



# Clinician Connect



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## GUEST EDITORIAL Harpooning the Whale of Doom



Pictured: Geoff Youdale

**GEOFF YOUDALE AM**  
Consumer, ACI Renal Network

Michael Leunig, in one of his more prophetic cartoons, speaks of the "Whale of Doom" which usually appears in the dead of night around 3am and causes heartache and trauma, but, if managed properly, can be turned into sardines on toast by breakfast time.

As a long term renal patient with two years home haemodialysis experience and thirteen years with a functioning transplant I have been visited by the 'whale' on numerous occasions. I expect most people with chronic illnesses have. Chronic illness has the function of changing your frame of reference, that is, your ability to predict the future with any certainty, thus reducing your decision-making capability.

This can spiral into a plethora of feelings such as loss of confidence, feeling trapped, guilt, powerlessness, anxiety and devastation. These types of feelings can be particularly harsh if the sufferer is the primary breadwinner for a family.

The onset of a chronic disease is not altogether negative though, because coming face-to-face with your own mortality has the beneficial effects of helping you to identify the most important things in your life, enabling you to concentrate on them.

There are also very positive events that can be experienced in a chronic illness journey. An example would be gaining remission from cancer. In my own experience getting a kidney transplant resulted in a wonderful series of 'happiness attacks', no doubt aided by a powerful dose of drugs, that I had been granted another chance at a near normal life.

So how does one cope with this rollercoaster of emotions and manage the 'Whale'? Far be it for me to suggest a definitive solution but I do know a few things that have worked for me.

Primarily, strong support from family and friends – invaluable and a cornerstone to judge normality by.

Also, don't plan too far ahead – learn to live in the present.

Yesterday's history,  
Tomorrow's a mystery  
So enjoy today  
That's why it's called the Present!

I also received a terrific tip a few years ago from a friend. He said "Look for hapsicles!". Now hapsicles, according to my friend, are the smallest indivisible unit of happiness that exist in the universe. Hapsicles are everywhere if you care to look for them. They can be a child's smile, a blue sky, a favourite song, the smell in a bakery, the warmth of the sun. And the unique thing is that the word 'hapsicle' does not seem to really exist as you can't find it on Google – try it yourself. So, to me at least, hapsicles have a little magic associated with them.

I have been a consumer on the Renal Services Network of the ACI since its inception and before that on the Greater Metropolitan Clinical Taskforce (GMCT). During that period I have observed a significant improvement to the communication, co-operation and transparency amongst doctors, nurses and allied health workers across the State with many worthwhile improvements being made to health care. This improvement in communication, co-operation and transparency, in my mind, has been the major achievement of GMCT and ACI.

However, there are still issues relating to equity of access and equity of treatment that were highlighted in the Garling Report that need to be addressed and these issues may expand with the

increase in number of Local Hospital Networks proposed. An example of this is the current serious deficiency of renal dietitians in metropolitan hospitals. A correct diet can relieve some of the symptoms of chronic kidney disease, delay the onset of end stage renal disease and improve the quality of life of renal patients.

In order to provide fairness across the system equity of access and equity of treatment must be paramount considerations in a health system which is constrained by resources. With the increase in number of Local Health Networks adding a layer of complexity to the system, adequate data need to be collected to ensure these issues are monitored and adequately addressed.

So my plea is to ensure that open communication continues and greater transparency is encouraged in all aspects of the NSW health system, particularly between health staff and patients. And administrators, please don't immediately look to cut allied health workers when budgets need to be trimmed. When models of care are developed and implemented they need to include adequate allied health staff to effectively service the needs of patients, particularly their emotional and social needs in order to keep the 'Whale' at bay.

**Geoff Youdale**

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Pictured: Hunter Watt.  
Photo: J Schofield

## COMMENT HUNTER WATT

A relatively rare change of government in NSW - just the fifth since the Second World War - no doubt will bring new challenges and new opportunities for those of us engaged in health care and health reform. As far as ACI is concerned, the indicators are all positive.

One of the distinguishing features of the political and parliamentary response to the recommendations of the Garling Inquiry was the strong support for reform from both sides of the aisle. That bipartisan support specifically encompassed the recommendations put forward by Garling, including the establishment of the ACI.

ACI welcomes the clear and consistent support from the incoming government for clinician and consumer engagement as a key element of clinical improvement to drive better, safer, more effective and more efficient health services for the people of NSW.

The new government's Health Management Policy, released two years ago in March 2009, includes a commitment to: *Further develop clinical networks to link medical experts across the system. Stronger clinical networks will identify and pursue best practices in patient care.*

Welcoming the appointment of the common board for ACI and the Clinical Excellence Commission, the Coalition was more specific. Its release was headed: *Agency for Clinical Innovation: A NSW Libs & Nats Policy and Garling Recommendation.*

The new government's *Plan to Provide Timely, Quality Health Care* commits to an even stronger future for ACI – including:

- A central role for ACI in the \$57 million plan to boost the chronic disease self management program. The government's platform says ACI will be included *'in the design and implementation of our plan to better co-ordinate out-of-hospital care and improve the quality of life for people who suffer the burden of a chronic disease'*.
- A specific role in the development of a NSW Pain Management Plan for ACI initiatives *'in extending links between specialist pain clinics*

*and primary care settings, that are aimed at giving patients a smoother pathway between community based primary health care and hospital based services and keeping people out of unnecessary hospitalization – a plan strongly in keeping with the National Pain Strategy'.*

- *'Creating a \$40 million Hospital Reform & Efficiency Fund to be administered by the ACI aimed at improving patient flow and better co-ordination of care outside hospitals – resulting in more cost effective models of care and reducing the average length of a NSW hospital stay to make more overnight public beds available'.*
- *'Establishing a dentistry clinical network through the ACI focusing on:*
  - *Equitable access to dental care*
  - *Sustainable dental services matching local needs*
  - *Treatment quality and safety*

The ACI welcomes these commitments and will work closely with the incoming government and NSW Health to put them into action and deliver real improvements for NSW patients.

The fact that we enjoy such strong support is a powerful endorsement of the ACI's clinician-led network structure and its primary function of bringing together clinicians and consumers to improve health services by rapidly developing and enabling statewide implementation of new models of care, which represent evidence based best practice.

The new Government's commitments to stronger clinical networks, greater involvement of clinicians and the community in how services are run, putting the patient at the heart of the health system and prioritising prevention, better management of chronic illness and keeping people



**ACI** NSW Agency for Clinical Innovation

The Agency for Clinical Innovation (ACI) was established by the NSW Government as a board-governed statutory health corporation in January 2010, in direct response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals.

The ACI drives innovation across the system by using the expertise of its Clinical Networks to develop and implement evidence-based standards for the treatment and care of patients.

## BOARD

### Chair

Brian McCaughan

### Members

Lee Ausburn	Tomas Ratoni
Ken Barker	Richard Matthews
Melinda Conrad	Janice Reid
Andrew Cooke	Gabriel Shannon
Robyn Kruk	Clifford Hughes
Carol Pollock	Hunter Watt

To find out more about the NSW Agency for Clinical Innovation and its Clinical Networks visit our website online at:

[www.health.nsw.gov.au/gmct/index.asp](http://www.health.nsw.gov.au/gmct/index.asp)

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out of hospital all align with the ACI's vision to be the driver of patient-centred clinical innovation to improve health care for the people of NSW.

We have some significant runs on the board, including the recent release of a new model of care design to prevent repeat bone fractures in people with osteoporosis, new clinical practice guidelines for orthogeriatric care, and a parenteral nutrition pocketbook to assist the care of people who can't eat normally.

We have a range of further models of care in the process of development and cost benefit analysis and planned for launch this year, including:

- Improved Management in the Community of Patients with Severe Chronic Respiratory and Cardiac Disease
- Smoking Cessation
- Deep Brain Stimulation
- Radionuclide Therapies
- Home Enteral Nutrition
- High Risk Foot Services for People with Diabetes

- Statewide Burn Injury
- Brain Injury Rehabilitation
- Remote and Indigenous Acquired Brain Injury

We look forward to working closely with the new government as we get on with the job.

It is welcome that the new government is committed to stronger health networks *'working in tandem with Health Districts which will drive improved patient care through the development of strategic health plans at the local level'*.

The ACI's 24 established statewide clinical networks harness the clinical and practical knowledge of doctors, nurses and other health professionals, as well as patients and families, across service boundaries and across the State. This collaborative framework is a powerful driver of clinical innovation and better patient care.

However, the key to improved patient outcomes is implementation and that makes strong linkages between ACI, NSW Health and the clinicians and services providing care at the coalface absolutely vital.

The ACI provides a clear pathway for local clinicians to engage with the Statewide networks while they continue to work in their Local Health Network.

With clinician engagement now more prominent nationally following the Australian Government's commitment to fund both national and local lead clinician groups, ACI's role becomes even more important.

We need to ensure that the local and national Lead Clinicians Groups complement rather than duplicate our long-standing NSW clinician engagement programs.

To make sure that happens we have put forward a proposal for ACI, supported by the CEC, to take a lead role in the support of Lead Clinicians Groups in NSW.

We have not yet had a response, but I will keep you informed as we continue our discussions on the Commonwealth proposal.

**Hunter Watt**  
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The ACI congratulates and looks forward to working with Dr Mary Foley the newly appointed Director-General of the NSW Department of Health.



Pictured: Sally McCarthy.

## ECI: SAFER, BETTER EMERGENCY CARE

BY SALLY MCCARTHY

Medical Director  
Emergency Care Institute

The establishment in NSW of Australia's first Emergency Care Institute (ECI) provides us with the opportunity to reinforce leadership by clinicians for the benefit of patients, staff, taxpayers and the community in this critically important branch of health care.

The Institute will work with and support all clinical staff in Emergency Departments across NSW, in consultation with consumers and the community, to research, plan and deliver more effective and efficient care leading to better outcomes for patients.

Every clinician in every ED in NSW will have the opportunity to get involved in this exciting collaborative effort. That's an enormous pool of highly trained doctors, nurses and allied health professionals, all strongly committed to providing the best possible care to their patients.

By harnessing their combined skills and experience through the Institute we have the opportunity together to learn, adapt, change systems and care delivery when that's indicated, and ultimately make a real difference for our patients and the community.

Those improvements will be felt much more widely than in the Emergency Department.

EDs interact constantly with almost every other branch of health care – from general practice to the highest level specialties – so safer, more efficient and more effective emergency care will flow on to other areas.

All of us who work in emergency medicine are aware that the ED is on the front line of health care. It is invariably challenging - demanding good systems, high skills and sound judgement. It is getting harder as the numbers of people presenting for care continue to rise. More than two million people attend a NSW hospital ED each year. Many of them are very sick and the quality of care they receive can make the difference between life and death or between a healthy life or a life of disability.

When we get it right – as we do overwhelmingly – the results are enormously rewarding. We all want to get it right every time. The challenge is to do better where we don't measure up to that standard.

There is an enormous amount of good work that happens in EDs across NSW. The ECI will help bring that together and promote collaboration and communication within and between emergency departments to ensure the benefits are shared across the State.

The ECI will also have an important role in providing strong, independent voice for improvement on behalf of staff, patients and the NSW community. It's an exciting opportunity and I look forward to working with ED clinicians, consumers and ACI networks across the State to make the most of it.

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# SALLY McCARTHY TO HEAD NSW EMERGENCY CARE INSTITUTE

One of Australia's best known emergency medicine specialists, Sally McCarthy, is to lead the ACI's latest clinical network - a new institute to support frontline staff and promote improvements in emergency department (ED) care in NSW hospitals.

Until recently the Director of the Department of Emergency Medicine at Prince of Wales Hospital, and current President of the Australasian College for Emergency Medicine, Sally has been appointed the inaugural Medical Director of the NSW Emergency Care Institute.

The new Institute will be based at ACI's Chatswood headquarters and will work with ED staff and consumers across NSW to share resources and information, reduce duplication, promote Statewide adoption of best clinical practice, and help implement care improvements to deliver better outcomes for patients.

The Institute has a particularly important role in defining and promoting best practice care in one of the health system's most important clinical areas. The ED is the front line of hospital care and is the place people turn to when they are

really sick or badly injured. The Chief Executive of ACI, Hunter Watt, welcomed the appointment:

"Sally has had an outstanding clinical career, is a senior staff specialist and, until recently, headed a very busy ED at Prince of Wales treating around 46,000 patients each year. As President of the College and Board member of the International Federation of Emergency Medicine, she is the 'face' of emergency medicine in Australia. It is tremendously exciting that Sally has agreed to take on the challenge of leading Australia's first Emergency Care Institute."

The primary role of the Emergency Care Institute (ECI) is to improve outcomes for patients presenting to Hospital Emergency Departments in NSW through coordination, networking and research.

Principal activities include:

- **Knowledge Management:** Fostering communication across all key stakeholders including NSW Health, expert groups, clinicians and consumers at a state, national and international level.
- **Clinical Governance:** Promoting excellence in the standard of care in all NSW ED's through clinical networking, identifying, promoting and disseminating evidence-based practice, and providing a forum for the systematic analysis

and assessment of information regarding the quality of care.

- **Clinical and Service Innovation:** Researching and developing solutions to current and future challenges to emergency care, including new models of care and system improvements.
- **Strategic Planning:** Providing strong leadership to interest groups and emergency staff on the future direction of emergency care in NSW.

The work of the Emergency Care Institute will support the ACI, NSW Health and Local Health Networks in the development and implementation of service or strategic plans which apply to Emergency Department patients.

With an outstanding record both as a clinician and as a national and international leader in emergency medicine, Sally McCarthy's appointment will ensure the Institute has the vision, direction and drive to deliver results. As Medical Director, Sally is responsible for providing clinical leadership and direction to the Institute, as well as ongoing expert advice to the ACI Executive and Board, the Director-General and NSW Health Department on emergency care in NSW.

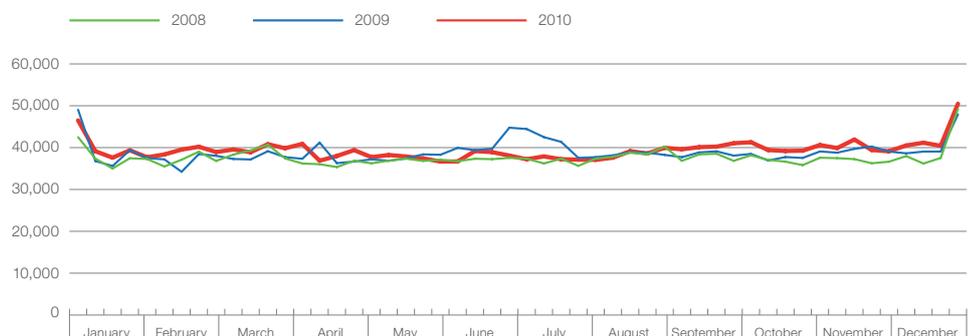
## EMERGENCY DEPARTMENT DEMAND INCREASES



The recent 'Christmas rush' in NSW public hospital emergency departments was intense, with the number of patients seen eclipsing those treated at the height of the 2009 swine flu pandemic.

*Hospital Quarterly, Issue 3*, is the most recent report to be released by the Bureau of Health Information. The report shows more than half a million patients attended NSW emergency departments from October to December 2010 – nearly 30,000 more than in the previous quarter, nearly 21,000 more than the same time last year, and nearly 18,000 more than in July to September 2009, when the swine flu pandemic was at its peak.

Bureau Chief Executive Diane Watson said attendances during the quarter were at a two-year high, with increased numbers generally seen across October and November as well as a Christmas holiday spike. In the face of extra pressure, emergency departments generally held their performance. Patients were seen within recommended time frames for all triage categories, except triage category 3.



Attendances at NSW Emergency Departments by week, January 2008 to December 2010.  
Source: HIE 18 January 2011

There is typically less elective surgery performed in public hospitals towards the end of each year and in 2010, this premise held true. The proportion of patients receiving elective surgery on time remained stable and there has been a decrease since last quarter in the amount

of time patients wait for non-urgent surgery. Wait times for urgent and semi-urgent elective surgery have remained relatively unchanged.

The report and related materials, including performance profiles for individual hospitals, are available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

## INAUGURAL NETWORK MEETING – 29 APRIL 2011

The Anaesthesia Perioperative Care Network extends an invitation to clinicians and consumers to attend its inaugural Network meeting.

The meeting will take place on Friday 29 April 2011 from 11.45 to 4.30pm at the Mercure Sydney Airport. There will be updates and discussion on a range of issues being tackled by the Network including:

- Safe Sedation
- Assistants to Anaesthetists

- Patient and Carer's Experiences
- Regional and Remote Anaesthesia
- Queensland Statewide Anaesthesia Perioperative Clinical Care Network (SWAPNET)
- NSW Health Surgery and Rural Futures Projects

To encourage participation in this event, the Network is offering to support travel to the meeting by clinicians and consumers based in rural Local Health Networks. To register for further details, please contact Cassandra Smith on (02) 86442175 or Email: [cassandra.smith@aci.health.nsw.gov.au](mailto:cassandra.smith@aci.health.nsw.gov.au)

## Queensland SWAPNET Forum

Members of the ACI Anaesthesia Perioperative Care Network were invited to present at the Queensland SWAPNET Forum held on 3 March 2011. Su-Jen Yap, Network Co-Chair and Michael Amos, Co-Chair, Assistants to Anaesthetists Working Group shared details of the work of the ACI Anaesthesia Perioperative Care Network, and identified areas for potential collaboration in particular the Assistants to Anaesthetists project.

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## SUPPORTING EVIDENCE BASED BEST PRACTICE

On 25 February 2011 David Collins, ACI Blood and Marrow Transplant (BMT) Network Clinical Nurse Consultant and Cassandra Reid, BMT Coordinator from Royal North Shore Hospital (RNSH) travelled to Coffs Harbour Hospital to provide an education day for staff working in the North Coast Cancer Institute and Haematology Unit.

The forum was attended by 25 staff from the Institute including nurses, pharmacists, social workers, and occupational therapists. The opportunity for these staff members to be given current evidence based information about the treatment and management of haematological malignancies which includes pre and post transplant care for rural patients, was of enormous benefit to their clinical practice. It was also valuable for the Institute to establish a professional relationship with the BMT Coordinator from their major referring site, RNSH. The BMT Network would like to thank Amgen Oncology for their sponsorship of this successful day.

The ACI BMT Network's working groups have had their first meetings for 2011. The Allogeneic and Autologous working groups are finalising protocols for inclusion in the Q-Pulse quality management document system. The Laboratory working group is currently validating new stem cell freezing bags and new infusion pumps for stored products. The Long Term Follow-up (LTFU) working group continues to collaborate on the development of a standard approach to LTFU for patients post allogeneic BMT and transition care for paediatric transplant patients into the adult health system.



Pictured: Staff from Mid North Coast Local Health Network with Steve Thompson from Amgen Oncology. Photo: D Collins

## STATEWIDE SERVICE PLAN

The release in January 2011 of the BMT Statewide Service Plan highlighted a number of recommendations which require follow-up to ensure an effective implementation process.



The Co Chairs of the BMT Network Executive and the BMT Network Manager recently met with the Clinical Planning Unit of Statewide Services Development Branch, NSW

Health, to develop a priority list for the recommendations and discuss a plan for moving forward. One significant recommendation of the plan is to increase the service capacity for allogeneic transplants in NSW in order to meet the growing demand in this complex area.

RNSH has been provided additional enhancement funding to expand their related allogeneic transplant service to unrelated BMT. This expansion has necessitated accreditation from the Australian Bone Marrow Donor Registry, which has been successfully

achieved. Similarly, it has been recommended that Liverpool Hospital, should expand their autologous transplant service to include related allogeneic BMT. An establishment and transition period is planned for completion by 2016.

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## BRAIN INJURY REHABILITATION

Co-Chairs: Adeline Hodgkinson and Denis Ginnivan

### NSW BRAIN INJURY REHABILITATION NURSES NETWORK

Nurses who provide rehabilitation services to inpatients with brain injuries within the NSW health system have benefitted from the NSW Brain Injury Rehabilitation Nurses Network (BIRNN), supported by the ACI, which encourages networking, sharing information and communication across services.

Through their representation on the ACI Brain Injury Rehabilitation Directorate (BIRD) Executive, BIRNN provides a mechanism for issues of interest or concern to be brought to the attention of the broader NSW Brain Injury Rehabilitation Program (BIRP) and to the BIRD.

Meetings are held quarterly and the venue rotates between each of the brain injury inpatient units at Westmead, Ryde and Liverpool. A regular focus of the work of the BIRNN is an annual education day which this year will take place at the Royal Rehabilitation Centre Sydney at Ryde. This year's topic is "Transitions of care – preparing to discharge the traumatic brain injured (TBI) patient from in-patient services".

Achievements in 2010 by BIRNN include:

- confirmation of brain injury as a special interest group of the Australasian Rehabilitation Nurses Association.
- completing data collection for a benchmarking project on pressure areas between the three metropolitan units.
- Facilitating broader participation by unit based clinicians through information days and educational materials

- Investigating list serve as an option for linking network members
- Maintaining links and partnerships with acute care neuroscience units

The BIRNN held a first meeting 10 March 2011 at Westmead Brain Injury Rehabilitation Unit. One of the challenging issues identified by the BIRNN, is how to improve the interface between hospitals based nursing management of adult patients with very severe physical disability following traumatic brain injury and community based care involving attendant care agencies.

For further information on the work of BIRNN or to join, contact Barbara Strettles on the details below.

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### BOOK NOW FOR THE NSW BIRP Forum and 21st Anniversary Celebration Dinner

The NSW BIRP Forum will take place at Westmead Education Centre and the Anniversary Dinner at Lachlan's Old Government House, Parramatta Park on Thursday 12 May 2011.

The Forum will provide an opportunity to celebrate the 21st Anniversary of the NSW BIRP. Clinicians who work in BIRP services and consumers are invited to attend. It is a time to reflect on what has worked and what has not in more than two decades of operation and use this as a basis for enhancing services in the future.

Themes of the concurrent sessions include family, service development, outcome measurement and community participation outcomes. In addition two workshops will be held on Friday 13 May 2011 for cognitive rehabilitation and multidisciplinary spasticity management.

The organising committee will finalise the program and registration forms for distribution via the BIRD mailing list. For further information contact the Manager, Brain Injury Rehabilitation Directorate, ACI.

## CHRONIC CARDIOVASCULAR CLINICAL EXPERT REFERENCE GROUP

The Chronic Cardiovascular Clinical Expert Reference Group met on 9 March, 2011 to consider current priorities including updating existing guidelines on the management of heart failure and the provision of education to clinicians in rural locations to support best

practice care for this patient population. The Chronic Disease Management Office at NSW Health Department has confirmed funding for a project officer to work with the Cardiac Network Manager to facilitate the activities of the group.

## National Heart Foundation

The National Heart Foundation has recently published the Key Cardiovascular Statistics 2011. This resource provides information on mortality and morbidity rates and prevalence and risk factors for a number of cardiovascular diseases including myocardial infarction, heart failure, atrial fibrillation and stroke for the population of NSW. This publication will be useful to both clinicians and those working in academic and research settings. To obtain a copy please contact Cate Ferry on Email: [cate.ferry@heartfoundation.org.au](mailto:cate.ferry@heartfoundation.org.au)

## ACUTE RHEUMATIC FEVER WORKING PARTY

The NSW Health Department has requested that the ACI Cardiac Network establishes a working party to consider acute rheumatic fever and rheumatic heart disease in NSW. Clinicians who are interested in joining the group are invited to contact Bridie Carr on Ph: (02) 8644-2158 or Email: [bridie.carr@aci.health.nsw.gov.au](mailto:bridie.carr@aci.health.nsw.gov.au)

## Cardiac Nurses Education

The next session of the Cardiac Nurses Education Program is scheduled for Wednesday, 13 April 2011 at 2.30pm. Lis Neubeck, Clinical Nurse Specialist from Concord Hospital will present on Smoking Cessation. Lis has recently returned from the Society for Research on Nicotine and Tobacco Conference in Toronto, Canada and her presentation will include information on the latest research on this topic. A copy of the Program for 2011 and details on how to access the session are available from the Cardiac Network Manager. Any clinician working in cardiology is welcome to participate in the sessions.

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## AGENCY FOR CLINICAL INNOVATION ANNOUNCES CONSUMER COUNCIL MEMBERSHIP



Pictured: Consumer Council Members, Carla Saunders, Kaye Duffy, Peter Todaro, Lee Ausburn and Elisabeth Harnett. Photo: ACI

The Chief Executive of the Agency for Clinical Innovation (ACI), Hunter Watt, has welcomed the appointment of the ACI's first Consumer Council. The six-member Council, which will advise the ACI Board on community engagement, had been selected from an outstanding field of candidates. The Council will be chaired by ACI Board member Lee Ausburn.

Members include Geoffrey Berry of Campbelltown a retired general manager; Mirella DiGenua of Earlwood a specialist facilitation, stakeholder engagement, change management and mediation consultant; Peter Todaro of Canada Bay the director of the Multicultural Health Communication Service; Kaye Duffy of Newcastle,

journalist, business woman and community leader; Carla Saunders, the Manager Policy, Development and Communication for General Practice NSW; and Elisabeth Harnett, Chair of the Consumer Participation and Family Centred Care Special Interest Group and Director of the Service Improvement Unit at The Children's Hospital Westmead.

All members were required to demonstrate qualifications or experience in community engagement, communication activities aimed at the community, or research designed to identify the views of the community. The appointments, which are unpaid, are for two years. The Consumer Council will meet quarterly.

At a time of major reform and restructure, ACI consumers benefitted from a range of presentations updating on recent developments at a forum hosted by the ACI on 18 February.

Speakers included Hunter Watt, Chief Executive, who provided an overview of the ACI's strategic direction and emphasised his support for consumer participation. As one of its strategies to build its capacity to address community needs he announced that the ACI has established a research partnership with the Australian Institute of Health Innovation, UNSW.

ACI Board Member, Lee Ausburn, introduced the members of the ACI Consumer Council and confirmed that a priority for the Council would be to seek ACI consumer views on the development of its draft work plan.

The benefits of a patient centred approach were explained by Karen Luxford, Director Patient Based Care, Clinical Excellence Commission including decreased mortality, decreased rates of hospital-acquired infection, decreased surgical complications, higher quality clinical care and improved patient function.

Diane Watson, Chief Executive, Bureau of Health Information explained the work of the BHI and encouraged a dialogue on what people really want to know about the healthcare system.

Deirdre O'Donnell, NSW Information Commissioner explained the implications of the Government Information (Public Access) Act that came into force in July 2010, illustrating the Act with case studies from other States.

For further information on the work of the ACI Consumer Council or on ACI's consumer participation program contact Maeve Eikli.

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Pictured: Diane Watson, Chief Executive, Bureau of Health Information. Photo: ACI



Pictured: Deirdre O'Donnell, NSW Information Commissioner. Photo: ACI



Pictured: Julie McCrossin, ACI consumer. Photo: ACI



Pictured: Betty Johnson, Co-Chair, Health Consumers NSW. Photo: ACI



Pictured: Karen Luxford addressing the audience. Photo: ACI

Sally Crossing, Co-Chair, Health Consumers NSW, formally announced the new umbrella organisation for health consumers in NSW established in 2011 thanks to seed funding provided by the NSW government.

Sally and Betty Johnson have highlighted the need for an independent state level voice for people using health services over many years. To learn more or to join Health Consumers NSW contact Gina Ingrouille, Project Coordinator, Health Consumers NSW on Email: [secretariat@hcnsw.org.au](mailto:secretariat@hcnsw.org.au) or Ph: (02) 8875 4622.



Pictured: Sally Crossing, Co-Chair, Health Consumers NSW. Photo: ACI



## Championing best Practice Orthogeriatric Care

The Network is working to identify ways it can support Local Health Networks to implement the ACI Orthogeriatric Model of Care, launched in August 2010.

A teleconference is planned for 29 April 2011. The Network has produced a newsletter to update interested clinicians and consumers about developments in the literature and in service delivery. Contributions are invited. Please contact the Manager, ACI Aged Health Network. The ACI will hold a forum in 2011 on data collection, data base formation and rural outreach – watch this space.

A second orthogeriatric training forum is also planned in partnership with the Prince of Wales Hospital Geriatrics Department and the Bone School. This will include input from the ACI Musculoskeletal and Anaesthesia and Perioperative Care Networks on the perspective and special needs of older people.

## Agencies collaborate to improve care of confused older people

Anthea Temple, Concord Hospital has been appointed Project Officer on the Care of the Hospitalised Older Person Study (CHOPS) that is funded by the Department of Veteran Affairs. Anthea will support the Steering Committee to investigate, develop, test and implement evidence-based strategies to improve the care of older people with delirium and dementia in selected hospitals across metropolitan and rural areas. The study is being progressed as a collaborative by the ACI, CEC and GP NSW. The Network is contributing its expertise to the development of the NSW Health strategic framework for Specialist Healthcare of Older People and is assisting with implementation of the Chronic Disease Management Program.

The Co-Chairs of the ACI Aged Health Network would like to thank Julia Poole who has recently returned to her substantive position at Royal North Shore Hospital. In her time with the ACI, Julia managed an extensive variety of projects, including the launch of the orthogeriatrics model of care. Julia's knowledge and experience will continue to

## Best Practice Guide on Restraint Avoidance

The Network has reviewed the national and international literature and consulted widely to develop a draft restraint avoidance guide, which is currently undergoing final consultation. The guide will provide clear direction for clinicians caring for older people in healthcare facilities on the avoidance or use of restraints as a temporary strategy in older people. The issues to be understood when considering the need for a restraint in older people include the legal requirements that restrict restraint use, physical, pharmacological and mechanical restraint, consent, authorisation and Guardianship Tribunal involvement will be addressed. For further details, contact the Manager, ACI Aged Health Network.

benefit the Network as she will remain a member of the Network Executive.

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## Diabetes and Emergency Department Project

The *Diabetes Case Detection in Emergency Departments Project* is starting to gain momentum with all the submissions forwarded to the relevant Human Research Ethics Committees (HRECs).

The ACI is responding to queries from the HRECs and developing the data tools required for successful implementation and evaluation. Approval has already been granted for a number of the sites. The planned start date for the project is April 2011.

### Draft Subcutaneous Insulin Chart

The draft subcutaneous insulin chart is close to being approved by the NSW Department of Health for pilot at Royal Prince Alfred Hospital, Ryde Hospital and Wagga Base Hospital.

## DIABETES AND MENTAL HEALTH

In March, the Diabetes and Mental Health Working Group held a successful meeting to discuss the achievements of 2010.

It was agreed that one of the key priorities for 2011 would be to increase engagement of mental health consumers and carers, in partnership with health and disability related non government organisations. Another key focus is diabetes and depression.

## OBESITY SERVICES UPDATE

At the end of February 2011, members of the ACI Endocrine Network's Obesity Working Group met with representatives of the NSW Department of Health to discuss necessary updates to the Obesity Management Plan and public funding for bariatric surgery.

It was identified that in 2009/10 three Area Health Services were given funding for obesity services. Then in 2010, five Area Health Services, including the initial three, were given further enhancement funding for obesity services. This funding was not recurrent and Area Health Services were required to see rural patients out of area.

At the end of the meeting it was agreed that the ACI Obesity Management Plan would be updated to reflect current information about

obesity services in Local Health Networks. The ACI Endocrine Network has sent out a link for an obesity services analysis survey to the members of the Obesity Working Group to complete or delegate. From this, the Network will be able to analyse what services have been set up since the completion of the Obesity Management Plan. A business case for NSW Obesity Services will also be developed with an attached funding request to be developed for public bariatric services.

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## Endoscopy Information System

On 1 March 2011, clinicians from the ACI Gastroenterology Network met with ProVation Medical to organise the minimum data set reporting fields for implementation of the Endoscopy Information System (EIS). Amendments to the system are being made by ProVation in preparation for the NSW-wide implementation and will be checked during the system testing phase.

NSW Health is shortly commencing specific planning for the implementation of the EIS, including ensuring requirements for data space, the test system and the installation order for implementation. NSW Health is establishing an EIS Management Committee to manage the project which will include representation from the Network's EIS Working Group. The Network's EIS Implementation Working Group will maintain a key role in managing clinician engagement and feedback throughout the implementation process.

## Hepatitis C Models of Care

At its recent meeting on 24 February 2011, the Hepatitis Working Group agreed that one of its key priorities in 2011 would be to draft models of care for Hepatitis C. The models of care will include all key service models being used in NSW, including in the tertiary setting, GP shared care, rural and remote settings, corrective services and paediatrics. The models will be presented as an overview document, encompassing all key aspects of treatment and care for patients with hepatitis C in NSW.

## NSW Paediatric Viral Hepatitis Network

The NSW Paediatric Viral Hepatitis Network was established in 2009 with the assistance of the ACI.

Hepatitis C (HCV) is under-recognised in children across Australia, even within the medical community. Several position statements have made minimal or no mention of its occurrence in children. A recent study published in the Medical Journal of Australia, where data from the three main paediatric referral hospitals in NSW has demonstrated a vast discrepancy between those children identified with the virus and referred to a specialist centre, versus the number of paediatric HCV notifications to NSW Health. Children don't generally develop the serious sequelae of adult HCV disease, however it is important that this potentially serious infection be monitored and followed throughout infancy, childhood and adolescence.

In 2008, the NSW Health Review of Hepatitis C Treatment and Care Services recommended that a state-wide children's HCV service be funded as "the most cost effective and efficient approach to service provision". A coordinated state-wide dedicated paediatric viral hepatitis service is unique in Australia. Funding by NSW Health has provided an opportunity to give children with HCV a world-class service in the diagnosis, management and treatment of their infection. The service is based at the Children's Hospital at Westmead. Current aims of the NSW Paediatric Viral Hepatitis Network are to:

- Involve all stakeholders who manage children with HCV in NSW within the paediatric viral hepatitis network. Stakeholders include the three tertiary referral paediatric hospitals, other paediatric centres, general paediatricians, perinatal centres and general practitioners
- Establish links with other health care providers: adult hepatitis clinics and nurses, drug and alcohol clinics, community groups
- Establish guidelines for referral and testing
- Establish a state-wide database of children with HCV and Hepatitis B virus to enable better understanding of the natural history of the infection in childhood
- Establish a viral hepatitis clinic at Children's Hospital at Westmead, with concentration of expertise for the provision of a world-class centralised service with dedicated experts
- Explore the potential to develop outreach services to rural areas where necessary, where clusters of patients
- Develop treatment protocols
- Develop patient and family education, information and support tools
- Develop community promotional materials

For further details of the work of the Network or to participate contact the Manager, ACI Gastroenterology Network.

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## New Working Group established – Parenteral Nutrition

Parenteral Nutrition (PN) is a life sustaining therapy for patients who cannot eat.

However, there are significant infection risks and complications associated with intravenous feeding. In November 2010, the ACI launched a PN pocketbook that provides best

practice guidelines for clinicians who provide care to patients. Since the launch of the pocketbook, the Nutrition and Gastroenterology Networks have been investigating the possibility of developing a consumer resource to provide general information for patients that are administered PN in hospitals. Following endorsement from interested consumer groups and the Gastroenterology and

Nutrition Executive Committees, a small working group has been established to draft the relevant information. If you are interested in learning more about the proposed resource or the working group, please contact the ACI Gastroenterology or Nutrition Network Managers.

## Gynaecological Oncology Network Planning Day

The ACI Gynaecological Oncology Network is organising a planning day for mid 2011 to workshop ideas for the future direction of the Network. Further details will be available in a future issue of the ACI newsletter.

The Cancer Institute NSW is conducting a series of Regional Gynaecological Oncology Workshops, as part of the NSW Gynaecological Oncology Workforce Project, funded

through the National Centre for Gynaecological Cancers. Upcoming events will be in Moruya on Saturday 30 April, 9am-1pm and Dubbo on Saturday 4 June, 9am-1pm. For further information, please contact Brooke Stapleton at Email: [brooke.stapleton@cancerinstitute.org.au](mailto:brooke.stapleton@cancerinstitute.org.au) or on (02) 8374 3674 or visit: [www.cancerinstitute.org.au/cancer\\_inst/profes/clinical\\_forums.html](http://www.cancerinstitute.org.au/cancer_inst/profes/clinical_forums.html)

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## JOIN THE NETWORK

Do you provide care to someone with an intellectual disability within the NSW health system? Would you like to join the ACI Intellectual Disability Network?

The establishment of the ACI Intellectual Disability Network to a large extent is a direct result of the unwavering commitment of many key stakeholders in the disability sector to improve health care for people with intellectual disabilities.

The need for such a Network became evident with the establishment of the GMCT Transition Network in 2003. It was identified that upon leaving paediatric care the health needs of young people with developmental and intellectual disability were poorly met. It was also acknowledged that specialised services in adult facilities for people with an intellectual and developmental disability were scarce.

The ultimate goal of the new ACI Intellectual Disability Network is to provide clinical leadership, research and education as essential elements for enhancing the capacity of primary and secondary health services to care for and manage the health of people with intellectual disability.

Your involvement in the Intellectual Disability Network can be in the capacity as a member of the Steering Committee, working groups or expert reference group. Another option is to join the mailing list to stay updated on network activities. Membership is open to anyone who works in the NSW Health system within the disability field or with a specific interest in providing care to people with an intellectual disability. Please contact Maxine Andersson to learn more.

The ACI is also inviting consumers to join the network. If you represent a non government organisation or are an individual patient, carer or family member of someone with an intellectual disability, we'd like to hear from you. Contact Maeve Eikli, Manager, Consumer Participation, ACI on Email: [maeve.eikli@aci.health.nsw.gov.au](mailto:maeve.eikli@aci.health.nsw.gov.au) or Ph: (02) 8644 2169.



Pictured: Judy Harwood, Jan Devos and Julian Troller

## Productivity Commission recommends National Disability Insurance Scheme

A year-long investigation by the Productivity Commission into Australia's system of care and support for people with disabilities has recommended sweeping structural reform and a doubling in annual government funding for essential services such as equipment, therapy, early intervention, employment support, respite and accommodation.

The Commission's draft report, released on 28 February, describes current State-based disability care and support services as "underfunded, unfair, fragmented and inefficient" and proposes they be replaced by a unified new national model with two separate schemes to cover all Australians born with or acquiring a severe to profound disability before the age of 65 through accident or illness. The Commission recommends the creation of a National Disability Insurance Scheme (NDIS) to fund support services for around 350,000 Australians whose physical, intellectual and/or psychiatric disabilities result in significant daily limitations in communication, mobility or self-care, while a separate National Injury Insurance Scheme, or NIIS, would assist people requiring lifetime support after catastrophic injuries such as major brain or spinal cord damage not currently covered by worker's compensation or compulsory third-party motor insurance.

The Commission recommends both proposed no-fault social insurance schemes be funded by the federal government according to a legislated formula, with payments directed from consolidated revenue into a National Disability Insurance Premium Fund. The Commission's proposed timeline for implementation is for a pilot project to start in one region of Australia in early 2014, with a full rollout around the rest of the nation by 2018.

In a major departure from current funding arrangements, the report recommends that local assessors be employed around Australia to develop personal plans and individualized support packages, portable across the country, for those people eligible for assistance. Once granted support packages, people with

disabilities - and, where applicable, their carers - would be entitled to either choose their own specialist and/or mainstream service providers; request an intermediary to assemble the best package on their behalf; or cash out the funding allocation and direct it to their individual priority areas.

The Commission says the current annual total of \$6.2 billion in State and federal funding for disability care and support services is grossly inadequate and recommends funding be doubled. It says that under current arrangements, people with disabilities and their families do not have a reasonable level of certainty about the future and that in particular, the dearth of supported accommodation services for adults with disabilities means tens of thousands of ageing parent-carers have no idea what will happen to their sons and daughters should they (the parents) get sick or die. The report quotes a psychiatrist as saying doctors and psychologists regularly encounter parents considering murder-suicide because of their inability to find adequate help for their child.

The Commission's recommendations have been widely welcomed by people with disabilities, carers and disability service providers, as well as by many doctors, nurses, therapists and other professionals working in the disability care and support field. Hunter Watt, Chief Executive, ACI said that the ACI welcomed the report and encouraged clinicians and consumers within ACI Clinical Networks to add their voice to the need for this long awaited scheme which would improve the social and economic independence of people with a disability, their families and carers.

The draft report has been released for public comment prior to the Commission's final report to the federal government in July this year. Comments on the draft report are invited by 30 April 2011.

The report is available at [www.pc.gov.au/projects/inquiry/disability-support/draft](http://www.pc.gov.au/projects/inquiry/disability-support/draft)

## STEERING COMMITTEE TO SET PRIORITIES

The first ID Network Steering Committee meeting will be held on the 29 March 2011. Les White, NSW Chief Paediatrician has been appointed Interim Chair and will lead discussions on the network's initial priorities and work plan.

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Photo: Les White

## MUSCULOSKELETAL NETWORK FORUM

The Agency for Clinical Innovation (ACI) will be working with health services across NSW to help bring potentially life-saving preventative care to elderly patients with brittle bone injuries or fractures.

This follows the launch of a new model of care in February 2011 developed by the ACI Musculoskeletal Network to prevent the risk of repeat fractures in patients with osteoporosis.

The bones of people with osteoporosis become fragile and brittle, with a significantly higher likelihood of fracture from even minimal impact or injury. While the increased risk of refracture is well known and evidence-based guidelines highlight the need to intervene at the time of the first fracture, in far too many cases it is simply not happening.

National audits have repeatedly shown that only 20-30% of patients are being identified at first fracture for preventative care. This means that up to four out of five people presenting at health services with an osteoporotic fracture are being denied the health benefits of effective fracture prevention.

The NSW Model of Care for Osteoporotic Refracture Prevention is an easy-to-use guide to best practice care for doctors, nurses, other health professionals and managers across the NSW health system. It aims to ensure that all patients presenting with brittle bone fracture are assessed and offered advice and treatment to prevent further fractures. This may include bone density scanning, measurement of Vitamin D and calcium levels and thyroid function, disease management advice and self management support.

High quality services are already in place at Concord, St Vincent's, Royal Prince Alfred, Royal Newcastle Centre and the Mid North Coast Local Health Network.

The challenge now is implementation, and the ACI will be working closely with Local Health Networks and other agencies over coming months to educate and upskill frontline clinicians.

Speaking at the launch of the model of care at the inaugural annual meeting of the network, Barbara Holborow OAM outlined her journey to diagnosis and experiences of living in Australian society with a disabling condition. Using humour to relay a serious message, she helped the audience reflect on how they socially interact with people who live with long-term conditions. Kate Lister and Emma Foley from Port Macquarie, Kerry Cooper from Newcastle and Markus Seibel from Concord presented details of how they had implemented the model of care locally, with an emphasis on identifying patients and gaining early access to investigations and treatment for osteoporosis.

Other priorities being undertaken by the Musculoskeletal Network showcased at the Forum included the development of an elective joint replacement guideline, conservative care for people with osteoarthritis, early identification and treatment of rheumatological conditions in childhood, and education for junior doctors and nurses working in musculoskeletal clinical areas.



Pictured: John Eisman addressing the audience. Photo: ACI



Pictured: Lyn March, with Kate Lister in background. Photo: ACI



Pictured: Markus Seibel. Photo: ACI



Pictured: Barbara Holborow. Photo: ACI

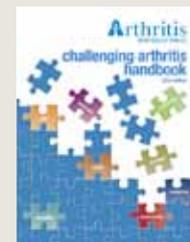
## NSW Osteoarthritis Chronic Care Program

The NSW Osteoarthritis Chronic Care Program (OACCP) model of care is being piloted in seven sites across NSW with the support of the Health Services Performance Improvement Branch at NSW Department of Health and the ACI Musculoskeletal Network.

A dedicated ACI Working Group has worked hard over the past four months to make sure

the roll-out of this pilot is successful. The OACCP aims to decrease pain, increase function and quality of life of the participants through the implementation of an individual multi/interdisciplinary program of conservative care for people who are on the waiting list for elective hip and knee joint replacement surgery in NSW.

Teams at Port Macquarie, Royal Newcastle Centre, Gosford, Nepean, Sutherland, Wollongong and Fairfield hospitals will be supported to provide this program of care over a 12 month period. We will provide more information on this project over the coming months.



Arthritis NSW has launched its new online Challenging Arthritis Self Management program during Arthritis Awareness Week 2011. The program is an interactive resource which covers a range of topics including managing pain, stress management and relaxation, physical activity and healthy eating. For more information contact Di Spragg at Arthritis NSW on (02) 9857 3300 or visit: [www.challengingarthritis.org/](http://www.challengingarthritis.org/)

## Curriculum on Management of Osteoporosis

This ACI is collaborating with the Clinical Education and Training Institute (CETI) to develop a curriculum of study on an internet-based platform so that users, predominantly junior doctors, can access the resources at any time of day or night in any setting. The curriculum is based on several case studies to enhance reality of the topic. A trial of the resources is due to start in late 2011.

### Developing a Program of Study for Nurses – volunteers invited

The ACI Musculoskeletal Network invites clinicians with a passion for improving health outcomes and care experiences of people with musculoskeletal conditions in NSW to join a new Working Group that aims to determine if a program of study for nurses is required.

If you are interested in joining the working group, or for further details contact the Manager of the ACI Musculoskeletal Network.

### NSW KIDS Rheumatology Network

The ACI has collaborated widely to develop a model of care to improve early diagnosis and access to appropriate services for children and young people suspected of and diagnosed with a rheumatological condition. Working with clinicians from the NSW children's hospitals and Arthritis NSW, the draft model of care recommends the establishment of multidisciplinary services for each child health network in NSW. The Working

Group is seeking ethics approval to conduct focus groups and individual interviews with members of Arthritis NSW including parents of children with the condition and young people. It is intended these interviews will help the Working Group to assess whether the model is acceptable to the community that will be affected by its introduction, children with the condition and their parents and families.

## GUIDELINE FOR ELECTIVE JOINT REPLACEMENT SURGERY

Work on the development of this guideline has started and is benefiting from a committed multidisciplinary working group of volunteer clinicians and health executive representation. The Working Group has identified three distinct care needs that should be addressed: pre-operative care, inpatient and surgical intervention care, and post discharge care needs. If you have any questions or would like to participate please contact Elizabeth Armstrong, Musculoskeletal Project Officer on 02 8644 2183 or Email: [Elizabeth.armstrong@aci.health.nsw.gov.au](mailto:Elizabeth.armstrong@aci.health.nsw.gov.au)

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## NEUROSURGERY

Co-Chairs: Mark Sheridan and Kate Becker

### DEEP BRAIN STIMULATION

Deep Brain Stimulation (DBS) is currently the only therapy available that has the potential to completely ameliorate the disabling effects of movement disorders such as Parkinson's Disease.

Whilst Parkinson's Disease is the movement disorder most frequently associated with DBS, other disorders such as tremor and types of dystonia also benefit from treatment.

On 24 August 2006, then Federal Minister of Health, the Hon Tony Abbott accepted the Medical Services Advisory Committee recommendation that public funding be provided

for patients with Parkinson's Disease where drug therapy had ceased to be effective.

To date, NSW, the most populous state in Australia, the state with the greatest number of people who could benefit from DBS has not provided any public funding for this procedure.

The ACI Neurosurgery Network has completed a cost effectiveness analysis and model of care

for DBS that will shortly be submitted to the NSW Department of Health. This work would not have been possible without the commitment and dedication of the network's multidisciplinary Movement Disorder Working Group. The Network is now working with the ACI/CEC Policy and Technical Support Unit to develop a business case for the NSW Treasury.

## NEUROLOGICAL OBSERVATION CHART

The Pilot Program for the trial of the Neurological Observation Chart and the education package has formally commenced. Violeta Sutherland, the Program Project Officer has completed the Train-the-Trainer day, visited each site, attended Nurse Unit Manager's meetings and Nursing Grand Rounds to discuss the project and charts have been distributed to the participating sites. Canterbury Hospital is the first site to formally commence the use of the chart on Monday 14 March 2011.

Site Representatives from the participating hospitals include:

- Sally Robertson, Registered Nurse, Armidale Hospital
- Cathy McDonnell, Palliative Care Clinical Nurse Consultant (CNC), Canterbury Hospital
- Luke McGrath, Quality Manager, Tamworth Base Hospital
- Kylie Wright, Neurosurgical CNC/Case Manager, Liverpool Hospital
- Myra Drummond, Area Stroke CNC, Liverpool Hospital
- Jessica Prexl, Clinical Nurse Educator, Neurosurgery Ward, Liverpool Hospital.

Prior to the recruitment of Site Representatives Local Health Network, Director of Nursing and General Manager endorsement was sought for the Pilot Program to proceed. The ACI, and Neurosurgery Network Executives wish to thank Executive teams at Hunter New England and Sydney South West Local Health Networks for their support

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## AGENCIES COLLABORATE TO IMPROVE PATIENT CARE

A representative of the Cancer Institute NSW attended the ACI Nuclear Medicine Committee meeting on 15 March 2011 to discuss collaboration between the ACI and Institute. The Cancer Institute NSW will rely on the Nuclear Medicine Committee as an expert advisory group and would in turn assist where possible with cancer data to inform ACI Nuclear Medicine therapy discussions.

## Uncommon therapies and procedures

A number of highly specialised Nuclear Medicine therapies will be undertaken at Royal North Shore Hospital in the coming weeks. Patients have given permission to film the procedures as a pilot for the education videos series, to be produced by the Nuclear Medicine Chief Technologists Committee.

## VALE

It is with great sadness that we say goodbye to Liane Gain who died peacefully on 2 March 2011 after a determined battle with cancer. Liane worked as a nurse for Wentworth Area Health Service early in her career. Her passion for patient safety led her to become a member of the Clinical Governance team as a Clinical Nurse Reviewer and more recently she joined the Endocrinology team at Westmead Hospital. Liane joined the ACI's Nuclear Medicine

Committee early last year and made an invaluable and personal contribution to the Committee's call for radionuclide therapies to be provided to NSW cancer patients.

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## NUTRITION IN HOSPITALS

The Nutrition and Food Committee, NSW Health circulated the draft Nutritional Care Policy and Standards developed by the ACI Nutrition Network to Chief Executives of Local Hospital Networks for comment in February 2011.

The ACI would like to thank everyone who provided input. The policy and standards reference groups will consider the comments received and provide feedback to respondents. It is envisaged that the policy will be endorsed at the next Nutrition and Food Committee meeting.

The ACI Nutrition in Hospitals group held its first meeting of the year on 9 March 2011. Key priorities for the group will be the development of a Nutritional Care Toolkit to support the implementation of the policy and standards. This work will be undertaken in partnership with the Caring Together team.

Other work to continue this year includes the development of a patient information brochure to inform patients of the food and nutrition services available in their hospital and where to get assistance, paediatric therapeutic diet specifications and a patient satisfaction survey.

## HOME ENTERAL NUTRITION



Pictured: (l-r) Karen Tokutake, Kate Schmich, Vivienne Beggs, Wayne Phillips, Joseph Khouri and Tanya Hazlewood. Photo: G Pang

The ACI Home Enteral Nutrition (HEN) Network held a Network Meeting on 14 March 2011 and signed off the HEN work plan for 2011-2013.

HEN is pleased to announce the collaboration with the Gastroenterology Network on a number of projects including the development of core competencies for gastrostomy care.

Other key projects to be undertaken this year include the review of ACI Guidelines for HEN Services and the development of an online HEN registration system to replace the existing Teleform paper system. HEN is also working with EnableNSW and Aging Disability

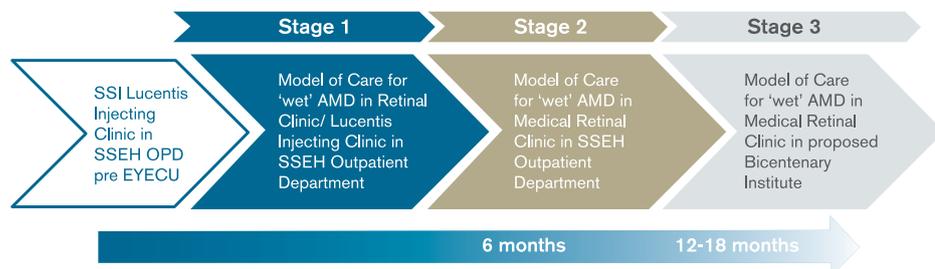
and Home Care on improved information to health professionals and patients on the services available such as the use of the Enable Prescriber Guidelines and the HEN contract.

On behalf of the Kids on HEN project steering committee, thank you to everyone who has participated in the recent survey and mapping of paediatric HEN services across the Western Child Health Network. Thank you also to the over 100 patients, parents and carers who responded to the patient survey.

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## EYECU ENTERS NEXT PHASE

Endorsed solutions to be implemented in 3 Stages



The EYECU project which aims to prevent avoidable vision impairment and blindness in patients with 'wet' Age-related Macular Degeneration (AMD) by improving access to treatment and ongoing management is now entering Phase 2. The three stages of Phase 2 are represented above.

Stage 1 requires the implementation of 21 solutions to improve the 'as is' patient journey in existing clinics. Activity to date includes:

- A revised clinic booking slip is being trialed in retina clinics for four weeks commencing 7 March. The slip aims to improve communication of the clinical urgency of patients, to assist clerical staff to make timely clinical and diagnostic appointments. This will help improve access to treatment for patients with 'wet' AMD patients.
- Patient and staff education in collaboration with the Macular Degeneration Foundation and

Novartis the company which supplies the drug Lucentis being used to treat these patients.

Stage 2 has commenced:

- the Governance Structure has been endorsed
- A Nurse and Orthoptist Working Group has met to consider ways of working together to gain complimentary skills, provide appropriate assignments to clinics and refraction for patients with 'wet' AMD.
- The Model of Care Subcommittee is developing a model of care for the 'wet' AMD patient in the new Medical Retina Clinics. This will include a number of the solutions already under implementation in Stage 1.
- Sydney Hospital and Sydney Eye Hospital (SSEH) is recruiting for Medical Retina Staff Specialists to provide additional Medical Retina Clinics.

## EYE EMERGENCY CLINICIAN EDUCATION 2011

The ACI Statewide Ophthalmology Service (SOS) Eye Emergency Clinician Education Workshops will continue in 2011. There will be six workshops at SSEH and four in rural areas which are yet to be finalised. The schedule, program and registration form can be found at: [www.health.nsw.gov/gmct/events.asp](http://www.health.nsw.gov/gmct/events.asp)

## DIABETIC RETINOPATHY WORKING GROUP

The development of a 'pathway' document for the screening and treatment of patients with Diabetic Retinopathy is underway. The working group includes the Australian Diabetes Council and the Optometry Association who are also collaborating on a retinal screening program in rural and metropolitan NSW in 2011.

## Vision screening tool for stroke patients

The Stroke and Vision Defects Working Group is validating the vision screening tool which it developed for patients in an acute stroke unit.

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## PROMOTING SAFE PLAY AND PREVENTING CHILDHOOD EYE INJURY

*eyeplaysafe* is a fun interactive web based learning package for children aged five to nine years.

### eyeplaysafe

- aims to teach children how to protect their eyes at home and when playing
- provides information for patients and carers on prevention of childhood eye injury and first aid
- provides teacher resources and support notes developed specifically for the *eyeplaysafe* website and the interactive whiteboard story book [www.eyeplaysafe.org.au](http://www.eyeplaysafe.org.au)

The website is being actively promoted in many places including via the NSW Department of Education and Training Teaching and Learning Exchange (TaLe) portal, in newsletters, presentation at conferences, flyers and posters distributed to key stakeholders.

## MODEL OF CARE

The ACI Pain Management Network has received approval of funding from the NSW Department of Health and will shortly advertise to recruit a project officer to develop an integrated model of care for pain management in NSW.

This model of care will be evidence based and its development will be overseen by expert clinicians and consumers with experience of chronic pain services. The overall aims of developing the model of care are to optimise the current resources allocated for pain management and to investigate ways to improve access to pain services in NSW, especially for those in rural and remote areas and socially disadvantaged groups. The model will also seek to address the stigma associated with chronic pain in the community.

## COMMUNITY PARTNERSHIPS WORKING GROUP

The Network's Community Partnerships Working Group is working to define the word 'community' for a person with chronic pain to provide better understanding to members of the wider community, including members of the health system.

The group asserts that "community" is inclusive, that people in pain are part of a community, as are health professionals, and that if we are aiming to create a socially inclusive community, we need to deal with those phenomena that are creating barriers and excluding people in pain. When we use the word "partnership" we are referring to the relationship being respectful that the person in pain has the right to make choices that are right for them.

For more information visit:  
[www.socialinclusion.gov.au/SIAgenda/Principles/Pages/default.aspx](http://www.socialinclusion.gov.au/SIAgenda/Principles/Pages/default.aspx)

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Contact: Cassandra Smith  
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[www.health.nsw.gov.au/gmct/gastro/index.asp](http://www.health.nsw.gov.au/gmct/gastro/index.asp)

## RURAL AND REGIONAL RADIOLOGY

At a recent site visit to the new Orange Base Hospital, the Clinical Education and Training Institute (CETI) Radiology Program Co-ordinator and ACI Network Manager met with Roger Davies, Clinical Associate Professor, University of Sydney and the Chief Radiographer, Steve Adams.

The new hospital is impressive and the medical imaging department boasts state-of-the-art equipment and experienced staff. They are seeking support for the establishment of an unaccredited Radiology Trainee position to attract local junior doctors initially and prepare them for acceptance into an accredited training scheme the following year. The Radiology Training Network Implementation Group (RTNIG) is highly supportive of this initiative as an interim measure in preparation for an accredited training position as part of a training network.

## Medical Imaging Restructure

The ACI Chief Executive and representatives of the Radiology and Nuclear Medicine Committees met with the Director-General, NSW Department of Health on 10 March 2011 to discuss ACI clinicians' recommendations for the structure of Medical Imaging services across NSW.

The Director-General had previously confirmed that Imaging would not fall under the Clinical Support Clusters at the request of the majority of imaging clinicians. The imperative is to replace old equipment which may give higher doses of radiation to patients and will only attract half the Medicare rebate from July this year. Incentivisation of imaging clinicians is also crucial as departments are struggling to maintain services.

## SUSPICION OF ABNORMALITY RESEARCH

Ethics approval has been sought by John Hunter Hospital to conduct the Suspicion of Abnormality research project.

The study will be conducted as a prospective multi-centre project to analyse the efficacy of radiographers' opinion after hours when there is no radiologist available to assist referrer decision-making.

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[www.health.nsw.gov.au/gmct/radiology](http://www.health.nsw.gov.au/gmct/radiology)

## Quality Use of Diagnostic Imaging

The Royal Australian and New Zealand College of Radiologists' website for consumers and clinicians has been updated to reflect the input of the ACI Radiology Network's Nurse Managers Committee.

The Quality Use of Diagnostic Imaging (QUDI) program has acknowledged the contribution made by the ACI to the section "What is a Radiology Nurse?". To find answers to some of the frequently asked questions about radiology visit: [www.insideradiology.com.au](http://www.insideradiology.com.au)

## Dialysis Models of Care Forum

An interactive forum was held on Saturday 19 February 2011.

The efforts of ten project teams which received training under the Dialysis Models of Care Program over the last eighteen months, facilitated by the ACI were presented. These teams have identified and improved aspects of the way they provide care for their dialysis patients.

Over one hundred nurses attended the Forum which was opened by the Chief Nursing and Midwifery Officer, Debra Thoms. Keynote speakers were Mary Fitzgerald, Professor of Nursing Practice Development, Royal Hobart Hospital, and Mary Chiarella, Professor of Nursing, University of Sydney. Following the day's presentations there was discussion about the future of the Models of Care Program, and the value of the time and effort spent in doing the projects. Participants agreed it was a valuable program. The ACI Renal Network will seek to identify external funding opportunities to ensure that the program can be maintained.

## HEADS OF DEPARTMENTS MEET

The ACI arranged an extraordinary meeting of heads of nephrology departments on 21 March 2011, to assist lead clinicians to learn more about the Local Health Networks and Clinical Support Clusters and how these might impact on the future provision of renal services. This was the first time for many years that the Heads of Department have met in this way and it provided an opportunity for discussion on a range of issues of statewide interest to renal service planning and delivery. One of the issues discussed was concern about how renal services may be structured within LHNs and Clinical Support Clusters. The ACI would like to extend its thanks to Nigel Lyons, the Chief Operating Officer, Northern Clinical Support Cluster, for speaking at the event. The group agreed that it would be valuable to continue to meet bi-annually.

## PERITONEAL DIALYSIS

Health Support Services has established a peritoneal dialysis working group, assisted by the ACI, to guide the implementation of the new statewide purchasing contract for peritoneal dialysis consumables. A first meeting was held in March 2011, with representation from NSW Health's Business Procurement Services. Discussion focussed on clinician concerns about the new contract which risked unnecessary expenditure.

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**Ph: (02) 8644 2176**  
**Fax: (02) 8644 2148**  
**Mob: 0405 502 525**  
[fidye.westgarth@aci.health.nsw.gov.au](mailto:fidye.westgarth@aci.health.nsw.gov.au)  
[www.health.nsw.gov.au/gmct/renal/](http://www.health.nsw.gov.au/gmct/renal/)

## NETWORK WORKING GROUPS

The Respiratory Network is entering a second phase following a successful second forum in December of last year.

In the next phase some of the working groups will be reconstituted to address unfinished business including:

- Improvement of rural respiratory services through the promotion and development of Virtual Respiratory Care Units
- Provision of public services for sleep disorders
- Improvement in the availability, commencement and completion of pulmonary rehabilitation
- Further work on chronic ventilatory support
- Highly specialised respiratory services including a proposal for a model of care for people with cystic fibrosis
- Development of respiratory education and training opportunities

Additionally, a new working group will be established to develop guidelines on pleural procedures including protocols for chest drain management and the integration of pleural ultrasound into pleural procedures in NSW.

Particular attention will be given to the role of consumers, with the aim to include at least two consumers on each of the Network's working groups.

If you would like to participate in any of the Network's working groups please send your expression of interest, including full contact details, to the Network Manager via email: [nick.wilcox@aci.health.nsw.gov.au](mailto:nick.wilcox@aci.health.nsw.gov.au)

Nick Wilcox has accepted a secondment to the Australian Commission on Safety and Quality in Health Care. ACI is currently recruiting a Network Manager.

## CLINICAL VARIATION PROJECT

The Network's Model of Care for Severe Chronic Respiratory and Cardiac Disease is the subject of formal business case assessment by the ACI/CEC Policy and Technical Support Unit following the commencement of the Treasury-funded project addressing clinical variation and potentially preventable hospital admissions in Chronic Obstructive Pulmonary Disease and Heart Failure. The Clinical Variation Project is a joint initiative by the ACI and Bureau of Health Information (BHI) that includes stakeholders from NSW Treasury, the Department of Premier and Cabinet and NSW Health. The project Management Committee will be Chaired by Patricia Davidson, Co-Chair ACI Cardiac Clinical Expert Reference Group and David McKenzie, Co-Chair ACI Respiratory Network.

## NETWORK WORKPLAN

The ideas that emerged from the Network's Respiratory Forum in December last year were examined in detail at the Respiratory Network Steering Committee meeting in early March 2011. These ideas will inform the development of a Network workplan for the next three years.

## ACI/ENABLENSW COLLABORATION

The Network has all but completed its work with EnableNSW on the development of respiratory equipment prescription guidelines.

The final drafts of the guidelines have been circulated to the Network for comment and those comments have been conveyed to the collaborative ACI/Enable NSW committee responsible for the refinement of the guidelines.

The Network would like to recognise the enormous effort devoted to the development of the guidelines by all involved and extends its thanks in particular to the clinicians in the ACI/Enable group: David McKenzie, Amanda Piper, Peter Wark and Karen Waters. The Network will maintain an on-going collaboration with EnableNSW to advise on improvements to the Home Respiratory Program including, in particular, the provision of publically subsidised non-invasive ventilation equipment, principally BiLevel and CPAP devices.

## Recently Released Documents

Recently released documents produced by the Respiratory Network including the *Consensus Statement on Adult Domiciliary Non-Invasive Ventilation and the Directory of Highly Specialised Respiratory Services in NSW* can be found on the ACI website at: [www.health.nsw.gov.au/gmct/respiratory/projects\\_docs.asp](http://www.health.nsw.gov.au/gmct/respiratory/projects_docs.asp)

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[kate.needham@aci.health.nsw.gov.au](mailto:kate.needham@aci.health.nsw.gov.au)  
[www.health.nsw.gov.au/gmct/respiratory](http://www.health.nsw.gov.au/gmct/respiratory)

Clinical Network Report

## SPINAL CORD INJURY

Co-Chairs: James Middleton and Jenni Johnson

### RURAL CLINIC ATTRACTS NEW LONGSTANDING SPINAL CORD INJURED PATIENTS

The first clinic of the 2011 rural multidisciplinary clinic programme was held in Coffs Harbour over three days in early February 2011. Sixteen clients with a spinal cord injury were reviewed by the team at the clinic.

Five of the clients were new to the service. Some had sustained their spinal cord injury in the 1960s yet had not undergone a specialist follow up for over 20 years. One client had been injured in 1949 at the age of 17 yrs. The increased presentation of people with a long standing spinal cord injury who are new presentations to the service highlights the important role the Rural Spinal Cord Injury Coordinators play in expanding the reach of RSCIS into rural areas through networking with local services and clinicians. This networking has promoted and helped increase the understanding of the services provided during the rural spinal outreach clinics, in particular the

focus on multidisciplinary review, assessment and management recommendations and assistance with complex spinal cord injury related issues. As a result new referrals for all the rural clinics are increasing, in particular in the far North Coast area of NSW where there is a considerable population of people with a spinal cord injury choosing to live in this area.

The prevalence of ageing associated with spinal cord injury has been identified as a key challenge, in particular for people with a spinal cord injury living in the North Coast of NSW. The distance from specialist centres and lack of access to timely and appropriate attention is particularly critical to address as people age

in their wheelchair. Shoulder and arm pain as a result of over use of arms as the weight bearing limbs, the continued use of old manual wheelchairs and hoists, skin and pressure problems, and co-morbidities such as diabetes, respiratory disease and cardiovascular problems all present additional considerations to the spinal cord injury in the clinic situation. Loss of independence for the ageing spinal clients and increased reliance on carers and loved ones can lead to low mood, frustration and carer fatigue. Continued support for future rural clinics is essential to provide the necessary multidisciplinary team expertise to address the issues associated with ageing and spinal cord injury.

### NEW ADDRESS FOR RURAL AND OUTREACH SERVICES

In preparation for the redevelopment of the Royal Rehabilitation Centre Sydney (RRCS), the NSW Spinal Outreach Service (SOS) and Rural Spinal Cord Injury Service (RSCIS) offices have relocated to the Weemala Annex building on the south western end of the RRCS site. Their new street address is 227 Morrison Rd, Ryde NSW 2112. Postal address PO Box 6, Ryde NSW 1680. Telephone (02) 9808 9666.

Contact: Frances Monypenny  
Ph: (02) 8644 2198  
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[frances.monypenny@aci.health.nsw.gov.au](mailto:frances.monypenny@aci.health.nsw.gov.au)  
[www.health.nsw.gov.au/gmct/spinal/](http://www.health.nsw.gov.au/gmct/spinal/)

### The University of Sydney is hosting *Controversies and Leadership in Health Series in 2011.*

These 90 minute seminars will feature controversial topics with outstanding speakers who have a strong record of leadership. Some of the issues addressed in 2011 include - are we training too many doctors? Public and private hospitals – the good, the bad and the ugly?

Seminars will be held in the Footbridge Theatre, University of Sydney. There will be time for audience participation. No need to register, no entry fee.

For further details contact Rebecca Mann on Email: [r.mann@sydney.edu.au](mailto:r.mann@sydney.edu.au) or visit: [sydney.edu.au/medicine/](http://sydney.edu.au/medicine/)

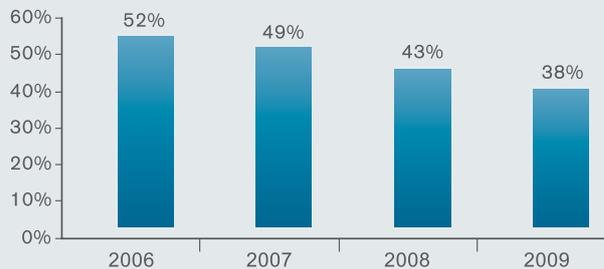
## AUDIT OF PATIENT TRANSFER FEEDBACK SYSTEM

The SBIS's Clinical Practice Review Committee has conducted a Feedback on Transfers Process since 2006.

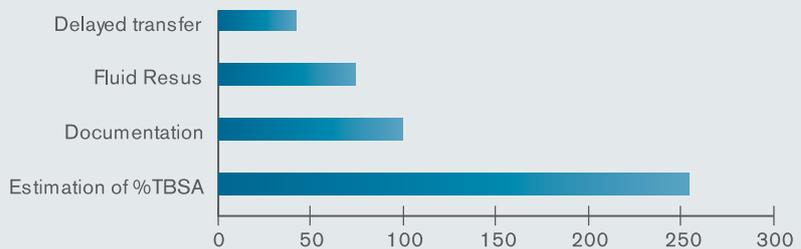
The Feedback Form is completed by the admitting specialist burn unit clinician and sent to the referring facility. The form covers the basic principles of early and emergency care of patients fitting the criteria for transfer to a designated burn unit. A recent audit identified that the accuracy of assessment of the total body surface area burned was the most common issue highlighted by clinicians. Other issues included inadequate documentation, inappropriate fluid resuscitation and delay in transfer to a burn unit. The audit also reveals the facilities that refer patients to the burn units most frequently.

Information from the audit is continuously used by the SBIS to develop and target evidence-based clinical education both geographically and content focused across the State. There appears to be a trend of decrease in issues highlighted with the transfers over time which may be reflective of the impact of the ACI's work to promote best practice care through its ongoing clinical education activities.

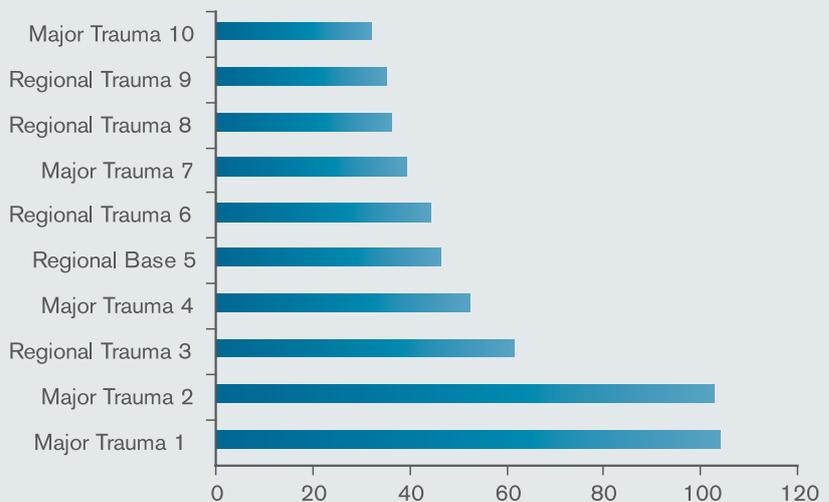
% Transfers with Issues 2006-09



Top Transfer Issues



Top 10 Hospitals Transferring



## BURNS REHABILITATION MANAGEMENT SERIES 19 - 20 MAY 2011

A two day Burns Rehabilitation Management Series on 19 and 20 May 2011 hosted by the ACI Statewide Burn Injury Service (SBIS) will offer evidence based advice on best practice care for burn injured patients to multidisciplinary health professionals who have minimal experience or are just beginning to work with people who have sustained a burn injury or are interested in this area of practice.

The two days will mainly focus on the post acute period but will also cover topics across the continuum of care, including pathophysiology of burn injuries, surgical and reconstructive management, nutrition and swallowing and voice management.

There will be multidisciplinary practical sessions on the second day emphasising the collaborative nature of the multidisciplinary team when

working with severely burn injured patients.

For more information and to register contact Anne Darton.

Contact: Anne Darton

Ph: (02) 9926 5641

Fax: (02) 9926 7589

[anne.darton@aci.health.nsw.gov.au](mailto:anne.darton@aci.health.nsw.gov.au)

[www.health.nsw.gov.au/gmct/burninjury](http://www.health.nsw.gov.au/gmct/burninjury)

## A STRATEGIC APPROACH TO STATEWIDE THROMBOLYSIS TREATMENT FOR ACUTE STROKE PATIENTS

Seventeen hospitals in metropolitan and rural NSW now provide 24/7 thrombolysis services.

The most recent service for patients presenting with acute ischaemic stroke was launched at Blacktown Hospital in September 2010 and was recently profiled in SydneyWestNews by Neurologist Nigel Wolfe and Stroke Clinical Nurse Consultant Carmelia Burdusel.

The service at Blacktown Hospital is the result of extensive consultation, cooperation and good will over many months by clinical leaders and the

management team from Blacktown Hospital and the former Sydney West Area Health Service (SWAHS) executive team.

Westmead Hospital has been providing a 24/7 thrombolysis service since 2004. With the service now up and running at Blacktown Hospital, Western Sydney Local Health Network will be serviced by two acute stroke units providing a 24/7 thrombolysis service.

In early March 2011 the Health Services Performance Improvement Branch (HSPIB), NSW Department of Health convened the initial meeting of the Stroke Thrombolysis Project Steering Committee. The committee has been

tasked to provide strategic advice on system-wide opportunities to improve the way stroke thrombolysis services are provided in NSW.

Chaired by Raj Verma, Director-HSPIB, the committee includes Emergency Department representatives, Ambulance Service NSW, ACI Stroke Services NSW, NSW Rural Stroke Services and Neurology Services. The project will be conducted over two years and will focus on improving the acute stroke patient journey. The project will also identify learning, synergies and linkages with the State Cardiac Reperfusion Strategy to improve clinical outcomes for patients who require thrombolysis for acute stroke symptoms.

## BLOOD PRESSURE MANAGEMENT

ACI representatives presented to 125 general practitioners at an annual meeting hosted by pharmaceutical company sanofi-aventis in Sydney on 18 January.

Sarah Cullen, a consumer on the ACI Stroke Network, John Worthington, Neurologist, ACI Stroke Network and Roger Chen, Endocrinologist, ACI-Endocrine Network presented the consumer and clinician journey for blood pressure management, engaging the audience and providing insight into best practice care of hypertension.

## RURAL STROKE SERVICE AUDIT RESULTS

The ACI will present NSW Rural Stroke Service audit results for the 2008-2010 period to the State Wide Services Development Branch, NSW Department of Health over coming months.



Pictured (l-r): Matilda McIntosh, Christine Hayes, Linda Cutler, Jenny Preece and Katherine Mohr. Photo: M Longworth

Dubbo Base Hospital was the final site to be audited in January 2011 and thanks to the support of a skilled and enthusiastic team the audit of 100 medical records was completed in two days. The audit team was supported by funding from Linda Cutler, Executive Director Clinical Education and Training Institute, Rural and Remote Division and the ACI Stroke Network. Many thanks to Christine Hayes

for facilitating the audit process.

The NSW Stroke Society Scientific meeting supported by the ACI, held on 9 March attracted 110 clinicians. Key note speaker Marion Walker, Professor in Stroke Rehabilitation, University of Nottingham and Visiting Professor, University of Sydney presented on "stroke rehabilitation: the good, the bad and the ugly".

## Upcoming education courses, forums, seminars and workshops

- **1 April 2011.** Prevention in Primary Health Care: Putting it into practice. Vibe Hotel, Milsons Point. Contact Sunny Chang  
Email: sunny.c@unsw.edu.au
- **6 April 2011.** Hunter Central Coast Stroke Forum 2011. The Pavilion, Newcastle Jockey Club Newcastle. Contact Di Marsden  
Email: DiMarsden@hnehealth.nsw.gov.au or Robyn Gibbons  
Email: rgibbons@nscchahs.health.nsw.gov.au
- **20 April 2011.** Cardiovascular Seminar Rydges Hotel Camperdown. Contact Nadia Schweizer on  
Email: nadia.schweizer@ssswahs.nsw.gov.au
- **29- 30 April 2011.** Management of Impairments in People with Neurological Conditions with a focus on stroke University of Newcastle. Contact Di Marsden on  
Email: DiMarsden@hnehealth.nsw.gov.au
- **16 May 2011.** Royal Prince Alfred Hospital Neurosciences' Seminar Royal Prince Alfred Hospital. Contact Nadia Schweizer on  
Email: nadia.schweizer@ssswahs.nsw.gov.au
- **1-2 June 2011.** Stroke Management Course Royal North Shore Hospital. Enquiries Ph: (02) 99264673.
- **2 June 2011.** Stroke Service NSW Research Day The George Institute (341 George Street Sydney CBD) Contact M Longworth on  
Email: mark.longworth@aci.health.nsw.gov.au

## STROKE SERVICES (CONT'D)



Pictured: Paul Summers, Jonathan Wood, Susan Lane, Janel Tandon and Andrew Alchin. Photo: M Longworth

### The refurbished Nepean Hospital Acute Stroke Unit has been functioning for one year.

Stroke Service Director Jonathan Wood and Neurosciences Clinical Nurse Consultant Susan Lane met with clinical and hospital management to celebrate this mile stone. The unit has nine beds, four of which are monitored and was constructed utilising High Dependency Units specifications. In 2010 the unit discharged 300 patients with a 9% thrombolysis rate being recorded. Recruitment is underway for a Clinical Nurse Educator and an Acute Neurology Out Patient Department service will commence in June 2011.

Congratulations to Shae Miller who was been appointed in February 2011 as the Stroke Clinical Nurse Consultant at Manly Hospital. Shae previously was employed at Royal North Shore Hospital as the Clinical Nurse Educator-Neurology/Stroke.

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[www.health.nsw.gov.au/gmct/stroke/](http://www.health.nsw.gov.au/gmct/stroke/)

## DICAST HOLDS ITS FIRST MEETING

The first ACI DICAST (Diabetes, Cardiac and Stroke) workshop were held at Dubbo RSL on 24 and 25 March 2011.

Over 130 doctors nurses and allied health staff participated in the two day workshops and it was particularly pleasing to note the high attendance by Aboriginal Health workers. The workshops were opened by Lynne Weir, Acting Chief Executive at Western Local Health Network and the first day focussed on management of a patient with multiple co-morbidities throughout the continuum of care.

A range of specialists used a case study to highlight the essential elements of evidence-based practice which they utilise in the

management of complex patients. An educator from the Ambulance Service of NSW outlined the pre-hospital management of the patient and clinical nurse educators (CNEs) presented ideas about how best to deal with depression in the cardiac rehabilitation setting and the management of diabetes. The program also addressed the Hospital in the Home program, community nursing, general practice, palliative care and diabetes in Indigenous populations.

The second day was dedicated to building on current knowledge and upskilling clinicians on a range of practical skills including neurological assessment, screening for diabetes and interpreting ECG, Echo and pathology results.

An educational evening was also held on 24 March 2011 for general practitioners. The same

complex case study was used throughout the evening. The specialists, CNEs and paramedic educators spoke to small groups of GPs for ten minutes and described how they managed this patient throughout the disease trajectory. Evaluations from GPs were positive particularly relating to the small group sessions and the ability to interact closely with the specialists. Both meetings were sponsored by an unrestricted educational grant which was provided by sanofi-aventis.

The ACI DICAST workshops will be repeated in Cooma on 30 June and 1 July and Tweed Heads in November this year. The program for these workshops will be available on the ACI website at:

[www.health.nsw.gov.au/gmct/events.asp](http://www.health.nsw.gov.au/gmct/events.asp)

Clinical Network Report

## TRANSITION CARE

Co-Chair: Sue Towns

### NEWS FROM WESTERN AREA

#### Improving care for young people with chronic illnesses and disabilities

A forum 'Improving Care of Young People with Chronic Illnesses and Disabilities in Western Sydney: Launch of a Framework' was held on 10 December 2010 at the PARC building on Cumberland Campus. The framework was developed by the Young People with Chronic Illness/Disability (YPCID) working group to improve the care of these young people across Western Sydney. This forum was opened by Heather Gray, former Chief Executive of Sydney West Area Health Service. The forum was attended by a small but enthusiastic group of clinicians, organisations and consumers who work with and support young people with chronic illness and disabilities throughout the Western Sydney area.

#### Woman of the West Award

Congratulations to Helen Somerville who has been a member of the ACI Transition Care Network since inception, on her recent award as the University of Western Sydney's Woman of the West 2011. Now in its seventh year, the award honours women in Greater Western Sydney and formally recognises their contribution to the region. Helen is a paediatrician at Westmead Hospital, Westmead Children's Hospital and Allowah Children's Hospital in Dundas and was nominated for her contributions to improving the care and outcomes for people with disabilities.

## TRANSITION IN THE USA

On a personal visit to the USA in January and February 2011, Patricia Kasengele the ACI Transition Coordinator for the Western Area took the opportunity to spend four days looking at transition practices at the Children's Hospital in Philadelphia and Nemours A. I. duPont Hospital for Children in Delaware.

Patricia met with doctors, nurse practitioners and social workers involved in transition processes and spent one day following an actual transition of a young person to utilise primary health services in the community.



Pictured:

## NEWS FROM THE NORTHERN AREA



Pictured (l-r): Susan Neuner, Tuan Quach and Michelle Kriss. Photo: A Myles

## Young Persons Diabetes Clinic Moves

The young adults diabetes clinic has recently relocated to the Royal Newcastle Centre, Rankin Park Campus, Newcastle.

The multidisciplinary clinic is held every Thursday 2-7pm and young people can access their Endocrinologist, Diabetes Educators and a Dietician at the one clinic. The new location offers improved parking

options, public transport and pharmacy. Appointments can be made by contacting Kristy at the clinic on Ph: (02) 40164625 or mobilephone calls or SMS to: 0417281947. The young person is sent an SMS the day prior to an appointment. The ACI Transition Care Coordinator visits the clinic regularly and liaises with the Diabetes Educators to ensure that the young person links with adult services. In 2010 nineteen young people transitioned to adult diabetes services in the Hunter.

## ACI CEREBRAL PALSY PROJECT.



Pictured (l-r): Lesley Brookman and Angela Myles: Photo: A Myles

The ACI welcomes project worker, Lesley Bookman who commenced in a three month project role in early March 2011. The initial focus of the project will be to confirm the numbers of young people with cerebral palsy accessing the Hunter New England Local Health Network. Needs and current service gaps will then be identified and clinicians and consumers consulted. Appropriate strategies will be recommended to address the specific needs of those who will require transition to adult services.

Lesley can be contacted by email: [Lesley.Brookman@hnehealth.nsw.gov.au](mailto:Lesley.Brookman@hnehealth.nsw.gov.au)

## YOUTH WEEK 2011

ACI Transition Coordinators will be involved across multiple sites to promote Youth Week from 1-10 April, including Royal Prince Alfred, Concord, Westmead and John Hunter Hospitals. Activities can be viewed at [www.youthweek.com](http://www.youthweek.com)

Contact: Lynne Brodie,  
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[www.health.nsw.gov.au/gmct/transition/](http://www.health.nsw.gov.au/gmct/transition/)

## Urology/ Continenence Professional Development Scholarships

The ACI Urology Network is delighted to have received applications for its urology and continence nurse scholarships in 2011. The successful applicants will be announced in the next issue of the ACI newsletter.

### NETWORK INVOLVEMENT IN STATE-WIDE PROCUREMENT CONTRACT

A number of the ACI Urology Network's expert clinicians will be working with Health Support Services on the development of a state-wide contract for the procurement of commonly used urological items. This project will be facilitated through the Network over the next year.

### PUBLICLY FUNDED LOW DOSE RATE BRACHYTHERAPY

Low Dose Rate Brachytherapy as a treatment option for localised prostate cancer is currently available publicly through St George Hospital. This funding became available following representation to the NSW Department of Health and the Cancer Institute NSW by clinicians of the ACI Urology Network.

If you have a patient who may be suitable for this treatment please contact the Brachytherapy Clinic at the Cancer Care Centre St George Hospital. Referrals can be made by calling (02) 9113 3943 or by contacting the Prostate Cancer Nurse Coordinator on (02) 9113 3421. To receive a copy of a 'Pathway to Treatment' guide contact Liz Prudom at ACI. If you are a consumer diagnosed with prostate cancer, and

you are interested in this treatment, please ask your General Practitioner or Urologist for advice.

Contact: Liz Prudom,  
Ph: (02) 8644 2179  
Fax: (02) 8644 2148  
liz.prudom@aci.health.nsw.gov.au  
[www.health.nsw.gov.au/gmct/urology/](http://www.health.nsw.gov.au/gmct/urology/)

## Study into adverse events of patients having TURP surgery

The final phase of data collection has begun at Gosford Hospital into adverse events of patients having TURP surgery who are receiving anti-thrombotics. Data analysis and an initial report will be published later in 2011.

During the last few months Clinical Education and Training Institute (CETI) has established several new divisions concerned with Allied Health and Nursing education and a Centre for Learning and Teaching which will support core programs of work including interprofessional practice.



If you have visited the CETI website during March 2011, you may have noticed the navigation bar reflecting our new organisational structure. As staff come on board, the website content will expand, providing details of activities and programs within the Centre and new divisions. CETI's more established divisions of Medical and Rural education continue with focused activities. All divisions will be supported by the new CETI structure, with experts, for example curriculum developers, e-learning or emerging technology managers, function redesign, housed in the Centre for Learning and Teaching.

Shortly CETI will announce more about its interprofessional practice (IPP) program "Team Health". This is a key program under Caring Together which will be implemented across a number of clinical learning environments and

settings of care, to develop the effectiveness of interprofessional clinical teams. Our new IPP program staff will be contacting Local Health Networks and other key stakeholders to ensure that the program is patient-centred and team-centred, and that core competencies and a range of learning modalities are included in the program design. Discussions with universities have commenced, and Deans of Nursing and Medicine have endorsed pregraduation and transition activities.

CETI is working with agency partners, the ACI, Clinical Excellence Commission (CEC), Bureau of Health Information (BHI) and the Cancer Institute NSW on professional development and a number of strategic activities. During March, CETI is hosting a Program Logic workshop to build skills in program management and evaluation

among the staff of all these agencies. Cooperating in this endeavour provides some economies of scale. More importantly, it helps build a shared understanding and tool set for program planning. We hope this will promote rapid exploration of collaborative opportunities, continuous improvement in service delivery, and optimal clinical and patient outcomes.

CETI is proud to be an ACI partner, as we have a common purpose in innovation to improve clinical services.

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Appropriate and timely recognition and management of patients with sepsis is a significant problem in healthcare. The Agency for Clinical Innovation and Clinical Excellence Commission are collaborating with the newly-formed Emergency Care Institute on a joint initiative to enable a consensus approach to improving the recognition and management of sepsis across NSW. The project will be launched in Level 4, 5 and 6 Emergency Departments statewide on Friday 13 May 2011.



The goals for the project are to reduce preventable harm to patients through early recognition of sepsis, appropriate fluid resuscitation and reduced time to administration of antibiotics. Phase 1 of the project will focus on emergency departments and Phase 2 will focus on improving the recognition and management of sepsis for inpatients.

A generic adult sepsis pathway has been developed with wide clinical consultation to support recognition of severe infection and sepsis in the emergency setting. The sepsis pathway promotes:

- Early flagging of severe infection and sepsis at triage
- Involvement of senior clinicians in diagnosis and management
- Appropriate and timely fluid resuscitation

- Prompt administration of antibiotics - goal is within one hour of triage
- Referral of care to appropriate clinical teams including retrieval if appropriate

A pilot study has been undertaken in emergency departments at John Hunter, Liverpool, Concord and Prince of Wales Hospitals. Preliminary audit results have been very encouraging with a marked reduction in time to administration of intravenous antibiotics. Engagement with clinicians has been high and there has been increased awareness of sepsis and the need for prompt treatment. Throughout the development phase there has been consultation with rural clinical groups and the pilot study is currently being extended to a rural site.

The project will be launched with a one-day seminar on Friday 13 May 2011

at the Mercure Hotel Sydney Airport. The pilot study feedback and audit results are informing the finalisation of the draft sepsis pathway, education resources and project support for the state-wide implementation.

For more information on the sepsis project please contact Tony Burrell, Director Patient Safety (02) 9269 5550 or email: [tony.burrell@cec.health.nsw.gov.au](mailto:tony.burrell@cec.health.nsw.gov.au) or Mary Fullick, Sepsis Project Manager (02) 9269 5542 or email: [mary.fullick@cec.health.nsw.gov.au](mailto:mary.fullick@cec.health.nsw.gov.au).

Or visit: [www.cec.health.nsw.gov.au/programs/sepsis](http://www.cec.health.nsw.gov.au/programs/sepsis)



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## NHMRC PARTNERSHIPS GRANTS

The Hon Mark Butler MP, Federal Minister for Mental Health and Ageing has announced new research partnerships on 22 March 2011, including grants of \$533, 422 to Mary Haines, University of Sydney to carry out a study in partnership with the ACI Urology Network, 'Improving evidence based care for locally advanced prostate cancer: A randomised phased trial of clinical guideline implementation

through a clinical network'. The study will be the first ever randomised trial to test the effectiveness of clinical networks to lead changes in clinical practice in hospitals with high risk patients to improve evidence based care in Australia.

Funding of \$160,016 has also been awarded to Ngai Cheung, Associate Professor, University of Sydney who is taking forward the 'Diabetes

Case Detection through Emergency Department Admissions' with the assistance of the ACI Endocrine Network. This cluster randomised control trial involves 18 hospitals across NSW.

The Partnership Program grants are an innovative funding model where the NHMRC provides part of the funding, and it is supplemented by contributions from other partners.

## CONTACT US/ FEEDBACK



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We appreciate hearing from you - please contact:

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## LETTERS TO THE EDITOR

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.

Letters should be addressed to:

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