GUEST EDITORIAL

ENVIRONMENTAL CLEANING: AN INDISPENSABLE STRATEGY FOR PREVENTING HOSPITAL-ACQUIRED INFECTIONS

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Hospitals around the world are grappling with the emergence of bacteria that are resistant to most, if not all, available classes of antibiotics. The investment and research into new antimicrobial agents to combat these novel threats is slowing, the antibiotic pipeline is running dry and therefore all measures aimed at preventing infection, including environmental hygiene, become a matter of life and death in the post-antibiotic era. For patients with profoundly impaired immunity, any newly acquired viral, bacterial or fungal infection can be catastrophic even in the face of active drug therapy. Prevention of infection in these vulnerable patients is an essential component of everyday managed care.

Environmental Cleaning is pivotal to the successful implementation of infection control.
control and prevention in the healthcare setting. Other important initiatives include universal standard precautions such as hand hygiene, antimicrobial stewardship and transmission-based precautions to ensure that patients infected or colonised with communicable diseases and multi-drug resistant organisms (MROs) are isolated. Without meticulous attention to environmental cleaning, infection control efforts cannot be successfully implemented. Hospitals with poor cleaning standards are exposed to the threat of difficult and expensive-to-treat infections establishing environmental reservoirs, sustaining outbreaks and becoming chronic, endemic issues in the longer term. This threat is of particular concern for those “front-line” populations undergoing high-risk procedures such as transplantation, dialysis and surgery, that require supportive care and invasive procedures in intensive care units or who are receiving high-dose chemotherapy or immunosuppression for the management of malignancy and disease. These populations are not only at increased risk of hospital-acquired infections, but carry an excess burden of morbidity, mortality and healthcare costs. Environmental hygiene is a non-negotiable component of health-care and when not successfully implemented, threatens patient safety, compromises therapeutic success and antagonises the progress of modern medicine. From a consumer perspective, a clean hospital environment is a visible measure of quality and an emblem of professionalism and care.

The Environmental Cleaning Policy (PD2012_061), authored by the Clinical Excellence Commission (CEC), was released as a policy directive by the NSW Ministry of Health in November 2012. The Environmental Cleaning Policy (ECP) assigns a level of risk to functional areas within health care facilities. The extreme risk category assigned to BMT/haematology units is based on the heightened susceptibility to infection for patients admitted to these units, the increased potential for transmission of infection in BMT/haematology units, the frequent occurrence of institutional outbreaks occurring in these functional areas and the severe morbidity and mortality that complicate infections in this vulnerable patient population. The categorisation of risk provides a basis for recommendations of frequency and minimum cleaning standards for each functional area. In addition, the policy outlines measures to evaluate cleaning outcomes and the acceptable levels of quality that should be achieved for a given category of risk. In the case of high risk functional areas such as BMT/Malignant haematology, an Acceptable Quality Level (AQL) has been set at 90%.

Environmental cleaning is moreover embedded in several of the National Safety and Quality Health Service Standards (NSQHS). From a governance perspective, ensuring that cleaning standards are met serves to minimise patient risk and enhance quality (Standard 1). From a consumer perspective, health services need to be responsive to their input and needs (Standard 2). BMT patients and patients undergoing high-dose chemotherapy and their carers are generally well informed about infection and infection-risk. For these consumers there is often a heightened expectation of environmental cleanliness and, when expectations are not met, leads to anxiety and distress. Importantly when patients identify poor environmental cleaning standards, this can undermine consumer confidence and stimulate complaint and or public disclosure, all of which need to be managed by clinicians, nurses and administrators. From an infection control perspective, extreme risk functional areas such as intensive care units, burns units, transplant, dialysis and oncology units carry a large burden of Hospital Acquired Infections (HAIs). The primary prevention and control of HAIs relies on bundled interventions that include high rates of hand hygiene compliance, antibiotic stewardship, high compliance with aseptic technique and the highest standards of environmental cleaning (Standard 3).

The morbidity, mortality and healthcare costs of preventable infection in BMT/haematology, the 2012 release of the NSW environmental cleaning policy, the NSQHS and escalated consumer complaints to agencies such as the Health Care Complaints Commission (HCCC) are all persuasive reasons for a rigorous evaluation of cleaning standards across the BMT Network, so as to inform quality improvements across the statewide service. To this end an external outcome audit of environmental cleaning was undertaken in all 15 BMT units in NSW between August 28 and October 3, 2013 under the auspices of the BMT Network, Agency for Clinical Innovation, the project team (Dr Nicky Gilroy, Dr Kerry Newlin and Mr Graeme Still) and accredited external auditor (Ms Michelle Bibby). Importantly this body of work
was undertaken in collaboration with the CEC and with support from the Chief Executives of each Local Health District (LHD). The audit also provided an opportunity for an environmental cleaning audit tool, developed by the CEC to be piloted and validated against an external standard. Key personnel in all the hospitals with BMT services (BMT Nursing Unit managers, Environmental Service Managers and Directors of Clinical Governance) were asked to complete a series of three surveys in order to gain a greater understanding of cleaning processes, procedures, resourcing, auditing and governance.

The audit and survey results have resulted in detailed reports for each BMT facility and LHD with a list of recommendations, some of which are being variably met by BMT facilities. A standard method for auditing cleaning, training auditors and ensuring cleaning staff are appropriately skilled to clean extreme-risk functional areas are priority areas. In 2014, this work will be progressed with the two further audits, an economic analysis and face to face meetings with key stakeholders including clinicians, clinical governance and environmental service managers.
It has been a big year for us here at the ACI. The last twelve months has brought new opportunity and exciting direction, where we have made significant gains in expanding our partnerships and building a strong foundation to develop sustainable innovations for the health system. We are working more closely and collaboratively than ever before with consumers, clinicians and Local Health Districts (LHDs) to assist in implementing and delivering best practice models of care that are effective, relevant and suit the needs of local communities.

I thank you for your patience and continued commitment throughout the year, especially for providing your thoughts and contributions that have guided us in the development of a number of key network initiatives. Your thoughts and feedback are vital to us and strongly inform the work of the ACI. In 2013 we have embarked on and finalised some very exciting projects that have the potential to really make a difference to the way we provide care in NSW hospitals, including developing a strategy for reducing unwarranted clinical variation, the establishment of several new networks including Palliative Care, Rehabilitation, Chronic Care and Rural Health, welcoming the Intensive Care Coordination and Monitoring Unit and the Institute of Trauma and Injury Management from the NSW Ministry of Health, and taking on the Australian Resource Centre for Healthcare Innovation (ARCHI) website from HealthShare.

While 2013 has been a year of solidifying the strengthened organisation and our role in the system, 2014 will be a year of delivering real health benefits to the system for the ACI. It will be a busy, challenging year, and we are in the best possible position to make it the most rewarding in improving sustainable health care solutions. We look forward to your continued passion, expertise and dedication to help drive the innovations that will affect real beneficial change to patients and our health care system.

I wish each of you and your families a happy and healthy Christmas and all the best for the year ahead. I look forward to continuing to work with you in 2014 to deliver improvements in care for everyone in NSW.

Best wishes,

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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. 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.

Our Clinical Networks, Taskforces and Institutes provide a forum for doctors, nurses, allied health professionals, managers and consumers to collaborate across the NSW health system. The ACI works closely with the Ministry of Health, Bureau of Health Information, Clinical Excellence Commission, Health Education and Training Institute, NSW Kids and Families and the Cancer Institute NSW. By bringing together clinical and health system leaders from primary, community and acute care settings we create an environment and capability for innovation and redesign and promote an integrated health system.

ACI Board Members »
ACI Contact Details »

Clinical Network Report

ACUTE CARE TASKFORCE

Medical Assessment Unit Forum

The Acute Care Taskforce hosted a Medical Assessment Unit (MAU) Forum on 21 November 2013. The forum was an exciting opportunity to bring together more than 90 clinicians and managers working in the 29 MAUs across NSW.

The event included stimulating discussions on the MAU Model of Care, implementing nursing assessment standards at Wyong and the Clinical Excellence Commission’s (CECs) In Safe Hands program.
Participants were also given the opportunity to help decide the priorities for the MAU Working Group in 2014. From an initial list of 14 priorities identified, the top five to date are:

1. Clinical pathways – top ten (10) diagnosis related groups (DRGs)
2. Criteria led discharge
3. How MAUs can contribute to patient flow
4. Readmissions review
5. Standardised education

The full list is currently available to all MAU contacts for review and voting. These priorities link to the work being undertaken by the Acute Care Taskforce focused on developing tools to support standardisation of clinical management plans and tools to implement criteria led discharge. For further information or to vote contact the Manager, Acute Care Taskforce.
Integrated Care for Older People with Complex Health Needs Framework

The ACI Aged Health Network has developed a draft Framework for the Integrated Care of Older People with Complex Health Needs. The framework provides a comprehensive overview of the key components, principles and next steps for LHDs, Medicare Locals, the Ambulance Service of NSW, and residential and community aged care services to integrate care for older people with complex needs, their carers and families.

The framework provides a platform for open discussion and promotes collaborative action at a local level.

The draft framework is now available for consultation on the ACI website. All feedback is requested by no later than Friday, 14 February 2014.

Thank you and farewell

The Aged Health Network would like to thank Jacqui Close, who is stepping down as Co-Chair of the Network after four years in the role. During her time leading the Network, Jacqui has overseen the development and implementation of several key projects including the complex older person framework, hip fracture minimum standards, and the Care of the Confused Hospitalised Older Person (CHOPs) program.

The Network would like to congratulate Jacqui on such an extraordinary tenure and wishes her well in her future endeavours.
Puppets help children with their burn treatment

The Burn Education Puppet project was launched recently at the Children's Hospital at Westmead Burn Unit. Harper and Harvey are puppets created to produce ‘mini films’ that target and help children with a developmental age of three to eight years cope with their burn related injury and procedures with the aim of decreasing their anxiety.

The mini films of the puppets attending the Burns Unit both in the ward and the ambulatory care clinic can be viewed on an iPad. The puppet's fun and friendly presence help children with burn injuries decrease anxiety and conquer daunting medical procedures.

Burn Education Puppet project launch day. Photo A Darton.
New Co-Chairs for the Cardiovascular Clinical Expert Reference Group

The Cardiac Network is pleased to welcome Andrew Sindone, Cardiologist, Concord Repatriation General Hospital, and Kimberley Bardsley, Nurse Practitioner, Heart Failure Clinical Nurse Consultant St Vincent’s Hospital, as Co-Chairs of the Cardiovascular Clinical Expert Reference Group (CV CERG). The CV CERG group will meet before the Christmas break to plan activities for 2014.

Clinical Variation for Acute Myocardial Infarction

Four (4) of the nine (9) clinical audits of acute myocardial infarction have now been completed in collaboration with clinicians and managers at participating hospital sites. The audit has so far shown that there is a difference in the way that data is recorded across the sites, with some hospitals using paper records and others using one or more electronic systems. This variation in process across sites has impacted on the complexity of the auditing process.

Once completed, the audit data forms will be scanned and analysed by the NSW Bureau of Health Information (BHI). Despite initial concerns, the coding has been accurate to date.

A finalised audit report is due to be completed by the BHI in February 2014. Once available, the Network will visit participating sites to provide a local report on the results.

Health Finalists for the 2013 Premier's Awards

NSW Health was proud to have 12 finalists in the 2013 NSW Premier’s Awards for Public Service. The Awards recognise excellence in the delivery of public services to the NSW community.

Premier Barry O’Farrell congratulated the finalists and commended the achievements acknowledged in the awards during the Awards Ceremony on 13 November 2013 at Town Hall.

Premier O’Farrell highlighted the need to encourage continual improvement of systems and ensure we deliver better services to the community of NSW.

“We need to share new ideas about how to do things differently and promote the adoption of excellent management practices to enable the development and growth of a culture of continual improvement, innovation, reform and change,” he said.

The ACI extends congratulations to all the winners and finalists of the 2013 Premier’s Awards, particularly the 2013 Health winners:

- The Sydney Children’s Hospitals Network (SCHN) - winner of the Premier’s Award for Delivering Quality Customer Services for Optimising health and learning in refugee and vulnerable migrant students – a nurse-led screenings and referral program that’s successfully connecting refugees and students to the health system. The SCHN also won the NSW Health Innovation Award - Building Partnerships for this initiative in October 2013.
- HealthShare NSW - winner of the Premier’s Award for Improving Performance
and Accountability for their Enterprise Imaging Repository project, allowing
digital radiology images and reports to be shared across public hospitals in
NSW, reducing radiation and testing for patients.

- Royal Far West and their Child and Family Health Service – winner the
Premier's Award for Excellence in Public Service Delivery – recognising a non-
government service provider that consistently provides outstanding service to
the community. Nominated by Health, Royal Far West has been providing child
and family health services to rural and remote NSW for 90 years.

- Professor Robyn Ward AM, Director of Cancer Services, Prince of Wales
Hospital and Clinical Associate Dean of Prince of Wales School, South Eastern
Sydney Local Health District - winner of the Premier's Award for Individual
Excellence and Achievement. Professor Ward won the award for her initiative
in developing, implementing and continuously improving evIQ Cancer
Treatments Online - a point-of-care information system that provides
evidence-based information and resources on cancer treatment.

Congratulations to the Premier's Award finalists from NSW Health:

- Western NSW Local Health District for Mental Health Emergency Care – Rural
Access Program

- Clinical Excellence Commission for Between the Flags Program

- Health Infrastructure for Delivery of Regional Cancer Care Centres in NSW

- Hunter New England Local Health District for Empowering the Community of
Coledale

- Health Education and Training Institute for Prevocational General Practice
Placement Program – streamlining general practice accreditation for
prevocational training

- St Vincent’s Health Network for St Vincent’s Rehabilitation – Right
Rehabilitation, Right Time, Right Place

- Western Sydney Local Health District, Health in partnership with the Centre
for Road Safety, Transport and The Balnaves Foundation for bstreetsmart

- Centre for Oral Health Strategy, Health in partnership with the National Dental
Foundation NSW for Partnering for Community Oral Health

The ACI commends everyone from Health who submitted
an award nomination and thanks your ongoing
commitment and dedication. Working together to
improve healthcare, services and the community for
NSW is important to all of us.

More details on any of the 2013 Premier's Award winners
or finalists are available online.
CONSUMER ENGAGEMENT

The ACI is keen to support consumer involvement in the work of its clinical networks, taskforces and institutes.

During 2013 the ACI underwent a significant consultation process with key stakeholders to understand how we currently engage consumers and how we can best work together to strengthen this engagement. Following this review, we have established a draft plan with actions to ensure that the ACI is continually exploring different ways for how we can engage our consumer members.

In October 2013 the ACI postponed a Consumer Engagement Workshop to allow some of this preliminary consultation work to be undertaken. We are now pleased to invite our Network, Institute and Taskforce members to the rescheduled workshop as below:

Date: Monday, 24 March 2014
Time: 9.30am – 11.30am
(a brunch will be served from 11.30am – 12.30pm for any participants who wish to stay and mingle after the workshop
Venue: Stamford Plaza Hotel, Sydney Airport, Cnr O’Riordan and Robey Streets, Mascot, NSW 2020 Australia

Online registration is now available.

We are keen to have strong participation from all members of the ACI at the Workshop and look forward to presenting our progress in this area so far.

If you have any questions regarding the Workshop, please contact Ashley Langton on phone: 02 9464 4710 or email: ashley.langton@aci.health.nsw.gov.au.

Clinical Network Report

GASTROENTEROLOGY

New Co-Chair

The ACI Gastroenterology Network is pleased to announce that Stuart Loveday, will join Darren Pavey as Co-Chair of the Gastroenterology Network in 2014. Stuart has a long association with ACI, and has served as a consumer member of the Network since 2008, playing an important role on the Network Executive and the Viral Hepatitis Working Group.

Stuart has a background in youth homelessness, alcohol and other drug addiction related work, public housing, and human rights organisational and financial management. He has been an executive board member of Hepatitis Australia since 1997 and is also the immediate past President. He is the current CEO of Hepatitis NSW and has been in this role since 1994. The Network looks forward to working with Stuart in his new role in 2014.
The year that was!

It has been a rewarding year of rapid growth and development for the newly formed ACI Rural Health Network. Since the last newsletter update, the Network has been undertaking numerous activities designed to share and showcase innovative rural ‘working’ models of care, promote the Australian Resource Centre for Healthcare Innovations (ARCHI) Innovation Register, provide rural critique for models of care and co-opt special interest group expertise to progress priority areas.

All activities the Network has engaged in during 2013 have evolved from rural surveys and consultations conducted earlier in the year, a collaborative model we will be looking to repeat in 2014.

The Network has convened a number of Working Parties to progress key issues identified in this review. If you are interest in joining one of these groups please contact the Network Manager for more information. Planning is underway for ACI to host a Rural Innovations Changing Healthcare (RICH) Forum on Friday, 14 March 2014, linking 14 rural sites via videoconference to showcase rural innovation. Abstract submissions for the RICH 2014 Forum are now open.

NSW Health Innovation Symposium Sponsorship

Following expressions of interest through the Local Health Districts (LHDs), eighteen rural clinicians were sponsored by the ACI to attend the recent NSW Health Innovation Symposium in Sydney to learn how local innovations are making a difference to patient care across the state.

Key take home messages from the symposium included:

- Local Solutions to local problems – own the problem
- Take risks – change requires determination
- Partner with others – share resources
- ‘From little things, big things grow’ – set achievable goals

Feedback from the clinicians who were sponsored to attend the event was extremely positive and the Network is pleased that the ACI was able to help share the knowledge.
ACI Rural Innovation Awards

The ACI sponsored three new Innovation Awards to highlight the value of innovation in clinical practice at the Rural Health and Research Congress held in Port Macquarie. The 48 concurrent presentations were judged against agreed, robust selection criteria based on projects which demonstrate resourcefulness and creativity in design, sustainability in embedding the change and potential to be taken up by other health settings. Each of the three winning projects received $1,000 to be used by the Project Team to add value to the project and contribute to its sustainability.

Congratulations to the three winners for 2013:

- **Best Small Facility / MPS Project**: NSW Ambulance - As part of the Paramedic Connect Program, paramedics who are co-located on site at the MPS work within the small facility Emergency Department whilst on duty, to assist the Registered Nurse in the initiation and management of patients in the absence of a Medical Officer. Only operational for five months, three Hunter New England LHD facilities are supporting this interdisciplinary approach to care with substantial patient and staff support benefits.
**Most creative / Innovative Project**: Hunter New England LHD – For creative utilisation of existing technology in establishing regular specialist to patient consultations via videoconference, and extending this service to explore health service benefits using iPads for home videoconferencing, to improve access and reduce isolation for Spinal Cord Injury and Brain Injury Groups in rural and remote HNE LHD communities.

**Most Transferable or System-wide Potential Project**: Nambucca Valley Care and Mid North Coast LHD – Development of a new graduate rotation
program shared between the Macksville Hospital acute care and Nambucca Valley Care aged care settings as a ‘grow your own’ recruitment strategy which raises the profile of Aged Care as a specialty and increases opportunities for supported new graduate placements across NSW.

Model of Care Workshop

The ACI also conducted a multidisciplinary workshop at the Rural Health and Research Congress to introduce participants to the necessary processes for developing a Model of Care. Facilitated by Jennifer Parkin, Implementation Manager, ACI Clinical Program Design and Implementation team, this interactive session gave 25 participants the opportunity to work on their own proposals. Two key ‘take home’ messages from the session included:

- Don’t jump to the solution – focus on the problem
- Engage your sponsor early and develop your 30 second grab to sell your message
INSTITUTE OF TRAUMA AND INJURY MANAGEMENT

Farewell Peter

ACI/ITIM would like to bid farewell to the Clinical Director, Dr Peter Clark. Peter joined the ITIM team in July 2010 when ITIM were located at North Ryde under the auspices of the Department of Health. Peter has worked with ITIM over the last 3 years contributing to the NSW trauma services. He moved with the team to ACI in November last year. Peter will continue working within trauma in a clinical capacity at Westmead as a Trauma Consultant.

The staff at ITIM would like to thank Peter for his contribution over the last three years and wish him luck in the future.

Welcome Oran

ACI/ITIM is pleased to announce that Dr Oran Rigby has accepted the appointment as Clinical Director, ITIM. Oran is a Consultant Intensivist and Pre-Hospital Specialist with post graduate qualifications in Surgery, Tropical medicine and International health. Oran is currently the Director of Trauma Services, Southern Sector NSW as well as being active in retrieval with Greater Sydney Area H.E.M.S and as a Visiting Medical Officer intensivist with Northern Sydney Local Health District.

Originally training in Ireland, Oran has completed Masters Degrees in Orthopaedic Medicine at Trinity College in Dublin, Trauma Surgery at the University of Wales, and Disaster Medicine from the combined Universities of Piedmont, Italy and the Free University of Brussels, Belgium.
He has worked in pre-hospital and retrieval services with various Australian state agencies as a member of the Australian Medical Assistance Team. Oran joined the ACI/ITIM team in mid-November.

**Welcome Kellie**

ACI/ITIM would like to introduce Kellie Wilson to the ITIM team as the Clinical Review Officer.

Kellie has 20 years’ experience in critical care and surgical Paediatric Nursing of which 10 years have been dedicated to Paediatric Trauma and injury prevention. Her previous role was Paediatric Trauma Clinical Nurse Consultant for Sydney Children’s Hospital, a position she has held since 2003, with a period as Acting Director of Trauma during that time. Kellie has extensive experience within the NSW and Australasian Trauma System with representation on a wide range of Committees and working parties. She has a Diploma of Applied Science (Nursing) and a Graduate Diploma in Clinical Practice (Paediatric Major).

**ITIM Education Committee**

The ITIM Education Committee has now been formed, co-chaired by Dr Duncan Reed (Trauma Director at Gosford Hospital) and Liz Leonard (Trauma Clinical Nurse Consultant at Royal Prince Alfred Hospital), with their inaugural meeting held on the 26 November 2013. The Education Committee will provide strategic advice to the ITIM Executive on system wide education requirements and opportunities and provide oversight of the education functions of ITIM. The key focus is in promoting and providing direction to collaborative trauma education in NSW.

Information on all the ITIM committees can be found on the ITIM Committees page on our website.

**Clinical Network Report**

**INTELLECTUAL DISABILITY**

**Congratulations**

Congratulations to Natalie Duckworth, ACI Intellectual Disability Network member and Clinical Nurse Consultant, who was awarded the best new speaker honour for her presentation on the Northern Sydney Intellectual Disability Health Team multidisciplinary clinics pilot at the National Conference for Nurses working in Developmental Disability (PANDDA).

Natalie spoke about the aims of the pilot, her role in this multidisciplinary approach to care and the Intellectual Disability Network itself involvement with the project.

The Advisory Committee to this pilot project meets quarterly and members of the ID Network form a significant part of the committee. The pilot links in with the ACI Intellectual Disability Network through the Models of Care Subcommittee and the Evaluation Committee. For more information on the pilot visit Northern Intellectual Disability Health or contact the Network Manager.
**Roundtable Research Catalogue Launch**

The ID Network Research and Development Subcommittee recently hosted a Roundtable Research Discussion day at the University of NSW to launch the new catalogue of current ID research in NSW. Hosted by sub-committee Co-Chairs Julian Trollor and Vivian Bayl, the roundtable focused on the results and analysis of the catalogue survey, identified gaps in the research, and examined the development of research guidelines for work involving people with an ID.

The full survey reports are now available on the Resources for Clinicians and Managers page on the ACI website. For more information, contact the Network Manager.
Clinical Network Report
MUSCULOSKELETAL

Musculoskeletal Network Achievements

The ACI Musculoskeletal Network was proud to present two of their achievements at the NSW Health Innovations Symposium in October. The titles of these presentations were:

- **Partnerships to improve osteoarthritis care** – presenting the journey in setting up the Osteoarthritis Chronic Care program (OACCP) in NSW along with some of the person related and health system outcomes the teams across NSW have achieved to date. Tim Cooper, Gosford and Wyong Hospitals, shared some of the practical learnings his team experienced while delivering this intervention.

- **Working together to prevent osteoporotic re-fractures** – was about learning more about implementation of the Model of Care for Osteoporotic Re-fracture Prevention in NSW. Some of the patient related outcomes were presented, as well as how Murrumbidgee Local Health District worked together with their Medicare Local to mould the intervention for their rural community.

Tim Cooper, Physiotherapist from Central Coast LHD presenting the outcomes of the OACCP. Photo: R. Speerin.

Other recent achievements of the Network include:

- Working with the Sydney Children’s Hospital Network and colleagues across NSW to plan implementation of the *NSW Paediatric Rheumatology Network Model of Care*

- Support of the NSW Ministry of Health project that aims to implement a workable solution to orthopaedic prosthesis procurement

- Ongoing support of the graduate certificate for nurses in musculoskeletal nursing that is provided by the Australian College of Nursing

- Development of a model of care for people with Low Back Pain – early
development stage of this much needed intervention

- Development of a primary care initiative that highlights the needs of people with musculoskeletal conditions.

For further information concerning these projects please contact the Network Manager.

Clinical Network Report

Co-Chairs: Katherine Becker and John Christie

Thank you and farewell

The Neurosurgery Network would like to thank Kate Becker and John Christie for their unfailing contributions as Network Co-chairs. At the Network Executive Committee meeting on 20 November 2013, both Co-Chairs announced that they were stepping down from their roles.

Kate is completing four years in her role and she is only the second person to hold the Nursing Co-Chair position since the Network was formed in December, 2001. During her tenure the ACI experienced significant organisational changes and Kate’s commitment to the Network provided much needed governance and stability during that period.

Stepping away from her obligations to the Network will allow Kate to focus her energies on her position as the Nurse Practitioner in Neurosurgery at Royal North Shore Hospital. One of her first projects will be to contribute to the establishment of a cerebrovascular support group for patients, family and carers. Kate will continue to be a member of the ACI Neurosurgery Network.

After two years in the role, John is stepping down to allow another neurosurgeon the opportunity to provide a fresh perspective to the Network leadership. This is an interesting thought considering John is the Ducati riding head of Department of Neurosurgery at John Hunter Hospital.

In his spare time John is also an Emergency Management of Severe Trauma (EMST) Instructor, conducts full public and private operating lists and out patient department clinics. He conducts education and instructional programs for general practitioners on pre-hospital management of back pain. John also contributes his time to the next generations of medical officers by delivering lectures and professional skills programs for medical students.

The Network acknowledges the significant time and dedication both Co-Chairs have put in to their roles and looks forward to their continued involvement as members of the Network in the future.
Clinical Network Report
NUCLEAR MEDICINE

Co-Chairs: Barry Elison and Elizabeth Bailey

Role delineation

Members of the ACI Nuclear Medicine Network attended a workshop at the NSW Ministry of Health recently to review and provide advice on the revision of the role delineation for Nuclear Medicine services. Suggestions highlighted during the workshop included that rather than ‘Core’ and ‘Support’ Services, all services should be categorised as ‘Clinical’, some of which require others to support them within the hospital. The Ministry will now collate the feedback received during the workshop and advise of any changes made as a direct result.

Radiopharmaceuticals procurement

The ACI continues to collaborate with HealthShare on the procurement of all radiopharmaceuticals on a panel contract from mid-2014. A request was recently made to Chief Executives of Local Health Districts (LHDs) which have Nuclear Medicine departments, for a representative clinician member to join a Contract Reference Group (CRG) to ensure the process evolves appropriately.

Medical Imaging District Services

Please see the Radiology report for a full update.

Clinical Network Report
NUTRITION

Nutrition in Hospitals Co-Chairs: Helen Jackson and Nigel Lyons
Home Enteral Nutrition Co-Chairs: Janet Bell and Peter Talbot

Translated Parenteral Nutrition Factsheet

The Parenteral Nutrition (PN) Factsheet developed by the ACI Nutrition and Gastroenterology Networks has now been translated and made available in seven different key community languages. The translated versions can be accessed on the Resources for Consumers page of the ACI website.

The Working Group also recently presented the Parenteral Nutrition project at the recent Australasian Society for Parenteral and Enteral Nutrition Conference in Sydney. Congratulations to everyone involved.

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Nutrition in Hospitals Survey Results

Members of the ACI Nutrition Network were recently asked to participate in a survey on the Nutrition in Hospitals Committee. The survey included questions about how the committee functions, what works well, what could be improved and what the committee should focus on in the next two years.

Thank you to everyone who took part in the survey. Results indicate that respondents feel the committee has helped to raise the profile of nutrition care and food in hospitals, provided a forum for clinicians and consumers to work together, and completed projects that help to improve patient care. Communication, organisation, consultation and a diverse membership were identified as being some of the key strengths of the committee.

A number of new projects and initiatives were also proposed for future consideration including nutrition care education programs, evaluation tools and resources, benchmarking activities and audits.

The feedback provided in the survey will be tabled for discussion at a planning day in early 2014 and will inform the next work plan. For more information, contact the Network Manager.

Home Enteral Nutrition The ACI Home Enteral Nutrition (HEN) Executive Committee recently invited all Network members and interested clinicians to a meeting to provide an update on ACI HEN activities and to discuss possible future initiatives. The meeting included presentations on key work done by the Committee to date including the HEN Register pilot, the development of guidelines for gastrostomy care, and relevant HEN and PN resources.

Participants also discussed the impact of Activity Based Funding (ABF) reforms on HEN and PN, the results of a HEN survey conducted by Westmead Hospital Nutrition and Dietetics Department, and received a HEN update from EnableNSW.

The Committee hopes to hold similar meetings in the future. More details on potential dates will be made available in early 2014. For more information, contact the Network Manager.
From eye-dea to eye app

The ACI Ophthalmology is pleased to announce the **Eye Emergency Manual App**, which is now available in the Google Play Store for Android smart devices.

It is anticipated that the App for iPhone and iPad will be available in early 2014.

Eye emergency consensus clinical guidelines were developed by ophthalmic and emergency clinicians to address two major issues identified by ophthalmologists:

1. inadequate ophthalmic skills of emergency clinicians including junior medical officers (JMOs) working in Emergency Departments (EDs) resulted in the lack of a basic workup to identify the severity and urgency of the problem and inappropriate referrals to ophthalmologists
2. the time spent teaching ophthalmic management had decreased in medical and nursing undergraduate programs

In 2007, guidelines were published in a structured format with high graphical content and distributed to EDs electronically and in hard copy. They were formally introduced into NSW EDs and their use evaluated during 2008 with statistically significant improvement in the documentation of history and examination in the ophthalmic workup identified.

Guidelines were revised and the second edition of the manual was published in 2009 in both a standard and pocketbook version. Education modules based on the guidelines were developed and delivered both electronically and in multidisciplinary interactive workshops across NSW from 2008 to 2013, educating around 1000 clinicians.

In 2012 JMOs were surveyed, with results indicating a preference for the guidelines to be distributed as an ‘App’ for smart phones and tablets. Funding was obtained from the Sydney Eye Hospital Foundation and the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) to transform the guidelines into an App for smart devices.
Palliative Care Forum

In November, the ACI Palliative Care Network hosted a Network Forum to update members on the progress of the Model for Palliative and End of Life Care Service Provision development. More than 120 network members and other key stakeholders attended the event.

To assist with discussions, a Diagnostic Summary Report outlining key learnings to date was provided to participants prior to the Forum. A highlight from the event was a session on Fact of Death Analysis led by Liz Hay, Manager of the Health Economics and Analysis Team at the ACI. Key facts discussed in the session included the relatively intense use of admitted hospital services in the last year of life, a high proportion of emergency / unplanned admissions, and a high number of deaths in hospital. Outcomes from an extensive range of consultations with consumers, carers, specialist palliative care providers, and primary care providers, including General Practitioners, were also presented highlighting a need for an integrated approach to care for all people approaching and reaching the end of their life.

Feedback received from the forum will be incorporated into the Model for Palliative and End of Life Care Service Provision document which is scheduled for release in the first quarter of 2014.

Participants at the Palliative care forum
Medical Imaging District Services

The ACI hosted a stakeholder briefing event in late October 2013 to highlight progress in the development of a Medical Imaging District Services (MIDS) Implementation Toolkit and supporting resources. Local Health District (LHD) managers and medical imaging clinicians were invited to attend the briefing to gain a better understanding of the process being used in the development of the toolkit and resources and to give their feedback to inform this process.

A draft Toolkit will be completed in early December and will be made available for comment in early 2014. Northern Sydney LHD will continue to partner with the ACI as a trial pilot site for implementation of the toolkit and resources early in the new year.

Role delineation

Members of the ACI Radiology Network were recently invited to attend a workshop at the NSW Ministry of Health to review and provide advice on the revision on the role delineation for what was originally called 'Diagnostic Imaging'. Interventional Radiology has not previously been included in the role delineation of diagnostic imaging but following feedback given during the workshop has now been incorporated into the appropriate service levels. These services have now been renamed under the blanket term of 'Radiology'.

ACI Rehabilitation Model of Care Implementation Project

The Rehabilitation Network has been working with consumers and the ACI Patient and Staff Experience Team to develop a video resource to support the implementation of the Rehabilitation Model of Care in Local Health Districts.

Two consumers of rehabilitation services in NSW have been interviewed on camera describing their experiences of the rehabilitation journey - one before the new model of care was implemented and one after implementation. Their stories serve to contrast key areas which have a dramatic impact on the perception of care a patient receives, and highlights the importance of clinicians remaining patient focused and ensuring that they communicate clearly both with the patient and each other.
The videos were recently launched at a Rehabilitation Network meeting and are a valuable resource that will have wide application from the orientation of staff new to rehabilitation, to education for clinicians and healthcare staff regarding the importance of patient centred goal setting, as well as promoting the value of rehabilitation services. The videos can be accessed on the Rehabilitation Patient Stories page of the ACI website. For more information, contact the Network Manager.

Rehabilitation video launch. Photo: C O’Connor

Goal Training Workshops

The Rehabilitation Network Goal Training Workshop series are now complete, with more 260 clinicians from across the state trained in patient centred goal setting.

Initial feedback from the workshops has been extremely positive and a formal online evaluation survey is planned for early 2014. The survey will examine how successful workshop attendees have been in implementing patient centred goal setting in their workplace since completing the training. It will also seek to establish any barriers or facilitators clinicians have encountered when attempting to put their training into practice within their rehabilitation service, which will help inform any potential future workshops.
Water Quality Management

A sub-group of the Dialysis Working Group has been reviewing the Dialysis Water Pre-treatment for In-Centre and Satellite Haemodialysis Units in NSW: A Set of Guidelines document which was developed by the Network in 2008. Dialysis clinicians and technicians have indicated that they find the guide very helpful for assisting in the maintenance of high standards of water quality and safety for dialysis patients, however it has been noted there have been some changes to best practice evidence and recommendations since the release of the document. These changes will be incorporated into the revised guidelines following review by the working group, along with an additional section on home dialysis locations.

In addition to the review of the updated recommendations, the sub-group has also undertaken a survey of current practices to assist the development of a structure for the new guidelines. Thank you to everyone who provided insight through the survey, the feedback from participants has been very helpful.

The revised guidelines will be made available in early 2014. For more information, contact the Network Manager.

Renal supportive care draft proposal

Thank you to everyone from the NSW renal units who provided feedback on the draft proposal for a model for renal supportive care which was circulated in early October by the Renal Supportive Care Working Group (RSCWG). Key themes from the feedback highlight the need for better supportive care, as well as noting that some areas of the proposal were not clearly explained, and that further review of the figures and expected staffing levels was needed.

The RSCWG have discussed the responses and will present a revised proposal to ACI for further consideration.

Results of national live donor donation consultation

The NSW Ministry of Health (MoH) recently assisted the Commonwealth Department of Health and Aging in a consultation with renal clinicians regarding approaches to live-donor transplantation. Donation numbers have fallen since 2009 and it is unclear if this is a trend or part of normal variation. The MoH is looking to work with the ACI Renal Network to facilitate further discussion on this topic. Results of the NSW consultation have been circulated to the Transplant Working Group and to Local Health District Renal Heads of Department. Please contact the Renal Network Manager if you would like to receive a copy of the collated information or to provide feedback for the statewide consultation report.
University Poche Centre for Excellence in Aboriginal Health, Cancer Australia, NSW Cancer Institute and the NSW Aboriginal Environmental Health Unit.

The aim of the forum was to increase awareness of the impact of respiratory conditions on Aboriginal communities and to explore potential statewide solutions.

The differences in the health outcomes of Aboriginal people versus non Aboriginal people with respiratory conditions living in NSW across the life span are significant and continuing to increase.

In 2011/12 Aboriginal people in NSW were two and a half times more likely than non-Aboriginal people to be hospitalised for respiratory diseases. This is also reflected in hospitalisations for acute respiratory infections in Aboriginal children aged from zero (0) to four (4) years, people with Chronic Obstructive Pulmonary Disease aged 65 years and over, Aboriginal people of all ages with pneumonia or influenza, and the incidence of asthma and lung cancer.

A highlight of the forum included a presentation by team members from the Queensland Health Indigenous Respiratory Outreach Care program (IROC), who were in Sydney for the World Lung Cancer Conference. The IROC program is a well established program which provides multidisciplinary outreach respiratory services to metropolitan, regional and rural communities across Queensland. IROC has worked with local Aboriginal communities to develop culturally appropriate consumer resources to support quit smoking interventions and respiratory self-management. These resources have been developed in multiple formats including flip chart, talking story boards, video clips and action plans and have proved very popular with participants.

![Samples of IROC Resources. Photo: C Barrack](image)

A Think Tank session was also held in the afternoon to explore first steps for improving respiratory health for Aboriginal people in NSW and to reach consensus for the best first steps to take. The ACI is now compiling a full report on the recommendations from the forum, which will be made available in 2014.
Clinical Network Report

Co-Chairs: Susan Towns and Kylie Polglase

TRANSITION CARE

New Transition Coordinator

Congratulations to Sarah Ryan, who was appointed to the permanent role of Transition Care Coordinator for the South Eastern Area in November. Sarah has been acting in the role for several months and her skills and experience in working with young people with chronic illness are a great asset to the team.

Transition in the Illawarra

Lynne Brodie and Sarah Ryan visited the Illawarra region in late October to present on transition to allied health and nursing staff at both Port Kembla and Wollongong Hospitals. There is great enthusiasm for improving transition process in the Illawarra and a guideline *Transition to Adult Services for Young People with a Chronic Illness / Disability* has recently been released that has relevance for physiotherapists working in paediatric and adult services across the District. Further details on this guideline can be obtained from Jo Morrell, Senior Paediatric Physiotherapist, The Wollongong Hospital, via email at: Joanne.Morrell@SESIAHS.health.nsw.gov.au.

National Youth Health Conference

An interactive transition workshop titled Transition, Rare Diseases and Social Media was held on 15 November 2013 at the National Youth Health Forum in Fremantle, Western Australia. Presentations included an overview of the ACI Transition Network by Kate Steinbeck, transition for rare diseases by Yvonne Zurynski and the Trapeze program by Jane Ho. Most valuable was a consumer insight by a young ‘transitioner’ Ryan Murphy, who told of his journey with chronic illness and his experiences moving from paediatric to adult health care. A panel discussion that included input from ACI Network Manager Lynne Brodie and Transition Coordinator Patricia Kasengele followed Ryan’s presentation.

Network Manager

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Left to right: Jane Ho, Yvonne Zurynski, Ryan Murphy, Kate Steinbeck, Annabelle Waller. Photo: provided by L Brodie.

Angie Myles with poster. Photo provided by L Brodie.
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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