OVERVIEW

A key priority for the Agency for Clinical Innovation (ACI) is to promote an integrated health system that ensures continuity of care for patients with chronic disease and complex needs. Partnering and collaborating with the primary health care sector is fundamental to achieving this vision.

The ACI is keen to engage with Medicare Locals, Aboriginal Medical Services (AMS), general practice and other primary health care providers to develop and support the implementation of innovative models of care and associated practices that deliver integrated, person-centred care across primary, community and acute care settings for the people of NSW.

This fact sheet profiles select ACI Clinical Networks, Institutes and Taskforces and highlights current and upcoming activities which demonstrate opportunities to collaborate.

We would welcome a meeting with your team to further discuss partnership opportunities in this area. We are endeavouring to contact all Medicare Locals over the coming months to arrange a meeting.

In the meantime, we would be pleased to hear from you to explore any immediate scope to partner on the above listed activities, or any other activities that you may be interested in developing with the ACI.

We would also be pleased to provide further information about our programs or networks. Please feel free to contact our Network Managers directly, or Chris Shipway, Director, Primary Care and Chronic Services, ACI.


Contact
Chris Shipway, Director,
Primary Care and Chronic Services
Phone: 02 9464 4603
Email: chris.shipway@aci.health.nsw.gov.au
**Chronic Disease Management Program**

The NSW Chronic Disease Management Program - Connecting Care in the Community (CDMP) provides care coordination and self-management support to people over 16 years with one or more of the target chronic diseases who are at high to very high risk of hospitalisation. The target diseases are: Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease; and Hypertension.

The CDMP enables the delivery of integrated chronic disease services across NSW by strengthening partnerships between General Practice and primary health care, community health, rehabilitation and specialist disease services. The CDMP works with enrolled clients and service providers to facilitate the development of shared care plans, and then provides support for clients to achieve the goals outlined in their care plan.

**Opportunities**

In many areas of NSW CDMP is implemented through a close partnership between Medicare Locals and Local Health Districts – with CDMP care coordinators based in many Medicare Locals to assist GPs to support people with chronic disease to manage in the community. The ACI is particularly interested in collaborating with Medicare Locals to:

- Explore additional models of implementation that focus on further enabling Medicare Locals, General Practice, and AMSs to support people with chronic disease from a primary health base.

**Contact**

Regina Osten, Chronic Care Manager  
Phone: 02 9464 4681  
Email: regina.osten@aci.health.nsw.gov.au

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**Chronic Care for Aboriginal People**

Chronic Care for Aboriginal People (CCAP) program brings together all the evidence about how to deliver services to Aboriginal people with or at risk of developing a chronic disease. The model complements existing services and provides a platform to engage and partner with service providers within health and social networks to improve health outcomes for Aboriginal people.

**Opportunities**

The CCAP supports a coordinated response to chronic disease in Aboriginal communities. A key opportunity to partner with Medicare Locals is:

- One Deadly Step, which establishes chronic disease screening, management and follow up stations in local Aboriginal communities in partnership with NSW Rugby League, Aboriginal Medical Services (AMS) and Local Health Districts. The ACI has already started engaging Medicare Locals, including Inner West Medicare Local, to run a One Deadly Step screening day in their community.

The CCAP also supports the Enhanced 48Hr Follow Up which involves a phone call to all Aboriginal people admitted to a public hospital with chronic disease within 2 working days of discharge to follow up and ensure appropriate links and appointments with GPs, AMSs, specialists or other services.

**Contact**

Raylene Gordon, Aboriginal Chronic Care Manager  
Phone: 02 9464 4686  
Email: raylene.gordon@aci.health.nsw.gov.au
Acute Care Taskforce

The Acute Care Taskforce was established in June 2005 with a key focus on improving the acute medical patient journey. The Taskforce brings together acute and primary care clinicians, health system managers and consumers to improve the journey for medical patients. In 2013 its work will focus on the medical inpatient journey.

The Acute Care Taskforce is in the final stages of completing a resource for bidirectional handover between GPs and hospitals. Additionally, the Acute Care Taskforce will soon consult on a model of care for Medical Assessment Units (MAUs). MAUs are hospital units that provide an alternative to treatment in the Emergency Department for undifferentiated, complex, chronic, non-critical medical patients; the current draft model of care facilitates direct admissions from the community.

Contact
Kate Lloyd, Acute Care Manager
Phone: 02 9464 4623
Email: kate.lloyd@aci.health.nsw.gov.au

Aged Health Network

The ACI’s Aged Health Network has more than 900 members who come together to improve the health of older people in NSW by researching, developing and supporting implementation of appropriate models of care for an ageing population.

Opportunities

The Aged Health Network is keen to work with the primary health care sector across their activities, especially on the Care of the Confused Hospitalised Older Persons Study (CHOPS). This Study is occurring in the context of a newly announced NHMRC Partnership Centre which will further develop, implement and disseminate the CHOPS Model of Care. The Network has already engaged the Armidale Medicare Local in education around CHOPS and delirium.

Additional priorities for the Aged Health Network are to:
- Lead the development of the Integrated Framework for the Care of the Older Person with Complex Health Needs.
- Develop and support the implementation of the Orthogeriatric Model of Care for elderly patients undergoing hip fracture surgery.
- Develop strategies to minimise the use of restraint in hospitalised older people.

Contact
Glen Pang, Network Manager
Phone: 02 9464 4630
Email: glen.pang@aci.health.nsw.gov.au
Brain Injury Network

The ACI Brain Injury Network, incorporating the Brain Injury Rehabilitation Directorate (BIRD) and the NSW Brain Injury Rehabilitation Program (BIRP), supports people with traumatic brain injury and their families to improve rehabilitation outcomes through improved access to health and social services, clinical and health systems research, developing resources, and developing and implementing best practice treatment across inpatient, transitional and community settings.

Opportunities

The following activities are relevant to Medicare Locals and the primary health care sector and may present good opportunities to partner:

• Improving access to care and services for people with acquired brain injury who are returning to rural and remote NSW.
• Developing guidelines for general practitioners to use when working with people with traumatic brain injury who are leaving hospital and at key points in their recovery and rehabilitation. This work would also involve the Brain Injury Association of NSW.

Other activities of the Brain Injury Network include:

• Hosting workshops for the Goal Training Project, which aims to improve clinician and funder understanding of a client-centred goal based approach to rehabilitation.
• Implementing and maintaining the Interagency Agreement on the Care and Support Pathways for people with acquired brain injury.

Contact
Barbara Strettles, Network Manager
Phone: 02 9828 6133
Email: barbara.strettles@aci.health.nsw.gov.au

Cardiac Network

The ACI Cardiac Network aims to improve access to high quality cardiac services and promote better health outcomes for people diagnosed with cardiac conditions throughout NSW. The Chronic Cardiovascular Clinical Expert Reference Group is a sub-committee of the Network which focuses on improving the management of people with chronic cardiovascular conditions.

The current priorities for the Cardiac Network include:

• Developing models of care to reduce potentially avoidable hospitalisations for people with Congestive Heart Failure.
• Assessment of the quality of care and adherence to guideline recommended therapy for patients with suspected acute coronary syndrome
• Revising the Clinical Service Framework for Heart Failure.

The Cardiac Network has recently published guidelines on the Deactivation of Implantable Cardiac Defibrillators at the End of Life which may be a useful resource for staff working in Medicare Locals. The document is available at: http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0008/179990/ACI-Deactivate-ICDs.pdf#zoom=100

Contact
Bridie Carr, Network Manager
Phone: 02 9464 4620
Email: bridie.carr@aci.health.nsw.gov.au

Endocrine Network

The ACI Endocrine Network was established in 2007 to improve care and services for patients with diabetes by assisting clinicians to develop best practice guidelines and Models of Care for the treatment and management of these patients.

The Endocrine Network is in the process of developing the following models of care, which will involve collaboration with general practice and the primary health care sector:

• Model of Care for Diabetes Mellitus
• Model of Care for High Risk Foot Services.
Intellectual Disability Network

The ACI Intellectual Disability Network was established in February 2011 to improve the health of people with intellectual disability across all ages by providing clinical leadership, research and education to enhance the capacity of primary and secondary health services. It achieves this by hosting regular forums, improving referral pathways, developing resources, and mapping services.

The Intellectual Disability Network recognises the importance of connecting with the primary health care sector to support people with intellectual disability, particularly in the following areas:

- Linking with Tier 4 Multidisciplinary Pilot Clinics which aim to enhance mainstream health services and provide specialist health services within different LHDs and into regional areas.
- Models of Care for Intellectual Disability Forum and Working Groups. The Network already has representation from Medicare Locals on its Workforce and Capacity and Models of Care subcommittees.

Musculoskeletal Network

The purpose of the ACI’s Musculoskeletal Network is to improve equity of access and outcomes for people in NSW who have a range of musculoskeletal conditions, including arthritis and osteoporosis. The Network does this through the development, implementation and evaluation of Models of Care and by establishing and maintaining strategic partnerships.

Opportunities

The Musculoskeletal Network is looking to build on its previous success engaging Medicare Locals and Local Health Districts to:

- Implement the Osteoporotic Refracture Prevention Model of Care; building on the Network’s experience with the Murrumbidgee Medical Local and the Murrumbidgee Local Health District to deliver the Osteoporosis Refracture Prevention Service.
- Sustainably deliver the Osteoarthritis Chronic Care Program by exploring partnerships between participating Local Health Districts, Medicare Locals, Aboriginal Medical Services and other primary health care services.

Other activities of the Musculoskeletal Network include:

- Implementing the Model of Care for the NSW Paediatric Rheumatology Network.
- Developing a Model of Care for elective hip and knee replacement surgery.
- Developing a Graduate Certificate in Musculoskeletal Nursing, in collaboration with the College of Nursing.

Contact

Danielle Kerrigan, Acting Network Manager
Phone: 02 9464 4626
Email: danielle.kerrigan@aci.health.nsw.gov.au

Tracey Szanto, Network Manager
Phone: 02 9464 4632
Email: tracey.szanto@aci.health.nsw.gov.au

Robyn Speerin, Network Manager
Phone: 02 9464 4633
Email: robyn.speerin@aci.health.nsw.gov.au
Nutrition Network

The ACI Nutrition Network has a focus on Home Enteral Nutrition (HEN) and nutrition care in hospitals. Its aim is to improve care and equitable access to services for people needing nutrition support at home, either through oral nutrition supplements or tube feeding, and improve nutrition care and food standards in NSW public health facilities.

Opportunities

The Nutrition Network is ready to collaborate with the primary health care sector to:

- Evaluate HEN services within NSW and develop practical improvement strategies.
- Develop standards for the insertion, replacement and care of gastrostomy feeding tubes, in partnership with the Gastroenterology Network.

The Nutrition Network has also recently launched the ACI Guidelines for HEN Services, 2nd edition, which recognises the important role of the general practitioner in understanding a patient’s nutrition care plan. The Guidelines are available on the ACI website.

Contact

Tanya Hazlewood, Network Manager
Phone: 02 9464 4635
Email: tanya.hazlewood@aci.health.nsw.gov.au

Pain Management Network

The ACI Pain Management Network brings together consumers and clinicians to promote equity of access to high quality, integrated pain management services across hospital-based specialist multidisciplinary pain clinics and community and primary health services for people with chronic pain.

The Pain Management Network is currently in the process of establishing and enhancing tertiary pain centres across NSW to improve services for people with chronic pain. Five new regional pain centres will be established at Port Kembla, Port Macquarie, Tamworth, Orange and John Hunter Paediatric Service to increase access to specialist pain services.

Opportunities

The Pain Management Network will continue to work closely with Medicare Locals and the primary health care sector across many activities including:

- Developing and piloting a state-wide referral form, patient information leaflet and Health Pathways for Medicare Locals.
- Developing a ‘chronic pain toolkit’, including education resources and practical decision support tools for primary health care clinicians, in conjunction with the RACGP.

Contact

Jenni Johnson, Network Manager
Phone: 02 9464 4636
Email: jenni.johnson@aci.health.nsw.gov.au

Palliative Care Network

The ACI Palliative Care Network was established in 2012 to drive continuous improvement in palliative and end of life care for all people approaching or reaching the end of their life in NSW. The Network draws together the expertise of specialist and primary care clinicians, service managers and researchers across all care settings where people may receive care as they approach the end of their life. In the first instance the Network will focus on the development
of an evidence-based NSW Model of Care for Palliative and End of Life Care. Our vision is to ensure that all NSW residents have equitable access to quality care based on assessed need as they approach and reach the end of life.

**Opportunities**

The Palliative Care Network explicitly recognises the current and potential role of general practice in the delivery of care to people who are approaching and reaching the end of life. The Network is interested in consulting and collaborating with the primary health care sector to:

- Better understand the challenges and opportunities facing general practitioners and their patients requiring palliative and end of life care.
- Develop a model of care that enhances the primary care response to palliative care and formalises partnerships across primary and specialist care.

**Contact**

Rob Wilkins, Network Manager  
Phone: 02 9464 4637  
Email: rob.wilkins@aci.health.nsw.gov.au

**Rehabilitation Network**

The ACI Rehabilitation Network has been established to drive improvements in rehabilitation care, improve patient outcomes, and ensure that care is coordinated, patient-centred and evidence based. The implementation of the Rehabilitation Model of Care, developed as part of the Rehabilitation Redesign Project, is a priority for the Network.

**Opportunities**

The Rehabilitation Network is interested in working with the primary health care sector to implement the Rehabilitation Model of Care and deliver rehabilitation in the setting that is most appropriate to the patient, specifically ambulatory care settings, outpatient services and in the home. Opportunities to collaborate with Medicare Locals and the primary health sector include supporting patients with longer term rehabilitation needs and implementing the Model of Care in rural areas.

**Contact**

Claire O’Connor, Network Manager  
Phone: 02 9464 4639  
Email: claire.oconnor@aci.health.nsw.gov.au

**Renal Network**

The ACI Renal Network comes together to respond to chronic kidney disease and renal failure in NSW. The Network addresses issues of equity and access to dialysis and transplantation services for renal patients in rural and metropolitan areas, encourages preventative measures to reduce chronic kidney disease, and develops strategies to ensure the workforce can meet demand.

The Renal Network can collaborate with the primary health care sector across these areas and to support home dialysis. In the past, the Network has supported teams for dialysis units across NSW to complete the Haemodialysis Models of Care Program which provides training and guidance and supports individual projects to improve care and efficiency in the workplace.

**Contact**

Fidye Westgarth, Network Manager  
Phone: 02 9464 4613  
Email: fidye.westgarth@aci.health.nsw.gov.au
Respiratory Network

The ACI Respiratory Network supports the provision of high quality care to patients with respiratory conditions and works to improve equity of access to respiratory medicine and sleep disorder services across NSW.

Current Respiratory Network initiatives:

- Addressing unwarranted clinical variation in the rates of admission for people with COPD in NSW. The network is working with local teams of clinicians and managers from primary care, acute and community to implement and evaluate local solutions.
- Improving health outcomes for adults with chronic respiratory failure through implementation of a new comprehensive resource: Domiciliary Non-Invasive Ventilation (NIV) in Adults Patients: A Consensus Statement, which supports current best practice for both general and condition specific risk assessment, investigation, management and ongoing care of adults who require domiciliary non-invasive ventilation.
- Utilising webex and videoconference technologies to provide high quality respiratory education based on the identified needs of multidisciplinary clinicians working in metropolitan, regional and rural NSW. The Respiratory Network is keen to collaborate with Medicare Locals and the primary care sector to identify and support their respiratory specific education and training needs.

Contact
Cecily Barrack, A/Network Manager
Phone: 02 9464 4625
Email: cecily.barrack@aci.health.nsw.gov.au

Rural Health Network

The ACI Rural Health Network was announced in October 2012. It aims to ensure that the development and implementation of models of care, and clinical redesign processes, enhance access to health services and reflect the unique needs of rural and remote communities.

The Rural Health Network will be a collaborative body which works in partnership with LHDs, consumers and other rural health service providers to review/ adapt models of care and innovation for implementation in rural communities, and provide advice to the NSW Ministry of Health to inform development of policy, models of care and clinical pathways.

Opportunities

The Rural Health Network is forming its Rural Health Network Executive Committee and will be inviting Medicare Local and primary health care representation on this committee. The Network will work to engage Medicare Locals in raising the profile of clinical redesign in rural and remote communities and among rural health service providers.

Contact
Jenny Preece, Network Manager
Phone: 02 6692 7716
Email: jenny.preece@aci.health.nsw.gov.au

State Spinal Cord Injury Service

The purpose of the State Spinal Cord Injury Service (SSCIS), a Network of the ACI, is to ensure that people with spinal cord injuries in NSW receive the highest quality services which support recovery, facilitate independence and the achievement of personal goals, and enable a return to a fulfilling life in the community. This necessitates collaboration across a wide range of clinical, social and technical services, with a whole-of-government and system-wide approach to service provision and co-ordination.

The major priorities of the SSCIS are to:

Contact
Cecily Barrack, A/Network Manager
Phone: 02 9464 4625
Email: cecily.barrack@aci.health.nsw.gov.au
• Distribute the updated Network Principles for the Inter-Hospital Referral and Transfer Communication Process for Patients with a Spinal Cord Injury.
• Support the implementation of the Model of Care for Pressure Injury Prevention and Management in Children and Adults with Spinal Cord Injury and Spina Bifida.

Opportunities

SSCIS is interested in working with the primary health care sector to implement the Model of Care for Pressure Injury Prevention and Management in Children and Adults with Spinal Cord Injury and Spina Bifida to deliver prevention and early management strategies with the aim of preventing deterioration and reducing the social and financial impact later stage pressure injury has on the individual, family and health care system.

Contact
Frances Monypenny, Network Manager
Phone: 02 9464 4616
Email: frances.monypenny@aci.health.nsw.gov.au

Stroke Network

The ACI Stroke Network improves care for NSW stroke patients by better co-ordinating stroke services across the state, sharing available resources and promoting expertise.

The current focus of the Stroke Network is the NSW Stroke Reperfusion Service, which was launched in January 2013 following collaboration between ACI, NSW Ministry of Health, LHDs, and the Ambulance Service NSW. The service aims to reduce the rate of death and disability as a result of ischaemic stroke by developing a clinical pathway and resources to support Early Access to Stroke Thrombolysis Programs through Acute Thrombolytic Centres. The Stroke Network has identified and developed guidelines, tools and resources to support the service.

Contact
Mark Longworth, Network Manager
Phone: 02 9464 4614
Email: mark.longworth@aci.health.nsw.gov.au

Transition Care Network

The ACI Transition Care Network, with its Transition Care Coordinators, supports the effective transition of young people with chronic health problems and disabilities from paediatric to adult health services and provides transition planning advice for young people, their family and health care professionals. This includes developing and implementing transition guidelines, clinical protocols, transition plans and standards of care.

Opportunities

The Transition Care Network is collaborating with the Sydney Children’s Hospitals Network to develop a Model of Care to support young people aged 16-19 years with chronic disease. The Sydney Children’s Hospital Network will engage Medicare Locals to connect young people with general practitioners, primary health care and community health providers to improve self management and help reduce preventable hospital admissions.

Contact
Lynne Brodie, Network Manager
Phone: 02 9464 4617
Email: lynne.brodie@aci.health.nsw.gov.au
About us

The Agency for Clinical Innovation (ACI) is the primary agency in NSW for promoting innovation, engaging clinicians and designing and implementing new models of care.

The ACI harnesses the clinical expertise and practical knowledge of people working in the NSW health system and consumers accessing care. Our Clinical Networks, Institutes and Taskforces provide a framework to bring together doctors, nurses, other health professionals, managers and community members across regional and service boundaries to promote improvements in health service delivery and translate innovative ideas into sustainable system-wide change proposals.

All ACI models of care are built on the needs of patients and are underpinned by extensive research conducted in collaboration with leading researchers, universities and research institutions.

We work closely with our partners to improve patient care, address inequities in access and reduce avoidable hospitalisations. Our Clinical Networks, Institutes and Taskforces focus on a specific area of care and traverse the primary, community and acute care sector.

Consumer engagement

Our models of care are developed in collaboration with patients, carers and representatives of health and disability related non government organisations that provide services to the community.

The ACI invites patients, carers and representatives of non government organisations to contribute to our clinical networks, taskforces and institutes.

For further information on the work of ACI see our website at: [www.aci.nsw.gov.au](http://www.aci.nsw.gov.au). For details of ACI’s Consumer Engagement program:

Contact

Ashley Langton
Phone: 02 9464 4710
Email: ashley.langton@aci.health.nsw.gov.au
ACI Clinical Networks, Taskforces and Institutes

**Acute Care Taskforce**
Contact: Kate Lloyd
02 9464 4623
kate.lloyd@aci.health.nsw.gov.au

**Aged Health Network**
Contact: Glen Pang
02 9464 4630
glen.pang@aci.health.nsw.gov.au

**Anaesthesics & Perioperative Care Network**
Contact: Ellen Rawstron
02 9464 4641
ellen.rawstron@aci.health.nsw.gov.au

**Blood and Marrow Transplant Network**
Contact: Graeme Still
02 9464 4627
graeme.still@aci.health.nsw.gov.au

**Brain Injury Network**
Contact: Barbara Strettles
02 9828 6133
barbara.strettles@aci.health.nsw.gov.au

**Burn Injury Service Network**
Contact: Anne Darton
02 9463 2105
anne.darton@aci.health.nsw.gov.au

**Cardiac Network**
Contact: Bridie Carr
02 9464 4620
bridie.carr@aci.health.nsw.gov.au

**Emergency Care Institute**
Contact: Vanessa Evans
02 9464 4674
vanessa.evans@aci.health.nsw.gov.au

**Endocrine Network**
Contact: Danielle Kerrigan
02 9464 4626
danielle.kerrigan@aci.health.nsw.gov.au

**Gastroenterology Network**
Contact: Kirsten Campbell
02 9464 4622
kirsten.campbell@aci.health.nsw.gov.au

**Gynae-Oncology Network**
Contact: Violeta Sutherland
02 9464 4643
violeta.sutherland@aci.health.nsw.gov.au

**Institute of Trauma and Injury Management**
Contact: Christine Lassen
02 9464 4664
christine.lassen@aci.health.nsw.gov.au

**Intellectual Disability Network**
Contact: Tracey Szanto
02 9464 4632
tracey.szanto@aci.health.nsw.gov.au

**Intensive Care Coordination and Monitoring Unit (ICCMU)**
Contact: Diane Kowal
02 9464 4691
Diane.kowal@aci.health.nsw.gov.au
**Musculoskeletal Network**
Contact: Robyn Speerin  
02 9464 4633  
robyn.speerin@aci.health.nsw.gov.au

**Neurosurgery Network**
Contact: Lyn Farthing  
02 9464 4646  
lyn.farthing@aci.health.nsw.gov.au

**Nutrition Network**
Contact: Tanya Hazlewood  
02 9464 4635  
tanya.hazlewood@aci.health.nsw.gov.au

**Ophthalmology Network**
Contact: Jan Steen  
02 9464 4645  
jan.steen@aci.health.nsw.gov.au

**Pain Management Network**
Contact: Jenni Johnson  
02 9464 4636  
jenni.johnson@aci.health.nsw.gov.au

**Palliative Care Network**
Contact: Rob Wilkins  
02 9464 4637  
rob.wilkins@aci.health.nsw.gov.au

**Radiology & Nuclear Medicine**
Contact: Annie Hutton  
02 9464 4624  
annie.hutton@aci.health.nsw.gov.au

**Rehabilitation Network**
Contact: Claire O’Connor  
02 9464 4639  
claire.oconnor@aci.health.nsw.gov.au

**Renal Network**
Contact: Fidye Westgarth  
02 9464 4613  
fidye.westgarth@aci.health.nsw.gov.au

**Respiratory Network**
Contact: Cecily Barrack  
02 9464 4625  
cecily.barrack@aci.health.nsw.gov.au

**Rural Health Network**
Contact: Jenny Preece  
02 6692 7716  
jenny.preece@aci.health.nsw.gov.au

**State Spinal Cord Injury Service**
Contact: Frances Monypenny  
02 9464 4616  
frances.monypenny@aci.health.nsw.gov.au

**Stroke Network**
Contact: Mark Longworth  
02 9464 4614  
mark.longworth@aci.health.nsw.gov.au

**Surgical Services Taskforce**
Contact: Gavin Meredith  
02 9464 4644  
gavin.meredith@aci.health.nsw.gov.au

**Transition Care Network**
Contact: Lynne Brodie  
02 9464 4617  
lynne.brodie@aci.health.nsw.gov.au

**Urology Network**
Contact: Violeta Sutherland  
02 9464 4643  
violeta.sutherland@aci.health.nsw.gov.au