NSW Telestroke Service:
Governance framework

Version: September 2020

Approved by the NSW Statewide Stroke Services Steering Committee on 1 October 2020

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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** 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 planning and implementation of the service. The Steering Committee supported the host site, referring sites, ACI and eHealth NSW to implement various aspects of the service.

In August 2020, the committee was repurposed and renamed the **NSW Statewide Stroke Services Steering Committee** to support alignment of telestroke with other statewide stroke initiatives. The Steering Committee is the overarching governance body and final decision maker for the service and its interface with statewide stroke initiatives. 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 telestroke service.

Supporting documents

- NSW Telestroke Service Implementation Plan
- NSW Telestroke Service Model of Care
- NSW Statewide Stroke Services 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 Statewide Stroke Services 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

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

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 (LHD) 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 LHDs 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 LHD that has one or more telestroke referring sites.

Part B: Operational Governance

The NSW Statewide Stroke Services 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**.

Committees

1. NSW Statewide Stroke Services Steering Committee

The NSW Statewide Stroke Services Steering Committee is responsible for supporting implementation of statewide NSW Telestroke Service and alignment of the telestroke service with other statewide stroke services.

The committee, previously the NSW Telestroke Service Steering Committee, was established by the **NSW Ministry of Health** in early 2019 to oversee the planning and implementation of the service. The Steering Committee supported the host site, referring sites, the ACI and eHealth NSW to implement various aspects of the service. In August 2020, the Steering Committee was repurposed and renamed to continue to support telestroke implementation and to enable alignment of telestroke with other statewide stroke initiatives.

The Steering Committee includes clinical representation and members on behalf of a metropolitan LHD[1], a regional LHD[2], Emergency Departments, SESLHD, NSW Ministry of Health, the ACI, eHealth NSW, NSW Ambulance, the Stroke Foundation and other statewide stroke initiatives.

Terms of Reference for the NSW Statewide Stroke Services Steering Committee are included in **Appendix C**.

2. Host Site Clinical Committee

SESLHD will establish a Clinical Committee comprising the Director and Deputy Directors, NSW Telestroke Service, rostered telestroke stroke clinicians, and clinical representation from referring sites. Input may be sought, at the group's discussion, from additional stakeholders such as the ACI Stroke Network.

The Clinical Committee is responsible for reviewing telestroke cases, ongoing monitoring of the NSW Telestroke Service from a clinical perspective, and reporting to the NSW Statewide Stroke Services Steering Committee and Telestroke Working Group.

3. 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
- ACI
- eHealth NSW
- NSW Ambulance

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[1] Western Sydney LHD

[2] Hunter New England LHD, nominated by the Rural Chief Executives Forum

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.

4. 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
- ACI
- 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.

Terms of Reference for the NSW Telestroke Service Working Group are included in **Appendix D**.

Figure 1: NSW Telestroke Service governance structure
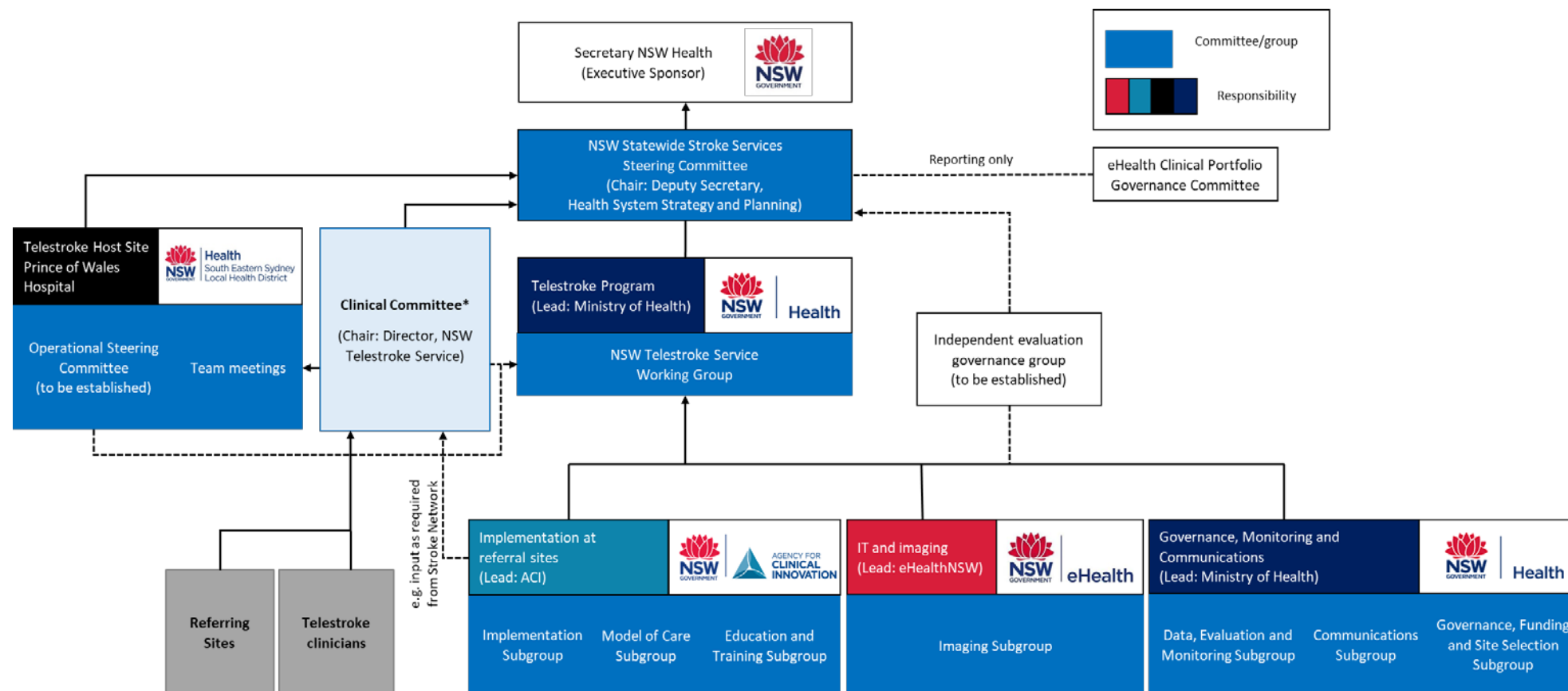
* Chair of Clinicians Committee to ensure appropriate clinical input to all subgroups

Roles of the Host Site

1. Supra LHD service

The NSW Telestroke Service will be listed as a supra LHD service[3] 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 (Prince of Wales Hospital).

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 Statewide Stroke Services 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).*

2. 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.

3. 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 time period after the telestroke consultation.

- **Patient confidentiality**

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

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[3] 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

- **Patient consent**

  The host site is responsible for outlining requirements for patient consent, including developing a consent form (if required). See further NSW ACI *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 ACI Stroke Network's *Eligibility for Endovascular Clot Retrieval: NSW Referral Guide.*

4. 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.

5. 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 Monitoring and Evaluation Plan for the service.

Roles of the 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.

Roles of the Ministry of Health, Agency for Clinical Innovation and eHealth
See **Appendix B**

Appendix A: List of Referring Sites

Hospital	LHD
Coffs Harbour	Mid North Coast
Port Macquarie	
Shoalhaven	Illawarra Shoalhaven
Lismore	Northern NSW
Tweed	
Grafton	
Dubbo	Western NSW
Orange	
Bathurst	
Wagga Wagga	Murrumbidgee
Griffith	
Deniliquin	
Nepean	Nepean Blue Mountains
Blue Mountains	
Lithgow	
Armidale	Hunter New England
Manning	
Tamworth	
Moree	
Broken Hill	Far West
Bega* Cooma* Moruya*	Southern NSW

* Pending

Appendix B: Roles and Responsibilities

Agency	Ministry of Health	SESLHD	ACI	eHealth
Role	Policy owner and overarching governance body (NSW Statewide Stroke Services Steering Committee)	Operational management (host site – Prince of Wales Hospital)	Implementation management at referring sites	IT and imaging implementation management
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)	*(shared across all:)* • Manage own budget and schedule • Report on progress to Steering Committee (**Appendix C**) and Working Group (**Appendix D**) • Report significant risks and issues to Steering Committee and Working Group • Report to other groups as required • 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	• 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

Agency	Ministry of Health	SESLHD	ACI	eHealth
Resources	• Project team • Evaluation • To provide referring site CNC supporting funds on agreement of method to determine and calculate required funds from ACI and SESLHD	• Collect data such as modified Rankin Scale and supply to the MoH to support patient reported outcome measures • Participation in measurement as required • 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 • Includes budget supplementations to be provided for project officers at referring sites (ACI to transfer to LHDs) and Nurse Educator for 6 months in 2019/20	• Outlined in Ministry-eHealth budget supplementation

Appendix C: NSW Statewide Stroke Services Steering Committee Terms of Reference

Purpose

The Statewide Stroke Services Steering Committee will provide strategic direction for all NSW Health statewide stroke initiatives to improve acute stroke treatment and management in NSW. The Committee will provide governance and oversight for the statewide services, including telestroke, stroke ambulance and neurointervention.

Issues to be considered by the Committee may include, but are not limited to:

- Alignment of statewide stroke services
- Governance arrangements
- Funding arrangements
- Models of care and clinical pathways
- Workforce and infrastructure requirements
- Advances in related technology
- Education and training
- Monitoring and evaluation

Steering Committee

Executive Sponsor	Elizabeth Koff, Secretary, NSW Health
Responsibilities of the Steering Committee	- Provide governance for all NSW statewide stroke services - Provide strategic advice on the development of statewide stroke services in NSW - Assist in removing barriers that may impede service development or delivery - Facilitate information exchange, consultation and communication with stakeholders across NSW - Report progress to the Executive Sponsor
Chair	**Dr Nigel Lyons**, Deputy Secretary, Health System Strategy and Planning, NSW Ministry of Health
Members	**Dr Nigel Lyons**, Deputy Secretary, Health System Strategy and Planning, NSW Ministry of Health (**Chair**) **Dr Teresa Anderson**, Chief Executive, SLHD **Chris Ball**, Stream Manager, Intensive & Urgent Care, Agency for Clinical Innovation **Prof Ken Butcher**, Director, NSW Telestroke Service and Chair, Telestroke Host Site Clinical Committee

Vanessa Clements, Director, Specialty Services and Technology Evaluation Unit and Chair, NSW Telestroke Service Working Group

Elizabeth Curran, Executive Director, Operations, SESLHD

Michael DiRienzo, Chief Executive, HNELHD

Sarah Edwards, Acute Stroke Manager, NSW Ambulance

Graeme Loy, Chief Executive, WSLHD

Professor Chris Levi, Director, 'Maridulu Budyari Gumal', Sydney Partnership for Health, Education, Research & Enterprise and Member, Stroke Ambulance Working Group

Jenny McShane-Bary, Director, Infrastructure Portfolio, Program Delivery, eHealth NSW

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

Dr Matthew Shepherd, ED Staff Specialist, HNELHD

Attendees on behalf of System Purchasing Branch and Activity Based Management Branch will be invited to meetings as required.

Consultation	The Steering Committee will consult with other organisations and Ministry of Health 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
Duration	Ongoing
Meeting Frequency	Every 2 months by teleconference or as required. Meeting frequency will be reviewed when the Terms of Reference are reviewed. Members will be asked for agenda item nominations at least 2 weeks prior to each meeting.
Quorum	50% of members plus one.
Secretariat	Specialty Service and Technology Evaluation Unit, Ministry of Health

Note   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 telestroke service can be integrated with the Activity Based Funding model.

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 and Chair of the NSW Statewide Stroke Services Steering Committee
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 Ministry of Health
Members	**Chris Ball**, Intensive and Urgent Care Stream Manager, Agency for Clinical Innovation (ACI)
	Professor Ken Butcher, Director, NSW Telestroke Service; Director of Clinical Neurosciences and Stroke Physician, University of NSW and Prince of Wales Hospital, SESLHD
	Danni Birchall, Operations Manager, NSW Telestroke Service
	Courtney Dixon, ACI Telestroke Manager
	Dr James Evans, Staff Specialist Neurologist, Gosford and Wyong Hospitals, CCLHD
	Kate Jackson, Network Manager, ACI Stroke Network
	Natalie Maier, Co-Director, Nursing and Operations, SESLHD
	Jason Matthews, Program Manager, eHealth NSW

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 Ministry of Health 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 Statewide Stroke Services 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 Statewide Stroke Services 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 NSW Telestroke Service implementation, or at a time determined by the NSW Statewide Stroke Services Steering Committee.
Meeting Frequency	Weekly

Meeting frequency will be decreased to fortnightly or 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**). |