Agency for Clinical Innovation
Gastroenterology Network Meeting
13 November 2010
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<td>Brian Jones, Kate Needham</td>
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**PRESENTATIONS: CO-CHAIRS: JOANNE BENHAMU & BRIAN JONES**

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**10:30 10:50 COFFEE AND REFRESHMENTS**

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**12:20 1.00 LUNCH**
The Agency for Clinical Innovation (ACI), formerly the Greater Metropolitan Clinical Taskforce, is holding a meeting for all clinicians (medical, nursing and allied health) involved in the care of gastroenterology patients across NSW.

The ACI Gastroenterology Network is considered the peak advisory body to NSW Health on gastroenterology services for the purpose of:

(a) Improving public hospital services through clinician and consumer involvement in policy development across greater metropolitan NSW.
(b) Increasing clinician and consumer participation in the governance of gastroenterology.
(c) Enhancing equity of patient access and outcomes.
(d) Optimising quality care and patient safety.
(e) Assisting Area Health Services, where appropriate, in service implementation.
(f) Involving the network in education and research.
(g) Ensuring co-ordination of efforts in the field between the network and other agencies including the Colleges and Societies, the Clinical Excellence Commission (CEC), the Clinical Education and Training Institute (CETI) (formerly IMET), the Cancer Institute NSW, the Rural Health Taskforce, the NSW Department of Health and others as appropriate.

The purpose of meeting is to provide an update on the current activities of the Network, to provide an opportunity for feedback and discussion and to encourage clinician participation in the activities of the Network.
The Agency for Clinical Innovation (ACI), formerly the Greater Metropolitan Clinical Taskforce (GMCT), was established by the NSW government as a board-governed statutory health corporation in January 2010 in direct response to the Special Commission of Inquiry into Acute Care Services in NSW Public hospitals. The ACI drives innovation across the healthcare system by using the expertise of its clinical networks to design, cost and recommend innovative, evidence-based improvements to public health care services in NSW, for implementation on a state-wide basis. The ACI will carry forward the strong engagement and commitment of clinicians and consumers fostered since 2000 by the Greater Metropolitan Services Implementation Group (GMSIG), the Greater Metropolitan Transition Taskforce (GMTT) and the Greater Metropolitan Clinical Taskforce (GMCT). The ACI has 22 clinical networks, of which Gastroenterology is one.

In October 2005, a small group of clinicians was drawn together by Professor Kerry Goulston, then Chair GMCT, and Stephen Nolan to discuss potential issues of concern to those providing care to gastroenterology patients in NSW public hospitals across greater metropolitan Sydney. Over the course of two further meetings which included invited representatives from the Clinical Excellence Commission, NSW Health and the Cancer Institute NSW the group identified topics for further investigation. By the end of March 2006, the Network had elected its own Executive and set up working groups to consider specific issues. In June 2006, this Executive elected Charlie McDonald and Ellie McCann as it’s medical and nursing Co-Chairs, respectively. The Network is now a vibrant entity made up of over 150 clinicians from across NSW. Although progress has been made in some areas, many challenges continue to exist. The first Network annual meeting was held on 21 February 2007 and provided an excellent opportunity to hear updates on the work of the Executive and its working parties and for network members to ask questions and contribute your views.

The Gastroenterology Network Executive is now chaired by Professor Brian Jones, Visiting Gastroenterologist and Ms Joanne Benhamu who is an Endoscopy Clinical Nurse Specialist from Royal North Shore.

**ACI Gastroenterology Network – Structure:**

- **Network Executive:** (Chairs: Brian Jones and Joanne Benhamu)
- **Hepatitis C Working Group** (Chairs: Geoff McCaughan and Greg Dore)
- **Total Parenteral Nutrition and Enteral Nutrition Working Group** (Chairs: Ross Smith and Sharon Carey)
- **Sedation Working Party** (Chairs: Brian Jones and Barry Baker)
- **National Bowel Cancer Screening Program Advisory Group** (Chair: Michael Bourke)
• Workforce, Education and Training Working Group (Chair: Michael Grimm)
• Endoscopy Information System Working Group (Chairs: Michael Bourke and Donald MacLellan)
• Paediatric Working Group: (Chair: Kevin Gaskin)
• Paediatric Hepatitis Working Group (Chair: Michael Stormon)

If you would like to join an ACI Gastroenterology Network Working Group please contact:

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For further information please see the ACI Gastroenterology Network’s website at:

Background
The Sedation Working Group was established by the Gastroenterology Network (November 2006) in response to an issue of concern raised by the Network’s Executive over equity of access to anaesthetic cover for gastrointestinal endoscopy lists in NSW public hospitals. The group identified that some hospitals across greater metropolitan Sydney are unable to access any anaesthetic cover for endoscopic procedures.

In addition to clinicians and consumers from the Gastroenterology Network, the working party invited representatives from: Australian and New Zealand College of Anaesthetists (ANZCA), The Gastroenterological Society of Australia (GESA), Royal Australasian College of Surgeons (RACS), Australian Society of Anaesthetists (ASA) and The Joint Consultative Committee on Anaesthesia (JCCA). This working party developed a discussion paper which was circulated for comment.

Following extensive feedback and discussion, the Tripartite Working Group was established with representatives from ANZCA, RACS and GESA. This Working Group agreed on modifications to the ANZCA/GESA/RACS PS9 document “Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures” which included the ability for Endoscopists, provided they participate in the appropriate training, to administer sedation (including propofol) to their patients if an Anaesthetist was unavailable. Agreement was reached by these groups on amendments to PS9 in April 2008.

Training for Experienced Gastroenterologists
During 2008, the Tripartite Working Group discussed the requirements for the training of Endoscopists in administering safe sedation to their patients. The initial focus of the training program was those experienced Endoscopists who had at least three years experience and had done over 1000 procedures. The Tripartite Working Group developed a four stage training program:

- Two day simulation course
- Observation of the use of propofol in the clinical setting
- Practice in administering sedation under supervision
- Assessment/approval by hospital anaesthetic department and ANZCA

Program Pilot
On 22 and 23 May 2009 the first phase of the training program was piloted at the HNESSC. Nine Gastroenterologists from NSW public hospitals participated in the simulation training under the careful guidance and facilitation of Cate McIntosh and the simulation team at HNEAHS. On the second day of training, four Endoscopy Nurses joined the Gastroenterologists for skills training and
participation in the simulation sessions. The simulation training program was incredibly successful for both participants and facilitators. The participants then went back to their hospitals to work with their Anaesthetic Departments to refine their skills and complete the training program.

**Course outcomes:**
The outcomes of the training course include:

- exposure to the provision of sedation including propofol in endoscopy
- experience in providing sedation including propofol in a simulation centre
- greater understanding of the pharmacology of sedation including propofol
- greater understanding of safe administration of sedation including propofol

**The benefits for the NSW health system have included:**

- Increased patient safety in endoscopic procedures when an anaesthetist is not available to provide sedation.
- Increased skill level of gastroenterologists in administering sedation (including propofol) to patients in endoscopic procedures, including airway skills.
- Where hospitals have appropriate facilities, equipment and staffing levels, Area Health Services (and especially rural centres) will have the option of providing colonoscopy services if an anaesthetist is not available and therefore be able to increase their colonoscopy capacity.
- Patients will have benefit as they will have access to safe intravenous sedation if an anaesthetist is not available, providing increased comfort during procedures.

Although this project was established with specific aims for the Gastroenterology Network, it has had broader impact on the NSW health system regarding safe sedation practices in endoscopy. Training program participants have become more aware of the PS9 guidelines and this has meant improvements to overall practice, including medical/nursing staff, equipment, patient assessment and monitoring and record keeping.

**Future Directions**

A broader Sedation Project has now been adopted by the ACI’s Anaesthesia Perioperative Care Network, which was formed in February 2010. Following a request from NSW Health, the Anaesthesia Perioperative Care Network has established a multi-specialty, multi-disciplinary working party to look at a broader piece of work for safety and quality in sedation practice across all procedural disciplines. This includes looking at safe sedation practices and assessing the impact of a broad implementation of the PS9 Guidelines. To date, eight Specialist Colleges have signed up to the PS9 Guidelines.
Overview

Due to concerns over the lack of an appropriate university course and career progression opportunities for nurses working in gastroenterology services, the Network, with the University of Technology Sydney (UTS) mapped the components of the post-graduate Graduate Certificate in Acute Care Nursing against both gastroenterology-specific nursing and the advanced competencies of the Gastroenterology Nurses College of Australia. The UTS Graduate Certificate in Acute Care / Gastroenterology course is available to Registered Nurses working in gastroenterology services. The CI has provided eight gastroenterology and hepatology nurses with a scholarship of $2,500 for participating in the 2008 UTS Graduate Certificate in Acute Care Nursing course, two scholarships in 2009 and an additional two in 2010. Over the last four years the ACI (GMCT) has provided 20 scholarships to nurses participating in the course.

The gastroenterology Clinical Accreditation Program (CAP) was accredited by UTS in 2008 for use in St George and Concord Hospitals. This will enable student nurses at these two sites to undertake the Specialty Clinical Practice subject, one of 4 subjects within the Graduate Certificate, in their own workplace under the supervision of a clinical nurse consultant or educator.

In response to the Hepatology Nursing Workforce Discussion Paper, the ACI (then GMCT), in conjunction with UTS, developed a CAP in Hepatology. This course will enable those nurses working in hepatology clinics and transplant wards to increase their skills and qualifications. The Hepatology Cap was piloted in 2010 at Gosford and St Vincent’s Hospitals. Scholarships were awarded to two hepatology nurses participating in the UTS Graduate Certificate in Acute Care Nursing and participating in the hepatology Clinical Accreditation Program. In 2010, scholarships were also provided to 15 hepatology nurses to attend courses and conferences on Hepatitis.

Nurses Forum 2011

A key issue raised with the Network in 2010 is that nursing workforce is increasingly specialised within gastroenterology and that there are limited opportunities for the workforce to upskill in other areas, including acute care services. The Network is planning a Nurses Forum for early 2011 as an opportunity to broaden the baseline of information available for nurses and allow them to raise issues with the Network. The Network is looking to engage nurses working in and with gastroenterology services to contribute to and participate in the forum.
Background
In 2009, NSW Health provided funding to the Children’s Hospital at Westmead to support the establishment of an identification, treatment and management service for the paediatric population diagnosed with viral hepatitis. A CNS was appointed to develop education resources, treatment protocols and be the central liaison between all of the stakeholders for treatment and care of hepatitis in children.

In August 2009, the Gastroenterology Network facilitated a state-wide meeting for clinicians treating viral hepatitis in paediatric patients. This meeting was organised to discuss the issues pertaining to Viral Hepatitis in paediatric patients and to develop a State-wide management plan.

The meeting was attended by paediatric gastroenterologists (Children’s Hospital Westmead and Sydney Children’s Hospital), paediatric CNS & CNCs (Children's Hospital Westmead, Sydney Children’s Hospital and John Hunter Children’s Hospital), infectious disease physicians, hepatology CNCs, representatives from organisation such as paediatric refugee clinics, the Service for Addiction Medicine in Youth (SAMY), Hepatitis NSW and the Australasian Society for HIV Medicine (AHSM).

NSW Update:
The ACI Gastroenterology Network has established the Paediatric Viral Hepatitis Working Group, which will provide support for the statewide paediatric service and collaborate on relevant projects. In particular, the working group has the following aims:

- Support coordination between all health services in NSW, including the establishment of referral pathways for children with viral hepatitis.
- Promote education and awareness of viral hepatitis in paediatric cases.
- Provide advice on access to treatment for children with HCV.
- Support the development of protocols and guidelines required to standardise management and treatment practices throughout NSW health services.
Background

Hepatitis C is a major health issue for the population of NSW. It was estimated that at the end of 2005, 264,000 Australians were living with Hepatitis C, of which NSW accounts for 40% of those infected with the virus\(^1\). Because of the increasing prevalence of Hepatitis C in NSW, the Ministerial Advisory Committee on Hepatitis (MACH) advocated for a review onto the treatment and care services in NSW.

NSW Health commissioned the Review into Hepatitis C Treatment and Care Services 2008 which made recommendations for the treatment of the Hepatitis C Virus (HCV) in NSW. The major recommendation was that the number of people with Hepatitis C on antiviral treatment needs to double\(^2\).

The ACI Gastroenterology Network established the Hepatitis Working Group, comprising of doctors (gastroenterologists, hepatologists and infectious disease physicians), nurses, allied health staff, consumers and representatives from NSW Health, to assist the MACH in developing strategies for implementing the recommendations of the review. Recommendations will be based on the clinical and operational experience and expertise of the working group members and will provide practical ways in which treatment numbers can be increased.

Through advocacy for its members and strong collaboration with NSW Health, the Working Group has achieved a number of positive outcomes:

- Clinical input on funding distribution and increased transparency
- $4 million increase in funding for prevention and treatment
- Coordinated clinician involvement in Hepatitis C policy development
- Recommendations to NSW Directors of Nursing for new graduate positions in hepatology and ambulatory care
- Development of a best practice model of care in collaboration with Ministerial Advisory Committee on Hepatitis
- Support for the Area Health Service Clinical Governance Committees
- Development of a nursing workforce paper – collaboration in the development of the UTS Graduate Certificate, Clinical Accreditation Program and a NSW Health nursing scholarship fund.

\(^1\) NSW Health, Review of Hepatitis C Treatment and Care Services, 2008 pg 11
Clinical Governance Forums
The Network and NSW Health organised the first Hepatitis C Clinical Governance Forum in December 2008. This meeting was attended by hepatology clinicians and members of the Hepatitis Working Group, HIV and Related Programs (HARP) managers, AIDS and Infectious Disease Branch staff including the Chief Health Officer (NSW Heath), GMCT and consumers. This meeting was important in building relationships between HARP managers and clinicians. As a result of this meeting, each AHS established a Hepatitis Clinical Governance Committee which includes clinical membership and decides on the distribution of funds between the treatment centres in the AHS.

The second Clinical Governance Forum was coordinated by the Gastroenterology Network and the Department of Health AIDS and Infectious Diseases Branch in July 2010. The purpose of the forum was to:

- Review collective achievements across the system and the progress made in the public health response to HCV.
- Consider the ongoing challenges and develop strategies to fulfil the recommendations identified in the Review of Hepatitis C Treatment and Care Services (2008).

65 people attended the forum, with doctors, nurses, allied health, managers and consumers from across rural and metropolitan NSW. Participants represented both tertiary and community services, NGOs and NSW Health. This forum was received well and was important in encouraging participants to consider how the relevant services can work together in their commitment to the doubling of treatment numbers in Hepatitis. The forum continued the work of the first and was particularly important in providing opportunities for clinicians and managers to network and share ideas across services and organisations.
Background

In 2006, the Network identified that there was uncertainty as to the number of endoscopy procedures undertaken – as well as the efficiency, accuracy, safety and effectiveness of these procedures – in NSW public hospital outpatient departments. These issues were examined by the Gastroenterology Network’s Colonoscopy Study Group, whose 2007 report emphasised that any changes to address deficiencies in endoscopy services in NSW needed to be underpinned by information systems. The Gastroenterology Network identified that there was need for a statewide endoscopy data collection and reporting tool in NSW, which would:

- provide accurate state-wide information on endoscopy procedures carried out in NSW public hospitals;
- facilitate the comparison of services against critical safety and quality benchmarks;
- inform on issues of productivity, activity, costs and access to services;
- facilitate electronic reporting to the National Bowel Cancer Screening Program’s Register.

The NSW Health Director General approved an allocation of Stage 2 Commonwealth Surgery Infrastructure Funds for the purchase and implementation of the EIS to public hospitals throughout NSW.

Following a lengthy tender process, QLD Health purchased a State-wide Endoscopy Information System from ProVation Medical. Implementation in Queensland commenced in July 2009 at the Princess Alexandria Hospital. NSW Health reviewed the Queensland tender, including a clinical trial of the system at Concord Hospital (SSWAHS) in November 2009. The trial allowed clinicians from across NSW to evaluate the system and successfully:

- Identified and verified the clinical function of the system;
- Promoted standard work practice;
- Confirmed integration with other hospital systems;
- Confirmed user acceptance by endoscopy staff.

The successful trial provided the impetus for NSW Health to proceed with the purchase of the EIS. NSW Health finalised the purchase of the EIS licence from ProVation Medical in June 2010.

NSW Update:

The GMCT, now ACI, and NSW Health have been working in close collaboration to ensure the success of this project. The Network and the EIS Executive have formed the EIS Implementation Working Group, which will provide the clinical and technical expertise to guide the implementation process. The Working Group will facilitate clinical input, whilst also ensuring that clinicians not involved in this process are engaged throughout the implementation process.
NSW Health is now working with Health Support Services to finalise implementation responsibilities for each party. Health Support Services, who will facilitate the implementation process, have appointed an EIS Project Manager. Once it is complete, the implementation plan will then be forwarded to the Area Health Services describing a timeframe and order in which hospitals will obtain the software. This rollout will occur at over 100 hospitals across NSW.

**EIS Newsletter**

NSW Health and the ACI have released a number of newsletters - *GE Network News*, informing clinicians, AHS Executive, and Hospital staff of the progress of this project. The most recent newsletter was released in September 2010. Newsletters will be sent out to the Network as new information becomes available.

**Safety and Quality Aspects of the System**

At present (without an EIS), there is no way to monitor or report on the safety and quality aspects of gastroenterological procedures in NSW. The implementation of a State-wide EIS presents NSW with an opportunity to not only capture this information but also to ensure that safety and quality standards (as set out by the NHMRC) are being met.

**Minimum Data Set**

NSW Health requested that the ACI Gastroenterology Network provide advice on the minimum data set for colonoscopy reporting, that is, the minimum amount of mandatory information that is necessary to capture essential information around endoscopy. Working Groups constructed four data sets, which were endorsed by the Network Executive and EIS Executive in May and July 2010 respectively. The four data sets are:

- Colonoscopy
- Endoscopic Ultrasound (EUS)
- Upper GI Endoscopy
- Endoscopic Retrograde Cholangiopancreatography (ERCP)

The Minimum Data Set will form the basis of the mandatory reporting fields.
Overview

The TPN and EN Working Group was established to address the need for standard guidelines on the management of Parenteral Nutrition (PN) within hospitals; and for protocols around the insertion of feeding tubes and subsequent discharge planning. Although clinicians from several hospitals confirmed that they had multidisciplinary teams who worked closely with dietitians, it has been acknowledged that this was not the case in all hospitals, particularly in rural and outer-metropolitan hospitals where there was limited support. It was agreed that a working party would be established in collaboration with the ACI’s Nutrition Network to consider these issues further. The group was chaired by Ross Smith and Sharon Carey and managed by both the Gastroenterology and Nutrition Networks.

A survey was sent to rural Area Health Services for distribution to their hospitals asking if they administered PN and if so, whether or not they followed any particular guidelines. The feedback indicated that PN was administered in rural hospitals and that there was a need to support this practice.

The working group drafted a PN guide to provide evidence based, best practice models of care for the administration of PN in public hospitals – particularly those who do not have access to a PN team. The guide-book has been developed by a group of NSW clinicians including doctors (surgeons, intensivists and physicians), nurses (nutrition CNCs) and allied health professionals (pharmacists and dietitians). It is a consensus based document which has been developed based on the current available evidence on PN.

The ‘Parenteral Nutrition Pocketbook’ was sent out for consultation to a broad area of organisations and experts in the field of PN in June 2010. This feedback was incorporated into the pocketbook, before being sent to the working group for final comments in September 2010.

The PN Pocketbook has now been finalised and printed and the ACI Gastroenterology and Nutrition Networks are pleased to launch this resource for NSW public hospitals.
RECRUITMENT OF ADVANCED TRAINEES

Overview
In 2007, the centralised process for recruitment for Gastroenterology Advanced Training was implemented in NSW. This process was jointly supported by CETI (then IMET), RACS and ACI (GMCT) and supported the Department’s goal of achieving a fair and transparent trainee selection and recruitment process that meets NSW Health recruitment policies and College trainee selection requirements.

The benefits of this system were:
- Robust, fair and transparent trainee selection and recruitment process.
- Increased confidence among trainees including training security across mandated clinical training periods.
- Increased confidence for employing AHS.
- RACP met its obligations for trainee selection and continuing training.
- NSW Health recruitment standards met.

In 2008, the Gastroenterology Network supported a pilot (in collaboration with the RACP) to align the recruitment and matching of trainees in two rounds (continuing and first years) with Victoria and Tasmania. In 2009, gastroenterology became the first physician subspecialty to undertake a national match for advanced trainees. The national match continued in 2010.

2010 Recruitment
In 2010, the number of training positions being recruited for 2011 increased to 36 – 21 continuing trainee positions were filled and 15 first year positions. This included a rural position at Lismore Base Hospital, which was established as part of the Department of Health and Ageing’s Specialist Training Program. For first year positions, the RACP also ran the gastroenterology national match against a number of other specialties, further streamlining the recruitment process.