



# Clinician Connect



Pictured: Rural and metropolitan members of the ACI Anaesthetic Perioperative Care Network visit Moree. For more on the work of the Network see page 4.

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## GUEST EDITORIAL

### Challenges and Successes of a Combined Rural/Metropolitan Area Health Service



Pictured: Nigel Lyons

Hunter New England Area Health Service is one of the eight Area Health Services in NSW formed in 2005, with around 850,000 people over a geographical area of 130,000 square kilometres. Hunter New England Health is somewhat unique in NSW in that it is the only Area Health Service with a major metropolitan centre, a mix of several large regional centres and many smaller rural and remote communities within its borders. While this diversity has created many challenges I also believe it is a major factor in successfully delivering improved care to patients within our communities. In 2005 with the reorganisation of Area Health Services, two major issues rapidly emerged as important for many of our senior managers. The first of these was an understanding of rural issues. Whilst some had worked in regional areas for many years, the issues challenging rural services - in particular the critical importance that rural communities placed on having access to local

### NIGEL LYONS

Chief Executive, Hunter New England Area Health Service

With all of the current speculation around reform of the Australian health system and the potential for further change it is an opportune time to reflect on some of the challenges and successes in delivering clinical services to communities under the current arrangements.

health services - was at times rather confronting. However, in establishing effective relationships and confidence it was critical that we learned very quickly the importance of a physical presence, active listening and taking the time to build a sound foundation for future relationships.

Given that we are a people industry and have a staff of around 15,000, it was a significant challenge to understand our workforce. There are major variations in the profile across our sites moving from very highly specialised care in the large and complex service settings to a very generalist clinical workforce in our more rural settings. The pressures of work due to the distribution of workforce also resulted in variation between the time that our staff had available for clinical versus non clinical work and constraints on some to be involved in important aspects of health service delivery outside of direct patient care. The supporting infrastructure such as clerical and administrative support or access to IT and diagnostics also varied greatly. The ability for clinical staff to be involved in teaching, training and research was again very much dependent on the numbers available and the pressures to provide patient care. Other constraints were historical arrangements on which teaching and training networks had been set up and the relative small number of training positions which had been established in the more rural and remote services. While many of these differences created significant challenges in the establishment of a new Area they also created opportunities for improvement. Early on it was clear that we would need to support

the development of clinical networks. I believe that these have been a major factor in our ability to successfully bridge our metropolitan/regional/rurally-based services to provide effective support for clinicians in all of our clinical environments. We spent a great deal of time researching clinical networks and identifying the characteristics which were going to be critically important, as well as how they could be effectively implemented within the context of our own specific geography and service configuration.

A series of important foundations were established for clinical networks which included the vision of health professionals linked across the continuum of primary to tertiary care to build staff capacity and improve service delivery. This was further supported by a range of guiding principles which articulated the importance of being consumer centred, having clear structures and accountabilities, being representative across geography, professional groups, primary, secondary and tertiary care and maintaining links with consumers and the community. The importance of evidence-based practice in the delivery of clinical treatment was also emphasised.

There was much discussion about what types of clinical networks we should have and the decision was made not to impose networks on clinical groups but rather to begin with the enthusiastic and build on initial successes. This evolution has been critical in supporting our clinicians, influenced by colleagues and the evidence of benefits, to build enthusiasm and commitment for the introduction of further streams and networks over time. Along

the way our progress has been evaluated formally and we further refined our approach based on these learnings. Importantly during this time we saw evidence that clinical staff involved in the networks felt there had been improvements in patient care, patient outcomes, the capability and competence of staff, the promotion of innovation and research, the introduction of new models of clinical care and timely and appropriate response to issues impacting on clinical services. All of these benefits are seen as significant and are valued by the clinicians involved.

The clinical networks have enabled decisions to be made around priorities for improvements in clinical services, input into clinical service planning, the establishment of evidence-based clinical practice guidelines which have been standardised across the area, teaching and training opportunities being made available to staff tailored to their service setting and importantly, significant enhancements to the training networks in nursing, allied health and medicine.

In reflecting on these achievements, I believe much of the success to date has been due to the fact that we are a mixed metropolitan and rural Area Health Service with a critical mass of specialists services which have taken on, in respectful partnership, the responsibility of supporting all of our clinical staff across the Area in improving access to high quality care. Significant improvements have been made in patient referrals for consultations, in clinical specialist outreach programs, in the relief and backfill of specialist staff, in arrangements to improve teaching

supervision and governance of clinical services. All of this has been underpinned by investment in a shared and connected business system through IT infrastructure, with a common patient administration systems for hospitals and community settings and through the roll out of critical supporting infrastructures such as digital imaging, which have connected all of our clinical services.

It will be important given the discussions on the change and reform of our health system to ensure that we learn from these challenges. All would acknowledge that much remains to be done but in endeavouring to improve the system, it will be critical that we do not lose the benefits that have been gained over the last few years. Modern healthcare requires us to ensure that clinical networks are effective in supporting our clinical staff to enable our patients to receive the best possible care, no matter where they live.

**Nigel Lyons**  
References available on request

## COMMENT HUNTER WATT



Pictured: Hunter Watt.  
Photo: J Schofield

### Welcome to the second edition of the ACI's newsletter Clinician Connect.

In the current issue, Nigel Lyons, Chief Executive of the Hunter New England Area Health Service makes a commendable plea to those who implement reform to maintain the structures that are achieving results.

He places particular emphasis on the value of clinical networks, which he views as an essential element in the provision of public health services across a very large geographic area.

Also in this issue, Diane Watson, Chief Executive, Bureau of Health Information (BHI) provides the key messages that have emerged in the first BHI report on NSW hospital performance. Published on 27 May 2010, Insights into Care: Patients' Perspectives on NSW Public Hospitals is based on analysis of the NSW Health Patient Survey 2009. The report, the first in what will be regular independent reports on the state of NSW public hospital system, has stimulated a great deal of media interest. I look forward to future issues.

A couple of weeks ago a small team from the ACI travelled to Moree in northern NSW to launch the inaugural meeting of the ACI Anaesthesia Perioperative Network and to learn first hand, the difficulties and challenges of providing health services in a rural setting. A big thank you to all those who made us feel most welcome.

When referring to issues of equity of access and outcomes, we often use the term "rural, regional and remote" in the same breath, to apply to those who live outside the 'Newcastle, Sydney and Wollongong' conurbation. However the workforce and capital needs of a rural town serving a population of 5-10,000 people are not the same as those of a larger regional centre serving a population of 50-100,000 people. These differences are significant and the message for us to understand is that in developing our models of care and projects, these sensitivities must be taken into account.

Between 22-23% of the NSW population lives west of the Great Dividing Range. After years of application of the Resource Distribution Funding formula in NSW, the previous disparity on a funding per head of population basis has been largely eliminated. However, for that fifth of the NSW population, a significant difference in death rates when compared to their urban counterparts persists. Data from the Australian Institute of Health and Welfare (AIHW) demonstrate that



The Agency for Clinical Innovation (ACI) has been established by the NSW Government as a board-governed statutory health corporation in direct response to the Final Report of the Special Commission of Inquiry into Acute Care Services in NSW.

The ACI will drive innovation across the system by using the expertise of its Clinical Networks to collaborate in the development and implementation of evidence-based standards for the treatment and care of patients.

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To find out more about the NSW Agency of Clinical Innovation and its Clinical Networks visit our website online at:

[www.health.nsw.gov.au/gmct/index.asp](http://www.health.nsw.gov.au/gmct/index.asp)

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death rates in regional and remote areas are, on average, 1.05-1.15 and 1.2-1.7 times, higher than in the major cities. For Aboriginal Australians the difference is very stark: "Indigenous Australians born in the period 1996-2001 are estimated to have a life expectancy at birth of 59.4 years for males, and 64.8 years for females. This is approximately 16-17 years less than the overall Australian population born over the same period". Further evidence for the inequity of access to health care can be found in the fact that the combined Pharmaceutical Benefits Scheme and Medicare funding for individuals in larger capital cities is about 23% more than for those in rural or remote locations. The reasons for these differences are multiple and complex and are clearly not just about funding.

For Aboriginal Australians the difference is very stark: "Indigenous Australians born in the period 1996-2001 are estimated to have a life expectancy at birth of 59.4 years for males, and 64.8 years for females. This is approximately 16-17 years less than the overall Australian population born over the same period".

In rural health facilities there is often a palpable sense of isolation and distrust of decisions that are made centrally. As an organisation with a statewide remit, the ACI will support its networks to listen to and learn from, clinicians and communities who live outside metropolitan areas. The major challenges for many of those in rural NSW health services are in the areas of workforce

and the lack of educational opportunities. The inability to back fill in many facilities significantly limits the ability of staff to attend out of town educational opportunities. The lesson for the ACI clinical networks is that in developing our work programs we need to be aware of rural and remote workforce issues and the desirability of taking our discussions, and educational initiatives to support the implementation of ACI models of care, to regional and rural NSW. The need for robust ICT to support data collection and reporting and communication across and between geographical areas is also paramount.

Now that some time has gone by since the Council of Australian Governments (COAG) agreement was reached, the minds of some clinicians are turning to the impact the 'greatest change since the introduction of Medicare' will have on individual services and communities.

Schedule A of the National Health and Hospitals Network Agreement signed by the Prime Minister and all States and Territories apart from Western Australia, outlines the proposed structure and governance of Local Hospital Networks (LHN) which should be in place by 31 December 2010. There is much disquiet in 'clinician land' about how this process will take place. The agreed conditions are broad and allow for many different configurations across the State. How will LHNs relate to the recently announced establishment of "a nation-wide network of primary health care organisations (Medicare Locals) to support health

professionals, to improve delivery of primary care services at a local level and to improve access to after-hours primary care"?

The other issue of concern is the concept of the "national efficient price". Schedule E of the COAG agreement outlines how we are to get to that point. Determining this price will be a very large, complex piece of work, the task of the Independent Hospital Pricing Authority to be established 1 July 2011. Given that as clinicians we often have concerns about the integrity and completeness of the data that is presented to us, how will we have confidence that the "national efficient price" is a reflection of the real cost of the provision of quality health services at a LHN level? Involvement in the decision-making process at a local level by local clinicians is vital for the future delivery of health care. As clinicians and consumers with an abiding interest in the delivery of public hospital and community health services, I encourage you all to have your say.

**Hunter Watt**  
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After 31 years in practice at the Bar, Peter Garling SC, who led the Special Commission of Inquiry into Acute Care Services in NSW, has been appointed a judge of the Supreme Court of NSW. The ACI wishes him every success in this significant new role.

Clinical Network Report

## AGED CARE

Co-Chairs: Jacqueline Close and Andrea Sneesby

The ACI Aged Care Network welcomes back Andrea Sneesby, ACE Project Manager, Northern Sydney Central Coast Area Health Service who returns to Co-Chair the Network following maternity leave.

The Productivity Commission's public inquiry into aged care was announced on 21 April 2010 by the Assistant Treasurer, Senator Nick Sherry and the Federal Minister for Ageing, Justine Elliot MP. The inquiry contains a directive to "develop detailed options for redesigning Australia's aged care system". Further details can be accessed online at [www.pc.gov.au](http://www.pc.gov.au) or by contacting the Commission directly on (02) 6240 3200.

The Inquiry underlines the potential for the Network to make a difference in the lives of older people and their carers by harnessing the collective wisdom of those who work with and care for older people in NSW. This is also the aim of the Network's growing collaboration with the NSW Health Severe and Chronic Disease Management Program.

The importance of a distinction between delirium and dementia has also been highlighted with publication of a recent guideline on the management of delirium in older people.

This guideline was commissioned on behalf of the Australian Health Ministers' Advisory Council (AHMAC) by the Health Care of Older

Australians Standing Committee (HCOASC) and is based on NHMRC recommendations for levels of evidence. The guideline can be downloaded at: [www.health.vic.gov.au/acute-agedcare](http://www.health.vic.gov.au/acute-agedcare)

Jacqui Close, Co-Chair and Network members have identified a need for more Clinical Nurse Consultant (CNC) and Nurse Practitioner positions in delirium and dementia across the State as well as for dedicated delirium and behavioural units within our acute hospitals.

These initiatives dovetail with the proposed Care of the Older Hospitalised Persons Study (CHOPS) which is awaiting confirmation of funding by the Department of Veterans Affairs.

Laura Ahmad, Celine Hill and Megan White continue to hone the new Orthogeriatric Clinical Practice Guide which will be launched at the Network's Orthogeriatric Care Symposium on 13 August. Meanwhile work is under way on the costings for the recommendations that arose from the Orthogeriatric Liaison Services plan.

Word has reached us from Christine Fuller, Nursing Unit Manager (NUM) at Bankstown – Lidcombe Hospital of their Towards Better Health Conference held 30 April 2010, with 200 attendees. Guest speakers included medical, allied health and nursing representatives. Plans are underway for the next Aged Care Conference in 2011.

Watch this space for announcements of plans for an Aged Care Network Symposium on 3 December 2010 which will focus on the Care

of the Confused Patient. Liverpool Hospital Auditorium has been booked and we expect to facilitate a lively and informative program.

**ACI Aged Care Network**

**The 2010**

**Orthogeriatrics Symposium**

**Launch of Clinical Care Guide**

**Venue:** Liverpool Hospital Auditorium  
**Date:** Friday 13<sup>th</sup> August 2010  
**Time:** 8.00am – 4.00pm  
**Cost:** Nil

**Highlights include:**  
 Launch of the Clinical Care Guidelines  
 Talks from developing Orthogeriatric Services  
 Updates from Anaesthetist & Orthopaedic Surgeon  
 Discussions of implementation strategies



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## ANAESTHESIA PERIOPERATIVE CARE

Co-Chairs: Su-Jen Yap

### MOREE VISIT



Pictured (l-r): Su-Jen Yap, Lilon Bandler, Ross Kerridge, David Quirk, Peter Finlayson, Bronwyn Munford, Sharon Nash, Hunter Watt, Cassandra Smith, Scott Finlay, Robyn Speerin and Tracey Tay.

A delegation from the ACI Anaesthesia Perioperative Care Network visited Moree Hospital on 14 May 2010. The first 'face-to-face' meeting of the Executive was held, hosted by rural members of the Network's Executive, Scott Finlay, GP Anaesthetist/Obstetrician and Sharon Nash, Registered Nurse and facilitated by Tracey Tay, Anaesthetist, John Hunter Hospital.

The delegation included the Co-Chair of the Network, Su-Jen Yap, Bronwyn Munford, Area Sedation Safety Project Officer, SSWAHS, Ross Kerridge, Anaesthetist, John Hunter Hospital, Jo Sutherland, Anaesthetist Coffs Harbour, Lilon Bandler, GP, Hunter Watt, Chief Executive, ACI

and Robyn Speerin and Cassandra Smith, ACI.

The purpose of the visit was to strengthen relationships between rural and metropolitan clinicians in the Network, and to gain a better understanding of the issues faced by rural clinicians and the environment in which they work.

The meeting presented an excellent opportunity for ACI Executive members to meet with clinicians and the Executive of the Mehi Cluster in the Hunter New England Area Health Service. Local clinicians at the meeting worked across all specialty areas of health with a particular focus on anaesthesia and perioperative care services.

The Executive would like to extend a huge thank you to Scott Finlay, Sharon Nash, David Quirk, General Manager Mehi-Cluster, Peter Finlayson, Medical Director, HNEAHS, Phil Hungerford, Director of Critical Services Tamworth and Les Wollard GP for the insight that they provided on rural clinical services in Moree.

The Network will form a Rural and Remote Working Group to assess the workforce telemedicine and educational issues in rural sites relating to anaesthesia, perioperative care and sedation.

### ASSISTANTS TO ANAESTHETISTS

The Network is developing a Working Group to look at the educational requirements for assistants to anaesthetists. This group will be co-chaired by Michael Amos, Anaesthetist, Concord Hospital and Bronwyn Munford. An initial meeting will take place in June 2010.

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## BLOOD AND MARROW TRANSPLANT

Co-Chairs: Tony Dodds and Vicki Antonenas



Pictured: Jillian Menon

The ACI Blood and Marrow Transplant (BMT) Network would like to take this opportunity to pay tribute to Jillian Menon, Clinical Nurse Consultant and BMT Coordinator at Nepean Hospital. Jillian

is leaving her current position to take up the reins as Clinical Nurse Consultant for Medical Oncology and Haematology within Greater Western Area Health Service (GWAHS). Jillian joined Nepean Hospital in 2001 and in 2003 began working in the newly funded BMT program, where she was instrumental in establishing the nursing apheresis service and providing nursing education to ensure the provision of safe, quality nursing care to those patients undergoing Autologous Transplant. The Network wishes Jillian the very best for the future and looks forward to working with her in GWAHS.

### MANAGEMENT OF LONG TERM SURVIVORS OF ALLOGENIC BMT

The newly established Long Term Follow-Up and Transition Care Working Group met recently to develop NSW criteria for the management of long term survivors of allogeneic BMT.

The group will also develop a model of care for the transition of paediatric BMT patients into adult health care services.

NSW Health has provided funding for two Clinical Nurse Consultants (CNC) with expertise in Allogeneic BMT Nursing, to undertake a two year project working with allogeneic BMT clinicians to investigate and evaluate current services for long term follow-up and to make

recommendations for an appropriate strategy to manage these patients within a state-wide model of care.

As the project progresses, the CNCs will aim to work within the outpatient setting at each allogeneic site in NSW and their associated rural clinics, to case manage patients and evaluate the recommended model of care.

This is an exciting opportunity to improve the care currently provided for this complex patient group.

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## Australian Society for the study of Brain Impairment Conference

The ACI Brain Injury Rehabilitation Directorate (BIRD) presented two projects and community outcome adult data at the Australian Society for the Study of Brain Impairment (ASSBI) Conference, Gold Coast May 2010.

Grahame Simpson, Brain Injury Rehabilitation Unit, Liverpool Hospital, represented the BIRD steering committee as a keynote speaker and presented qualitative and quantitative data from the challenging behaviour adult project. Extensive data about the incidence, course, co-morbidities and burden of challenging behaviour after traumatic brain injury (TBI) was drawn from the comprehensive research design. There was much excitement and interest in the findings due to the robust and comprehensive nature of the project.

The data provided rich detail about the complex pattern of psychosocial environmental factors that impact on challenging behaviour including family and carer issues, lack of participation and social isolation, and issues relating to the provision of Brain Injury Rehabilitation Program (BIRP) and other services. The data analysis and subsequent discussions generated 35 recommendations to improve current service delivery to TBI clients with challenging

behaviour and address gaps that impede the effective management of these complex clients. The results also supported the development of a model of care for the NSW BIRP for adult clients with challenging behaviour and provide a framework for service development, improving policy and workforce resources and training.

Virginia Mitsch, BIRD Project Officer, provided conference participants with an overview of the remote and indigenous acquired brain injury service delivery project. Key themes were identified following 48 consultations across regional and remote NSW including 13 Aboriginal consumers and agencies. The need for a complex response to address the issues faced by people living remotely and the additional issues for Aboriginal people was identified. The network of the NSW BIRP will play a central role in that response.

The results of data collection have been discussed at two key meetings involving the Executive, BIRP staff and key stakeholders. Hunter Watt, Chief Executive, ACI opened a meeting sponsored by the Motor Accident Authority of key stakeholders that included representatives from Primary Health and Community Partnerships Branch and Mental Health and Drug and Alcohol services, NSW Health, Greater Western and Greater Southern Area Health Services, The Institute of Rural Clinical Services and Training, Centre for

Aboriginal Health, Aboriginal Chronic Care, Brain Injury Association of NSW, Lifetime Care and Support Authority, Aging Disability and Home Care and Price Waterhouse Coopers. These meetings provided opportunities to develop the strategic plan to improve access and equity for service delivery and a framework for action.

Helen Badge presented the results of the BIRD initiated pilot project to evaluate adult brain injury rehabilitation services in NSW that involved completion of two standardised outcome measures to support service evaluation. The results demonstrated both measures were able to detect the extent and nature of change by a large sample of clients participating in community-based rehabilitation. The results will support evaluation of services and outcomes for individual clients. The BIRD Outcomes Steering Committee has recommended a consultation process to enable clinicians from across the network make consensus decisions regarding how service and client outcomes will be routinely measured, including which assessments will be used and how frequently assessment will be completed. The Steering Group and BIRD Executive will ratify decisions and support implementation to assist ongoing and routine use of objective measures to improve service evaluation.

## EDUCATION WORKSHOP

The Brain Injury Rehabilitation Nurses (BIRN) Network held an education program on Friday 30 April 2010 that focussed on the transition from acute care to rehabilitation and back to the community, for patients following TBI.

Thirty five nurses and allied health staff attended from the Liverpool and Ryde

specialist Brain Injury Rehabilitation Units, Concord Hospital, Prince of Wales, Royal North Shore, Sydney Children's Hospital, Liverpool Neurosurgery and Westmead Private Rehabilitation.

Case studies and presentations from professionals and consumers provided a variety of perspectives about the issues faced when clients move between emergency and acute settings, referral and coordination planning for transitions and rehabilitation specialist medical consultation and interventions. The inspirational

life stories from people with a brain injury and their relatives were a reminder of the complexity of the recovery pathway. It may take a number of years but good outcomes can be achieved. Feedback confirmed that the program was well organised and enjoyable and the information presented was useful and interesting.

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## HEART WEEK

The National Heart Foundation's Heart Week took place between 2 - 8 May 2010. The ACI hosted a Healthy Heart Lunch for Network Managers and the Executive. A range of heart healthy dishes were offered and a prize was presented for the healthiest recipe. Staff also took part in a quiz to test their knowledge on heart health and the warning signs of heart attack.

## CARDIAC REHABILITATION SURVEY

The Cardiac Rehabilitation Association NSW/ACT and the Cardiac Network carried out an extensive survey of cardiac rehabilitation (CR) services across NSW in 2007. One of the recommendations from the survey was that clinical indicators should be developed, to allow CR teams to regularly report on the effectiveness of service delivery.

An anonymous short survey which included five questions was developed to obtain feedback from CR clinicians throughout NSW on what they considered to be the most effective clinical indicators to demonstrate improvement in the health outcomes of CR participants.

The survey was distributed in April 2010 and CR clinicians were requested to discuss the questions within their teams before returning one response from each site. This data will be analysed and a number of clinical indicators will be selected to assist in monitoring service delivery and trends over time. Discussion of the method of data collection, frequency of reporting and analysis are in progress.

## State Cardiac Reperfusion Strategies

A State cardiac reperfusion strategy has been developed by NSW Health in collaboration with clinicians, the Ambulance Service of NSW, members of the ACI Cardiac Network and Area Health Services.

This strategy will provide access to pre-hospital assessment and early access to cardiac reperfusion for people in NSW with suspected ST-elevation myocardial infarction (STEMI).

Paramedics will assess patients with suspected STEMI and acquire and transmit a 12-lead ECG for interpretation before they are transferred to the most appropriate hospital. Two models of early reperfusion will be utilised, namely:

### Stage One

- Pre-hospital Assessment for Primary Angioplasty where patients are transported to a Regional Cardiac Service for primary angioplasty, bypassing facilities without primary angioplasty capabilities

### Stage Two

- Pre-hospital Assessment and Thrombolysis where ambulance staff in consultation with a cardiologist administer thrombolytic therapy.

Concord and Royal Prince Alfred Hospitals implemented Stage One of the strategy on 17 February 2010 and Liverpool Hospital introduced the initial strategy on 18 May 2010.

Nepean Hospital will introduce these strategies in the next few months. Several other sites will implement the reperfusion strategies later in the year including Prince of Wales, St Vincent's, St George and John Hunter Hospitals.

The plans for the second stage of the reperfusion strategy are currently being developed.

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## NURSES EDUCATION PROGRAM

The next session of the Nurses Education Program will be held at 2.30pm on Wednesday, 9 June 2010. Bernadette Costa, Clinical Trials Coordinator from Concord Hospital will give a presentation on Clinical Trials in Cardiology.

## New Co-Chair Welcomed



Pictured: Jan Alford, Co-Chair

Jan Alford joins David Chipps as the new Co-Chair of the ACI Endocrine Network. Jan is the Nursing Unit Manager of the Diabetes Centre at St Vincent's Hospital and has been involved in diabetes for more than 30 years. Jan has a passion for professional development and for

how the current health reform might impact on diabetes care and management at local, State and Federal levels. Previously Co-Chair of the Network's Diabetes Models of Care Working Group, Jan has stepped down from that position to focus on steering the work of the Network. She brings extensive experience to the role as the chairperson of the Credentialing Committee for the Australian Diabetes Educators Association (ADEA) and as ADEA's representative on the Australian Diabetes Society High Risk Foot Network.

## New Working Group

## Models Of Care

The Models of Care Working Group is still seeking the volunteer involvement of a practice nurse to participate in the development of the NSW Diabetes Models of Care. The Models of Care Working Group meets four times a year with the occasional meetings by teleconference, when required.

The Working Group is currently identifying specific recommendations on diabetes management for NSW. They are closely monitoring developments within the National Health and Hospitals Network to ascertain what impact it will have on diabetes management in NSW.

## Mental Health

The Mental Health and Diabetes Working Group have had an overwhelming response to the cardiometabolic health workshops on 1 June 2010 at Concord Repatriation Hospital. The target audience for the workshop were nursing staff and allied health professionals working in mental health. If you are interested in attending a future workshop, please look out for flyers announcing the date and venue.

The Network will be expanding to include a working group on Gestational Diabetes and Diabetes in Pregnancy. The group will partner with Diabetes Australia NSW to assist with follow up reporting of gestational diabetes.

## WORKSHOP

A Diabetic Foot Complications Assessment and Treatment Workshop will be held on 25 June 2010 at the Northern Sydney Education Centre at Macquarie Hospital, North Ryde.

The workshop is aimed at General Practitioners and Allied Health Professionals working in diabetes. Further details are available on the ACI Endocrine Network's website:

[www.health.nsw.gov.au/resources/gmct/diabetes/diabetic\\_foot\\_pdf.asp](http://www.health.nsw.gov.au/resources/gmct/diabetes/diabetic_foot_pdf.asp)

## Inpatient Hyperglycaemia

The draft NSW Subcutaneous Chart is currently awaiting advice from the Medication Safety Expert Advisory Committee (MSEAC) at NSW Health. The Inpatient Hyperglycaemia Working Group has corresponded with MSEAC about potential pilot sites that have been identified and that would be suitable. The Working Group will be working closely with NSW Health on education, implementation and evaluation once the chart has been endorsed.

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## Hepatitis C Clinical Governance Forum

In December 2008 the NSW Department of Health and the ACI Gastroenterology Network jointly convened the inaugural Hepatitis C Clinical Governance Forum. Having committed to the key findings and recommendations of the Review of Hepatitis C Treatment and Care Services (2008) which include a state-wide target to double the number of people on antiviral treatment by 2012, it is timely to convene a second Forum to:

- review collective achievements and the significant progress made in the public health response to hepatitis C
- consider the challenges ahead and explore strategies to address these challenges to achieve the recommendations identified in the Review

The Hepatitis C Clinical Governance Forum will take place on 26 July 2010. To inform the development of the Forum Program, a survey will be sent to all stakeholders involved in hepatitis C treatment and care.

## SURGICAL FUTURES - ENDOSCOPY

NSW Health's Surgery Futures Project seeks to develop a comprehensive plan for public sector surgery, both planned and acute, in the greater Sydney region including Illawarra and Central Coast for the next 5-10 years.

The scope of the project includes, surgical procedures undertaken in theatres and also those interventional procedures performed outside of theatre environments such as endoscopy, in particular endoscopic ultrasound (EUS) and Endoscopic Retrograde Cholangiopancreatography (ERCP).

NSW Health would appreciate clinician feedback on their ability to deliver service in the procedural environment over the next 5-10 years, especially in the context of changing technologies, workforce, practice and patient demographics. A workshop has been scheduled for Saturday 7 August 2010, where information will be provided to participants on possible scenarios for surgery in the future.

To provide feedback, please visit: [www.archi.net.au/e-library/delivery/surgery/surgery-futures](http://www.archi.net.au/e-library/delivery/surgery/surgery-futures) or contact the Gastroenterology Network Manager on email: [csmith@nscchahs.health.nsw.gov.au](mailto:csmith@nscchahs.health.nsw.gov.au)

## Registrar Recruitment for 2011 Clinical Year

Recruitment for second and third year gastroenterology training positions will commence on Monday 14 June 2010. Applications close on Friday 25 June 2010 and interviews will be held at the RACP, Philip St, Sydney on 1 July 2010.

For more information on the recruitment process, please contact the Network Manager.

## Endoscopy Information System

The contract negotiations are almost complete for the Endoscopy Information System (EIS) which will provide NSW public hospitals with an endoscopy reporting tool. Further details will be provided in next month's newsletter.

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**ANNUAL GYNAECOLOGICAL ONCOLOGY NURSE SEMINAR**

Pictured: Josh Cohen and Michele Carey. Photo: L Prudom

The ACI Gynaecological Oncology Nurse Seminar was held on Friday 21 May 2010 at the Royal Prince Alfred Hospital.

This year's theme, 'Advances in Gynaecological Cancer' included topics addressing expansion of the nurse's role, new surgical procedures, latest research and fertility preservation.

This annual seminar for nurses has been running successfully for many years. This year's meeting attracted 129 participants, 28% were from rural or regional NSW and were subsidised to attend. Four nurses came from other states. Feedback from nurses outside the specialty of gynaecological cancer reflected their appreciation for the educational opportunity which they would not otherwise receive.

**Change of Network Manager**

Liz Prudom will take over from Annie Hutton as the Network Manager of the ACI Gynaecological Oncology Network. Annie will manage the ACI's two Medical Imaging Networks – Radiology and Nuclear Medicine.

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**INFORMATION AND COMMUNICATIONS TECHNOLOGY**

The Information and Communications Technology (ICT) focus continues to be on preparing for the ACI's move to Chatswood, with the following activities well underway:

- Infrastructure and applications design
- Data migration and risk management plans
- Budgeting and equipment and software renewal
- Identification of software to be retired and replaced with new systems

- Development of training content for new applications
- Identification and documentation of the Standard Operating Environment
- Maintenance of the project management plan and gantt chart.

Other ICT initiatives that are scheduled or have commenced include:

- Migration of workgroup business systems from MS Access to MS SQL Server
- Development of business cases for system

upgrades and enhancements

- Identifying and correcting errors in data collection and aggregation systems
- Selecting replacement hardware and software
- Onsite support for network managers updating websites, databases and custom applications

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**WORK PLAN PROGRESS**

Progress continues on the main items of the Musculoskeletal Network work plan.

- Development of a model of care for people with or at high risk of osteoporosis. This model includes a funding model and is in line with the NHMRC endorsed RACGP guidelines for the prevention and treatment of osteoporosis for postmenopausal women and older men.
- The Network is currently developing some case histories on patient presentations with suspected osteoporosis in collaboration with the Institute for Medical Education and Training. These will be used to help junior doctors understand the necessary

considerations when they see people who present with falls, minimal trauma fractures or other symptoms that may raise concern of the possibility of osteoporosis.

- Work on understanding the patient experience of those who require elective joint replacement continues. Embedded in this is collaborating with colleagues at the NSW Department of Health to ensure waiting lists reflect reality and identifying ways in which we can all help gain the most from our orthopaedic funding.
- Development of a model of care for children and their families who live with rheumatoid disease of childhood.
- In the near future you will hopefully hear of the Network's 'communication' plan.

This one pager will be a quarterly update on musculoskeletal care across all settings and will highlight educational opportunities that arise.

In March 2010 the Musculoskeletal Network presented a poster at the inaugural Australasian Network to Network conference in Melbourne. The conference gave the Network exposure to other work being undertaken in other States and Territories, with opportunity to collaborate.

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## Neurosurgical Nurses Professional Development Scholarship Annual Conference

A reminder to all that the date for the annual Neurosurgical Nurses' Professional Development Scholarship (NNPDS) conference is rapidly approaching. Registration for the conference starts at 07.30 am on Friday 11 June 2010 at the Amora Hotel Jamison, 11 Jamison Street, Sydney. The predominant themes of the conference include neuro-trauma and ethics.

Keynote speaker, Jeffery Rosenfeld is the Head, Department of Surgery, Central and Eastern Clinical School, Monash University, and Director, Department of Neurosurgery, Alfred Hospital and Monash University. For his seminal research into neural transplantation in 1992 he was awarded The Syme Medal and Syme Professorship of the Royal College of Surgeons of Edinburgh. James Syme (1799-1870) was a leading Surgeon of his day and an enthusiastic teacher and surgical innovator. He was also the mentor of Joseph Lister. The Syme Medal is a prestigious mark of excellence awarded by the College to a Fellow or Member of the College in good standing, on the basis of a recently submitted thesis (MD or PhD), or published body of research, or educational

development. He was awarded a King James IV Professorship in 2002 of the Royal College of Surgeons Edinburgh for hypothalamic hamartoma surgery in children with gelastic epilepsy.

Jeffery Rosenfeld specialises in cerebrovascular surgery including aneurysms, anterior venous malformations, brain tumour and skull base surgery, minimal access and neuro-endoscopic surgery. He is an instructor on the Definitive Surgery for Trauma Course, and has instructed on the Early Management of Severe Trauma course.

## Allied Health Clinical Day

The Neurosurgery Network Allied Health Scholarship Committee is pleased to confirm Friday, 10 September 2010 as the date of the first professional development day convened by the committee. The draft program is being finalised and the venue has been confirmed. A save-the-date flyer with all information will be distributed to all Area Health Services in the next fortnight.

## SURGERY FUTURES PROJECT

Donald MacLellan, Statewide Programme Director of Surgery and Head of the Surgery Futures Project will be addressing the Network Executive at the next scheduled meeting on Wednesday 9 June, 2010.

Donald is heading a collaborative of clinical and non-clinical service providers that is endeavouring to improve the delivery of surgical services by embracing advances in surgery using existing surgical infrastructure and skills. The Network Executive welcomes the opportunity to contribute to the project and wishes to thank Donald for acknowledging the combined expertise offered by the ACI Neurosurgery Network.

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## RADIOPHARMACEUTICAL SCIENTIST SHORTAGE

The ACI Nuclear Medicine Committee has identified that a shortage of Radiopharmaceutical Scientists, also known as Radiochemists, in NSW and nationally will begin to impede advances in Nuclear Medicine in the near future.

Radiopharmaceutical science is an area of enormous growth potential, witnessed by the increase in number of scientific papers presented at recent national and international conferences. In particular, there is enormous opportunity to develop and implement radionuclide therapies which can specifically target and treat certain cancer cells. In addition, the introduction of hospital-based cyclotrons will dramatically increase the range of functional-imaging capabilities. Both of these activities rely on the knowledge and skills of the radiopharmaceutical scientist.

The 1970s cohort of radiochemists retired in the 1990s and the majority of the current incumbents are aged over 55 years of age and therefore close to retirement. There are only seven in public hospitals in NSW including three

at the PET centre at the Royal Prince Alfred Hospital.

The role of the radiopharmaceutical scientist includes, but is not limited to:

- Manufacture of pharmaceuticals for labelling with a radioactive tracer
- Preparation of radiopharmaceuticals for imaging
- Preparation of cyclotron-produced radiopharmaceuticals
- Preparation of therapeutic radiopharmaceuticals
- Labelling of autologous cells for imaging studies
- Research
- Commercial production or dispensing, legislative impact, regulatory affairs

Measures are being undertaken to 'save the species' but more needs to be done. These measures include:

- Accreditation: Radiochemists have applied to, and been accepted by, the Australian College of Physical Scientists and Engineers in Medicine (ACPSEM) to implement an accreditation process
- Postgraduate training: a Master of Radiopharmaceutical Science degree will begin at the Macquarie University in 2011. This is an 18 month full time course
- Mentored work placement: several private companies have offered to sponsor students from the Masters course which should encourage more students

The ACI Nuclear Medicine Committee has agreed to initiate discussions with the NSW Department of Health and to work together to 'preserve' this professional group.

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## Nutrition in Hospitals

The next meeting of the ACI Nutrition In Hospitals Group will take place on Tuesday 13 July 2010 from 4-6pm at ACI, Macquarie Hospital, North Ryde. For further details and to RSVP, please contact the Nutrition Network Manager.

Please note the changes to the meeting dates for the remainder of 2010:

- Tuesday 31 August 2010 from 4-6pm at Macquarie Hospital, North Ryde
- Tuesday 9 November 2010 from 4-6pm at Macquarie Hospital, North Ryde

## Nutrition in Hospitals Forum

The ACI, in partnership with the Caring Together Project, is organising a Nutrition in Hospitals Forum on 12 August 2010 at the Westmead Hospital Education Centre. The purpose of the forum is to showcase initiatives to improve nutritional care in NSW hospitals. Two workshops are planned to discuss the practicalities of implementing volunteer feeding programs and protected mealtimes.

The Nutrition in Hospitals forum is open to all NSW Health employees and is free. Please contact the Nutrition Network Manager to register your interest in attending or videoconferencing to this event.

In this newsletter and upcoming newsletters we will showcase some of the initiatives to improve the nutritional care of patients in NSW Hospitals.

## Home Enteral Nutrition

A business case for a proposed NSW HEN service has been submitted to NSW Health for consideration. The business case outlines clinical care, administration and funding options for HEN. Stay tuned.

Thank you to Shannon Meiklejohn, past HEN Project Officer for her contribution in developing the HEN business case.

## Progress on Therapeutic Diet Specifications

Thank you to Peter Williams, Associate Professor Nutrition and Dietetics, University of Wollongong and the reference group who have drafted and reviewed over 65 therapeutic diet specifications.

The following diet groups are available for comment: general diets, dysphagia, diabetes, diets supporting patient consumption, allergy, drug interactions, energy and fat. Work continues on the remaining diet groups. The opportunity to provide comments to the Therapeutic Diet Specifications Reference Group ends on 30 June 2010. For further details see: [www.health.nsw.gov.au/gmct/hen/nutrition\\_index.asp](http://www.health.nsw.gov.au/gmct/hen/nutrition_index.asp)

## Nutrition and Food Committee

The Network is assisting the NSW Health Food and Nutrition Committee and Kerry Chant, NSW Chief Health Officer on a range of projects, including the development of a policy framework on Nutritional Care.

The NSW Chief Health Officer thanked the ACI Nutrition in Hospitals Group for their contribution, at a recent meeting of the Committee on 18 May 2010.

Once agreed, the framework will detail mandatory requirements for the provision of nutritional care in facilities across the NSW health system. The Committee has started work on strategies and key performance indicators to assist monitoring and implementation of the framework policy.

## PROGRESS ON NUTRITION CRITERION FOR EQUIP STANDARDS

The Australian Council for Healthcare Standards (ACHS) have agreed to include the Nutrition Care Criterion into the EQulP 5 standards, due for implementation January 2011.

The Nutrition Care Criterion will be recommended to the ACHS Board as a 'mainstream' criterion. If agreed this would mean that organisations would have to immediately implement the requirements of the criterion. The ACI has recently chaired a group of experts across Australia to develop nutrition guidelines that describe how facilities can meet the criterion.

## GASTROSTOMY INFORMATION AND SUPPORT SOCIETY

GISS NSW is a support group for people with gastrostomies and their carers. The next meeting is on Wednesday 9 June 2010 from 10:30-12:30PM at St George Hospital Education Centre, Kogarah.

Irena Martincich, nutrition support nurse from St George Hospital will present "Taking the stress out of tubes". This is opportunity for people with gastrostomies and their carers to share their experiences. The flyer is available from <http://www.health.nsw.gov.au/gmct/events.asp>

## SESIAHS Southern Network Assistance Opening Packaging Program

The 'Assistance Opening Packaging' program aims to help patients who need assistance with opening food packages. Nutrition Assistants screen all new patients and ask them if they require help opening food packages. Those patients requiring help are flagged by a coloured paper slip which is placed on the meal tray. When food service staff deliver the meal tray, they assist in opening packages as necessary. A guide has been developed for food service staff to indicate which items on the tray should be opened.

The program has now been operating in most of the South Eastern Sydney and Illawarra Area

Health Service's Southern Network Hospitals since May 2009.

Approximately 13% of acute care patients and 28% of patients in a Rehabilitation or Aged Care setting are requesting assistance to open food packaging. Food service staff and nutrition assistants see this as an important part of their role. No significant impacts on workload or time flow have been reported by Nutrition Assistants and meal delivery staff. Evaluation of the program indicates high patient satisfaction.

For further information on this initiative contact: Corinne Cox, Health Support Services on Email: [Corinne.Cox@hss.health.nsw.gov.au](mailto:Corinne.Cox@hss.health.nsw.gov.au)



Pictured: Patient Reginald White receiving help from Food Service Assistant Debbie Stevenson.

Photo: L Ware

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### ORTHOPTIC STANDING COMMITTEE

The ACI Statewide Ophthalmology Service (SOS) Orthoptic Standing Committee met in May 2010. Progress was reported on the EYEPLAYSAFE project and the activities of the Stroke and Visual Defect Working Group.

### EYEPLAYSAFE project

The EYEPLAYSAFE project steering committee held its first meeting on 6 May 2010.

The development phase is well under way at the Centre for Learning Innovation (CLI), a business unit of the Department of Education and Training, with project milestones being successfully met. All content to be included in EYEPLAYSAFE has been provided to CLI who have developed a detailed brief of the project. EYEPLAYSAFE will:

- be a web resource with an attached 'smart notebook' file to be used on the interactive whiteboard (IAWB)
- have a 'splash page' which is a front webpage for entry to five interactive activities from a central image
- have five text based links along the bottom of the page i.e. teaching notes, interactive

whiteboard activities, community notes, parent fact sheets and information sites to see about basic first aid

- provide an interactive story for the IAWB activity. A story about an eye injury is told with associated choices and integrated discussion points for the students and teachers

CLI presented the 'proof of concept' at the second steering committee meeting on Thursday 27 May 2010. This involved a presentation of a portion of the resource including the look, feel, colour and animation as well as an overview of the framework of the webpage/IAWB story book. Full production will commence with sign off of the 'proof of concept'.

The project officer has started planning for issues such as web hosting, obtaining a domain name, launch of and publicity for EYEPLAYSAFE, ethics, evaluation and subsequent journal publication.

### Stroke and Visual Defects Working Group

Orthoptic students and an Orthoptist in a clinical setting will trial the draft 'Vision Screening/ Surveillance Tool' to determine completion time. Discussion is underway about the methodology to be used to test the validity of the tool for identification of ocular conditions and the process to introduce it into Stroke Units for use by medical, nursing and allied health stroke clinicians.

### HIGH COST DRUG WORKING PARTY

The working group met with NSW Health Inter-Government Funding and Strategies Branch on 12 May 2010 to progress issues surrounding the provision of Ranibizumab (Lucentis) to public hospital out patients with age-related macular degeneration (AMD). Discussion included:

- Federal Health Reform and whether the proposed funding model will have any benefit for this group of patients
- Working with Clinical Services Redesign Program, NSW Health to develop a model of care for AMD patients at Sydney/Sydney Eye Hospital (SSEH)
- Medico-legal issues in particular clinician indemnity



## EYE EMERGENCY CLINICIAN EDUCATION WORKSHOPS 2010

In the first half of 2010, SOS Eye Emergency Clinician Education workshops have been provided in Broken Hill, Gosford/Wyong and Canberra as well as in metropolitan Sydney, one at Justice Health and two at SSEH. The first 'Train the Trainer' workshop with ten participants was presented on 28 May 2010 at SSEH.

Workshops in 2010 have been very popular with places remaining only for the Wagga Wagga workshop scheduled for Friday 23 July 2010 and SSEH on 22 October 2010.

The workshop schedule for 2010 and registration form is available on: [www.health.nsw.gov.au/gmct/events.asp](http://www.health.nsw.gov.au/gmct/events.asp)

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Clinical Network Report

## PAIN MANAGEMENT

Co-Chairs: Paul Wrigley and Chris Hayes

The ACI Pain Management Network held its second Interim Executive meeting on Monday 17 May 2010.

This meeting focussed on priority setting for the Network over the next 12 months. It was agreed that the initial focus would be on chronic pain.

However members of the Executive recognised that there are issues in acute pain and cancer pain which need to be addressed.

The proposed priorities of the Network which are in line with the priorities set out in the Pain Summit ([www.painsummit.org.au](http://www.painsummit.org.au)), include the development of a model of care to encompass community care, primary care and tertiary care, triage of patients, waiting lists, rural access to

services and education of both clinicians and the community.

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Clinical Network Report

## RADIOLOGY

Co-Chairs: Richard Waugh and Margaret Allen

The second Radiology Education evening was held on 18 May 2010 at the Kerry Packer Auditorium, Royal Prince Alfred Hospital.

Three excellent presentations on thought-provoking topics were provided including 'Radiology Behind Bars' from Kathrin King of Justice Health, 'Allegations of Assault in Radiology' by Lara Realph from Liverpool Hospital and 'Cardiac CT for Nurses and Radiographers' by Sam McCormack from RPAH.

The inaugural Registrar Presentation Competition included six excellent scientific papers presented by registrars chosen by the

expert judging panel. Richard Waugh thanked the panel, chaired by Suzanne Anderson, Notre Dame University, who was joined by three Radiologists from NSW public hospitals, Daniel Moses, Lavier Gomes and Tony Peduto. The audience of around 50 clinicians witnessed the presentations, which were all of a very high standard.

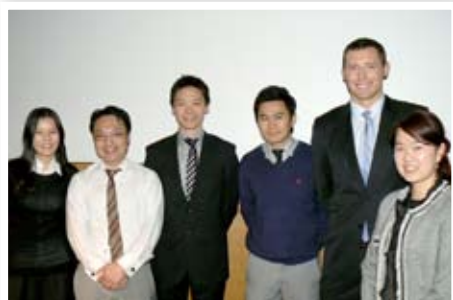
The panel deliberated while the last speaker, Warwick Lee, Radiologist, BreastScreen NSW, provided an interesting update on 'False Negative Assessments at BreastScreen NSW'.

The winner of the Registrar Presentation Competition for 2010 was Jonathan Ho from Westmead Hospital who presented 'Incidence, Severity and Risk Factors of

Immediate Reactions to Intravenous Non-ionic Iodinated Contrast in Computed Tomography: An Australian Experience'. Jonathan was presented with a certificate on the night and will receive a prize from the NSW Branch of the Royal Australian and New Zealand College of Radiologists (RANZCR). Congratulations Jonathan!

Next year, all branches of RANZCR will compete in the competition with the winner from each state advancing to a national competition.

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Pictured: Sheila Cheng, Colin Chong, Jonathan Ho, Tony Lu, John Vedelago and Lily Wang.  
Photo: A Hutton



Pictured: Jonathan Ho receives his prize from Suzanne Anderson. Photo: A Hutton



Pictured: The judging panel Lavier Gomes, Suzanne Anderson, Daniel Moses and Tony Peduto.  
Photo: A Hutton

## Governance Model for Live Donor Nephrectomy Procedures in NSW

NSW Department of Health's Quality and Safety Branch has sought input from the ACI Renal Transplant Working Group (TWG) to guide implementation of the recommendations in the 2008 Report from the NSW Live-Donor Nephrectomy Working Party.

Representing the TWG, Henry Pleass, Transplant Surgeon, Westmead Hospital and Stella McGinn, Renal Physician, Royal North Shore Hospital, met with Deborah Hyland, Director of the Quality and Safety Branch and Jeremy Chapman, Chair of the Clinical Advisory Committee of the NSW Organ and Tissue Donation Agency in May 2010.

The discussions produced a workable model to manage the safety and quality of care of live-donor nephrectomy procedures, and the resulting advice has been formally provided by TWG to the NSW Department of Health. The response from the TWG builds on the recommendations from the 2008 Report, and makes use of pre-existing standards, reporting systems and committees.

The TWG has representation from all transplanting units in NSW, and is well-placed to provide such guidance with agreement from all units.

## HAEMODIALYSIS ENDORSED ENROLLED NURSES STRATEGY

The Renal Network has been working with NSW TAFE to develop renal modules for inclusion in an Advanced Diploma for endorsed enrolled nurses (EENs). Twelve haemodialysis EENs are now enrolled in the course, which commenced in May 2010. The program is delivered on-line with occasional face-to-face workshops, and the participants are located in metropolitan, rural and remote locations across NSW. Special

arrangements have been made with the NSW Health Nursing and Midwifery Office (NaMO) so that all participants have access to scholarships from NSW Health.

Members of the Network met with the NSW Health NaMO in May 2010 to discuss further development of an EEN strategy for haemodialysis care.

## 'Between the Flags' in Dialysis Units

Dialysis nurses have raised concerns about the mandated criteria for implementation of this statewide program, because the out-of-range criteria commonly occur in dialysis and are managed accordingly. Discussions at the Network's Dialysis Working Group meetings in February and in May 2010 identified that many dialysis units have negotiated dialysis-specific out-of-range criteria with their Area Health Service. The information was circulated to assist others.

## 2010 NSW Dialysis Capacity Audit

The ACI Renal Network would like to thank all renal units in NSW for providing data for the 2010 dialysis capacity audit.

The audit has now been completed and the data will be analysed for inclusion in a report being prepared by Paul Snelling, Renal Physician, Royal Prince Alfred Hospital, and the Renal Network Manager. This year's audit has collected data for 73 dialysis units across NSW, including the seven private units.

The information identified in the report will be valuable for assisting Area Health Services and the NSW Department of Health in planning initiatives to manage increasing demand for dialysis services across NSW.

## DIARY DATE

NSW Renal Physicians' Group met recently on 3 June 2010. The next meeting will be Friday 20 August 2010, at the Intercontinental Hotel, Sydney.

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## Best-Practice Tool

The ACI Respiratory Network is exploring the Map of Medicine; an online, evidence-based clinical tool. The Map assists clinicians and clinical teams to deliver best practice healthcare by providing a visual representation of protocol-driven pathways.

Protocols and pathways may be adapted by local clinical teams to suit their local healthcare setting. Healthcare communities looking to redesign services to meet additional demands can use the Map of Medicine care pathways

as a starting point for clinician-led service improvement. Alternatively, following agreement on how their particular challenges will be met, local clinical groups can adapt care pathways to reflect service design decisions.

Locally adapted pathways on the Map can be made visible across organisations, allowing local innovations to be shared quickly.

Patient access to Map of Medicine 'Healthguides' allow patients to view pathways, self-educate through direct access to patient information sheets, and engage with care providers about their care.

The Map is being discussed within the Network in terms of its potential to assist generalist clinicians in rural and regional NSW to manage patients with complex conditions. Consideration is being given to establishing a pilot project in a number of non-metropolitan settings in NSW to trial a small number of common protocols such as chronic obstructive pulmonary disease (COPD), heart failure, diabetes and osteoporosis.

To date there are over 300 protocols and pathways developed for common diseases and clinical management processes. Twenty pathways, including COPD, asthma and

## RESPIRATORY (CONT'D)

smoking cessation, are freely available at the website of the NHS Institute for Innovation and Improvement: [nhsevidence.mapofmedicine.com/evidence/map-open/index.html](http://nhsevidence.mapofmedicine.com/evidence/map-open/index.html)

Further information may be obtained from the

Map of Medicine website:  
[www.mapofmedicine.com/](http://www.mapofmedicine.com/)

Clinical teams interested in participating in a pilot of the Map of Medicine pathways should contact the Respiratory Network Manager.

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Clinical Network Report

## STATEWIDE BURN INJURY

Co-Chairs: John Harvey  
& Diane Elfleet

### BURN EDUCATION SESSIONS



The ACI Statewide Burn Injury Service held a successful two day Burns Rehabilitation Management education series at the Royal Rehabilitation Centre Sydney on 6-7 May 2010 to support implementation of its model of care.

Sixty seven clinicians from across NSW and Australia represented multidisciplinary

backgrounds including allied health, nursing and medical.

Presenters included burns specialists from the two adult acute burn units at Royal North Shore and Concord Hospitals as well as from the Royal Rehabilitation Centre Sydney. Highlights included practical interactive sessions with burn survivors. Special thanks go to Mohini Sharma, Robert Rowden and Stuart Newberry for volunteering their time and unique experience from a patient perspective to the series. Their

contribution to the educational outcomes of the course was outstanding.

The evaluation from participants was overwhelmingly positive with comments such as:

- "Fantastic MDT (multidisciplinary team) overview provided with great coverage of information by very enthusiastic and unbelievably knowledgeable presenters"
- "One of the best courses I've attended each and every session had something to offer that you could take away"
- "It is always a privilege when survivors share their stories; it provides a great insight into their personal experience"
- "All three patients are wonderful and their time and braveness appreciated"

The evaluations have also highlighted potential demand for a higher level 'experts' course to be run in addition to this two day series.

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Clinical Network Report

## SPINAL CORD INJURY

Co-Chairs: James Middleton and Jenni Johnson

### Consumer Education Day

In 2009 the Spinal Outreach Service partnered with ParaQuad NSW and Spinal Cord Injuries Australia (SCIA) to conduct two consumer focus groups on community participation and health education. As a result of this feedback the ACI State Spinal Cord Injury Service held its first consumer education event in Goonellabah on the 13 May 2010. A total of 17 consumers and five carers attended and provided positive feedback on completion of the day. The day was rated a success by all those present, including consumers, carers, presenters and organisers.

The day was divided into two parts. The morning session was devoted to information sessions

provided by the Spinal Outreach Service medical, nursing and allied health staff. The topics for presentation were selected from the expressed areas of interest in the focus groups and were centred on health maintenance and community participation. Lunch time provided an opportunity for consumers and carers to network.

After lunch consumers and carers visited a number of information stations manned by the local service providers, sponsors, the Spinal Outreach Service, ParaQuad NSW and SCIA staff. A wide range of organisations participated in the post-lunch session, including



Pictured: Jennifer Greenaway, Linda Vick, Maureen Clare, Julie Halversen, Glennis Garrity, Ander Halversen, Rainer Glasker, Lee Welch, Lynnda Arthur, Brian Hayden. Photo: K Twyford



## SPINAL CORD INJURY (CONT'D)

Community Options who sponsored the lunch, Northern Rivers Surgical Support, Centrelink, Commonwealth Carer Respite, Community Transport, Goonellabah Sports and Aquatic Centre, SCIA Peer Support Services and TAFE. One of our consumers displayed the modifications he had made to his van.

Similar events are planned for this year in Tamworth, Dubbo and Wagga. For further information on the clinics, clinical and consumer education programs please contact the Rural Spinal Cord Injury (SCI) Service Manager on (02) 9808 9665 or email [rscis@royalrehab.com.au](mailto:rscis@royalrehab.com.au)



Pictured: Eileen Van Dijk, Social Worker, SOS, Jason Wright, client and Al Chaplin, Centrelink. Photo: K Twyford



Pictured: Lynda Arthur, Occupational Therapist, SOS, Therese Powell, Physiotherapist, SOS, Jason Wright, client and Meaghan Dennis, Carer. Photo: K Twyford

## Research Update - Building Family Resilience After Traumatic Injury

Lifetime Care and Support Authority (LTCSA) provided two years funding to Grahame Simpson, Liverpool Hospital Brain Injury Rehabilitation Unit and Rehabilitation Studies Unit, to undertake a project piloting a psycho-educational program that aims to build resilience after traumatic injury. The project which started approximately 18 months ago, is examining the possibility of building resilience among family members supporting relatives with SCI and traumatic brain injury (TBI). The project team involves social workers from key spinal injuries and brain injury rehabilitation services around NSW.

Using results from a series of focus groups, an empirical study and literature review, the project team has developed a five-session program titled 'Strength 2 Strength'. The 10 hour program comprises the following topics: 'Telling your Story', 'Active Coping', 'Staying on Top', 'Regaining some balance' and 'Staying Connected'. Early feedback indicates that the program materials are equally applicable to both SCI and TBI, and to both inpatient and community settings. An abbreviated five hour version of the program has also been devised for use with tele-groups and one-day rural SCI

clinics. The program is currently being evaluated in a controlled non-randomised clinical trial.

For further information on this project please contact Grahame Simpson by email [Grahame.Simpson@sswahs.nsw.gov.au](mailto:Grahame.Simpson@sswahs.nsw.gov.au)

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Clinical Network Report

## STROKE SERVICES

Co-Chairs: Michael Pollack and Pip Galland

## POWERFUL VOICE FOR STROKE RETIRES



Pictured: Joanne Prendergast, Susan Day, Geoff Herkes, Cate Storey, Sue Shilbury and Matthew Daly. Photo: M Kelly

One hundred guests gathered at NSW Government House on 20 April 2010 to celebrate the retirement of Cate Storey, Clinical Associate Professor, University of Sydney. Cate has been a powerful advocate for patients who suffer from stroke and for their carers.

Joining Royal North Shore Hospital (RNSH) in 1971, Cate undertook to develop inpatient stroke services and in 2003 was appointed the Director of Stroke Services, Northern Sydney. The RNSH Stroke Unit in collaboration with neuroradiology continues at the cutting edge of neuro-intervention techniques.

Cate co-chaired the Stroke Network from 2007-2008. During this time stroke clinicians were encouraged to embrace new technologies such as telemedicine to improve equity of care across metropolitan and rural NSW.

In 2008, Cate was appointed as the inaugural Director of the Northern Sydney Central Coast Area Health

Service Neurosciences Network. As a pioneer for women in Neurology in Australia, she was a strong supporter of women in Medicine. Cate has been the Chair of the Women in Neurology Committee of the Australian Association of Neurologists since 2004, and has been an active participant in the Australian Medical Association's Mentor program since 2002.

Cate has been an enthusiastic and highly respected teacher of medical students, neurology trainees, general practitioners and allied health practitioners, and has initiated a program of annual seminars directed towards stroke survivors and their carers and family. We wish Cate a healthy and relaxing retirement.

## Bathurst and Orange Stroke Education Activities

Fiona Ryan, Rural Stroke Coordinator successfully coordinated in-hospital education at Bathurst and Orange and an update in stroke management educational evening for GPs and Bathurst Hospital medical staff over a two day period from 18-19 May 2010.

The events were supported by an unrestricted educational grant provided by sanofi aventis.

The in-hospital education was provided by Myra Drummond, Acting Area Stroke Clinical Nurse Consultant, Sydney South West Area Health Service and Nadia Schweizer, Stroke Clinical Nurse Consultant, Royal Prince Alfred Hospital.

At the educational evening Paula Kavalieros, Stroke Research Fellow, provided an overview of thrombolysis and the future of stroke management and Ray Parkin, Cardiologist, discussed primary cardiovascular management.



Pictured: Fiona Ryan, Nadia Schweizer, Ray Parkin, Paula Kavalieros and Myra Drummond.  
Photo: M Longworth



Pictured: Fiona Ryan, Nadia Schweizer, Ray Parkin, Paula Kavalieros and Myra Drummond.  
Photo: M Longworth

## RUSH Conference

One hundred and eighty delegates attended the Rural Update Stroke and Heart (RUSH) conference at the University of Rural Health, Tamworth Rural Referral Hospital.

Coordinated by Rachel Peake, Rural Stroke Coordinator and a very committed team of clinicians and clerical staff the conference utilised a format of didactic lectures and concurrent rotating sessions. The conference achieved a balance between many aspects of cardiovascular disease including a focus on commonalities between heart disease and stroke, aortic valve surgery and what is new in cardio thoracic surgery plus cardiovascular disease and the Aboriginal population

Invited key note speakers from across NSW added to the program by discussing findings from a pilot project for rural and remote indigenous populations in Broken Hill NSW that was undertaken by the NSW Heart Foundation

in collaboration with Ambulance Service NSW, NSW Health and Greater Western Area Health Service. A talk on sex and other issues post-cardiovascular event was presented by neurologist James Hughes.

The concurrent sessions addressed seven areas of cardiovascular management including Automatic Implantable Cardioverter-Defibrillators and pacemakers: what patients need to know and also 'Our Kitchen Rules' a functional multi disciplinary team approach to stroke recovery.

Following the conference an educational forum for GP's, Ambulance Service NSW officers, health administrators and pharmacists was undertaken based on a café style approach. The café style meant that lead cardiac and stroke clinicians utilising a generic patient journey were able to discuss their specialised areas of knowledge with the clinicians rotating via their table. Rachel Peake and colleagues coordinated the evening that was supported by an unrestricted educational grant from sanofi aventis.



Pictured: Rachel Peake, Neville Sampson and Peter Brady. Photo: M Longworth



Pictured: Cate Ferry and Dawn McIvor. Photo: M Longworth



Pictured: Christine Bruntsch, James Hughes, Gillian Rowling and Alison Gould. Photo: R Peake



## News From the Stroke Services

The National Stroke Foundation has announced the NSW hospitals that have been successful in competing to implement the StrokeConnect program. Prince of Wales, Campbelltown, Wagga Wagga and St George Hospital were selected. The ACI Stroke Network also acknowledges Wyong and Port Macquarie Hospitals and Royal Rehabilitation Centre Sydney for completing expressions of interest to undertake the

program. Limited funding for this phase of the project has not permitted their inclusion in the program.

Congratulations to Dominique Cadilhac, Manager, Public Health National Stroke Research Institute on receiving a \$2000 grant from the Network to attend the European Stroke Conference in Barcelona, Spain. Dominique will be presenting a paper entitled, 'The

metropolitan-rural divide for stroke outcomes and the impact of stroke units' on behalf of the ACI Stroke Network.

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## TRANSITION CARE

Co-Chair: Sue Towns



### Brain Injury Transition Toolkit Available On-line

The manual 'The Next step: Transition from Children's Services to the Adult World' is now available on the website of the Liverpool Brain Injury Unit and the ACI Brain Injury Rehabilitation Directorate (BIRD). For further details see: [www.tbistafftraining.info](http://www.tbistafftraining.info)

### Botox Services

A directory of facilities and clinicians providing botox therapy for adults with spasticity is currently being compiled by the Transition Care Coordinators. Regional differences in eligibility criteria, waiting times and availability of supportive measures such as sedation during procedure have been identified. Clinicians working in this field who would like to assist with this process are encouraged to contact Lif O'Connor, Transition Care Coordinator on 0425 232 128 or email: [lif.oconnor@sesiahs.health.nsw.gov.au](mailto:lif.oconnor@sesiahs.health.nsw.gov.au)

## News from the Eastern and Southern Area.

South Eastern Sydney and Illawarra Area Health Service's (SESIAHS) Disability Action Plan was launched on 5 May 2010 during the Disability and Carers Forum hosted by St. George Hospital. The Plan outlines the actions that need to be taken with SESIAHS in partnership with others, to improve access for people with disabilities and carers to services, programs and facilities. Enhancement to current Transition Care activities is included in Priority 7: 'Providing quality specialist and adapted services where mainstream services are not responsive or adequate to meet the needs of people with a disability'.

## News from the Northern region

It is with great pleasure that the transition team in the Hunter welcomes Carolyn Hodge, Staff Specialist in Developmental and General Paediatrics, John Hunter Children's Hospital. Carolyn has a special interest in Paediatric Rehabilitation Medicine and will be an asset to the many young people requiring rehabilitation services transitioning to adult services in the Hunter New England Area Health Service.

## NEWS FROM THE WESTERN AREA

Patricia Kasengele, ACI Transition Coordinator for the Western Region, was involved in organising and presenting at an information evening titled 'Transition Planning from Child to Adult Health Services' held at the Children's Hospital Westmead (CHW) on 4 May 2010.

Twenty six parents, carers and family members and 15 young people attended. The evening focused on 'life after the Children's Hospital at Westmead'.



Pictured: Mae Rafrat, former CHW patient with Bin Moore, Clinical Nurse Consultant, Growth and Endocrine Services. Photo: P Kasengele



Pictured: Patricia Kasengele presenting at CHW. Photo: P Kasengele



## Nepean Diabetes Transition Service

This month, Rickie Myszka, Clinical Nurse Consultant, Diabetes Transition Coordinator and Kris Park, Senior Staff Endocrinologist and Head, Diabetes and Endocrinology Western Cluster, Sydney West Area Health Service provide an update on a pilot project funded until December 2009 by the ACI's predecessor, the Greater Metropolitan Clinical Taskforce.

The Nepean Diabetes Transition Service pilot program ran from 30 June 2008 until December 2009. The Service has proven to be extremely successful and ongoing part time funding has been provided by Sydney West Area Health Service.

Prior to the establishment of the Transition Service, problems with management of diabetes was the most common reason for medical admission at Nepean Hospital for patients aged 15–25 years, representing 30–40 admissions annually, usually with Diabetic Ketoacidosis (DKA). Like many adult services, the existing diabetes clinics with a focus on Type 2 diabetes, did not meet the particular needs of young adults with diabetes. This resulted in young people falling through the gaps, failing to access appropriate health professionals sometimes for a decade or more following discharge from the paediatric service. Only 42 young adults

were registered and maintained some contact with the Nepean Diabetes Service. Referrals have steadily increased and come from multiple sources including self referral. After 22 months, there has been a 393% increase and 165 young people now attend the clinic.

There has been a fall in patient emergency admissions for DKA from an average of 2.8 per month prior to 2008, to <1/ month between July 2008 to January 2010. A total of 99 after hours calls were received, preventing the potential need for hospital admissions in 38 individuals. HbA1c outcomes appear promising. The after hours on call service provided by the Transition Coordinator continues to be successful providing guidance and advice assisting with sick day management skills which in turn has assisted with minimising DKA admissions to Nepean Hospital.

The Transition Diabetes Service is now recognised by the local community. Young adults who have left the system are now self referring to the centre and General Practitioners are referring more young adults than previously. Outcome data was well received by colleagues at the National Australian Diabetes Educators Association Annual Scientific Meeting in Adelaide last year and updates will be presented at the National Meeting to be held in Sydney in November 2010.

The Nepean team has expressed gratitude to the ACI Transition Care Network for their support during the establishment phase of this vital service.

## Young Persons Clinic Five Year Audit

This month Ulrich Wahl, Dietitian, Young Persons Clinic, Helen Phelan, Clinical Nurse Consultant (CNC), Paediatric Department John Hunter Hospital (JHH) and Glennis Harrison, CNC, Young Persons Clinic Coordinator provide an update on an audit of the Young Persons Clinic.

The Hunter Area Diabetes Services and Paediatric Department, John Hunter Hospital (JHH) have been operating a structured transition service for adolescents with type 1 diabetes since 1990. A retrospective audit of adolescents with type 1 diabetes who were transitioned to the adult service between January 2003 and December 2007 sought to determine the rate at which these patients were being lost to follow up during the transition process. A search of electronic databases held by the paediatric department and the adult service combined with a manual search of patient files determined that of 186 adolescents transitioned by the JHH, 136 went to a specific Young Persons Clinic in the adult service, 31 moved out of the area or were being seen by private practice endocrinologists and 19 were lost to follow up. Regular monthly meetings continue with the Young Peoples Clinic Staff, Helen Phelan and Louise Smith, ACI Transition Co-ordinator, to monitor attendance and assist young people who have not yet linked in to adult services.

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## UROLOGY

Co-Chairs: Andrew Brooks and Janette Williams

### PROSTATE CANCER NURSE PILOT PROGRAM

Following the completion of the Prostate Cancer Nurse Framework and job description, the research component of the proposed pilot program is now under construction in collaboration with a research group from Sydney University.

The working party is also completing a grant proposal for financial assistance with this future project.

### NSW Oncology Group Urology

The ACI Urology Network in collaboration with the Cancer Institute NSW Urological Oncology Group is reviewing guidelines for multidisciplinary teams in urology cancer care. Several Network members have volunteered their time and expertise. Guideline suggestions will be circulated to the Network for advice.

### Commonwealth funding

It is anticipated that there may be further Commonwealth funding for priority surgical equipment in 2010/11. Network members have been active in producing surgical item requests. These have been collated and forwarded to the NSW Department of Health.

### Brachytherapy Uptake at St George Public Hospital

At the recent Network meeting in May 2010, members were informed that thanks to funding from the NSW Department of Health, a total of 45 patients with prostate cancer will have received Low Dose Rate Brachytherapy (LDRB) at St George Hospital in the 2009/10 financial year. In the following 2010/11 financial period there will be incrementally increased funding from the Department which will allow a further 60 patients to receive this treatment. Currently St George Hospital is the NSW state provider of LDRB in the public sector.

## Patient outcomes for Transurethral Resection of Prostate Receiving Antithrombotic Therapy

Site Specific Assessment forms are in process for approval at Royal Prince Alfred, Prince of Wales and Gosford Hospitals. It is anticipated that data collection will shortly commence on the project entitled 'Investigation into patient outcomes for Transurethral Resection of Prostate (TURP) patients receiving antithrombotic therapy'.

## Sax Institute Study

The Sax Institute has submitted a partnership grant application to the NHMRC to support a study entitled 'Improving evidence-based care for advanced prostate cancer, a randomised phased trial of clinical guideline implementation through a clinical network'. If successful the Network will be an active participant in the research. Further information will follow later in the year.

The next Urology Network meeting is on Thursday 12 August 2010 from 7-8.30pm, in Conference Room 1, Macquarie Hospital.

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## SSWAHS COMMUNITY PARTICIPATION

This month Lynda Johnston, Area Manager, Community Participation Unit and Greg Stewart, Director Population Health, Planning and Performance, Sydney South West Area Health Service (SSWAHS) provide an overview of the SSWAHS Community Participation Framework.

The former South Western Sydney Area Health Service (SWSAHS) developed a robust Community Participation Framework in 2002. The value of this Framework was recognised in 2004 with a NSW Health Baxter Award.

In 2005, on amalgamation of SWSAHS and the former Central Sydney Area Health Service (CSAHS), the excellent work previously undertaken in SWSAHS was continued and expanded across the new SSWAHS. Since that time, SSWAHS has gone from strength to strength in its commitment and leadership on consumer and community participation. The original Framework has since been updated twice to reflect arrangements in the new and larger Area. The document is available through the website and is the key policy document that underpins how and why community participation is practiced in SSWAHS.

Local facility community representatives' Networks consist of consumers and community members drawn from the wider community, usually with many community linkages through various personal networks. The local groups feed into an Area-wide structure called the Consumer Community Council (CCC) which reports to the Area Health Advisory Council (AHAC) and the Chief Executive. The CCC meets on a monthly basis with a formal agenda and regular attendance by senior Area staff, including the Chief Executive.

Community representatives are involved in key projects and Area committees such as: the AHAC, Infection Control Committee,

Clinical Council, Clinical Quality Council, Sustainability Committee, Oral Health Consumer Community Council, Cancer Committee, Carers Plan Implementation Group, Disability Plan Implementation Committee and Clinical Redesign Committee. They are also involved in a range of planning committees, such as Community Health, Maternity Services, Drug Health, Obesity and Youth Health.

Examples of local facility-based representation include: Patient Flow Committees; Cancer Therapy Garden projects; Hand Hygiene committee and projects, Patient and Carer Experience surveying, Carers Week, Mental Health committees and projects, patient Feeding, the Australian Council of Health Standards Evaluation and Quality Improvement Program (EQUIP), Ward Grandparents, Multicultural health, Disability and Carer access and signage and building redesign.

During 2006, SSWAHS developed a partnership with the University of NSW School of Public Health and Community Medicine to conduct research and evaluation into the role of community representatives on health service committees. The results of this research have assisted in shaping the approach taken in SSWAHS. A final report is to be launched in mid 2010.

Recent presentations by the Consumer Participation Unit include:

- A paper titled 'Empowering Health Consumers to Plan for Healthy Futures - Consumer Participation and Health Impact Assessments in SSWAHS' to the Consumer Centred Health Care Policy, Innovation and Empowerment National Conference
- A paper titled 'Taking it to the Streets' at the Inaugural International Advance Care Planning Conference
- A paper titled 'Capturing the CALD Experience in Patient Carer interviews' will soon be presented at the Diversity in Health Conference.

For more information visit the SSWAHS Community Participation website at [www.sswahs.nsw.gov.au/sswahs/community/](http://www.sswahs.nsw.gov.au/sswahs/community/) or ring Lynda Johnston, Manager Community Participation Unit on 0408 969 127

**SYDNEY SOUTH WEST**  
AREA HEALTH SERVICE  
NSW HEALTH



Pictured: John and Judy North, SSWAHS consumer representatives, 2009 winners of Harry Collins Award for Excellence in Community and Consumer Participation. Photo: L Johnston



Pictured: Canterbury Hospital Community Representatives Network. Photo: L Johnston



Pictured: Community Representatives, Bowral Hospital. Photo: L Johnston

## Communicating with patients and carers from CALD backgrounds

There are currently few information resources to support clinicians who provide care to patients from culturally and linguistically diverse (CALD) communities affected by stroke. The ACI has set up a steering group to advise how best to engage these communities. This steering group includes representatives from: Ambulance Service of NSW, Australian Chinese Medical Association, Carers NSW, Council on the Aging, GP NSW, individual stroke clinicians, including clinicians from CALD backgrounds, National Stroke Foundation, NSW Area Health Services (Multicultural Health and Carer Support Services), NSW Health Multicultural Health Communication Service and the Stroke Recovery Association NSW.

## WE NEED YOUR FEEDBACK

In order to identify what information should be relayed to CALD communities affected by stroke, and how best to communicate it, the working group is initially conducting a series of surveys from 1 June – 31 July 2010, targeting the following groups:

- **Clinicians:** if you are a clinician (allied health, medical officer or nursing) that works with stroke patients in the NSW health system, then please click on the following online link to participate: [www.surveymonkey.com/s/strokeclinicians](http://www.surveymonkey.com/s/strokeclinicians)
- **Government and NGOs:** If you work for a NSW Area Health Service, NSW Government Department or for a non government organisation that works with NSW CALD communities, then please click on the following online link to participate: [www.surveymonkey.com/s/GovandNGOs](http://www.surveymonkey.com/s/GovandNGOs)
- **General Practitioners:** if you are a GP, then please click on the following online link to participate: [www.surveymonkey.com/s/strokeGP](http://www.surveymonkey.com/s/strokeGP)

The surveys were launched on 1 June 2010 and will remain open until 31 July 2010. Feedback received will help the working group to determine what additional resources would be most useful. To complement the surveys, the working group plans to hold focus groups later with patients affected by stroke and their carers, from existing and emerging CALD communities identified as a priority from the available evidence.

For further information on this initiative, please contact the ACI Communications and Consumer Participation Manager.

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[www.health.nsw.gov.au/gmct/index.asp](http://www.health.nsw.gov.au/gmct/index.asp)

## PATIENTS' PERSPECTIVES ON NSW PUBLIC HOSPITALS



The Bureau of Health Information's first report published on 27 May 2010 focuses on a key recommendation of the Garling inquiry into NSW public hospitals – providing doctors and nurses with information about

what matters to patients so care can improve.

The report, *Insights into Care: Patients' Perspectives on NSW Public Hospitals*, looks closely at the care experiences of patients who spend either a day, or one or more nights, in a public hospital each year.

Diane Watson, Chief Executive of the Bureau of

Health Information said: "Our in-depth analysis includes feedback from over 20,000 patients, treated in NSW public hospitals in 2009. This survey program is the largest of its kind in Australia and includes over 80 questions covering a range of experiences including wait times, use of medication, and admission and discharge procedures."

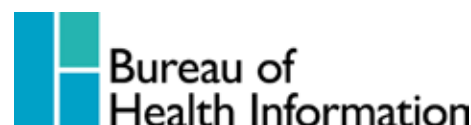
"What matters most to patients is teamwork – how well doctors and nurses work together. Staff teamwork was the factor most likely to influence whether patients viewed their care as excellent or poor. Key care experiences that also matter to patients include courtesy of nurses and admitting staff, being treated with dignity and respect, cleanliness, how well the hospital was organised, and availability of nurses."

"The report provides comparative information across major public hospitals about the key care experiences that matter to patients and a

this gives insights on where health professionals and the system can make improvements," Dr Watson said.

At the conclusion of his inquiry, Peter Garling SC recommended the establishment of the Bureau of Health Information as an independent board-governed organisation that would report on issues of quality and safety for patients in NSW public hospitals.

*Insights into Care* is the Bureau's first report with others to follow quarterly focusing on hospital performance, including emergency and surgical care and an annual report on the performance of the NSW public health system. The report and its related documents are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)



## CONTACT US/ FEEDBACK



**ACI** NSW Agency for Clinical Innovation

The ACI Newsletter *Clinician Connect* is available at: [www.health.nsw.gov.au/gmct.news.asp](http://www.health.nsw.gov.au/gmct.news.asp)

We appreciate hearing your views - please contact:

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## LETTERS TO THE EDITOR

Readers of *Clinician Connect* are invited to submit letters for publication. These can relate to topics of current clinical interest or items published in the ACI newsletter. All Letters to the Editor must have a name, address and telephone number to be used for verification purposes only. The submitter's name, title and organisation will be used in print. No anonymous letters will be printed.

The ACI reserves the right to edit all letters and to reject any and all letters.

Letters should be addressed to:

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