

# Clinical Strategy

Our journey to world-class  
care and research

Central Adelaide Local Health Network  
2023 - 2028



Government  
of South Australia

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**Health**

Central Adelaide  
Local Health Network

# A Clinical Strategy aligned to our vision

This Clinical Strategy describes how Central Adelaide Local Health Network (CALHN) will deliver care that is responsive to population health needs, optimises our built infrastructure, and supports the growth and wellbeing of our people. This document sets out the five-year framework that, in conjunction with our Research Strategy, will guide the development of CALHN's clinical services towards world-class.

CALHN faces multifaceted challenges, including those common to healthcare services around the world as well as others specific to our local landscape. They encompass evolving healthcare needs and expectations, workforce shortages, fragmented services, limited integration with other sectors, persistent access and equity issues, including emergency department crowding, digital transformation hurdles, rising costs, functional design limitations, environmental changes, and the critical alignment of our organisational culture with our core values. In facing these it is important that we remain adaptable and responsive to external changes and initiatives and benefit from the lessons and experiences of our peers to deliver the best possible services and outcomes for our consumers.

Founded upon our learnings from the pandemic as well as previous service reviews and the expertise of external healthcare advisors, an initial draft of this Strategy was presented to our Governing Board. It was then further developed and enriched with input from our staff, including our senior leaders across all clinical programs and services, and our medical, nursing, and allied health professional leads, as well as consumers, unions and Local Health Network (LHN) colleagues.

## Our commitment to world-class care and research

The drivers of our Clinical Strategy are our vision to provide world-class care underpinned by the needs of our community and learnings from the past.

Together with our Research, Digital, Staff Wellbeing, People First, and Consumer Strategies, our Clinical Strategy will help CALHN better serve our population's health needs, effectively tackle current and future challenges, foster a thriving work environment, and shape a more robust patient-centred and sustainable healthcare system for all South Australians.

As a leader in South Australia's health system, CALHN's clinical expertise is enabled by our research ethos, which will inform evidence-based changes to clinical practice.

## Delivering connected, multi-disciplinary clinical care

Over the next 5 years, CALHN's ongoing work with consumers, staff, and partners underpins our ability to deliver on our vision and our strategic ambitions, which express our commitment to care, community, investment, research and technology.

Our partnerships with local and international health networks and universities allow us to share, learn and collaborate across clinical and educational areas to deliver responsive patient care and world-class research. These relationships and alliances are essential for our growth and quality service outcomes.

Building and strengthening multidisciplinary care models and interdisciplinary collaboration within CALHN will be pivotal to achieving our vision of innovative and integrated care delivered by a highly engaged clinical workforce.

## Healthcare and services designed for the future

As South Australia's largest local health network, CALHN plays a vital role in improving the health and wellbeing of our local, statewide, and interstate populations.

Over the next 15 years, the use of CALHN's services is expected to grow by an estimated 24%, based on population projections and historical practices. However, it is widely recognised that traditional approaches to delivering healthcare are increasingly unsustainable and less effective in meeting the growing and changing healthcare needs, preferences, and expectations of the population.

This Clinical Strategy articulates the aspirations, strategic priorities, and priority action areas that will shape our services to meet demand in an effective and sustainable way. These will be enhanced by the valuable research happening across our network. We will benchmark our services with peers to guide and monitor performance improvements and share learnings with staff.

Importantly, we will establish new partnerships and embrace new technologies, so that our consumers have timely and equitable access to the latest treatments and innovative healthcare approaches.

# Our vision

To shape the future of health with world-class care and world-class research.

To become one of the top 5 performing health services in Australia and one of the top 50 performing health services in the world.

## Our strategic ambitions



Our care is connected and revolves around the patient in their (and our) community.



Our curiosity compels us to always do better – research and innovation drives everything.



We invest in what matters.

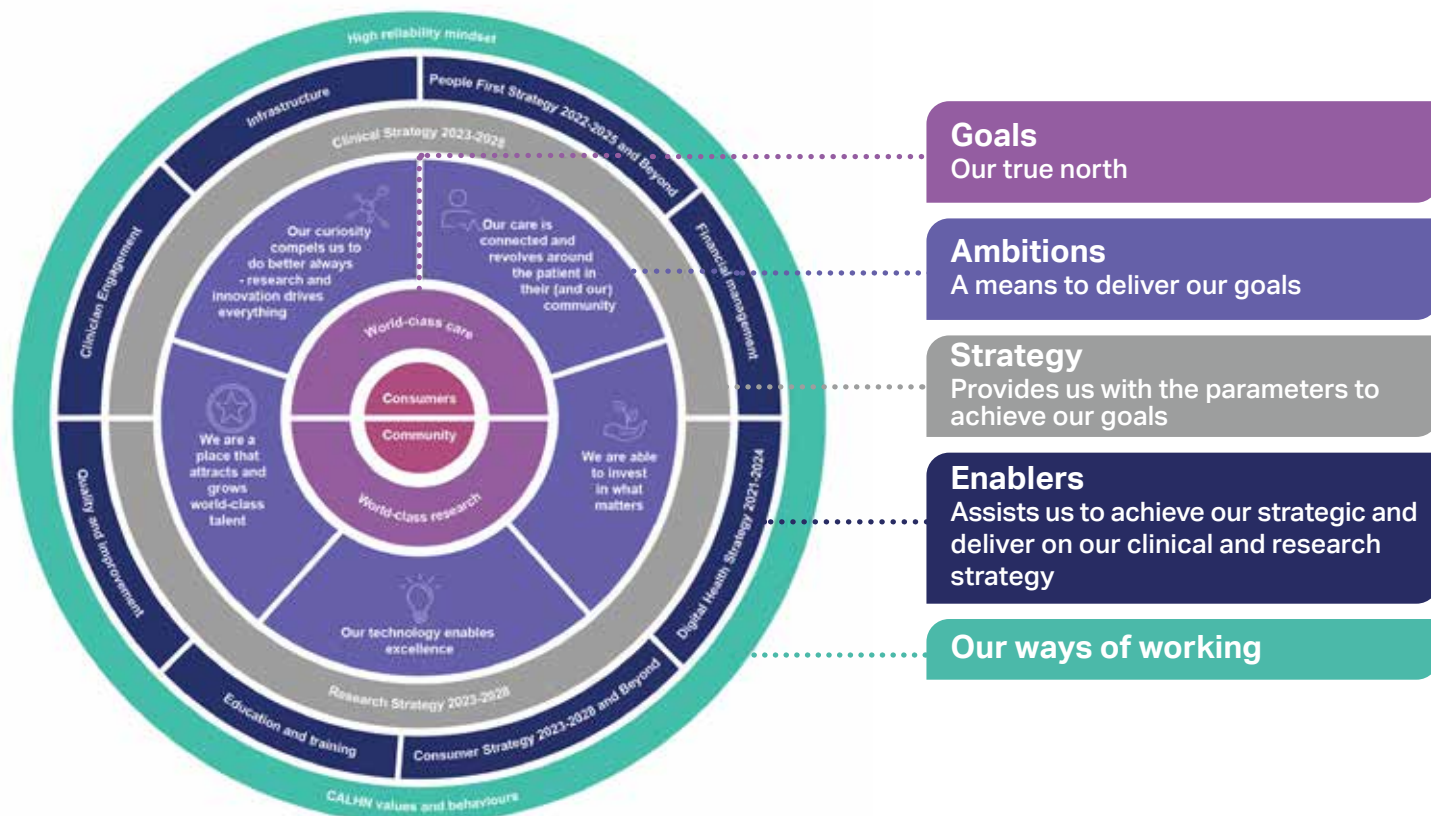


Our technology enables excellence.



We attract and foster world-class talent.

The diagram below combines both our strategic ambitions and the things that enable us to work to achieve our vision.







## Our community

The community we serve is diverse in location and in their social and health care requirements. We serve an ethnically diverse population that originates from 171 different countries, with 39% of our consumers born outside of Australia. There is also considerable diversity within CALHN's local geographic boundaries, with notable differences between our western, eastern and inner-city communities, resulting in distinct and varying needs.

Our consumers span many cultural groups, including people who identify as Aboriginal and Torres Strait Islander. We also serve a range of vulnerable populations, such as individuals experiencing homelessness, as well as those living with chronic diseases and severe obesity. Many of our consumers travel long distances to access CALHN services.

Varied models of service delivery are needed to provide effective, efficient, and equitable care and tailored approaches that more effectively address diversity in gender, social and economic status, ethnicity and health literacy.

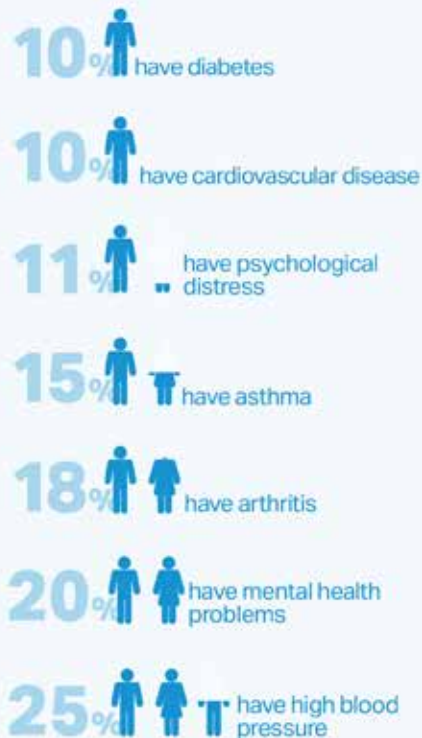
## Consumer health and lifestyle

CALHN's consumers are experiencing the effects of modern lifestyles in wealthy nations. These are population wide increases in rates of diabetes, cardiovascular disease, psychological stress and mental health problems. Likewise, the growing frequency of extreme weather events and reductions in air quality are issues predicted to increasingly impact the health of communities globally.

Within CALHN, only 9% of the population consumes their daily recommended vegetable intake; 13% smoke; 20% have mental health problems and 25% have high blood pressure. While an estimated 82% overall rate their health as good or better, there are likely to be considerable variations in these measures across different locations within our geographical boundaries.

Designing healthcare services informed by population health data allows the allocation of resources where they are most needed, leading to improved health outcomes for our communities.

## Consumer health and lifestyle



## Use of healthcare services

CALHN, like other health organisations is experiencing increases in demand for its services. In 2020-21 CALHN delivered<sup>1</sup>.

- **174,564** overnight and same-day admissions
- **133,565** emergency department service events
- **more than 540,000** outpatient service events.

Population-based service utilisation projections predict that total same day and overnight activity across CALHN will increase by 24% from 2020-21 to 2036-37; around 1.2% every year.<sup>2</sup> This assumes pre-COVID-19 models of care.

These projections incorporate a presumed increased capacity of neighbouring LHNs to deliver services to meet the needs of their local catchments. They also assume that the primary care sector's capacity to meet chronic diseases will be consistent with historical trends. Changes in these and other important factors, such as urban planning and government initiatives and policies, may alter these trajectories. This means their regular review will be necessary to ensure they continue to accurately inform our service plans, models and initiatives.

2036/2037 **25% increase same day admissions**  
inc admissions, non-admitted scopes and chemotherapy



2036/2037 **21% increase overnight admissions**



<sup>1</sup>Hardes Population-based Activity Projection Model (inpatient data, including non-admitted same day chemotherapy and scopes, and ED activity; DHW data warehouse (outpatient data).

<sup>2</sup>Hardes Population-based Activity Projection Model

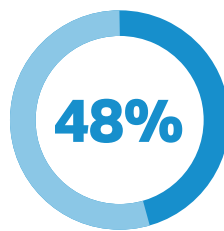


## Our staff

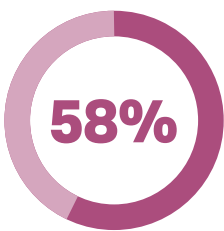
As one of the largest employers within South Australia, CALHN employs around 17,000 staff, including an estimated 0.75% from Aboriginal or Torres Strait Islander heritage.<sup>3</sup> Approximately one third (33%) of CALHN employees work full-time and the median age of a CALHN employee is 41 years.

*The I Work for SA: Your Voice* survey conducted in 2021 offered a glimpse into the wellbeing of our staff and is informing the development of a Staff Wellbeing Strategy. We recognise that a supportive and empowering work environment not only boosts staff morale and retention, but will have a positive flow on effect on patient outcomes and the fulfillment of our objectives set out in this Strategy.

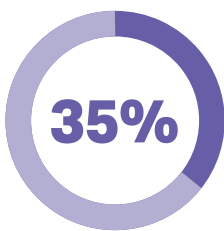
## Our wellbeing snapshot



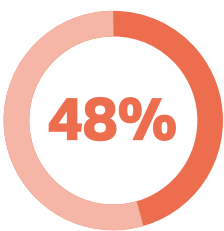
CALHN wellbeing index



Employee engagement



Feel CALHN cares about their health and wellbeing



Feel their stress levels are appropriate

<sup>3</sup><https://www.publicsector.sa.gov.au/about/Resources-and-Publications/Workforce-Information/workforce-information-data-dashboard/workforce-information-data-dashboard-2022>





## Our health network

CALHN encompasses a diverse service network including community, statewide tertiary and quaternary services (up to a Level 6 in the Clinical Service Capability Framework (CSCF) classification – see: Clinical Services Capability Framework | SA Health).

Supported by the latest innovations, the Royal Adelaide Hospital (RAH) offers a range of specialist tertiary and quaternary services and clinics delivering vital healthcare to our local community, as well as residents across our state and further afield. The RAH is located within the heart of a unique research precinct known as Adelaide BioMed City.

Complementing the RAH is The Queen Elizabeth Hospital (TQEH) being a tertiary teaching hospital located in Adelaide's western suburbs. TQEH provides general medical, surgical, and mental health inpatient, outpatient, and emergency care. This precinct in the western suburbs connects TQEH and its research arm, The Basil Hetzel Institute for Translational Health Research.

Hampstead Rehabilitation Centre (HRC) provides care for those transitioning from acute hospital sites.

CALHN delivers statewide specialist rehabilitation services from the Repat Health Precinct for both spinal cord and brain injury offering a range of services including wellbeing for veterans, their families and carers. It is undergoing redevelopment to enhance service delivery.

CALHN provides a comprehensive range of integrated Mental Health Services across 9 different sites for youth, adults and older persons, from acute inpatient care through to community-based rehabilitation.

A community-based multidisciplinary, ambulatory and urgent care service at Sefton Park supports people at risk of being hospitalised with chronic conditions. The service combines evidence-based clinical guidelines, patient-centred practice, and a shared-care approach with general practitioners so that patients can reach optimal health and wellbeing.

CALHN is rapidly advancing care in the community and in-home settings. Programs delivered in consumers' homes include general acute, rehabilitation, geriatric care and mental health.

CALHN also governs several other statewide services including SA Biomedical Engineering, SA Prison Health Service, Refugee Health Service, DonateLife SA and Statewide Clinical Support Services. The latter includes SA Pathology, SA Medical Imaging, BreastScreen SA, SA Pharmacy and SA Dental, which are delivered in multiple locations across the state, including within other hospitals.

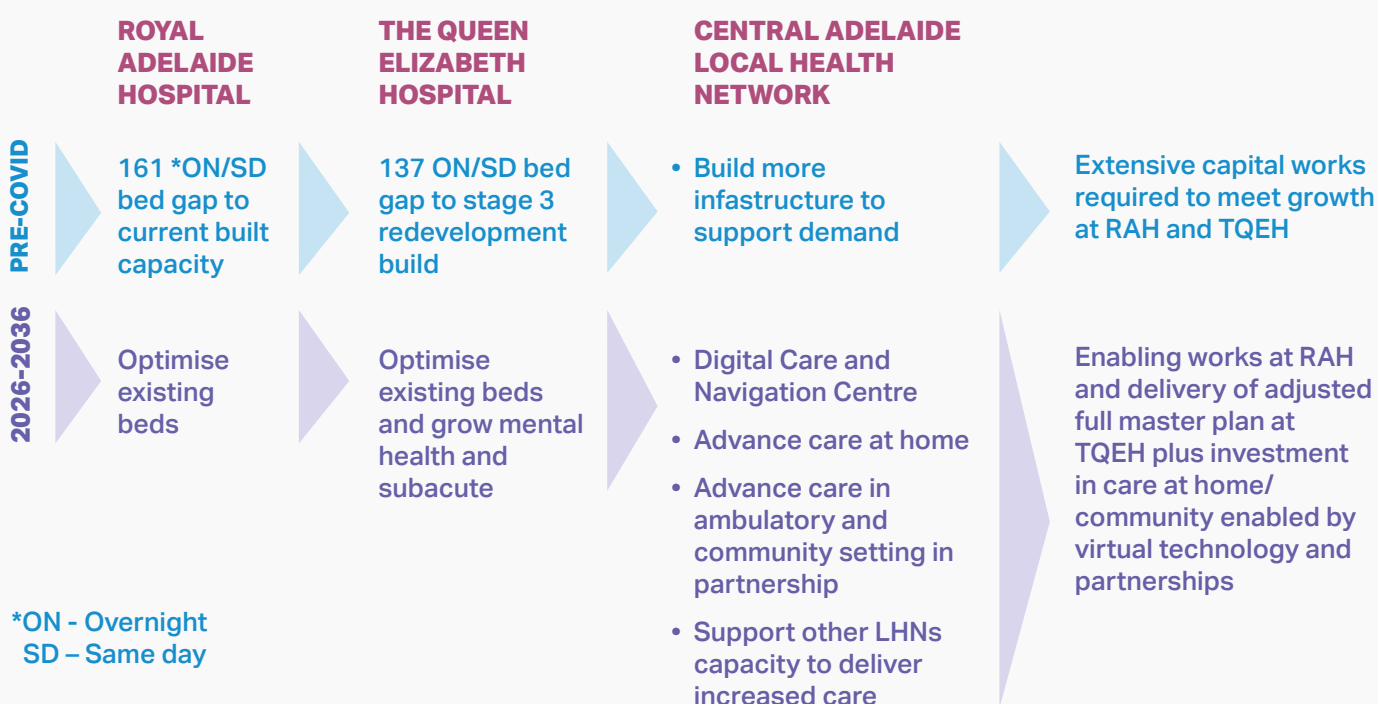
CALHN's key research hubs and flagships and links to CALHN's broader research environment are articulated in our accompanying Research Strategy.

# Defining our future network

In CALHN, we see the post-pandemic environment as an opportunity to manage service demand differently by adopting new models of care and advancing technology. Increasingly, healthcare services will be delivered at home and in community settings to better meet the needs, preferences, and expectations of our consumers.

The graphic below depicts two future scenarios of CALHN's acute hospital network, where population projections forecast the most impact:

1. Based on the pre-COVID-19 approach to service delivery, which would require a considerable expansion of built infrastructure to meet projected demand.
2. An alternative scenario in which CALHN's acute hospitals are positioned within a contemporary network of out of hospital services supported by digital care and navigation, and enhanced capabilities within other LHNs, as outlined in this document.



This diagram depicts the imperative to develop alternate models of care that go beyond the physical walls of a hospital to ensure the sustainability of, and access to, healthcare services and meet changing consumer expectations. This approach is in line with the aspirations, directions, and evidence-based strategies of healthcare organisations around Australia and in other developed countries.

CALHN's future service network will be designed to advance patient-centred and evidence-based care, improve outcomes, and be highly reliable. This will require all services within CALHN to align with the directions and intended outcomes of this Strategy.

The following aspirations, strategic priorities, and priority action areas have been developed to guide and empower each of CALHN's services towards achieving world-class care. It is expected that this Strategy will be enacted through the development and implementation of detailed service plans, implementation plans and supporting business cases for change. These will be led by our clinical teams and services, developed in consultation with our staff and our many important stakeholders including consumers and unions.





## Our future network aspirations

### Keeping people healthy and well

- We will embed an evidence-based staff wellbeing program to create workplaces that promote interdisciplinary collaboration, staff engagement, competence, and a sense of thriving and contributing to a community.
- Working together with our communities, the primary healthcare networks, and neighbouring metropolitan and regional health networks, we will develop a comprehensive understanding of the health needs of our catchment populations that will inform the design and delivery of effective and equitable healthcare services and related research endeavors.
- We will work proactively and in partnership with a range of providers to empower our communities and consumers to make decisions about their own care and receive timely information, education and support to be healthy and well.
- We will create alliances that focus on supporting older people, people who are socio-economically disadvantaged, people with disabilities, and people with chronic disease so that they can stay well in their local community. This will be done in collaboration with general practitioners, primary care, and other private and non-government providers.
- We will build and strengthen our internal relationships and those with external public, private, and other non-government partners across health, social and education services, as well as with non-traditional partners, such as cultural, education, and social organisations to deliver integrated care, co-designed with consumers, to optimise health outcomes.
- Through our partners we will leverage research expertise and outcomes to meet population health needs.

## Better Aboriginal health<sup>4</sup>

- We will further evolve and demonstrate our commitment to holistic, culturally safe, equitable and appropriate services that are responsive to the needs of Aboriginal consumers.
- We will co-design healthcare with Aboriginal consumers to become a centre for excellence in Aboriginal health and wellbeing, recognising authentic mutual respect as a foundation of this vision.
- We will improve health outcomes for Aboriginal people, striving to deliver culturally appropriate care and a commitment to working in partnership with other organisations.
- By bringing together the best Aboriginal researchers, health practitioners and educators we will create the environment required to re-think health systems in South Australia and translate Aboriginal knowledge into new practices.
- Strong partnerships with the South Australian Health Medical Research Institute and others, plus a commitment to translating that research into tangible patient benefits, will improve our ability to effect improvements.

## Grow and integrate mental health services

- We will leverage our partnerships and technology to ensure a responsive and integrated approach to the assessment of acute mental health conditions.
- New community models of care will meet the increasing demand for acute mental health care and crisis response, and limit demand for acute hospital-based services.
- Strengthened relationships with the primary care and non-government sector will provide comprehensive and integrated care for consumers with complex and enduring mental disorders.
- Expanded inpatient rehabilitation services at TQEH and Glenside Campus, integrated with our residential and community-based rehabilitation services, and links to non-government providers of psycho-social support will provide better individual outcomes for consumers with complex and enduring mental disorders. This will also create availability of acute beds.

## Rapidly and appropriately adopting digital technology and cost-effective medical technologies

- We will strengthen our use of data analytics for more predictive, maximised and prevention-based healthcare.
- Consumers will have better access to health information so they can be empowered to manage their health.
- We will leverage new technologies to benefit our patients by avoiding hospital admissions, reducing the length of hospital stay and use of diagnostic tests, alongside better coordination of care.
- Digital and virtual care technologies will help us to deliver and coordinate healthcare in innovative and efficient ways to improve the quality, access and integration, including collaborative models delivered in partnership with the South Australian Virtual Care Service.
- CALHN's technology-based transformation will build on the Electronic Medical Record (EMR) foundations and assist clinicians with care decisions supported by better evidence and minimising care variation.
- We will seek to 'make the right thing easy' and reduce the time spent on cumbersome tasks.
- We will enable the exchange of clinical information between health services, and by the national My Health Record, allowing consumers to access their own health information.

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<sup>4</sup>The term 'Aboriginal' also includes Torres Strait Islanders, as articulated in our Aboriginal Strategy.







## Our strategic priorities

### Moving healthcare to our consumers

- Over the next 5 years, we will build on the changes in healthcare delivery implemented during the pandemic to develop and expand place-based care.
- We will work in partnership with South Australia's Northern and Country LHNs to expand their capacity to serve their local catchments.

### Optimising the Royal Adelaide Hospital's capability as a quaternary and tertiary referral hospital

- The RAH's capability to deliver care to our most complex patients will be maximised by focusing on emergency, medical and surgical services including 'super specialties' and complex care to the CSCF Level 6.
- The RAH will continue to be the destination for major emergencies in South Australia, including multi-trauma, burns, stroke and cardiovascular emergencies.
- We will improve collaboration and reduce service duplication across the RAH and TQEH, and maximise patient flow through evidence-based strategies, early consultant assessment at relevant points of care, and timely movement of patients from referral to discharge.
- Our research and clinical trials will grow with a commitment to the identified clinical flagships.

### Realising The Queen Elizabeth Hospital's capabilities in unplanned, elective, and subacute care, and advancing world-class integrated care for older people

- TQEH's important role in servicing Adelaide's western metropolitan population will be enhanced through an expanded emergency department and a new intensive care unit within the current redevelopment, due for completion in 2024.
- TQEH's acute service capabilities will be further strengthened by an elective and planned procedural and surgical centre.
- In partnership with our staff, consumers, and community, we will identify appropriate surgical and procedural activity that can be moved from RAH to TQEH.
- CALHN's general rehabilitation services will move to TQEH from HRC in 2024 as planned, following completion of the current redevelopment.
- TQEH will be a national leader in integrated and coordinated services for older people, offering connected, timely, comprehensive assessment and treatment.

<sup>5</sup> See Glossary for the defining features of a clinical flagship.

## Being an employer and training institution of choice

- As we continue to grow, our delivery of world-class care will be underpinned by a globally recognised staff wellbeing approach that facilitates ongoing learning and a culture of innovation and collaboration.
- Our commitment to learning, innovation and leadership will continue to promote and support a culture of thriving and excellence. This will be a key element in creating contemporary workforce training and development models to enhance employee engagement, job satisfaction and productivity.

## Advancing our clinical flagships

- Over the next 5 years, CALHN will further advance our capabilities as a national healthcare leader in our clinical discipline areas.
- We will invest in our clinical flagships<sup>5</sup> to enhance our reputation for healthcare excellence and visionary research.

The following list of clinical flagships was developed with our clinical leadership and represents a suite of strategically significant clinical clusters and initiatives that will shape the path towards care excellence for our organisation. Importantly, it does not preclude the development of other existing and new clinical flagships and centres of excellence or the support of research endeavours in these and other fields.

### Comprehensive Cancer Care

With cancer a leading cause of mortality and morbidity in South Australia, CALHN will give patients with cancer access to comprehensive world-leading care, improving survival rates and treatment success. Working with the Bragg Comprehensive Cancer Centre as the coordination site for cancer research, education and patient care. Supporting cancer research and treatment initiatives including the Australian Bragg Centre for Proton Therapy and the establishment of the South Australian immunoGENomics Cancer Institute. These facilities will bring the benefits of national collaboration to our state so that South Australia will keep pace with best practice and cancer outcomes internationally.

### Grow expertise in head, neck, oral and skull-base surgery

CALHN clinical teams have extensive experience in diagnosing and treating head and neck cancers. Our skull-base surgeons and care teams at the RAH are among the best in the world for removing non-cancerous and cancerous growths. We will continue to provide these services alongside research to ensure expertise is grown in this specialty area.

### World-leading transplant care

In collaboration with research and academic partners we will deliver lifesaving transplant services. This will include renal, pancreas, islet and stem cell transplantation, and cardiac and lung pre- and post-transplant care. We will work with Aboriginal consumers to explore opportunities to advance the provision of pre- and post-operative heart and lung transplant care to the community.

### Personalised medicine and patient-focused care

Personalised medicine involves the individual consideration of a patient's biological and genomic data as well as their lifestyle and environment. The disciplines of medical oncology, gastroenterology, rheumatology, immunology, clinical pharmacology, pharmacy, genetics and the range of chronic disease management disciplines will work to deliver increasingly effective diagnostic and monitoring capabilities, and therapies, using the principles, evidence, tools and technologies of personalised medicine.

### Care connections - integrated care

CALHN will employ service models that deliver innovative, multidisciplinary, and integrated care and in more personalised and connected environments, such as community, home and virtually, reducing the reliance on traditional hospital models and settings. We will significantly expand these to deliver increased unplanned urgent, acute, rehabilitation and restorative care, as well as expanded ambulatory streams, outside our hospital settings.

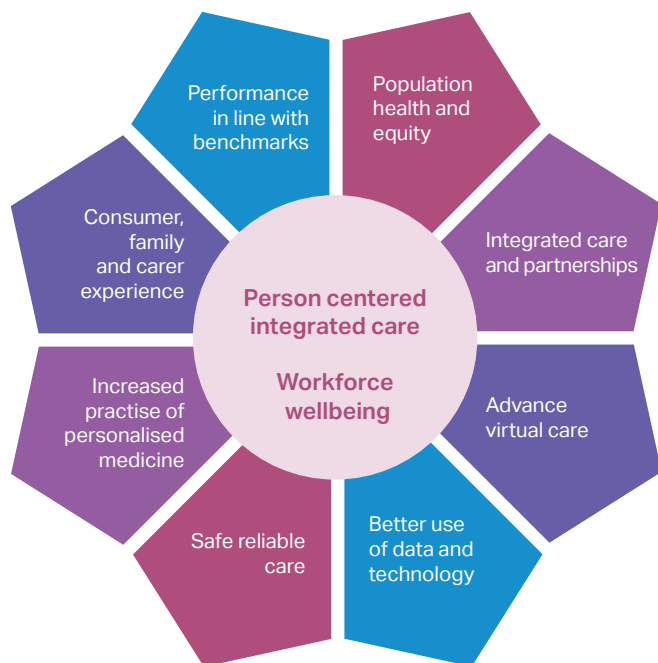
CALHN aims to maximise the use of real-time data capture leading to better health outcomes, more streamlined clinical and administrative processes, and improved cost-effectiveness of care.



## Our priority actions

Our Clinical Strategy will shape CALHN as a national health leader that delivers excellent consumer health experiences with improved health outcomes, informed by world-class research.

The 10 areas for action are not mutually exclusive but are interconnected. This reflects the complexity of the future focused CALHN services and approach, as illustrated here.



## Population health and equity

CALHN delivers healthcare to diverse populations across local, regional, statewide and interstate catchments. Good health is not shared equally across these communities. Future service delivery will be informed by health needs, including a focus on improving health outcomes for vulnerable priority populations. We will leverage our role and our partnerships to promote personal healthcare among our consumers and communities.

Together with Aboriginal consumers, we will co-design care to become a centre of excellence in Aboriginal health and wellbeing.

### CALHN will:

- seek to understand the distinct care needs of individuals and the communities we serve
- use predictive analysis to support evidence-based service planning
- tailor our services to meet the needs of our populations
- partner with other agencies and services to approach health care from a health and wellness perspective
- establish a Centre of Excellence for Aboriginal health known as Purruna Truku.<sup>6</sup> (see: Aboriginal Centre of Excellence - AHIP).

### How we will know we have done this:

- all service plans are informed by population health needs and identify opportunities to pursue a health and wellness approach
- achievement of population screening targets
- increased self-reported engagement levels of Aboriginal consumers.



## Integrated care and partnerships

Across services and settings, we will remove barriers and actively share information between care providers both within and outside of CALHN. We will pursue opportunities to adopt evidence-based multidisciplinary models that deliver cost-effective care and better outcomes for our consumers and communities.

With our consumers, CALHN will co-design<sup>1</sup> integrated models that deliver person-centred healthcare that is respectful of and responsive to their values. A focus will be on enhancing integrated care for older people and those with chronic conditions.

We will offer enhanced specialist outpatient services to complement primary care services, move same day renal and chemotherapy services into community health settings, where appropriate, and partner with aged care facilities to support in-care services.

### **CALHN will:**

- increase our capacity to collect, share, link and analyse information and data across sites, services and care providers to facilitate collaborative, coordinated, and integrated care
- co-design care with our consumers<sup>7</sup>, building and leveraging interdisciplinary, inter-service, and inter-site collaboration and evidence-based multidisciplinary models that support clinical coordination, cost-effective care and optimal outcomes
- expand our hospital avoidance services through establishing a new centre in the Western suburbs, reducing unnecessary use of our emergency departments for health problems that are better addressed in an integrated way in community settings.

### **How we will know we have done this:**

- reduced preventable hospitalisations by 15% within 5 years.

## Advance virtual care

CALHN will rapidly advance virtual care across the health system. This will include healthcare at home (including residential aged care), inpatient, outpatient, community, and emergency services to provide greater consumer choice of care location, and to improve access.

We will strengthen our partnership with the South Australian Virtual Care Service (SA VCS) and other local health networks to advance and upscale virtual care models, provide clearer pathways for patient journeys, and facilitate greater access and care closer to home.

### **CALHN will:**

- lead the delivery of integrated virtual care services across CALHN settings, in collaboration with partners, and advance research.

### **How we will know we have done this:**

- reduced avoidable presentations to emergency departments
- lowered wait times for emergency and specialist outpatient care
- improved self-sufficiency in Northern and Country LHNs
- out of hospital alternatives will meet an increased proportion of growth in demand for our services.

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<sup>6</sup>Purrana Truku – is the name of the Centre of Excellence for Aboriginal Health

<sup>7</sup>Refer to CALHN's Consumer Partnering and Community Engagement Framework and related documents.



## Better use of data and technology

Optimising our existing systems as well as our agile adoption of newer technologies will each be critical to our success. Applications of technology offer the potential to tackle the growing burden of lifestyle-related chronic non-communicable diseases and rapidly reduce the impact of socio-economic status and regional living on population health outcomes.

Although emerging advanced technologies hold the potential to transform healthcare delivery, we acknowledge the necessity for prompt action in addressing the limitations within our current systems, including the EMR, to enable more effective and streamlined care. Of equal importance is accommodating varying levels of technological skills in our consumers and developing these in our workforce, while also considering the important human connection technology delivers for rural and isolated consumers and communities.

### CALHN will:

- improve our organisational data systems, literacy, and competency to enable us to collect, manage, evaluate, and apply quality data in a timely and critical manner through implementing our Digital Strategy
- make better use of data and evidence in all decision making to improve health outcomes and consumer experience and to drive innovation
- work to streamline processes in adopting evidence-based strategies and technologies, such as AI (artificial intelligence) and disinvesting from those that are not cost-effective or delivering benefit.

### How we will know we have done this:

- increased evidence-based decision-making using quality data
- increased number of CALHN research publications and clinical trials on evidence-based decision-making
- implementation of our Digital Strategy by year end 2025.

## Safe reliable care

CALHN will be led by evidence-based care delivered by engaged staff. Over the next five years, we will focus on developing a highly reliable organisation that achieves safety records on par with the top five Australian hospitals.

### **CALHN will:**

- develop leadership across all professional and clinical disciplines and levels of the organisation to support a culture of highly reliable healthcare, where proactive clinical feedback is welcomed and acted on
- promote a continuous learning environment where data and information is shared, improvements are monitored and measured, and learnings communicated.

### **How we will know we have done this:**

- hospital-based outcome measures will be consistent with (or better than) national benchmarks, including as a minimum mortality, hospital acquired complications, readmission rates and infection rates
- reduced preventable harm (incidents) and clinical variation using increased evidence-based practice.

## Increased practise of personalised medicine

CALHN will advance new possibilities and emerging treatments that enable patients to receive truly personalised care based on genome sequencing, data and informatics, and new diagnostic and monitoring and supportive technologies.

Personalised medicine approaches advance individualised treatment of disease through a combination of biological, bionic, lifestyle and environmental data to predict and diagnose disease and help people to make decisions about treatments.

### **CALHN will:**

- advance personalised medicine using genomic information to determine best and safest treatment type and timing of that treatment, while recognising the concurrent ethical, equity and economic factors that impact upon some consumers' access to these developments
- partner with our research and education partners to expand personalised medicine clinical trials.

### **How we will know we have done this:**

- increased use of personalised medicine in diagnostics and treatment for relevant specialties
- increased number of CALHN research publications and clinical trials relating to personalised medicine.

## Consumer, family and carer experience

Consumer experience is fundamental to shaping service delivery that aligns with 'what matters' to them. We will engage with consumers to understand and improve consumer experience and patient outcomes.

### **CALHN will:**

- listen to what matters to the consumer and use this feedback to improve models of care and service delivery arrangements
- create a culture in CALHN that reinforces our commitment to consumer experience
- support an organisational culture focused on inclusion, equity and culturally safe care
- empower multidisciplinary staff to be leaders in driving improvements based on what they have heard from consumers.

### **How we will know we have done this:**

- consumer experience and satisfaction align with the top five peer health services in Australia
- patient goals of care included in all care plans (where applicable)
- achievement of certification in programs that exemplify consumer partnering.



## Performance in line with benchmarks

We know that an empowered and high-functioning workforce is crucial to delivering a healthcare service that is agile and innovative – one that can maximise technological opportunities.

Performance improvements will allow us to capitalise on innovations in service delivery, support our financial sustainability, and deliver on our strategic ambition and vision.

### **CALHN will:**

- support a culture of continuous clinical and operational performance improvements in line with our highest-performing peers
- use enhanced analytics to benchmark against best-performing peers to identify opportunities for clinical and operational performance improvements.

### **How we will know we have done this:**

- achievement of organisational key performance indicators, including budget integrity
- increased funding through improved coding, and from new sources such as research
- high levels of staff satisfaction reported so that CALHN is seen as a preferred place to work, with a recognised culture of ambition and success.

## Workforce wellbeing

CALHN has a capable, engaged and high-performing workforce that delivers excellent patient care across our healthcare services. We acknowledge that we must further empower and upskill our workforce so that all staff are appropriately trained, equipped and supported to perform at their best.

We will create an environment where staff are encouraged to be open and feel listened to. We will create professional development opportunities and support multidisciplinary collaboration models that align with people's ambitions, and provide conducive working conditions to help them deliver the effective, productive, improving and safe healthcare that we aspire to.

### **CALHN will:**

- develop and support the implementation of the Staff Wellbeing program
- cultivate leaders who promote our values across the organisation
- prioritise workforce wellbeing and good health through physically and psychologically safe workplaces
- embrace diversity across the workforce
- become known as an employer and training institution of choice that attracts world-class talent
- grow our learning, innovation and leadership culture
- seek and work towards certifications that recognise CALHN's excellence.

### **How we will know we have done this:**

- 70% of CALHN staff are positively engaged, as measured through the next staff survey (People Matter Employee Survey – previously I Work For SA (IWFSa))
- increased proportion of our workforce who identify as Aboriginal
- increased proportion of participation in training and/or education in a 12-month period
- reduced levels of burnout and increased staff wellbeing reported in the next survey
- reduced absenteeism and improved staff retention in line with peer hospitals.

## Implementing our Clinical Strategy

CALHN will develop a plan to implement our Clinical Strategy. It will describe the key actions and deliverables over the five-year period, encompassing the development of detailed service and action plans across our services.

While recognising the requirement of adhering to the funding and commissioning parameters and processes that govern our operations, we will explore opportunities to be flexible and creative in approaches to financing, resourcing, and assessing the value of services beyond conventional approaches. This may include exploring seed funding models and pursuing alternative avenues of revenue and investment streams, where appropriate.

The CALHN Executive team is responsible for overseeing the implementation of this Strategy by working with the programs and services, monitoring progress against our success factors, and regular reporting to CALHN's Governing Board, staff and stakeholders.



# Glossary

## Access

Access to health services means “the timely use of health care services to achieve the best health outcomes.” It requires three distinct steps: Gaining entry into the health care system; accessing a location where needed health care services are provided (geographic availability) and finding a health care provider whom the consumer trusts and can communicate with (creating a rapport). See SA Health Equity of Access to Health Care Policy Directive.

## Carer

A carer is a person who provides care and support for their parent, partner, child, or friend who has a disability, is frail, or who has a chronic mental or physical illness. See SA Health Equity of Access to Health Care Policy Directive.

## Chronic diseases

Diseases and disorders characterised by being of relatively long duration and persistence, often with low-level and/or ongoing symptoms that are not immediately life-threatening.

## Clinical flagship

A clinical flagship entails a multi-disciplinary and multi-specialty group with a shared focus on progressing not only clinical care but also quality service provision. This is based on the development of knowledge, encapsulated in the concept of bench to bedside research, alongside innovation in wellbeing and delivery of care. See Appendix A for a list of features of a clinical flagship.

## Clinician

A healthcare provider trained as a health professional. Includes registered and non-registered practitioners, and teams of health professionals who spend most of their time providing direct clinical care.

## Co-design

Co-design brings professionals and end-users together to design new services, resources and policies. For Aboriginal and Torres Strait Islander people, co-design involves centring their voices and lived experiences to determine and drive the agenda in finding and implementing effective solutions to the issues that Aboriginal and Torres Strait Islander people regard as important.

## Consumers

Consumers are people who use or are potential users of health care services. When referring to consumers, CALHN means patients, families, carers, friends and other support people.

## Cultural safety

Cultural safety identifies that health consumers are safest when clinicians have considered power relations, cultural differences and patients' rights. Culturally safe practice is the ongoing critical reflection of health practitioner knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive healthcare free of racism. Cultural safety is defined not by the clinician but by the health consumer's experience – the individual's experience of the care they are given, and their ability to access services and to raise concerns. For Aboriginal and Torres Strait Islander people cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, and communities.

## Diversity

In the context of this document, diversity means the varying social, economic, and geographic circumstances of consumers or staff, as well as their cultural backgrounds, disability status, religions, beliefs and practices, languages spoken, sexual orientation, gender identity and gender expression, and sex characteristics.

## Efficiency

Healthcare is considered efficient when the right care is delivered at minimum cost. See Australian Institute of Health and Welfare.

## Effectiveness

Healthcare is broadly regarded as 'effective' when it achieves the desired outcomes for patients, clinicians, and the community. See Australian Institute of Health and Welfare.

## Equity

The concept of equity derives from social justice and is about fairness. It is important to understand the difference between equity and equality. While equality is about treating everyone the same, equity is about making sure everyone has the same outcomes and recognises that some people or groups of people will need additional help to achieve those same outcomes. See SA Health Equity of Access to Health Care Policy Directive, 2020.

## Health literacy

Health literacy relates to how people access, understand and use health information in ways that benefit their health. People with low health literacy are at higher risk of worse health outcomes and poorer health behaviours. See Australian Institute of Health and Welfare.

## Inclusion

Inclusion refers to the action or state of including or of being included within a group or structure. Social inclusion is the way institutions understand and engage their communities, as well as how they explore, view, and challenge barriers, values and behaviours. See SA Health Equity of Access to Health Care Policy Directive.

## Integrated care

Integrated care is the provision of well-connected, effective and efficient care that takes account of and is organised around a person's health and social needs.

In the context of this document, integrated care encompasses connected health and social care within and outside of CALHN, including between and within disciplines and across sites, services, systems and sectors.

## Interdisciplinary approach

Involves team members from different disciplines working collaboratively, with a common purpose, to set goals, make decisions and share resources and responsibilities.

### Local health networks (LHNs)

There are ten LHNs in SA that manage the delivery of public hospital services and other community-based health services as determined by the state government. See SA Health Our Local Health Networks.

### Morbidity

A term that refers both to an individual's ill health and to ill health within a population or group.

### Mortality

The death rate or the number of deaths in a certain group of people in a certain period of time.

### Multidisciplinary care

An integrated team approach to care. This happens when medical, nursing and allied health professionals involved in a patient's treatment together consider all treatment options and personal preferences of the patient and collaboratively develop an individual care plan that best meets the needs of that patient.

### Partners

Our partners include:

- providers who we connect with to deliver integrated care that revolves around the patient
- community organisations to bring services to patients' homes
- technology companies to automate processes
- policy makers.

See CALHN Strategic Ambitions.

### Patient-centred

Healthcare that is respectful of, and responsive to, the preferences, needs and values of patients and consumers. The widely accepted dimensions of patient-centred care are respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of family and carers, and access to care. See Australian Commission on Safety and Quality in Healthcare's paper on Patient Centred Care.

### Personalised medicine

Personalised medicine is an emerging practice of medicine that uses an individual's genetic profile to guide decisions made regarding the prevention, diagnosis and treatment of disease. See National Human Genome Research Institute.

### Place-based care

Place-based care brings the right partners and services together around the consumer to support their care needs where they reside.

### Preventable hospitalisations

Hospitalisations for conditions which might be avoided if appropriate, necessary and timely care is given elsewhere.

### Prevention

Action to reduce or eliminate the onset, causes, complications or recurrence of disease or ill health. Prevention is the ability to modify certain risk factors to reduce the likelihood of developing a disease or illness.

### Primary care

The first level of care or entry point to the healthcare system, such as general practice clinics, community health practice (for example, clinics, outreach, or home visiting services), ambulance services, pharmacists, or services for specific populations (for example, Aboriginal or refugee health services).

### Quaternary care

An advanced level of specialised care, which includes several state-wide clinical services delivered at the RAH.

### Same-day admission

Occurs when a patient is admitted and discharged from hospital on the same date.

### Telehealth

Health services delivered using information and communication technologies, such as videoconferencing.

### Tertiary care

Specialised care provided in a hospital setting.

### Traditional approaches to care

Traditional approaches to healthcare typically focus on treating illness and injury in-person, often as a reactive response to health issues. They are characterised by a hierarchical structure with specialised medical practitioners leading the provision of care within 'brick and mortar' clinical settings, notably hospitals.

Healthcare leaders internationally recognise the need to move away from hospital-centric approaches towards contemporary models, which deliver comprehensive, coordinated care centred around the patient, regardless of location.

### Value-based care

Healthcare that improves: the health outcomes that matter to patients, experiences of receiving care, experiences of providing care and effectiveness and efficiency of care.

### Virtual care

Healthcare activity supported at a distance by information and communication technology services. Virtual care can be delivered by a range of modalities including:

- telephone
- videoconferencing
- remote patient monitoring
- store and forward
- website and mobile applications (apps).

See Australian Commission on Safety and Quality in Healthcare.

### Wellbeing

Wellbeing includes satisfaction with life, fulfilment, positive function, the presence of positive emotions and the absence of negative emotions.



# Appendix A: Features of a clinical flagship

**Strategic alignment:** Clinical flagships align to the progression of our strategic ambitions.

**Cross-discipline and cross speciality team members:** Clinical flagships bring together people from across multiple areas whose experience contributes to the core element in multiple ways.

**Based on research:** Research is conducted across the continuum – 'bench to bedside'. The research agenda includes clinical research, clinical trials and health services (models and operations) research.

**Shared resources:** Clinical flagships capitalise on opportunities to share resources including people, data and equipment.

**Global reputation (or emerging):** Delivering cutting edge and evidenced best practice. Involved in international collaboration or communities of practice.

**Clinical registry data:** Underpinning all elements of a flagship is benchmark data. Ideally supported by clinical registry data or as a minimum international benchmark data.

**Patient focused:** The clinical flagship is focused on what makes sense for the patient journey and care continuum, not the speciality or disciplinary input. A clinical flagship has personalised medicine at its core.

## For more information

Office of the Chief Executive Officer

**T:** (08) 7074 1413

**E:** [healthCALHNOCEOCorrespondence@sa.gov.au](mailto:healthCALHNOCEOCorrespondence@sa.gov.au)

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with world-class care and  
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