



Government
of South Australia
SA Health

Patient Safety Report 2023

1 July 2022 – 30 June 2023





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Introduction

World Patient Safety Day, observed each year on 17 September, is one of the World Health Organisation's (WHO) global public health days. The 2023 theme is "Engaging patients for patient safety" using the slogan "Elevate the voice of patients!".

The day aims to influence stakeholders including patients, families, policy makers, health care leaders, health workers and patient organisations to work collaboratively towards co-designing health care policies and safety interventions that truly reflect the needs and preferences of patients, ultimately enhancing healthcare safety globally.

SA Health is committed to elevating the voice of patients on World Patient Safety Day and into the year ahead. Listening to our patients, families, carers and the community help us to understand their needs, values and experiences so that we continue to improve our services to provide appropriate care that is patient centred. Patient and consumer centred care is health care that is respectful of and responsive to, the preferences, needs and values of patients and consumers. Partnering with our patients and consumers helps us to ensure health information, systems and services meet their needs.

Staff work hard to provide safe, high-quality care to patients and consumers accessing our health services every day. There are times that a patient's experience or outcome is not to the high standard we strive for, at these times it is even more important that we partner with patients, carers and the community.

Feedback, good or bad, is encouraged and documented, ensuring adequate care and follow up for individuals and feedback for staff. Complaints are investigated with a quality improvement focus to identify opportunities for learning and change.

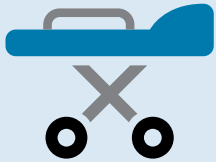
While many incidents do not cause significant harm to patients, they provide rich information to prevent harm to patients in the future. Learning from incidents and near misses and sharing improvements that prevent harm is essential to create and maintain a safe, high-quality health service.

The Patient Safety Report provides an overview of SA Health services during the past year, including incidents, consumer feedback and experience along with achievements in a number of safety and quality programs.

Evidence shows that when patients are treated as partners in their care, significant gains are made in safety, patient satisfaction and health outcomes. By becoming active members of the health care team, patients can contribute to the safety of their care and that of the health care system as a whole. (World Health Organisation)

Access to our services

Emergency department



597,866

Number of people
presenting to the
Emergency Department



310,559

ED Visits completed
within 4 hours

Inpatients and outpatients



464,547

Number of
inpatient admissions



1,846,965

Number of outpatient
appointments

Elective surgery targets

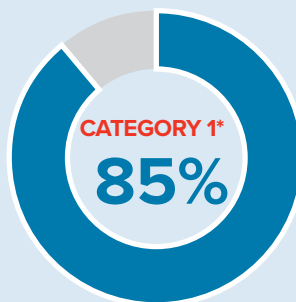
55,899

Number of patients
receiving elective
surgery from waiting list

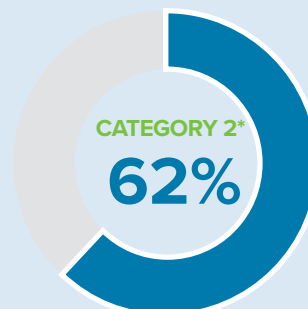


Clinically recommended time for patient to be admitted

30 days
URGENT



90 days
SEMI-URGENT



365 days
NON-URGENT



Accreditation

SA public health service organisations are assessed and accredited to the **National Safety and Quality Health Service (NSQHS) Standards**. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. The eight NSQHS Standards provide a nationally consistent statement about the level of care consumers can expect from health services.

3 organisations

Number of public health services assessed to **NSQHS Standards** in 2022-23 period



100%

Percentage of public health services accredited (77 in total)

The **Aged Care Quality Standards** focus on outcomes for consumers and reflect the level of care and services the community can expect from organisations that provide Commonwealth subsidised aged care services.

Four Regional Local Health Networks (LHNs) operate a total of 18 Commonwealth funded residential aged care facilities (RACF) which are accredited by the Aged Care Quality and Safety Commission.



8 of 18 regional sites

Number of Residential Aged Care Facilities assessed to **Aged Care Quality Standards** in 2022-23 period



100%

Percentage of Residential Aged Care Facilities accredited

The **National Disability Insurance Scheme (NDIS) Practice Standards** specify the quality standards to be met by registered NDIS providers to provide supports and services to NDIS participants.

The six Regional LHNs are registered NDIS providers, accredited by the NDIS Quality and Safeguards Commission, along with the Women's and Children's Health Network (WCHN) 3D Health and Southern Adelaide LHN Orthotics and Prosthetics Service.

7 of 8 organisations

Number of National Disability Insurance Scheme (NDIS) services assessed to the **NDIS Practice Standards** in 2022-23 period

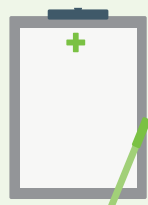


100%

Percentage of NDIS services accredited

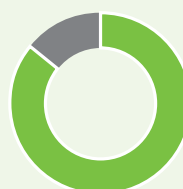
Safety of our services

Patient incidents



78,806

Total number of incidents



85.7%

Open disclosure rate for incidents resulting in serious harm or death

Proportion incidents resulting in serious harm or death

0.25% 0.55%

ISR1 ISR2

The Incident Severity Rating (ISR) is a score applied to all patient incidents that considers the direct outcome and follow up treatment required following an incident. Rating incidents supports the level of escalation and investigation required. Analysis of incident data helps to identify emerging trends, system issues and opportunities for improvement. Incident investigation and data analysis is focused on the implementation of actions and strategies to prevent similar incidents occurring again.

Three most common types of incidents (by level 1 incident classification)



1. Patient falls and other injuries



2. Medication



3. Challenging behaviour

Proportion of near miss incidents reported

7.25% 12%

2022 / 2023 2021 / 2022

A near miss is a patient safety incident identified before it reached the patient, where it did not cause harm but had the potential to do so.

Proportion of incidents reported resulting in no harm

72% 67%

2022 / 2023 2021 / 2022

Medication incidents



13,125

Total number of medication incidents



Most reported type of medication incident:

1. Administration of medication (60%)
2. Prescribing of medication (16%)
3. Supply of medication (11%)



Top 3 drugs reported in medication incidents

1. Insulin
2. Paracetamol
3. Olanzapine

Top 3 drugs reported in medication incidents that result in a near miss or no harm

1. Paracetamol
2. Insulin
3. Olanzapine



High risk times

0800-0900 & 2000-2100

Falls and harm from falls



17,530

Total number of falls



83.9%

Percentage of people of 65 years and above

157

Number of falls resulted in significant harm or death
(0.89% of total falls)



Significant harm or death from falls compared to previous year (2021-22)

55%

Percentage of falls resulting in **no** harm



High risk times of falling
9am to 11am

Challenging behaviour

Challenging behaviour is any behaviour with the potential to physically or psychologically harm another person, self or property. Patient incidents relating to challenging behaviour include patient behaviour affecting others, behaviour of others affecting patients, and patient behaviour affecting themselves.

SA Health is committed to keeping all people in the system safe from harm, with strategies in place to prevent and de-escalate challenging behaviour as well as supporting patients and staff during and following an event of challenging behaviour.



12,688

Total number of Challenging behaviour patient incidents



3,873

Total number of Challenging behaviour incidents affecting a worker



13,423

Total number of code blacks

91% of recorded patient challenging behaviour incidents resulted in no harm to the patient

43% of recorded patient challenging behaviour incidents involved patient behaviours toward staff

75% of recorded incidents resulting in a code black were related to a patient threatening or harming staff

55% of recorded incidents affecting a worker involved the staff member experiencing a deliberate kick, bite, punch or push

Hand hygiene

Effective health care worker hand hygiene is a core strategy in the prevention of health care associated infections and the transmission of antimicrobial resistance.



Hand hygiene compliance rate

81.8%



Decrease 1.19% from last period

Blood and blood products

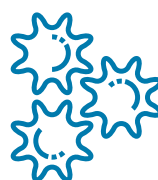
Blood is a precious resource generously donated by volunteers. Blood and blood products are used in hospitals across Australia every day to save lives. SA Health has measures in place to appropriately manage blood and blood products and minimise wastage. The successful partnership between SA Pathology, BloodMove and BloodSafe has contributed to SA Health's wastage rates being amongst the lowest in Australia.



1.00%

Red cells wastage rate for public sector 2022-2023

(+0.07% from previous year, excludes paediatric)



6.32%

Platelet wastage rate for public sector 2022-2023

(+0.21% from previous year, excludes paediatric)

Sentinel events

Sentinel events are a subset of adverse patient safety events that are wholly preventable and result in serious harm to, or death of, a patient. They are the most serious incidents reported through state and territory incident reporting system.

The purpose of sentinel event reporting is to ensure public accountability and transparency and drive national improvements in patient safety.

5

Total number of sentinel events reported (2021-2022)

4

Types reported

Medication error resulting in serious harm or death

1

Wrong surgery or other invasive procedure performed on a patient resulting in serious harm or death

Hospital acquired complications

A Hospital Acquired Complication (HAC) refers to nationally agreed complications which clinical risk mitigation strategies may reduce (but not necessarily eliminate) the risk of that complication occurring. Clinicians, managers and others work together to address and improve patient care and reduce HACs.

Total number of separations with a hospital acquired complication



2021/2022 - **6,383**

2022/2023 - **6,699**

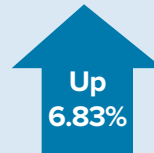
Infection complications



2021/2022 - **2,297**

2022/2023 - **2,507**

Respiratory complications



2021/2022 - **879**

2022/2023 - **939**

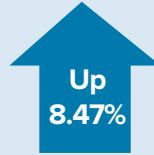
Medication complications



2021/2022 - **623**

2022/2023 - **579**

Cardiac complications



2021/2022 - **626**

2022/2023 - **679**

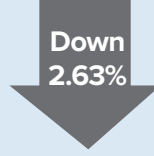
Surgical complications



2021/2022 - **452**

2022/2023 - **484**

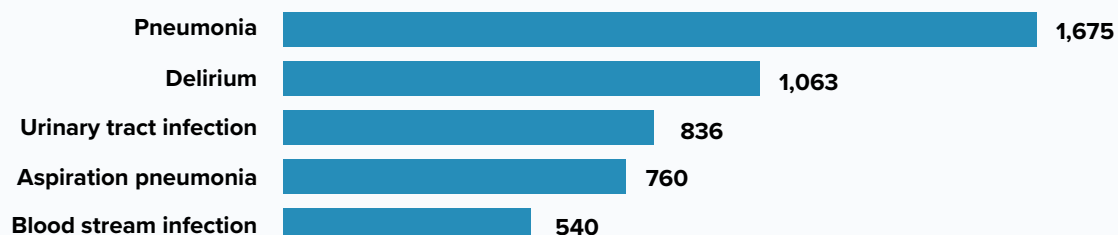
Delirium complications



2021/2022 - **821**

2022/2023 - **800**

Hospital acquired complications Top 5 - YTD as at 30/06/2023



Consumer experience – January to December 2022

Total number of
consumers surveyed

4,451



Views and
concerns listened to

82%



Individual
needs met

ALMOST
85%



Felt cared for
by staff

OVER
87%



Involved in
making decisions

OVER
83%



Being
kept informed

OVER
82%



Staff communicated
with each other

ALMOST
84%



Pain relief
met needs

OVER
89%



Felt confident
in safety

OVER
89%



Overall
quality

OVER
86%



Recommend
hospital

ALMOST
91%

Consumer feedback – 1 July 2022 to 30 June 2023

16,833

Total number of
consumer feedback
(complaints, compliments,
suggestions, and advice)

8,897

Total number of
complaints

7,055

Total number of
compliments



Top 3 complaint categories

1. Communication

2. Treatment

3. Access

Our workplace



47,271

Total number of staff



754

Aboriginal and Torres Strait
Islander (self identification)



7,933

Admin



5,220

Doctors / Medical



157

Professional officers



20,622

Nurses / Midwives



1,718

Paramedics



4,440

Allied Health



1,355

Scientific-Technical



18,130

Full-time



26,606

Part-time



37,201

Female



10,482

Male



Safety and Quality Unit

The Department for Health and Wellbeing (DHW) Safety & Quality Unit provide strategic oversight of safety and quality for SA Health, fostering collaborative relationships that support the SA Health vision: “South Australians experience the best health in Australia”.

Work is prioritised to focus on continuous improvement of safety and quality systems that enhance consumer outcomes, experience, and engagement, whilst promoting safe, reliable, and high-quality health care. The Safety & Quality Unit works collaboratively with the Department for Health and Wellbeing, Health Networks, SA Ambulance Service, and State-wide Clinical Support Services, as well as external stakeholders and consumers.

National Partnership

The [Australian Commission on Safety and Quality in Health Care](#), (the Commission) established by the [National Health Reform Act 2011](#) provides a National approach to safety and quality, partnering with all states and territories. Key functions of the Commission include developing national safety and quality standards, and clinical care standards to improve evidence-based health care, coordinating work in priority areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission’s four strategic priorities are:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value and outcomes

Clinical Governance

The Health Chief Executives Council introduced a new meeting focused on Safety, Quality and Performance to strengthen clinical governance across SA Health in January 2023. The purpose of the meeting is to provide expert advice, strategic direction, and governance oversight to improvements in safety, quality and performance across South Australian (SA) public hospitals.

The meeting provides a collaborative approach to system-wide awareness of safety, quality and performance priorities and provides a forum at the highest level to present risks and issues for solution focused discussion and action, and to promote positive outcomes and achievements.

Accreditation

All SA Health Networks and Services hold current accreditation to the standards relevant to their organisation. Accreditation involves an external review to assess a health service organisation's compliance with safety and quality standards as well as focusing on continuous quality improvement strategies that promote safe and high quality healthcare.

Short notice assessments for accreditation to the National Safety and Quality Health Service (NSQHS) Standards will replace existing announced assessments from July 2023. Short notice assessments will support the continuous implementation of the NSQHS Standards, improve the veracity of accreditation and reduce the administrative burden of assessment processes on health services.

All SA public health service organisations conducting clinical trials have commenced implementation of the National Clinical Trials Governance Framework in alignment with assessment to the NSQHS Standards. From March 2023, health service organisations will be assessed against a maturity scale, having established systems, growing systems, or initial systems in place to meet the NSQHS Standards for clinical trial service provision.

A recommendation from the Aged Care Royal Commission required an urgent review of the Aged Care Quality Standards be undertaken including consideration of several critical clinical care issues such as medication management, oral health, pressure injury prevention and wound management, continence, falls prevention and mobility, nutrition, infection control, dementia and palliative care.

The standards have been reviewed collaboratively by the Department of Health and Aged Care, the Aged Care Quality and Safety Commission and the Australian Commission on Safety and Quality in Health Care, with consultation closing

All SA Health Networks and Services hold current accreditation to the standards relevant to their organisation

Over the past year, three new clinical care standards were released

at the end of 2022. The revised version of the strengthened Quality Standards is being Piloted by the Aged Care Quality and Safety Commission from April 2023. SA Health aged care providers work to continuously improve the lives of their Residents, ensuring they are treated with dignity and respect and receive care and services that are safe, compassionate and of high quality.

Clinical Care Standards

Clinical care standards describe the care patients should be offered by health professionals and health services for a specific clinical condition in line with current best evidence. This is detailed with quality statements and quality indicators to measure performance.

Over the past year, three new clinical care standards were released, Sepsis, Low Back Pain and Stillbirth. The Safety and Quality Unit work collaboratively with experts across SA Health to support the implementation of these standards.

The Sepsis Clinical Care Standard ensures that a patient presenting with signs and symptoms of sepsis receives optimal care, from symptom onset through to discharge from hospital and survivorship care. The national standard was released by the Commission on 30 June 2022. The DHW Safety and Quality are working alongside the SA Health networks and services to develop a state-wide approach to sepsis with a focus on early recognition of Sepsis, pathways and coordination of care, streamlining of patient transfers and data capture and validation.

The Low Back Pain Clinical Care Standard aims to improve the early assessment, management, review and appropriate referral of people with this common health condition. The national standard was launched on 1 September 2022. The Commission of Excellence in Health (CEIH) Statewide Chronic Pain Clinical Network are working to improve pain service models of care, best practice guidelines and opioid prescribing practices for low back pain. The Safety and Quality Unit are working with the CEIH and clinical data teams to improve access to data to monitor compliance and drive quality improvement.

The Stillbirth Clinical Care Standard supports best practice care for stillbirth prevention and investigation, and bereavement care following perinatal loss. The National Standard was released by the Commission on 4 November 2022. The state-wide Maternal Neonatal and Gynaecology Community of Practice implemented the 2021-2022 Stillbirth Autopsy and Investigations Project to support implementation of the standard. SA Health now offers resources that align with the Quality Statements and support a woman's antenatal, birthing, and post-natal care in the event of stillbirth.

Patient Incident Rating System

In July 2022, the patient outcome based 'Incident Severity Rating' (ISR) was introduced to replace the consequence/likelihood scale 'Safety Assessment Code' (SAC) in the patient incident module of the Safety Learning System (SLS).

The ISR is a numerical score applied to patient incidents that considers the direct outcome and follow up treatment required following an incident. The ISR guides the level of escalation and investigation required for all patient incidents reported into the SLS, providing a simpler and more consistent approach to risk/severity rating in comparison to the previously subjective SAC rating.

Consequence only based models are contemporary and commonly used in many Australian Health jurisdictions. The SA Health ISR was developed based on the NSW Health Clinical Excellence Commission's 'Harm Score' rating system, which they generously approved for our use.

Review of data since this change has shown:

A significant reduction in the inappropriate rating of incidents due to the algorithm applied at the time of notification, making it easier for incident notifiers.

Improved accuracy of rating serious incidents, allowing incident managers to easily identify and escalate serious incidents quickly.

**A significant
reduction in the
inappropriate
rating of
incidents**

The revised charts are used by clinicians to assist in recognising and responding to acute physiological deterioration in children

Significant improvement with the accuracy of rating the result of the incident for the patient (i.e. harm/near miss), supporting more accurate reporting and appropriate management.

Consumer Experience

SA Health is committed to providing as positive an experience as possible for consumers when accessing our services. State-wide consumer experience is collected using the South Australian Consumer Experience Surveillance System (SACCESS) through telephone surveys to randomly selected adults, aged 16 years or more, who have received inpatient care at a SA public hospital.

Annual reports are produced detailing the results of these surveys, including specific reports for culturally and linguistically diverse, and Aboriginal and Torres Strait Islander patients. It was recognised in consultation with the South Australian Rainbow Alliance Advocacy (SARAA) that a specific report of the experience of the LGBTQIA+ community would be of benefit. The SACCESS question set has been updated to collect demographic data in relation to sexual orientation and variations of sex characteristics. Collection of this data will assist in understanding the experience of this community in our health services. Partnerships with agencies to increase access to state-wide consumer experience information has been identified as a priority to identify and reinforce SA Health quality improvement activities.

Recognising and Responding to Deterioration Charts

The Paediatric Rapid Detection and Response (RDR) charts and Sunrise electronic medical record equivalent were updated in December 2022, following a co-ordinated state-wide review. The revised charts are used by clinicians to assist in recognising and responding to acute physiological deterioration in children.

The Safety and Quality Unit, in partnership with Southern Adelaide Local Health Network (SALHN) have also coordinated the development of an RDR observation chart for use in the Special Care Baby Unit and Special Care Nurseries across the state. The RDR chart will be released in Sunrise by the end of 2023.

Challenging Behaviour Strategy

SA Health collects and analyses relevant data of Challenging Behaviour incidents to measure, monitor, plan and evaluate improvements to the safety and quality of care. Accurate notification of challenging behaviour related incidents into the Safety Learning System (SLS) supports root cause analysis and quality improvement across the network.

Improvement strategies implemented:

- > Classifications added to the Patient Incidents Notifier on the Safety Learning System for enhanced reporting outcomes.
- > Amendments to the Memorandum of Understanding between Mental Health and Emergency Services to improve coordination and response between Emergency Services and Mental Health Services.
- > Active consumer engagement throughout their health journey including open disclosure as part of post-incident support processes.
- > Increased in-reach and out-reach specialist services to support enhanced engagement, prevention and de-escalation of Challenging Behaviour.
- > Establishment of LHN Aboriginal and Torres Strait Islander Working Groups, with the aim of increasing cultural sensitivity and understanding across services and staff.
- > Trialling of a new emergency code in a metropolitan Emergency Department for 'Behaviours of Concern (Code BOC)', which brings a specialised complex behaviour response team as a preventative assessment team to review and intervene, as soon as risk factors are identified and before an incident occurs. Code BOC also leads to the development of a patient care plan from the start of admission.
- > Regular assessment of security arrangements for those sites where there is a high risk of a security incident.

With the implementation of improvement strategies, there has been a 2.2% reduction in the number of reported incidents affecting a worker in the last 12 months to 30 June 2023.



Establishing a state-wide prevention, de-escalation, management and post-incident support training program

Improvements planned for 2023/24

- > Amendments to the SA Health Challenging Behaviour Strategic Framework, Policy and Toolkit (guiding documents to prevent, manage and respond to Challenging Behaviours) to align with latest evidence-based practise, including
 - Streamlining and standardising reporting and documentation processes
 - Establishing consistency across Challenging Behaviour Committee data management and response
 - Implementing KPIs for improved outcome measures.
- > Establishing a state-wide prevention, de-escalation, management and post-incident support training program for all staff to enhance prevention and response.
- > Review of current models of care for improved patient outcomes and hospital flow.
- > Formation of a state-wide Challenging Behaviour Consultative Forum to improve collaboration and consistent approach across state services.
- > A state-wide review of security services for SA Health including a review of practices undertaken in other jurisdictions.

Australian Nursing and Midwifery Federation (ANMF) 10-Point Plan

- > An Election Commitment was made to mitigate violence and aggression in SA Health workplaces. Part of this commitment relates to working with the ANMF to jointly propose a 10-point plan Action Plan, and includes a review of the SA Health Challenging Behaviour Strategic Framework against the requirements of the 10 Point Plan and establishing system-wide governance to monitor ongoing implementation.
- > The ANMF 10-Point Plan outlines the critical areas needed for an effective organisational response to violence and aims to highlight that the context of the health service (including community context) informs security and safety requirements. The 10 points of the plan are:
 1. Improve security
 2. Identify risk to staff and others
 3. Include family in the development of patient care plans
 4. Report, investigate and act
 5. Prevent violence through workplace design
 6. Provide education and training to staff
 7. Integrate legislation, policies and procedures
 8. Provide post-incident support
 9. Apply anti-violence approach across all health disciplines
 10. Empower staff to expect a safe workplace.
- > A comprehensive analysis across the state's health services has taken place against the 10-Point Plan criteria and SA Health's requirements. This analysis identified where SA Health's sites and services currently meet the requirements of the 10-Point Plan and how they align with the latest evidence-based practice and SA Health's requirements.

The ANMF 10-Point Plan outlines the critical areas needed for an effective organisational response to violence

SA Health Protective Security provide support to the Health Networks and Services

- > DHW facilitated a comprehensive consultation process, liaising with specialised units within LHNs and Health Services, and included the ANMF and other unions.
- > An implementation Action Plan has been developed to address all systemic issues as identified in the analysis and consultation ranging from security, infrastructure, staff training and post-incident support processes.

Protective Security

SA Health Protective Security provide support to the Health Networks and Services in relation to their security posture (level of security risk exposure). Key activities include:

- > engaged by the DHW infrastructure business unit and providing security support to all security infrastructure projects.
- > reviewed the security posture at Pt Pirie, Wallaroo, and Murray Bridge Hospitals. Support is continually being provided.
- > working with SAAS to address violence against health workers.
- > reviewing all security related policies to support onboarding and offboarding processes.
- > continuing to develop Health security posture to be in line with the South Australian Protective Security Framework (SAPSF).

Blood, Organ and Tissue Branch

Remote Blood Fridge Monitoring

Blood is a precious resource used to support patients undergoing a range of treatments. It is important blood for transfusion is stored within a strict temperature range to prevent bacterial growth and maintain optimum conditions for use. The oversight of blood refrigerators is an important regulatory requirement that ensures the safety and efficacy of blood and blood products for patient treatment and also enables waste minimisation by rotation of near expiry regional stocks to high use metropolitan sites.

Regional SA has some hospitals with on-site laboratory's and some with a blood refrigerator to store stocks of blood and blood products for emergency use. The Blood, Organ and Tissue Unit's BloodMove Program, SA Pathology and the Rural Support Service (formally CHSA) initiated a 3-staged project to install and implement remote, electronic temperature monitoring systems linked to alarms for blood product storage across regional SA.

The first and second stage of the project connected 7 regional sites with onsite laboratories and the third and final stage of this project focusses on 28 remote and regional hospital blood fridges where there is no on-site SA Pathology laboratory.

To date these refrigerators have used paper-based temperature recording systems that require hospital and laboratory staff to monitor and store records. When completed, all blood fridges in public hospital facilities across the state will be electronically monitored remotely 24 hours a day.

Connection to the remote electronic system will improve the quality assurance of the blood stocks, patient safety, provide real time monitoring of the alarm system, improve reporting, contribute to reduced workload for hospital and laboratory staff, and ensure better compliance with regulatory requirements.



CDCB provides a wide range of services dedicated to protecting and promoting public health

Communicable Disease Control Branch

The Communicable Disease Control Branch (CDCB), Public Health Division, works within the Department for Health and Wellbeing (DHW) to prevent, monitor, and control infectious diseases throughout the community.

CDCB provides a wide range of services dedicated to protecting and promoting public health. CDCB conducts surveillance, outbreak management and public health interventions for notifiable diseases in South Australia in collaboration with its public health partners. From offering invaluable information, education, and advice to developing essential resources and guidelines, CDCB plays a crucial role in shaping and implementing public health policies and programs. CDCB staff are highly experienced and work collaboratively to protect South Australians from communicable diseases.

CDCB's contributions to patient safety include activities and programs in the following domains.

Antimicrobial Resistance

- > Monitoring and promoting the responsible use of antimicrobials in hospitals, including through managing the National Antimicrobial Utilisation Surveillance Program (NAUSP), as well as coordinating and managing the South Australian Expert Advisory Group on Antimicrobial Resistance (SAAGAR), and the South Australian Antimicrobial Resistance Action Plan (SAAMRAP) Steering Committee.
 - Effective hospital, aged care and community antimicrobial stewardship (AMS) programs have been shown to decrease inappropriate antimicrobial use, reduce the burden of multidrug-resistant organisms, and improve the safety and quality of patient care. Having an established AMS program is a requirement of the National Safety and Quality Healthcare Service Standards (second edition).
 - Along with infection prevention and control activities, development of prescribing guidelines and other AMS resources are considered key strategies in SA Health Safety and Quality programs that focus on reducing the risk of antimicrobial resistance, and preventing and controlling healthcare associated infections.

Disease Surveillance and Investigation

- > Surveillance, monitoring, reporting and investigation of notifiable diseases (excluding mycobacterial diseases) in South Australia (SA), with a particular patient safety focus on:
 - Initiating immediate public health action to minimise the transmission of infectious disease.
 - Providing enhanced surveillance of foodborne outbreaks in conjunction with OzFoodNet.
 - Providing advice on antibiotic prophylaxis and vaccination for household-like contacts of meningococcal cases.
 - Co-ordinating vaccination or immunoglobulin (NHIG) for contacts of measles cases.
 - Co-ordinating vaccination of hepatitis A contacts, specifically for those in sensitive occupations such as health care and food handling.
 - Prophylaxis and vaccination recommendations involve liaising with Priority Care Centres, general practitioners and emergency departments to arrange provision of antibiotics and vaccines. CDCB have also run clinics using CDCB doctors, either in-person or via telehealth, to prescribe antibiotics to close contacts.
 - Investigating disease outbreaks in the community and high-risk settings such as aged care facilities and childcare centres, with a focus on preventing further transmission of outbreaks such as gastroenteritis or influenza.
 - Providing case management and support for partner notification for sexually transmissible infections, with a particular focus on syphilis and HIV.
 - Undertaking public health follow-up for hepatitis B and hepatitis C, including linkage to care, investigation of potential iatrogenic exposures, and contact tracing for recently acquired infections.

**Initiating
immediate
public health
action to
minimise the
transmission
of infectious
disease**

Investigating disease outbreaks in the community and high-risk settings

- Monitoring and reporting on notifiable conditions. Conditions of public health importance are added to the notifiable diseases list as required, with the following conditions added in the past few years: respiratory syncytial virus, Carbapenemase-producing *Enterobacterales* (CPE), *Candida auris*, COVID-19, monkeypox virus infection, and invasive group A *Streptococcus*.

Immunisation

- > Coordinating and promoting all publicly funded immunisation programs in SA, including transition of the COVID-19 Vaccination Program from Commonwealth to State responsibility.
- > Informing local and national public health policy with regard to immunisation through ongoing research and evaluation of emerging evidence and providing professional leadership for the immunisation workforce across all provider settings in SA.
- > Collaborating within CDCB and Health Protection and Licencing Services, Local Health Networks, Rural Support Services and Primary Industries and Regions SA to coordinate the Japanese encephalitis virus (JEV) vaccine program in response to the JEV outbreak in 2022. This included providing resources and support to assist health professionals administering JEV vaccines.
- > Collaborating with relevant immunisation providers for the administration of mpox vaccine for eligible cohorts following the global outbreak of mpox in May 2022 (formerly known as monkeypox).
- > Coordinating an immunisation clinic for the administration of hepatitis A vaccine to multiple individuals contacted as part of an outbreak response to a positive hepatitis A case in a food handler in April 2023.
- > Instigating changes required under the Vaccine Administration Code in 2023 to extend the number of vaccines approved for delivery through pharmacy vaccination services. This increases public access to vaccination services across the state.

- > The Vaccine Distribution Centre (VDC) has now been operationalised within the new SA Health warehouse at Gepps Cross and supports patient safety through guaranteeing safe and reliable storage and distribution of vaccine.
- > Providing ongoing management and support of the Chief Public Health Officer's Exemptions Committee (the Committee), which meets weekly to review applications for vaccine exemptions under the [Early Childhood Services Immunisation Requirements](#) under the *South Australian Public Health Act 2011* and for COVID-19 vaccination under the SA Health [Addressing vaccine preventable disease; Occupational assessment screening and vaccination policy directive](#).
- > The Vaccine Safety Team continues to monitor adverse events following immunisation (AEFI) reports received through the South Australian Vaccine Safety Surveillance System (SAVSSS). Reports are reviewed each weekday by team members, with all reports then submitted to the Therapeutic Goods Administration (TGA) to contribute to national vaccine surveillance.
- > The Clinical Advisory Service continues to operate Monday to Friday during business hours to assist members of the public and health professionals with advice, information and recommendations on vaccines and immunisation programs. Reports of post exposure rabies can be made through this service and coordination of appropriate treatment for affected individuals is undertaken.

Sexually Transmissible Infections (STIs) & Blood Borne Viruses (BBVs)

- > Coordinating and administering SA's response to sexually transmissible infections, HIV, viral hepatitis and related disease through policy and program development.
 - A suite of state-wide STI and BBV strategies are endorsed by the Minister for Health and Wellbeing and are [publicly available on the SA Health website](#).

The Vaccine Safety Team continues to monitor adverse events following immunisation (AEFI) reports

Responsible for the monitoring, prevention and control of health care associated infections and other infectious diseases in SA

- Overall monitoring and evaluation of the implementation of these strategies in South Australia is governed by the South Australian STI and BBV Advisory Committee (SASBAC) (chaired by the Chief Public Health Officer) and its subcommittees, the HIV and STI Subcommittee, the Viral Hepatitis Subcommittee, and the SA Aboriginal STI and BBV Partnership Response Implementation Group.
- Related but sitting aside from SASBAC, is the state-wide Viral Hepatitis Model of Care Reference Group, which provides a coordination mechanism and governance for state-wide initiatives to increase uptake of antiviral treatment and guideline-based care for hepatitis B and C, guided by the SA Health Viral Hepatitis Nursing Model of Care.
- CDCB are responsible for the HIV post-exposure prophylaxis guideline.

Infection Control Service

The Infection Control Service (ICS) within CDCB is responsible for the monitoring, prevention and control of health care associated infections and other infectious diseases in SA health care facilities. ICS provides education and information to health care professionals, other government, and non-government agencies.

Patient safety spotlight in ICS:

- > Developed and facilitated five infection prevention and control workshops and seminars, with over 500 acute and non-acute healthcare workers attending, including:
 - Infection Control Introductory Workshop
 - Sterilisation and Reprocessing Update Seminars
 - Healthcare-associated Infection Surveillance Workshop
 - Winter Illness Outbreak Preparedness
 - Infection Prevention and Control Update seminar

Achievements for the reporting period

- > Statewide infection prevention and control (IP&C) policy and guideline development and review according to current best practice to provide consistency and minimise the risk of infection associated with health care treatment.
- > Ongoing collaboration with new and existing stakeholders and the community regarding infection prevention control of new and emerging infectious diseases and multi-resistant organisms, including COVID-19, mpox, Japanese encephalitis, *Candida auris* and Carbapenemase-producing Enterobacterales (CPE).
- > Maintaining statewide targeted healthcare-associated infection surveillance program: selected procedures, multi resistant organisms, *Staphylococcus aureus* and central line related blood stream infections, *Clostridioides difficile* and provision of relevant reports containing analysis of surveillance data and also hand hygiene compliance data.

Current published available data:

- > Healthcare-associated infection surveillance annual reports for bloodstream infection, multi-drug resistant microorganisms, *Clostridioides difficile* and surgical site infection are [available on the SA Health website](#).
- > Improved bloodstream infection rates - outcome data from the healthcare associated infection (HAI) surveillance program showed that bloodstream infection rates in SA public hospitals have decreased when compared to the previous few years. The aggregate rate of healthcare-associated bloodstream infection was 3.7 cases per 10,000 patient-days for 2022/23. Twenty-four percent of these were associated with an indwelling medical device and were therefore potentially preventable.
- > The *Staphylococcus aureus* bloodstream infection (SAB) rate remains below the SAB national indicator target of 1.0 per 10,000 patient-days. For 2022/23 there were 0.5 episodes per 10,000 patient-days.
- > Hand hygiene compliance (82.4%) for 2022/23, remains above the national benchmark of 80%.

**Hand hygiene
remains above
the national
benchmark
of 80%**

**Replace with
service
modelling and
facility design
for sustainable
and compliant
reusable
medical device
reprocessing
services**

- > 2022/23 saw an increase in the rate of infection due to vancomycin-resistant *enterococci* (VRE), while infections due to Methicillin-resistant *Staphylococcus aureus* (MRSA) and multidrug resistant Gram-negative bacteria remained stable.

Reprocessing of reusable equipment and devices

- > Provision of expert advice to all LHNs by the State Coordinator, Sterilisation & Reprocessing, to achieve compliance with *AS/NZS4187:2014 Reprocessing of reusable medical devices in health service organisations*.

Key projects include LHN-wide service modelling, and facility design for sustainable and compliant reusable medical device reprocessing services.

- > Representation of DHW in the drafting of new national standards for reusable medical device reprocessing, including the Australasian Health Facility Guidelines and new reprocessing standard *AS5369 Reprocessing of reusable medical devices and other devices in health and non-health related facilities*.
- > Provision of ongoing expert support to Health Protection and Licensing Services by mutual agreement, for the regulation of private hospitals and day procedure centres, including inspection and assessment against standards concerning reusable medical devices.
- > Assessment of new products submitted to Procurement and Supply Chain Management for approval in Local Health Networks, for compliance with Australian standards and best practice in decontamination and sterilisation.

CDCB COVID Operations

Between July 2022 and June 2023, Communicable Disease Control Branch (CDCB) COVID Operations led and contributed to various measures responding to COVID-19 in South Australian aged care facilities, disability facilities, remote communities, schools and other high-risk settings or populations. Support for these areas was prioritised to prevent

or mitigate harm to the most vulnerable in the community. In aged care and disability facilities, strict infection prevention and control measures were emphasised, including hand hygiene, PPE usage, and cleaning protocols. Regular testing and outbreak management protocols were implemented in these settings. CDCB COVID Operations also developed tools for disability and aged care facilities to reduce the burden of rapid antigen test reporting, allowing more timely access to public health advice and clinical support.

In remote communities, SA Health focused on testing and screening through local clinics and outreach services, while also engaging with local communities and Aboriginal Community Controlled Health Organisations. Significant outbreaks in remote communities were supported by SA Health, deploying Health Rapid Response Teams where necessary. The focus of these teams was to support local clinics in testing, isolation and contact tracing, as well as promoting antiviral utilisation for vulnerable cases.

In schools, SA Health emphasised strict hand hygiene, cleaning protocols, and ventilation measures, along with specific testing strategies. Communication, education, and community engagement were key components of the response across all settings, ensuring the dissemination of updated guidelines and resources tailored to each context.

Public health messaging for COVID-19 cases during this period focused on ensuring patients were aware of the clinical support available to them and promote access to antivirals where appropriate. Underwriting each successful aspect of the response to COVID-19 was the engagement with community and relevant stakeholders.

Towards the end of the reporting period, functions relating to the management of COVID-19 have transitioned back to established SA Health teams, with CDCB continuing to conduct surveillance, outbreak management support and offering public health advice similarly to other notifiable diseases.

In schools, SA Health emphasised strict hand hygiene, cleaning protocols, and ventilation measures



Office of Chief Pharmacist

The Office of the Chief Pharmacist provides state-wide and national leadership in pharmacy, health technology and medicines. Delivering safe medication management strategies and programs are essential to ensure an overall safe patient experience at SA Health hospitals and services. We provide leadership to ensure SA Health services align with the World Health Organisations priority of '*Medication without harm*'.

Highlighted below are some examples of activities the Office of the Chief Pharmacist have undertaken to support patient safety in 2022/23.

Medication Safety Alerts

The Office of the Chief Pharmacist is responsible for communicating key clinical and practical information through Medication Safety Alerts. These notices provide warnings, advice and guidance on medicine related safety issues to stakeholders across SA Health. In 2022/23 issues and themes which have warranted a Medication Safety Alert have included;

- > Global shortage of tenecteplase
- > eviQ Cancer Chemotherapy Protocol Database
- > Recall and cancellation of registration of pholcodine products
- > Update on TGA medicine ingredient name changes
- > Safe strategies for management of look-alike, sound-alike medicines

Medicine Shortages

Over the past 12 months, the Office of the Chief Pharmacist has worked with the Commonwealth Therapeutic Goods Administration (TGA) and with key medical and pharmacy clinicians to proactively approach critical medicines shortages and minimise potential for impact on patient care. Medicine shortages can arise for many reasons, ranging from shortages of raw materials, manufacturing problems, high demand and natural disasters.

They are often global and unavoidable, but their impacts can often be effectively minimised through appropriate and timely information sharing and management. Through a collaborative approach, the Office has communicated broadly on the recommended clinical options and management of medicine stocks when national and international shortages occur. Tenecteplase, a critical and often life-saving thrombolytic was announced as being in global short supply in the second half of 2022, with the shortage anticipated to last up to 18 months. The Office of the Chief Pharmacist worked closely with LHN clinicians and SA Pharmacy to rapidly determine alternative therapeutic options and carefully rationalise the use of the stock SA Health could obtain.

South Australian Medicines Advisory Committee (SAMAC) forum

The SAMAC are the peak South Australian medicines governance committee charged with the responsibility of delivering advice and strategy around appropriate, equitable, safe and cost-effective use of medicines. The SAMAC forum, held in April 2023, gathered key stakeholders from across the South Australian health system to learn, discuss and share experiences with a focus on medicines access, equity, and evaluation for better health outcomes. The governance systems around medication safety, the SA medicines formulary and access to high-cost medicines in South Australia, are vital for ensuring equitable and sustainable access to necessary medicines in all SA Health hospitals and health services.

Medicine shortages can arise for many reasons

Opioid Safety in Sunrise EMR

The Office of the Chief Pharmacist convened a forum, 'Enhancing Opioid Safety – Enhancing Patient Outcomes' to raise awareness on the current data and challenges in use and misuse of opioids. The forum explored existing local and national strategies and identified opportunities to support the safe use of opioids within SA Health. One strategy arising from the forum saw the South Australian Medicines Advisory Committee (SAMAC) work with the Office of the Chief Medical Information Officer to implement changes to prescribing and default discharge quantities of some opioids on the Sunrise Electronic Medical Records (EMR) system. This change encourages prescribers to carefully review their patient's individual pain management needs, alter prescribing behaviour and help promote appropriate prescribing of opioids, improving patient safety.

Access to COVID-19 antiviral treatments

The Office of the Chief Pharmacist provided leadership in the management of COVID-19 medicines across SA Health facilities. A COVID-19 Medicines Advisory Group was established to provide expert advice and recommendation regarding medicines access and distribution. COVID-19 MAG was primarily responsible for endorsing statewide COVID-19 treatment guidelines and resources for statewide use at public hospitals. Other activities included establishing treatment access pathways for patients in the community in metropolitan and regional locations in conjunction with LHNs, GPs, pharmacists, DATIS and Infectious Diseases, including the online COVID-19 Treatment

and Evusheld Referral Portals. The Office was also responsible for the monitoring and management of the COVID-19 National Medicines Stockpile, working closely with clinicians to ensure adequate state-wide supply to antiviral therapies. In addition, the Office ensured the timely dissemination of clinical information related to COVID-19 medicines, including both consumer and prescriber resources, to health services and key stakeholder groups.

Policy updates

The Office of the Chief Pharmacist is currently reviewing and updating state-wide medicines policies to better align with contemporary practice and improve readability. These policies provide direction to SA Health facilities on crucial medicines management areas such as high-risk medicines, prevention of adverse drug events and handling of hazardous medicines. The policies ensure hospitals and health services are accountable for setting up safe medication management systems to reduce risk and improve patient safety.

Nursing and Midwifery Office

The Chief Nurse and Midwifery Officer provides professional and strategic leadership, advice and broad direction on a diverse range of nursing and midwifery matters internationally, nationally and in South Australia.

2022/2023 has seen the delivery of several strategies and initiatives which align with the SA Health Nursing and Midwifery Strategic Directions 2023-2026.



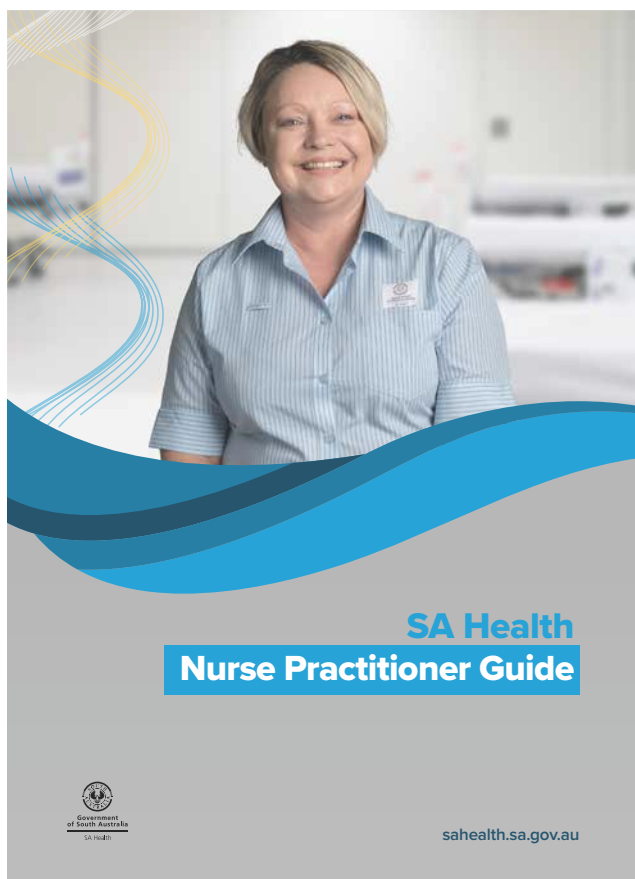
Professionalism

Working to ensure that nursing and midwifery are at the forefront of driving and influencing health care delivery in South Australia, the Chief Nurse and Midwifery Officer and Nursing Midwifery Office have influenced and partnered with our stakeholders to recognise the impact of nurses and midwives in South Australia. Including:

- > Nursing/Midwifery (South Australian Public Sector) Enterprise Agreement 2022
- > Nurse Patient Ratios Legislation (in development)
- > Nursing and Midwifery Excellence Awards 2022 and 2023



- > Legislative changes opening doors for the nursing and midwifery professions to drive contemporary health care:
 - *Radiation Protection and Control Act 2021* and Radiation Protection and Control Regulations 2022
 - *Statute Amendments (Transport Portfolio) Act 2021*



Workforce

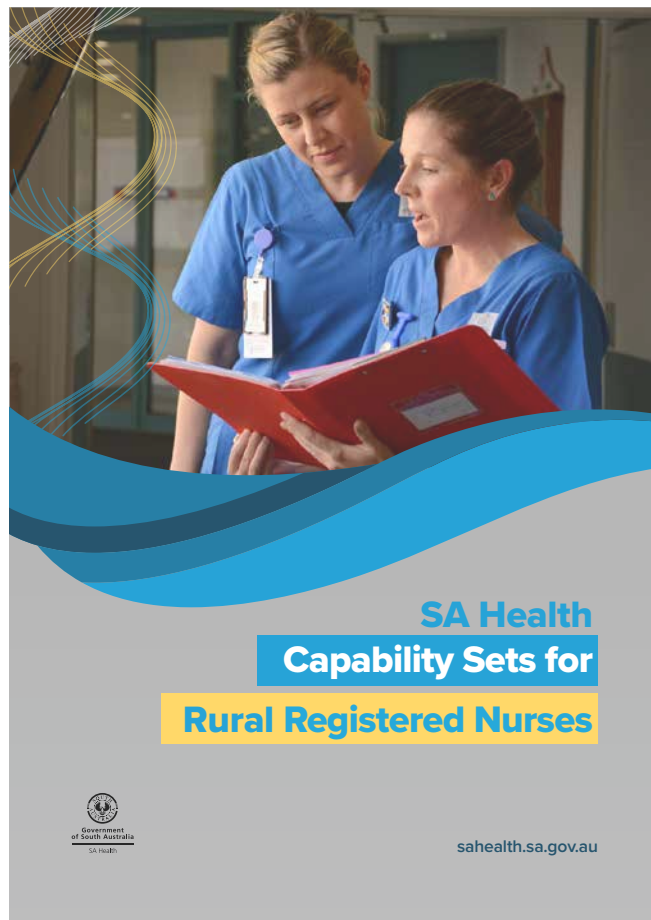
Building an agile, adaptive and sustainable workforce which is supported with investment and opportunities across the career journey. Including:

- > SA Health Transition to Professional Practice Program
- > Working with Wisdom – at the point of care
 - Early career nurses
 - Mental Health Nursing
- > Clinical Specialisation Program – accelerated pathway to specialisation for registered nurses and midwives
- > ICU and HDU Upskilling Program – beyond COVID-19 – rapid knowledge and skill acquisition for ICU & HDU nurses and midwives
- > Resilience and Wellbeing Program – valuing and investing in strategies to support nurses and midwives in providing care to South Australia
- > Transform, Inspire, Engage, Redesign, Systems- Leadership Series supporting and nurturing the next generation of nursing and midwifery leaders
- > Mental Health Nurse Practitioner Scholarships
- > SA Health Study Assistance for Nurses and Midwives Program 2022/2023
- > Clinical Supervision and Mentoring for Mental Health Nurses
- > SA Health Nurse Practitioner Guide

Care

Working together to provide safe, effective and person-centred care, which is tailored to meet the unique and diverse needs of the South Australian community. Including:

- > SA Health Integrated Practice Development Framework
 - IMPAKT app
- > SA Health Statewide Midwifery Framework
- > Enabling Midwifery Prescribing in South Australia
- > SA Health Capability Sets for Rural Registered Nurses



Innovation

Investing and engaging to provide opportunities for South Australian nurses and midwives to come together, to learn, share and inspire to improve outcomes for all South Australians.

- > 20 January 2023 – The Influential difference
- > 28 April 2023 – Midwifery Workshop
- > 9 May 2023 – Our Nurses, Our Midwives: Our Future Together



Allied Health and Scientific Office

The role of the Allied and Scientific Health Office (ASHO) is to inform, guide and advocate for SA Health's allied and scientific health workforce and services to ensure safe, quality care for clients. The office provides strategic advice at a state, national and international level, assists in building allied and scientific workforce capacity across government, non-government, tertiary and private sectors, and promotes the integration of evidence-based research into clinical practice.

Dr Ingrid Lensink (Chief Allied and Scientific Health Officer) and ASHO in conjunction with UniSA/IIMPACT partnership recently appointed South Australia's first Professor of Allied Health, Professor Saravana Kumar. Professor Kumar will be working with ASHO to help implement the State's allied health research strategy and identify opportunities to progress research priorities, including implementation, translation, and training needs.

ASHO offers Seed Funding for eligible SA Health Allied Health Professionals to support clinician-initiated research or quality improvement projects to build research and translation capacity in SA Health. This funding is available for allied health research projects or quality improvement activities that enhance clinical care. Preference is given to clinician-initiated projects that demonstrate outcomes directly related to patient care and build allied health research capacity in SA Health. The scope of this funding will be expanded to include medical scientists not working directly in a research portfolio in future submissions.

The 2022/2023 successful Seed Funding Grant applicants

- > **Hospitalised adults with dysphagia and COVID-19: Clinical cohort profiles, outcomes, and Speech Pathology intervention**
 - Christine Davis, Anne Gatley, Lee Pryor, Victoria Walker, Carmen Fuller-Gooley
- > **Paraffin Wax Therapy for Prevention of Chilblains and distal vasospastic injury**

- Anita Dent, Rebecca Daebeler, Ryan Causby
- > **Could interprofessional learning experiences regarding medicine use in clinical practice be beneficial to Australian endorsed for scheduled medicines (ESM) podiatrists and pharmacists?**
 - Saraid Martin, Dr Jacinta Johnson, Iqra Khan, Dr Kristin Graham, Dr Helen Banwell

ASHO in partnership with the 'IMPACT in Health' group at the University of South Australia support research skill training and capacity development. The intent of this partnership is to increase allied health research knowledge and evidence implementation, ultimately promoting improved health service delivery and better consumer outcomes. A variety of research skills training and capacity development opportunities have been made available through this partnership, including training and resources, mentoring and utilisation of students to support research.

Training schedule Jul 2022 / Jun 2023 included:

- > How to write an ethics application
- > How to do quality improvement in Allied Health
- > How to write a paper
- > How to run a focus group
- > How to source relevant and current literature
- > How to critically appraise Research Literature
- > Knowledge Translation and Implementation: Translation of Evidence into Clinical Practice
- > Training Series - Plan on a Page
- > Messaging & Measuring Value and Impact
- > How to create a Network/Mentorship

International Allied Health Professions Day (AHPs Day) is celebrated annually on 14 October. The international event was created in 2018 by two clinicians in the UK, initially as a grass roots social movement on Twitter, to celebrate the hard work and efforts of all allied health professionals. ASHO introduced the event to Australia in 2019, with AHPs Day celebrations held annually since.

In 2022, AHPs Day celebrations recognised the tireless and important work of the more than 4000 inspiring allied health professionals that work in SA Health. DHW Allied Health and Executive staff showed appreciation for the many allied health professionals that support the health and wellbeing of South Australians with a morning tea. Many events were held across the LHNs with the Minister for Health and Wellbeing attending Lyell McEwin Hospital's celebration. ASHO organised a SA Health AHP Day Staff Quiz with three winners across the LHNs. We look forward to celebrating AHPs Day again in 2023.

AHPs day is a celebration of the 26 allied health professionals employed by SA Health:

- > Art and Music Therapy
- > Audiology
- > Cardiac Physiology
- > Dental Therapy
- > Developmental Educator
- > Epidemiology
- > Exercise Psychology
- > Genetic Counselling
- > Nuclear Medicine Technology
- > Nutrition and Dietetics
- > Occupational Therapy
- > Optometry
- > Orthoptics
- > Orthotics and Prosthetics
- > Perfusion
- > Pharmacy
- > Physiotherapy
- > Podiatry
- > Psychology
- > Radiation Therapy
- > Radiography
- > Social Work
- > Sonography
- > Speech Pathology

For more information

Safety and Quality

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