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SHOWCASE: HIP FRACTURES
SHOWCASE: RICH FORUM
SHOWCASE: PAIN WEBSITE
SHOWCASE: STATE CARDIAC REPERFUSION STRATEGY
SHOWCASE: STROKE REPERFUSION
SHOWCASE: QUALITY IN ACUTE STROKE CARE
SHOWCASE: IMPROVING CARE FOR CONFUSED OLDER PEOPLE IN HOSPITAL
It gives me great pleasure to introduce the 2013–2014 Year in Review and highlight the many achievements of the Agency for Clinical Innovation (ACI).

It has been a year of action and delivery for the ACI’s Networks, Taskforces and Institutes. Our partnerships and relationships are stronger than ever as evidenced by increased collaboration with our partners in and outside the health system. The ACI has worked with healthcare providers across NSW to embed many improvements over the past year. Some of our successes should be highlighted. Effective new models of care for cardiac and stroke reperfusion have been implemented in partnership with NSW Ambulance and in conjunction with Local Health Districts, leading to unparalleled access to definitive care for people across NSW.

Evidence-based online resources for chronic pain sufferers have been designed and launched and are gaining recognition in NSW, nationally and internationally. The ACI team has worked with hospitals across NSW to improve standards for hip fracture patients and to promote improved care approaches for people with dementia, their families and carers.

Together with my fellow Board members, we congratulate the ACI networks and the entire staff of the ACI for these achievements. Designing high quality innovation is a critical step in embedding sustainable improvements in healthcare. However the next steps are just as important – supporting healthcare providers to put the lessons learned into practice and sustaining the potential benefits.

The ACI has put in place long term strategies that are already demonstrating results. A Clinical Innovation Program has been established to spread local innovations that provide a demonstrated benefit for patients or that meet a system need. A measured and strategic approach to research, evaluation and implementation has helped ACI advance understanding about how best to encourage change across a large and complex health system. This has included valuable lessons learned from our Stroke Network and the Quality in Acute Stroke Care Trial.

Our Rural Health Network has made substantial progress in recognising and sharing rural healthcare innovations and building new partnerships including through an innovative virtual forum. The Australian Resource Centre for Healthcare Innovations (ARCHI) website has been integrated into the ACI website and enhanced as the Innovation Exchange to provide an exceptional new platform to showcase and promote local innovation and improvement.
Chair’s Report

The Board and I have been very impressed with ACI’s continued leadership and support for healthcare providers to address unwarranted variation in clinical practice across NSW.

Whether in identifying and benchmarking patient outcomes, supporting community based chronic disease health programs for Aboriginal communities, encouraging cooperation between acute, primary and community services or working with extensive stakeholder networks and organisations involved in healthcare – the approach of the ACI team has been collaborative and effective.

With every step the agency is working to transform healthcare delivery – building capability and making a difference. Its leadership in championing an integrated healthcare system which it is modelling through greater engagement with primary care is commendable.

Above all the ACI Executive has demonstrated a keen interest to listen to healthcare providers, patients and carers to understand their challenges and priorities. They have understood the need to streamline communications and successfully launched the Excellence and Innovation in Healthcare portal in partnership with the Clinical Excellence Commission to improve understanding of shared initiatives.

The Board and I would like to commend the Executive team, impressively led by Dr Nigel Lyons whose drive has helped lead the ACI to the position of strength it has reached today. I am indebted to him for his dedication to the task. I also thank our Board Committees and in particular the Consumer Council whose critical reflection on the patient and carer voice is so important.

This year many committed members of the Board including Lee Ausburn, Melinda Conrad and Professor Janice Reid have retired and we thank them for their considerable contribution. It is a mark of the significant reputation and potential of the ACI that we have attracted new Board members with substantial experience including Dr Leon Clark, Professor Sandy Middleton and Professor Andrew Wilson who bring new skills and insights.

Reflecting on the year the Board and I remain indebted to the many people accessing healthcare services, their families and carers, healthcare professionals and providers who continue to entrust ACI with their knowledge, time and experience.

This trust is not misplaced. The ACI has shown itself to be a dynamic agency committed to driving change in the NSW Health system. The ACI has built on its achievements, and has a clear and steady mission to design and promote better healthcare for NSW, which it is well on its way to achieving.

Brian McCaughan
Chief Executive’s Year in Review

2013–2014 has been a landmark year of progress and consolidation for the ACI. Our Networks, Taskforces and Institutes have built on their achievements of previous years and harnessed the expertise and practical knowledge of people who receive and provide care within the NSW Health system to deliver an extensive range of improvement initiatives.

The extensive connections to services established by our networks have been strengthened across the care continuum and this is shaping a new understanding of how to transform healthcare towards an integrated health system.

Our networks, health care providers and people accessing care have been supported to leverage the skills of ACI’s teams to forge new capabilities in redesign and build momentum to improve the experience and delivery of healthcare.

Our commitments for the year ahead are challenging, and none can be delivered exclusively by the ACI. They demand that we continue to partner and work collaboratively to engage the people who work within our health system. Our success also depends on how confidently we capture and reflect the diverse needs of people who access care within our health system, their carers and families.

As we move towards the end of our three year strategic plan, we have the opportunity to take a fresh look at our strategic direction towards 2018. To deliver on our commitment to design and promote better healthcare for NSW – we need to remain agile and responsive and to focus on the things that align with the priorities of our healthcare providers.

We have to be prepared to challenge convention and lead debates. To find new and better ways to collaborate to identify and measure outcomes that really matter to patients.

As we build capability in redesign to transform healthcare delivery, we need to amplify what we learn and inspire those responsible for health services to continue to deliver the highest possible standards of care for the people of NSW.

It has been a pleasure to lead the ACI this year. I have worked with many passionate and extraordinary people in and outside the NSW Health system, who share a common purpose to drive change and deliver better healthcare for NSW.
### Who we are and what we do

The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW.

We provide expertise in service redesign and evaluation, specialist advice on healthcare innovation, initiatives including clinical guidelines and models of care, implementation support, knowledge sharing and continuous capability building.

Our Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across the NSW Health system. By bringing together leaders from primary, community and acute care settings, we promote an integrated health system.

### SERVICE REDESIGN AND EVALUATION

Changes in demographics and in disease profiles require a redesigned healthcare system – one that is integrated and that can deliver care for people, as close to patients homes as possible.

With its strong skills in the latest redesign methodologies, the ACI is supporting its networks, healthcare services and consumers to create responsive workforces and services that avoid duplication, to enable resources to be deployed more effectively to benefit patients across NSW.

### SPECIALIST ADVICE ON HEALTHCARE INNOVATION

With an approach to innovation founded by a strong belief that anyone can innovate, innovation means many things to ACI including implementing new ideas, creating new healthcare innovations or improving existing services. Innovation can be a catalyst for the growth and success of services, can help save time and money and improve the experience and delivery of healthcare.

By supporting its networks, healthcare services and consumers to challenge conventional practice, to foster creative thinking and to change or create more effective processes, initiatives and ideas, the ACI is helping embed sustainable improvements in the experience and delivery of healthcare.

### INITIATIVES INCLUDING GUIDELINES AND MODELS OF CARE

With its unique responsive structure and Networks involving people that want to make a difference to healthcare, the ACI is uniquely placed as a leader in healthcare improvement and reform. By harnessing the collective expertise of consumers, clinicians and managers, the ACI is co-designing and promoting sustainable improvements in healthcare and harnessing voluntary networks to help promote reforms into practice.

Producing a large number of evidence based initiatives including guidelines and models of care for healthcare providers to trial or implement, the ACI is delivering benefits to patients, carers and their families in NSW.
Recognising that one size does not fit all, and that innovative healthcare only benefits patients when implemented effectively in collaboration with the people who know their environment best – our teams work with local healthcare providers to help healthcare innovation become standard practice across NSW.

Offering guidance and support throughout the implementation process, the ACI encourages the spread of healthcare innovations and captures and shares lessons learned along the way.

- **IMPLEMENTATION SUPPORT**
- **KNOWLEDGE SHARING**
  Taking a unique and engaging approach to knowledge sharing, the ACI has worked with its partners to better understand information and knowledge needs. Building a culture that values the skills and knowledge of health professionals and encourages sharing of work and knowledge transfer across the NSW health system has been the critical first step.

  Through its leadership and transparency and by modelling practice with action, the ACI has provided multiple learning opportunities and promoted knowledge sharing on healthcare innovation and improvement, so that both small and large scale innovations and improvements generated across local services are recognised and shared to benefit the broader health system.

- **CONTINUOUS CAPABILITY BUILDING**
  Developing the skills, knowledge and abilities of healthcare staff is integral to establishing a culture that allows innovation to flourish. Learning new capabilities and methodologies lays the foundation for a competent and confident workforce that embraces change for the better.

  By offering healthcare staff across the state opportunities to continuously develop capabilities in service improvement, project management, redesign and change management, the ACI continuously builds capability through proven programs including the Centre for Healthcare Redesign Program, e-learning and the Redesign Training Program.
The ACI is now in its second year of operation of the Strategic Plan 2012–2015 following a period of wide consultation with Board members, staff, network members and stakeholders.

The Strategic Plan identifies 15 strategic objectives for the ACI and 27 strategic initiatives required to achieve the objectives. Underpinning the Strategic Plan sits an annual Operational Plan with a wide range of program or project initiatives nominated by the Executive Team for achievement within the portfolios for the four quarters of the Operational Plan.

This process ensures that the work program in each of the portfolios is directly linked to the Strategic Plan and provides a rigorous quarterly reporting mechanism.

As shown in the following table, this result compares favourably with the initiatives completed in the first year of the Operational Plan (2012/13).

<table>
<thead>
<tr>
<th></th>
<th>2012–13</th>
<th>2013–14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed</td>
<td>65%</td>
<td>77%</td>
</tr>
<tr>
<td>Progressed</td>
<td>27%</td>
<td>20%</td>
</tr>
<tr>
<td>No Progress</td>
<td>8%</td>
<td>3%</td>
</tr>
</tbody>
</table>

In the 2013–14 there were a total of one hundred and eighty one (181) project initiatives in the Annual Operational Plan reported for completion by 30 June 2014:

- 77% (140) initiatives were completed within the deliverable
- 20% (36) initiatives had progressed but not completed within the current Operational Year
- 3% (5) initiatives had not commenced and were deferred waiting completion of formative projects
We will be valued as the leader in the health system for designing, evaluating and supporting implementation of innovative models of patient care.

**Purpose:** We will work with clinicians, consumers and partners to design and drive evidence based innovation to ensure appropriate, effective and sustainable patient centred health care.

**Core values:** Collaboration, Openness, Respect, Empowerment.
As at June 2014 the ACI employed 115 staff across the following award categories:

<table>
<thead>
<tr>
<th>Employee Award Category</th>
<th>Total FTE</th>
</tr>
</thead>
<tbody>
<tr>
<td>HES</td>
<td>4</td>
</tr>
<tr>
<td>Health Services Manager</td>
<td>97.52</td>
</tr>
<tr>
<td>Administration Officer</td>
<td>7.05</td>
</tr>
<tr>
<td>Nursing</td>
<td>1</td>
</tr>
<tr>
<td>Allied Health</td>
<td>1</td>
</tr>
<tr>
<td>Medical (Staff Specialist)</td>
<td>4.85</td>
</tr>
<tr>
<td><strong>TOTAL Employees</strong></td>
<td><strong>115.42</strong></td>
</tr>
</tbody>
</table>

The ACI fully supports the principles of multiculturalism that are enshrined in the Community Relations Commission and Principles of Multiculturalism Act 2000.

In accordance with the Act, the ACI undertakes to:

- offer initiatives which reflect the needs of the entire community;
- provide information in ways that will reach all staff and clients;
- ensure that committees reflect the multiculturalism of the community;
- train staff on multiculturalism issues and how these apply in their jobs; and
- use flexible, inclusive consultation processes.

In 2014, ACI brought the first management trainee placement from the Australian College of Health Service Management with an indigenous requirement. ACI has also included as part of its induction process the completion of the online training for the ACI Cultural Respect Framework. ACI continues to support many indigenous health awareness programs, and was involved in several activities over NAIDOC week. The NSW Multicultural Health Communication Service Director is a member of the ACI’s Consumer Council that was established in March 2010 to provide strategic advice to the ACI Board on engaging and communicating with the community.
A statement of commitment was signed by the Board and all Directors on 7 April 2014, and demonstrates ACI's commitment to build respectful working relationships and better healthcare outcomes for Aboriginal people in NSW.

Highlight:

A statement of commitment was signed by the Board and all Directors on 7 April 2014, and demonstrates ACI's commitment to build respectful working relationships and better healthcare outcomes for Aboriginal people in NSW.

Cultural Respect

Statement of Commitment

We acknowledge that we are located on the lands of the Cammeraygal people. The Cammeraygal people are the traditional custodians of this land and are part of the greater Eora Nation. We pay our respects to past, present and future ancestors of the Aboriginal nations.

This Statement of Commitment is an acknowledgment of respect over past practices and policies which have impacted on the social and emotional wellbeing of Aboriginal people and their health.

We recognize Aboriginal people as the First Nations People of Australia and the traditional owners and custodians of land. Aboriginal people have lived here for over 60,000 years and are recognized as being the oldest living continuous culture of the world, with unique cultures, languages and spiritual relationships to the land and seas. We are strongly committed to improving the physical, cultural, spiritual and family wellbeing of Aboriginal people in this State.

On behalf of the Agency for Clinical Innovation, we are sorry for the pain and loss placed on the lives of Aboriginal people who have been disconnected from their culture, displaced from their homelands and watched their children being taken away.

We will make this commitment on this day, 7 April 2014, to continue to:

- Uphold and apply cultural protocols such as "Welcome to Country" or "Acknowledgment of Country";
- Acknowledge and respect Aboriginal cultural identity, practices and beliefs by working in partnership with Aboriginal people and communities;
- Use the Aboriginal Health Impact Statement and other agreed consultation protocols when developing, implementing and reviewing programs as they relate to Aboriginal people; and
- Implement agreed actions that support delivery of services and programs to Aboriginal people in NSW.

For the Agency for Clinical Innovation, this Statement of Commitment means building respectful working relationships with Aboriginal communities to deliver sustainable health outcomes and contribute to closing the health gap between Aboriginal and non-Aboriginal people.

[Signatures and dates]

ACI Year in Review 2013–2014 | Page 10
The ACI is strongly committed to upholding the objectives of the Government Information (Public Access) Act 2009 (GIPAA) of an open and transparent Government that is accountable, fair and effective. We proactively publish information that is in the public interest and, providing there is no overriding public interest against disclosure, ACI is willing to provide members of the public with requested information outside of the formal GIPAA process.

The ACI’s commitment to the principles that underlie the GIPA Act is evidenced by several key initiatives in 2013/14. Following comprehensive internal and external research, 2013/14 saw a major redesign of ACI’s website www.aci.health.nsw.gov.au to make access to information simpler, more intuitive and mobile-friendly. Members of the public are now able to use the ACI website as a ‘one stop shop’ for information and resources on ACI initiatives, and a platform for sharing, collaborating and engaging more easily, more efficiently and more conveniently than ever before.

There were zero applications made to the Agency for Clinical Innovation under the Government Information (Public Access) Act 2009 in 2013/14. As such, there were none withdrawn or refused, either partially or wholly, as a result of overriding public interest against disclosure of requested information. Please refer to Appendix A for full application details.

Members of the public interested in ACI’s broad Network membership can access a comprehensive and current list of membership of Network Executive and Working Groups via our website.
The ACI conducted two rounds of funding which identified a total of six projects to be funded by ACI over the financial years 2014–2016. These include:

1. A/Prof Kate Curtis (Sydney University):
Evaluation of the Paediatric Trauma System in NSW.
Evidence to change policy and improve patient outcomes in children suffering major surgery.

A population based study of Emergency Department utilisation and length of stay in NSW.

3. Dr Ann Dadich and team (UWS): Brilliance in evidence-based palliative care.

4. A/Prof Sarah Hilmer: Minimising the functional burden of medications in older in-patients:
Implementation of the Drug Burden Index.

5. Dr Jane Wu and team: Very Early Rehabilitation in Critical Illness (VERICI): A pilot randomised control trial.

6. A/Prof Christine Paul: Improving the well-being of people experiencing chronic pain in primary care:
A pilot joint initiative to reduce opioid use and increase self-management.
The ACI is emerging as a leader in designing improvements to healthcare services in NSW, our reputation in redesign is matched by our rigour in evaluating the success of our initiatives to improve healthcare.

Our in-house resources for redesign, health economics and evaluation and proven methodologies are essential building blocks that help us to deliver evidence-based healthcare improvement initiatives that are internationally best practice and that deliver the best care for individuals, better health for the population of NSW at the lowest cost.

### Health economics and evaluation

The ACI Health Economics and Evaluation Team (HEET) works with ACI Clinical Networks, Taskforces and Institutes to lead an evidence based approach to the design and promotion of better healthcare in NSW. The HEET provides the economic and evaluation data and analysis required to start challenging discussions, identify the benefits of proposed initiatives, and ensure the efficient and effective use of limited health resources.

**Highlight:**

This year the HEET completed analyses to support Models of Care including Palliative and End of Life Care “Fact of Death” analysis – an assessment of cost and acute/sub-acute utilisation of services for people in their last year of life, Tracheostomy, Intensive Care Services, and commenced evaluations or developed evaluation plans for many programs and initiatives including Cardiac Reperfusion, Health Pathways, Stroke Reperfusion and Osteoporotic Refracture Prevention.

### Improving care in hospital

A formalised criteria-led discharge process has the potential to improve patient experience, enhance patient safety, reduce unnecessary length of stay, reduce bed days, minimise waste and improve staff satisfaction.

The Acute Care Taskforce is focused on improving the medical inpatient journey. Through its strong partnership approach with the NSW Ministry of Health’s Whole of Hospital Program and pillar Agencies, the Taskforce has improved understanding about GP to hospital handover, developed and implemented Criteria Led Discharge, consulted broadly on the NSW Medical Assessment Unit Model of Care, and established an annual ACI Medical Assessment Unit Forum and is developing solutions to document the inpatient clinical management plan.

**Highlight:**

The Acute Care Taskforce has collected more than 400 patient experience surveys and more than 500 staff experience surveys that demonstrate improvements to the patient and staff experience through the Criteria Led Discharge initiative.
Patient experience and consumer engagement

Following a review in 2013/2014, the ACI established a Patient Experience and Consumer Engagement (PEACE) team responsible for building capacity and strengthening the contribution of consumers across all ACI activities. The PEACE team supports the ACI Consumer Council, which is the representative body for ACI consumers and advises the Board on consumer engagement strategies.

The PEACE team is developing a Framework which will specify key principles, focus areas and resources related to: strategy and governance, to ensure the ACI has a strong patient and consumer focus; “product” development, to ensure patients and consumers are involved and reflected in all of the ACI’s initiatives; organisational cultural change, within the ACI and the broader NSW Health system; and capability development for consumers: to upskill consumers to enable participation and input.

Timely access to radiology services

Members of the Radiology Network are collaborating with the Centre for Healthcare Redesign on Timely Access to Radiology Services at Nepean Hospital. This project aims to improve access for patients seeking radiology services at Nepean Hospital in a timely safe manner with objectives around turnaround times for examinations and reporting as well as more appropriate referral patterns.

The Network also collated implementation resources from various sites to share strategies to ensure that the correct imaging examinations are conducted on the correct patient.

Unwarranted Clinical Variation

The Unwarranted Clinical Variation (UCV) Taskforce has led implementation of four significant projects to reduce UCV in mortality and patient outcomes in the areas of hip fracture, stroke, acute myocardial infarctions and the provision of low volume cancer surgeries. Other projects have commenced to examine variation in length of stay and cost in a number of areas including surgical, childbirth and urology.

Highlight:

Lessons learned will be shared with public hospital Radiology departments via the ACI Excellence and Innovation in Healthcare portal by mid-2015.

Highlight:

Hip Fracture Standards have been developed, launched and are being implemented in over 30 different sites across NSW. Clinical audit process for stroke have commenced with 30 sites to be audited by July 2015. A cardiac clinical reference group has been established, auditing tool developed and nine test site visits have occurred.

Highlight:

The PEACE Framework will provide a range of options for engaging with consumers from accessing individuals and/or groups on a one-time basis through to developing longer term relationships. Opportunities for building consumer knowledge and skills to allow them to participate confidently and more fully in health care provision and improvement at the individual, service and system level are also key components of the PEACE Framework.
SHOWCASE: Hip Fractures

Hip fractures as a result of a fall are a common occurrence for older Australians – some 17,000 people present to emergency departments across the country each year. Surgery to repair the hip fracture, rehabilitation and return home from hospital can all be delayed if medical complications are not recognised and managed without delay.

The ACI launched new standards in 2013–2014 that are being implemented in hospitals across NSW, that are set to transform how care is provided to older patients undergoing hip fracture surgery.

Hip fractures are a significant injury for anyone, but for older people can be catastrophic. Many older patients never recover fully following hip fracture surgery and some die as a consequence.

The ACI acted on the findings of the CEC Patient Safety Report and through its Aged Health Network, Surgical Services Taskforce and Implementation team worked with expert clinicians across NSW to identify the key components of best practice management of older patients who sustain a hip fracture – and developed a raft of measures and suite of tools to support health services to accelerate implementation.

Changing practice can be challenging, especially when so many clinicians across multiple sites are involved and we are caring for a vulnerable older population.

The ACI team visited our hospital and worked with our managers and clinicians involved with hip fracture surgery. They also provided a framework and tools to assess our current standard of care and identify areas for improvement. They supported us through every step of the process to implement the standards. With measurable changes to process, systems and communication across multiple departments and disciplines, we are making a huge difference to the treatment, recovery, outcomes and quality of life of older hip fracture patients and their families.

Martin Malone, Divisional Manager, Anaesthetics, Surgery and Intensive Care Services, Central Coast

MINIMUM STANDARDS FOR THE MANAGEMENT OF HIP FRACTURE

- Standard 1: Orthogeriatric clinical management of each patient
  - Orthogeriatric clinical management is a collaborative approach to care provided by orthopaedic and geriatric services for the care of older patients with orthopaedic disorders.
  - All older hip fracture patients should be managed in a collaborative model of care by an orthopaedic surgeon and geriatrician from the time of admission.

- Standard 2: Optimal pain management
  - Effective pain management is a primary goal for patients with a hip fracture.
  - Providing a combination of two or more analgesic medications with differing mechanisms is considered best practice in older frail patients who may not tolerate opioids.

- Standard 3: Surgery within 48 hours and in hours (regardless of inter-hospital transfers)
  - Patients should be optimised for and undergo surgery no more than 48 hours after admission.
  - Surgery should be conducted within standard daytime working hours, when possible.

- Standard 4: Surgery is not cancelled
  - Once a planned date has been identified for repair of a hip fracture, surgery should not be cancelled, unless there are exceptional circumstances.

- Standard 5: Commencement of mobilisation within 24 hours of surgery
  - Unless medically or surgically contraindicated, patients should be encouraged and supported to sit out of bed and begin mobilising within 24hrs of surgery.

- Standard 6: Refracture prevention
  - All hip fracture patients should be assessed for future fracture risk and be offered treatment for osteoporosis if clinically appropriate.

- Standard 7: Local ownership of data systems/processes to drive improvements in care
  - IT systems and a minimum dataset should be developed to facilitate standardised collection and analysis of data.
Specialist advice on healthcare innovation
Being innovative can mean changing your service model and adapting to changes in your environment to deliver better services.

Healthcare services that innovate create more efficient work processes and have better productivity and performance.

At ACI, successful innovation is viewed as part of a cycle, where initial evaluation, adoption and optimisation of use, is followed by continuous review and disinvestment when no longer effective. Incorporating innovation can help save time and money, and improve the experience and delivery of healthcare services.

ACI Innovation Awards

To promote excellence in rural health and showcase innovative practices which can be taken up across other health sectors, the ACI awarded four teams at this year’s Rural Health and Research Congress in Dubbo. The awards, valued at $1,000 were presented in recognition of healthcare innovation and improvement. The Rural Health Network also introduced ACI Innovation Awards at the seven rural LHD Quality Awards 2014. Criteria included projects which demonstrated resourcefulness and creativity in design, sustainability through embedding the change, and potential to be taken up by other health settings or deemed a system-wide priority in health. Twenty rural projects in total were forwarded to the ACI Innovation Exchange.

LHD Award Winners are given the opportunity to present their work on a state-wide platform such as the Rural Innovations Changing Healthcare (RICH) Forum, or the NSW Rural Health and Research Congress. Further information about Award Winners can be accessed via the ACI Innovation Exchange.
Chronic Care

The Chronic Care Network was established in 2013 to improve care across the continuum for people with chronic disease in NSW. It does this by enhancing and integrating care for people with chronic disease across providers, settings and time. The Network consults and collaborates across the ACI and with key stakeholders including general practice, primary health care organisations, community health, Aboriginal health (including Aboriginal Medical Services), Medicare Locals, Local Health Districts, acute hospitals, rehabilitation clinicians, medical specialists, Non-Government Organisations, consumers and residential aged care facilities.

Highlight:

Chronic Care Network Co-Chairs have been appointed and the Executive Committee established. More than 100 people attended the Network launch event providing an opportunity to network with the Executive and members across the state as well as set priorities for the coming year. An eNewsletter has been developed and circulated to over 300 members; this includes updates on Network and ACI activities, upcoming events and training, and new reports and information about chronic care.

Telehealth

Telehealth is the secure transmission of images, voice and data between two or more units via Telecommunication channels, to provide clinical advice, consultation, monitoring, education and training and administrative services. Telehealth is a tool that can improve the delivery of health care programs to patients and provide equity of access, especially for people who may be disadvantaged or living in isolated rural communities. The ACI’s Telehealth Unit works in collaboration with ACI Networks to assist in the delivery of their healthcare programs.

Highlight:

In 2013/14, collaborations have included the development of a Pain Management model for Spinal Cord Injury patients utilising Telehealth as part of the care for rural patients and the development of a Burns Telehealth program to further enhance email communication for photography and the development of burns Telehealth outpatient clinics.
The Rural Health Network was established in recognition of the need for a coordinated approach involving rural health service providers and consumers, to identify, review and monitor innovative practice and appropriateness of models of care, including access through technology, for potential implementation in rural communities.

This year the Rural Health Network established and hosted an inaugural annual Rural Innovations Changing Healthcare (RICH) Forum: A virtual Conference without travel, using a combination of face to face, video-conference and social media. Innovative projects which demonstrate an innovative approach to an existing issue, that embed change, are sustainable and have the potential to be taken up by other health sectors were showcased.

The RICH Forum was broadcast across 17 sites to over 100 delegates, with Hunter New England Local Health District also providing live web streaming via the intranet.

“\nThe RICH Forum was a wonderful opportunity to access a state conference locally to showcase excellent innovations occurring across the state without having to travel. The ability to ‘drop in’ for sessions of relevance meant I didn’t have to be absent from the workplace all day. Great!\n
Vicki Conyers, Trauma Clinical Nurse Consultant, Orange Hospital\n"
Initiatives including Guidelines and Models of Care
Benefiting from a unique structure and the collective expertise of its Clinical Networks, Taskforces and Institutes, the ACI is designing and testing a range of initiatives for the healthcare system.

To provide greater clarity on its healthcare improvement initiatives, this year the ACI launched the Excellence and Innovation in Healthcare (EIH) portal in partnership with the Clinical Excellence Commission (CEC). Providing a snapshot of initiatives underway or in development, the portal lists more than 100 different initiatives being led by ACI and CEC underway across the healthcare system.

In direct response to feedback from senior executives and clinicians from Local Health Districts and Specialty Networks, the ACI and CEC have rapidly developed, tested and launched an on-line portal to deliver snapshot views of work underway by both agencies around the state.

The EIH portal was formally launched in June 2014 and is publicly available at www.eih.health.nsw.gov.au. Health staff can now tell at a glance what initiatives are being implemented in their local health services and which specific organisations are collaborating and partnering to improve healthcare.

### Blood and Marrow Transplantation: Environmental Cleaning

A key focus of the Blood and Marrow Transplantation (BMT) Network has been the BMT Environmental Cleaning Project. External environmental cleaning audits have been conducted in all 15 BMT and Haematology sites across NSW. The audits assess the methods by which units are cleaned, available resourcing, training and education provided to staff and clinical governance. An audit report including quality improvement activities is provided to each site. Education was provided for BMT nurses and a review and revision of BMT patient education material has been initiated. Consumer experience surveys are also to be conducted.

**Highlight:**

As of June 2014, the second of three cleaning audits had been completed. The results are very encouraging, with 5 of 15 units exceeding the 90% Accepted Quality Level and a further three achieving scores of 88-89%. These improvements represent an average 45% increase in audit scores across the Network.

### Chronic Disease Management

ACI designed the Chronic Disease Management Program (CDMP) Service Model to provide integrated clinical and support services to eligible people who suffer from chronic disease. The NSW CDMP self-assessment tool assists service providers to analyse the delivery of the NSW Chronic Disease Management Program – Connecting Care in the Community against the CDMP Service Model. This standardised tool gathers local program information based on the CDMP Service Model to identify local strengths and opportunities to improve. The tool has provided support for strengthening implementation of the program and for local quality improvement initiatives including accreditation.

**Highlight:**

The tool was piloted across two LHDs to ensure practicality and validity of the tool and the process. Following feedback from the pilot, the tool was further refined and then rolled out to LHDs and SHNs with assistance and support from ACI.
Chronic Care for Aboriginal People

The NSW Knockout Health Challenge is a primary prevention program that aims to improve lifestyles by targeting NSW health priorities of physical inactivity, nutrition and obesity in Aboriginal communities. The Challenge provides support to individuals, families and communities to make healthy lifestyle choices. It engages Aboriginal communities through their association with Rugby League using Aboriginal rugby league players as ambassadors advocating healthy lifestyle behaviours.

Highlight:

In 2014, 829 participants from 30 teams in 27 communities participated in the challenge.

Diabetes Mellitus

The Endocrine Network developed a draft NSW Model of Care for People with Diabetes Mellitus and self-assessment tool and is working with Local Health Districts, Medicare Locals and General Practitioners to identify areas to improve the experience and delivery of care for patients with diabetes.

Highlight:

Upon completion of these initial sites the Diabetes Mellitus Model of Care and associated Self-Assessment tools will be made available to all LHDs and Special Health Networks for supported implementation through 2015/16.
End of Life Care

This year the Palliative Care Network released the Diagnostic Report to Inform the Model for Palliative and End of Life Care Service Provision. This comprehensive publication reported on an innovative Fact of Death Analysis, identifying a range of issues that need to be considered to develop a flexible, patient-focused and evidence-based model of care for providing palliative and end of care services. This model aims to ensure that everyone in NSW has access to the quality care they need, as they approach and reach the end of their life.

The Palliative Care Network also ran a series of End of Life Roadshows in partnership with the Clinical Excellence Commission and the Chief Health Officer. The roadshows included discussions with a range of stakeholders including End of Life Committees within Local Health Districts.

Highlight:

The Diagnostic Report was based on over 1,200 consultations with stakeholders including patients, carers, families and volunteers, as well as primary care providers, non-government and community agencies, specialist palliative care providers and LHDs.

Intensive Care Services

Intensive Care Coordination and Monitoring Unit (ICCMU) has established the Intensive Care Services Network (ICSN). The ICSN’s primary role is to support clinicians and organisations in the delivery of intensive care services through coordination, networking and research, with the aim of improving outcomes for patients across NSW.

The Model of Care Working Group is developing an Intensive Care Service Model to address variability in Intensive Care Service delivery within level 3 and 4 units. The model is a service based framework, rather than unit based, that promotes standardised service delivery, management and care provision of critically ill patients across NSW. The model will enable sites to identify variation in service delivery and provide tools to assist services to align their services to the model.

Highlight:

The ICSN has over 120 members including clinicians, ACI Executive and key external stakeholders. Working groups have been established to address priority areas identified by the network and including ABF, Performance, Nursing Leaders, Clinical Best Practice, Intensive Care Service Model Level 3 and 4 units.

Nutrition

The Nutrition Network recently released Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW and Parenteral Nutrition – An Information Guide for Patients and Carers. The Network has also released ChOICES: The Patient Menu selection process – resources which assist health services identify areas for improvement and support the development of local strategies to enhance the patient menu selection process. The Network has also completed an evaluation of the implementation of the NSW Health Nutrition Care Policy within Local Health Districts and Specialty Health Networks.

Highlight:

The evaluation survey showed there is wide-ranging support for implementation of the NSW Health Nutrition Care policy across NSW, with a range of activities and initiatives currently in place or now being undertaken to improve nutrition care.
People with intellectual disability and their carers

Personal stories and insights offer a powerful perspective that allows health clinicians to understand the human impact of their actions and the way they deliver care. Members of the ACI Intellectual Disability Network volunteered to describe what is important to them about health services for people with intellectual disability, in order to improve quality, efficiency and collaboration. This feedback was captured to develop new resources to assist GPs and their teams to provide health care for people with intellectual disability.

The resources demonstrate the use of Medicare Items and approaches to health care assessments and planning for people with intellectual disability, in order to improve quality, efficiency and collaboration. This feedback was captured to develop new resources to assist GPs and their teams to provide health care for people with intellectual disability.

The ACI has used the resources at educational forums in undergraduate nursing training and they continue to be promoted through Medicare Locals. The resources are now available on the ACI website.

Pleural drains in adults

Following extensive consultation the ACI Respiratory Network has developed and launched new online Pleural Drains in Adults – A Consensus Guideline to improve the care provided to adult patients with a pleural drain in NSW acute hospital facilities. The guideline describes aspects of clinical care, clinician skills and processes within a facility, that if followed will reduce the risks associated with the insertion of pleural drains (non-emergency), ongoing management, trouble shooting and removal of pleural drains in adult patients.

Highlight:

Supported implementation of the Guideline has been developed with WEBEX education sessions and the development of online training tools. Clinicians have embraced the guidelines and have progressed local implementation and education.

Spinal Cord Injury and Spina Bifida

The ACI Spinal Cord Injury Service launched a new model of care in March 2014 to improve the experience and delivery of healthcare for people with spinal cord injuries in NSW. The Model of Care for the Prevention and Integrated Management of Pressure Injuries in People with Spinal Cord Injury and Spina Bifida focuses on supporting self-management and education strategies to empower people with spinal cord injuries or spina bifida to take ownership of their skin integrity and to promote access to essential services and equipment in a timely and equitable integrated approach to care.

Highlight:

A pilot project is underway to conduct service and network mapping related to the assessment, early intervention and referral of people with a spinal cord injury or spina bifida with pressure injuries. This work will help inform the development of local and generic clinical pathways. An on-line pathway is also being developed.
Transition Care

The Transition Care Network is working to improve the experience and delivery of healthcare for young people with chronic health problems and disabilities, and facilitate their effective transition from paediatric to adult health services. The Network launched Transition Care Principles to guide the transition of young people with chronic conditions from paediatric to adult care in partnership with Trapeze, a service of The Sydney Children’s Hospitals Network.

Highlight:

Two transition workshops facilitated by former broadcaster Julie McCrossin were attended by a combined total of 180 clinicians, young people and parents and carers. The first workshop in March 2014 led to a revised governance structure for Sydney Children’s Hospitals Network Transition Strategic Committee in partnership with Western Sydney LHD. The second workshop in December 2014 provided a very practical approach for clinicians to implement best practice transition principles based on the principles document developed in collaboration with Trapeze.
As part of its contribution to the NSW Pain Management Plan, the ACI Pain Management Network developed a flagship website to improve the quality of life of people living with chronic pain in NSW. The website and new online resources are built on the latest scientific evidence on how to manage chronic pain and include practical tools for people living with pain, as well as health professionals such as General Practitioners. In recognition of the fact that some people do not have access to online information the initiative was accompanied by the presentation of a collection of pain management books to participating public libraries across NSW.

In partnership with the Pharmacy Guild of Australia, the website and online resources have also been promoted in community pharmacies across NSW. The ACI Pain Network has also provided extensive primary care education regarding pain management through Medicare Locals. The website can be accessed here www.aci.health.nsw.gov.au/chronic-pain

As at November, over 21,000 users have accessed the site, over 6,500 of these users were health professionals.

Lauren Cooper, 14, a chronic pain sufferer, on the way her life has changed since using the resources promoted through the ACI Pain Management Network website.

Lauren is pictured here with her mother Donna Cooper (L) and the Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research who formally launched the website in March 2014 (R).
Implementation Support
The ACI Implementation Team provides support and advice to healthcare providers on the development or adoption of flexible, patient-centred initiatives that can suit both metropolitan and rural areas.

Working collaboratively with its partners in health, the ACI accelerates the implementation of Models of Care and Guidelines and assists in the sharing and spread of local innovations, which in turn leads to improved system uptake of models with demonstrated patient and health-system benefit and reduced time and effort for local agencies in replicating contemporary, evidence-based models.

### Anaesthesia and Perioperative care

The ACI Anaesthesia and Perioperative Care Network launched new *Minimum Standards for Safe Sedation Practice* in May 2014 which support the safe provision of non-anaesthetist administered sedation. Supported by a comprehensive toolkit, the standards have been made available to Local Health Districts and Specialty Networks across NSW.

The Network also launched Patient and Carers and Clinician Storybooks that highlight patient, carer and clinician experiences of surgery requiring general anaesthesia in NSW Health hospitals. These have been made available in hard copies and also on ACI website. A number of new projects are being developed such as ‘Assistants to Anaesthetists’ and revising the ‘Pre-procedure Toolkit’ to reflect current practice.

### Emergency Care in Rural and Remote NSW

The Nurse Delegated Emergency Care Project, led by the Emergency Care Institute (ECI) is designed to provide appropriate, timely and high-quality patient care to low-risk, low-acuity patients in Emergency Departments in rural and remote NSW. The project enhances patient satisfaction by meeting consumer expectations, supports the attraction, recruitment and retention of the General Practitioner workforce in rural and remote NSW and provides education and training opportunities for nursing staff through supporting their scope of practice.

**Highlight:**

The patient care modules, education and accreditation modules, auditing tools and governance framework have been implemented in seven hospital sites across six NSW Local Health Districts.

**Highlight:**

The implementation process of the *Minimum Standards for Safe Sedation Practice* has been positively received and support is being provided by ACI to guide and assist staff at the local level.
Gastroenterology

In collaboration with Health Share NSW, the Gastroenterology Network supported the implementation of the Endoscopy Information System (EIS) Program across NSW. The EIS provides for electronic medical documentation of endoscopic procedures. It provides information on issues of productivity, activity, costs and access to services, enhances the efficiency and accuracy of clinician procedure-reporting and allows endoscopic reports to be electronically stored and accessed across health services.

The Gastroenterology Network also published the document *Hepatitis C: A guide to current treatment and services*. This guide provides healthcare managers and workers with information about how they can design and implement the best care for patients in their own environments.

Medical imaging toolkit

This year the ACI Radiology Network launched a *Medical Imaging District Services Implementation Toolkit* designed to assist Local Health Districts to implement a sustainable approach to the delivery of Medical Imaging clinical services. The benefits include timely access to services and better reporting to enable better patient care, appropriate referrals and optimal use of imaging.

**Highlight:**

A number of LHDs have indicated that the tools are a valuable resource and are planning implementation of all or part of the MIDS business model using them. Northern Sydney LHD has agreed to test the implementation toolkits. Implementation is planned for July 2015 following detailed local consultation.

Musculoskeletal initiatives

The NSW Osteoarthritis Chronic Care Program (OACCP) provides a clinically relevant, locally applicable model of care to reduce pain, stiffness and loss of function and improve quality of life for people with this disabling condition. The Program includes exercise, weight loss, education about the disease process and its evidence based management and support for people with osteoarthritis to manage their own health.

This year the Network commenced the Musculoskeletal Primary Health Care Initiative, which aims to provide a ‘one-stop shop’ for people requiring the interventions of the models of care for Osteoporotic Refracture Prevention, the OACCP and Acute Low Back Pain. Three sites are trialling this program through partnerships with Medicare Locals and Local Health Districts.

**Highlight:**

The EIS has been implemented in every Local Health District across NSW, meaning 52 sites now have access to the EIS.

**Highlight:**

As at May 2014, over 6,500 people across NSW had accessed the OACCP since its inception, with at least 11% of those with knee arthritis deciding they do not require surgical replacement of their knee joint after participating in OACCP interventions of conservative care of arthritis. Conversely, at least 4% of people with hip arthritis have accessed early hip joint replacement as deemed required through participation in the OACCP.
Rehabilitation

The Rehabilitation Network developed the *NSW Rehabilitation Model of Care*, which provides a clear case for change for coordinated rehabilitation services which support equity of access, appropriateness of care and the provision of care in the least restrictive setting available. Video resources have also been developed for Rehabilitation clinicians and health care staff to help them lead conversations with staff about the importance of communication and a coordinated, patient-centered approach to care.

The Rehabilitation Network also hosted a Rehabilitation Education Forum, which included foundation education in principles of rehabilitation, enablement, and creating opportunities for practice.

Tracheostomy guidelines

The Care of Adults in Acute Facilities with a Tracheostomy Guidelines aim to improve the patient experience and reduce the number of serious adverse events involving adult patients with a tracheostomy.

The Respiratory Network and the Intensive Care Coordination and Monitoring Unit (ICCMU) have collaborated to manage the state-wide implementation of the guidelines.

**Highlight:**

The Respiratory Network and ICCMU are co-jointly supporting a whole of hospital approach to implementation of best practice tracheostomy care across 15 Local Health Districts.

Implementation Support

Implementation workshops were hosted for five Local Health Districts to develop a structured implementation plan for their chosen care setting enhancement, based on the Rehabilitation Model of Care. Ongoing support is being provided. Goal training workshops were held across NSW with over 270 rehabilitation clinicians trained in the development of patient centred goals.
Patients across NSW with a suspected heart attack are benefiting from a new strategy implemented by the ACI, working closely with NSW Ambulance and Local Health Districts.

The State Cardiac Reperfusion Strategy (SCRS) aims to improve care for all patients in NSW with Acute Coronary Syndrome and reduce the time from symptom onset to reperfusion for all patients in NSW with acute ST Elevation Myocardial Infarction (STEMI). Care is tailored 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. Timely reperfusion rapidly restores blood flow to the heart, which means patients with STEMI may have better outcomes and fewer days in hospital.

This year the Cardiac Network continued its implementation of stage two of the SCRS, including Pre Hospital Thrombolysis and Nurse Administered Thrombolysis to provide equity of access to cardiac reperfusion strategies for people in NSW regardless of where they live.

SHOWCASE: State Cardiac Reperfusion Strategy

“...

The State Cardiac Reperfusion Strategy has helped heart attack patients across NSW receive the best possible care in the shortest possible time. It has saved many lives and will save many more in the years to come.

Professor Peter Fletcher, Cardiologist, Hunter New England Local Health District.

“...
Stroke is the second most common cause of death, preceded only by coronary heart disease in Australia. It’s a sad reality that in 2014, about 51,000 Australians will suffer a new or recurrent stroke. That’s almost 1,000 strokes every week, or one stroke every 10 minutes.

The NSW Stroke Reperfusion Project (SRP) aims to improve early access to thrombolysis for ischaemic stroke patients and improve pre-hospital assessment by paramedics for identification of stroke through a validated standardised assessment tool.

The SRP also improves in-hospital reception, assessment and management of stroke patients to achieve early access to safe reperfusion and improves mechanisms across the whole patient journey to deliver effective rehabilitation.

The ACI Clinical Redesign Implementation Team supported the development and implementation of the Stroke Reperfusion program through NSW across 20 Acute Thrombolytic Centres, including four rural locations.

I can’t imagine, without the infrastructure and management support of ACI, and its effective partnerships with NSW Ambulance and Local Health Districts, that we could have had a state-wide reperfusion service with trained ambulance people, refined flows, engaged clinicians and management changing outcomes for stroke patients, their families and carers.

For us, this is about evidence-based practice and equity of access. And delivering equity of access in a state like NSW which has remote and rural areas is a major challenge. We’re getting closer to doing that, and I don’t believe we could have done it in any other organised way without ACI.

- Associate Professor John Worthington, past Co-Chair, ACI Stroke Network.
SHOWCASE: Quality in Acute Stroke Care

The Quality in Acute Stroke Care (QASC) Implementation Project led by researchers from the Nursing Research Institute, is a joint initiative between St Vincent’s Health Australia (Sydney), the Australian Catholic University, and the ACI.

The project was awarded the 2014 NSW Premier’s Public Sector Award for Improving Performance and Accountability in November 2014. This prestigious award was due recognition of a strategic collaboration between health services, researchers, non-government organisations and agencies like ACI, which demonstrated that research findings can be translated into the real world of clinical practice in a short timeframe.

The project successfully translated evidence from a randomised controlled trial into all 36 NSW stroke services and improved the management of fever, raised sugar levels and swallowing difficulties in the first 72 hours following stroke – in a 14 month timeframe.

Upscale and spread of even proven interventions is complex. It takes time for evidence to become part of routine care.

We could not have achieved what we have without the active participation of all Local Health Districts and Specialty Networks, the National Stroke Foundation and expert support from the team at ACI. This demonstrates that doing simple things well can significantly improve patient outcomes and improve important processes of care during the acute admission.

Professor Sandy Middleton, Director, Nursing Research Institute.

The Hon. Mike Baird MP (L) presents the 2014 NSW Premier’s Public Sector Award to Anna Lydtin, Simeon Dale and Daniel Comerford.
Older people with dementia have benefited from a new Confused Hospitalised Older Persons (CHOPs) program being introduced in hospitals across the state to improve care for older people with dementia and delirium.

The CHOPs Program is a partnership initiative of the ACI and the National Health Medical Research Council Cognitive Decline Partnership Centre (CDPC) designed to improve the care provided to older people with dementia or delirium when they are admitted to hospital.

The Key Principles for Care of Confused Hospitalised Older Persons, published by the Aged Health Network, describes the seven key principles for the appropriate care of older people with confusion in hospital, which are:

- cognitive screening;
- risk identification and prevention strategies;
- assessment of older people with confusion;
- management of older people with confusion;
- communication processes to support person centred care;
- staff education on caring for older people with confusion; and
- supportive care environments for older people with confusion.

Another important focus has been the development of a Building Partnerships Framework for Integrating Care for Older People with Complex Health Needs to enable and encourage providers across all sectors to work together to make sure that older people, their carers and families receive proactive, patient-centred and evidence-based care, regardless of how or where they access it.

Partnering with the ACI and Local Health Districts has provided a unique opportunity to improve the hospital experience of older people with dementia and delirium as well as their families and carers. It’s an exciting project for the NSW Health system that has the potential to transform the way we provide care to older people in hospital.

Older people with dementia may experience significant distress, anxiety and increased confusion when admitted to hospital and removed from familiar people and surroundings. CHOPs equips staff with the resources they need and promotes close partnerships with carers and families who have valuable insight into daily care and routine.

Anne Moehead, Nurse Practitioner, Lismore Base Hospital.
Knowledge Sharing
Knowledge Sharing

The ACI is showing leadership in sharing information and lessons learned, promoting the innovations and improvements that are occurring to improve health services and recognising the commitment and expertise of staff working in the NSW Health system.

Knowledge Sharing encourages effective partnerships and assists in delivering better health outcomes, improved patient experience and efficient service delivery. The ACI’s approach is maximizing resources, improving efficiency, reducing duplication and costs to foster innovation and improved performance and outcomes for everyone in NSW.

Knowledge Management

‘Knowledge Management’ is a relatively new remit of ACI’s work, and refers to the collation, spread and effective use of knowledge. ACI held a diagnostic consultation and knowledge solution workshop, involving input and feedback from more than 150 healthcare employees across NSW in 2013/2014. A ‘Knowledge Approach’ and work plan was delivered, which provided recommendations for improving efficiency and sharing knowledge with partners across the NSW Health system.

A strategic approach was developed to guide the transition of the Australian Resource Centre for Healthcare Innovations (ARCHI) website to the Innovation Exchange, the online platform to showcase and promote innovation and improvement projects from across healthcare.

Highlight:

With an engaging and innovative delivery, the ACI is testing methods to improve face-to-face learning and knowledge sharing in house and with key partners such as knowledge cafes, lunch and learn sessions and speed-conferencing.
Knowledge Sharing

Research Think Tank

The Research Think Tank hosted by the ACI on 28 October 2013, was a focused interactive event that provided ACI and other stakeholders with the opportunity to consider the latest evidence on what works in driving change across large systems and reflect on their own experiences. The aim was to harness what has been learnt to date and to further strengthen our understanding of how we can achieve meaningful and sustainable improvements across a large and complex health system.

The Think Tank is part of a program of research being led by the ACI to better understand how to ‘scale up’ small, locally effective innovations to achieve transformational change across a large and complex health system.

Highlight:
Following the Research Think Tank, the ACI has continued to develop and implement its program of research for improving mechanisms for large scale, and at pace, change across the health system.

Training and development

ACI has invested in a number of eLearning, training and development initiatives. We have invested in a full upgrade of the GEM eLearning platform, with fresh content and material that is now able to be viewed on tablets and mobile devices.

Over 60 Accelerating Implementation Methodology (AIM) courses have been delivered across NSW, facilitating the accreditation of another 45 (AIM) practitioners. AIM teaches staff, in a fun interactive environment, a set of practical steps and tools to use to implement changes into the workplace in an effective and inclusive manner.

In June 2014, the Surgical Services Taskforce Co-hosted the Fifth Surgery Redesign Training program with the NSW Ministry of Health. This program encouraged a focus on Operating Theatre Efficiency, National Elective Surgery Targets and the implementation of the Minimum Standards for Hip Fracture Management in the Older Person. The program was aimed at providing skills in project management and change management, and included two days of Accelerated Implementation Methodology training.

Highlight:
Content on Project Management, Redesign Methodology and Implementation is accessible to all staff free of charge, and is currently being transitioned to HETI online.
The Innovation Exchange provides a single, collaborative place to share and promote local innovation and improvement projects and resources, from all healthcare organisations across NSW.

Employees working across the health system benefit from a single, convenient online site to share and access innovation and improvement initiatives, programs and projects from healthcare organisations across NSW and beyond.

The Innovation Exchange provides succinct high-level overviews of each initiative, details of solutions, implementation, lessons learnt and contact details to find out more information – that can be accessed by anyone, any time.

The place to find out which initiatives are being implemented, across specialty areas, local areas and look at what other local areas are doing to address specific challenges – The Innovation Exchange provides the opportunity to learn from other organisations, to improve performance, innovate, collaborate and partner on initiatives.

The Innovation Exchange was launched on 31 October 2014 and currently has 89 initiatives from 84 individual health facilities published.
Building skills, confidence and capability of healthcare staff is delivering benefits to patients across the NSW Health system.

The Centre for Healthcare Redesign (CHR) provides capability development for the health workforce, enabling frontline staff to successfully redesign and improve service delivery across all aspects of the patient’s journey, delivering better care for patients and carers.

**Brain Injury**

The Brain Injury Rehabilitation Directorate hosted the 13th NSW Brain Injury Rehabilitation Program Forum in March 2014, showcasing clinicians’ clinical research or initiatives. The theme of the day was ‘Participation – Making it Happen’. The Forum addressed the many facets of participation in areas of school, work, relationships, rural and remote environments, reaching out to people of indigenous backgrounds and meaningful roles in society at large.

**Highlight:**

170 participants attended 13th NSW Brain Injury Rehabilitation Program across the 2 days.

**Critical Care**

Following transition from the Ministry of Health in 2013, the Critical Care Taskforce (CCT) membership was re-established following advice on nominees from Chief Executives in May 2014.

**Highlight:**

The CCT includes representation from Local Health District critical care services, NSW Ambulance, Aero Medical Retrieval Services and the Newborn and Paediatric Emergency Transport Service.
Intensive Care

The ACI Intensive Care Clinical Information System (ICCIS) Working Group was established to provide clinical leadership for the ICCIS Program throughout its production phases. The focus of this Working Group includes reporting, pharmacy, technical, research, paediatric and neonatal requirements. Clinicians across all disciplines are currently contributing to the design and build phase of the ICCIS platform.

Ophthalmology

A framework for eye healthcare services in NSW has been endorsed by the Ophthalmology Network. Eye health and vision care service providers and consumer organisations developed the framework as a basis for the planning and development of comprehensive public eye services for the population in NSW. It will be supported by a state-wide implementation plan.

The Eye Emergency App for iOS and Android smart devices was launched in November 2013 and January 2014 respectively. The App, accessed around the world, provides a simple and highly graphical representation of the eye emergency clinical guidelines published in hard copy in the Eye Emergency Manual. Clinician education based around the guidelines has been transferred from ACI management to Sydney/Sydney Eye Hospital. ACI coordinated the program over five years during which time 53 workshops were delivered to 949 participants predominately nursing (61%) and medical (38%) clinicians presented throughout rural and metropolitan NSW.

Renal Network

The need for improved supportive care of patients with end-stage kidney disease is increasingly recognised at national and international levels. In 2013/14, ACI’s Renal Network developed a Renal Supportive Care model, which aims to provide holistic palliative care and symptom control for end-stage kidney disease patients and their families. The model is suitable for those patients being managed via a conservative non-dialysis pathway or continuing to have poor quality of life despite dialysis.

Highlight:
The ICSN has over 120 members including clinicians, ACI Executive and key external stakeholders. Working groups have been established to address priority areas identified by the network including ABF, Performance, Nursing Leaders and Best Practice.

Highlight:
The Eye Emergency App has been downloaded over 4,000 times for iOS and Android devices.

Highlight:
An Implementation and Evaluation Plan is being developed to guide LHDs in the uptake of the model and to enable effective assessment of the resulting service.
Rural Critical Care

The Rural Critical Care Taskforce (RCCT) is a new addition to the ACI, having transitioned from the NSW Ministry of Health to ACI in February 2014. The RCCT has the mandate to provide a forum for high level clinical advice and collaboration on rural critical care issues, strategies and implementation across the NSW Health system. A workshop was held in June 2014 to identify priorities and develop a work plan for 2014–15.

Surgical Services

In June 2014, the Surgical Services Taskforce (SST) held a National Surgical Quality Improvement Program (ACS NSQIP®) workshop. The aim of the workshop was to introduce NSQIP to NSW clinicians and managers, detail the benefits that NSQIP brings to quality surgical services and identify the steps that would be required to introduce NSQIP to NSW.

The development of the Operating Theatre Efficiency Guidelines has also been a major project for the SST and the Ministry of Health for 2014. Three working groups explored the priority areas for consideration in the development of the Guidelines.

Each working party was led by a senior New South Wales clinician and the working groups focussed on Operating Theatre Metrics, Whole of Surgery and Operating Theatre costs. These working groups met throughout 2014 and their combined efforts produced the guidelines.

Highlight:
The Taskforce has established a NSQIP Steering Committee to assist hospitals with implementation of NSQIP in NSW. NSW will be the first state in Australia to enrol hospitals in this program.
A key priority for the Institute of Trauma and Injury Management (ITIM) is to monitor the effectiveness of the NSW trauma system response to major trauma patients. The 2013 Major Trauma in NSW report, released this year, describes how the NSW trauma system responded to major trauma patients, from the time of injury and provision of pre-hospital services, through to in-hospital services provided at a NSW Trauma Service.

In collaboration with the Emergency Care Institute, ITIM has also developed and implemented the Abbreviated Westmead Post Traumatic Amnesia (A-WPTAS) state form, which was developed as a method of measuring the duration of post-traumatic amnesia (PTA) following a mild traumatic brain injury (Glasgow Coma Scale 13–15). The objective of the validated tool is to try to identify patients with persistent PTA as this is a marker for increased risk of significant post-concussion symptoms.

ITIM staff also collaborated with NSW trauma clinicians to review the State-wide Data Dictionary to enable the collection of meaningful data that can be held in Collector. The NSW ITIM Trauma Collector Data Dictionary, released in December 2014, acts as a valuable resource in trauma prevention and injury management. An ITIM Education Committee has also been established, with the mandate to provide strategic advice to the ITIM Executive on system wide education requirements and opportunities. The Education Committee also provided oversight of the education functions of ITIM with the key focus of promoting and providing direction to collaborative trauma education in NSW.

**Highlight:**

The Trauma Education Evenings have been enhanced to support rural and regional areas. ITIM continued to host its ten annual Trauma Education Events, which saw 1,140 delegates in attendance.
In 2013, the ACI partnered with the Australasian College of Health Service Management (ACHSM) and the Health Education Training Institute (HETI) to provide placement opportunities for Health Management Trainees. The Management Trainee Internship is a two year program for graduates with a variety of backgrounds to gain experience in public sector health management.

The Internship focuses on the development of nine core management competencies in the workplace and aims to provide a system wide perspective of health care improvement in conjunction with project management skills development. Trainees also study to achieve their Masters in Health Management. In 2014, the ACI provided placement opportunities for two trainees, a first year placement and a second year placement commencing in February 2014.

Michaela Cashman, a second year Trainee, came to the ACI from Murrumbidgee Local Health District where she completed her first year placement and had rotations in Operations and Executive Services. Michaela has a double degree in Business (Major Accounting) and Medical Science. Michaela had her first ACI rotation in the Implementation Team, she is currently placed within the Acute Care Portfolio and is shortly moving to Primary Care and Chronic Services.

Daniel Morrison is a first year trainee who is excited to have the opportunity to learn about the ACI and different processes around health service management. Daniel has had placements with the Redesign Team where he is learning about the fundamentals of project management. Daniel has a background in mental health where he has gained bachelor health sciences (Mental Health) and a post graduate diploma in Indigenous health (Substance use). Daniel is looking forward to the future as he is eager to increase his knowledge around health service management.

Elizabeth Bryan completed her Traineeship with the ACI at the end of 2013 and graduated from University of Western Sydney with a Master of Health Management in April 2014. Elizabeth has now secured a full time position within the ACI as an Implementation Project Officer within the Clinical Program Design and Implementation Portfolio.

The ACI is committed to continuing to provide placement experiences for Management Trainees as the 2015 recruitment drive commences.
The Centre for Healthcare Redesign (CHR) program focuses on delivering a range of training options for staff to develop skills in Management, Redesign and Change Management. The components of the CHR Program are:

The Redesign Leaders Network: Over half of the redesign funding is directed to the local health services to fund these important roles and provide a budget for staff to undertake redesign. The CHR also works closely with the Redesign Leaders from every health service to support networking and growth of their expertise to continue to grow and support innovation locally, as well as spreading innovation beyond the ‘boundary’ of local service improvements.

The CHR Diploma Program: The program uses a mixed methodology approach of eLearning, face to face workshops and workplace coaching. This year there was full subscription to three CHR Diploma programs, with 60 participants developing another 32 innovations for local implementation. Improvements and innovations were made to a diverse range of services from rural and metropolitan NSW. Examples include; Implementation of Telehealth services in Residential Aged Care Facilities (Nepean Blue Mountains LHD), Patient Centred Discharge (St Vincent’s), Redesign of the Surgical Patient journey (Sydney LHD), Redesign of After Hours rural crisis counselling (Southern LHD) and redesigning the Care Navigation for patients with chronic disease in Justice Health.

This year also saw a focus on Integrated Care, with nine service improvements in partnership between Medicare Locals and Local Health Districts. These included improvements to breastscreen, integrated care for Aboriginal people with Diabetes (also including the Aboriginal Medical Services), improving integrated care for the mental health client, and for children with allergies, just to name a few.

SHOWCASE: Centre for Healthcare Redesign

The Centre for Healthcare Redesign program has been the most valuable course I have completed in my career. The diploma program teaches you a systematic approach to changing practice, provides you the tools, knowledge and support that you need to tackle the big challenges facing healthcare.

The skills I have gained through the program have transformed the way I approach my work. I no longer take the ‘Band-Aid’ approach, rather I work with clinicians and consumers to better understand the root cause of the problem and work with them to design sustainable solutions to improve their health outcomes and experience of care. The program empowers participants to bring about sustainable change and has the potential to transform healthcare.

Naomi Van Steel, Strategic Partnerships Manager, Executive Medical Services, Western Sydney Local Health District

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## A – Government Information (Public Access) Act 2009 (GIPAA) application details

### Table A:

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<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Not for profit organisations or community groups</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of the public (application by legal representative)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Members of the public (other)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*More than one decision can be made in respect of a particular access application. If so, a recording must be made in relation to each such decision. This also applies to Table B.

### Table B:

<table>
<thead>
<tr>
<th>Number of applications by type of application and outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal information applications*</td>
</tr>
<tr>
<td>Access applications (other than personal information applications)</td>
</tr>
<tr>
<td>Access applications that are partly personal information applications and partly other</td>
</tr>
</tbody>
</table>

* A personal information application is an access application for personal information (as defined in clause 4 of Schedule 4 to the Act) about the applicant (the applicant being an individual).
Table C: Invalid Applications

<table>
<thead>
<tr>
<th>Reason for invalidity</th>
<th>No of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Application does not comply with formal requirements (section 41 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Application is for excluded information of the agency (section 43 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Application contravenes restraint order (section 110 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Total number of invalid applications received</td>
<td>0</td>
</tr>
<tr>
<td>Invalid applications that subsequently became valid applications</td>
<td>0</td>
</tr>
</tbody>
</table>

Table D: Number of times consideration used*

Conclusive presumption of overriding public interest against disclosure: matters listed in Schedule 1 to Act

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Number of occasions when application not successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overriding secrecy laws</td>
<td>0</td>
</tr>
<tr>
<td>Cabinet information</td>
<td>0</td>
</tr>
<tr>
<td>Executive Council information</td>
<td>0</td>
</tr>
<tr>
<td>Contempt</td>
<td>0</td>
</tr>
<tr>
<td>Legal professional privilege</td>
<td>0</td>
</tr>
<tr>
<td>Excluded information</td>
<td>0</td>
</tr>
<tr>
<td>Documents affecting law enforcement and public safety</td>
<td>0</td>
</tr>
<tr>
<td>Transport safety</td>
<td>0</td>
</tr>
<tr>
<td>Adoption</td>
<td>0</td>
</tr>
<tr>
<td>Care and protection of children</td>
<td>0</td>
</tr>
<tr>
<td>Ministerial code of conduct</td>
<td>0</td>
</tr>
<tr>
<td>Aboriginal and environmental heritage</td>
<td>0</td>
</tr>
</tbody>
</table>

Table E: Other public interest considerations against disclosure: matters listed in table to Section 14 of Act

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Number of occasions when application not successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>Responsible and effective government</td>
<td>0</td>
</tr>
<tr>
<td>Law enforcement and security</td>
<td>0</td>
</tr>
<tr>
<td>Individual rights, judicial processes and natural justice</td>
<td>0</td>
</tr>
<tr>
<td>Business interests of agencies and other persons</td>
<td>0</td>
</tr>
<tr>
<td>Environment, culture, economy and general matters</td>
<td>0</td>
</tr>
<tr>
<td>Secrecy provisions</td>
<td>0</td>
</tr>
<tr>
<td>Exempt documents under interstate Freedom of Information legislation</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>0</td>
</tr>
</tbody>
</table>

* More than one public interest consideration may apply in relation to a particular access application and, if so, each such consideration is to be recorded (but only once per application). This also applies in relation to Table E.
### Appendix

#### Table F: Timeliness

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of applications</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decided within the statutory timeframe (20 days plus any extensions)</td>
<td>0</td>
</tr>
<tr>
<td>Decided after 35 days (by agreement with applicant)</td>
<td>0</td>
</tr>
<tr>
<td>Not decided within time (deemed refusal)</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
</tr>
</tbody>
</table>

#### Table G: Number of applications reviewed under Part 5 of the Act (by type of review and outcome)

<table>
<thead>
<tr>
<th>Review Type</th>
<th>Decision Varied</th>
<th>Decision Upheld</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internal review</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review by Information Commissioner*</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Internal review following recommendation under section 93 of Act</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Review by ADT</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* The Information Commissioner does not have the authority to vary decisions, but can make recommendations to the original decision-maker. The data in this case indicates that a recommendation to vary or uphold the original decision has been made by the Information Commissioner.

#### Table H: Applications for review under Part 5 of the Act (by type of applicant)

<table>
<thead>
<tr>
<th>Description</th>
<th>Number of applications for review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applications by access applicants</td>
<td>0</td>
</tr>
<tr>
<td>Applications by persons to whom information the subject of access application relates (see section 54 of the Act)</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>0</td>
</tr>
</tbody>
</table>
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Published: January 2015