The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. We harness the knowledge and experience of people working in the NSW health system and the consumers accessing care. Our Clinical Networks, Taskforces and Institutes provide a forum that brings together doctors, nurses, other health professionals, managers and consumers 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. The ACI supports Local Health Districts to implement new ACI initiatives through its dedicated health economics and analysis, implementation and evaluation teams.

We work closely with our partners in health to improve patient care, address inequities in access and reduce avoidable hospitalisations. By bringing together clinical and health system leaders from primary, community and acute care settings our clinical networks, institutes and taskforces promote innovations that improve health service delivery across an integrated health system.

To provide clear direction for our staff and partners in health, the ACI Strategic Plan 2012-2015 focuses on driving clinician-led, patient-centred innovation in clinical practice through the development and implementation of best practice evidence-based models of care.

The Operational Plan 2014-15 details the key projects and steps the organisation will take to achieve the goals outlined in the strategic plan.

Further details of ACI’s Strategic Plan and annual Operational Plan are available at: www.aci.health.nsw.gov.au/about-aci

Excellence and Innovation in Healthcare Portal
You can keep up-to-date on health care improvement initiatives being undertaken by the Agency for Clinical Innovation and the Clinical Excellence Commission.

• Find more than 100 different initiatives including rural and aboriginal health initiatives.
• Use the advanced filter function to refine your search.
• Learn more about the benefits to the consumer and healthcare providers of work underway across the NSW health system.
• Compatible with mobile phones, smart phones and tablet devices
• Contact the initiative lead to find out more www.eih.health.nsw.gov.au
Acute Care

ACI Clinical Networks, Taskforces and Institutes sit within individual ACI portfolios. The opportunity to work in close collaboration within and across the portfolios is enhanced and strongly encouraged.

The ACI Acute Care Portfolio (ACP) brings together networks which include clinicians working within the fields of internal medicine. These networks explore opportunities to improve clinical practice and the experience of care across the patient’s clinical care journey. Close collaboration with networks and clinicians in other ACI portfolios is vital and is encouraged to build implementable sustainable best-practice models of care.

Network managers also work closely with the ACI Clinical Program Design and Implementation (CPDI) Portfolio. These teams support the Networks and Taskforces in a structured approach to the development and subsequent implementation and evaluation of models of care.

The following pages highlight the current key priorities and work of the ACP networks and taskforce in 2014-2015.

We would be pleased to provide additional information about our networks. Please feel free to contact our network managers directly, or Daniel Comerford, Director, Acute Care Portfolio, ACI.

Contact
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Director, Acute Care

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Acute Care Portfolio Projects

- Congestive Heart Failure Model of Care
- Unwarranted Clinical Variation Acute Myocardial Infarction (AMI)
- Hepatitis C Model of Care
- End Stage Kidney Disease
- Cystic Fibrosis Model of Care
- Blood & Marrow Transplant (BMT) Acute Myeloid Leukaemia (AML)
- Transcutaneous Aortic Valve Implantation (TAVI)
- Cardiac Reperfusion - Nurse Administered Thrombolysis
- Timely Access to Imaging Services
- Renal Supportive Care
- Medical Assessment Unit Model of Care
- Clinical Management Plans
- BMT Environmental Cleaning
- Intravenous Insulin Chart
- BMT Long Term Follow Up
- Stroke Reperfusion
- ED or Direct Admission
- Inpatient or Outpatient*
- Patient exits the hospital
- Patient in the community
- Rehabilitation
- Medical Imaging District Services (MIDS)
- Cardiac Reperfusion – Pre Hospital Thrombolysis
- Diabetes Mellitus Model of Care & High Risk Foot Standards
- Unwarranted Clinical Variation: - Community Acquired Pneumonia - Stroke
- Criteria Led Discharge
- Pleural Drains Guideline
- Subcutaneous Insulin Chart
- Tracheostomy Guideline
- Gastrostomy Standards

*includes HITH and ambulatory care
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 2014, work will focus on the medical inpatient journey. The Taskforce meets quarterly.

Key Projects:
The Acute Care Taskforce is working in partnership with the Clinical Excellence Commission (CEC), Health Education and Training Institute (HETI) and NSW Ministry of Health (MoH) to develop resources to improve coordination of the medical inpatient journey. The important elements include:

- A Patient Flow Systems approach (MoHs Patient Flow Portal and HETIs Key Principles of Smooth Patient Flow)
- Clinical Management Plan
- Interdisciplinary Ward Rounds (CEC’s In Safe Hands Program)
- Estimated Date of Discharge and Waiting for What? (MoHs Patient Flow Portal)
- Criteria Led Discharge
- Safe Clinical Handover (CEC).

In August 2013, the Acute Care Taskforce published a resource for bidirectional transfer of care between GPs and hospitals. The Taskforce is working with the CEC to plan implementation of the resource. Building on this work, the Taskforce is now working with the Electronic Medical Record (eMR) Team on an electronic discharge summary.

The Acute Care Taskforce is also finalising 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.

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System linkages for the Improving the Medical Inpatient Journey
The Blood and Marrow Transplant Network was established in 2002 to facilitate networked activities for BMT clinicians in NSW public hospitals.

The role of the BMT Network is to provide governance to statewide clinical improvement initiatives, to deliver a statewide quality management system, and to provide an infectious disease management service. The BMT Network Round Table provides oversight to activities along with two sub-committees (Laboratory and Nurses) as well as project working groups. The BMT Network produces resources for patient education, professional development, and clinical support. A comprehensive annual calendar of activities is also delivered which includes a scientific symposium, introductory and advanced nursing workshops, and a clinicians meeting.

BMT Network Service Priorities

**BMT Quality Management Service**

The BMT Network supports the quality system of BMT’s seven processing facilities and twelve collection/clinical sites across NSW. The service provides a comprehensive quality system that meets the requirements of ISO15189, NPAAC and FACT and is technically specific for the BMT Services it supports.

**BMT Infectious Disease Management Service**

The BMT quality of infectious disease management assesses the BMT units in NSW and develops and implements related protocols for clinical care for common infectious diseases problems.

The key priority at present is the BMT Environmental Cleaning Working Group which has been convened to oversee the implementation, and monitoring of universal environmental standards in BMT units across NSW. This project will ensure appropriate audit and reporting tools for BMT units. This work is being undertaken in close partnership with the Clinical Excellence Commission’s, Hospital Acquired Infection program of work.

A Model of Care BMT Chronic Care – Long Term Follow Up for Allogeneic Transplant Survivors

With more patients undergoing allogeneic BMT and improved survival outcomes, there is an increasing need to support and manage the long term sequelae of allogeneic transplant. This model of care will introduce a sustainable strategy for long-term follow-up. A more preventative, and coordinated approach via face-to-face clinics and Telehealth services will help to improve health outcomes, the quality of life for these patients, and to improve transitional care for paediatric cases to adult services.

A Model of Care for Acute Myeloid Leukaemia

This model focuses on all patients with Acute Myeloid Leukaemia (AML) including Acute Promyelocitic Leukaemia (APML) through the continuum of the patients’ journey from presentation through to follow up care and long term survival. This will incorporate all health care settings where haematology care is provided including acute inpatient care, ambulatory care and outreach settings. The model is in the final stages of development and once the consultation is complete, implementation plans will be developed with LHDs.

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BMT Network Manager

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Cardiac Network

The 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 Cardiac Network has the lead responsibility for the implementation of the State Cardiac Reperfusion Strategy (SCRS) following its transition from the Ministry of Health. The SCRS aims to improve care for all patients with an Acute Coronary Syndrome and reduce time from symptom onset to definitive treatment for patients with an ST Elevation Myocardial Infarction.

The strategy is designed to tailor care to specific settings so that all patients, regardless of their geographical location or access pathway (i.e., hospital or ambulance) can benefit from early access to specialist medical advice and appropriate treatment.

The current priorities for the Cardiac Network include:

• Implementing the cardiac reperfusion strategy throughout NSW
• Developing models of care to reduce potentially avoidable hospitalisations for people with Chronic Heart Failure
• Assessment of the quality of care and adherence to guideline recommended therapy for patients with suspected Acute Coronary Syndrome
• Developing partnerships with LHDs to address unwarranted clinical variation in 30 Day Mortality for Acute Myocardial Infarction
• Revising the Clinical Service Framework for Heart Failure
• Implementation of Better Cardiac Care for Aboriginal and Torres Strait Islander peoples strategies.

Endocrine Network

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

Current priorities identified by the Endocrine Network Executive for 2014 include:

• Implementation of a standardised subcutaneous insulin chart
• Implementation of a Model of Care for People with Diabetes Mellitus
• Implementation of Standards for High Risk Foot Services
• Implementation of a standardised intravenous insulin chart

The development, endorsement and implementation of these priorities will involve consultation with clinicians throughout the care continuum from primary health care sector and general practice through to inpatient areas.

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Gastroenterology Network

The Gastroenterology Network was established in 2005 to promote high quality care, reduce inequities in access to services and improve outcomes for NSW patients with a range of gastroenterological disorders. As part of this, the Network has also advocated for better support of viral hepatitis treatment and care, including enhanced funding and transparency of clinical governance.

The Gastroenterology Network’s current priorities are:

- Supporting the implementation of a NSW Endoscopy Information System (EIS); In conjunction with the Nutrition Network, supporting the finalisation and implementation of statewide Gastrostomy standards of care. This will involve developing an education package.
- Developing a Models of Care to reflect forthcoming changes to NSW clinical practice in Hepatitis C.

Nuclear Medicine Network

The Nuclear Medicine Network was established in 2002 to provide expert advice on this highly specialised branch of Medical Imaging (MI) to the NSW Ministry of Health and Local Health Districts. Cardiac, bone and thyroid scans are some of the traditional examinations requested by referrers to Nuclear Medicine. With advancements in technology and molecular tracers, targeted radionuclide therapies for certain cancers and Position Emission Tomography (PET) imaging using Fluorodeoxyglucose (FDG) are becoming more commonplace.

Radiopharmaceutical practice is governed by the Australian Radiation Protection and Nuclear Safety Agency (ARPANS) as well as the NSW Radiation Control Act. These regulations govern which sites and personnel are licensed to manage radiopharmaceuticals.

The Network produces and supports the development of education resources to ensure safety compliance and risk mitigation when undertaking uncommon nuclear medicine therapies and procedures.

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Radiology Network

The Radiology Network was established in 2002 to improve the quality, safety and effectiveness of radiology services for NSW patients and to facilitate collaboration and networking among radiology departments and their referrers across metropolitan and rural NSW. The Network develops education resources such as courses, quarterly presentation evenings, learning packages, factsheets and safety checklists to assist in the facilitation of this goal.

The following work is being progressed by the ACI Radiology Network:

- Medical Imaging District Services (MIDS) Implementation Toolkit for LHDs to move to a more business-like approach for clinical services and self-sustainability.
- Partnering with the MOH and HealthShare in the development of other strategic projects which include:
  - Radiology Workforce Report
  - Financial options for replacement of medical imaging equipment for patient safety and maximising revenues
  - Standardised, robust outsourcing contracts.
- Timely Access to Radiology Services
- Radiology Nursing Model of Care and Scope of Practice
- Radiology “Wrong Site” Best Practice Strategies

Renal Network

The Renal Network was established in 2002 to guide the provision of high quality renal ambulatory, home dialysis, renal transplant and supportive services throughout NSW efficiently, effectively and equitably. The network also seeks to create opportunities to delay onset of end-stage kidney disease (ESKD).

The Renal Network has active involvement with all renal units in NSW, and enables a forum whereby clinicians can share concerns from their own workplace and develop strategies to manage shared issues. The Renal Network provides guidance for effective activity based funding for dialysis services and is developing a workable model to provide supportive care to patients with ESKD whether or not they choose to have renal replacement therapy. Items in the current Renal Network work plan include:

- Developing a model of care to provide supportive care to patients with ESKD whether or not they choose to have renal replacement therapy
- Involving clinicians in development of eMR for renal services with HealthShare
- Providing guidance for effective activity based funding processes for dialysis services
- Updating information to guide dialysis units in the management of the quality of water for dialysis
- Conducting a State-wide dialysis capacity audit, to enable renal units to advise management on planning and funding of dialysis services in NSW
- Renal nursing workforce analysis.

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Respiratory Network

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

The Respiratory Network’s current activities include:

- Development of strategies and resources to support Local Health District’s to address unwarranted clinical variation in 30 day mortality rates for adults admitted to hospital with community acquired pneumonia
- Development and implementation of a NSW Cystic Fibrosis Model of Care.
- Statewide implementation of best practice guidelines:
  - Pleural Drains in Adults – A Consensus Guidelines;
  - Care of Adults in Acute Facilities with Tracheostomy (in collaboration with Intensive Care and Coordination Monitoring Unit (ICCMU))
  - Non Invasive Ventilation for acute respiratory failure in Acute Facilities (in collaboration with Intensive Care and Coordination Monitoring Unit (ICCMU)).
- Use technology to increase access to respiratory education for multidisciplinary clinicians in NSW.
- Increase the quality and capacity of existing pulmonary rehabilitation programs in NSW.

Contact
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Statewide Stroke Network

The ACI Statewide 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, Bureau of Health Information (BHI) 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.

The Stroke Network continues to provide baseline audit data for rural LHDs in NSW where there are currently no organised stroke services. The audit data is based on the National Stroke Foundation Clinical Guidelines (2010) and provides the platform for service development in consultation with clinicians, consumers, LHD Executives and the network.

The BHI report Health Care in Focus 2012 published data on 30 day mortality after ischemia and haemorrhagic stroke. In 2013 the ACI Unwarranted Clinical Variation Taskforce supported a pilot study by the stroke network that included clinical audit and feedback at six sites. The pilot demonstrated that the processes expected to influence outcomes correlated with BHI 30 day mortality analysis. The ACI is progressing the Stroke Clinical Variation Statewide Strategy (SCVSS)2014-2015. Included in the strategy will be an audit process (Stroke Clinical Audit Process-SCAP) for an initial 30 sites to assess clinical variation, determine and provide feedback on cause and support the sites through clinical governance to develop a quality improvement program to address clinical variation.

Contact
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Clinical Program Design and Implementation

What is implementation?
Implementation is the carrying out, execution, or putting into practice of a desired change. Implementation is the action of change and changing people’s behaviours. ACI supports the health system to deliver the changes needed to implement the Models of Care, Guidelines and other change management strategies. Implementation is a resource intensive activity.

The ACI uses the Accelerated Implementation Methodology (AIM), which is a repeatable 10-step process proven to accelerate implementation.

Elements of AIM which we utilise during implementation phase include:

- Strategies to ensure sponsorship, which is the most critical factor for implementation success;
- Strategies for managing organisational resistance whether positive or negative;
- Guidance to improve communication around change management strategies;
- A selection of tools to enhance implementation success;
- A common language to promote successful implementation.

Implementation must begin during the design of the model to ensure that the model is acceptable, implementable and sustainable. The value and importance of having clinicians and service managers work on design of the model ensures their needs are incorporated. Clinicians (and patients) are the end users of the models. Managers hold the authority over operational and budgetary considerations.

ACI has developed a number of tools to assist with the development of Models of Care, including a process flow chart of the steps required to develop, implement and evaluate new Models.

For further information please contact:
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Clinical Redesign Project Implementation
02 9464-4650
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Or visit us online at:

Contact
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Process Flow Chart for developing a Model of Care

This document is used to illustrate the process for developing a Model of Care (MoC). It encompasses the work owned by the project manager and the functions that the Clinical Redesign and Implementation Team assist with.

**PROJECT INITIATION**
Identify an area of need, build a case for change and obtain sponsorship to proceed with the program of work.

Issue or opportunity arises:
- Clinician / ACI Network / Consumer identified innovation
- Unwarranted clinical variation
- Priority area (Minister / DG / LHD / CEC)
- Out of date MoC

Create the initial high level ‘case for change’ - quantify the extent of the issue and the cost of continuing business as usual.

Develop and agree project aim, objectives and scope.

Generate Sponsorship:
- ACI executive sponsorship/ prioritisation for the program of work
- Seek direction from LHD clinicians, managers and stakeholders – is this a piece of work they will value?

**DIAGNOSTIC**
Define the problem - understand the root cause to treat the real problem and not just the symptoms.

Define the problem using a variety of tools:
- Consultation such as workshops, interviews and brainstorming
- ‘As is’ analysis – what does it look like now?
- Data review including demand analysis, epidemiology and service utilisation
- Financial analysis of the cost of continuing business as usual
- Review literature and analyse any innovation already in this field.

Finalise case for change.

Identification and prioritisation of issues.

Revisit aims and objectives to ensure project is on track.

**SOLUTION DESIGN**
Develop and select solutions.

Create and document the MoC.

Develop a vision for what services should look like.

Develop a range of solutions that address the problems defined in the diagnostic.

Test these solutions widely including economic appraisal and/or piloting to select the most appropriate solution.

Develop evaluation framework.

Develop and document the MoC.

Seek endorsement of the MoC from appropriate stakeholders.

Plan for disinvestment - what older models or technologies will no longer occur as a result of the new model?

**IMPLEMENTATION**
Support the health system to execute the changes needed to implement the MoC.

Define the change clearly.

Develop business case.

Assist LHDs to conduct a self assessment / gap analysis.

Seek endorsement of the business case/ resourcing strategy.

Generate local executive sponsorship and create a governance structure.

Build the capability of front line clinicians and managers to change the process / system.

Develop a Communication plan and identify risks to implementation.

Develop reinforcement strategies for LHDs.

**SUSTAINABILITY**
Optimise use of the MoC, monitor the results and evaluate the impact.

Ongoing monitoring and local accountability.

Review the impact of the MoC and adjust practices to optimise use.

Ensure disinvestment occurs.

Final evaluation of economic and clinical outcomes.

Knowledge Management “sharing our lessons”.

For details of the Clinical Program Design and Implementation Portfolio and key event information visit our website

Health Economics and Evaluation Team

The Health Economics and Evaluation Team provides specialist technical economic, resourcing, evaluation, analytics and statistical expertise and advice to ACI staff and networks. The team is a part of the Clinical Program Design and Implementation (CPDI) portfolio of the ACI.

The team supports ACI networks to develop Models of Care/LHD implementation and other projects by undertaking: data and statistical analysis (for example system utilisation analysis), costing and financial analysis, economic appraisals and evaluations, developing resourcing strategies, preparing business proposals and conducting evaluation. Economic analysis and evaluation is usually undertaken for all new Models of Care and innovations developed by the ACI prior to and after adoption in NSW.

Guidelines to inform the ACI approach to economics and evaluation are available from: www.aci.health.nsw.gov.au/models-of-care

For further information please contact Liz Hay, Health Economics and Analysis Manager, 02 6625 5090 or 0427 459 516, liz.hay@aci.health.nsw.gov.au

Centre for Healthcare Redesign

The Centre for Healthcare Redesign offers resources and programs to assist NSW Health staff to build capability in Project Management, Healthcare Redesign and Implementing Change. They have funded Redesign Leader positions in every Local Health District and Specialty Health Network (including Justice Health and Forensic Mental Health Network and Ambulance NSW) to support the building of capability in healthcare improvement.

Some of the programs run at the Centre for Healthcare Redesign include: Redesign Diploma program, Redesign Training Programs and Accelerating Implementation Methodology. They also offer eLearning on these subjects to all NSW Health staff free of charge on the GEM eLearning Platform. For more information on these programs or the work of the Centre for Healthcare Redesign refer to the ACI website: www.aci.health.nsw.gov.au/centre-for-healthcare-redesign or contact us at: chr@aci.health.nsw.gov.au

Patient Experience and Consumer Engagement (PEACE)

The Patient Experience and Consumer Engagement (PEACE) team has been formed to support the ACI’s ongoing commitment to promote meaningful engagement and consumer-led redesign of healthcare. The new PEACE team will support ACI networks and taskforces to capture consumer input and harness direct patient and carer experience to inform ACI activities, as well as supporting the Consumer Council and consumer engagement within Clinical Networks.

For further information please contact Lucy Thompson, Patient and Staff Experience Manager 9464 4658, lucy.thompson@aci.health.nsw.gov.au
**Telehealth**

The ACI sees Telehealth as a tool that can help deliver and facilitate Models of Care and other health related activities, providing equity of access for all people including those who may be disadvantaged, and improving the delivery of health care programs to patients.

Technology alone does not bring about the change in practice; a key issue is associated with behaviour change. There are organisational, funding and implementation factors that need to be addressed for successful implementation and sustainability of Telehealth services.

Telehealth has great potential to facilitate better health outcomes within NSW Health.

For further information or to request resources please contact Chloe Moddel, Telehealth Implementation Officer on 02 9464 4654 or chloe.moddel@aci.health.nsw.gov.au

**Research**

Research plays an important role in the work of ACI. Research is undertaken in collaboration with external bodies and may be commissioned, partnership (with financial or in-kind support) or externally funded (for targeted improvement initiatives). Research also focuses on ACI’s own approaches, implementation projects and improvement programs. The purpose of these ACI-internal investigations is to engage ACI staff in organisational learning, and to ensure this leads to ongoing innovation and greater effectiveness of ACI’s knowledge translation and practice improvement initiatives.

For further information please contact, Rick Iedema, Research Manager, on 02 9464 4672 or rick.iedema@aci.health.nsw.gov.au

**Rural Health Network**

The Rural Health Network was established in recognition of the need for a coordinated approach, involving rural health service providers and consumers, in identifying, reviewing and monitoring innovative practice and appropriateness of models of care, including access through technology, for potential implementation in rural communities.

Initiatives:
- Annual ‘virtual’ Rural Innovations Changing Healthcare (RICH) Forum by Videoconference
- ACI Innovation Award at rural LHD Health Awards
- ACI Innovation Awards at Rural Health and Research Congress
- Sponsorship for rural health staff to attend NSW Health Innovation Symposium
- Populate and promote Innovation Exchange

For further information please contact Jennifer Preece, Rural Health Manager, 6692-7716 or 0427 568 249 jenny.preece@aci.health.nsw.gov.au

**Knowledge Management**

Knowledge, innovations and improvement initiatives are widely produced throughout the health system yet are often not shared in a systematic way.

The ACI aims to partner with Health Services to support collaboration, learning capability and sharing knowledge particularly around innovation and improvement.

The Australian Resource Centre for Healthcare Innovations (ARCHI) is currently being redesigned and incorporated into the ACI website as the Innovation Exchange which will provide a collaborative ‘one-stop shop’ and a single place to share and promote local innovation and improvement projects and resources, from all healthcare organisations in NSW.

For further information please contact Anna Nicholes, Knowledge Management, on 02 9464 4713 or anna.nicholes@aci.health.nsw.gov.au
<table>
<thead>
<tr>
<th>Network Type</th>
<th>Contact Name</th>
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