Throughout my Inquiry into Acute Care Services in NSW Public Hospitals, I was enormously impressed with the skill and professionalism shown by clinicians in the NSW public hospital system. Right across the State, I saw models of care, practices and many examples of patient treatment that were world class. They were world class because of the thinking, learning and experience of the clinicians in the team.

I also saw the good work of the Greater Metropolitan Clinical Taskforce (GMCT). The outstanding feature of the GMCT was that its programs and models of care were designed, tested and promoted by clinicians who had the requisite speciality and experience.

I am pleased to see the ACI has commenced. I am confident that it will oversee improvements to the care of patients in the public hospital system in the short term and sustainably into the future.

The nature of this Agency, is different from traditional health bureaucracies. This Agency is structured in a way which ensures that it is the clinicians who are responsible to design and implement innovative and constantly improving models of care for the benefit and welfare of their patients. There is no doubt that these models of care must be cost effective. No health care system has an open cheque book. But what is important is that every patient in every hospital throughout NSW has the benefit of the best clinical minds and the best models of care the clinicians can devise.

I see no reason why, in due course, this Agency will not lead to the provision of innovative models of health care throughout Australia. But that is a matter for the clinicians.

The subtlety of this Agency’s work is that it is the networks of clinicians, experienced in their fields, supported by central expertise who are tasked with conceiving and driving change in the provision of acute care services to patients in the NSW public health system.

The Agency will work, and will work for the benefit of the people of NSW, but only if the clinicians want it to work and only if the clinicians contribute to its work.

I wish the Agency well. I trust the clinicians will take up the challenge to constantly improve and to produce innovative models of health care for the NSW public health system.

I am confident that the Agency will be a very great success and I look forward to seeing and hearing of its work in the future.
We aim to make this newsletter as interesting and informative as its predecessor. I welcome your feedback as we find our feet over these next few months.

We are grateful that Peter Garling SC has agreed to contribute the inaugural Guest Editorial to coincide with the launch of our new newsletter and the establishment of the ACI. You will all know Commissioner Garling as the author of the Final Report of the Special Commission of Inquiry into Acute Care in NSW Public Hospitals, which led to our establishment.

Health has dominated the headlines recently with the extensive media coverage of the proposed Commonwealth Government reform of the Australian health care system. The Council of Australian Governments (COAG) meeting on 19-20 April 2010 resulted in an agreement between the Commonwealth and the State and Territory governments to implement a National Health and Hospitals Network for Australia. Western Australia is the exception having not signed.

My initial impression of the reform agreement was not a good one. It seemed to me more about a reform of funding arrangements and a clash over GST revenues than authentic health systems reform. Having now read the COAG National Health and Hospitals Network (NHHN) Agreement it is apparent that if the enabling legislation is passed by Parliament the proposed changes will significantly alter the way hospital based care is funded. However the extent to which this agreement will achieve the reform of Australia’s health care system outlined in the National Health and Hospitals Reform Commission report, is questionable.

You can read the Agreement online at: www.coag.gov.au/coag_meeting_outcomes/2010-04-19/docs/NHHN_Agreement.pdf

Most of us, especially those working within the public hospital system, tend to think of the health system as being hospital-centric. In reality, it is a continuum of care within which all levels of health care must be integrated. For health reform to work effectively we cannot ignore the primary care side of the equation. The Commonwealth Government commitment to teaching and research and the enhanced role of the Australian Commission on Safety and Quality in Health Care is welcome.

However will this funding only apply in the hospital setting? We need to see the detail. The Commonwealth has in effect enticed the States and Territories across the line on the GST by increasing their funding. This money is welcome. Reducing wait times for care in Emergency Departments and the facilitation of elective surgery is commendable. Funding to increase the number of hospital beds is also welcome. However where to invest in extra hospital beds will need to be carefully planned with a view to the long term and to address real needs.

Activity based funding as outlined in the COAG agreement has the potential to help us use beds more efficiently, at least within larger hospitals, provided the perverse incentives associated with this form of funding are addressed and the coding problems we currently face resolved.

System change is often disruptive. The 2004 amalgamation of Area Health Services in NSW took a number of years to bed down and some would say we have not got there yet. Devolving to approximately 20-25 board administered, Local Hospital Networks (LHN) in NSW carries the risk of being similarly disruptive and will need to be managed with care and sensitivity. Does the State have the required skill base to administer and manage the LHNs? Efficient management across this expanded system with increased reporting requirements will need robust information and computer technology including ready access to broadband. Digital interconnectivity will be vital. eMR and eHR are essential components in making these changes work. One only has to look to Scotland to see what can be achieved especially in aged care and the management of chronic disease, by properly constructed and supported IT systems underpinning the provision of an integrated health care system.

The COAG agreement removed the proposed direct Commonwealth funding of LHNs. The LHNs will be established by the States and Territories which will control their budgets. It will be important to get the composition of the LHNs and their governance right.

Clause A23 of the NHHN Agreement (page 17) comments that “States may use their own proportion of public hospital funding, or Commonwealth block funding paid to the States, to retain some funding from LHNs and use it to adjust service levels across the State, and to respond to unforeseen events and other contingencies”. Why the States and Territories wanted this clause included is understandable but it reverses the pre-COAG statement that the funding would flow directly to the LHNs from the Commonwealth.

Now that the dust has settled somewhat I am convinced that the COAG agreement is a significant reform of hospital funding. However the agreement does not in my view adequately address the need for a fully integrated health care system. Whether it marks the first step on the road to real health reform, remains to be seen.
AGED CARE

Network Staff Changes

Richard Lindley is stepping down after three years at the helm of the ACI Aged Care Network. As Co-Chair, Richard was instrumental in establishing the many projects currently underway and we thank him for his leadership and generous contribution of time and expertise.

Jacqueline Close, Senior Staff Specialist and Conjoint Associate Professor at Prince of Wales Hospital, has recently finished a PhD through the University of Technology Sydney that focussed on the provision of person-centred care for older people with cognitive impairment in the acute care sector.

Trained in the UK, she moved to Australia in 2005. She dedicated a period of time in 2002-2004 to working in partnership with the world renowned Institute of Health Care Improvement specifically looking at system level change and how to effect change at a number of different levels in health care systems.

Jo Caugtry has been appointed Operations Manager NSW of the Royal District Nursing Service. We thank her for her leadership and wish her well in the future.

Julia Poole has relinquished her acting position as Co-Chair of the ACI Aged Care Network and has been tempted from her role as Clinical Nurse Consultant in Aged Care at the Royal North Shore Hospital to manage the ACI Aged Care Network. The Network will benefit from Julia’s extensive experience in Aged Care and experience in research. Julia has recently finished a PhD through the University of Technology Sydney.

The Network is now recruiting two Clinical Nurse Consultants for the Long Term Follow-up and Transition Care Project. This project is funded for a period of two years. Work also continues on the review of rural Area Health Services for the purpose of possible enhancement of service provision opportunities.

STATE WIDE PLAN ENDORSED

The ACI Blood and Marrow Transplant (BMT) State Wide Service Plan has recently been endorsed by the steering committee and is currently undergoing minor changes prior to approval by the Director-General of NSW Health.

This is an enormous achievement following a lengthy and rigorous process. It could not have been achieved without the extensive input from clinicians and related health staff which has helped to ensure all aspects of BMT are included and that requirements for future planning are accurate and reflect the needs of the patient.

Enhancement funding continues to be distributed with all BMT sites in NSW being provided with additional funds for the enhancement of service provision. Currently, all sites are determining the most effective use for these funds and the Network is assisting to ensure that the funds are utilised as clinicians intended. As part of this process the BMT Network is now recruiting two Clinical Nurse Consultants for the Long Term Follow-up and Transition Care Project. This project is funded for a period of two years. Work also continues on the review of rural Area Health Services for the purpose of possible enhancement of service provision opportunities.

The BMT Network’s Annual Scientific Forum will be held on 23 September 2010 at Sydney Olympic Park Novotel. A clinicians meeting will take place prior to the forum, which will include presentations from the Allogeneic, Autologous, Laboratory, Nursing and Long Term Follow-up Working Groups as well as a clinician poster presentation session.

The Network recently held its ‘Introduction to BMT Nursing’ and ‘Paediatric BMT Nursing Course’. Both courses were well attended by clinicians who were updated on the BMT Models of Care. The evaluation and feedback was positive. Speakers came from all disciplines across the BMT Network, including medical, nursing and allied health - pharmacy and dietetics. All participants were awarded continuing education points for their attendance. The Network plans to hold another introductory course in November 2010.

The Network has awarded two nursing scholarships for the ‘Graduate Diploma of Nursing – Apheresis’, which is an external course at the University of Adelaide. The nurses will commence their studies in July 2010. Congratulation to Kristi McKee of Wollongong Hospital and Nicole Taylor of Nepean Hospital.

The Quality Management Team is working with Liverpool Hospital in their final preparations to undergo the National Accreditation Testing Authority (NATA) accreditation for BMT Laboratory, Clinical and Apherisis Units. NATA will accredit the Hospital against the National Pathology Accreditation Advisory Council (NPACC) Standards. The Network is also working with NSW Health Support Services to have the server, which hosts the Quality Management System, upgraded for the purpose of implementing the latest version of the software.

For further information on the work of the Network please contact the BMT Network Manager.
CURRENT PRIORITIES

Interagency relationships continue to be a work focus for the ACI Brain Injury Rehabilitation Directorate (BIRD) to improve the client journey from trauma to community resettlement after a traumatic brain injury.

Adeline Hodgkinson has been attending meetings of the Trauma Collaborative involving diverse agencies such as Careflight, NSW Ambulance and the Roads Traffic Authority. NSW Health has convened an Alcohol Related Interagency Relationships to meet needs across the continuum from hospital dis charge to living in the community.

The BIRD has utilised clinician expertise to respond to recent legislative inquiries including the Third Review of the Lifeline Care and Support Authority and the Tenth Review of the Motor Accident Authority and the Inquiry into the provision of education to students with a disability or special needs. For further details on the progress of these Inquiries see: www.parliament.nsw.gov.au

The ACI BIRD would like to thank Radhika Singh for her commitment and dedication to the development, implementation and maintenance of the state wide Brain Injury Rehabilitation Program.

The Acquired Brain Injury (ABI) Interagency Network has grown considerably over the past five years. From an initial small group convening, goal setting and outcome data in daily practice and provides the regular State-wide data reports the BIRD now relies on.

For further information on the work of the Network please contact the Brain Injury Rehabilitation Network Manager.

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Barbara.Strettles@sswahs.nsw.gov.au

RURAL CRITICAL CARE TASKFORCE

The ACI Cardiac Network Manager and Executive staff visited the Co-Chairs of the Rural Critical Care Taskforce (RCCT) on 14 April 2010 to discuss the issues faced by rural cardiology clinicians and consumers.

The RCCT review of the Clinical Excellence Commission (CEC) data from the Incident Information Management System and Root Cause Analyses in both metropolitan and rural areas has indicated that a high percentage of cardiac issues are reported relating to staff not recognising atypical signs of myocardial infarction, lack of risk stratification and chest pain pathways not being used routinely as part of the patient’s management.

One of the major issues for clinicians working in rural areas is securing beds for patients who are being transferred to metropolitan hospitals and the inordinate amount of time spent on the phone to city staff to make arrangements. Streamlining this process would improve both the access to tertiary services and outcomes for rural patients. Formal networking arrangements could be established so that clinicians in rural centres would have a single point of contact at metropolitan centres who would be responsible for providing advice and support to rural colleagues and booking a bed if required.

The ACI Cardiac Network will consider how best to support rural clinicians particularly those working in very small hospitals.

NURSES’ EDUCATION PROGRAM

The next session of the Nurses Education Program will take place on 19 May 2010. Janice Gullick, Clinical Nurse Consultant in Cardiology at Concord Hospital will give a presentation on ‘Bundle Branch Blocks’. For details of how to link into the program contact the Cardiac Network Manager or visit: www.health.nsw.gov.au/gmct/cardiac/education.asp

For further information on the work of the Network please contact the Cardiac Network Manager.

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ACI CLINICIAN CONNECT MAY 2010

PAGE 4
ENGAGING THE NSW COMMUNITY

All consumer members of ACI Clinical Networks were invited to a Consumer Forum on 9 March 2010 to hear first hand about the transition to the ACI.

Consumers were updated on the ACI’s ‘Determination of Functions’ and encouraged to provide their input into how the ACI could work differently to engage the wider community.

The ACI will shortly conduct surveys of its consumer membership, Clinical Network Co-Chairs and Network Managers to identify a ‘baseline’ of current views on its community engagement structures. The feedback received will help the ACI to identify gaps and training needs.

An ACI-led Working Group that will identify how best to communicate with patients and carers from a non-English speaking background affected by stroke held its first meeting on 23 March 2010. The group will conduct surveys to gather the views of Government and non-Government agencies that work with culturally and linguistically diverse (CALD) communities, bi-lingual GPs, and stroke clinicians. The Working Group also plans to conduct focus groups with patients and carers in hospital and within the community. This collaborative initiative includes the NSW Multicultural Health Communication Service, Area Health Service representatives, stroke clinicians from CALD backgrounds, the National Stroke Foundation, Carers NSW, the Stroke Recovery Association, the Council on the Aging and the Australian Chinese Medical Association.

For further information contact the Communications and Consumer Participation Manager.

Contact: Maeve Eikli
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Mob: 0407 776 189
meikli@nsccahs.health.nsw.gov.au

Clinical Network Report
ENDOCRINE

Co-Chairs: David Chipps

Inpatient Hyperglycaemia

The ACI Endocrine Network has had ethics approval granted by the Sydney West Area Health Service Ethics Committee for its project, “Diabetes Case Detection through Emergency Department Admissions”, with Westmead as the host site. The Endocrine Network Manager will coordinate the site specific applications for the other 15 participating NSW hospitals before the project begins.

Wah Cheung, Co-Chair of the Inpatient Hyperglycaemia Working Group has developed an application for a National Health and Medical Research Council partnership grant on behalf of the Endocrine Network, which was submitted at the end of April 2010. The Medication Safety Expert Advisory Committee at NSW Health is currently reviewing the Network’s draft NSW subcutaneous chart.

Mental Health

The Mental Health and Diabetes Working Group are planning a series of cardometabolic health workshops this year, with the first one to be held at Concord Repatriation Hospital on 1 June 2010. The target audience for the workshop will be nursing staff and allied health professionals working in mental health. For further details see: www.health.nsw.gov.au/gmct/events.asp

Models of Care

The Models of Care Working Group met in February 2010 where it discussed workforce issues to be covered within the Model of Care. The Network Manager has written to all professional bodies of disciplines involved in the care of diabetes requesting information about their workforce. The Working Group is seeking a practice nurse to participate in its discussions and the development of the NSW Diabetes Models of Care. If you are a nurse interested in taking part, please contact the Endocrine Network Manager.

Diabetic Foot

The Diabetic Foot Working Group has completed the first draft of its High Risk Foot Clinic Analysis report, which includes recommendations for the standards required for High Risk Foot Clinics.

Following discussions by the Working Group in April 2010, a second draft is being prepared. The Advanced Wound Care Competencies have been completed and presented to the Working Group. The competencies will be submitted to the NSW Health Podiatry Advisory Group for feedback. The Working Group’s next priority is the development of Podiatry Credentialing guidelines.

The first peripheral neuropathy and peripheral vascular disease workshop for rural clinicians was held in Dubbo in April 2010. Hosted by Diabetes Australia NSW, the workshop attracted many GPs, Practice Nurse and Podiatrists. The next workshop is currently being planned and flyers will be issued soon.

Next Meetings

For further details or to attend, contact the Network Manager:

Monday 3 May 2010
Models of Care 4-6pm, ACI Meeting Room

Tuesday 11 May 2010
Endocrine Executive 6-8pm, ACI Meeting Room

Tuesday 4 May 2010
Inpatient Hyperglycaemia 6-8pm, ACI Meeting Room

Thursday 20 May 2010
Rural and Indigenous 6-7pm, Teleconference.

ACI CLINICIAN CONNECT MAY 2010 PAGE 5
The ACI Anaesthesia Perioperative Care Network has been set up in response to a request from NSW clinicians who see a need to make improvements to anaesthesia and perioperative services in NSW public hospitals. The first teleconference meeting of the Executive was held in March 2010.

The Network will work to address the issues that have been identified through the strong leadership and input from the members of the Executive and Network.

The Network will be Chaired by Su-Jen Yap, a staff specialist anaesthetist at the Prince of Wales and Sydney Children’s Hospitals and Director of Perioperative Care at the Prince of Wales Hospital since 1995. Su-Jen brings extensive experience to the Network. Her former roles include chairperson of the NSW Health ‘The Pre-Procedure Preparation Toolkit’ resource/guideline (2007), medical advisor for the NSW Health Extended Day Only Model of Care (2006) and the Chair of the Australian and New Zealand College of Anaesthetists (ANZCA) Perioperative Medicine Taskforce (2005) and Committee (2006-2008).

Su-Jen is a conjoint senior lecturer at the Faculty of Medicine, University of NSW and is completing a Masters in Medical Education at the University of Sydney. Su-Jen is looking forward to introducing the talented, diverse and compassionate members of the Anaesthesia Perioperative Care Network Executive and collaborating with other ACI Networks in areas of shared interests to improve patient outcomes.

The Network’s Executive will initially focus on:
• Safe sedation practices
• Assistants to Anaesthetists
• Perioperative Care -shared guidelines for the management of patients’ intercurrent medical conditions
• Perioperative Systems-perioperative units and other emerging models of care (day-only, extended day-only, day of surgery admissions), pre-admission clinics, acute pain management, recovery room care and high dependency units.
• Rural and remote anaesthesia and perioperative care

The Network invites comments.

A delegation from the Executive will visit Moree Hospital on 14 May 2010 to meet with rural members of the Executive and see first hand the issues faced by rural patients and their anaesthesia perioperative care clinicians. Rural and remote issues are an initial priority area for the Network.

For further information on the work of the Network please contact the Anaesthesia Perioperative Care Network Manager.

Contact: Cassandra Smith
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csmith@nsccahs.health.nsw.gov.au

Endoscopy Information System

NSW Health is finalising discussions on a NSW Endoscopy Information System in NSW. It is hoped that the negotiations will be completed by June 2010.

Clinicians from the ACI Gastroenterology Network have been working to develop a number of Minimum Data Sets (MDS) for endoscopy reporting. MDS have been developed for Colonoscopy, Upper Gastrointestinal Endoscopy, Endoscopic Ultrasound and Endoscopic Retrograde Cholangiopancreatography. These MDS have been developed in line with work on endoscopy reporting being undertaken at a Commonwealth level.

The MDS have been developed at the request of NSW Health and will be used to capture endoscopy data at a State-wide level with the introduction of the Endoscopy Information System. The draft MDS have been circulated to the Network inviting comments.

Bowel Cancer Screening

Network Representatives will attend a workshop in May 2010 to discuss the development of a quality framework for the National Bowel Cancer Screening Program (NBCSP). This is a great opportunity to provide input into a quality framework for the NBCSP to ensure that service provision is the highest standard achievable in terms of quality, consistency, accessibility and appropriateness at each stage of the screening pathway and that structures and processes for effective monitoring management and improvement of the program are in place.

The Network’s Hepatitis Working Group met to discuss progress with implementation of the recommendations of the Review into Treatment and Care Services. It is pleasing to note that most Area Health Services have finalised recruitment to additional clinical positions to increase the treatment numbers for patients with hepatitis C.

NSW Health and the ACI will host a Clinical Governance Forum in July 2010 to discuss the implementation of the recommendations, the positive outcomes that have been achieved and to brainstorm ways to deal with the barriers to doubling treatment numbers.

Nursing Scholarships

Thanks to funding provided by the NSW Health AIDS and Infectious Diseases Branch, nursing scholarships have been awarded to two hepatology nurses from Gosford and St Vincent’s Hospitals who are participating in the UTS Graduate Certificate in Acute Care Nursing and associated hepatology Clinical Accreditation Program.

Scholarships have also been awarded to hepatology nurses who are attending education sessions provided by the Australian Society for HIV Medicine. Rural nurses have been provided with travel and accommodation to attend the course.

The Network encourages all hepatology nurses participating in further education and training to apply for scholarships. Participants may claim travel, accommodation or the cost of the course. For more information please contact the Gastroenterology Network Manager.
The annual ACI Gynaecological Oncology Nurse seminar will be held on Friday 21 May 2010 at Royal Prince Alfred Hospital. All interested nurses are invited to attend.

The registration form and program can be found on the ACI website at: www.health.nsw.gov.au/gmct/gynaeonc/education.asp

For further information on the work of the Network please contact the Gynaecological Oncology Network Manager.

Contact: Annie Hutton
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ahutton@nsccahs.health.nsw.gov.au

The next sedation training course for experienced endoscopists will take place on 24-25 June 2010 at the Hunter and New England (HNE) Skills and Simulation Centre. There are a limited number of places left, so book soon.

For further information contact:
Cassandra Quigley
HNE Skills and Simulation Centre, HNE Health,
Ph: (02) 4985-5569
cassandra.quigley@hnehealth.nsw.gov.au

For further information on the work of the Network please contact the Gastroenterology Network Manager.

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csmith@nsccahs.health.nsw.gov.au

The ACI Stroke and Radiology Networks in conjunction with Royal Australian and New Zealand College of Radiologists (RANZCR), Medical Imaging Nurses Association and Australian Institute of Radiographers will present an Education Series on 18 May 2010 at the Kerry Packer Auditorium, Royal Prince Alfred Hospital. RSVP to Email: chris.bonaventura@ranzcr.edu.au or Ph: (02) 9268 9721.

For further information on the work of the Network please contact the Radiology Network Manager.

Contact: Annie Hutton
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ahutton@nsccahs.health.nsw.gov.au

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International Speakers for MRI Discussions

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ahutton@nsccahs.health.nsw.gov.au
FIRST ANNIVERSARY

This month the ACI Musculoskeletal Network celebrates its first birthday. The Network has amassed an extensive range of partners since its first meeting on 29 May 2009 including government and non-government agencies, professional associations, consumer groups, academic institutions and private healthcare providers.

Examples of partnerships include:

• Working with the UNSW Centre for Clinical Governance Research in Health to help evaluate what we do as a Network and to see that our efforts actually improve patient outcomes

• Gaining membership of the Advisory Committee to develop resources to increase uptake of the musculoskeletal guidelines developed by the Royal Australasian College of GPs

• Input to the Aged Care Network Orthogeriatric Model of Care Working Group, ensuring our perspective and expertise is included in the roll-out of the model

• Linking with the NSW Falls Prevention Network with its leadership at the Clinical Excellence Commission.

The Network has identified four key result areas which are to:

• Build an active and viable network

• Improve equity of access and outcomes

• Develop an evaluation framework for models of care implemented by the Network

• Establish and maintain strategic partnerships.

Membership has reached in excess of 100 and includes multidisciplinary health professionals from adult and paediatric services representing diverse clinical service groups including endocrinology, general practice, geriatrics, orthopaedics and rheumatology; members of the NSW community including individual patients and representatives of Arthritis NSW and Osteoporosis Australia and representatives of academic institutions, the Clinical Excellence Commission, NSW Department of Health and private providers of home care and interventions such as aged care exercise programs.

The Network is leading discussions through its working groups on the following areas of interest:

• Early diagnosis and access to services for people with or at high risk of osteoporosis. Our data has shown a 35% minimal trauma re-fracture rate with an average length of stay in hospital for these patients of 22 days and a 17% mortality rate. We know medicating with bisphosphonates reduces fracture rates by up to 50% yet the evidence clearly shows a slow uptake of these medicines. Add that to complimentary interventions and there is a potential to reduce much pain and disability as well as hospital admissions.

• Development of a curriculum on osteoporosis for junior doctors in NSW hospitals to help the next generation of doctors to be aware of the need to identify and manage osteoporosis. Current evidence tells us we are not good at looking for, diagnosing and managing this chronic disease.

• Improved access and care processes for people awaiting elective joint replacement surgery. Gaining further understanding of our waiting lists and access to complimentary care pre and post operation such as pain management, exercise programs and being supported in self-management strategies.

• Early diagnosis and access to services for children, and their families, with rheumatic disease of childhood, focussing on Juvenile Idiopathic Arthritis initially. Our investigations show NSW is way behind other states in access to these specialist services for children who will often wait months if not years for diagnosis and subsequent management of this painful and disabling condition. The Working Group is now developing a model of care to address these access issues.

For further information on the work of the Network please contact the Musculoskeletal Network Manager.

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CURRENT ACI ICT INITIATIVES

Planning for the ACI’s transition to offices in Chatswood continues, with the following activities either in progress or completed:

• Formation of a project management plan and Gantt chart schedule

• Preparation of draft floor plans and the construction design

• Market testing of third party ICT service providers

• Liaison with NSW Health Support Services as a potential competitive service provider

• Preliminary ICT infrastructure and applications design

• Identification of core business systems to be migrated or enabled for ACI

Other activities scheduled include:

• Development of data migration and risk management plans

• Server and application security and permission models

• Development of training material for new and updated applications

The ACI plans to upgrade application and operating software to current versions including Windows 7, Office 2007 and Outlook 2007. This has training implications and courses will be developed to educate all staff in how to make the most of the new technology environment.

Other ICT initiatives currently underway include:

• Assessment of the corporate database environment and whether an enterprise migration from MS Access to MS SQL Server is justified

• Development of business cases for system upgrades and enhancements

• Assistance with ACI technology budgeting

• Recommendations on ACI technology infrastructure and applications support services

• Provision of ad-hoc ICT support for databases, websites and spreadsheets

• Onsite support for Network Managers updating websites, databases and custom applications.

For further information please contact the Acting ICT Manager.

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A strong contingent of clinician and consumer members of ACI Clinical Networks and ACI Network Managers led by Kate Needham, attended Network to Network 2010, the inaugural Australasian Clinical Networks Conference held in the Melbourne Cricket Grounds on 17-19 March 2010. Hosted by the Victorian Health Department in partnership with the ACI and Health departments from across Australia and New Zealand, the conference focussed on four main themes:

- Establishing and maintaining effective networks
- Evaluation and outcomes of clinical networks
- Consumers as network participants and partners in improving care
- Connected and collaborative care

The lessons learned to date through our Clinical Networks were relayed through a comprehensive variety of poster and oral presentations by clinicians and ACI staff:

- Aged Care: ‘Orthogeriatric Services – Service Innovation led by the NSW Greater Metropolitan Clinical Taskforce (GMCT) Aged Care Network’
- Blood and Marrow Transplant: ‘The BMT Network NSW – A unique model of a transparent, collaborative and cooperative Clinical Networking’ and ‘Networking for nurses – does the role of a Network clinical Nurse Consultant help?’
- Cardiac: ‘Cardiac Monitoring for Adult Patients in Public Hospitals in NSW’ and ‘GMCT Cardiac Network Challenges and Issues’
- Consumer Participation: ‘Amplifying the consumer voice within Clinical Networks’ and ‘NGOs a strong consumer voice within Clinical Networks’
- Endocrine: ‘Developing a NSW Obesity Management Plan’ and ‘A NSW Diabetes Model of Care’
- Gastroenterology: ‘Addressing Quality, Safety and Workforce Issues’ and ‘Addressing the impact of the NBCSP on the colonoscopy capacity in NSW’
- Gynaecological Oncology: ‘Best practice gynaecological cancer care in NSW’
- Musculoskeletal: ‘Improving access for NSW residents to Musculoskeletal Services’
- Nutrition: ‘Averting a food fight: Nutrition in Hospitals’ and ‘Nourishing lives at home: Connecting Home Enteral Nutrition (HEN) services in NSW’
- Ophthalmology: ‘Utilising Network Expertise for a Satisfactory outcome’
- Renal Services: ‘Six years before the mast’ and ‘Outcomes from a Transplant (Net) Working Group’
- Statewide Burn Injury Service: ‘Multidisciplinary Burn Education Program: Providing Specialist Knowledge to Clinicians’, ‘The NSW Severe Burn Injury Service: a Coordinated Clinical Service across the Continuum of Care’, ‘Given feedback to healthcare facilities that transfer burn patients to the NSW Severe Burn Injury Units’ and ‘An innovative digital referral service for burn injuries’
- Stroke: ‘Stroke Services in New South Wales. Are we there yet?’
- Transition Care: ‘Stronger Together: Using Networks to develop a Statewide model of care for young people with Spina Bifida transitioning to adult health services in New South Wales’

Margaret Murphy, WHO Patient Safety representative from Ireland provided an overview of the WHO’s Patients for Patient Safety Program. She moved the audience with a powerful personal example of the lessons learned through her son’s death and how this acted as a catalyst for change and service improvement.

ACI consumers and staff also participated in a round table discussion session dedicated to ‘Meaningful consumer involvement in healthcare improvement’. The conference provided a great opportunity to learn from others in the field and to be inspired about the critical role of clinician and community engagement within clinical networks. If you would like to receive copies of the ACI Networks presentations please contact the ACI Communications Manager.

Frances Cunningham, Senior Research Fellow, Australian Institute of Health Innovation, University of NSW is preparing a summary of the conference proceedings which will be published later in the year. For further details see: www.health.vic.gov.au/networks2010/
PAIN MANAGEMENT NETWORK

An interim Executive has been formed and met on 19 March 2010. The group is in the process of identifying and setting priority areas for the Network based on the outcomes of the Pain Summit held in March 2010. For more on the Summit see: www.painsummit.org.au/

The interim Co-Chairs of the Network are Paul Wrigley, Staff Specialist in Pain Medicine, Royal North Shore Hospital) and Chris Hayes, Staff Specialist in Pain Medicine, John Hunter Hospital:

Paul Wrigley has senior clinical, teaching and research appointments at the Pain Management and Research Centre and the Pain Management Research Institute. Paul has received numerous awards for research and practice in pain medicine, has completed a PhD in neuropharmacology and continues to publish original research on a variety of persistent pain conditions. He is a Supervisor of Training, Education and a Training Committee member and examiner for the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists.

Chris Hayes trained initially in Anaesthesia before transitioning into pain medicine. He has been Director of Hunter Integrated Pain Service since its formation in 1997. He is a member of the Australian Pain Society and a Board member of the Faculty of Pain Medicine. He is interested in the evolving information content and service redesign aspects of the new paradigm that is emerging in pain medicine and how both can be incorporated into an innovative model of care.

For further information on the work of the Network, please contact the Pain Management Network Manager.

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PAIN MANAGEMENT

The use of pharmacological agents is an integral part of contemporary health care. Most patients who utilise hospital services will receive one or more medications during an episode of care and many continue taking medications when they are discharged.

Medication errors are one of the most common types of adverse events which affect consumers of health care services. Errors may occur in the prescription, dispensing or administration of medications and they can result in a greater or lesser degree of patient harm depending on the pharmacology of the drug, whether it is used with other agents and the route of administration.

High risk medicines are those that have a high risk of causing injury or harm if they are misused or used in error. The error rates with these medications are not necessarily higher than with any other medicines, but when problems occur, the consequences can cause greater harm. Therefore it is important that action is taken to reduce the risk of harm associated with these agents.

Internationally, many safety organisations recommend that hospitals and health services identify the high risk medications that they use by reviewing both the incident data at their own institution and the national and international literature. As a result of an analysis of the Incident Information Management System (IIMS) database, the published literature and activity from other organisations, a list of high risk medicines has been developed for NSW, in line with that of Victoria. This list has been endorsed by The NSW Department of Health State-wide Medication Safety Expert Advisory Committee.

The high risk medicines list for NSW includes anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants. The list is represented by the acronym A PINCH and it is available on the NSW Health Clinical Safety Quality and Governance website at: http://internal.health.nsw.gov.au/quality/natmed/high_risk_medicines.html

The aim of the website is to highlight the harm that can be caused by the high risk medications which are included in A PINCH and provide action-oriented information that will assist clinicians to improve the management of high risk medicines in hospitals in NSW.

The website also provides links to information and recommendations for specific drugs covered by A PINCH, best practice recommendations from the Medication Safety Self Assessment for Australian Hospitals and links to selected clinical indicators from the Indicator for Quality Use of Medicines in Australian Hospitals to support hospitals in the monitoring of high risk medicines use.

For further information contact Penny Thornton, NSW Health
Email: pthor@doh.health.nsw.gov.au

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For further information contact Penny Thornton, NSW Health
Email: pthor@doh.health.nsw.gov.au
Co-Chair Changes

Martin McGee-Collett, Neurosurgeon, Royal Prince Alfred Hospital has recently stepped down as the Co-Chair of the Network. Mark Sheridan, Neurosurgeon, Liverpool Hospital, has been elected to the role. The members of the Network would like to thank Martin for his clear direction and steady leadership. During his tenure Martin helped lead meetings between the Deep Brain Stimulation (DBS) Working Group and the NSW Department of Health. He oversaw the initiation of a state-wide survey of hospitals reviewing high speed Internet access and remote medical access capabilities to digital film archiving systems. Martin also actively championed the ongoing need for all hospitals in the Network to contribute to the Neurosurgery Combined Clinical Audit Database. Mark Sheridan will officially begin his term in June 2010 when he Co-chairs the next Network Executive meeting with Kate Becker.

Incoming Co-Chair, Mark Sheridan brings extensive relevant experience to the position. He is Associate Professor, Area Programme Director of Surgery for Sydney South West Area Health Service (SSWAHS); Stream Director for Neurosciences, Bone and Joint, SSWAHS; Executive Clinical Director and Director of Surgery, Liverpool Hospital and a Member of the Surgical Services Taskforce, NSW Health.

Deep Brain Stimulation Submission

The Network’s submission which called for public funding of DBS by the NSW Department of Health was completed by the DBS Working Group in October 2009. The submission is now with the ACI’s Policy and Technical Support Unit awaiting a cost-benefit analysis prior to formal submission to the NSW Department of Health.

State Wide Hospital Survey

The mail out of a state-wide survey to over 150 hospitals has been completed and some responses have been received.

The survey is deliberately brief with a total of five questions asking about high speed brand connection and the remote access capabilities of clinicians to digital archive systems for films. The Network Executive is aware of the state-wide rollout of digital archive systems over the next few years. However, this survey will provide preliminary information regarding the potential to access the information in real time. Anecdotal comments indicate that some neurosurgeons and interventional neuroradiologists are unable to remotely access films which may delay speedy diagnosis.

Allied Health Professional Development

The Allied Health Professional Development Committee has welcomed new members and now includes Tracy Kelly, Speech Pathologist, Prince of Wales Hospital (POW), Ruth Swanton, Occupational Therapist (OT), Royal North Shore Hospital (RNSH), Matthew Sproats, OT, Westmead Hospital, Elisabeth Lawson, Physiotherapist, RNSH, Helen Tassell, Physiotherapist, POW, Michelle Kleiner, Dietitian, RNSH and Emma Brown, Physiotherapist, Westmead Hospital. The committee is in the process of organising a clinical professional development day for later this year. When the preliminary details are finalised they will be included in the June ACI Newsletter and sent electronically to all Area Health Services.

For further information on the work of the Network please contact the Neurosurgery Network Manager.

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lfarthing@nsccahs.health.nsw.gov.au

Progress on Therapeutic Diet Specifications and Paediatric Standards

The Therapeutic Diet Specifications Group and Paediatric Nutrition Standards Group are on schedule to complete their respective work plans in mid 2010.

Nutrition in Hospitals – New Co-Chair

We are pleased to announce that Helen Jackson has agreed to Co-Chair the Nutrition in Hospitals (NIH) Group with Hunter Watt, ACI Chief Executive. Helen is the Area Profession Director Nutrition and Dietetics, Hunter New England Area Health Service and is a former Co-Chair of the ACI’s Home Enteral Nutrition group.

The next meeting of the NIH group is Tuesday 11 May 2010. All welcome. Please RSVP to the Nutrition Network Manager.

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lfarthing@nsccahs.health.nsw.gov.au
Nutrition and Food Committee Update

The NSW Health Nutrition and Food Committee (NAFC) held a meeting on 16 March 2010 and endorsed the nutrition standards for adult in-patients in NSW hospitals. The standards are available at: www.health.nsw.gov.au/gmct/hen/nutrition_index.asp

Kerry Chant, NSW Chief Officer and Chair of NAFC has thanked the NIH Group for their work in developing the standards and in addressing priority areas on request, including two new projects:

- Identifying clinical key performance Indicators (KPIs) to ensure nutritional care in hospitals
- Developing a brochure for patients to help them to select from the menu and providing information on the food and nutrition service in hospitals

If you would like to participate in either of these projects please contact the Nutrition Network Manager by 7 May 2010.

Nutrition in Hospitals Forum

The ACI in partnership with the NSW Health Action Plan Caring Together Project are organising a Nutrition in Hospitals Forum on 12 August 2010 at the Westmead Hospital Education Centre to showcase local initiatives to improve nutritional care in NSW hospitals. Two workshops are planned to discuss the practicalities of implementing volunteer feeding programs and protected mealtimes.

The Nutrition in Hospitals Forum is open to all NSW Health employees and is free. Please contact the Nutrition Network Manager to register your interest in attending or videoconferencing to this event.

In this and upcoming ACI newsletters we will showcase some of the local initiatives that will be featured at the Forum to improve the nutritional care of patients in NSW Hospitals.

Changes to EnableNSW for Home Enteral Nutrition

EnableNSW is in the process of transitioning PADP Lodgement Centres. As part of this process, new guidelines, forms and resources have been developed. The following forms are available from EnableNSW by phoning 1800 362 253 or visiting their website: www.enable.health.nsw.gov.au

Equipment Request Form for Home Enteral Nutrition (HEN). A new form (ERF-HEN) to be used to request HEN equipment and disposable products through EnableNSW and PADP lodgement centres has been developed and should be used for all new requests to EnableNSW or PADP lodgement centres. It can be completed online or can be printed and completed by hand.

Change to Equipment Request Form. This is used when a consumer’s equipment needs a change, such as the size of a replacement gastrostomy tube.

GWAHS Nutrition Initiative: Nutrition Assistant Orange and Bathurst Base Hospitals

A full time nutrition assistant has been employed at Orange and Bathurst Base Hospitals Hospital to provide nutrition support to patients with fractured neck of femur and at risk of malnutrition.

The nutrition assistant is trained and supervised by dietitians. The role of the nutrition assistant includes providing a high protein/high energy diet together with routine nutritional supplements. Educating patients about good nutrition, it’s role in recovery and timely discharge. Monitoring and coaching of intake together with dietary adjustments and continuous liaison with the dietitian.

An initial study has reported improvements to the nutritional intake of patients after being seen by the Nutrition Assistant, with patients consuming more of their requirements. That is 95% versus a prior 43% of energy requirements and 86% versus 43% of protein requirements p<0.001.

For further information please contact: Elizabeth Scott elizabeth.scott@gwahs.health.nsw.gov.au

Kidz on HEN

Congratulations to Vivienne Beggs, Wayne Phillips and Tanya Hazlewood on their successful proposal to the Western Child Health Network to fund the Kidz on HEN project in collaboration with the ACI.

The project aims to improve coordination and access to care for children requiring HEN therapy. This eighteen month project will involve the implementation of strategies to coordinate paediatric HEN care across Sydney South West Area Health Service initially.

For further information on the work of the NIH or HEN groups please contact the Nutrition Network Manager.

The inaugural NSW Statewide Ophthalmology Service (SOS) EYE HEALTH FORUM was held on 12 March 2010 at the Novotel, Sydney Olympic Park attracting 96 delegates.

This successful event allowed speakers in the broad eye health community, including health, low vision, not-for-profit organisations and researchers to report on initiatives which demonstrate their work in key action areas of the National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss including:

- Reducing the risk of eye disease and injury
- Increasing early detection
- Improving access to eye health care services
- Improving systems and quality of care
- Improving the underlying evidence base

The day was smoothly steered by NSW SOS Co-chairs Michael Hennessy, ophthalmologist and Sue Silveira, Orthoptist, who chaired the sessions and introduced speakers.

The Hon. Carmel Tebbutt MP, Deputy Premier and Minister for Health who took time out from dealing with Federal Health Reform issues to speak to the Forum stressed the importance of eye health and applauded the work that was underway.

To close the Forum Hunter Watt, Chief Executive, ACI chaired a discussion panel which included Peter McCluskey, Ophthalmologist, Paul Mitchell, Ophthalmologist, Michael Hennessy and Sue Silveira. It was agreed that the communication and collaboration facilitated and enhanced by the Forum be carried forward by:

- communicating the vision initiatives being undertaken across the broad spectrum of health care providers
- building new models of care built around networking, new technology and a team approach

Speakers’ presentations and further feedback on the day are available on:


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Ron McCallum AO, Professor of Labour Law, University of Sydney; 2010 Chair, United Nations Committee on the Rights of Persons with Disabilities and Chair, Radio for the Print Handicapped (2RPH), introduced participants to 2RPH. Ron, blind since birth, asked participants to spread the word about 2RPH which has ‘around 150 trained volunteers who deliver live-to-air the fresh contents of newspapers, magazines and books seven days a week.’ 2RPH is available on 100.5 FM and 1224 AM.

Forum participants were pleased to hear about initiatives in other spheres of practice and activity as well as to network with colleagues. Half of those registered to attend provided positive written feedback to the Forum organisers:

- 92% rated the day overall as ‘very good’ to ‘excellent’, with the remaining 8% rating it as ‘good’
- 83% found the discussion ‘very good’ to ‘excellent’

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Pictured: Michael Hennessy, Co-Chair, NSW SOS. Photo: J Steen

Pictured: Paul Mitchell, Professor of Ophthalmology, University of Sydney; Elisabeth Murphy, Senior Clinical Advisor, Primary Health and Community Partnerships Branch NSW Health. Photo: J Steen

Pictured: Liane Wilcox, President, NSW Branch Orthoptics Australia, Paula Katalinic, Optometrists Association of Australia, Phil Anderton, President Optometrists Association Australia (NSW). Photo: J Steen

Pictured: Louise Brennan, EYEPLAYSAFE Project Officer, Bill McKennararty, NSW SOS Consumer Participant. Photo: J Steen

Pictured: Margaret Noonan, Vision Australia, Janet Long, Ophthalmic Nurse, NSW SOS Nurse Standing Committee. Photo: J Steen
RENAL

Members of the ACI Renal Services Network have been working with the NSW Department of Health over the past three years to develop a strategy to reduce or delay progression of kidney disease to end-stage kidney failure.

The first step is to identify those accessing the NSW Health system who have hidden signs of early onset of kidney disease. A screening policy has been developed for at-risk patients, based on the ‘Kidney Health Check’. A policy directive was recently released by NSW Health to mandate the simple test regime and ensure referral to follow-up for those identified with abnormal results. This policy uses a secondary prevention approach which is expected to modify kidney disease progression through early treatment and behaviour change. The policy has been circulated to all NSW Area Health Services for implementation and the outcome will be evaluated by the Clinical Excellence Commission.

Prevention of End-Stage Kidney Failure

For further information on the work of the Network please contact the Ophthalmology Network Manager.

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The ACI proposal for a Respiratory Coordinated Care Program (RCCP) was discussed at the first meeting of the Working Group convened under the joint auspice of the ACI and NSW Health's Chronic disease Management Program (CdMP). Chairred by David McKenzie, Co-Chair of the ACI Respiratory Network, the Working Group agreed that heart failure management practices have a high compatibility with the proposed model of care and that the proposal will be re-drafted to include the management of patients with heart failure. It was unanimously agreed that the model has the potential to deliver effective healthcare to patients in the community and to link effectively with other services, including general practice and other chronic disease management services.

The Working Group has recognised that there are many existing services operating successfully in different guises and different settings across the state. The emphasis will remain on the primary intention of the proposal which is to secure new funding to augment existing services. The intention of the ‘model of care’ as described in the proposal is to offer guiding principles, practices and outcomes rather than to prescribe a ‘one size fits all’ template. The Working Group aims to meet once again before making recommendations to the CdMP Steering Committee on the suitability of the proposal for funding and the method by which it should be implemented.

Co-Chairs: David McKenzie and Jenny Alison

Collaboration with EnableNSW

The Network continues to provide advice to EnableNSW on the provision of oxygen and equipment for public chronic ventilatory support services in NSW. Enable NSW’s pilot disability support program has taken place in South Eastern Sydney and Illawarra Area Health Service and North Coast Area Health Service and is drawing to a close. Respiratory clinicians in these Area Health Services have provided comprehensive feedback to EnableNSW on the pilot program, from which a state-wide service will be implemented, replacing existing PADP services. In particular, clinicians have provided advice on the practical application of the draft guidelines and forms to be used in the new service. The Network’s clinical expert reference group has met twice with EnableNSW staff to review the feedback and refine the guidelines and forms based on available evidence, clinical need and budget sustainability. EnableNSW intends to provide a considered response to all received feedback at the conclusion of the pilot and clinical consultation process. For further information on the work of the Network please contact the Respiratory Network Manager.

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The draft algorithm developed by the Australian Red Cross Blood Service in consultation with transplant clinicians was recently endorsed by the NSW Department of Health. The Transplant Working Group has advocated for development of such an algorithm since 2006, to reduce labour and costs by reducing unnecessary testing in the work-up for living donor transplantation.

A memo from the Chief Health Officer was circulated to all Area Health Services in April, outlining the new tissue-typing model and slightly changed funding arrangements. NSW Health expects that this will provide more transparency and should not impact greatly on current budgets. However, it is still unclear how Area Health Services will manage their costs if numbers of kidney transplants were to increase. ACI is liaising with NSW Health to ensure a collaborative approach in developing funding arrangements for tissue-typing, with the goal of enabling as many kidney transplants as there are organs available.

For further information on the work of the Network please contact the Renal Services Network Manager.

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For Respiration and Heart Failure

Joint Working Group addressing Chronic Respiratory Disease and Heart Failure

The ACI proposal for a Respiratory Coordinated Care Program (RCCP) was discussed at the first meeting of the Working Group convened under the joint auspice of the ACI and NSW Health’s Chronic Disease Management Program (CDMP).

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Research Project update

In late 2008 funding for three years was granted by the Lifetime Care and Support Authority to support a project to consider 'Psychosocial aspects of SCI rehabilitation, best practice assessment and intervention'.

The project will have two aims. Firstly, to develop and pilot a standardised psychosocial assessment schedule that can be used to monitor progress, set goals and detect psychosocial risks in people with SCI. Secondly, to assess the efficacy of a multilayered psychosocial cognitive behavioural therapy self-management rehabilitation package to be run as a service program during inpatient rehabilitation in SCI units in Sydney.

Progress to date includes completion of the psychosocial assessment regimen for determining outcomes for people with SCI who are in the rehabilitation phase. The research team has now started to conduct comprehensive assessment in the SCI Units at the Royal Rehabilitation Centre Sydney, Royal North Shore Hospital and the Prince of Wales Hospital. The best practice assessment research will be conducted over the next 12 months with completion scheduled for March 2011.

For further information on the project please contact Ashley Craig on Email: a.craig@sydney.edu.au

COMMUNITY PARTICIPATION PROJECT - FIVE YEAR FOLLOW UP

The SCI Community Participation Project was a pilot study funded by the Motor Accidents Authority of NSW and Workcover NSW, conducted in 2003-2005 with 75 participants with acute traumatic SCI.

The study aimed to promote community participation of people with an SCI and develop an appropriate model to ensure that an individual's impairment, support services, and environmental factors do not act to limit what a person with SCI may wish to achieve within their level of capability. The study had an excellent follow-up (92%) obtained for the two year cohort of participants in the control and intervention groups with many positive outcomes demonstrated. The project recommendations highlight the need to define the preferred pathway for transition from hospital to home and reintegration into the community after traumatic and non-traumatic SCI, and to establish an appropriate mechanism to coordinate and monitor this pathway. It was recommended that NSW Health work closely with the Department of Ageing Disability and Home Care (DADHC), DADHC Home and Community Care (HACC), and Department of Housing (DoH) to support the pathway and promote a well coordinated inter-agency approach.

The report of the five year follow up was completed in February 2010. Responses were received from 80% of the original study participants, at an average of 4.75 years following their SCI. The majority, 80%, of respondents were male with an average age of 40 yrs, and approximately half had a high level impairment. Survey results showed limited changes in the group as a whole between the two and five years, but significant changes in individuals. Intervention group participants had significantly fewer readmissions and adverse events, showed greater self efficacy and community reintegration and participation. There was no major change in service use or employment (36%) since the last survey. Substantial amounts of unpaid personal care and domestic assistance were reported. Recommendations highlight the need to improve communication and coordination between government and non-government service providers to address the persisting barrier to participation identified by the project in terms of certain government policies and physical environment.

For further information on the work of the Network please contact the SSCIS Network Manager.

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Enhancement funding making a difference

The ACI State Spinal Cord Injury Service (SSCIS) were delighted to receive recurrent enhancement funding from NSW Health in late 2009 for four additional spinal rehabilitation beds.

Two beds were allocated to the Moorong Spinal Cord Injury (SCI) Rehabilitation Unit at the Royal Rehabilitation Centre Sydney and two to the Prince of Wales Hospital Spinal Rehabilitation Service. The beds are now up and functioning with recruitment of additional staff almost complete.

The Spinal Outreach Service (SOS) also received a one off additional grant from the Medical Specialist Outreach Program (MSOAP) to provide two additional spinal medical specialist rural clinics in Ivanhoe and Condobolin. The SOS in conjunction with the Rural SCI Service conduct nine multidisciplinary clinics each year across nine NSW rural centres for people with SCI. Each visit includes an education day for local clinicians. The need for education for clients, carers and family members was identified at consumer focus groups conducted by SOS in 2009 and the first of these consumer education days will be held in Ballina in May 2010. For further information on the clinics and education programs please contact the Rural SCI Service Manager on (02) 9808 9665 or Email: rscis@royalrehab.com.au
Macarthur Division of GP Stroke and TIA Educational Meeting

On 23 February the Macarthur Division of General Practice held a GP dinner on stroke and transient ischaemic attack (TIA).

Thirty members of the division and clinicians from the Liverpool Hospital stroke team were informed and entertained by John Worthington, Neurologist-Liverpool Hospital and Melina Gattellari, Senior Research Fellow, School of Public Health and Community Medicine, University of New South Wales. Both speakers are involved in GP research and presented the latest research on stroke risk factors, stroke prevention and the acute management of stroke and TIA.

John Worthington highlighted the value of a multifaceted targeted oriented approach to stroke prevention, benefits of urgent TIA management and Liverpool Hospital’s recently extended stroke thrombolysis service. The talks maintained a local flavour presenting South West Sydney and NSW research and emphasising the important role of GP’s in quality stroke prevention, recognition of stroke and TIA and stroke after care.

Melina Gattellari’s research interests include stroke prevention in general practice and the outcomes of stroke and TIA in NSW. She presented results of her most recent studies on stroke outcomes and provided valuable insight into stroke care across a broad spectrum using data collected within NSW. This valuable research highlighted the benefits of coordinated stroke unit care and the severity of atrial fibrillation related strokes.

The Macarthur Division of General Practice supported the evening and further evenings are planned for Campbelltown and Bowral sites. The evening was facilitated by Myra Drummond, Acting Area Clinical Nurse Consultant, South Western Sydney Area Health Service (SSWAHS) Stroke Services (Western Zone).

Dubbo Stroke Management Program—March 2010

The ACI Stroke Services NSW Network held a successful three day conference in Dubbo on 1–3 March 2010 in collaboration with the NSW Institute of Rural Clinical Services and Teaching.

Two hundred and fifty clinicians from Greater Western AHS were provided with the latest evidence-based practice for management of stroke. The conference brought together the state’s specialists in stroke care together with contributions from local medical, nursing and allied health clinicians. Highlights included a series of learning workshops for nurses, an educational evening for GPs, a lecture on stroke and transient ischaemic attack for students at the School of Rural Health and a master class on stroke rehabilitation.

Danny O’Connor, Chief Executive Officer of the Greater Western Area Health Service (GWAHS) officially opened the event that attracted delegates from all over the Central West such as Brewarrina, Goodooga and Coonabarabran. Matilda McIntosh, Central West Stroke Services Coordinator, said the idea of the conference was to provide information on the latest evidence-based practice for management of stroke and establish clinical networks within the GWAHS. Highlights from the conference included:

- Nurses, allied health, ambulance officers and carers gained valuable knowledge in the areas of early stroke assessments, recognising a deteriorating stroke patient and treatment for different stroke types. Nurses from Dubbo Base Hospital and Wellington District Hospital also participated in a series of learning workshops led by Nadia Schweizer, Clinical Nurse Consultant in Stroke, Royal Prince Alfred Hospital.
- An educational evening for GPs was well attended with forty GPs equipping themselves with the most current knowledge to manage stroke risk factors and facilitate the stroke patient’s journey following discharge from hospital. The conference and the educational evening were supported by an unrestricted educational grant from sanofi aventis.
- Karl Schurr, Physiotherapist, Bankstown Hospital and Niki Fairhall, Physiotherapist, the George Institute conducted a two day lower limb course with 20 physiotherapists attending from across the Central West.
- John Worthington delivered lectures on stroke and TIA to Junior Medical Officers and medical students at the School of Rural Health.
- Michael Pollack Rehabilitation Physician, Rankin Park Centre, Newcastle convened a master class on stroke rehabilitation for clinicians.
- John Worthington, Michael Pollack and Mark Longworth presented at Grand Rounds, Dubbo Base Hospital which included delivering results of the recent National Stroke Foundation audit.
Chris Crawford, Chief Executive Officer, North Coast Area Health Service (NCAHS), officially opened the four bed Coffs Harbour Stroke Unit on 23 March 2010.

The launch was preceded on 22 March 2010 by an educational forum attended by 100 delegates from across NCAHS. Paul Spillane, Staff Specialist, Emergency Department, Coffs Harbour Health Campus provided an overview of the pros and cons of thrombolysis in ischaemic stroke in the rural setting. Andy Evans, Staff Specialist Geriatrician, Westmead Hospital presented on TIA management and Jenny Jin, Rehabilitation Consultant, Coffs Harbour Health campus presented on stroke complications and rehabilitation. The one day forum also included presentations from rural stroke coordinators, nurse educators, social workers, physiotherapists, speech pathologists and a consumer’s story, ‘My stroke journey’ related by Ralph Lilford. The education forum and the launch was facilitated by Melissa Christos, Karen Longworth and the clinicians who have been diligently working towards developing a stroke service within the Coffs Clarence Stroke Service Network.

To celebrate the opening of the stroke unit the largest stroke educational evening ever held in rural NSW on 23 March 2010 attracted 63 GPs, staff specialists, commercial and public hospital pharmacists. Jenny Jin presented on the development of the stroke service at Coffs Harbour Health Campus, Sergio Diaz, Physician, Armidale Hospital, discussed Stroke – “Continuum from hospital to general practice” and Jon Waites, VMO Cardiologist, presented on “The head and heart of the matter-Treating Acute Coronary Syndrome and Stroke”.

The Eighth Hunter and Central Coast Stroke Forum, ‘Above and beyond - where stroke care is heading in the future’ on 29 March 2010 attracted 100 delegates, who were all keen to gain an understanding of advancements in stroke care and how this may impact on their future care of stroke survivors.

Presentations on stem cell research, acute interventional stroke therapy and nano technology supported spirited debate during the hypothetical discussion which was titled “How we can best accommodate increased intensity of interventions and therapies in our current workplaces given limited resources and the structures we work within”.

For further information on the work of the Network please contact the Stroke Services Network Manager.

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YOUTH WEEK 2010

The ACI Transition Coordinators were involved in a variety of different activities during Youth Week.

The Hills Shire Council hosted a forum ‘How do I choose a Career Pathway’ in Castle Hill in collaboration with the Hills Schools Industry Partnership organisation, a not-for-profit community based organisation offering career education support to young people throughout the Hills and Hornsby areas as part of the Career Advice Australia initiative. Fore more see: . intermediate.com.au/wstc/network. The ACI Transition Care Network had a stall providing information on transition to parents, carers, young people and other organisations represented on the night. The Royal Prince Alfred Hospital had an information stall in the foyer and an evening for young people at Youth Block at their new location in the Brain Mind Institute. Youth Health services in Sydney South West Area health Service are collaborating with the ACI Transition Care Network to provide a comprehensive service to young people. Referrals are made to Youth Block for advice regarding issues such as homelessness, drug and alcohol and sexual health and ongoing community support and counselling. John Hunter Hospital foyer was the site for Youth week activities in the Hunter. Transition Coordinators Louise Smith and Jenni Cairney were on hand to provide information to young people and their families.

Transition needs of young people with primary lymphoedema

The Transition Care Network Manager was recently contacted by the mother of a young boy with congenital (primary) lymphoedema who has raised concerns about lack of appropriate adult services especially for young males. While this condition is rare, 54 children have already been identified at the three NSW paediatric facilities and there are likely to be others. A Working Group will be established later this year. Anyone interested contributing to this initiative should contact the Transition Care Network Manager.

Transition Graduation

Patricia Kasengele, Transition Coordinator for the Western Area presented on her role at the first Transition Graduation for 2010 held at the Children’s Hospital Westmead on 12 March 2010. Eight young people graduated from the Rehabilitation Medicine department. Special Guest was Louise Sauvage, gold medal Paralympian, who provided an inspirational speech for the young graduates. Louise could identify with the young people who were leaving paediatric services as she underwent 21 operations before she was ten and three more serious operations as a teenager.

FAREWELL TO ALISON KINGSLY

It is we regret that the ACI Transition Care Network farewells Alison Kingsley who has resigned from her position as Co-Chair of the Transition Executive.

Alison has been involved in the Network for six years and has been Co-Chair since late 2005. On behalf of the Transition Executive we thank Alison for her significant contribution and wish her and her family every happiness for the future.
Ethics approval for the study, ‘Investigation of the patient outcomes of Transurethral Resection of Prostate receiving anti thrombotic therapy’, is progressing through the ethics departments of a further three hospitals. It is hoped that data collection will start in the second half of 2010.

The next meeting of the Urology Network will be held on Thursday 6 May 2010, Conference Room 1, Macquarie Hospital from 7 -8.30pm. For further information on the work of the Network, please contact the Urology Network Manager.

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Steady development of the documentation required for the funding proposal for the Prostate Cancer Nurse pilot program continues. The proposal package is expected to be completed, compiled and submitted for a funding application by June 2010.

An ACI Urology Network Working Group has met and started the documentation for a Neobladder Toolkit. A Female Catheter Toolkit is also in the early stage of development. To access the Nursing Toolkits visit: www.health.nsw.gov.au/gmct/urology/resource.asp

Prostate Cancer Nurse Project

Steady development of the documentation required for the funding proposal for the Prostate Cancer Nurse pilot program continues. The proposal package is expected to be completed, compiled and submitted for a funding application by June 2010.

The day attracted 45 clinicians from all over GSAHS. In addition to interactive lectures those attending were able to consult and network with the burn clinicians. Feedback received suggested that everyone gained greater knowledge and confidence in burn patient management.

For further information on the work of the Network please contact the SBIS Network Manager.

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STATEWIDE BURN INJURY

Co-Chairs: John Harvey & Diane Elfleet

Burn Education at Wagga Wagga Base Hospital

On 17 April 2010 the ACI Statewide Burn Injury Service (SBIS) delivered a Burn Education Day at the Rural Clinical School at Wagga Wagga Base Hospital. The day was developed especially to bring support and resources to rural clinicians. Lectures from medical, nursing and allied health team members delivered education and training on all aspects of burn care, from initial first aid, assessment and management, wound management, dressing selection and application to short and long term physical and psychosocial rehabilitation. Information was also provided on appropriate referral to specialist units, or local management.

An impressive panel of presenters included John Harvey, Paediatric and Burn Surgeon, Director of the Burn Unit at the Children’s Hospital at Westmead and Chair of the SBIS, Andrea McKittrick, Occupational Therapist at the Burn Unit at Royal North Shore Hospital; and Siobhan Connolly, burns nurse and Prevention/Education Officer for the SBIS. The day was coordinated locally by Lesley Jeffries, Paediatric Clinical Nurse Consultant, Central and Western Sectors, Greater Southern Area Health Service (GSAHS).

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Readers of Clinician Connect are invited to submit letters for publication. These can relate to topics of current clinical interest or items published in the ACI newsletter. All Letters to the Editor must have a name, address and telephone number to be used for verification purposes only. The submitter’s name, title and organisation will be used in print. No anonymous letters will be printed.

The ACI reserves the right to edit all letters and to reject any and all letters.

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