NSW Telestroke Service: Governance framework

January 2020
Introduction
The purpose of this document is to outline the governance arrangements for the NSW Telestroke Service. The governance arrangements will support the implementation and delivery of the NSW Telestroke Service. The service will provide 24/7 access to specialist clinical advice for the management of acute ischaemic stroke patients.

Part A outlines the clinical governance arrangements. Part B outlines the operational governance arrangements.

It is expected that this document will be reviewed before the election commitment funding for the NSW Telestroke Service expires in June 2022.

Roles and responsibilities
The host site, Prince of Wales Hospital, South Eastern Sydney Local Health District (SESLHD) was appointed through a formal expression of interest process. The host site is responsible for managing the service, including clinical governance, human resources and administration.

The service will be implemented at up to 23 telestroke referring sites over three phases commencing in early 2020. Telestroke referring sites were designated through a formal expression of interest process and are listed at Appendix A. Referring sites will be responsible for implementing and managing the service at their sites under the guidance of the host site and collaborating agencies including the Agency for Clinical Innovation (ACI), eHealth NSW and the Health Education and Training Institute (HETI).

The implementation of the service at referring sites will be led by ACI and eHealth NSW. The respective roles and responsibilities of the Ministry of Health, SESLHD, ACI and eHealth are outlined in Appendix B.

The NSW Telestroke Service Steering Committee was established by the NSW Ministry of Health in early 2019 to oversee the implementation of the service. The Steering Committee will support the host site, referring sites, ACI and eHealth NSW to implement various aspects of the service.

The Steering Committee is the overarching governance body and final decision maker for the service. All stakeholders, including ACI, eHealth, SESLHD and referring sites, must notify the Steering Committee about any significant issues or risks affecting the implementation and/or delivery of the service.

Supporting documents
- NSW Telestroke Service Implementation Plan
- NSW Telestroke Service Model of Care
- NSW Telestroke Service Steering Committee Terms of Reference (Appendix C)
- NSW Telestroke Service Working Group Terms of Reference (Appendix D)
Part A: Clinical Governance

The host site is responsible for the clinical governance arrangements, with support as required from the NSW Telestroke Service Steering Committee.

The host site may decide to embed the NSW Telestroke Service into a clinical service at the host site (for example, neurology).

The host site is responsible for the appointment of a clinical director for the telestroke service, who will have oversight of clinical governance and medical human resource management for the service.

Telestroke referring sites will work with the host site and be responsible for implementing local clinical governance arrangements.

Staff involved in care

The patient pathway for telestroke is outlined in the *NSW Telestroke Service Model of Care*.

Various staff are involved in the care of the patient at each stage of the clinical pathway, as outlined in Table 1 below.

**Table 1: Staff involved in care**

<table>
<thead>
<tr>
<th>Stage of patient pathway</th>
<th>Staff involved in care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-hospital care</td>
<td>Ambulance NSW staff</td>
</tr>
<tr>
<td>Arrival at telestroke referring site Emergency Department</td>
<td>Emergency Department staff</td>
</tr>
<tr>
<td>Imaging acquisition</td>
<td>Telestroke referring site Medical Imaging Department staff</td>
</tr>
<tr>
<td>Telestroke consultation</td>
<td>Telestroke physician and technical support staff</td>
</tr>
<tr>
<td>Diagnosis and proposed management plan</td>
<td>Telestroke physician and emergency physician</td>
</tr>
<tr>
<td>Commencement of thrombolysis if indicated</td>
<td>Emergency physician</td>
</tr>
<tr>
<td>Consultation with ECR centre</td>
<td>Telestroke physician and neurointervention specialist at ECR centre</td>
</tr>
<tr>
<td>Retrieval for ECR if appropriate</td>
<td>Ambulance NSW/ aeromedical and medical retrieval service staff</td>
</tr>
<tr>
<td>Post thrombolysis care</td>
<td>ED, ICU, HDU and stroke unit staff</td>
</tr>
<tr>
<td>Stroke unit care</td>
<td>Stroke unit staff</td>
</tr>
</tbody>
</table>

Multidisciplinary review meetings

Together with referring sites, the host site is responsible for establishing opportunities for the regular multidisciplinary review of care delivered by the service.

Credentialing of medical staff

Credentialing and delineating clinical privileges for telestroke clinicians must occur in accordance with the following NSW Health policy directives:
• **PD2019_011 Credentialing & Delineating Clinical Privileges for Senior Medical Practitioners & Senior Dentists**

Written agreements between the host site and each local health district with one or more referring sites will outline the arrangements for telestroke clinicians to provide services to patients at the referring sites. The agreements will outline the roles of telestroke clinicians and local clinicians and will outline the process for ensuring credentialing and delineation of clinical privileges for telestroke clinicians. The agreements may specify that the referring local health districts agree to undertake an expedited review of the clinical privileges that have been granted to the telestroke clinicians by the host site.

• **PD2016_026 Staff Specialist Employment Arrangements across more than one Public Health Organisation**

Each telestroke clinician must be credentialed and have appropriate clinical privileges to provide services to patients in each local health district that has one or more telestroke referring sites.
Part B: Operational Governance

The NSW Telestroke Service Steering Committee and the host site are responsible for establishing the operational governance arrangements for the service. Details about the day to day operations of the service are a matter for the host site to determine.

The governance structure of the NSW Telestroke Service is presented in Figure 1.

Supra LHD service

The NSW Telestroke Service will be listed as a supra LHD service1 in SESLHD’s service agreement with the NSW Ministry of Health. Supra LHD services are assigned a clinical lead who is responsible for identifying issues such as changes to clinical evidence and model of care that may influence current and/or future demand. The clinical lead for the NSW Telestroke Service will be the host site.

Status as a supra LHD service means that monitoring of the service will be part of the annual service agreement negotiations with SESLHD.

The NSW Telestroke Service Steering Committee is responsible for establishing the service as a supra LHD service.

For more information on supra LHD services, see the NSW Framework for New Health Technologies and Specialised Services (GL 2018_023).

Appointment of clinical director and operations manager

The host site is responsible for appointing a clinical director and operations manager. The clinical director will be responsible for clinical governance of the service and management of the telestroke medical workforce, as well as providing clinical leadership and strategic service planning in collaboration with the host and referring sites. The operations manager will be responsible for management support and the day-to-day operations of the service. The operations manager will also provide ongoing support to the referring sites post-implementation.

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1 A supra LHD service is provided across district/network boundaries and is characterised by a combination of the following factors:

- Services are provided on behalf of the State, that is, a significant proportion of service users are from outside the host district/network catchment
- Services are provided from limited sites across NSW
- Services are high cost with low-volume activity
- Individual clinicians or teams in supra LHD services have specialised skills
- Provision of the service is dependent on highly specialised equipment and/or support services
- Significant investment in infrastructure is required.

Source: NSW Framework for New Health Technologies and Specialised Services (GL 2018_023) section 5.2
Figure 1: NSW Telestroke Service governance structure

- **Secretary NSW Health (Executive Sponsor)**
  - **NSW Telestroke Service Steering Committee (Lead: MoH; Chair: Deputy Secretary, Health System Strategy and Planning)**
  - **Telestroke Program (Lead: MoH)**
  - **eHealth Clinical Portfolio Governance Committee**
  - **Independent evaluation governance group (to be established)**

- **NSW Telestroke Service Operational Steering Committee (Lead: Prince of Wales Hospital)**
  - **Telestroke Host Site (Prince of Wales Hospital)**

- **Telesstroke Referring Sites**
  - **IT and imaging (Lead: eHealth)**
  - **Implementation at referral sites (Lead: ACI)**
  - **Imaging Subgroup (Lead: eHealth)**
  - **Education and Training Subgroup (Lead: ACI)**
  - **Model of Care Subgroup (Lead: ACI)**
  - **Data, Evaluation and Monitoring Subgroup (Lead: MoH)**
  - **Communications Subgroup (Lead: MoH)**
  - **Governance, Funding and Site Selection Subgroup (Lead: MoH)**
Agreements between host site and telestroke referring sites

In addition to credentialing of telestroke clinicians, the host site is responsible for documenting the arrangements between the host site and telestroke referring sites. These will need to cover roles and functions including:

- **Clinical documentation**
  Clinical notes must be included in the patient’s healthcare record within an agreed period of time after the telestroke consultation.

- **Patient confidentiality**
  Telestroke consultations require the same processes as standard face to face consultations to ensure confidentiality. See further NSW Agency for Clinical Innovation Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW.

- **Patient consent**
  The host site is responsible for outlining requirements for patient consent, including developing a consent form (if required). See further NSW Agency for Clinical innovation Guidelines for the use of Telehealth for Clinical and Non Clinical Settings in NSW.

- **Transfer of patients for endovascular clot retrieval**
  Eligible patients may be referred to an ECR centre as agreed by the telestroke clinician and a neurointervention specialist at the ECR centre. Patient transfers should occur in accordance with the Agency for Clinical Innovation Stroke Network’s Eligibility for Endovascular Clot Retrieval: NSW Referral Guide.

Availability of telestroke clinicians

The host site will be responsible for ensuring a telestroke clinician is available for the referring sites to contact 24 hours a day, 7 days a week. The host site will be responsible for establishing processes that will apply if more than one call is received at once. For example, ensuring that back up is provided on the roster.

Governance of existing telestroke services

The NSW Telestroke Service Steering Committee is responsible for supporting integration of the governance of currently operating stroke telehealth services/pilot projects with the governance framework for the NSW Telestroke Service.

The Steering Committee includes clinical representation, and operational representation from the telestroke pilot sites, SESLHD, NSW Ministry of Health, Agency for Clinical innovation, eHealth NSW, NSW Ambulance and the Stroke Foundation.

**NSW Telestroke Service Working Group**

The NSW Telestroke Service Working Group was established by the NSW Ministry of Health in 2019 to oversee the implementation of the service. The group is responsible for the operational governance of the NSW Telestroke Service during implementation and until the end of election funding. The Working Group includes representation from the following organisations:

- SESLHD
- NSW Ministry of Health
- Agency for Clinical innovation
- eHealth NSW

The Working Group is responsible for:
• Overseeing the implementation of the service

The Ministry of Health is responsible for providing secretariat support to the Working Group. The Working Group will meet weekly until sufficient numbers of sites have been on boarded, after which, at the discretion of the Working Group, meetings will be reduced to monthly.

**NSW Telestroke Service Operational Steering Committee**

After service implementation, SESLHD will establish a NSW Telestroke Service Operational Steering Committee.

The Operational Steering Committee will include representation from the following organisations:

- SESLHD
- NSW Ministry of Health
- Agency for Clinical innovation
- eHealth NSW
- NSW Ambulance

The Operational Steering Committee will be responsible for:

- Overseeing the delivery of the service
- Monitoring and managing the impact of the NSW Telestroke Service on related services including ECR services and patient retrieval

The membership and Terms of Reference of the Operational Steering Committee will be determined by the host site once the service has commenced. The host site will be responsible for providing secretariat support to the Operational Steering Committee.

**Data collection**

The host site is responsible for collecting data for the service including modified Rankin Scale, and supplying data to the Ministry to support patient reported outcome measures.

Data will be collected in accordance with the Evaluation and Monitoring Plan for the service.² The Evaluation and Monitoring Plan will be governed by a separate independent governance group.

**Telestroke referring sites**

Operational governance of the service by the telestroke referring sites will be determined by the referring sites.

Each referring site will be responsible for:

- identifying an executive sponsor, clinical lead and service coordinator
- establishing a governance group with documented membership and responsibilities
- ensuring adequate implementation support.

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² To include reference to Evaluation and Monitoring Plan when available.
## Endorsement

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elizabeth Koff</td>
<td>Secretary, NSW Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Nigel Lyons</td>
<td>Deputy Secretary, Health System Strategy and Planning and Chair, NSW Telestroke Service Steering Committee</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tobi Wilson</td>
<td>Chief Executive, South Eastern Sydney Local Health District</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Jean-Frederic Levesque</td>
<td>Chief Executive, Agency for Clinical Innovation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Zoran Bolevich</td>
<td>Chief Executive, eHealth NSW</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Appendix A: List of referring sites

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Hospital</th>
<th>LHD</th>
<th>Phase 2</th>
<th>Hospital</th>
<th>LHD</th>
<th>Phase 3</th>
<th>Hospital</th>
<th>LHD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Coffs Harbour</td>
<td>Mid North Coast</td>
<td></td>
<td>Wagga</td>
<td>Murrumbidgee</td>
<td></td>
<td>Moree</td>
<td>Hunter New England</td>
</tr>
<tr>
<td></td>
<td>Port Macquarie</td>
<td></td>
<td></td>
<td>Wagga</td>
<td></td>
<td></td>
<td>Blue Mountains</td>
<td>Nepean Blue Mountains</td>
</tr>
<tr>
<td></td>
<td>Shoalhaven</td>
<td>Illawarra Shoalhaven</td>
<td></td>
<td>Griffith</td>
<td></td>
<td></td>
<td>Lithgow</td>
<td>Nepean Blue Mountains</td>
</tr>
<tr>
<td></td>
<td>Lismore</td>
<td>Northern NSW</td>
<td></td>
<td>Nepean</td>
<td>Nepean Blue Mountains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Tamworth</td>
<td>Hunter New England</td>
<td></td>
<td>Bathurst</td>
<td>Western NSW</td>
<td></td>
<td>Grafton</td>
<td>Northern NSW</td>
</tr>
<tr>
<td></td>
<td>Dubbo</td>
<td>Western NSW</td>
<td></td>
<td>Armidale</td>
<td>Hunter New England</td>
<td></td>
<td>Broken Hill</td>
<td>Far West</td>
</tr>
<tr>
<td></td>
<td>Orange</td>
<td></td>
<td></td>
<td>Manning</td>
<td>Northern NSW</td>
<td></td>
<td>Deniliquin</td>
<td>Murrumbidgee</td>
</tr>
</tbody>
</table>
# Appendix B: Roles and Responsibilities

<table>
<thead>
<tr>
<th>Agency</th>
<th>Ministry of Health</th>
<th>SESLHD</th>
<th>ACI</th>
<th>eHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Role</strong></td>
<td>Policy owner and overarching governance body (NSW Telestroke Service Steering Committee)</td>
<td>Operational management (host site – Prince of Wales Hospital)</td>
<td>Implementation management at referring sites</td>
<td>IT and imaging implementation management</td>
</tr>
</tbody>
</table>
| **Responsibilities** | • Overall program management to meet key milestones  
• Manage risks and issues  
• Program governance  
• Lead Steering Committee and associated subgroups  
• Lead the approach to measurement inclusive of monitoring, evaluation and the development of data systems.  
• Manage aspects of operational governance (establishing supra service in SESLHD service agreement) | • Establish POWH as the host site  
• Oversee the delivery of the service  
• Manage clinical governance (including appointment of clinical director, multidisciplinary review meetings, credentialing)  
• Manage human resources and administration  
• Manage aspects of operational governance (appointment of operations manager, agreements with referring sites, availability of telestroke clinicians)  
• Monitor and provide support to referring sites  
• Implement education and training materials after go-live  
• Implement IT and imaging at host site with support from eHealth  
• Lead Operational Steering Committee  
• Collect data such as modified Rankin Scale and supply to the MoH to support patient reported outcome measures  
• Participation in measurement as required | • Support the implementation of the telestroke service at referring sites including establishing local governance, stakeholder engagement, model of care and clinical process changes  
• Lead the development of education and training materials  
• Lead relevant subgroups | • Implement the IT and imaging components at referring sites (to be detailed in PID)  
• Support host site IT and imaging  
• Provide ongoing technology support  
• Lead relevant subgroups |
| **Resources** | • Project team  
• Evaluation | To be outlined in Ministry-SESLHD budget supplementation  
To include Nurse Educator from 2020/21 to support education and training delivery | | | Outlined in Ministry-ACI budget supplementation | Outlined in Ministry-eHealth budget supplementation |
<table>
<thead>
<tr>
<th>Agency</th>
<th>Ministry of Health</th>
<th>SESLHD</th>
<th>ACI</th>
<th>eHealth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>- To include referring site CNC enhancements (SESLHD to transfer to LHDs)</td>
<td>- PLUS budget supplementations to be provided for project officers at referring sites (ACI to transfer to LHDs) and Nurse Educator for 6 months</td>
<td></td>
</tr>
</tbody>
</table>
Appendix C: NSW Telestroke Service Steering Committee
Terms of Reference

Purpose
The Telestroke Steering Committee will provide governance and oversee the statewide implementation of the NSW Telestroke Service. The project will consider operational issues including how a NSW Telestroke Service will interact with the current standard of care for acute stroke treatment, noting the importance of linking with existing projects and initiatives to improve acute stroke treatment and management in NSW. The NSW Telestroke Service should be aligned to related projects such as neurointervention service planning and the NSW Health Stroke Ambulance Pilot Working Group. The impact of the NSW Telestroke Service on related services should be considered, including endovascular clot retrieval (ECR) services and patient retrieval. Other considerations include, but are not limited to:

- funding arrangements
- process for host site and regional telestroke site selection
- governance arrangements
- clinical pathways, including ECR referral arrangements
- workforce requirements including recruitment of telehealth clinicians and local site coordinators
- IT capability and infrastructure
- education and training
- set-up requirements at the host site and regional telestroke sites.

Governance
Executive Sponsor  Elizabeth Koff, Secretary, NSW Health

Responsibilities
- Approve the service delivery model and implementation plan for a NSW Telestroke Service
- Provide high-level input to the direction of the work
- Assist in removing barriers that may impede project design and/or delivery.

Steering Committee
Voting members

Chair  Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning, NSW Ministry of Health (MoH)

Members  Graeme Loy, Chief Executive, Western Sydney Local Health District
          Cathryn Cox PSM, Executive Director, Strategic Reform and Planning Branch, MoH
          Dr Zoran Bolevich, Chief Executive, eHealth NSW
Professor Ken Butcher, Director of Clinical Neurosciences and Stroke Physician, University of NSW and Prince of Wales Hospital, South Eastern Sydney Local Health District (SESLHD)

Elizabeth Curran, Executive Director Operations, SESLHD

Professor Neil Spratt, Senior Staff Specialist Neurologist and A/Director of Acute Stroke Services, John Hunter Hospital, Hunter New England Local Health District

Dr Bill O’Brien, Stroke Lead, Central Coast Local Health District and Chair, Reperfusion and Telestroke Committee, NSW Agency for Clinical Innovation (ACI) Stroke Network

Kim Parrey, Stroke Coordinator, Port Macquarie Hospital, Mid North Coast Local Health District

Amanda Buzio, Stroke Clinical Nurse Consultant, Coffs Harbour Hospital, Mid North Coast Local Health District

Sarah Edwards, Manager Acute Stroke, NSW Ambulance

Dr Sarah Dalton, Clinical Executive Director, Preserving and Restoring through Interventions in Surgery and Medicine (PRISM), ACI

Chris Ball, A/Intensive and Urgent Care Stream Manager, ACI

Kate Jackson, Network Manager, ACI Stroke Network

Annette Marley, Director, Purchasing and Performance, System Purchasing Branch, MoH

Liz Hay, Director, Economics and Analysis, Strategic Reform and Planning Branch, MoH

Dr Sue Craig, Executive Director Program Delivery, eHealth NSW

Jason Matthews, Program Manager, eHealth NSW

Susan Dunn, Director, Activity Based Management, MoH

Vanessa Clements, Director, Specialty Service and Technology Evaluation Unit, Strategic Reform and Planning Branch, MoH

Andrew Roach, Chief Radiographer, Wagga Wagga Hospital, Murrumbidgee Local Health District and ACI Radiology Network

Dr Shamus Shepherd, Director of Emergency, Orange Health Service, Western NSW Local Health District and Emergency Care Institute

Rhian Paton-Kelly, State Manager NSW/ACT, Stroke Foundation

Non-voting members

Lisa Altman, Director Strategy, Innovation and Improvement, SESLHD

Jennie Barry, General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital, SESLHD

Danni Birchall, A/Executive Officer to the General Manager, Prince of Wales Hospital and Sydney/Sydney Eye Hospital, SESLHD
Consultation

The Steering Committee will consult with other organisations and MoH Branches as required, including but not limited to:

- Legal and Regulatory Services Branch
- other local health districts/specialty health networks
- the Victorian Stroke Telemedicine service
- air retrieval services.

Responsibilities

- Development of a service delivery model and implementation plan for a NSW Telestroke Service
- The model and plan will address the considerations outlined in the ‘Purpose’ section above, and any other relevant considerations
- Consider and manage the impact of the NSW Telestroke Service on related aspects of acute stroke care including ECR, and other services including NSW Ambulance and air retrieval services
- Provide governance and oversee implementation of the project and provide advice as required
- Manage any risks arising
- Act as an escalation point for issues referred from the NSW Telestroke Service Working Group and NSW Telestroke Service Operational Steering Committee
- Facilitate information exchange, consultation and communication with stakeholders throughout the project
- Report progress to the Executive Sponsor.

Assumptions

The Steering Committee understands that the following assumptions apply:

- The NSW Telestroke Service is funded through an election commitment of $21.7 million from the NSW Government, including a contribution of $9.4 million from the Commonwealth Government over three years
- Work will need to be undertaken to understand how the service can be integrated with the Activity Based Funding model.

Duration

Time-limited.

Meeting Frequency

Monthly by teleconference or as required. Meeting frequency will be reviewed when the Terms of Reference are reviewed.

Quorum

50% of members plus one.

Secretariat

Specialty Service and Technology Evaluation Unit, MoH.
# Appendix D: NSW Telestroke Service Working Group Terms of Reference

## Purpose
The Telestroke Working Group will provide the operational support and decision making to progress implementation and operational actions across all phases of the NSW Telestroke Service. The group will consider, monitor and address as required all operational issues including, but not limited to, budgeting, site implementation, models of care, recruitment, IT capability and infrastructure delivery, credentialing, education and training, service delivery, data collection progress and performance monitoring, responses to media and all requests relating to the NSW Telestroke Service election commitment.

The Working Group will be responsible for project delivery for the duration of the NSW Telestroke Service election commitment funding.

## Governance

### Executive Sponsor
Dr Nigel Lyons, Deputy Secretary, Health System Strategy and Planning Division, NSW Ministry of Health (MoH) and Chair of the NSW Telestroke Service Steering Committee (formerly Working Group)

### Responsibilities
- Provide high-level input to the direction of the work
- Assist in removing barriers that may impede project delivery.

## Working Group

### Chair
Vanessa Clements, Director, Specialty Services and Technology Evaluation Unit, Strategic Reform and Planning Branch, NSW MoH

### Members
- Lisa Altman, Director Strategy, Innovation and Improvement, South Eastern Sydney Local Health District (SESLHD)
- Chris Ball, A/Intensive and Urgent Care Stream Manager, Agency for Clinical Innovation (ACI)
- Professor Ken Butcher, Director of Clinical Neurosciences and Stroke Physician, University of NSW and Prince of Wales Hospital (POWH), SESLHD
- Danni Birchall, A/Executive Officer to the General Manager, POWH and SSEH, SESLHD
- Kate Jackson, Network Manager, ACI Stroke Network
- Jason Matthews, Program Manager, eHealth NSW
- Simon Bishop, Senior Planning and Policy Officer, Specialty Service and Technology Evaluation Unit, MoH

Membership will be reviewed on an ongoing basis to enable project delivery.

Members will be expected to independently report up within their organisations as required in order to complete all required activities and to maintain appropriate levels of communication. An action log and risk log will be maintained by the secretariat for use by all members as needed.
Consultation

The Working Group will consult with other organisations and MoH Branches as required, including but not limited to:

- Ministry Branches: Activity Based Management, Legal and Regulatory Services, Workforce
- Other local health districts/specialty health networks
- Other personnel in ACI and eHealth, as required
- HealthShare NSW

Responsibilities

- Action the implementation plan for a NSW Telestroke Service
- Develop and maintain an integrated program management plan and associated artefacts
- Respond to and action instructions from the NSW Telestroke Service Steering Committee
- Monitor progress against election commitments and agreed deliverable timelines
- Respond to barriers that may impede project delivery
- Escalate as required emerging and ongoing issues impeding project delivery to the NSW Telestroke Service Steering Committee and/or Ministry executive

Assumptions

The Working Group understands that the following assumptions apply:

- The NSW Telestroke Service is funded through an election commitment of $21.7 million from the NSW Government, including a contribution of $9.4 million from the Commonwealth Government over three years
- Work will need to be undertaken to understand how the service can be integrated with the Activity Based Funding model.

Duration

Until completion of Phase 3 of NSW Telestroke Service implementation, or at a time determined by the NSW Telestroke Service Steering Committee.

Meeting Frequency

Until service launch:

Weekly

Meeting frequency will be decreased to monthly at the discretion of the Working Group when sufficient referral sites have been included into the NSW Telestroke Service.

Secretariat

Senior Planning and Policy Officer, Specialty Service and Technology Evaluation Unit, MoH (currently Simon Bishop).