

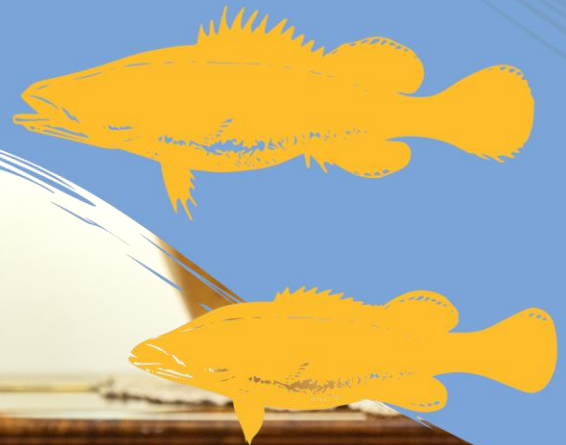


Health
Riverland Mallee Coorong
Local Health Network

OFFICIAL

RMCLHN Consumer Representative Information Guide

Information for RMCLHN Consumer Representatives



Foreword

Welcome to the Riverland Mallee Coorong Local Health Network (RMCLHN) Consumer Representative team.

RMCLHN values the significant contribution consumers, carers and the community can make in improving health services across our network. To this end, we have developed a Consumer and Community Engagement Strategy that aims to integrate, strengthen and promote meaningful engagement with consumers, carers and the broader community.

A large part of this Strategy includes utilising the lived experience of consumers, carers and community members to partner in shared decision making through representation on committees, working groups, cabinets and interview panels. As a Consumer Representative, you have the opportunity to partner in the governance of the organisation, advocate on behalf of consumers, carers and the community and contribute your experience to continually improve health services for all members of RMCLHN.

The information within this document has been put together to help you settle in as a Consumer Representative. It provides some background on RMCLHN committees, your role as a Consumer Representative and our responsibilities to you.

You will also find details about your entitlements as a Consumer Representative and appropriate forms to complete, to ensure you receive sitting fees and coverage of 'out of pocket' expenses incurred during the course of your role. Please be aware these may vary depending on which roles you are involved in.

Further useful references are available on safety and quality matters, including the broader context in which RMCLHN operates and current issues at national and local levels.

Please contact the Consumer Engagement Officer if you require information on legislative material or Health Standards information, or have any additional questions, via email Health.RMCLHNConsumers@sa.gov.au

Thank you for your commitment to the Riverland Mallee Coorong Local Health Network and I look forward to working with you.

Wayne Champion
Chief Executive Officer
Riverland Mallee Coorong Local Health Network



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Introduction

The Riverland Mallee Coorong Local Health Network (RMCLHN) supports approximately 70,000 people living in the Riverland, and the Murray River, Lakes and Coorong areas of South Australia, extending east to the Victorian Border.

This includes the towns and surrounds of Renmark, Paringa, Berri, Barmera, Waikerie, Loxton, Pinnaroo, Lameroo, Karoonda, Mannum, Murray Bridge, Tailem Bend, Meningie, Tintinara and Coonalpyn.

Our wide range of health services include accident and emergency, day and inpatient surgery, Aboriginal health, mental health, obstetric services, chemotherapy, renal dialysis, community and allied health and aged care services.

Consumer Representatives

The role of a Consumer Representative

The role of a Consumer Representative is to provide their personal consumer or carer perspective. This often differs from, but is just as important as, any service provider, industry, academic or professional perspective.

The role of a consumer involves:

- Being a partner in the design and governance of our organisation
- Advocating on behalf of consumers, carers and the community
- Presenting how consumers or carers may feel and think about certain issues
- Contributing relevant consumer or carer experience
- Ensuring the group recognises potential consumer and carer concerns
- Reporting the activities of the group to other consumers, carers and networks where relevant
- Having a vote, when required, on decisions affecting the health service.

This may include involvement as a member of a:

- Committee
- Working Group
- Interview panel
- Staff training team
- Consumer Experience Survey Team.

RMCLHN is committed to listening to and hearing the insights and experience of consumers, carers and community members in all aspects of what we do. Providing your voice as a consumer representative is vital to ensure the services provided by RMCLHN can meet the needs of you and your communities.

Eligibility

To be a Consumer Representative for RMCLHN, you must:

- Be 18 years of age or over,
- Reside within the primary patient catchment area of RMCLHN,
- Abide by RMCLHN Privacy and Confidentiality policy and the Code of Ethics, and
- Complete a National Police Clearance.

Commitments as a Consumer Representative

As a Consumer Representative, you are expected to:

- Attend scheduled meetings for a term of at least six months,
- Notify apology or inability to attend meetings as soon as possible,
- Prepare for meetings as required, including pre-reading,
- Actively contribute your consumer perspective in complex discussions with healthcare professionals and articulate the potential issues that confront patients, families and carers,
- Be able to listen to differing opinions and work constructively with fellow committee members, staff and management, and
- Demonstrate a basic knowledge of local and/ or the Australian public health care system.

Our commitment to you

As a Consumer Representative, you will be supported to ensure you are:

- Adequately orientated to the role,
- Treated as an equal member of the group,
- Heard, listened to and understood in your role,
- Comfortable to ask for clarification, especially if jargon is used,
- Given all relevant information and an agenda for the meeting with enough time to read, understand and consult consumer/carer groups and other consumers/carers before the meeting,
- Reimbursed for reasonable out of pocket expenses in this role, and
- Provided with support to enable your full participation by the provision of a 'buddy'.

Confidentiality and Conflict of Interest

Members are asked to sign a Confidentiality and Conflict of Interest Agreement. This agreement is made between RMCLHN and the Consumer Representative to ensure that information is kept confidential. This document also ensures that members are aware of conflict of interest and the obligation to declare any conflicts.

If a member notes a conflict of interest on the agenda or at a meeting, members must advise the Chair before the relevant item is discussed and withdraw from discussion or decisions concerning the matter.

Education and Training

Education and Training is available to consumer representatives. Please contact the RMCLHN Consumer Engagement Officer if you would like to attend training or for further opportunities to advance your professional

development. These activities might include workshops, seminars and conferences, networking or other events relevant to your position as a Consumer Representative.

Attending Meetings

Meetings usually occur within RMCLHN health services and have three options for attendance:

- In person at the meeting site
- Via videoconference, through your local hospital site
- Via Teams, through your personal computer
- Via teleconference.

You will be supported to attend meetings in the most suitable format for you and for the meeting type.

Consumer Representative Opportunities

Below is an introduction to the Consumer Representative opportunities currently available throughout RMCLHN.

Clinical Oversight Committee

The purpose of this committee is to ensure a robust system of clinical governance across RMCLHN. This includes revision of outcomes and performance in relation to standards of care, safety and quality processes, clinical privileging, risk identification and continuous quality improvement.

- This committee also reviews performance and attainment to all accreditation events for all settings of care and monitors the following: Patient access and patient journey matters and consumer /carer feedback
- Clinical risk
- Drug and therapeutics and medication safety
- Infection control
- Anti-microbial stewardship
- Implementation of new procedures, directives and protocols
- Consideration of incidents and patient complaints that have a clinical focus or component.

The Clinical Oversight Committee meets monthly.

Partnering with Consumers Committee

The purpose of this committee is to lead engagement and partnerships with consumers, carers and the community in the design, delivery and evaluation of services to address the diverse health needs of our community.

A key role of this committee is to implement and manage the RMCLHN Consumer & Community Engagement Strategy, which is intended to guide meaningful engagement with consumers, carers and the community through:

- Providing comprehensive consumer focussed care
- Communicating appropriately and effectively with consumers, carers and the community
- Partnering with consumers, carers and the community in all aspects of our services
- Continually evaluating and improving consumer experiences and the safety and quality of our services.

The Partnering with Consumers Committee meets monthly.

Aboriginal Health Committee

The role of the committee is to provide strategic and planning advice to close the gap by planning, promoting and implementing reconciliation activities.

This committee is responsible for:

- Reviewing the delivery of mainstream and Aboriginal health services for communities and individuals
- Identifying opportunities to increase the Aboriginal workforce and striving for an inclusive, culturally competent workforce as a foundation to providing culturally appropriate and accessible services
- Team approaches to enhance the health experience for Aboriginal and Torres Strait Islander people.

The Aboriginal Health Committee meets bi-monthly.

Quality, Risk and Safety Working Groups

Each health service across RMCLHN convenes a Quality, Risk & Safety (QRS) Working Group.

The role of these working groups is to:

- Provide leadership and support for all quality, risk and safety activities
- Monitor and discuss the auditing and continuous improvement programs, patient and staff incidents, adverse events, and consumer feedback
- Provide an effective method of communicating outcomes from quality and safety activities to staff within or associated with the facility
- Assist in the resolution of issues relating to quality, risk & safety and work health & safety
- Disseminate information and education topics to all stakeholders
- Manage the QRS Action Plan to ensure actions are addressed, monitored and evaluated in an appropriate timeframe
- Review and monitor information provided from Work Health & Safety
- Provide information and education relating to accreditation surveys and reviews.

The Quality Risk & Safety Working Groups meet monthly at each health service.

Challenging Behaviours Working Group

The purpose of the Working Group is to implement strategies to prevent and minimise exposure to challenging behaviours within RMCLHN. This is consistent with our obligations and commitment to providing a safe and healthy work environment for workers and a safe environment for others. This includes promoting and providing a safe environment for those accessing our services.

The purpose of the Working Group is to:

- Oversee challenging behaviour incidents within RMCLHN and more broadly, where applicable
- Make recommendations to eliminate or minimise challenging behaviours
- Contribute ideas to assist in ensuring RMCLHN staff are appropriately trained and equipped to respond to challenging behaviours when they arise
- Identify opportunities and innovative approaches to ensure ongoing improvements and safe work environments for all
- Identify and make recommendations regarding other factors (e.g. site security) aimed at minimising the incidence of and/or exposure to challenging behaviours

- Contribute RMCLHN information/advice/experience to a broader SA Health Steering Committee.

The Challenging Behaviours Working Group meets monthly.

Aged Care Cabinet

The purpose of the Aged Care Cabinet is to implement a governance framework which ensures the continuous improvement of the safety and quality of the Aged Care services, that service delivery is high quality, person centred, safe and effective, and adheres to the National Aged Care Quality Standards.

The role of the committee includes:

- Providing oversight of performance, clinical safety and quality improvement activities across RMCLHN aged care services
- Developing and implementing the RMCLHN Aged Care Strategy
- Building the capacity and capability of RMCLHN aged care services to meet service provision requirements in line with the National Aged Care Quality Standards.

The Aged Care Cabinet meets monthly

Riverland Academy of Clinical Excellence (RACE) Partnerships Advisory Council

The purpose of RACE Partnerships Council is to provide high level oversight of and guidance on the activities of the Academy. The Council seeks to assist RACE by providing a forum for partners to jointly plan and review the strategy and activities of the Academy, including to:

- Oversee the implementation of the SA Rural Health Workforce Strategy within the RMCLHN
- Advise on the development of an evidence base that informs local clinical practice
- Support participation in research projects that are pertinent to RMCLHN, and
- Advise on the adoption of new technologies in clinical care.

The RACE Partnerships Council meets bi-monthly, not less than quarterly.

Interview Panels

Consumer involvement on staff interview panels promotes the co-design of healthcare as described in the RMCLHN Consumer & Community Engagement Strategy.

Consumer Representatives on an interview panel will be involved in asking questions to interview participants and providing input on selection of a suitable candidate for the position.

Consumer Representatives on interview panels are organised on an invitational basis by the relevant manager for each recruitment. Their frequency depends on the individual requirements of each health service.

Consumer Experience Surveys

All of our health services conduct surveys in various formats.

One option is for Consumer Representatives to visit patients and discuss their experience. We use a “What matters to you?” format that allows open discussion on the consumer’s needs and opinions. This format provides a great opportunity for Consumer Representatives to be personally involved in the health service and ensuring our consumer’s needs are met.

Consumer Experience Surveys have no set frequency and depend on your availability.

Further Information

Further information relating to Consumer Representative opportunities is available for all committees in their Terms of Reference.

This information includes:

- Governance
- Meeting arrangements
- Meeting papers
- Out of session requests
- Roles and Responsibilities of members.

For more information, please contact the Consumer Engagement Officer.

Fees and Reimbursements

Sitting Fees and reimbursements

RMCLN is committed to engaging with communities and stakeholders, so that better decisions can be made by bringing the voices of the communities and stakeholders into the issues that are relevant to them. Sitting fees recognise the significant contributions made by external individuals who bring knowledge, skills and experience that is not generally obtainable from our employees. Reimbursement ensures that external individuals are not 'out of pocket' as a result of their participation.

RMCLHN will pay sitting fees to Consumer Representatives who are appointed to each of the following committees:

- Clinical Oversight Committee
- Partnering with Consumers Committee
- Aboriginal Health Committee
- Aged Care Cabinet
- Other committees that report directly to the RMCLHN Executive Leadership Committee
- Any other groups that are explicitly agreed in writing by the Chief Executive Officer, RMCLHN.

Sitting fees are not generally paid for Consumer Representatives on Working Groups, Project Groups and other groups, although RMCLHN does rely on the participation of consumers in these to inform the development of policies and procedures, and to help guide decision making in our health services.

For further information on sitting fees and reimbursement please refer to SA Health Sitting Fees and Reimbursement for External Individuals Policy Directive and Consumer Sitting Fee and Reimbursement Claim Form on the SA Health website or ask your local Consumer Engagement Officer.

In accordance with SA Health's *Sitting Fees and Reimbursement for External Individuals Policy Directive*, you are entitled to the following reimbursements:

- The sitting fees rate will be \$35 per hour.
- The preparation time rate will be \$35 per hour, capped at one hour maximum for each meeting.
- Public transport, taxi fare, car parking, childcare, respite care and travel upon presentation of receipt.
- Private vehicle transport as per Determination 3.2: Employment Conditions – Remuneration – Allowances and Reimbursements
- Airfare/accommodation travel as per *SA Health Domestic Travel Policy Directive*.

Further Information

Further information is available to assist your understanding of relevant health service matters and to give you an update on consumer and community participation policy and practice in South Australia, interstate and nationally. For further information, please refer to the SA Health Safety and Quality 'Partnering with consumers, carers and the community' webpage or contact the Consumer Engagement Officer on health.rmconsumers@sa.gov.au

Appendix 1: Introduction to Safety and Quality

The Australian Safety and Quality Framework for Health Care

The [Australian Safety and Quality Framework for Health Care](#) describes a vision for safe and high-quality care for all Australians and sets out the actions needed to achieve this vision.

The Framework specifies three core principles for safe and high-quality care.

1. Consumer Centred

- Providing care that is easy for patients to get when they need it
- Making sure that healthcare staff respect and respond to patient choices, needs and values
- Forming partnerships between patients, their family, carers and healthcare providers

2. Driven by Information

- Using up-to-date knowledge and evidence to guide decisions about care
- Safety and quality data is collected, analysed and fed back for improvement
- Taking action to improve patient's experience

3. Organised for Safety

- Making safety a central feature of how healthcare facilities are run, how staff work and how funding is organised.



For more information about the Framework and other relevant documents are available on the SA Health Safety and Quality website on www.sahealth.sa.gov.au/safetyandquality

Appendix 2: SA Health Safety and Quality

SA Health is committed to ensuring the South Australian health care system is safe, of a high quality and accessible for all. The SA Health Safety and Quality Unit works in partnership with health services, Local Health Networks and consumers to improve patient safety and quality of care.

Its current priorities tie closely to the national agenda of the [Australian Commission on Safety and Quality in Health Care \(ACSQHC\)](#). These priorities have been determined based on evidence of the greatest benefit for consumers and focus on saving lives and reducing harm.

[National Safety and Quality Health Service Standards](#) have been developed by the ACSQHC to protect the public from harm and to improve the quality of health service provision. The Standards describe the systems required to ensure the minimum standards of safety and quality are met and a quality improvement mechanism that allows health services to realise aspirational and developmental goals.

The ten national safety and quality health service standards are:



SA Health is committed to ensuring that the experience of consumers using its services is as positive as possible. In order to achieve this goal a number of processes have been put in place to assist SA Health to measure and understand the consumer's experience.

The Safety and Quality 'Partnering with Consumers and the Community' website is available at www.sahealth.sa.gov.au/safetyandquality.

Appendix 3: External bodies

The Health and Community Services Complaints Commissioner (HCSCC)

The Health and Community Services Complaints Commissioner is also of interest as it is the key health complaints body in South Australia for consumers who are not able to resolve complaints with service providers. The HCSCC also makes recommendations on safety and quality issues.

The HCSCC was established by the [Health and Community Services Complaints Act 2004](#) proclaimed on 3 October 2005. The Commissioner is an independent statutory officer.

The role of the HCSCC is to:

- help people – service users, carers and service providers – resolve complaints about health and community services, including child protection services, when a direct approach to the service provider is either unreasonable, or has not succeeded
- cover health and community services across the public, private and non-government sectors
- handle complaints confidentially and impartially
- monitor and report complaint trends
- make recommendations to improve safety and quality

The office of the HCSCC is open Monday to Friday 9.00am to 5.00pm.

Enquiry Service: (08) 8226 8666
1800 232 007 (Toll free from Country SA landline)

Reception: (08) 8226 8652

Fax: (08) 226 8620

Email: info@hcscc.sa.gov.au

Website: www.hcscc.sa.gov.au

Appendix 4: Acronyms & Frequently Used Terms

General Terms	
A&E	Accident and Emergency
AACS	Applied Aged Care Solutions
AARD	Aboriginal Affairs and Reconciliation Division
ABF	Activity Based Funding
ABHI	Australian Better Health Initiative
ABN	Australian Business Number
ABS	Australian Bureau of Statistics
AC	Aged Care
ACAP	Aged Care Assessment Program
ACAR	Aged Care Approvals Round
ACAT	Aged Care Assessment Team
ACC	Aged Care Cabinet (RMCLHN Committee)
ACCC	Australian Competition & Consumer Commission
ACCE	Aboriginal Community and Consumer Engagement
ACCHO	Aboriginal Community Controlled Health Organisation
ACCCHS	Aboriginal Community Controlled Health Service
ACFI	Aged Care Funding Instrument
ACHI	Australian Classification of Health Interventions
ACHS	Australian Council on Healthcare Standards
ACLO	Aged Care Liaison Officer
ACRRM	Australian College of Rural and Remote Medicine
ACSA	Aged and Community Services Australia
ACSQHC	Australian Commission on Safety and Quality in Health Care
ADL	Activities of Daily Living
ADM	Admission
AES	Aboriginal Employment Strategy
AF	Atrial Fibrillation
AFBP	Aboriginal Family Birthing Program

General Terms	
AGFI	Aged Care Funding Instrument
AGFMA	Across Government Facilities Management Arrangements
AHAC	Aboriginal Health Advisory Committee
AHCA	Australian Health Care Agreement
AHCP	Aboriginal Health Care Plan
AHCSA	Aboriginal Health Council of South Australia
AHD	Aboriginal Health Division
AHIS	Aboriginal Health Impact Statement
AHMAC	Australian Health Ministers' Advisory Council
AHMC	Australian Health Minister' Conference
AHPRA	Australian Health Practitioner Regulation Agency
AHS	Adelaide Health Service
AIHW	Australian Institute of Health and Welfare
AIMS	Advanced Incident Management System
ALOS	Average Length of Stay
ALS	Advanced Life Support
AMA	Australian Medical Association
AMS	Antimicrobial Stewardship Initiative
AMU	Acute Medical Unit
ANMF	Australian Nursing & Midwifery Federation
APEP	Aboriginal Professional Employment Program
APHCU	Aboriginal Primary Health Care Unit
APOD	Alternative Place of Detention
APPO	Aboriginal Patient Pathway Officer
APY	Anangu, Pitjantjatjara & Yankunytjatjara
AcQA	Aged Care Quality Association
ARCBS	Australian Red Cross Blood Service
AR-DRG	Australian Refined Diagnosis Related Group
ATAPS	Access to Allied Psychological Services

General Terms	
ATC	Approved Treatment Centre
ATSI	Aboriginal and Torres Strait Islanders
ATSI	Aboriginal and Torres Strait Islander
BCP	Business Continuity Plan
BFHI	Baby Friendly Health Initiative
BHFLHN	Barossa Hills Fleurieu Local Health Network
BIBA	Brought in by Ambulance
BLIS	Booking List Information System (Waiting list booking system)
BLS	Basic Life Support
BMI	Body Mass Index
BO	Business Objects
BOiMHC	Better Outcomes in Mental Health Care
BP	Blood Pressure
BSSA	Breast Screen South Australia
C&YHS	Child and Youth Health Services
CACP	Community Aged Care Package
CADD Pump	Continuous Administration Drug Delivery Pump
CAHCEP	Country Allied Health Clinical Enhancement Program
CALD	Culturally and Linguistically Diverse
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Service
CAN	Australian Company Number
CATI	Computer Assisted Telephone Interviewing
CATSI	Corporations (Aboriginal and Torres Strait Islander) Act 2006
CCCME	Consolidated Country Client Management Engine
CCF	Congestive Cardiac Failure
CCR	Clinical Case Review
CCRC	Country Community Rehabilitation Centres
CCU	Cardiac and Critical Care Unit

General Terms	
CDEP	Community Development Employment Projects
CDM	Country Data Mart
CDNA	Communicable Diseases Network Australia
CEO	Chief Executive Officer
CEPU	Communications, Electrical and Plumbing Union
CGU	Clinical Governance Unit
CH	Community Health
CHBOI	Core Hospital Based Outcome Indicator
CHC	Country Health Connect
CHE	Country Health Executive
CHL	Country Home Link
CHRIS	Comprehensive Human Resource Integrated Solution
CHSA	Country Health SA
CHSALHN	Country Health SA Local Health Network
CKAHS	Ceduna Koonibba Aboriginal Health Service
CMBS	Commonwealth Medical Benefits Schedule
CME	Client Management Engine
CNAHS	Central Northern Adelaide Health Service
CO	Clinical Oversight (RMCLHN Committee)
COAD	Chronic Obstructive Airways Disease
COAG	Council of Australian Governments
COPD	Chronic obstructive pulmonary disease
COTA SA	Council on the Ageing South Australia
CPI	Consumer Price Index
CRU	Country Referral Unit
CSO	Crown Solicitor's Office
CSSD	Central Sterile Supply Department
CT	Certificate of Title
CT Scan	Computerised Tomography Scan

General Terms	
CTEPC	Clinical, Technical and Ethical Principal Committee
CTG	Cardiotocography
CTO	Community Treatment Order
CVA	Cerebrovascular accident
CVD	Cardiovascular disease
CYWHS	Children, Youth and Women's Health Service
DALY	Disability Adjusted Life Years
DASSA	Drug and Alcohol Services SA (Statewide Service)
DATAAC	Drug and Alcohol Training and Consultancy
DC	District Council
DC	Discharged
DCSI	Department for Communities and Social Inclusion
DDA	Dangerous Drugs of Addiction
DECD	Department for Education and Child Development
DECS	Department of Education and Children's Services
DENR	Department of Environment and Natural Resources
DFC	Department for Families and Communities
DFEEST	Department of Further Education Employment Science and Technology
DGR	Deductible Gift Recipient
DH	Department of Health
DHA	Department for Health and Ageing
DHW	Department of Health and Wellbeing (State)
DIAC	Department of Immigration and Citizenship
DIFL	Do It For Life
DoH	Department of Health (Commonwealth)
DoHA	Department of Health and Ageing (Commonwealth)
DPC	Department of the Premier and Cabinet
DPC-AARD	Department of the Premier and Cabinet - Aboriginal Affairs and Reconciliation Division
DPTI	Department of Planning, Transport and Infrastructure

General Terms	
DRG	Diagnostic Related Group
DRI	Digital Regions Initiative
DTAC	Drugs & Therapeutics (RMCLHN Committee)
DTC	Drugs & Therapeutics Committee (RSS)
DTEI	Department of Transport Energy and Infrastructure
DTF	Department of Treasury and Finance
DTN	Digital Telehealth Network
DVA	Department of Veterans' Affairs
EACH	Extended Aged Care at Home
EACHD	Extended Aged Care at Home Dementia
EAP	Employee Assistance Program
EBA	Enterprise Bargaining Agreement
EBE	Experts by Experience
EBEDO	Experts by Experience Development Officers
EBP	Evidence based practice
ECG	Electrocardiogram or Electrocardiograph
ECP	Extended Care Paramedic
ECT	Electro-Convulsive Therapy
ED	Emergency Department
EDMS	Executive Director Medical Services
EDON	Executive Director of Nursing
EEO	Equal Employment Opportunities
EFNLHN	Eyre and Far North Local Health Network
EMPI	Electronic Master Patient Index
eMUST	eMalnutrition Universal Screening Tool
ENAME	Emergency Nursing and Midwifery Education
ENT	Ear, Nose and Throat
EOY	End of Year
EPAS	Enterprise Patient Administration System

General Terms	
EPOC	Excess Post-Exercise Oxygen Consumption
ESRG	Enhanced Service Related Group
ESS	Elective Surgery Strategy
ETLS	Emergency Triage and Liaison Service
Exec	Executive (RMCLHN Committee)
FAB Scouts	Family and Business Scouts Program
FACEM	Fellowship of Australian College of Emergency Medicine
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
FFS	Fee For Service
FMC	Flinders Medical Centre
FOI	Freedom of Information
FTE	Full Time Equivalent
FUNLHN	Flinders and Upper North Local Health Network
FURCS	Flinders University Rural Clinical School
GADS	Governance and Delegations System
GEM	Geriatric Evaluation and Management
GEMP	Graduate Entry Medical Program
GEMT	Geriatric Evaluation and Management Team
GFU	Grant Funded Units
GoGO	Greening of Government Operations
GP	General Practitioner
GPET	General Practice Education and Training
GPS	Global Positioning System
GPSA	General Practice SA
GST	Goods & Services Tax
HAC	Health Advisory Council
HACC	Home and Community Care
HALE	Health Adjusted Life Expectancy
HCASA	Health Consumers Alliance of SA Inc

General Terms	
HCSCC	Health and Community Services Complaints Commissioner
HDU	High Dependency Unit
headspace	National youth mental health foundation
HEN	Home Enteral Nutrition
HHF	Health and Hospitals Fund
HHIF	Health and Hospitals Infrastructure Fund
HiAP	Health in All Policies
HIV	Human immunodeficiency virus
HoNOS	Health of the Nation Outcome Scale
HPE	Health Portfolio Executive
HPPA	Hospital Purchaser Provider Agreement
HPPPC	Health Policy Priorities Principal Committee
HR	Human Resources
HSMR	Hospital Standardised Mortality Ratio
HWA	Health Workforce Australia
HWC	Healthy Weight Coordinator
HWPC	Health Workforce Principal Committee
IC	Intermediate Care (Mental Health)
ICAC	Independent Commissioner Against Corruption
iCARnet	Integrated Cardiac Assessment Regional Network
ICC	Intermediate Care Centre
iCCnet	Integrated Cardiovascular Clinical Network SA
ICD-10AM	International statistical Classification of Diseases and related health problems 10th revision Australian Modification
ICT	Information and Communications Technology
ICU	Intensive Care Unit
IECD	Indigenous Early Childhood Development
ILU	Independent Living Unit
IM	Injury Management
IMHIU	Integrated Mental Health Inpatient Unit

General Terms	
IMT	Incident Management Team
IMVS	Institute of Medical and Veterinary Science
INR	International Normalised Ratio (test of blood clotting)
IP	Internet Protocol
ISAAC	Integrated South Australian Activity Collection
ISBN	International Series Book Number
ISSN	International Standards Serial Number
IT	Information Technology
IV	Intravenous
JBI	Joanna Briggs Institute
KPI	Key Performance Indicator
LHN	Local Health Network
LIP	Local Implementation Plan
LMH	Lyell McEwin Hospital
LOS	Length of Stay
LSCS	Lower Segment Caesarean Section
LSG	Land Services Group
LSNHT	Long Stay Nursing Home Type
LSOP	Long Stay Older Patient
LTC	Limited Treatment Centre
LTO	Land Titles Office
MAC	My Aged Care
MACCHS	Moorundi Community Controlled Health Service
MAPA	Management of Actual or Potential Aggression
MBS	Medicare Benefits Schedule
MBSMH	Murray Bridge Soldiers' Memorial Hospital
MET	Medical Emergency Team
Metro	Metropolitan
MH	Mental Health

General Terms	
MHARC	Mental Health Activity and Resource Centre
MHS	Mallee Health Service
ML	Medicare Local
MO	Medical Officer
MoC	Model of Care
MoU	Memorandum of Understanding
MP	Member of Parliament
MPR	Monthly Performance Review
MPS	Multi-Purpose Service
MRI	Magnetic Resonance Imaging
MRO	Multi Resistant Organism
MRSA	Methicillin resistant Staphylococcus aureus
MSOAP	Medical Specialist Outreach Assistant Program
MUSE	Marquette Universal System for Electrocardiography
NACCHO	National Aboriginal Community Controlled Health Organisation
NAD	Nothing Abnormal Detected
NAIDOC	National Aboriginal and Islander Day Observance Committee
NALHN	Northern Adelaide Local Health Network
NCD	Non-communicable disease
NDIS	National Disability Insurance Scheme
NEAT	National Emergency Access Target
NEHIPC	National E-Health Information Principal Committee
NGO	Non-Government Organisation
NHC	Nganampa Health Council
NHMRC	National Health and Medical Research Council
NHPPD	Nursing Hours Per Patient Day
NHT	Nursing Home Type
NHTP	Nursing Home Type Place
NIMC	National Inpatient Medication Chart

General Terms	
NL	Nursing Leadership (RMCLHN Committee)
NPA	National Partnership Agreement
NPAPH	National Partnership Agreement on Preventive Health
NPC	National Police Certificate
NPHT	National Preventive Health Taskforce
NPY	Ngaanyatjarra Pitjantjatjara Yankunytjatjara
NRAS	National Registration and Accreditation Scheme
NRCP	National Respite for Carers Program
NRHA	National Rural Health Alliance
NUM	Nurse Unit Manager
OACIS	Open Architecture Clinical Information System
OATSIH	Office for Aboriginal and Torres Strait Islander Health
OBD	Occupied Bed Days
OHSW&IM	Occupational Health, Safety, Welfare and Injury Management
OL	Operational Leadership (RMCLHN Committee)
OM	Otitis Media
OT	Occupational Therapist
OOS	Out of Session
OPAL	Obesity Prevention and Lifestyle
OPC	Office of Parliamentary Counsel
OPD	Outpatient Department
OPMHS	Older Persons Mental Health Services
OWNERSHIP	Our Wide Network Electronic Record Shared Health Information Platform
PATS	Patient Assistance Transport Scheme
PBS	Pharmaceutical Benefits Scheme
PCC / PWC	Partnering with Consumers (RMCLHN Committee)
PCI	Plan for Continuous Improvement
PCMS	Procurement Contract Management System
PDO	Programmed Days Off

General Terms	
PEG	Percutaneous endoscopic gastrostomy
PERMA	Positive Emotional, Engagement, Relationships, Meaning and Accomplishments
PHCC	Public Health and Clinical Coordination Division
PHP	Population Health Portfolio
PHTS	Primary Health & Transition Services
PICU	Psychiatric Intensive Care Unit Beds
PIGR	Policy and Intergovernmental Relations
PIP	Practice Incentives Program
PIRSA	Primary Industries and Resources SA
PMH	Past Medical History
PoCT	Point of Care Testing (eg pathology) performed on-site during the patient consultation which allows a rapid test result
PPE	Personal Protective Equipment
PPEI	Promotion Prevention and Early Intervention
PPP	Public Private Partnership
PPP	Primary Prevention Plan
PPRC	Portfolio Performance Review Committee
prn	Medication that is ordered when required, administered in response to nursing assessment and patient need.
PSMH	Pinnaroo Soldiers' Memorial Hospital
PWHS	Pika Wiya Health Service
QIPPS	Quality Improvement Program Planning System
QRS	Quality Risk & Safety
RAC	Residential Aged Care
RACF	Residential Aged Care Facility
RACGP	Royal Australian College of General Practitioners
RAD	Refundable Accommodation Deposit
RAH	Royal Adelaide Hospital
RCA	Root Cause Analysis
RCC	Rural Community Counsellor

General Terms	
RCTI	Recipient Created Tax Invoice
RDASA	Rural Doctors' Association of South Australia
RDNS	Royal District Nursing Service
RDR	Rapid Detection & Response
RDWA	Rural Doctors Workforce Agency
RERN	Rural Emergency Responder Network
RESP	Rural Emergency Skills Program
RFDS	Royal Flying Doctor Service
RGH	Riverland General Hospital (Berri)
RHEP	Rural Health Enhancement Package
RHS	Regional Health Service – Commonwealth funded primary health care services
RIBS	Rapid Intensive Brokerage Support
RMCLHN	Riverland Mallee Coorong Local Health Network
ROPP	Right of Private Practice
RPC	Respecting Patient Choices
RPDH	Renmark Paringa District Hospital
RPHS	Regional Primary Health Service
RRMHS	Rural and Remote Mental Health Service
RSI	Relative Stay Index
RSS	Rural Support Service
RTPHCI	Regionally Tailored Primary Health Care Initiatives
SA BME	SA Biomedical Engineering
SA IMET	South Australian Institute of Medical Education and Training
SAAS	South Australian Ambulance Service
SAC	Safety Assessment Classification
SACWA	South Australian Country Women's Association
SADI	South Australian Divisions of General Practice Inc
SADS	South Australian Dental Service
SAFF	South Australian Farmers Federation

General Terms	
SAHMRI	South Australian Health and Medical Research Institute
SAHS	Southern Adelaide Health Service
SAICHN	SA Inner Country Health Network
SAIP	South Australia Implementation Plan
SALHN	Southern Adelaide Local Health Network
SAMI	SA Medical Imaging
SAMSOF	South Australian Medical Schedule of Fees
SAMSS	South Australian Monitoring and Surveillance System
SAPOL	SA Police
SARMES	South Australian Rural Medical Engagement Schedule
SARMFA	South Australian Rural Medical Fee Agreement
SARRAH	Services for Australian Rural and Remote Allied Health
SASMOA	South Australian Salaried Medical Officers Association
SASP	South Australia's Strategic Plan
SCoH	Standing Committee on Health
SDO	Standing Drug Order
SHineSA	Sexual Health information, networking and education SA
SIB	Social Inclusion Board
SLA	Service Level Agreement
SLA	Statistical Local Area
SLS	Safety Learning System
SOB	Shortness of Breath
SPARK	Services, Pathways, Access – Research & Knowledge
SPF	Special Purpose Funds
SRG	Service Related Group
SSS	Statewide Service Strategy
STI	Sexually transmitted infection
SWOT	Analysis of strengths, weaknesses, opportunities and threats
TAFE SA	Training and Further Education South Australia

General Terms	
TBDH	Tailem Bend District Hospital
TC	Teleconference
TCP	Transitional Care Package
TGA	Therapeutic Goods Administration
TLR	Traffic Light Report
TPPP	Transition to Professional Practice Program
TPR	Temperature, Pulse, Respirations
TQEH	The Queen Elizabeth Hospital
TVRP	Total Remuneration Value Package
TVSP	Targeted Voluntary Separation Package
VC	Video Conference
VET	Vocational Education and Training
VRE	Vancomycin Resistant Enterococci
VTE	Venous Thromboembolism
WCHN	Women's and Children's Health Network
WHO	World Health Organisation
WHS	Work Health & Safety (RMCLHN Committee)
WHS&IM	Work Health and Safety and Injury Management
WoG	Whole of Government
WOOS	Weighted Outpatient Occasion of Service
Yarrow Place	Statewide rape and sexual assault service
YLL	Years of Life Lost
YNLHN	Yorke and Northern Local Health Network
YTD	Year to Date

Positions			
ACL	Advanced Clinical Lead	ACSC	Associated Clinical Services Consultant
AHP	Allied Health Professional	BSO	Business Support Officer
CEO	Chief Executive Officer	CFO	Chief Finance Officer
Clinician	A generic term to describe a wide range of health professionals	CPC	Clinical Practice Coordinator
CSC	Clinical Services Consultant	DAH	Director Aboriginal Health
DCS	Director Corporate Services	DMH	Director Mental Health
DON	Director of Nursing	DP&C	Director People & Culture
EDC&AH	Executive Director Allied Community & Allied Health	EDMS	Executive Director Medical Services
EN	Enrolled Nurse	EO/DON	Executive Officer / Director of Nursing
GM	General Manager	GP	General Practitioner
ND	Nursing Director	NEF	Nurse Education Facilitator
NMF	Nursing Management Facilitator	NP	Nurse Practitioner
OT	Occupational Therapist	PCA	Personal Care Assistant
PT	Physiotherapist	RMO	Resident Medical Officer
RN	Registered Nurse	SW	Social Worker
VMS	Visiting Medical Specialist (VMO)		

Frequently used terms in health

<p>Primary Health Care</p>	<p>The ultimate goal of primary health care is better health for all. The World Health Organisation (WHO) has developed a cohesive definition based on three components:</p> <ul style="list-style-type: none"> • Meeting people's health needs through comprehensive promotive, protective, preventive, curative, rehabilitative, and palliative care throughout the life course, strategically prioritising key health care services aimed at individuals and families through primary care and the population through public health functions as the central elements of integrated health services • Systematically addressing the broader determinants of health (including social, economic, environmental, as well as people's characteristics and behaviors) through evidence-informed public policies and actions across all sectors • Empowering individuals, families, and communities to optimise their health, as advocates for policies that promote and protect health and well-being, as co-developers of health and social services and as self-carers and care-givers to others. <p><i>World Health Organisation website, February 2019</i></p>
<p>Subacute Care</p>	<p>Subacute care is health care for people who are not severely ill but need:</p> <ul style="list-style-type: none"> • Support to regain their ability to carry out activities of daily life after an episode of illness • Help to manage new or changing health conditions • Assistance to live as independently as possible. <p><i>Department of Health, Government of Western Australia</i></p>
<p>Ambulatory Care</p>	<p>Health care services provided to patients on an ambulatory basis, rather than by admission to a hospital or other health care facility. The services may be a part of a hospital, augmenting its inpatient services, or may be provided at a free-standing facility.</p>
<p>Multidisciplinary Team</p>	<p>A multi-disciplinary team is an integrated team approach to healthcare where more than one health professional is present at the same session to address as many of the patient's needs as possible.</p>
<p>Outpatient</p>	<p>A patient who requires planned procedures, consultations or tests carried out by a specialist not requiring an overnight stay.</p>
<p>Inpatient</p>	<p>An inpatient is a patient formally admitted to a hospital for medical treatment.</p>
<p>Same Day Admission</p>	<p>A patient is admitted for a surgical procedure and subsequently is discharged on the same calendar day.</p>

Frequently used terms in health	
Available Beds	<p>Number of beds, occupied or not, which are immediately available to be used by overnight stay patients. They are immediately available for use if they are located in a suitable place for patient care, funds have been provided and there is staff available to service the patients who may occupy the beds.</p> <p>Hospital profile glossary of terms, Department of Health SA</p>
Available Bed Days	<p>Total number of bed days which are available for overnight stay patients during the year.</p>
Occupied bed days (OBD)	<p>Number of whole days or part days on which beds were occupied by overnight stay patients or same day patients. In counting occupied bed days, the day of admission and the day of separation are counted as one day. Same day patients have a total count of one day. <i>Hospital profile glossary of terms, Department of Health SA</i></p>
Average Length of Stay (ALOS)	<p>The average length of stay for a patient whilst an inpatient.</p> <p><i>Hospital profile glossary of terms, Department of Health SA</i></p>
Public Patient	<p>A public patient is a person who elects to be treated by a doctor nominated by your hospital. <i>Department of Health 2009</i></p>
Private Patient	<p>A private patient refers to a patient who is ineligible for Medicare, compensable or private and is also referred to a named specialist incurring a gap fee and is responsible for the payment of fees associated with the service. The specialist is exercising a right of private practice under the terms of employment or a contract with the hospital which provides public hospital services. <i>Department of Health 2009</i></p>
Clinical Governance	<p>A systematic approach to maintaining and improving the quality of patient care within a health system</p>
Separations	<p>No. of admitted patients discharged or transferred from a hospital</p>
Shared Care	<p>Care provided between GP/GP obstetrician and/or midwife and GP obstetrician and midwife</p>
Telehealth	<p>Access to clinicians by video-conference or phone</p>
Triage	<p>A process for sorting injured people into groups based on their need for or likely benefit from immediate medical treatment</p>

Frequently used terms in Consumer and Community Engagement

All definitions are from the SA Health A Framework for Active Partnership with Consumers and Community 2013

<p>Consumers</p>	<p>Consumers are recognised as users, previous users or potential users of health services including their family, carers and other members of the person's support network (as identified by the person) who has an important role in the person's health care decision making and in care giving.¹ <i>'Who is a Health Consumer' Health Consumers New South Wales</i></p> <p>In mental health, the definition of a consumer refers to the user or potential user of health services and does not include their family, carer or other support persons.</p>
<p>Carer</p>	<p>A carer as a person providing unpaid care for a parent, partner, child, relative or friend who has a disability, is frail, aged, is dependent on alcohol or other drugs, or has a chronic physical condition or mental illness. <i>Carers-SA, January 2018</i></p>
<p>Community</p>	<p>Community refers to any collective group of people that represent or bring a collective voice of the interests of health consumers or specific affected communities. <i>Canadian Institutes of Health Research, 2014</i></p>
<p>Consumer engagement</p>	<p>Consumer engagement refers to health consumers, their family and carers, actively participating in:</p> <ul style="list-style-type: none"> • healthcare planning and decision making • their own individual care • evaluating policy governance and safety and quality processes • healthcare monitoring and evaluation
<p>Community engagement</p>	<p>Community engagement refers to the connections between government, communities and consumers in the development and implementation of policies, programs, services and projects.</p> <p>It encompasses a wide variety of government-community interactions ranging from information sharing to community consultation and in some instances, active participation in government decision making. It incorporates public participation, with people being empowered to contribute to decisions affecting their lives, though the acquisition of skills, knowledge and experience.</p>
<p>Consumer Advisory Group</p>	<p>Consumer Advisory Group (however named) is an advisory group established by a health care service which comprises consumers, community members and carers, including those from diverse and hard-to-reach groups who use the organisation's services.</p> <p>The Consumer Advisory Group provides a structured partnership between consumers and carers and the health care service on safety and quality issues, patient experiences, consumer centred care and other issues such as co-design of health and medical research, as identified in its terms of reference.</p>

Frequently used terms in Consumer and Community Engagement

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Consumer group	Group of consumers, carers and / or healthcare providers with experience and / or expertise relevant to your health care service. The group is convened to provide advice and feedback to the healthcare organisation on specific issues, including safety and quality improvement activities, patient experience and consumer centred care.
Consumer nominee	A person nominated by a consumer organisation or group for consideration for appointment by the requesting body.
Consumer representative	A person who voices collective perspectives and takes part in decision making as a representative of those consumers and communities, making them accountable to and responsible for reporting back to that organisation or group.
Consultation	A method to engage early with consumers and/or community to obtain feedback on issues, analysis, alternatives and decisions being considered by SA Health. It should be considered as part of an engagement process.
Patient and consumer centred care (PCC)	<p>Patient and consumer centred care is healthcare that is respectful of and responsive to the preferences, needs and values of patients, consumers and the community, with dimensions including respect, emotional support, physical comfort, information and communication. Continuity and transition, coordination of care, involvement of family and carers and access to care, treating consumers and/or carers with dignity and respect, communicating and sharing information between consumers and/or carers and healthcare providers. Encouraging and supporting participation in decision making by patients, consumers carers, families and the community, as equal partners, fostering collaboration with patients, consumers, carers, families, the community health care professionals in program and policy development, and in health service design, delivery and evaluation.</p> <p><i>Australian Commission on Safety and Quality in Health Care – Patient Centred Care: Improving quality and safety through partnerships with patients and consumers.</i></p>
LHN Governing Boards	Under the South Australian Health Care Act 2008, Local Health Network (LHN) Governing Boards are responsible for the overall governance and oversight of local service delivery by the LHNs, including governance of performance and budget achievement, clinical governance, safety and quality, risk management and fulfilment of the Governing Board functions and responsibilities. Governing Boards are responsible and accountable to the Minister for Health and Wellbeing.
Governance	Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered, or controlled. Governance arrangements provide the structure through which the objectives (clinical, social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance.

Frequently used terms in Consumer and Community Engagement

All definitions are from the SA Health A Framework for Active Partnership with Consumers and Community 2013

Health literacy	Health Literacy is the extent to which consumers can obtain, process and understand information about health care, services and the health system. It also refers to a consumer's capacity to use that information to make decisions about their health care. This includes, but is not limited to, consumers with limited English and proficiency or capacity to access information, those from an Aboriginal and Torres Strait Islander (ATSI) background, a cultural or linguistically diverse (CALD) background or children and young people.
Partnership	A partnership occurs when two or more individuals or groups work together collaboratively and inclusively sharing the responsibility of decisions and collectively owning outcomes.

Categorisation of patients

Elective Surgery (ESS)	<p>Elective surgery is surgery which, in the doctor's opinion, is necessary but can be delayed for at least 24 hours. It does not include emergency surgery or treatment, or elective medical (rather than surgical) treatment.</p> <p>Patients are assigned a clinical category based on an assessment their condition and the likelihood of their condition deteriorating. This establishes the timeframe in which surgery would ideally be provided. There are three categories:</p> <p>Category 1: admission within 30 days desirable. Also known as 'Urgent'</p> <p>Category 2: admission within 90 days desirable. Also known as 'Semi-Urgent'</p> <p>Category 3: admission at some time in the future for a condition. Also known as 'Non-Urgent'.</p> <p>There are also two categories used for deferral of surgery. Category 4: medically deferred (not fit for surgery) and Category 5: patient deferred.</p> <p>The level of elective surgery varies from quarter to quarter due to seasonal factors. For example, increased demand for emergency admission during the winter causes a reduction in hospital capacity to undertake elective surgery. A patient whose scheduled admission is cancelled by a hospital is assigned a higher priority for admission.</p> <p>The Department of Health has an overarching Elective Surgery Strategy which provides the direction for the implementation of elective surgery at health units across the metropolitan area. The Department also has a Guideline on Excluded Elective Surgery Procedures which metropolitan hospital services comply.</p>
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Frequently used terms in Consumer and Community Engagement

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Emergency Department (ED)

Waiting times are defined as when a patient is first seen by the triage nurse to when treatment begins by the doctor. This data does not include patients who do not have an end time (i.e. died before treatment commenced; or they did not wait and left the hospital) and those who do not have a start time (dead on arrival or left before they saw a triage nurse).

Patients attending the emergency department are assigned a triage score in accordance with the Australasian College for Emergency Medicine triage standards. There are five categories (to be seen):

Priority 1: Immediately life threatening (to be seen immediately) – compliance standard 100%

Priority 2: Imminently life threatening (to be seen within 10 minutes) – compliance standard 80%

Priority 3: Potentially life threatening (to be seen within 30 minutes) – compliance standard 75%

Priority 4: Potentially serious (to be seen with 60 minutes) – compliance standard 70%

Priority 5: Less urgent (to be seen within 120 minutes) – compliance standard 70%

For more information

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