living with borderline personality disorder – a condition which affects more than two per cent of the population.
- > FMC patients were taken on a trip down memory lane, thanks to a unique Arts in Health Object Handling Project. The project aims to enrich the stay of patients in hospital by providing the opportunity to handle rare and unique items that originate from the South Australian Museum, the National Motor Museum and the Migration Museum.

Improving the health of Aboriginal people

SALHN acknowledges the important role it plays as a partner in health care for Aboriginal people. This role extends to ensuring our services are accessible, high quality and safe, actively contributing to improving health and wellbeing outcomes. Access to high quality health care can make a significant difference to Aboriginal people's quality of life and in closing the gap in Aboriginal disadvantage.

SALHN Aboriginal Health Services include the Aboriginal Primary Health Service based at Noarlunga and Clovelly Park and Karpa Ngarrattendi – Aboriginal Hospital Liaison based at FMC.

Aboriginal Health Improvement Plan

Using SA Health's Aboriginal Health Care Plan 2010 – 2016 as its cornerstone, SALHN developed a 12-month plan focussing on building culturally responsive and respectful services that enables equity in health access and outcomes for Aboriginal people. Our role and responsibility is to engage and work with the broader service systems to improve the health and wellbeing impact and outcomes for our Aboriginal population.

The key focus of the plan is to build capacity, capability and confidence across the SALHN service system and community to better partner with and respond to the health needs of Aboriginal people in SALHN. During 2014-15, we are committed to building a strong foundation to support action across the organisation to achieve measurable improvements and gains for Aboriginal people who access our services.

We will do this by engaging the whole of SALHN through the active involvement of senior staff from each of its Divisions/Departments and by supporting and encouraging the involvement of Aboriginal community members. Through this we will build services that are genuinely patient-centred and based on the health needs of Aboriginal populations who access our services.

Other key highlights during the year included:

- > **Reconciliation Action Plan** - In early 2014 along with the other South Australian Health Networks, SALHN began work to develop a Reconciliation Action Plan. Developing and implementing a Reconciliation Action Plan is one tangible way that organisations can demonstrate their commitment to a fairer society and effect change within their sphere of influence. Each Reconciliation Action Plan is based around three key areas: Relationships, Respect and Opportunities. SALHN's initial 12-month plan will bring key people together from across SALHN to demonstrate long term commitment to the three key areas and to effect change. All plans are endorsed by Reconciliation Australia and are available on their website.
- > **Aboriginal Primary Health** - Refocusing services to concentrate on chronic disease prevention, early detection and care. This included enhancing the primary health team by employing registered nurses to work in partnership with Aboriginal Health Workers around case management of clients with chronic illnesses. This new focus is made possible by a Service Level Agreement with Nunkuwarrin Yunti Inc. who have provided SALHN with funds through the Aboriginal Primary Health Care Access program and the Healthy for Life program which are federally funded.

- > **A 'your health, your future campaign'** – an initiative of the SALHN's Tackling Tobacco and Healthy Lifestyle Program – continued with new staff being involved in a number of promotional activities across the 12 months. The program assists the local Aboriginal community to make healthier choices in relation to smoking reduction, encourages healthy eating, exercise and improves health and wellbeing with education around chronic disease prevention. Activities included the Nunga Tag event held at Christies Beach High school, promoting the healthier choices message to approximately 500 high school aged kids at the Power Cup, healthy cooking demonstrations for adolescents in partnership with the Metropolitan Aboriginal Youth Service, sponsoring the Indigenous Allstars Rugby League team in the South Australian Rugby Leagues knockout carnival and working with schools to provide education around health lifestyles and the effects of smoking.

- > **Eye Surgery at Flinders Medical Centre** - Our relationship with the small remote community of Tjuntjuntjara near the SA and WA border continued with two visits from a total of 14 patients in February and June 2014. The patients travelled from their community to Flinders Medical Centre where they received treatment for various eye conditions.

Safety and quality of services and the health workforce

The SA Health Occupational Health, Safety, Welfare and Injury Management (OHSW&IM) System and associated frameworks have been developed over the past three years in line with the integration and alignment of workforce functions to the workforce health directorate of SA Health.

The System is aligned to the National OHS Strategy 2002-2012; the Safety and Wellbeing in the Public Sector Strategy 2010-2015, Premiers Safety Commitment; SA Health CE Statement to Safety and Wellbeing and the Premiers Cabinet Safety Targets. It is also aligned to the SA Legislation: *Work Health & Safety Act & Regulations 2012*; *Workers Rehabilitation and Compensation Act and Regulations 1986*; Public Sector Code of Practice for Crown Self Insured Employers and the Work Cover Performance Standards for Self Insurers.

The SA Health OHSW&IM framework also aligns with quality and other health service accreditation standards. The framework includes an implementation plan at the SA Health, Local Health Network and health unit /site level.

The system consists of nine core programs and our performance for 2013-14 is highlighted below:

Program 1: Governance, Accountability and Communication

The SALHN Strategic Operations Committee is responsible for monitoring the implementation of the system's nine core programs, progress towards reduction of work related injuries, and improvements in employee health and wellbeing.

Our three major hospital sites have Work Health Safety & Injury Management Consultative Committees that meet a minimum of 10 months each year to facilitate hazard identification and resolve issues at site level. Incident and injury data is presented monthly, and identification of trends and proposal of corrective actions are determined.

The consultative committees report directly to the Chief Operating Officer and Deputy Chief Operating Officer.

SALHN has 147 elected health and safety representatives who are invited to attend quarterly forums at all three major hospital sites. The forums provide an avenue for effective communication; consultation and discussion of emerging work health and safety matters or systems ensuring continuous improvement strategies are developed and implemented.

Program 2: Duty of Care

Contractor induction programs are implemented across all services and are monitored regularly throughout the year.

Program 3: Emergency Management

Work health and safety (WHS) services assist sites with the provision of specialist advisory services pertaining to WHS legislative requirements and development of management strategies across SALHN.

Program 4: Hazard ID and Risk Management

The effectiveness of hazard management programs, such as Worksite Inspection Procedures, was monitored throughout the year. This led to an increase in accountability of managers to provide a safe work environment for their staff.

Other programs in operation during the year included:

- > Violence and Aggression De-escalation and Code Black response, reviews and training
- > Bariatric patient management review of existing musculoskeletal risks for health care professionals. SALHN established a specialised manual task steering committee for the development of strategies, including provision of new equipment, training support programs and review of trends involving musculoskeletal injuries.

Program 5: Incident Reporting and Investigation

The organisation's WHS Consultative Committees review monthly incident and hazards trends across their services, developing local strategies for mitigating risks, while escalating matters requiring review and decisions through each service's senior management committees. Events requiring reporting through to legislator (Safework SA) are also managed via these processes; ensuring necessary controls are monitored through 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 Notices and Corrective Action Taken

Number of notifiable occurrences pursuant to OHS&W Regulations Part 7 Division 6	5
Number of notifiable injuries pursuant to OHS&W Regulations Part 7 Division 6	0
Number of notices served pursuant to OHS&W Act s35, s39 and s40 (default, improvement and prohibition notices)	0

Program 6: Employee Health and Wellbeing

SALHN promotes healthy lifestyle choices in the community as well as our staff community. We aim to lead the way in making healthy lifestyle choices and harm minimisation. Our staff have the opportunity to participate in meditation, yoga, weight watchers and healthy eating programs. Selected services provide onsite gymnasium facilities, accessibility to pool facilities and opportunities to participate in coordinated fitness events.

Program 7: Injury Management

Injury management strategies have increased the awareness of workplace injuries, early reporting requirements and promoted early return/retention at work. A collaborative approach between the injured worker, manager and treatment provider is used at SALHN.

Program 8: Work Health Safety and Injury Management Training and Development

Work Health Safety WHS services reintroduced face-to-face management training for work health and safety as the introduction of the revised Work Health and Safety legislation to enhance their knowledge of work health and safety responsibilities and duty of care requirements. In addition to this training facilitates health and safety representative forums, general orientation programs, manual task patient and loads educational platforms, bariatric patient management training and a variety of clinical work health and safety awareness programs.

Program 9: Performance review and Continuous Improvement

Work Health Safety and Injury management (WHS&IM) statistics are reviewed through each site's WHS&IM consultative committees and senior management governance structures. Recent evaluation of the implementation of the WHS&IM single system framework and dissemination of policy directives has identified systems requiring continuous improvement ensuring alignment with the SALHN governance framework.

Southern Adelaide Local Health Network tables

Table 1 – Work Health and Safety prosecutions, notices and corrective action taken

Number of notifiable incidents pursuant to WHS Act Part 3	5
Number of notices served pursuant to WHS Act Section 90, Section 191 and Section 195 (Provisional improvement, improvement and prohibition notices)	0

Table 2 - Agency gross workers compensation expenditure⁴ for 2013-14 compared with 2012-13⁵

EXPENDITURE	2013-14 (\$)	2012-13 (\$)	Variation (\$) + (-)	% Change + (-)
Income Maintenance	\$3 338 614	\$2 606 770	\$731 845	28.1%
Lump Sum Settlements Redemptions - Section 42	\$1 425 661	\$1 163 378	\$262 283	22.5%
Lump Sum Settlements Permanent Disability – Section 43	\$777 741	\$327 241	\$450 500	137.7%
Medical/Hospital Costs combined	\$1 618 014	\$1 716 715	-\$98 701	-5.7%
Other	\$794 635	\$345 570	\$449 065	129.9%
Total Claims Expenditure	\$7 954 665	\$6 159 674	\$1 794 992	29.1%

¹ Before 3rd party recovery

¹ Information available from the Self Insurance Management System (SIMS)

¹ Information available from the Self Insurance Management System (SIMS) (SIPS target report)

Table 3 - Meeting Safety Performance Targets⁶

	Base: 2009-10	Performance: 12 months to the end of Jun 2014*			Final Target
	Numbers or %	Actual	Notional Quarterly Target**	Variation	Numbers or %
1. Workplace Fatalities	0	0	0	<input type="checkbox"/> 0	0
2. New Workplace Injury Claims	267	264	214	<input type="checkbox"/> 50	200
3. New Workplace Injury Claims Frequency Rate	30.3	28.1	24.3	<input type="checkbox"/> 3.8	22.7
4. Lost Time Injury Frequency Rate ***	16.9	18.9	13.5	<input type="checkbox"/> 5.4	12.7
5. New Psychological Claims Frequency Rate	2.6	2.6	2.1	<input type="checkbox"/> 0.4	2.0
6. Rehabilitation and Return to Work:					
6 a. Early assessment within 2 days	96.3%	81.4%	80%	<input type="checkbox"/> 1.4%	80%
6 b. Early Intervention within 5 days	99.0%	99.4%	90%	<input type="checkbox"/> 9.4%	90%
6 c. LTI have 10 business days or less lost time	62.4%	57.8%	60%	<input type="checkbox"/> -2.2%	60%
7. Claim Determination:					
7 a. New claims not yet determined, assessed for provisional liability in 7 days	4.6%	45.8%	100%	<input type="checkbox"/> -54.2%	100%
7 b. Claims determined within 10 business days	84.9%	85.2%	75%	<input type="checkbox"/> 10.2%	75%
7 c. Claims still to be determined after 3 months	1.1%	3.0%	3%	<input type="checkbox"/> 0.0%	3%
8. Income Maintenance Payments for Recent Injuries:					
2012-13 injuries @ 24 mths development	NA	\$1 909 800	\$1 291 165	<input type="checkbox"/> \$618 635	Below previous 2 years average
2013-14 injuries @ 12 mths development	NA	\$918 372	\$793 989	<input type="checkbox"/> \$124 383	Below previous 2 years average
* Except for Target 8, which is YTD. For Targets 5, 6c, 7b and 7c, performance is measured up to the previous quarter to allow reporting lag.					
** Based on cumulative reduction from base at a constant quarterly figure.					
*** Lost Time Injury Frequency Rate is the injury frequency rate for new lost-time injury/disease for each one million hours worked. This frequency rate is calculated for benchmarking and is used by the WorkCover Corporation. Formula for Lost Time Injury Frequency Rate (new claims): $\frac{\text{Number of new cases of lost-time injury/disease for year} \times 1,000,000}{\text{Number of hours worked in the year}}$					

Our Volunteer Services

The Volunteer Service for FMC

The Volunteer Service for FMC is a vibrant and integral part of FMC and has been responsible for raising \$13 million since its inception in 1976. Over 650 volunteers provide many services including running the Coffee Shop, Café Bar, Tea Bar, BBQ and Volunteer Gift Shop. They also contribute to a wide range of patient services including a Guide Service, ward services and special services, ie Emergency Department.

Highlights for 2013-14 included:

- > 135 000 volunteer hours were provided.
- > The service continued to support the FMC with a donation this year of \$517 000, of which \$100 000 will be used for general research and \$40 000 towards PhD Scholarships.
- > More than 72 000 patients and visitors were directed and escorted by FMC's Volunteer Guide Service during the year by over 70 volunteer guides.
- > 365 volunteers assisted in the retail areas including stock controllers and asset personnel.
- > Ward Services assisted over 10 000 patients.
- > Flower Services delivered more than 2000 flower arrangements.
- > 29 917 customers were served in our five retail areas

Repatriation General Hospital Volunteer Service

The Repat 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. We have a strong and vibrant volunteer base of 210 members who contributed more than 30 000 hours to the hospital in 2013-14 in a myriad of roles which included patient companionship, clinic attendants, coffee shop, Pre-Loved Treasure Shop, museum and 'meet and greet' service.

The Repat Volunteer Service has funded special items/equipment to the value of \$173 534 for the hospital since the formation of the Fundraising Committee in 2007. The Friends of Repat Hospital, which is the other volunteering body linked to Repat, celebrated 27 years of service in 2014, and proudly donated \$58 521 to the hospital last financial year.

Interesting facts 2013-14:

- > The Internal Courtesy Car transported 3130 passengers around the extensive grounds of Repat.
- > The Handcare ladies pampered 250 patients, including manicures, hand massages and general nail maintenance.
- > The ward visitation volunteers attended to 35 special needs referrals for lonely and socially isolated patients, plus countless other visits to other patients.
- > The Sewing Ladies mended 180 items for staff and visitors and made 30 hemi-cushions for Repat Allied Health departments.
- > The Trading Table made \$5031 from the sale of delicious baked goods and handicrafts generously donated by our volunteer ladies.

Noarlunga Hospital Volunteer Service

The Volunteer Service continued to play a vital role by providing support to patients, visitors and staff of Noarlunga Hospital.

Highlights of Noarlunga Hospital Volunteer Service in 2013-14 include:

- > 60 volunteers donated 12 100 hours of their time and talents.
- > The creation of a new 'Pop-Up Shop' to support fund raising, which raised \$6800 for the purchase of hospital equipment and ancillary items.
- > Volunteers worked in a variety of settings performing duties to support patients and their families and also staff. The work ranged from patient services on wards and specialist units to clerical assistance, sewing and gardening.
- > All volunteers were thanked and celebrated for their service at two major events - the Christmas Luncheon and Service Badge Presentation and the SA Volunteers Day Morning Tea.

Fundraising

FMC Foundation

The Flinders Medical Centre Foundation works with donors and sponsors to fund vital hospital and medical research projects at FMC.

Highlights for 2013-14 included:

- > 18 fundraisers who took part in a gruelling but inspiring seven day trek of Mount Kilimanjaro in Africa, raised more \$82 500 for cancer research and care, the FMC Neonatal Unit, Alzheimer's research and mental health.
- > The FMC Foundation's pinkyellowblueball raised more than \$220 000 for cancer research and care at the Flinders Centre for Innovation in Cancer (FCIC).
- > The Ride to Conquer Cancer chose the FMC Foundation as their first beneficiary in SA and brought together more than 500 cyclists who raised \$1.6 million for the FCIC.
- > A group of dedicated parents who have spent time with their premature baby in the Neonatal Unit have been helping the Foundation campaign for a new piece of equipment for the unit called a Retcam. The Retcam will help improve the early diagnosis of a blinding condition and with this support the Foundation is more than halfway to its goal of \$177 000.
- > The McLaren Vale community have also joined the cause with BankSA Sea & Vines and Gorgeous Festival both raising funds through their events for hospital services and research.
- > SA Police's Ride Like Crazy event continued to support cancer research at Flinders through the Foundation, donating a further \$80 000. In total the event has raised more than \$240 000 for Flinders researchers and helped establish the SA Neurological Tumour Bank to support research into brain cancers.

For more information about the FMC Foundation please visit www.fmcfoundation.com.au or call (08) 8204 5216.

The Repat Foundation

The Repat Foundation raised more than \$400 000 during 2013-14 for the RGH for programs, projects and equipment with a focus on mental health (primarily Post Traumatic Stress Disorder, or PTSD), research, rehabilitation and amputee health services. The foundation also focused some of its philanthropic activity towards profiling PTSD in the broader community and supporting a refurbishment of Ward 17.

A series of well attended and highly successful major fundraising events were held including The Remembrance Business Breakfast, ANZAC Gala Ball, the inaugural Alf Gard Memorial Race Day and Ride4Repat (in collaboration with the Daw Park Hospice Foundation). The Repat Foundation also partnered with the Australasian Military Medicine Association (AMMA) to host their international conference in Adelaide, enabling RGH researchers to present in this international program.

The Repat Foundation's annual grants program funded some of South Australia's leading researchers with a diverse range of projects studying prostate cancer, PTSD following deployment, claudication and motor neurone disease, and the foundation helped fund a Bone Densitometry scanning suite, a (Progressive Supranuclear Palsy) PSP+ Case Manager Service and the establishment of a dementia-friendly garden in the GEM (Geriatric Evaluation Medicine) Unit.

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 not currently funded by the Government. The Foundation supports patients, husbands, wives, parents and children alike by raising funds to support the work of Southern Adelaide Palliative Services incorporating the Daw House Hospice on the grounds of the RGH.

The Daw House Hospice Foundation provides an annual grant of over \$97 500 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.

One of our major project achievements for 2013-14 was the completion of the Daw House refurbishment project with RGH and Southern Adelaide Palliative Services. The Foundation worked hard to raise the extra \$140 000 in cash and in-kind donations required over a two year period.

Some of our fundraising highlights for 2013-14 have included the Ride4Repat cycling event to Mount Gambier and back, Soiree at the Zoo, Bridal Garden Party and the Everest Base Camp Trek and many other smaller events.

Activity Data

Table 6 - Summary of patient activity

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Admitted patients	63 147	12 083	18 828
Outpatient consultations	360 280	23 324	136 693
ED attendances (excludes people who did not wait to be seen)	73 271	41 621	-
Total	496 698	77 028	155 521

The RGH does not have an ED. Data for the 2013-14 annual report has been sourced from the SA Health - Health Information Portal (HIP). Data presented in the 2013-14 report may differ from data presented in the previous reports which was derived from other sources.

Table 7 - Detailed patient activity (note: Not all specialties have been listed in the table below. Totals are accurate for each site)

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Cardiology	3 089	271	301
Respiratory medicine	3 215	416	485
Gastroenterology	3 004	271	352
Neurology	3 005	277	869
Renal dialysis	8 763	5 011	-
Ophthalmology	1 769	762	328
Orthopaedics	3 694	691	1 568
Urology	861	251	1 772
Vascular surgery	1 051	21	185
General medicine	5 357	507	494
General surgery	3 644	368	329
Gynaecology	2 403	655	5
Obstetrics	4 620	14	-
Liver transplantation	23	-	-
Non-acute rehabilitation			6 959
Total admitted patients	63 147	12 083	18 828

Table 8 – Outpatient consultations

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Allied health	29 394	5 779	27 555
Emergency & perioperative medicine	3 629		
Medical	62 455	10 545	37 274
Mental health	6 303		5 062
Ophthalmology	18 886		5 521
Palliative			7 476
Surgical	66 477	5 514	26 115
Women and children	51 741	1 486	
Medical imaging	81 740		25 919
Diagnostic consultations	39 655		1 771
Total outpatient consultations	360 280	23 324	136 693

Table 9 - Emergency Department attendances

	Flinders Medical Centre	Noarlunga Hospital
Triage category 1 – immediate	1 345	152
Triage category 2 – 10 minutes	10 551	4 622
Triage category 3 – 30 minutes	33 183	11 836
Triage category 4 – 60 minutes	24 399	22 513
Triage category 5 – 90 minutes	3 793	2 498
Total Emergency Department attendances	73 271	41 621

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

Table 10 - Emergency Department seen within threshold

	Flinders Medical Centre	Noarlunga Hospital
Triage category 1 – immediate	100%	N/A
Triage category 2 – 10 minutes	70%	N/A
Triage category 3 – 30 minutes	57%	N/A
Triage category 4 – 60 minutes	79%	N/A
Triage category 5 – 90 minutes	96%	N/A

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

Noarlunga Hospital data not available due to initial seen time information not being accurately entered into EPAS.

Table 11 - Activity profile

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Average length of stay for overnight patients (days)	5.57	5.52	12.17
Total overnight patients	38 175	3 862	7 577
Day patients (excluding emergency)	18 785	7 597	11 217
Operations (excluding minor procedures)	18 025	4 151	4 946
Babies born	3 515	-	-

Table 12 - Emergency/elective admission profile

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Emergency overnight admissions	26 582	2 403	1 853
Emergency day admissions	6 187	624	34
Total emergency admissions	32 769	3 027	1 887
Elective overnight admissions	11 593	1 459	5 724
Elective day admissions	18 785	7 597	11 217
Total elective admissions	30 378	9 056	16 941

Table 13 - Elective surgery performance

	Flinders Medical Centre	Noarlunga Hospital	Repatriation General Hospital
Proportion of category 1 patients admitted within 30 days	95%	100%	76%
Proportion of category 2 patients admitted within 90 days	90%	100%	69%
Proportion of category 3 patients admitted within one year	97%	100%	88%

Table 14 - Primary Health Services Hours

	2011-12	2012-13	2013-14
Formal – Hours	29 141	44 865	31 093
Informal – Hours	691	564	0
Groups – Hours	3 772	4 615	8 899
Community Development - Hours	6 329	6 097	0
Non Client	23 526	53 066	0
Total Hours (excluding Non-client)	39 932	56 141	39 992

Table 15 - Primary Health Services – Occasions of Service

	2012-13	2013-2014
Primary Care services	48 858	50 109
GP Plus Service Funds programs <i>(including Metropolitan Referral Unit state-wide service)</i>	369 198	242 056

Note: Primary health services and GP Plus Service Funds programs were reduced in 2013-14 due to implementation of McCann Review recommendations and reduced funding allocations.

Workforce Information

Employee Numbers, Gender and Status

Table 16 – Total Number of Employees

Total Number of Employees	
Persons	7 496
FTEs	5 827

Table 17 - Gender

Gender	% Persons	% FTE's
Male	22.83%	24.75%
Female	77.17%	75.25%

Table 18 – Separations and Recruitments

Number of Persons During the 2012-13 Financial Year	
Separated from the agency	1 054
Recruited to the agency	1 067
On Leave Without Pay at 30 June 2013	233

Table 19 – Employees by Salary Bracket

Salary Bracket	Male	Female	Total
\$0 - \$54 799	386	1 388	1 724
\$54 800 - \$69 699	226	1 302	1 528
\$67 700 - \$89 199	435	2 337	2772
\$89 200 - \$112 599	218	583	801
\$112 600 +	446	225	671
Total	1 711	5 835	7 496

Table 20 – Status of Employees

FTEs	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	1 109	375	9.09	87.49	1 442.53
Female	4 176	832.74	24.76	238.92	4 384.95
Total	5 285	1 207.74	33.85	326.41	5 827.48
Persons	Ongoing	Short-Term Contract	Long-Term Contract	Other (Casual)	Total
Male	1 109	405	10	187	1 711
Female	4 176	1015	30	564	5 785
Total	5 285	1 420	40	751	7 496

Executives

Table 21 - Executives by Gender, Classification and Status

Classification	Ongoing		Term Tenured		Term Untenured		Total		
	Male	Female	Male	Female	Male	Female	Male	Female	Total
EXEC0A	0	0	0	0	2	1	2	1	3
EXEC0B	0	0	0	0	0	1	0	1	1
EXEC0C	0	0	0	0	1	0	1	0	1
EXEC0D	0	0	0	0	0	1	0	1	1
Total	0	0	0	0	3	3	3	3	6

Leave Management

Table 22 - Average Days Leave per Full Time Equivalent Employee

Leave Type	2010-11	2011-12	2012-13	2013-14
Sick Leave Taken	-	11.34	12.10	12.0
Family Carer's Leave	-	0.29	0.30	0.2
Misc Special Leave	-	0.57	0.50	0.5

Note – the Southern Adelaide LHN (SALHN) was established on 1 July 2011, therefore there is no data prior to 1 July 2011 for SALHN

Workforce Diversity

Table 23 - Aboriginal and/or Torres Strait Islander Employees

Salary Bracket	Aboriginal Employees	Total Employees	% Aboriginal/Torres Strait Islander	Target*
\$0 - \$54 799	20	1 724	1.16%	2%
\$54 800 - \$69 699	23	1 528	1.51%	2%
\$69 700 - \$89 199	13	2 772	0.47%	2%
\$89 200 - \$112 599	5	801	0.62%	2%
\$112 600 +	0	671	0.00%	2%
Total	61	7 496	0.81%	2%

* Target from SASP

Table 24 – Number of Employees by Age bracket by Gender

Age Bracket	Male	Female	Total	% of Total	Workforce Benchmark*
15 – 19	8	18	26	0.35	6.2%
20 – 24	64	259	323	4.31	9.7%
25 – 29	167	605	772	10.3	10.9%
30 – 34	176	696	872	11.63	9.8%
35 – 39	222	632	854	11.39	10.1%
40 – 44	258	717	975	13.01	11.8%
45 – 49	219	768	987	13.17	11.2%
50 – 54	242	815	1 057	14.1	11.3%
55 – 59	182	742	924	12.33	9.0%
60 – 64	110	416	526	7.02	6.1%
65 +	63	117	180	2.4	3.7%
Total	1 711	5 785	7 496	100.00%	100.0%

* As at Feb 2013 from ABS

Table 25 – Cultural and Linguistic Diversity

	Male	Female	Total	% of Agency	SA Community*
Number of employees born overseas	432	1 120	1 552	20.7%	22.1%
Number of employees who speak language(s) other than English at home	47	156	203	2.71%	14.4%

* ABS Publication Basic Community Profile (SA) Cat No. 2001.0, 2006 Census

Table 26 – Employees with a Disability

	Male	Female	Total	% of Agency
Total	5	7	12	0.2%

Table 27 – Number of Employees Requiring Workplace Adaptation

	Male	Female	Total	% of Agency
Total	5	5	10	0.1%

Table 27 – Types of Disability

	Male	Female	Total	% of Agency
Physical	1	1	2	0%
Intellectual	1	0	1	0%
Sensory	2	3	5	0.1%
Psychological/Psychiatric	0	1	1	0%
Total	4	5	9	0.1%

Voluntary Flexible Working Arrangements

Table 28 – Voluntary Flexible Working Arrangements by Gender

	Male	Female	Total
Purchased Leave	1	0	1
Flexitime	15	82	97
Compressed Weeks	1	23	24
Part-time	750	3 993	4 743
Job Share	0	6	6
Working from Home	0	0	0

* Data is inconsistently recorded in the HRMS, therefore actual utilisation of Voluntary Flexible Working Arrangements may be under-represented

Performance Development

Table 29 – Documented Individual Performance Development Plan

	% with a plan negotiated within the past 12 months	% with plan older than 12 months	% no plan
Total Workforce	34.65%	32.39%	32.96%

Leadership and Management Development

Table 30 – Leadership and Management Training Expenditure

Training & Development	Total Cost	% of Total Salary Expenditure
Total training and development expenditure	\$8 485 758	1.38%
Total leadership and management development expenditure	\$478 340	0.08%

* 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.

Accredited Training Packages

Table 31 - Accredited Training Packages by Classification

Classification	Number of Accredited Training Packages
	NIL

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.

Table 32 – Overseas Travel by Employees

The table below identifies the overseas travel undertaken by SALHN employees during the 2013-14 reporting period.

Travel within Australasia (including visits to New Zealand, Papua New Guinea and Australian Territories) is not included in the tables below unless it was part of a more extensive itinerary encompassing other overseas destinations.

- Note:
- (1) Denotes overseas travel funded by the employee's professional development fund as part of the Medical Officer's Enterprise Agreement
 - (2) Externally funded by the conference organisers.
 - (3) DASSA employee, travel approval granted by the Chief Executive, SA Health with total travel costs held by SALHN due to statutory reporting requirements
 - (4) SALHN salary funded costs only

Number of Employees	Destination/s	Reason/s for Travel	PD(1) (Y/N)	Total Cost to SALHN
1	India	Conference	Y	\$12 766.11
1	United States of America	VEITH symposium	Y	\$15 825.89
1	England	Association of Cardiothoracic Anaesthetists academy and pain study day	Y	\$23 761.37
1	Denmark and England	International Symposium on Critical Bleeding and Joint Intensive Care Symposium	Y	\$10 289.03
1	England	Cardiac Disease and Anaesthesia Symposium	Y	\$15 233.68
1 (4)	New Caledonia and Vanuatu	Nurses for Nurses Network 2013 Annual Conference	N	\$3 304.99
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$25 275.31
1	United States of America	Post Graduate Assembly meeting	Y	\$9 520.50
1	Dublin	Review of ED models of care and Royal Australasian College of Medical Administrators conference	Y	\$4 480.65
1	United States of America	Presenting and attending Peak National and International Conferences in professional field	Y	\$10 427.06
1	United States of America	45th annual cardiovascular scientific conference	Y	\$19 818.38
1	Canada	Experience in liver transplant unit	Y	\$15 591.14
1	United Kingdom	FRCS exam in general surgery	Y	\$8 886.09

1	England	44th Australian and New Zealand Society of Nuclear Medicine annual meeting	Y	\$21 527.81
1	France	26th Annual Congress of European Society of Intensive Care Medicine, and post graduate update	Y	\$17 280.81
1	Greece and Italy	Congress on Vascular dementia, and first cognitive impairment European meeting	Y	\$21 364.68
1	Spain	Chest world congress	Y	\$12 856.45
1	Germany	Eating disorders International conference	Y	\$18 669.04
1	United States of America and New Zealand	American Society of Anaesthesiologists conference and Effective Management of Anaesthetic Crises course -	Y	\$17 023.97
1	South Africa	Emergency Medicine Society of South Africa annual conference including advanced ultrasound workshop	Y	\$23 138.01
1	United States of America	American Psychiatric Association annual meeting	Y	\$7 451.35
1	England	International Congress of the Royal College of Psychiatrists	Y	\$14 265.41
1	United States of America	Digestive disease week	Y	\$9 878.83
1	Hong Kong	6th Asia Pacific Heart Rhythm Society and Cardio Rhythm conference	Y	\$9 374.59
1	Monaco and France	International Olympic Committee advanced physicians course	Y	\$9 990.05
1	Denmark	European Academy of Allergy and Clinical Immunology congress	Y	\$11 221.33
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$22 841.74
1	England	European anaesthesia conference	Y	\$28 161.85
1	Netherlands	European Head and Neck course	Y	\$8 587.39
1	Denmark	Royal Australian and New Zealand College of Ophthalmologists annual scientific conference	Y	\$12 740.00
1	Italy	Visiting Professorship, University of Sassari	Y	\$14 884.25
1	England	Metallization based treatment training	Y	\$6 780.65

1	Belgium	1st European Organisation for Research and Treatment of Cancer survivorship summit	Y	\$30 228.70
1	United States of America	San Antonio breast cancer symposium	Y	\$ 945.03
1	France	26th Annual Congress of the European Society of Intensive Care Medicine	Y	\$21 772.57
1	Indonesia	Clinical presentation Sanglah Hospital	Y	\$4 565.05
1	United States of America	European echocardiography course	Y	\$6 556.68
1	United States of America	Echo cardiographic workshop	Y	\$15 398.83
1	United States of America	Society of Obstetricians and Gynaecologists 2013 annual clinical meeting	Y	\$11 545.55
1	Italy	Federation of Gynaecology and Obstetrics world congress	Y	\$12 318.23
1	United States of America	Attend American College of Cardiology Annual Scientific conference	Y	\$21 956.46
1	United States of America	47th United States of America Cardiovascular scientific Symposium	Y	\$16 228.48
1	United States of America	4th Asia- Pacific Osteoporosis meeting	Y	\$12 758.41
1	Singapore	The Australian and New Zealand College of Anaesthetists workshops/lectures	Y	\$15 040.85
1	Spain	European College of neuropsychopharmacology congress	Y	\$10 258.74
1	Japan	World ophthalmology congress	Y	\$7 437.14
1	United States of America	American Thoracic Society conference 2014	Y	\$8 037.29
1	Sri Lanka	Present to Sri Lanka Medical Association and attend postgraduate meeting	Y	\$3 710.05
1	Malaysia	Australian Chinese Medical Association sessions/workshops	Y	\$10 301.52
1	United States of America	Annual review of geriatric medicine	Y	\$13 352.28
1	Singapore	Oesophageal HRM and impedance-pH MMS training course	Y	\$7 765.93
1	India	Society of Orthopaedic Surgery and Traumatology world conference	Y	\$7 533.16
1	United States of America	Challenges in Clinical Cardiology: A Case-Based Update	Y	\$17 963.36

1	United States of America	American Orthopaedic Foot and Ankle Society conference	Y	\$10 519.04
1	China	Guest speaker at the Chinese Orthopaedic Association conference	Y	\$6 911.20
1	United Kingdom, Mexico, Argentina	International Congress 2013, World Psychiatric Association Regional Congress and XXIII APM National Congress, International Association for the Study of Pain 2014	Y	\$40 130.30
1	Canada	Emergency Medicine conference	Y	\$28 920.63
1	United Kingdom	Royal College of Obstetricians and Gynaecologists World Congress 2013 and Paediatric Adolescent Gynae update	Y	\$8 578.36
1	Germany	Clinical Topics in Personality Disorder	Y	\$12 740.28
1	United States of America	United States of America Society of Anaesthesiology Patient-controlled Analgesia conference	Y	\$24 398.48
1	China	Tour of hospital and teaching about dementia	Y	\$18 357.33
1	South Korea	International Association of Gerontology and Geriatrics symposium	Y	\$21 770.01
1	Singapore	Teaching about Dementia	Y	\$8 675.93
1	Austria and England	XXI World Congress of Neurology and visit to MND Clinic	Y	\$9 445.46
1	Sweden	18th International congress for Parkinson's disease and movement disorders	Y	\$17 610.91
1	Japan	International Hokkaido trauma conference 2014	Y	\$13 745.87
1	Japan	Trauma conference	Y	\$13 608.87
1	Canada	Australian and New Zealand Hepatic, Pancreatic and Biliary Association and Australian and New Zealand Gastric and Oesophageal Surgery Association combined annual meeting	Y	\$1 324.59
1	China	Guest speaker at Current Concepts in Hospital Management	Y	\$19 421.66
1	Singapore	Royal Australasian College of Surgeons annual scientific congress	Y	\$13 606.96
1	Canada	Paediatrics brain development and learning conference	Y	\$5 930.59

1	Singapore	American Association for Paediatric Ophthalmology and Strabismus/Singapore National Eye Centre joint paediatric Ophthalmology conference	Y	\$10 181.43
1	United States of America	Transcatheter Cardiovascular scientific conference	Y	\$15 556.41
1	United States of America	American college of cardiology conference	Y	\$18 229.79
1	New Zealand and Ireland	13th International Society for the Prevention of Child Abuse and Neglect European Regional Conference on Child Abuse and Neglect	Y	\$18 977.50
1	Ireland	13th International Society for the Prevention of Child Abuse and Neglect European Regional Conference on Child Abuse and Neglect	Y	\$13 042.74
1	Czech Republic and Spain	Medicine on the Edge and Emergency Medicine Update	Y	\$24 881.70
1	Hong Kong	International conference on emergency medicine	Y	\$15 947.33
1	United States of America	American Thoracic Society 2014	Y	\$24 529.85
1	United States of America	Neuropsychiatry conference	Y	\$19 004.73
1	United States of America	Update in Emergency Medicine Conference	Y	\$8 785.08
1	United States of America	Fourth Annual Winter Symposium in Intensive Care and Emergency Medicine	Y	\$22 189.59
1	Italy	Invited speaker Matercare10th International Conference - Maternal Health Care	Y	\$4 511.83
1	Canada	World Congress on Thyroid Cancer and study leave	Y	\$8 784.75
1	Indonesia	Conference	Y	\$6 289.21
1	United States of America	Attendance of, and presentation at, the American College of Rheumatology Annual Scientific Meeting	Y	\$21 201.51
1	Malaysia	International College of Neuropsychopharmacology special conference on addiction and mental health	Y	\$9 466.42
1	Singapore	The Australian and New Zealand College of Anaesthetists meeting	Y	\$5 464.48
1	Hong Kong	Presented at Asia Pacific Heart Rhythm Society Conference	Y	\$3 960.83
1	Italy	Generation and Regeneration International Conference and Laser training	Y	\$18 918.45

1	United States of America	American Society of Nephrology Nephrology scientific meeting	Y	\$25 733.56
1	South Korea	16th Annual Conference of the International Society for Bipolar Disorders	Y	\$12 079.02
1	Indonesia	Teaching and meetings medical and nursing staff	Y	\$7 439.37
1	West Timor	Collegiate meetings and lecturing medical personnel	Y	\$1 959.11
1	Malaysia and Indonesia	61st orthopaedic symposium	Y	\$16 091.78
1 (4)	New Mexico	Meeting - American College of Clinical Pharmacy International Meeting	N	\$3 418.27
1	United States of America	American Thoracic Society 2013 international conference	Y	\$11 162.03
1	Sweden	European Society of Anaesthesiology conference	Y	\$20 175.06
1	Scotland	Royal College of Psychiatrists conference	Y	\$9 824.83
1	China	International Society of Physical and Rehabilitation Medicine conference	Y	\$6 216.55
1	Singapore	2014 Royal Australasian College of Surgeons and Australian and New Zealand College of Anaesthetists annual scientific meetings	Y	\$11 966.99
1	Hong Kong	International conference on emergency medicine conference	Y	\$25 608.02
1	England	Obstetrics and gynaecology congress	Y	\$14 067.36
1	Europe (Mediterranean Cruise)	World vulvar conference	Y	\$15 606.09
1	United States of America	Chest conference	Y	\$12 785.87
1	France	Conference	Y	\$19 927.51
1	United States of America	167th American Psychiatric Association annual meeting	Y	\$10 382.87
1	India	Speaker Gango hospital orthopaedic conference	Y	\$9 023.45
1	China	Presenter at Chinese Orthopaedic Association	Y	\$7 896.63
1	United States of America	American Medical Group Association conference	Y	\$11 182.55
1	England	Management of Emergency Trauma conference	Y	\$14 461.07
1	Scotland	Managing obstetric emergency course	Y	\$14 461.07
1	United States of America	Essentials of Emergency Medicine	Y	\$13 679.29

1	Malaysia	Kota Kinabalu Emergency Medicine conference/course	Y	\$17 791.18
1	United States of America	167th American Psychiatric Association annual meeting	Y	\$24 772.14
1	United States of America	Training	Y	\$8 225.01
1	United States of America	Workshop in 2D / Doppler Echo	Y	\$10 085.15
1	Indonesia	South Pacific Underwater Medicine Society 43rd Annual Scientific Meeting	Y	\$19 053.89
1	France	Tri-continental Scientific Meeting on Diving and Hyperbaric Medicine	Y	\$25 529.42
1	China	Australasian pancreatic club annual scientific meeting	Y	\$12 479.11
1	England	Emergency medicine course	Y	\$24 549.46
1	Laos	Conference	Y	\$9 340.48
1	United States of America	Lumbar procedures course	Y	\$17 835.50
1	England	International society of oxygen transplant to tissue conference	Y	\$22 905.04
1	Hong Kong	World Congress of Nephrology Conference	Y	\$17 411.93
1	United States of America	American Society of Nephrology 2013 Annual conference	Y	\$18 748.31
1	United States of America	American Academy of Neurology 66th Annual Meeting	Y	\$9 411.80
1	United States of America	Annual American Epilepsy Society meeting	Y	\$11 911.90
1	United States of America	Echocardiographic workshop	Y	\$23 087.98
1 (4)	New Caledonia and Vanuatu	Nurses for Nurses Network 2013 annual conference	N	\$2 740.52
1	United Kingdom	Transradial Masterclass in Interventional Cardiology	Y	\$19 115.48
1	Singapore	Advanced endocrinology course	Y	\$6 111.73
1	United States of America	American urology association annual meeting 2013	Y	\$5 110.50
1	England	International liver congress	Y	\$7 893.36
1	Canada	Paediatric Academic Societies/ Association of Staff Physician Recruiters 2014 combined meeting	Y	\$4 122.81
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$7 893.36

1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting - workshops/lectures	Y	\$20 301.12
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$14 819.23
1	United States of America	Anaesthesiology 2013 Global Partners in Quality Outcomes and patient Safety	Y	\$13 970.33
1	United States of America	2012 Essentials of Emergency Medicine Conference	Y	\$22 546.25
1	Singapore	Pigment cell focus meeting	Y	\$4 715.31
1	United States of America	Digestive disease week conference	Y	\$21 163.61
1	Turkey	International Federation for the Surgery of Obesity and Metabolic Disorders 2013 World Congress	Y	\$16 522.47
1	Singapore	Royal Australasian College of Surgeons congress	Y	\$15 749.60
1	England	Royal College of Obstetricians and Gynaecologists world congress 2013	Y	\$10 597.65
1	Canada	Whistler anaesthesiology summit	Y	\$15 486.68
1	Singapore	The Australian and New Zealand College of Anaesthetists conference	Y	\$9 089.22
1	England	Entrance interview	Y	\$8 596.35
1	England	17th International Society of Limb Salvage Congress conference	Y	\$14 194.32
1	Hong Kong	Thoracic Society of Australia & New Zealand and Society of Respiratory Science annual scientific meeting 2014	Y	\$14 765.88
1	Spain	International dermatology conference	Y	\$22 545.83
1	United States of America	American Thoracic Society 2013 conference	Y	\$6 268.98
1	United States of America	Harvard University medical school conference	Y	\$16 765.87
1	United States of America	Conference	Y	\$9 505.28
1	Turkey	Scientific meeting of the European Society of Cardiology	Y	\$18 295.25
1	Hong Kong	Asia Pacific Heart Rhythm Society medical conference	Y	\$4 527.38
1	Netherlands	European Society of Cardiology Conference	Y	\$3 999.52

1	United States of America	University of British Columbia radiology conference:	Y	\$11 234.35
1	Singapore	Australian and New Zealand College of Anaesthetists Annual Scientific Meeting	Y	\$18 038.38
1	United States of America	Thoracic Symposium and 68th PGA meeting	Y	\$13 855.93
1	Dubai/Turkey	World Congress For Neuro-rehabilitation	Y	\$6 762.24
1	United States of America	Academy Health annual research meeting	Y	\$7 818.46
1	Japan	International Hokkaido trauma conference 2014	Y	\$11 761.46
1	United States of America	USC Essentials of Emergency Medicine	Y	\$18 175.05
1	Netherlands	International Society of Travel Medicine Conference	Y	\$16 008.24
1	United Kingdom	General Medical Council of United Kingdom plab exam 1	Y	\$5 620.51
1	Sweden	European society of anaesthetists meeting	Y	\$24 780.73
1	United States of America	American Academy of Neurology 66th annual Meeting	Y	\$20 505.50
1	Denmark	European Committee for Treatment and Research in Multiple Sclerosis	Y	\$10 430.28
1	Ireland	13th International Society for the Prevention of Child Abuse and Neglect European Regional Conference on Child Abuse and Neglect	Y	\$11 457.15
1	United States of America	4th annual winter symposium in intensive care and emergency medicine	Y	\$25 644.72
1	United States of America	Harvard Institute for Medical Simulation: Comprehensive Instructor Workshop	Y	\$11 181.76
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting plus workshop	Y	\$18 386.70
1	Maldives	Amped exchanging knowledge and experience	Y	\$10 745.22
1	Scotland	9th European breast cancer conference	Y	\$20 480.59
1	United States of America	American Society of Anaesthesiology conference	Y	\$9 010.24
1	United States of America	Post Graduate Assembly annual conference	Y	\$8 612.00
1	South America	13th international child neurology congress	Y	\$7 745.28

1	Europe	World Association for Infant Mental Health conference and European Society of Human Reproduction and Embryology conference	Y	\$12 333.02
1	Scotland	Conference	Y	\$11 466.03
1	Europe	Psychiatry conference	Y	\$18 635.11
1	Japan	Mental health conference	Y	\$14 523.20
1	United Kingdom	Intensive care conference	Y	\$9 617.36
1	United States of America	16th International Congress of Endocrinology and 96th Annual Meeting	Y	\$24 850.09
1	United States of America	Ice/endocrine Society 2014 conference	Y	\$8 600.56
1	Denmark	Europe pacific conference	Y	\$9 590.54
1	United States of America	Us endocrine society annual meeting	Y	\$3 506.00
1	United States of America	American Thoracic Society international conference committee meeting	Y	\$11 581.20
1	United States of America	American Thoracic Society 2014	Y	\$27 710.49
1	Singapore	2014 Royal Australasian College of Surgeons annual scientific conference and Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$23 634.65
1	United Kingdom	Royal College of Ophthalmologist Congress	Y	\$13 237.76
1	United States of America	Breast imaging conference	Y	\$10 297.01
1	Singapore	2014 anaesthetic annual scientific meeting	Y	\$13 964.56
1	United States of America	Post-doctoral study	Y	\$17 828.22
1	United States of America	33rd Annual Current Concepts in Cardiology Conference	Y	\$3 680.36
1	Singapore	Royal Australasian College of Surgeons congress	Y	\$19 317.21
1	Singapore	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$16 060.33
1	Germany	Cochlear implant meeting	Y	\$11 526.21
1	Denmark	Observation and instruction	Y	\$17 538.36
1	Denmark	9th congress of European Crohn's and Colitis Organisation	Y	\$15 792.99
1	United States of America	Anaesthetic conference	Y	\$18 047.20
1	West Timor	Surgical collaboration Kefa hospital	Y	\$1 967.81

1	United States of America	Isis bio skills course	Y	\$23 406.68
1	United States of America	Cardiovascular scientific conference	Y	\$22 461.58
1	United States of America and England	American college of cardiology conference	Y	\$31 128.21
1	United States of America	PVSS 24th Annual Winter Meeting 2014	Y	\$18 455.53
1	Netherlands	European Cardiac Society meeting	Y	\$23 627.02
1	United Kingdom, Norway, Scotland	Study/Research for International medical expo and congress, meetings for pathology telemedicine meetings and Australian Commission on Safety and Quality in Health Care workshop	Y	\$23 971.08
1	India	Annual Indian diabetes conference	Y	\$7 931.51
1	China	Invited speaker Third Guangzhou International Congress	Y	\$10 493.42
1	United States of America	American Thoracic Society 2013 conference	Y	\$27 069.25
1	United States of America	International Behavioural Neuroscience conference	Y	\$14 958.86
1	South Korea	Visit to care facility and conference	Y	\$12 010.64
1	United States of America	American Society of cataract and refractive surgery	Y	\$27 103.99
1	Singapore	European Society of Cataract and Refractive Surgeons congress and Deep Anterior Lamellar Keratoplasty/DeQueen-Mena Education Service Cooperative course	Y	\$16 490.16
1	Malaysia	Royal Australasian College of Surgeons / Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$2 839.70
1	Taiwan	Asian Australasian Federation of Pain Societies 2014	Y	\$2 438.05
1	Israel	The 61st International Congress of Aviation and Space Medicine	Y	\$5 647.32
1	Vietnam	10th Asia pacific travel health conference	Y	\$2 772.49
1	Italy	Conference	Y	\$13 181.83
1	India	Speaker at CME meeting in India	Y	\$17 771.51

1 (4)	United States of America	Best practices meeting	N	\$11 931.70
1 (4)	France	Presentation to the Medicine with Attitude Conference	N	\$13 236.14
1	United Kingdom	Royal College of Obstetricians and Gynaecologists world congress 2013	Y	\$24 237.77
1	Germany	United European gastroenterology week conference	Y	\$16 353.50
1	United States of America	Ageing, Rehabilitation and Geriatric Care conference	Y	\$6 727.26
1	Zimbabwe and Malawi	Specialists without borders conference/education course	Y	\$23 037.97
1	United States of America	Gastroenterology conference	Y	\$14 881.75
1	United States of America	Exam	Y	\$10 541.60
1	India	The Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$18 393.01
1	Singapore	Core resuscitative skills training course	Y	\$3 754.38
1	United States of America	Robotic assisted surgery course	Y	\$38 618.64
1	South Korea	International Federation of Oto-Rhino-Laryngological Societies Conference and Invited speaker	Y	\$8 488.52
1	United States of America	Paediatric and Ear Nose and Throat conference	Y	\$29 101.44
1	Thailand	Clinical training	Y	\$2 387.98
1	Spain	European Atherosclerosis Society scientific meeting to present abstract	Y	\$9 852.62
1	Spain	European College of Neuropsychopharmacology Conference and Spanish Society of Dual Disorders conference	Y	\$4 943.77
1	United States of America	Annual scientific meeting of the American College of Rheumatology	Y	\$23 366.76
1	United States of America	Critical care conference with simulation sessions	Y	\$32 652.37
1	United States of America	Presenting at International Meeting on Simulation in Healthcare 2014	Y	\$33 719.02
1	United States of America	Aspen retinal detachment society meeting	Y	\$19 244.70
1	Ireland and Spain	European Society for Child and Adolescent Psychiatry 2013 conference	Y	\$9 140.71

1	Singapore	18th Asean Congress of Anaesthesiology	Y	\$10 569.77
1	Singapore	Australian and New Zealand College of Anaesthetist Annual Scientific Meeting and Conference	Y	\$14 170.36
1	Singapore	18th Asean Congress of Anaesthesiologists congress	Y	\$3 809.39
1	Canada	International Anaesthesia Research Society symposium	Y	\$4 581.96
1	Italy and England	4th schizophrenia international research society conference	Y	\$26 076.44
1	Germany	Presenting at 14th International Congress of the International Federation of Psychiatric Epidemiology	Y	\$11 692.26
1	Germany	27th European College of Neuropsychopharmacology congress	Y	\$10 229.10
1	United States of America	American College of Surgeons conference	Y	\$17 604.40
1	Malaysia	Developing a protocol for systematic review workshop	Y	\$11 605.80
1	New Mexico	Wilderness and adventure medical conference	Y	\$2 665.05
1	Canada	Canadian critical care conference	Y	\$30 410.98
1	Spain	International Congress of Paediatric Pulmonology, Irish Paediatric Emergency Research Meeting, Child Public Health and Social Paediatrics conference, Advanced Paediatric Life Support, University of Ottawa Radiology CME Course	Y	\$13 873.12
1	England	2014 Persistent Organic Pollutants meeting	Y	\$9 527.71
1	United States of America	Californian Society of Anaesthetics winter seminar	Y	\$25 930.11
1	Malaysia	15th International Society of Addiction Medicine annual meeting and conference	Y	\$782.81
1(2)(3)(4)	Malaysia	Invited keynote speaker at the International Society of Addiction Medicine annual meeting.	N	\$3 782.63
1(2)(3)(4)	Indonesia	Invited Core Trainer for Training of Trainer in Addiction Counselling and invited guest speaker at the 2014 Drug Treatment and Rehabilitation national meeting.	N	\$5 295.68
259				\$3 654 752.33

Table 33 - Overseas Travel 2013-2014 by Statewide Clinical Support Services employees

The table below identifies overseas travel undertaken by employees of Statewide Clinical Support Services during the 2013-14 reporting period which is reportable by SALHN.

Please Note: Overseas travel with respect to employees of SA Medical Imaging and SA Pharmacy were authorised by the Group Executive Director of Statewide Clinical Support Services not the CEO of SALHN.

- Note:
- (1) Denotes overseas travel funded by the employee's professional development fund as part of the Medical Officer's Enterprise Agreement
 - (2) Externally funded by employee
 - (3) SALHN funded salary costs only
 - (~) SA Pharmacy
 - (+) SA Medical Imaging

Number of Employees	Destination/s	Reason/s for Travel	PD(1) (Y/N)	Total Cost to SALHN
1 (~)	United States of America	Medical Imaging Conference	Y	\$43 668.70
1 (~)	Tokyo	Japanese Radiological Society annual meeting	Y	\$37 638.33
1 (~)	Istanbul	Liver imaging course	Y	\$24 722.50
1 (~)	Austria	ESGAR meeting/conference	Y	\$20 031.27
1 (~)	United States of America	Stoller Institute: Current issues in orthopaedics and sports medicine	Y	\$15 519.61
1 (~)	United States of America	Society for the Study of Reproduction conference	Y	\$7 033.00
1 (~)	Spain	Congress of the International Society of Radiology conference	Y	\$19 309.19
1 (~)	Japan	7 th international trauma conference 2014	Y	\$17 334.10
1 (~)	United States of America	MRI mini fellowship	Y	\$19 089.47
1 (~)	United States of America	Stoller Institute: Current issues in orthopaedics and sports medicine	Y	\$12 518.74
1 (2)(3)(+)	Singapore	Royal Australian College of Surgeons annual scientific congress	N	\$1 823.61
1 (+)	United States of America	18th annual ASHP conference for leaders in health system	N	\$5 982.38
1 (2)(3)(+)	United States of America	Annual conference	N	\$7 964.24
13				\$232 635.14

Table 34 – Revised 2012-13 Overseas Travel by Employees

In 2013-14 SALHN undertook a review of overseas travel reporting practices. This review identified inconsistencies in the overseas travel summary contained within the SALHN 2012-13 Annual Report. The table below includes revised overseas travel information for 2012-13.

Travel within Australasia (including visits to New Zealand, Papua New Guinea and Australian Territories) is not included in the tables below unless it was part of a more extensive itinerary encompassing other overseas destinations.

- Note:
- (1) Denotes overseas travel funded by the employee's professional development fund as part of the Medical Officer's Enterprise Agreement
 - (2) Externally funded by the conference organisers.
 - (3) DASSA employee, travel approval granted by the Chief Executive, SA Health with total travel costs held by SALHN due to statutory reporting requirements
 - (4) SALHN salary funded costs only

Number of Employees	Destination/s	Reason/s for Travel	PD(1) (Y/N)	Total Cost to SALHN
1	United Kingdom	Three day course on obstetric anaesthesia and analgesia / medical complications in pregnancy	Y	\$ 38 175.00
1	United Kingdom	Anniversary meeting 2013: perioperative medicine - the future of anaesthetist	Y	\$ 36 485.99
1	Singapore	Australian and New Zealand College of Anaesthetists annual scientific meeting	Y	\$ 10 464.06
1	United States of America	Society for paediatric radiology	Y	\$ 13 226.58
1	Italy	Sabbatical	Y	\$ 18 277.82
1	United Kingdom	Intercollegiate speciality examination in general surgery Northern General Hospital	Y	\$ 6 441.14
1	Netherlands	United European gastroenterology week 2012	Y	\$ 7 271.99
1 (4)	United Kingdom	Peri operative care of elderly patients, British Geriatric Society/ and 27th international conference of Alzheimer's disease international	Y	\$ 36 159.05
1	United States of America	Emergency medicine conference centre of medical education	Y	\$ 7 065.69
1 (4)	United States of America	Conference	Y	\$ 2 486.51
1 (4)	United Kingdom	Intensive and Critical Care Unit training	Y	\$ 5 971.39
1	United States of America	American Thoracic Society	Y	\$ 22 609.52
1	United States of America	American Psychiatric Association meeting May 2012	Y	\$ 11 616.14

1	Malaysia	Royal Australasian College of Surgeons annual scientific meeting	Y	\$ 15 010.12
1	Turkey	2nd international gastrointestinal cancer conference	Y	\$ 18 264.30
1	Argentina	15th world congress of anaesthesiologists	Y	\$ 20 680.86
1 (4)	Singapore	Conference	Y	\$ 4 245.41
1	China	Invited to speak at international conference (n further details provided)	Y	\$ 8 858.54
1	Portugal	European stroke meeting	Y	\$ 11 470.02
1	Canada	American Roentgen Ray Society 2012 conference	Y	\$ 21 447.65
1	United States of America	Heart rhythm society's 33rd annual scientific sessions	Y	\$ 20 050.70
1	United States of America	Annual meeting	Y	\$ 5 270.27
1	Czech Republic	22nd meeting of the European neurological society 2012	Y	\$ 6 097.96
1 (4)	Conference	United States of America	Y	\$ 2 075.43
1	France	Food Allergy and Anaphylaxis Meeting 2013 congress	Y	\$ 17 770.08
1	Spain	10th Europad conference	Y	\$ 11 346.05
1	Dubai	Who expert working group on who guidelines identification and management of substance use and disorders in pregnancy	Y	\$ 3 907.27
1	Spain	Conference	Y	\$ 20 596.39
1	United States of America	Conference	Y	\$ 3 768.69
1 (4)	Italy	Conference	Y	\$ 1 339.76
1	India	School of mental health - hypnotherapy level 3	Y	\$ 12 776.60
1	India and the United States of America	7th International Conference On Healthcare Systems And Global Business Issues, Jaipur/ And Indian Psychiatric Practice (Ancips), Bangalore / And American Psychoanalytic Association 2013 National Meeting	Y	\$ 32 943.49
1	Portugal	21st European stroke conference	Y	\$ 12 824.21
1 (2) (4)	China	Investigator meeting	N	\$ 1 066.64
1	France	European Society of Regional Anaesthesia 2012 conference	Y	\$ 14 398.65
1	United States of America	American congress of chest physicians annual conference	Y	\$ 7 966.24
1 (4)	United States of America	American Society of Clinical Oncology annual meeting: chronic conditions and lifestyle behaviour after cancer	Y	\$ 25 190.43
1	Italy	European respiratory society 22nd annual congress	Y	\$ 9 872.66

1	United States of America	Innate immunity : sensing the microbes and damage signals (q7) keystone	Y	\$ 14 696.61
1	Switzerland	Davos congress : world immune regulation meeting vii 2013	Y	\$ 27 967.07
1	Canada	Conference attendance - immune pathology of type 1 diabetes	Y	\$ 23 914.93
1	United States of America	Sol Shnider M.D. obstetric anaesthesia meeting 2012	Y	\$ 7 060.57
1	Turkey	Acute cardiac care 2012 meeting	Y	\$ 10 731.84
1	United States of America	New horizons in high field cardiovascular: promises and progress	Y	\$ 14 723.57
1 (4)	Italy	Joint international neurogastroenterology & motility meeting	N	\$ 6 802.70
1	United States of America	American college of obstetricians and gynaecologists 60th annual clinical meeting	Y	\$ 10 875.84
1	United States of America	45th cardiovascular symposium 2012	Y	\$ 29 035.78
1	Switzerland	International society addiction medicine conference	Y	\$ 22 423.50
1	Italy	International Congress of Endocrinology/European Congress of Endocrinology2012	Y	\$ 14 117.95
1	Italy	Investigator meeting	N	\$ 363.72
1	China	Asian pacific academy of ophthalmology meeting	Y	\$ 9 689.19
1	Singapore	INS meeting	Y	\$ 7 134.26
1 (4)	India	Conference	Y	\$ 1 813.49
1	United States of America	American Thoracic Society 2012 international conference	Y	\$ 9 912.75
1	Germany	1st global congress 2012	Y	\$ 16 232.02
1	United States of America	Annual assembly 2012	Y	\$ 22 417.69
1	Germany	2012 international congress on cardiac problems in pregnancy	Y	\$ 21 426.80
1	United States of America	American Society of Clinical Oncology conference	Y	\$ 22 462.83
1	Ireland	2nd international congress on cardiac problems in pregnancy / 11th international pulmonary hypertension forum	Y	\$ 10 224.94
1	United States of America	2012 Heart Failure Society of America scientific assembly	Y	\$ 19 894.99
1 (4)	Canada	Conference	Y	\$ 6 435.70
1 (4)	Malaysia and France	10th Royal College of Obstetricians and Gynaecologists International Scientific Congress /and 23rd European Congress in Medicine	Y	\$ 30 978.21
1	India	Concepts in knee and arthroscopy surgery	Y	\$ 24 163.09

1	United Kingdom	Trauma conference	Y	\$ 20 698.06
1	Switzerland	Attendance at medical conference for continued medical education	Y	\$ 17 437.34
1 (4)	United States of America	Paediatrics in the islands clinical pearls 2013	Y	\$ 8 882.40
1	United Kingdom	Paediatric and adolescent gynae update / Royal College of Gynaecologists world congress	Y	\$ 10 313.55
1 (4)	Netherlands	Conference	Y	\$ 1 707.32
1 (2)(4)	United States of America	Seminar - MRI Cardiac course	N	\$ 1 601.38
1	United States of America	Society of anaesthesiology meeting	Y	\$ 23 118.50
1	Brazil	Attendance and presentation at conference (n other details given)	Y	\$ 5 630.31
1	United States of America	Conference	N	\$ 5 988.30
1	United Arab Emirates, United Kingdom	Conference	Y	\$ 23 509.97
1	United States of America	2012 American Academy of Hospice and Palliative Medicine annual assembly	Y	\$ 5 281.03
1	Portugal	25th annual congress of the European society of intensive care medicine	Y	\$ 11 051.00
1	United States of America	Conference	Y	\$ 7 924.72
1	United States of America	Conference	Y	\$ 23 832.65
1	United States of America	Conference	Y	\$ 6 521.65
1	United States of America	Conference	Y	\$ 19 981.05
1	Japan	Conference	Y	\$ 11 175.14
1	South Korea	Conference	Y	\$ 9 001.68
1	Italy	World congress of the international society for diseases of the oesophagus	Y	\$ 26 041.71
1	United States of America	25th conference on behavioural addictive health disorders/ counselling and psychotherapy conference	Y	\$ 20 296.69
1	Japan	11th world congress of biological psychiatry	Y	\$ 17 683.20
1	Italy	1st international conference on mindfulness	Y	\$ 27 427.68
1	Japan	World congress	Y	\$ 6 798.32
1	India	International Society of pharmacoepidemiology conference	N	\$ 5 163.83
1	Italy	Conferences and Workshop	Y	\$ 15 134.80
1	United States of America	American College of Cardiology conference	Y	\$ 12 804.62

1 (2)(4)	Germany	European Society of Cardiology Conference	N	\$ 2 996.60
1 (2)(4)	China	Conference	N	\$ 2 140.43
1	Ireland	Conference	Y	\$ 8 325.23
1	Turkey	European Society for Emergency Medicine 2012 congress	Y	\$ 26 088.28
1 (4)	United States of America	Conference	Y	\$ 1 889.19
1	Austria and United States of America	Conference	Y	\$ 25 581.38
1	Germany	Conference	Y	\$ 16 891.93
1	Germany	Conference	Y	\$ 6 485.22
1	United States of America	Conference - diabetic foot conference	Y	\$ 3 966.57
1	France	European Sleep Research Society conference	Y	\$ 19 417.86
1	United States of America	2012 American Society of Clinical Oncology annual meeting	Y	\$ 6 140.12
1	United States of America	Kidney week 2012	Y	\$ 6 932.72
1	Italy	11th congress of the world Association for psychosocial Association	Y	\$ 18 038.19
1	United States of America	Conference	Y	\$ 17 964.73
1	France	European society of intensive care medicine summer conference	Y	\$ 22 016.80
1	Hong Kong	11th scientific congress of the Asia Pacific Association of Medical Toxicology	Y	\$ 13 460.80
1	United Kingdom	3rd oxford neurology course	Y	\$ 2 860.60
1	Cambodia	Teaching and performing surgery	Y	\$ 4 398.73
1	United States of America	American College of Rheumatology annual meeting	Y	\$ 27 647.52
1	United Kingdom	Medical obstetric emergency and trauma course	Y	\$ 30 685.48
1	Belgium	32nd symposium on intensive care	Y	\$ 28 577.66
1	Indonesia	Conference	Y	\$ 8 470.15
1	United States of America	Conference	Y	\$ 9 864.76
1	United States of America	Gelpoint gyn single site workshop @ division of clinical anatomy-Stanford University	Y	\$ 19 339.71
1	France	European Dialysis and Therapist Association meeting	Y	\$ 6 945.30
1	United States of America	Conference	Y	\$ 4 914.52
1	United Kingdom and Turkey	Nephrology conference and 50th European Renal Association-European Dialysis and Transplant Association congress	Y	\$ 24 728.60
1	Argentina	Conference	Y	\$ 44 490.33

1	Italy	Persistent postoperative pain : pathogenic mechanisms and preventative strategies	Y	\$ 20 226.68
1	Malaysia	Royal Australian College of Surgeons annual scientific congress 2012	Y	\$ 8 097.19
1	India	Conference	Y	\$ 7 897.87
1	United States of America	Meeting	Y	\$ 11 226.71
1	United Kingdom	European Partnering and Investment Conference 2012	Y	\$ 14 217.89
1 (4)	France	Conference	Y	\$ 2 915.50
1	United States of America	American Thoracic Society 2012 international conference	Y	\$ 16 623.90
1	Czech Republic	20th World Organization of Family Doctors world conference 2013	Y	\$ 12 529.10
1	France	Euroanaesthesia 2012	Y	\$ 19 906.08
1	Germany	Skin allergy meeting	Y	\$ 9 285.20
1	Spain	Attendance at two scientific conferences (n other details supplied)	Y	\$ 23 639.13
1	United Kingdom	Conference	Y	\$ 44 342.63
1	Hong Kong	11th scientific congress of the Asia Pacific Association of Medical Toxicology	Y	\$ 10 402.39
1 (4)	China	Conference	Y	\$ 2 373.03
1	United States of America	European Society of Anaesthesia conference	Y	\$ 6 457.50
1	United States of America	Advanced surgical techniques for obstructive sleep apnoea	Y	\$ 9 973.57
1	United States of America	Conference	Y	\$ 10 722.96
1	Romania	2013 congress	Y	\$ 17 106.94
1 (4)	Italy	Conference	Y	\$ 10 856.27
1	United Kingdom	International congress of the Royal College of Psychiatrists 2012	Y	\$ 14 210.90
1	United States of America	Vascular interventional advances 2012	Y	\$ 30 196.41
1	Denmark	22nd world congress on ultrasound in obstetrics and gynaecology	Y	\$ 9 348.44
1	United States of America	American Thoracic Society 2012 international conference	Y	\$ 14 271.22
1	United Kingdom	Conference	Y	\$ 15 473.69
1 (4)	China	Conference	Y	\$ 4 391.13
1	United States of America	American Thoracic Society international conference 2012	Y	\$ 24 250.10
1	Rawanda	Continuing medical/surgical education seminar	Y	\$ 11 855.87
1	United Kingdom and United States of America	Annual European Congress of Rheumatology conference	Y	\$ 11 526.11

1	Austria	European college of neuropsychopharmacology congress	Y	\$ 9 091.56
1	West Timor and China	Work trip to visit West Timor for education and surgical work	Y	\$ 8 526.45
1	Indonesia	Provision of an educational and clinical service	Y	\$ 8 387.74
1	United Kingdom United States of America	Nyssa Conference and 66th Postgraduate Assembly in Anaesthesiology/ Royal College of Anaesthetists Airway Workshop	Y	\$ 51 294.82
1	Malaysia	Royal Australasian College of Surgeons annual scientific meeting	Y	\$ 17 001.40
1	Germany	24th international congress of the transplantation society	Y	\$ 20 608.15
1	United Kingdom Ireland	British Allergy Society Meeting: new frontiers in allergy conference /and international congress of emergency medicine	Y	\$ 32 581.43
1	United States of America	Conference	Y	\$ 18 088.14
1	United States of America	Anaesthesiology 2012 : transforming patient safety through education and advocacy	Y	\$ 15 765.53
1	Italy	14th world congress on pain international therapies for chronic pain : indications and efficacy	Y	\$ 4 999.49
1	United Kingdom	Attending London Hospital and Royal Medical Society	Y	\$ 15 091.14
1	United States of America	Society for Cardiovascular Magnetic Resonance workshop	Y	\$ 12 107.63
1	United States of America	Conference	Y	\$ 5 252.19
1	France	49th European Renal Association and European Dialysis and Transplant Association congress	Y	\$ 7 057.41
1	United States of America	American Society of Nephrology kidney week 2012	Y	\$ 11 686.64
1	United States of America	American Academy of Neurology annual meeting	Y	\$ 27 260.99
1	Germany	European Society of Cardiology scientific sessions	Y	\$ 14 955.99
1	United States of America	American Heart Association	Y	\$ 15 713.54
1	United States of America	American College of Cardiology conference	Y	\$ 10 901.25
1	Germany	Esc meeting	Y	\$ 11 363.08
1	United States of America	American Heart Association scientific sessions 2011 /and American College of Rheumatology 2011 annual meeting	Y	\$ 9 075.33
1	United States of America	Conference	Y	\$ 5 586.29

1	United States of America	Participation in the Boston Children's Hospital simulation program	Y	\$ 16 090.83
1	Singapore	Conference	Y	\$ 41 583.83
1	United States of America	American Thoracic Society 2012 international conference	Y	\$ 16 816.11
1	Austria	European Respiratory Society 2012 annual congress	Y	\$ 14 924.28
1	China	Conference	Y	\$ 7 526.81
1	United States of America	American Thoracic Society international conference	Y	\$ 11 666.75
1	Italy	Hepatitis C Virus 2012 conference	Y	\$ 6 143.24
1	France	International Association for Medical Education 2012	Y	\$ 7 476.32
1	Tanzania	Medicine on the Edge conference	Y	\$ 10 746.35
1	United States of America	Society of Cardiovascular echocardiology course	Y	\$ 15 979.29
1	France	European Society of anaesthesiology Euroanaesthesia conference 2012	Y	\$ 9 176.59
1	Italy	International Federation of Gynaecology and Obstetrics world congress	Y	\$ 1 003.92
1	United States of America	Conferences	Y	\$ 17 266.39
1	Malaysia	Annual scientific congress	Y	\$ 12 515.56
1	India	International federation for the surgery of obesity and metabolic disorders xvii world congress	N	\$ 17 486.35
1 (4)	Taiwan	Meeting/workshop	Y	\$ 2 945.51
1	Italy	International congress of Endocrinology/European congress of Endocrinology2012	Y	\$ 12 344.42
1	United States of America	Conference	Y	\$ 5 691.06
1	United States of America	CME program sponsored by St Louis University School of Medicine	Y	\$ 19 737.74
1	Germany	Conference	Y	\$ 8 670.52
1 (2)(4)	Sweden	European Association for Psychiatric Nurses conference	N	\$ 793.62
1	Switzerland	World Academy of Science, Engineering and Technology 2013 international conference	Y	\$ 18 564.98
1	United States of America	Courses	Y	\$ 21 434.82
1	Hong Kong	Royal Australian and New Zealand College of Psychiatrists faculty of forensic psychiatry 2012 conference	Y	\$ 8 420.53
1	United States of America	American College of Rheumatology annual meeting	Y	\$ 24 864.78
1	United States of America	Alzheimer's Association international conference	Y	\$ 21 156.30
1	United States of America	American Society of Anaesthesiologists meeting	Y	\$ 15 154.70

1	Germany	2nd FFN global congress, board member attendance	Y	\$ 7 227.45
1	Singapore	Rehabilitation technology and innovation for everyone	Y	\$ 1 145.45
1	United States of America	Conference	Y	\$ 3 702.94
1	Japan	6th Hokkaido trauma conference	Y	\$ 11 162.88
1	United States of America	Conference	Y	\$ 11 134.49
1	China	Conference	Y	\$ 13 666.49
1	France	10th world congress of the international hepato-pancreato biliary Association	Y	\$ 27 688.39
1	Switzerland and United Kingdom	International Society of Addiction Medicine conference Geneva / City Health conference London	Y	\$ 6 000.00
1	France	28th meeting of European committee for treatment and research in MS	Y	\$ 13 499.54
1	Italy	Conference	Y	\$ 8 963.82
1	United Kingdom	Hands on experience with automated model - based drug development	Y	\$ 22 026.04
1 (4)	Canada	Conference	Y	\$ 2 787.97
1	Austria	European Society of University of Southern California radiology	Y	\$ 18 647.76
1	United States of America	Acute medical and surgical interpretation 2012 / emergency radiology	Y	\$ 15 176.54
1	India and United States of America	Emergency medicine conference 2012 and Institute for Emergency Medical Education	Y	\$ 31 314.18
1	Singapore	9th Asia pacific travel health conference	Y	\$ 7 845.56
1 (4)	China	Effective Management of Anaesthetic Crisis course	Y	\$ 1 889.19
1	Hong Kong	11th scientific congress of the Asia Pacific Association of Medical Toxicology	Y	\$ 13 891.07
1 (4)	Italy	International Society of Addiction Medicine 2012 persistent postoperative pain : pathogenic mechanisms and preventative strategies	Y	\$ 10 401.20
1	United States of America	2013 California Society of Anaesthesiologists winter anaesthesia seminar	Y	\$ 27 040.27
1	Republic of the Maldives	Allied Medical Professionals for Education and Development Conference	Y	\$ 13 209.47
1	Italy	1st European Congress in Paediatric Palliative Care	Y	\$ 27 992.94
1	Belgium	Global congress on prostate cancer	Y	\$ 13 993.14

1	United States of America	American Society of Anaesthesiologists annual scientific meeting	Y	\$ 16 180.51
1	Singapore	13th Asean Federation For Psychiatry and Mental Health	Y	\$ 22 038.77
1	United Kingdom	Conference	Y	\$ 78 498.00
1	Italy	Royal Australian and New Zealand College of Psychiatrists section of physiotherapy - 2012 conference	Y	\$ 22 694.81
1	Italy	International congress of endocrinology	Y	\$ 6 032.01
1	United States of America	Conference	Y	\$ 19 403.18
1	United States of America	Professional development	Y	\$ 10 518.60
1	United States of America	Thoracic society meeting	N	\$ 4 117.56
1	Singapore	Conferences	Y	\$ 19 439.36
1	Denmark	Europe pacific conference	Y	\$ 35 474.51
1 (4)	India	Conference	Y	\$ 4 181.95
1	United States of America	Sleep and Neurobiology Committee meeting	Y	\$ 21 463.05
1	United States of America	American Thoracic Society 2012 international conference	Y	\$ 21 654.02
1	United States of America	Conference	Y	\$ 16 625.37
1	Chile	Conference	Y	\$ 14 621.63
1	Morocco	Radiology conference	Y	\$ 10 255.01
1	United States of America, China and France	Present at national adjunct developers workshop and invitations to speak at International meetings	Y	\$ 60 556.43
1	United States of America	Keystone symposia on molecular and cellular biology	Y	\$ 17 551.61
1	Italy	EURETINA meeting	Y	\$ 12 941.82
1	United States of America	Keystone Symposia on molecular and cellular biology and Aspen Retinal Detachment Society meeting	Y	\$ 13 923.34
1	Italy	EURETINA meeting	Y	\$ 9 675.15
1	United Kingdom	Conference	Y	\$ 16 145.47
1	United States of America	Conference	Y	\$ 11 089.95
1	Portugal	21st European stroke conference	Y	\$ 20 069.42
1	China	Dementia : "train the trainer" workshop	Y	\$ 10 574.13
1	Germany	Conference	Y	\$ 15 943.38
1	Germany	24th international congress of the transplantation society	Y	\$ 21 740.58
1 (4)	United States of America	Conference	Y	\$ 2 074.20
1 (4)	United Kingdom	Conference	Y	\$ 4 914.52
1	Austria	European Respiratory Society annual scientific meeting	N	\$ 6 189.14

1	United States of America	6 month sabbatical to undertake postdoctoral study in psychotherapy service provision for borderline personality disorder	Y	\$ 157 505.18
1	Austria	European Association of Coloproctology annual congress	Y	\$ 11 994.55
1	United Kingdom	Conference	Y	\$ 15 679.74
1	Spain	10th Europad conference	Y	\$ 10 924.92
1	Singapore	Conference	Y	\$ 6 863.16
1	United States of America	California College of Anaesthesiologists spring anaesthesia seminar	Y	\$ 15 476.59
1	Austria	European Society of Regional Anaesthesia annual congress	Y	\$ 15 476.59
1	United States of America	Harvard medical course	Y	\$ 19 091.00
1	Austria	Meeting/workshops	Y	\$ 16 261.23
1	Indonesia	Teaching surgeons and performing surgery	Y	\$ 9 557.26
1	United States of America	Conferences	Y	\$ 20 533.79
1	United Kingdom, Germany and Singapore	European Society of Cardiology conference	Y	\$ 14 710.24
1 (2)(3)	Italy	Invited keynote speaker at Global Addiction conference	Y	\$5 620
1 (2)(3)	Singapore	Invited keynote speaker at Asia Pacific Behavioural and Addiction Medicine conference	Y	\$4 684
1 (3)	Denmark	European Summer School for Advanced Management as part of Master of Business Administration exchange program through University of SA	Y	\$6 119
385				\$5 574 533.53

Table 35 – Revised Overseas Travel 2012-13 by Statewide Clinical Support Services employees

The table below identifies overseas travel undertaken by employees of Statewide Clinical Support Services during the 2012-13 reporting period which is reportable by SALHN.

Travel within Australasia (including visits to New Zealand, Papua New Guinea and Australian Territories) is not included in the tables below unless it was part of a more extensive itinerary encompassing other overseas destinations.

Please Note: Overseas travel with respect to employees of SA Medical Imaging and SA Pharmacy were authorised by the Group Executive Director of Statewide Clinical Support Services not the CEO of SALHN.

- Note:
- (1) Denotes overseas travel funded by the employee's professional development fund as part of the Medical Officer's Enterprise Agreement
 - (2) Externally funded by the conference organisers.
 - (3) SALHN salary funded costs only

Number of Employees	Destination/s	Reason/s for Travel	PD(1) (Y/N)	Total Cost to SALHN
1 (2)(3)	Singapore and India	Teaching for University of SA – Joint Appointment - PG Clinical Pharmacy Program	N	\$4 048
1 (2)(3)	United States of America	166th Annual Meeting Pursuing Wellness Across the Lifespan	N	\$2 576
1	United States of America	Mt Sinai Update 2012	Y	\$7 182
1	United States of America	Abdominal Radiology Conference	Y	\$13 524
1	Singapore	Prostate MR Imaging Workshop	Y	\$2 564
1	United States of America	RSNA Conference	Y	\$8 291
1	United Kingdom	ESGAR Conference & ESTI Conference	Y	\$16 222
1	Austria	European College of Radiology	Y	\$6 046
1	United States of America	Digestive Disease Week 2013	Y	\$19 206
1	Hong Kong	3 rd IDKD Intensive Course: Diseases of the chest and heart	Y	\$10 892
1	Hong Kong	International Diagnostic Course Davos, Diseases of the chest and heart	Y	\$4 003
1	United States of America	RSNA	Y	\$15 932
12				\$110 487

Account payment performance

Table 34 – Account Payment Performance

	Number of Accounts Paid	% of Accounts Paid (by Number)	Value in \$A of Accounts Paid	% of Accounts Paid (by Value)
Invoices paid within 30 calendar days or less	82 032	75.69%	\$172 397 724.03	74.67%
Invoices paid within 31 to 60 calendar days	17 299	15.96%	\$43 162 374.07	18.70%
Invoices paid greater than 60 calendar days	9 055	8.35%	\$15 305 762.40	6.63%
Total number of invoices paid	108 386		\$230 865 860.50	

Other information

Fraud

There were no instances of fraud reported during the year; however, there is an investigation underway into the conduct of various SA Health employees as part of the 'food rewards investigation' and 'printer cartridge investigation', ongoing from the previous financial year. These may result in disciplinary performance measures.

Whistleblowers Protection Act 1993

The Whistleblowers Protection Act 1993 provides an opportunity for public interest information to be disclosed to a responsible officer of SA Health.

SA Health has two responsible officers from within the Department for Health and Ageing for the purposes of the Whistleblowers Protection Act 1993 pursuant to section 7 of the Public Sector Act 2009. Accordingly the number of instances of disclosure to a responsible officer can be found in the Department for Health and Ageing 2013-14 Annual Report.

Contractual arrangements

SALHN continued contractual arrangements exceeding \$4m during 2013-14. These included:

> **Spotless Services Australia Limited**

The contract between Spotless Services Australia Limited and the former Southern Adelaide Health Service (now SALHN) commenced in 2006 with an initial term of five years. This contract expired on 8 December 2011. The contract included three 'plus 1' options and we are currently in the third of these options which expires on 31 December 2014. The contract has a value of over \$12 million per annum and is for the provision of cleaning services, warehousing services, distribution services and hospital catering services at FMC. SA Health is currently seeking approval to extend this contract for a further 12 months to enable the completion of a public tender to replace this contract and other metro site contracts.

> **Adelaide Community Healthcare Alliance Incorporated and ACHA Flinders Private Hospital Property Pty Ltd**

A Service Agreement exists between the former Adelaide Health Service Incorporated (of which the former Southern Adelaide Health Service, now SALHN, belonged to) and Adelaide Community Healthcare Alliance Incorporated (ACHA) and ACHA FPH Property Pty Ltd for the provision of services including angiography laboratories, cardiac surgery and other services as agreed by ACHA and AHS. The agreement expiry date is 30 June 2017 and the services value is in the order of \$18 million per annum.

Consultancies

Table 35 – Summary of Consultancies

Consultant	Purpose of consultancy	Number	Total \$
Value below \$10 000			
Subtotal		0	\$0
Value \$10 000 - \$50 000			
	ICU Model of Care Review		
	Continuous Close Observation of Patients Review		
Subtotal		2	\$66 200
Value above \$50 000			
Subtotal		0	\$0
Total		2	\$66 200

Carers Recognition Act

SALHN has undertaken the following to reflect the principles of the Carers Charter and action the Carers Recognition Act 2005 in the provision of services to carers and the people they care for:

- > Development of a framework in recognition of the SA Health Directives inclusive of SA Health Community and Consumer Participation Directive, the SA Health Charter of Health Care Rights and the Consumer Management Feedback Directive Document.
- > As part of SA Government practice, employees of SALHN have access to flexible work practices and counselling services.
- > Primary Health and Transition Services have developed a range of carer information and resources to further strengthen service delivery and accessibility for all particularly in the context of the GP Plus Strategy.
- > Strong partnerships have been developed with carer support services to assist in the identification of adult's carer health and wellbeing. The carer focussed work has developed pathways to improve health service response to carers' needs and has assisted services to understand the specialised needs of carers.
- > Service delivery practices now have mechanisms to identify carers at the point of contact, identify carer's health and wellbeing requirements and link carers into appropriate services.
- > Health Care Transitions as part of SALHN, have a specific pathway that has been incorporated into the processes of the Chronic Disease Community Program. Carers with a diagnosed chronic disease are able to access services through the Chronic Disease Community Program pathways, linkages are made with GP Plus Centres for those with risk factors for chronic disease, and pathways have been developed to link carers with carer support agencies such as Carers SA and Carer's Support and Respite.
- > The Southern Aboriginal Health Service as part of Primary Health and Transition Services provides information specifically for patients and carers and staff liaise with Aboriginal and non-Aboriginal carer supports services where appropriate.
- > Clinicians within SALHN continue to prioritise consideration for 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.
- > Ongoing collaboration with organisations that provide community support for carers, such as Carers Respite centre, ensure information and access to support are current and relevant.

Disability Action Plan

SALHN continued its work to ensure greater accessibility to health services for people with disabilities, improve physical access to buildings and facilities for people with a disability and improve disability awareness and understanding among staff and volunteers.

The interests of people with a disability continue 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.

Highlights in this area for 2013-14 include:

- > Policies and protocols in relation to equitable access for people with disabilities to mainstream services continue to be reviewed and adjusted as required.
- > Clinicians participation 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.
- > Regular attendance at the Community Complex Care Interagency Network for Disability and Health which 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.
- > Continued development of the Blue Dot Program which aims to streamline patient pathways for transition from acute to community, including patients requiring disability services. Work includes data collection, weekly automated reports, collaboration and problem solving for disability patients with complex needs. This program includes clinicians from each of the hospitals, including rehabilitation and mental health, Primary Health and Transition Services and Disability Services, ensuring patients with a disability receive a high quality service while in acute care, and a safe, timely transition back into the community.
- > Noarlunga Hospital carried out a disability audit on access to car parking for people with a disability.
- > RGH and FMC conducted a review of buildings to ensure they meet disability access guidelines.
- > All new building and redevelopment projects within SALHN incorporate appropriate disability access, design and lifts. Examples include the VITA building at RGH.
- > SALHN continued to provide disability awareness training for staff across the region in accordance with the South Australian Disability Awareness and Discrimination Training Framework.

Greening of Government (GoGO), Sustainability Reporting and Energy Efficiency Action Plan

The SALHN contribution to the government's GoGO Action Plan has been included in a whole of SA Health response. This response can be found in the Department of Health and Ageing (DHA)2013-14 Annual Report.

Freedom of Information

Information statement

The following information is published pursuant to Section 9 of the *Freedom of Information Act 1991* (the Act).

Freedom of Information

The Act extends as far as possible the rights of the public to access documents held by the government, and to ensure that records held by government concerning the personal affairs of members of the public are not incomplete, incorrect, out of date or misleading. The Act encourages disclosure of information to the public, subject to such restrictions within the Act as are necessary to protect legitimate agency, public and private interests.

The structure and function of Southern Adelaide Local Health Network (SALHN)

SALHN is an incorporated hospital established under the *Health Care Act 2008* (SA) and is led by the CEO, Adjunct Professor Belinda Moyes.

The SALHN Governing Council is a HAC under s15 of the *Health Care Act 2008* (SA) established to provide advice and other functions to SALHN. The SALHN Governing Council Constitution is available online at:

<http://www.sahealth.sa.gov.au/wps/wcm/connect/Public+Content/SA+Health+Internet/About+us/Our+Local+Health+Networks/Southern+Adelaide+Local+Health+Network>

SALHN provides a range of acute and sub-acute health services for 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. It consists of three hospitals, FMC, Noarlunga Hospital, RGH, Southern Mental Health and Primary Health and Transition Services.

The ways in which the functions of SALHN affect members of the public

The major interface of SALHN with the public involves providing high quality patient care, education, research and health promoting services.

The internet site www.southernhealth.sa.gov.au provides an overview of SALHN and its functions.

Arrangements that enable members of the public to participate in the formulation of our policies and the exercise of our functions

A major undertaking of 2013-14 was to address consumer engagement concerns by a complete overhaul of the existing consumer engagement model. This process engaged both existing consumers, executive, the HAC and the Health Consumers Alliance SA to describe and develop a new model. This new model not only brings community engagement across SALHN in line with a Network-wide approach but also provides greater flexibility of opportunities for consumers to become involved in strategic and/or operational issues across SALHN as their skills and interest dictate.

The various kinds of documents held by the SALHN

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 \$32.25. 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

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

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

Repatriation General Hospital

Freedom of Information Officer
Repatriation General Hospital
Daws Road, Daw Park SA 5041
Ph: (08) 8276 9666
webmaster@rgh.sa.gov.au

Southern Adelaide Local Health Network Contact information

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

FLINDERS MEDICAL CENTRE

Flinders Drive
Bedford Park SA 5042
Ph: (08) 8204 5511
Fax: (08) 8204 5450
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

REPATRIATION GENERAL HOSPITAL

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

PRIMARY HEALTH AND TRANSITION SERVICES

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

Glossary of Terms and Acronyms

ABS	Australian Bureau of Statistics
ACHS	Australian Council on Healthcare Standards
ACHA	Adelaide Community Healthcare Alliance Incorporated
ACRF	Australian Cancer Research Foundation
AISH	Adelaide Institute of Sleep Health
CAMHS	Child and Adolescent Mental Health Service
CCCT	Community Complex Care Team
CE	Chief Executive
CEO	Chief Executive Officer
COO	Chief Operating Officer
COPD	Chronic Obstructive Pulmonary Disease
DHA	Department for Health and Ageing
ED	Emergency department
EPAS	Enterprise Patient Administration System
FCIC	Flinders Centre for Innovation in Cancer
FMC	Flinders Medical Centre
FPH	Flinders Private Hospital
GEM	Geriatric Evaluation Management
HAC	Health Advisory Council
HIP	Health Information Portal
LHN	Local Health Network
MICS	Medical Infusion and Chemotherapy Service
OHSW&IM	Occupational Health Safety Welfare & Injury Management
OCA	Onkaparinga Collaborative Approach
PTSD	Post Traumatic Stress Disorder
RICS	Respiratory Integrated Care Service
RGH	Repatriation General Hospital
SASP	South Australia's Strategic Plan
SALHN	Southern Adelaide Local Health Network
SEDS	Statewide Eating Disorder Service
SIMS	Self Insurance Management System
SLA	Service Level Agreement
RAMS	Rapid Access Medical Service
WHS	Work Health and Safety
WHS&IM	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.