

SA HEALTH CLINICAL INFORMATION STRATEGY



CLINICAL
DATA HUB



Government of South Australia

SA Health

Key drivers for the development of business case

> **Review of business systems and enablers (TH) 2014**

- Disconnect between knowledge of the quality and safety information and data that clinicians want and need and what is provided
- There is a significant lack of analytic capacity of data and information for clinical information and quality and safety areas

> **Clinical Senate – Data Collection and Management (2014)**

- The ability for health services to measure and analyse data, and subsequently draw conclusions is limited
- Comprehensively review current data and reporting arrangements to ensure information collected is: patient centred, relevant and informed by and accessible to clinical care delivery staff at a local level



Goal of the strategy

- > **To enhance clinical reporting through the development of a clinical information reporting system to:**
 - **Facilitate monitoring of the effectiveness, appropriateness and efficiency of the care provided, and**
 - **Measure the success of Transforming Health across the domains of quality**

Key elements of the strategy

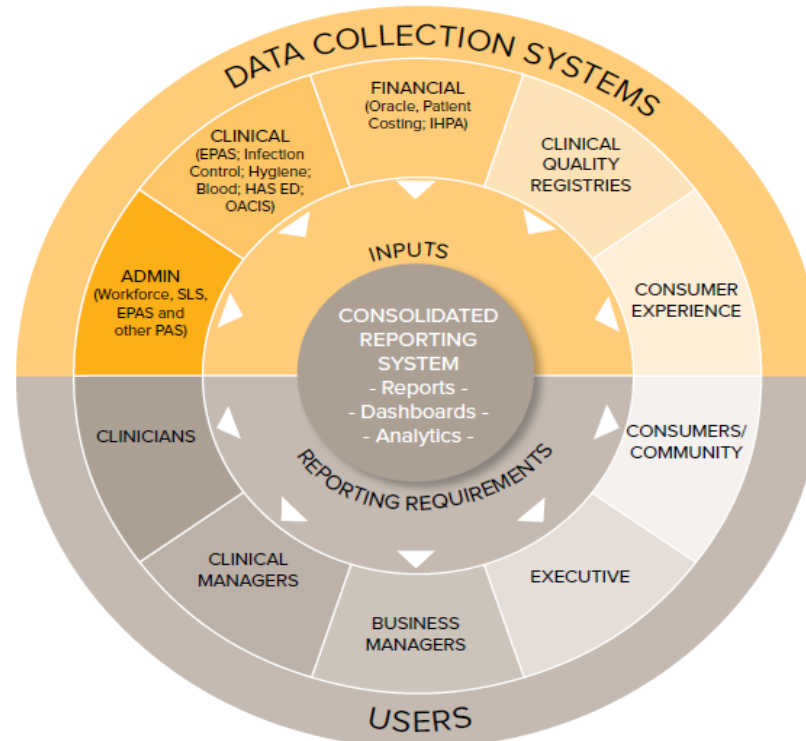
- > **Establish governance for clinical reporting**
- > **Implement an integrated, consolidated clinical information reporting system that will enable:**
 - **Evaluating and monitoring the success of Transforming Health**
 - **Developing and using a standard set of management and clinical measures**
 - **Developing and using specific set of clinical indicators for clinical specialities**
 - **Building skills and knowledge for data-informed quality improvement, among clinician's and managers**



Safety and Quality

What is a Clinical Data Reporting System?

An information system that pulls together data from a range of administrative, financial and clinical systems across SA Health and enables users to access and define reports and other analytics.



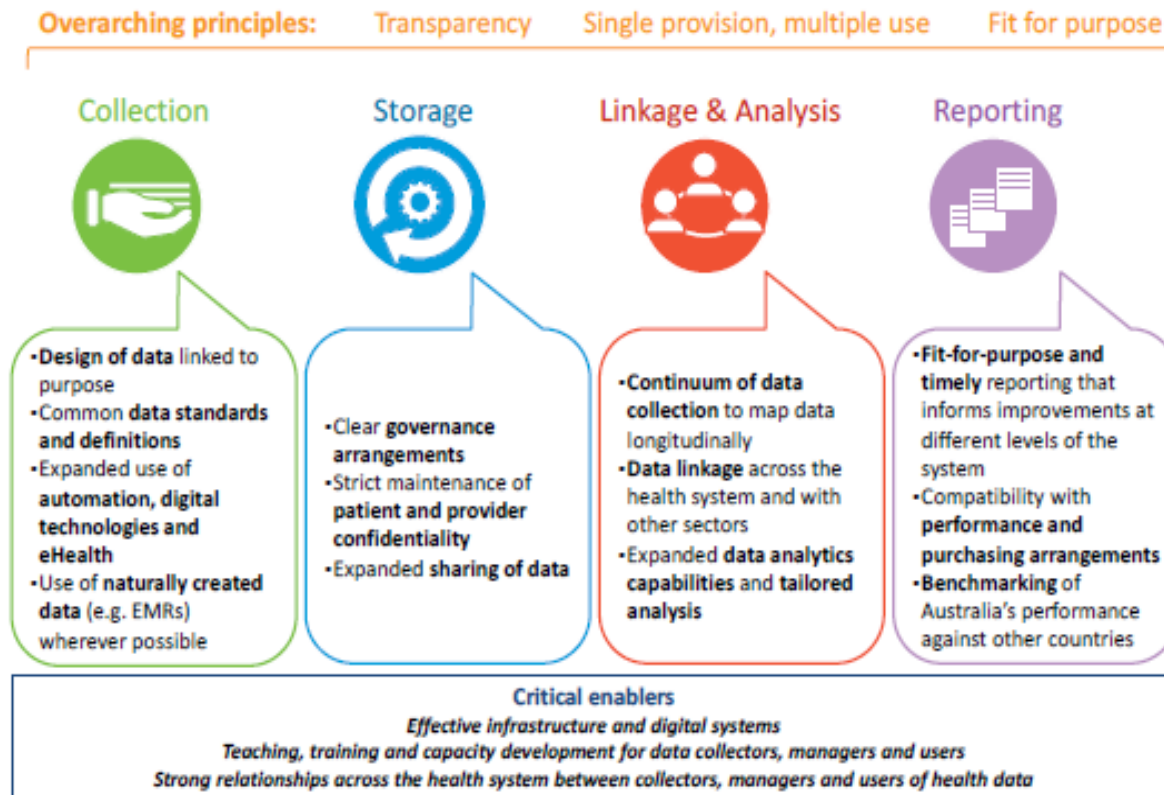
Governance – SA Health Clinical Data Steering Committee

- > Acts as the peak committee for all clinical data / reporting by providing expert clinical and technical advice and providing recommendations on patient care, patient safety and new initiative requirements analysis based on clinical priorities
- > Provides advice in relation to the priority set for the specification and development of clinical indicators and datasets
- > Focuses on the specification of indicators and datasets that address the quality of health care
- > Makes recommendations to Transforming Health Board and SA Health Strategic Safety and Quality Committee on learning and development requirements to support analysis and use of information in clinical practice.



Proposed model for data collection, supply and use

- > **Underpinned by the national model for data collection, supply and use**
- > **Overarching principles:**
 - Transparency
 - Single provision, multiple use
 - Fit for purpose
- > **Our vision:**
 - ‘Captured once, used by many, meaningful to all’*



Review of Australia's health system performance information and reporting frameworks. Final draft report



Timeframe

- > **Key recommendations in 2014**
- > **Development of Business Case July to December 2015**
- > **To market for Business Intelligence Analytical Platform and Toolkit in 2016**
- > **Selection of preferred tender December 2016**
- > **Procurement and contract still being finalised...**

WORK PLAN PRIORITY AREAS

- > **Priority area 1: Patient safety**
- > **Priority area 2: Partnering with patients, consumers and community**
- > **Priority area 3: Quality, cost and value**
- > **Priority area 4: Supporting health professionals to provide safe and high quality care**
- > **Priority area 5: Safety Learning System (SLS)**
- > **Priority area 6: Communication strategy to support safety and quality**

PRIORITY 3: QUALITY, COST AND VALUE

- > **Appropriateness of Care**
 - **National Clinical Care Standards**
 - Acute coronary syndrome
 - Stroke
 - Antimicrobial stewardship
 - Hip fracture
 - Delirium
 - Draft Osteoarthritis of the knee
 - Draft national safety and quality model for colonoscopy
- > **Development of clinical metrics to support investigation, analysis, review and monitoring**

PRIORITY 3: QUALITY, COST AND VALUE

> Healthcare variation

- Atlas 1 outliers
- Atlas 2 2017

| Chapter | Topic | Item no. | Item description |
|---------|--|----------|---|
| 1 | Potentially preventable hospitalisations | 1 | Heart failure hospitalisations |
| | | 2 | Kidney and urinary tract infection hospitalisations |
| | | 3 | Diabetes complications hospitalisations |
| | | 4 | Cellulitis hospitalisations |
| | | 5 | Chronic Obstructive Pulmonary Disease hospitalisations |
| 2 | Maternity | 6 | Caesarean section procedures with catastrophic or severe complications |
| | | 7 | All caesarean section procedures |
| | | 8 | Vaginal deliveries with complications |
| 3 | Women's health | 9 | Hysterectomy procedures |
| | | 10 | Endometrial ablation procedures |
| | | 11 | Cervical loop excision or cervical laser ablation procedures |
| 4 | Stroke | 12 | Stroke and other cerebrovascular disease hospitalisations |
| 5 | Surgery | 13 | Cataract surgery hospitalisations |
| | | 14 | Medicare Benefits Scheme services for cataract surgery |
| | | 15 | Spinal fusion procedures |
| | | 16 | Spinal decompression procedures |
| | | 17 | Laparoscopic cholecystectomy procedures |
| | | 18 | Total knee replacement procedures |
| 6 | Intensive Care Unit (ICU) ¹ | 19 | ANZICS admissions to ICU with cardiac arrest (out of hospital admission) |
| | | 20 | ANZICS admission to ICU for patients approaching the end of their life |
| | | 21 | ANZICS unplanned admission to ICU |
| | | 22 | ANZICS admission to ICU with sepsis |
| | | 23 | ANZICS admissions to ICU with diabetic ketoacidosis |
| 7 | Cardiovascular conditions | 24 | Acute myocardial infarction hospitalisations |
| | | 25 | Acute myocardial infarction hospitalisations with an accompanying invasive coronary angiography procedure |
| | | 26 | Acute myocardial infarction hospitalisations with accompanying percutaneous coronary intervention |
| | | 27 | Acute myocardial infarction hospitalisations with accompanying coronary artery bypass grafting |
| | | 28 | Atrial fibrillation hospitalisations |
| | | 29 | Pharmaceutical Benefits Scheme dispensing of oral anticoagulants |

Table 5. Number of hysterectomy hospitalisations per 100,000 women, by state/territory, public patients, 15 years and over, 2014-15

| State | Hospitalisations | Estimated resident population 30 June 2014 | Crude rate per 100,000 | Age and sex standardised rate per 100,000 |
|------------------|------------------|--|------------------------|---|
| NSW | 3,183 | 3,100,614 | 103 | 106 |
| Vic | 2,950 | 2,430,422 | 121 | 124 |
| Qld | 2,368 | 1,914,513 | 124 | 127 |
| SA | 1,034 | 705,606 | 147 | 152 |
| WA | 1,004 | 1,025,340 | 98 | 100 |
| Tas | 241 | 212,578 | 113 | 120 |
| NT | 87 | 88,520 | 98 | 95 |
| ACT | 133 | 158,948 | 84 | 89 |
| Other | 0 | 872 | 0 | 0 |
| Australia | 11,003 | 9,637,413 | 114 | 117 |

Table 5. Number of knee replacement hospitalisations per 100,000 people, by state/territory, public patients, 18 years and over, 2014-15

| State | Hospitalisations | Estimated resident population 30 June 2014 | Crude rate per 100,000 | Age and sex standardised rate per 100,000 |
|------------------|------------------|--|------------------------|---|
| NSW | 6,138 | 5,827,800 | 105 | 92 |
| Vic | 3,411 | 4,560,298 | 75 | 68 |
| Qld | 3,063 | 3,601,953 | 85 | 78 |
| SA | 1,054 | 1,326,603 | 79 | 66 |
| WA | 1,525 | 1,973,190 | 77 | 77 |
| Tas | 279 | 400,008 | 70 | 52 |
| NT | 52 | 180,068 | 29 | 43 |
| ACT | 251 | 300,278 | 84 | 89 |
| Other | 4 | 2,594 | 154 | 322 |
| Australia | 15,785 | 18,172,792 | 87 | 79 |

Table 5. Number of third or fourth perineal tears per 1,000 vaginal deliveries, by state/territory, public patients, 2012-15

| State | Hospitalisations | Vaginal deliveries | Crude rate per 100,000 | Age and sex standardised rate per 100,000 |
|------------------|------------------|--------------------|------------------------|---|
| NSW | 5,072 | 138,445 | 37 | 37 |
| Vic | 3,753 | 108,675 | 35 | 34 |
| Qld | 2,987 | 90,193 | 33 | 34 |
| SA | 1,149 | 29,277 | 39 | 39 |
| WA | 1,332 | 45,772 | 29 | 29 |
| Tas | 284 | 8,008 | 35 | 36 |
| NT | 240 | 6,461 | 37 | 36 |
| ACT | 490 | 8,785 | 56 | 54 |
| Other | 4 | 122 | 33 | 33 |
| Australia | 15,331 | 436,125 | 35 | 35 |

PRIORITY 4: SUPPORTING HEALTH PROFESSIONALS TO PROVIDE SAFE AND HIGH QUALITY CARE

- > Development of clinical measures to support safety and quality**
 - Condition specific indicators
 - Consumer experience – patient reported experience
 - Patient reported outcomes
 - Safety and quality metrics
 - Monitoring NSQHS and state priority areas
- > Clinical information strategy**
 - Business Intelligence and Analytical Platform
 - Learning and development
 - Clinical dashboards / data sets

LARS: Safety and Quality Metrics

- **Leverage existing systems and processes for data capture by health services to improve quality and safety across SA Health by providing standardised, accurate and timely information on safety and quality**
- **‘single provision multiple purpose’ bringing together a range of datasets**
- **Range of reporting**
 - **Static – standard suite of detailed reports**
 - **Analytic – drill down capacity from LHN, Health unit, Clinical Directorate or Stream and location. For condition specific – an ability to drill down to patient level data**
 - **Dashboard**



LARS

LHN Analytics and Reporting Service

The LHN Analytics and Reporting Service (LARS) portal delivers local and corporate reporting from a range of SA Health data warehouses that hold data from a number of administrative, financial and clinical systems across SA Health.

The Portal provides access to predefined reports, performance dashboards and analytical cubes to allow ad-hoc reporting.



Data Processing Alerts

LARS ▸ Reports

Reports ▾
Filter by SA
Date range SA

Only show reports that run from LARS: ☒

Find reports

BLIS
ISAAC

| Report | Description | Source | Can Run | Fav |
|--|--|--------|---------|-----|
| i SQ01a - Sentinel Events | Reported number of Sentinel Events by category of event | SLS | ✓ | |
| i SQ01b - Patient Incidents by Actual SAC | Reported number of patient incidents by Actual SAC and Level 1 Classification | SLS | ✓ | |
| i SQ01c - Patient Incidents Level 1 Classification | Reported number of patient incidents by Level 1 Classification, LHN and Health Unit | SLS | ✓ | |
| i SQ01d - Patient Incidents by Level 1 & Level 2 Classification | Reported number of patient incidents by Level 1 and Level 2 Classification, LHN and Actual SAC | SLS | ✓ | |
| i SQ02a - Consumer Feedback | Reported number of consumer feedback by type of feedback (Advice, Compliment, Complaint, Suggestion) and method (email, fax etc) | SLS | ✓ | |
| i SQ02b - Consumer Complaints | Reported number of consumer complaints by complaint category and subcategory | SLS | ✓ | |
| i SQ02c - Charter of Rights | Reported number of Complaint issues classified by Health and Community Services Commissioner (HCSCC) Charter of Right Category | SLS | ✓ | |
| i SQ03a - Infection Control - SAB | Rate of healthcare associated Staphylococcus aureus bacteraemia | ICSSS | ✓ | |
| i SQ03b - Infection Control - MRSA | Rate of healthcare associated Methicillin-resistant Staphylococcus aureus (MRSA) infection and acquisition | ICSSS | ✓ | |
| i SQ03c - Infection Control - CDI | Rate of Hospital identified Clostridium difficile infection (CDI) | ICSSS | ✓ | |
| i SQ03d - Infection Control - VRE | Rate of healthcare associated Vancomycin-resistant Enterococci (VRE) infection and acquisition | ICSSS | ✓ | |
| i SQ03e - Hand Hygiene | Percentage of correct hand hygiene actions undertaken | HHA | ✓ | |
| i SQ04 - Patient Incidents - Medication | Reported number of Patient Medication incidents by Level 2 and Level 3 Classification, LHN, Health Unit and Actual SAC | SLS | ✓ | |

Reporting Services

[Health Intelligence Portal \(HIP\)](#)
[OBIEE](#)
[Clinical Information Portal](#)




Actions



1

of 2



Find Next

100%



Government of South Australia
SA Health

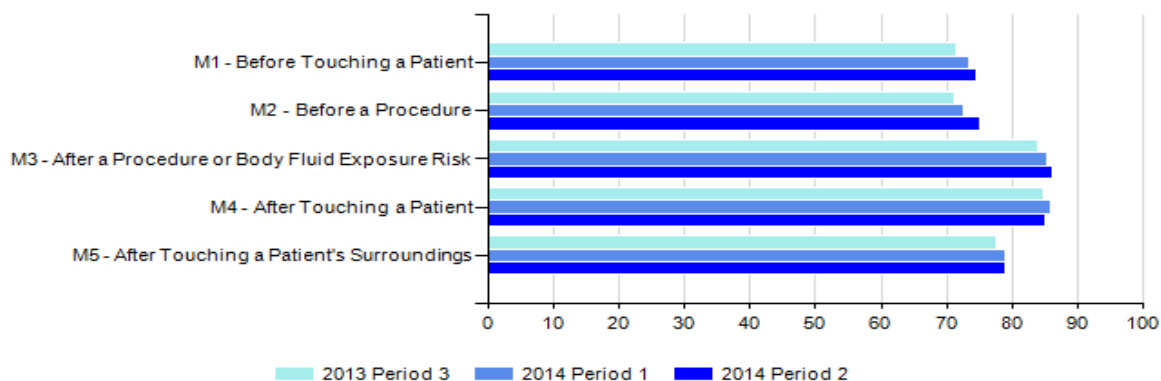
Hand Hygiene Report

Local Health Network: All

Hospital: All

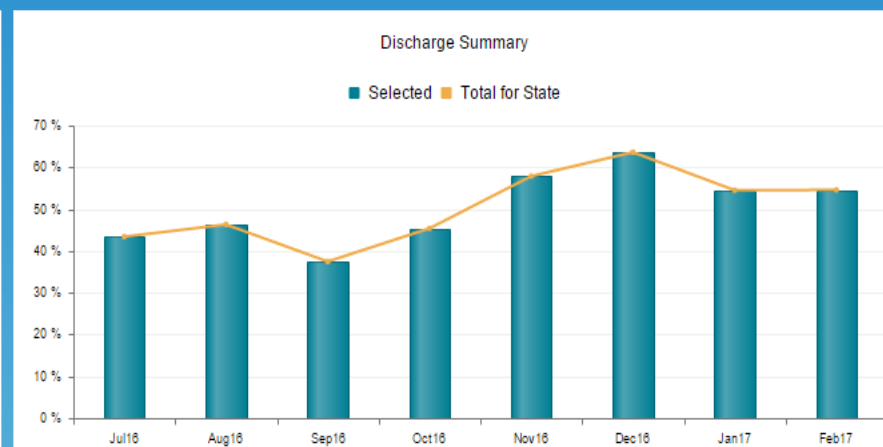
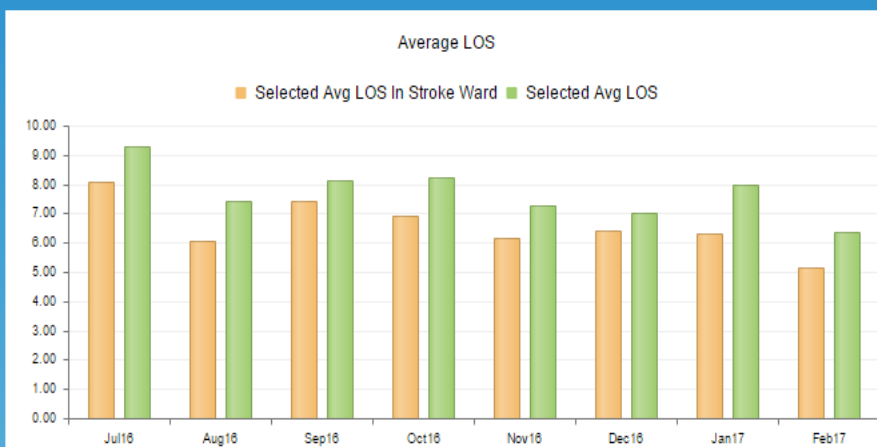
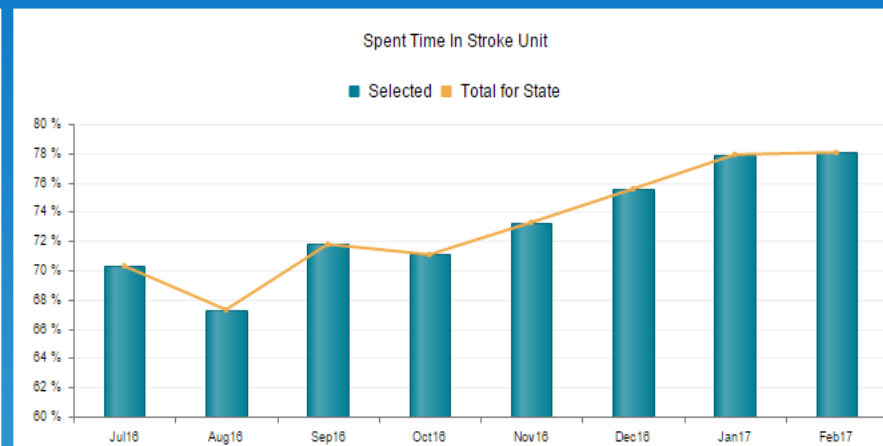
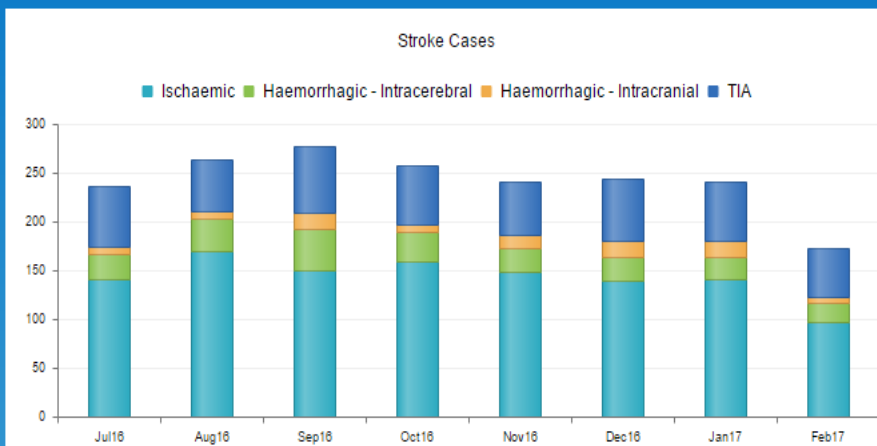
Ward: All

% Compliance by Moment Type



| % Compliance by Location | Moments in Previous | | | | | | Moments in Current | | | | | | %Var |
|--------------------------|---------------------|----|----|----|----|-----|--------------------|----|----|----|----|-----|------|
| | M1 | M2 | M3 | M4 | M5 | Tot | M1 | M2 | M3 | M4 | M5 | Tot | |
| State Aggregate | 73 | 73 | 85 | 86 | 79 | 80 | 74 | 75 | 86 | 85 | 79 | 80 | 0.3 |
| CALHN | 70 | 65 | 84 | 85 | 80 | 78 | 73 | 64 | 83 | 85 | 82 | 79 | 1.4 |
| QEH | 68 | 65 | 81 | 84 | 77 | 77 | 72 | 59 | 78 | 83 | 82 | 78 | 1.3 |
| RAH | 72 | 66 | 89 | 87 | 83 | 81 | 74 | 69 | 86 | 88 | 81 | 81 | -0.1 |
| CHSALHN | 73 | 77 | 85 | 87 | 82 | 80 | 74 | 84 | 86 | 89 | 81 | 82 | 1.8 |
| NALHN | 72 | 69 | 88 | 84 | 75 | 78 | 70 | 76 | 90 | 82 | 78 | 79 | 0.6 |
| SALHN | 74 | 72 | 85 | 88 | 77 | 80 | 74 | 73 | 88 | 86 | 75 | 80 | -0.7 |
| WCHN | 83 | 83 | 87 | 85 | 80 | 83 | 82 | 85 | 85 | 81 | 80 | 82 | -1.9 |

| Stroke Cases | Stroke Thrombolysed | Spent Time In Stroke Unit | Average LOS | Dysphagia Screening | Physiotherapy Assessment | Discharge Summary |
|---|---|--|---|---|--|--|
| February 2017: 172 Compared to previous month: 241 ▼ 69 | February 2017: 8.25% Compared to previous month: 4.96% ▲ 66.13% | February 2017: 78.05% Compared to previous month: 77.90% ▲ 0.19% | February 2017: 5.17 Compared to previous month: 6.29 ▼ 1.12 | February 2017: 47.27% Compared to previous month: 38.32% ▲ 23.35% | February 2017: 79.27% Compared to previous month: 85.07% ▼ 6.82% | February 2017: 54.60% Compared to previous month: 54.51% ▲ 0.17% |



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|---|---|--|---|---|--|--|
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| Hospital | MRN | Sex | Age | Type | Diagnosis | Admission Date | Separation Date | Separation Type |
|----------|-----|------|-----|------------------------------|-----------|----------------|-----------------|------------------------------|
| RAH | | Male | | Ischaemic | I2511 | 06/12/2016 | 02/02/2017 | Administrative discharge |
| RAH | | Male | | Ischaemic | I634 | 04/01/2017 | 07/02/2017 | Administrative discharge |
| RAH | | Male | | Haemorrhagic – Intracerebral | R060 | 06/01/2017 | 28/02/2017 | Other hospital - up transfer |
| RAH | | Male | | Ischaemic | I634 | 12/01/2017 | 01/02/2017 | Other hospital - up transfer |

Patient

Mrn:
 DOB:
 Age: 71
 Indig. Status: Neither Aboriginal an
 Sex: M
 Patient LHN: CHSALHN
 Place of Death:
 BDM DOD:

Inpatient Visit

Episode Of Care: Acute
 Primary Diagnosis: I634
 Admission Date: 12/1/2017
 Discharge Date: 1/2/2017
 Stroke Ward: B7
 Hrs In Stroke Ward: 471
 Thrombolysed: N
 Stroke Type: Ischaemic
 Date Seen By Physio: 13/1/2017
 Date Seen By Speech: 13/1/2017
 Admission Category: Emergency
 Separation Type: Other hospital - up transfer

ED Visit

ED Presentation Date: 12/1/2017
 Triage Category: 2-EMERGENCY
 Presenting Problem: Other Complaint (Not Elsewher

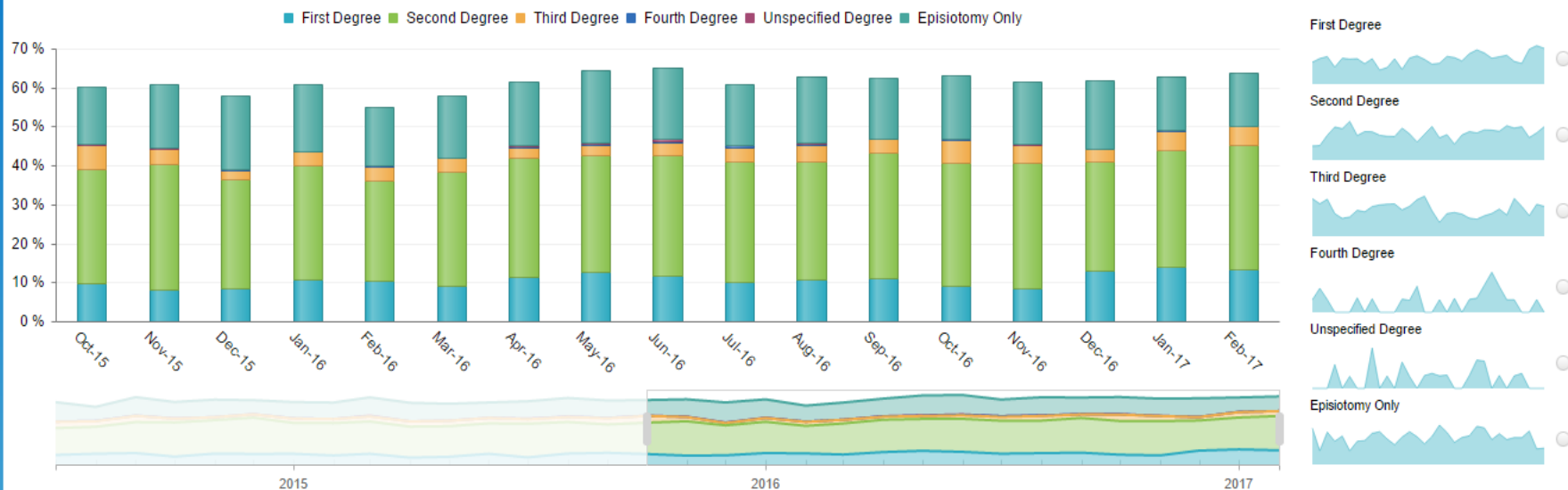
Rehab

Rehab Hospital: HAMP
 Rehab Admit Date: 1/2/2017
 Rehab Disch Date:
 Rehab Sep Type: Unmatched

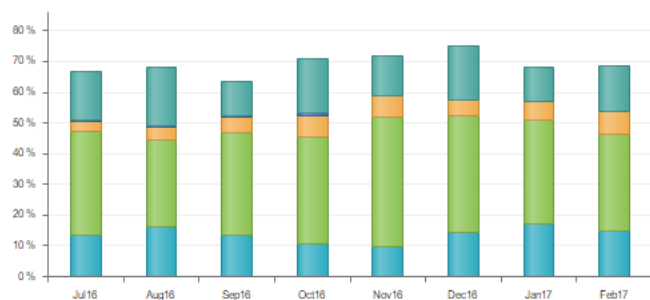
| | | | | | | | | |
|-----|--|--------|--|------------------------------|------|------------|------------|-------------------------------|
| RAH | | Male | | Haemorrhagic – Intracerebral | I618 | 15/01/2017 | 08/02/2017 | Other hospital - up transfer |
| RAH | | Male | | Ischaemic | I635 | 19/01/2017 | 02/02/2017 | Other hospital - up transfer |
| RAH | | Male | | Haemorrhagic – Intracranial | S065 | 24/01/2017 | 03/02/2017 | Other hospital - up transfer |
| RAH | | Female | | Ischaemic | I630 | 24/01/2017 | 23/02/2017 | Other hospital - up transfer |
| RAH | | Male | | Ischaemic | I635 | 25/01/2017 | 07/02/2017 | Other Health Care accommodati |
| RAH | | Male | | Ischaemic | I634 | 26/01/2017 | 03/02/2017 | Home |
| RAH | | Male | | Haemorrhagic – Intracranial | C795 | 27/01/2017 | 10/02/2017 | Home |

| Perineal Laceration Rate | Average Length of Stay | Total Deliveries/Abortions | SAMM Incidents | Caesarean Rates | Induction Rates | Instrumental Vaginal Births |
|---|---|---|---|---|---|---|
| February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: |

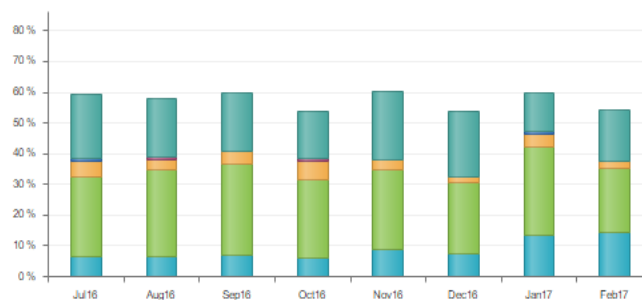
Perineal Laceration Rate



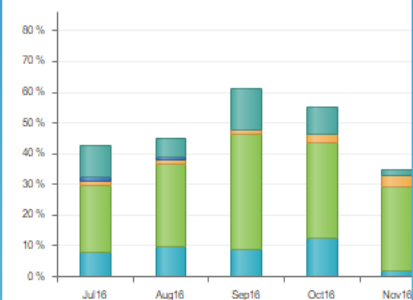
600000 - Women & Childrens Health Network



800000 - Northern Adelaide LHN



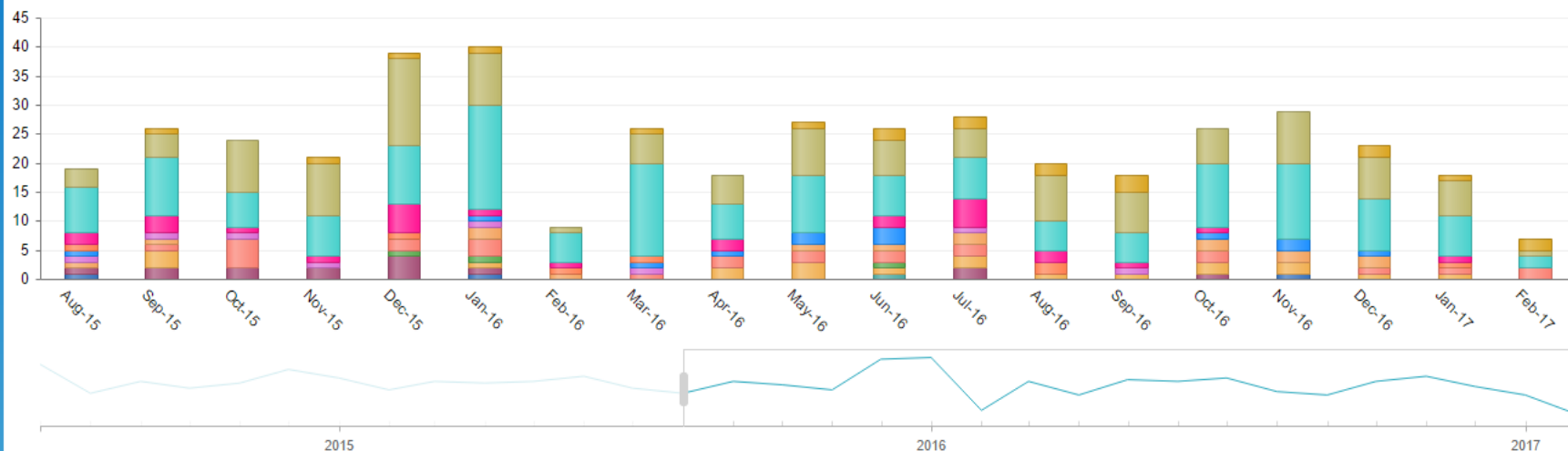
300000 - Country Health L



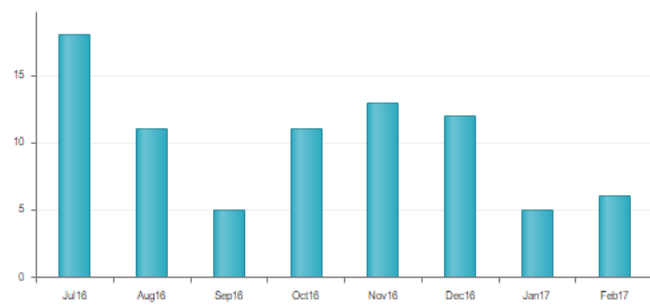
| SAMM Incidents | Caesarean Rates | Induction Rates | Instrumental Vaginal Births | Perineal Laceration Rate | Average Length of Stay | Total Deliveries/Abortions |
|---|---|---|---|---|---|---|
| February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: | February 2017: Compared to previous month: |

SAMM Incidents

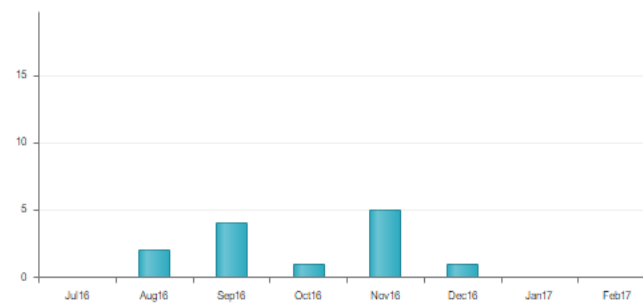
Acute Renal Failure Amniotic Fluid Embolus Attempted Suicide/Selfharm Eclampsia Mass non-obst Haem Mass Obst Haem Mass Postpart Haem Peripart Cardio Peripart Hyst Pre-eclampsia
 Severe Denovo Cerebral Severe Pulm Oedema Severe Sepsis Unplanned CCU Admit Unplanned ICU Admit Unplanned Mentalhealth Admit Uterine Rupture Unknown



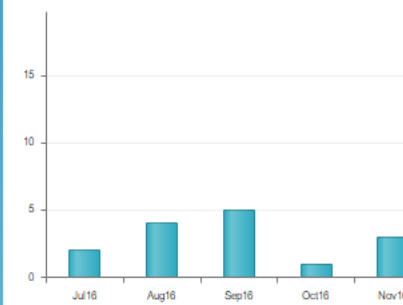
400000 - Southern Adelaide LHN



500000 - Central Adelaide LHN



600000 - Women & Childrens Health




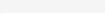








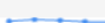

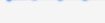










Safety & Quality Scorecard

For Official Use Only - I3 - A2

LHN : All
Hospital: All
Financial: February - 2017

| | Current Month | | | Year to Date | | | | |
|--|---------------|--------|---------|--------------|--------|---------|--------|---|
| | Feb 17 | Jan 17 | %Var | YTD | PYTD | %Var | Target | Trend |
| 1. Patient Safety | | | | | | | | |
| Patient Incidents | | | | | | | | |
| Actual SAC 1 Incidents | 8 | 13 | -38.46% | 85 | 98 | -13.27% | |  |
| Actual SAC 2 Incidents | 39 | 32 | 21.88% | 256 | 265 | -3.40% | |  |
| Overall Harm (SAC1 & 2 Incidents) | 47 | 45 | 4.44% | 341 | 363 | -6.06% | |  |
| Incidents Final <30 Days | | | 0.00% | 0.00% | 0.00% | | |  |
| Incidents Final <90 Days | | | 0.00% | 0.00% | 0.00% | | |  |
| Infection Control | | | | | | | | |
| CDI Rate | | | | 5.3 | 4.7 | 13.06% | |  |
| MRSA Rate | | | | 1.4 | 1.2 | 22.88% | 150% |  |
| VRE Rate | | | | 1.1 | 0.8 | 33.80% | 120% |  |
| SAB Rate | | | | 0.3 | 0.2 | 37.89% | 110% |  |
| 2. Consumer | | | | | | | | |
| Consumer Experience | | | | | | | | |
| Involvement in Care and Treatment | | | | 67.68% | 69.61% | -2.78% | 85% |  |
| Consistency and Coordination of Care | | | | 75.28% | 76.56% | -1.67% | 85% |  |
| Treated with Respect and Dignity | | | | 92.83% | 93.59% | -0.81% | 85% |  |
| Involvement in Decision Making | | | | 74.92% | 75.80% | -1.17% | 85% |  |
| Doctors | | | | 87.59% | 87.58% | 0.02% | 85% |  |
| Nurses | | | | 89.61% | 89.98% | -0.41% | 85% |  |
| Cleanliness | | | | 87.73% | 90.11% | -2.64% | 85% |  |
| Pain Control | | | | 88.93% | 91.08% | -2.36% | 85% |  |
| Privacy | | | | 90.36% | 90.65% | -0.32% | 85% |  |
| Food | | | | 69.46% | 69.98% | -0.74% | 85% |  |
| Discharge Information | | | | 68.70% | 70.22% | -2.16% | 85% |  |
| Feedback | | | | | | | | |
| Complaints Acknowledged < 2 Working Days | 84.35% | 82.82% | 1.86% | 83.21% | 81.40% | 2.21% | 90% |  |

Proposed suite of 'Clinical Management' Indicators - Core

| no | Indicator | Description | Indicator domain |
|----|---|--|------------------|
| 1 | Serious adverse events | Actual SAC 1 and 2 adverse events - rate | Patient Safety |
| 2 | Staphylococcus aureus bacteraemia (SAB) | Rate of healthcare associated SAB per 10,000 patient days | Patient Safety |
| 3 | Healthcare associated MRSA infections | Rate of healthcare associated MRSA infections per 10, 000 patient days | Patient Safety |
| 4 | Consumer experience | Picker domain – consistent and coordinated care / involved in decision making / discharge planning | Consumer |
| 5 | Consumer complaints | Complaints by category and subcategory | Consumer |
| 6 | Open disclosure | The percentage of patient incidents disclosure to the patient / family | Consumer |
| 7 | Discharge summary's | The percentage of discharge summary's < 48 hours of discharge | Consumer |
| 8 | Mortality - HSMR | Hospital Standardised Mortality Ratio utilising the National Core Hospital Based Outcome Indicator (CHBOI) specification | Appropriateness |
| 9 | Mortality – Deaths in low mortality DRG's | The percentage of deaths in low mortality DRGs < 0.5% | Appropriateness |
| 10 | High priority hospital complications | The rate and type of high priority complications arising from hospital | Appropriateness |

| | | | | | |
|----|--|---|---------------|------|----------------|
| | | care | | | |
| 11 | Hand hygiene | Hospital hand hygiene compliance rates by clinical group and by moments 1 -4 | Staff | LARS | Tier 1 |
| 12 | Credentiailling and scope of clinical practice | The proportion of medical / dental practitioners who are Credentiailled and scope of clinical practice is defined | Staff | LARS | |
| 13 | 28 day readmission rate – all patients | Percentage of patients who had an admission < preceding 28 days | Effectiveness | | Tier 1 / NPAF |
| 14 | Average length of stay | Hospital ALOS by month (overnight separations only) | Efficiency | | |
| 15 | Potential preventable admissions | % of total separations | Efficiency | | NPAF / TH |
| 16 | Purchased Activity Monitoring – acute admitted | National weighted activity unit – acute | Productivity | | TH |
| 17 | Purchased Activity Monitoring – Outpatient | Outpatient weighted occasions of service | Productivity | | TH |
| 18 | Total & unfunded variation in net cost | Balance or surplus | Productivity | | NPAF / Finance |
| 19 | Variance of total FTE | FTE compared to budgeted DTF FTE Cap | Productivity | | Finance |
| | | | | | |



Next Steps: Agile approach to deploying BI

- > **6 clinical communities by July 2017**
 - **Maternity, stroke, fracture neck of femur, rehabilitation, acute coronary syndrome, safety and quality**
 - **Next groups: Emergency department, Intensive care, neonates, paediatrics, cancer, mental health, end of life care**
- > **Communication strategy**
- > **Learning and development framework**
- > **Review governance and service model**



Icon Suite

A suite of 11 icons has been developed for various communication and application purposes.

The proportions, colours, linework, and illustrations of each icon are as shown and should not be distorted or edited in any way.



Stroke



Fracture
neck or femur



Acute coronary
syndrome



Delirium



Maternity



Neonate (newborn)



Child



Clinical
dashboard



Financial



Workforce



Activity related
information