

Final Report: HIRAID® Implementation Across South Australian LHNs



Commission
on Excellence
and Innovation
in Health



Project Overview

The HIRAID® project aimed to establish a standardised, high-quality nursing assessment process in Emergency Departments (EDs) across all South Australian Local Health Networks (LHNs). HIRAID® standing for History, Identify Red flags, Assessment, Interventions, and Diagnostics, is a validated emergency nursing framework that enhances post-triage assessment and supports better patient outcomes, such as improved documentation and timely interventions.

The initiative was a whole of system collaboration led by the Commission on Excellence and Innovation in Health (CEIH), with significant clinical leadership from Central Adelaide Local Health Network (CALHN). The project coordinated licensing, training, and evaluation to ensure consistent implementation across all ten LHNs.

The integration of HIRAID®, like other quality improvement initiatives, requires time to become fully embedded in clinical practice and to yield measurable outcomes. The project established necessary foundations, and will now require ongoing local-level implementation across LHNs for HIRAID to be standard practice statewide.

Implementation Summary

- This project was sponsored by the former Urgent & Emergent Care Statewide Clinical Network, reporting into the Emergency Care sub-committee.
- A HIRAID® Steering Committee with representation from LHN Champions committee met monthly throughout the project timeline to share implementation progress.
- LHNs have been provided with a perpetual Licence for the use of the HIRAID® Assessment Framework and training resources.
- HIRAID® training is embedded into iLearn and the HIRAID® assessment tool is embedded into EMR systems.
- CALHN was the first to LHN go live in January 2024, followed by staged rollouts across metropolitan and regional LHNs through 2024/2025.
- All ten LHNs have adopted the HIRAID® framework within their EDs, with each ED at varying points in implementation.

Training

- The HIRAID® Instructor Course (Train the trainer) was delivered by the University of Sydney on 3 occasions with 136 Instructors trained across all LHNs.
- Training consists of two parts – online theory and in person practical attendance.
- Over 2000 staff have now completed practical HIRAID® training across LHNs.
- HIRAID® ilearn course ownership and training is decentralised to LHN representatives, improving reporting, access and sustainability.



	Number of Trainers	Completed Theory	Completed Practical
SA Health TOTALS	136	2363	2008

Lessons Learned

Timing and readiness

- The project timeline was exceeded due to the complexity of working across the ten LHNs and working across multiple ED sites.
- Simultaneous electronic management record (EMR) and HIRAID rollouts in regional LHNs created competing priorities and slowed progress.
- EMR and iLearn components would ideally have been in place before LHN commenced their local implementation.
- LHNs varied in their readiness for HIRAID® and level of engagement.

Workforce

- Workforce shortages, staff turnover and no dedicated project time for clinical leads created pressure on teams.
- Many LHNs reported insufficient resources for auditing and would have benefited from grant funding or protected time.

Governance

- Clearer executive oversight at LHN level would have enhanced direction and accountability for implementation.
- ED Nurse Educators played a key role but did not necessarily have authority for implementation at individual sites.

Training and iLearn

- The iLearn platform was not available statewide at the outset, leading to fragmented data capture.
- Since, statewide accessibility of HIRAID on ilearn it has improved efficiency of consistent course rollout and reporting.
- Ownership of iLearn content shifted between CEIH and LHNs, creating uncertainty about responsibilities and limiting instructors' ability to monitor progress.
- Completion rates of online training varied, with time constraints cited as a major barrier and not all staff completed the theory component before practical training.
- Sites aimed to have 80% staff training completion before HIRAID went live on their EMR.
- Instructor training modules are being refined to ensure fidelity and succession planning across LHNs. This work is being led by, CALHN and members of the steering committee.

Communication

- HIRAID® was showcased at the CEIH [Clinical Variation event](#) in September 2025 and featured in CEIH news and social media.

Evaluation

- The Evaluation Plan included seven measures including improved documentation, reduced clinical deterioration, and enhanced handover quality.
- Each LHN selected relevant hypotheses to evaluate, based on available resources and ethics approvals.
- Led by CALHN, NALHN, SALHN and BHFLHN gained ethics approval for evaluation and WCHN secured ethics approval for retrospective audits. Other LHN's will undertake quality improvement reviews as part of evaluation.
- Evaluation methods include SLS and EMR audits, staff surveys, and incident tracking to comprehensively assess the impact of HIRAID implementation.
- LHN's will undertake evaluation and monitoring reviews at various times in 2026.
- No statewide impact evaluation is planned. Each LHN is responsible for its own assessment process.

Project Closure and Next Steps

- CEIH formally transitioned out of implementation oversight in July 2025, with LHNs responsible for ongoing implementation, training and evaluation.
- The HIRAID® Steering committee will continue under revised Terms of Reference, with bi-monthly meetings during 2026.
- Training sustainability is being reviewed and developed within the Steering Committee, with consideration to Master Trainers, Instructor refresher courses and access to virtual training for the regions.
- iLearn will provide monthly training reports to HIRAID® iLearn owners.