ACI NSW Agency for Clinical Innovation

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Clinician Connect

Pictured: The Hon Jillian Skinner MP, Minister for Health with consumers attending the ACI Consumer Forum on 31 August 2011. Photo: ACI . For more see page 6.

GUEST EDITORIAL

The indivisibility and inseparability of education, research, practice and policy: time to do things with collective responsibility, accountability and vision.

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Chair, Australian Nursing and Midwifery Accreditation Council
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Pictured: Jill White

As we move towards the end of 2011 it is with a degree of optimism that I have not felt in the health sector for a while. We have new Local Health Districts, we have the pillars of Garling reinforced in their missions by a new Ministry, and we have some well-established programs of work, such as the Essentials of Care, showing wonderfully positive workplace environment changes.

I had the privilege and pain of working in New Zealand in the late 1990s in the eye of the storm of the New Zealand Health Reforms. The nurses and doctors felt powerless to provide the care they desperately sought for their patients and felt disenchanted, dismissed and disengaged. This change had been brought about by an enormous and disruptive health policy pendulum swing. Everyone in the country was aware of it and no-one was untouched by it. On returning to New South Wales I felt an enormous wave of relief that such upheaval and disenfranchisement had not been the experience here. I have realised that in the decade since returning I have suffered, as clinicians have, from the boiling frog syndrome. The outcome in NSW has been much the same as that in New Zealand but it has been by increment rather than pendulum swing, and whilst we all felt something was terribly wrong, the exact problem was much less obvious. Importantly, because the changes had been incremental, the public were less aware that there had in fact been profound systems change in the circumstance of the practice environment.

The Garling Report provided an opportunity for us all to look afresh at the situation and gave us an independent umpire to whom we could tell our clinical stories. Garling's report was a testament to the clinicians' concerns and a promise of what could happen to improve what were fundamentally systems issues. The setting up of the four pillars provides us with an opportunity to do things differently.

Theoretically, having excellent information and data management; a focus on clinical excellence and the quality and safety systems issues; an educational focus for all staff, clinicians and administrative staff; and clinical networks focused on innovation and the sharing of best practice; should enable the system to be more responsive to the needs of clinicians on behalf of the improved care of their patients.

But this is really only half the story. Despite having some terrific appointments as Local Health District Chief Executives and Chairs and a feeling of refreshment and vitality, there remains a separation of education and research from practice and its development, a separation of policy formulation from those who are most responsible for its implementation, a separation of preventative, primary and tertiary care, and lip service only paid to interprofessional learning and collaborative practice.

Each of these issues is eminently fixable with goodwill, good strategy, good communication and good political engagement. This integration may be in the form of Academic Health Sciences Centers, as they are called in the UK (or call them what you will) but a shared entity that brings together universities and health services in organising and administering education, research, and practice, the outcomes of which then inform policy at both formation and implementation stages. Such organisations encourage multidisciplinary communication and research because they look at solving real clinical problems. They enable the best teachers of whatever discipline to be engaged in the teaching and enable interdisciplinary education in those areas where it is meaningful, such as those identified by the World Health Organisation (WHO) in their Framework for Action on Interprofessional Education and Collaborative Practice (2010). WHO identifies six key learning domains: Teamwork; Roles and Responsibilities; Communication; Learning and Critical Reflection; Relationship with the patient and recognising patient needs; and Ethical Practice.Allseen by WHO as fundamental to effective and safe patient care.

Whatever the structural relationships or naming, the key is the indivisibility of these fundamental activities and the owning of them by all sectors and all disciplines. In most of the health services planning and research conversations Medicine has dominated the political and policy engagement. This is unsurprising given our history and Medicine's place in it but it is time that nurses, in particular, step up in areas of research and policy, as they have in education and practice development. In doing so we need learn from doctors and midwives about political engagement, about speaking with a coordinated voice but, most of all, we need to be prepared to act outside our comfort zone of the nurse-patient relationship; to raise our gaze to see and engage with the local and broader health care environments. We need to create the relationships and speaking spaces to be able to tell the stories of what we know about patient experiences and needs, and to research best practice and models of care. We need to take active roles in committees and Boards, and engage with consumers, the community and government and help set health care agendas and policies. A real partnership of all health disciplines is needed for the challenges of our healthcare future.

The time is absolutely upon us to make these contributions. As the Health Education and Training Institute (HETI) reforms and the other pillars reshape and strengthen we must ensure these are not silos which replicate the business of universities but rather that they look to the strengths of both with a purpose of a better, integrated seamless system for the health of the people in our communities and their care when patients.

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COMMENT

HUNTER WATT

Pictured: Hunter Watt.
Photo: J Schofield

The Minister's announcement of Future Arrangements for the Governance of NSW Health has opened up an exciting new era of growth and opportunity for all of us here at ACI.

It is a time of change, big change - and even bigger possibilities for ACI.

The Director-General's report, released with the Minister's announcement, is specific about strengthening the role of the Four Pillars of Reform – ACI, the Clinical Excellence Commission, Bureau of Health Information and the Health Education and Training Institute (formerly CETI).

The changes include removing areas of overlap and split accountabilities between the Pillars and the Department, with relevant functions and staff transferring to the Pillars.

The Future Arrangements report says:

"A reformed ACI will be structured to take on a greatly strengthened role as the primary agency for engaging clinical service networks and designing and implementing new models of care."

"All of the previous Department's clinical services redesign and development functions will transfer to the ACI." "The current Department resources dedicated to clinical innovation and changes in models of care (are) to be transferred to the ACI in its strengthened form. This will include Department units responsible for clinical redesign, out of hospital care, chronic disease management programs and acute care services."

In its rationale for the changes, the Report points out that ACI has established an extensive network of clinicians dedicated to promoting innovation in health service delivery.

It suggests ACI will need to strengthen its capacity to translate these innovations into system-wide change proposals that can be put forward for funding support, as well as supporting implementation by Local Health Districts. As well as being another vote of confidence in the ACI's clinical network structure and record of successful innovation, the reforms constitute a major expansion of the Agency's role and responsibilities. We may well double in size and although the changes will be accompanied by additional resources, the period ahead promises to be challenging as well as exciting.

These reforms provide us with a unique opportunity to lead the way nationally and internationally.

The ACI will host an international conference in Sydney next year (21-23 November 2012) on the value of clinical networks in leading change to improve clinical practice and patient care, particularly in times of reform.

We will be promoting with confidence the ACI's network model at the international conference.

That confidence comes not only from what we know from within – we have tested its effectiveness through the most extensive study yet conducted into clinical networks in Australia.

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.

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To find out more about the NSW Agency of Clinical Innovation and its Clinical Networks visit our website online at:
www.health.nsw.gov.au/gmct/index.asp

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The three-year study by the Sax Institute – part of a $725,000 research partnership funded jointly by ACI and the National Health and Medical Research Council – examined the performance of 19 NSW clinical networks.

The study found that the 19 networks were involved in 552 separate quality improvement projects, including 312 which were fully developed and/or implemented over the study period.

Improvement projects included developing new models of best practice care, clinical protocols and guidelines, education and workforce initiatives to ensure evidence-based care was adopted into practice, as well as policy, system and process redesign and improving consumer resources.

These results confirm that the structure of the ACI networks around a central coordinating agency with engaged committed clinician leadership, consumer engagement, voluntary membership and bottom-up identification of priorities provides an effective platform to drive and deliver clinical innovation.

These are the things that impressed Garling and led to his recommendation to '…use the existing clinical network model to involve clinicians and patient representations in continuous clinical redesign to deliver better and safer patient care'.

It is essential that we maintain that successful approach as we welcome and work with our expanded role in the months ahead.

Some will have noted that my role as Chief Executive of the ACI has recently been advertised as part of the implementation of the Governance Review. I have decided that this is an appropriate time to step aside from the role of Chief Executive.

It has been an honour and a privilege to work with you all over these past three years as we have transitioned from the GMCT and established the ACI. Thank you in particular to the Co-Chairs of Networks and Network Managers for their commitment and support – and to Kate Needham, Executive Director – I couldn't have done this without her.

Hunter Watt
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The Agency for Clinical Innovation (ACI) in partnership with researchers from the Sax Institute and the Universities of Sydney, Newcastle, Melbourne and the Australian Catholic University are conducting an NHMRC-funded research project looking at the features of successful clinical networks.

The study involves several ACI networks. Within the next month, you may be invited to participate in a five minute web-based survey about your views on clinical networks.

You will have the opportunity to give your opinions on:

- the importance of your network;
- the leadership and management of your network;
- support received from external agencies; and
- how much you think the work of your network made a difference.

The results from this study will be of immediate use in forming

strategies to maximise the effectiveness of the networks so they can improve the quality of care.

For further information on this study contact Deanna Kalucy, Sax Institute on Email: deanna.kalucy@saxinstitute.org.au

saxinstitute

Clinical Network Report

AGED HEALTH

Co-Chairs: Jacqueline Close and Andrea Sneesby

The Confused Hospitalised Older Persons Study (CHOPS) aims to develop and implement a training, education and support program to enhance care and minimise harm for the confused older person.

Five NSW hospitals have agreed to participate as pilot sites: Armidale, Bateman's Bay, Campbelltown, Pambula and Ryde.

The study is for 12 months and is funded by the Department of Veterans' Affairs. Anthea Temple, Aged Care Clinical Nurse Consultant at Concord Hospital has been seconded to the ACI until April 2012, to support the project. The study is led by ACI in close partnership with the Clinical Excellence Commission (CEC) and GP NSW.

All pilot sites have completed a pre-implementation audit of medical records, environment audit and a staff knowledge survey. They are currently in the process of identifying needs, building on existing resources and developing new focus areas for each site. The sites are supported by the CHOPS Project Management Group, a multidisciplinary group which includes medical, nursing, allied health and carer support, chaired by Jacqui Close. Each pilot site has developed a local CHOPS Group, the contact people for pilot sites are:

- Armidale: Mary Bennie and Narelle Marshall
- Bateman's Bay: Lisa Wilson, Andrea White and Cath Bateman
- Campbelltown: Kelli Flowers and Brandi Cole
- Pambula: Wendy Grealy, Basil Smagala and Cath Bateman
- Ryde: Linda Davidson and Julia Poole

At Pambula and Bateman's Bay some of the main focus areas selected are delirium coding, staff knowledge/attitudes, antipsychotic drug use and adverse events. Both sites are supported by Delirium/Dementia Clinical Nurse Consultant Cath Bateman and are moving forward with a number of initiatives including identifying designated areas for care of confused older people, GP education evenings and an Education forum for hospital, community and residential care staff in December 2011.

Orthogeriatrics Symposium

Registrations are now open for the Orthogeriatrics Symposium which will take place on Friday 25 November 2011 at Concord Clinical School main lecture theatre from 9-4pm. The event is free to employees within the NSW health system, however space is limited to 120 participants. Topics include Telehealth, hip fracture database and implementation of orthogeriatric model of care. If you would like to participate by videoconference please reply to the Network Manager by 31 October 2011.

Connecting Care

The Aged Health Network has been working with the Chronic Disease Management Office to include geriatric medicine services into Connecting Care by providing options such as clinical expertise, mentoring, partnerships with rural healthcare facilities and Telehealth opportunities tailored to the needs of each Local Health District.

For more information please contact the ACI Aged Health Network Manager.

GERIATRIC MEDICINE FLAG FOR FLOWINFO

The Aged Health Network has been working with consulting firm Health Policy Analysis and the Ministry of Health to develop a geriatric flag for Flowinfo. This has been a challenging process to accurately reflect the workload of geriatric medicine. The proposed algorithm includes diagnostic reference groups (DRGs) most commonly attributable to geriatric medicine and common DRGs for those aged over 75 years. The geriatric medicine flag will be subject to continuous review.

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Pictured: (Left to Right) - Basil Smagala, Cath Bateman and Wendy Grealy. Photo: A Temple

Clinical Network Report

ANAESTHESIA PERIOPERATIVE CARE

Co-Chair: Su-Jen Yap and Bronwyn Munford

Listening to patients and carers stories

One of the Anaesthesia Perioperative Care Network's projects is to find out more about patient, parent and carer's experiences of surgery requiring general anaesthesia in NSW Health hospitals. The aim is to develop resources for patient and clinician information and to improve the patient and carer experience.

The network is currently working to recruit interested patients and carers across NSW to the project which will collect stories of patient and carer experiences of general anaesthesia.

Rural and Regional Project

The network's rural anaesthesia survey, looking at service, workforce and education needs of rural anaesthesia services was piloted in one Local Health District earlier this year.

The results of the pilot have now been collated and will be used to inform changes to the final template. Following that revision, the survey will be distributed across NSW.

ISQUA CONFERENCE

Tracey Tay, a member of the network's executive and the Network Manager, Ellen Rawstron recently attended the International Society for Quality in Health Care (ISQua) conference from 15-17 September 2011 and presented on ACI's work to support minimum requirements for safe sedation.

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Clinical Network Report

BLOOD AND MARROW TRANSPLANT

Co-Chairs: Tony Dodds and Louisa Brown

David Collins, Network Clinical Nurse Consultant has left the Network and moved to a newly created position in the Apheresis Unit at Royal North Shore Hospital.

David has made a significant contribution in nursing education and protocol development during his time with the network. On behalf of the network's executive we wish David great success in all his future endeavours.

Quality Management

The Network's Quality Management (QM) service continues to work closely with sites to develop Standard Operating Procedures (SOP) and other processes to achieve the National Authority Testing Association accreditation required for Apheresis and BMT Laboratories. The QM service played a significant role in Children's Hospital Westmead international accreditation with the Foundation for the Accreditation of Cellular Therapy (FACT). Feedback from the accreditation was extremely positive and official notification is expected prior to Christmas.

Pictured: L to R around the table: Leonie Wilcox, Nicole Gilroy, Kim Falato, Annette Trickett,Jill Morrow, Gemma Dyer, David Collins, Patricia Palladinetti, Ian Nivicson-Smith and Donna Aarons. Photo: J Morrow

The ACI Blood and Marrow Transplant (BMT) Network recently held their Annual two day Nursing Forums: An Introduction to BMT Nursing and Paediatric BMT Nursing.

Both forums were well attended, with nurses gaining theoretical and practical knowledge across a number of clinical areas directly related to BMT Nursing, such as Infection Control, HLA Typing and Complications of Transplantation. Evaluations were positive and confirm that these forums are an invaluable part of the network's activities.

Pictured: Delegates attending the BMT Nursing Forum. Photo: G Dyer

Long Term Follow Up

Survivors of Blood and Marrow Transplantation (BMT) require regular screening of potential health risks resulting from the late effects following transplant. The research evidence supports a follow-up approach and early detection of complications to provide high standards of care for these chronic transplant patients.

The ACI BMT Network will hold its first Long Term Follow-up (LTFU) and Chronic Care Clinic for Royal North Shore Hospital (RNSH) in October 2011. This clinic will see adult patients from rural and metropolitan NSW who are at least two years post transplant and include patients who are transitioning from paediatric to adult services following transplantation. The aim of the clinic is to review the current health care status of patients and identify treatment and management options for their chronic conditions.

Long Term Follow-up (LTFU) and Chronic care clinics operating at St Vincent's Hospital throughout this year have provided a valuable service to chronic post transplant patients. Site visits to rural NSW have identified a need to pursue dedicated chronic care transplant clinics to improve patient outcomes.

INFECTIOUS DISEASE AND BMT

Infectious Diseases are a leading cause of preventable morbidity and mortality in BMT recipients and in patients with malignant haematological conditions.

The primary prevention of infections relies on a strict adherence to infection control practices within the health care setting, promoting vaccination of BMT recipients, their close contacts and health care workers involved in their care. Screening and using sensitive diagnostics has proved to be helpful in identifying potentially serious infections such as CytoMegalo Virus (CMV) and invasive aspergillosis at an early stage, before the development of significant morbidity. The prevention, early detection and appropriate targeted antimicrobial therapy of infections are key to improving outcomes in BMT recipients. Surveillance of common infections and their outcomes across the BMT Network will assist in prioritising research and quality improvements.

The ACI BMT Network appointed Nicky Gilroy in November 2010 as the network's Infectious Diseases Physician to develop and update protocols for the screening and management of opportunistic infections, to implement strategies for disease prevention, to evaluate infection control standards across various sites and to foster epidemiological research. This is particularly relevant to the control of multi-drug resistant organisms (MROs), vaccine-preventable diseases, fungal infections and viral respiratory illnesses.

Nicky is a member of The Australian Technical Advisory Group on Immunisation and is involved in the current revision of the Australian Immunisation Handbook.

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Clinical Network Report

BRAIN INJURY REHABILITATION

Co-Chairs: Adeline Hodgkinson and Denis Ginnivan

The ACI Brain Injury Rehabilitation Network (Brain Injury Rehabilitation Directorate) is monitoring online interest in presentations from the NSW Brain Injury Rehabilitation Program (BIRP) Forum held on the 12 May 2011 at the Westmead Education Centre, Westmead Hospital as this will help it to determine whether future forums should be filmed for sharing on the internet. To view the presentations visit **www.tbistafftraining.info**

This month the network added another module to the www.tbistafftraining.info website. Liverpool Brain Injury Rehabilitation Unit funded Emma Charters, Speech Pathologist, Liverpool Health Service the part time project coordinator) has developed the Implementing and Evaluating Smart Phone Applications e-learning Resource. Smart phones give people with brain injury new opportunities for achieving their goals and offer some opportunities not available through more traditional rehabilitation means.

This resource has significance for clinicians working in the NSW BIRP as it aims to provide web-based resources and assist with evaluating the efficacy of Smart Phone Apps for people with brain injury. Smart phones:

- are multi-purpose, socially acceptable and age acceptable
- have features which can compensate for motor and sensory impairment (e.g. vision, hearing, limb weakness or in-coordination)

Pictured: Emma Charters

BRAIN INJURY REHABILITATION (CONT'D)

- have large storage capacity which can be synchronised to an external hard-drive
- are easily updated to address the changing needs of the individual
- can be used repetitively giving opportunity for errorless learning of daily routine

This module includes trialing smart phones, smart phone applications; smart phone tips and how to's; funding for smart phones and information about the Liverpool BIRP Smart Phone Research Project. A self-learning module is being considered by the steering committee to assist clinicians unfamiliar with Smart Phone technologies.

Congratulations to Denise Young Program Manager and Social Worker at the Mid Western BIRP Bathurst for presenting on behalf of the network at the National Conference of the Case Management Society of Australia on 26-27 July 2011.

The presentation provided results from a study that utilised existing clinical practice to investigate the model of case management within the NSW BIRP. Information from 63 individuals from 12 of the 14 units was analysed. The study identified the service context, rated case management practice according to case management principles and identified what case management tasks were undertaken and what percentage of time was used on these tasks.

The network's case management committee will continue meeting to finalise the NSW BIRP model of case management in particular to:

- Develop a common definition of rehabilitation case management
- Review the listing of tasks undertaken by NSW BIRP case managers and agree descriptors
- Identify specialist skills that ensure effective case management delivery of specialised traumatic brain injury (TBI) community rehabilitation programs
- Develop training resources for NSW BIRP case managers

Case management is a critical component of the continuum of specialised rehabilitation and care for people with TBI. A recent initiative of the Lifetime Care and Support Authority (LTCS) is to introduce Approved Case Managers. Service providers have been invited to attend Question and Answer Sessions in October 2011 on the Initiative. A brief over-view of the initiative released in August 2011 is available on the LTCS website:

www.lifetimecare.nsw.gov.au/ApprovedCaseManagersInitiative.aspx

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Clinical Network Report

CARDIAC

Co-Chairs: John Gunning and Trish Davidson

Snapshot Acute Coronary Syndromes Study

The Snapshot Acute Coronary Syndromes (ACS) Study will analyse data on every patient that presents to hospital throughout Australia in a two week period in May 2012.

The Cancer Institute NSW has provided ethical approval for the Snapshot Study and this will be used to assist other States with their ethics submissions. A detailed response has been received from the Aboriginal Health and Medical Research Council (AHMRC). The investigators will meet with the Chief Executive of the AHMRC to discuss how to obtain input into the study from Aboriginal communities.

Recruitment is in progress for a project officer in NSW and all other States have employed staff to work in the Snapshot ACS role. The Snapshot ACS Steering Committee, State coordinators and project officers continue to meet via teleconference every two weeks to prioritise activities and report on project progress.

The Cardiac Society of Australia and New Zealand (CSANZ) and the Heart Foundation have endorsed the project. One of the investigators has met with the Australian Commission on Safety and Quality in Health Care to discuss the project.

The Heart Foundation's **'Will you recognise your heart attack?'** campaign aims to reduce coronary heart disease (CHD) death and disability by reducing patient delay in responding to the warning signs of heart attack and calling Triple Zero (000).

The campaign is made up of TV, radio and press advertisements that target men and women aged 45-65 years.

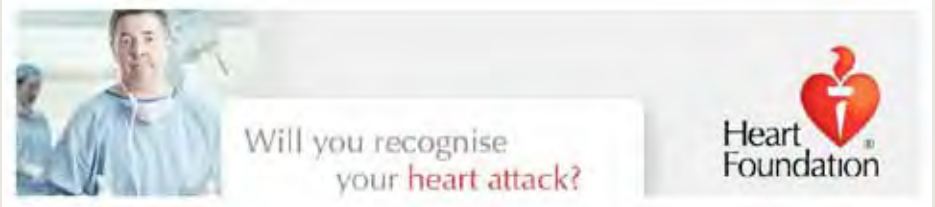
Key facts – did you know?

- Each year there are approximately 48,000 heart attacks in Australia - that is 131 every day or 1 every 11 minutes.
- Heart attacks claim one Australian life every 51 minutes.
- One quarter of people who die from a heart attack do so within the first hour of their first symptom.
- Over half of all deaths from heart attack occur before the person reaches hospital.
- On average people wait 4 hours before they act on their warning signs. Even more alarming, 1 in 3 wait longer than 8 hours.

The campaign was piloted in Melbourne, Geelong and Broken Hill in October 2009 and ran in Newcastle and the surrounding areas from October to December 2010. The campaign will commence in the remainder of NSW on16 October 2011 and will run for 8 weeks initially and intermittently during 2012.

Where to get more information

- For more information about the warning signs of heart attack or to download or order resources visit: www.heartattackfacts.org.au.
- Heart Foundation Heart Information Service: Heart attack information resources can also be requested via this service for those without internet access. Call 1300 36 27 87 or email health@heartfoundation.org.au.



Nurses Education Program

The next session of the Nurses Education Program will be held on 12 October 2011. Maryse Arndt will give a presentation on Sexuality and Heart Disease. For further information about the program and how to link in, please contact the ACI Cardiac Network Manager

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CLINICAL VARIATION

The ACI Cardiac and Respiratory Networks are collaborating with the Bureau of Health Information (BHI) to examine clinical variation in NSW.

The BHI report, *Chronic Disease – A Piece of The Picture* published in June, 2011has provided clinicians and managers with data on patients admitted with chronic obstructive pulmonary disease (COPD) and congestive heart failure (CHF) in 79 NSW public hospitals between 2009 and 2010.

ACI staff will work with clinicians at two or three NSW hospitals to develop models of care to reduce the number of avoidable admissions at these sites. Visits to sites that have high and low rates of potentially avoidable admissions are in progress and data from the BHI report will inform site selection and the models of care that are implemented. A formative evaluation will be used to monitor and assess the models during the implementation phase and adjustments will be made to the models based on this data.

COMMUNITY ENGAGEMENT

DISCUSSING END OF LIFE CARE

The NSW Minister for Health, the Hon. Jillian Skinner MP generously gave of her time on 31 August 2011 to show support for consumers contributing to ACI networks.

The ACI's Consumer Forum, 'The care we receive at the end of our life matters – let's talk about it!', held in partnership with Julie Letts, Principal Policy Analyst (Ethics), Research, Ethics and Public Health Training Branch, NSW Health, facilitated consumer discussion on key questions about planning for end of life care.

The ACI would like to thank the patients, carers, representatives of non-government organisations and members of the ACI Consumer Council who gave up time to participate. Particular thanks to ACI consumers Kylie Polglase, June Cather, Michelle Sharkey and Marianne Matea who provided moving personal perspectives at the forum and to Greg Stewart, Co-chair, End of Life Decisions Policy Review Advisory Group who outlined next steps following the consultation.

The ACI has compiled a report of consumer feedback which has been submitted as part of its contribution to consultation on the NSW Health *Advance Planning for Quality Care at End of Life: Strategic and Implementation Framework.*

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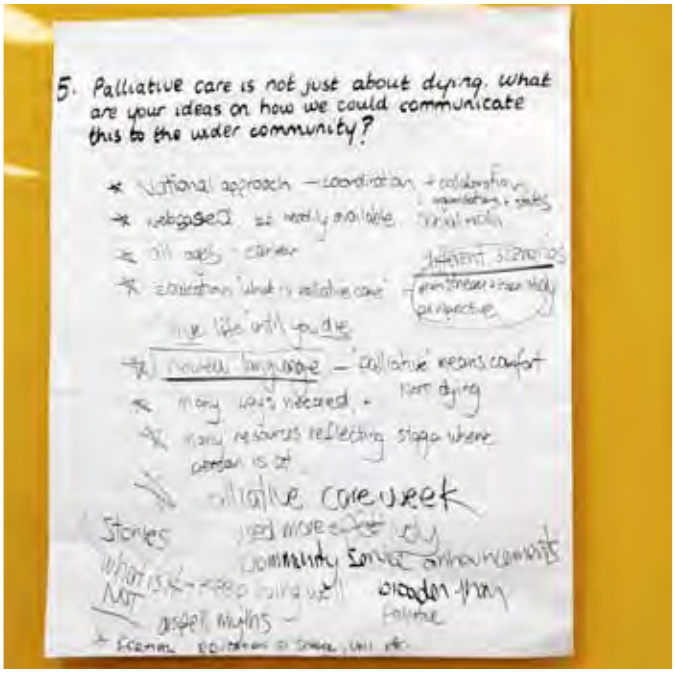

Facilitated discussion covered a wide range of issues, including palliative care. Photo: ACI

Pictured: Evan Eggins, Consumer, Renal Network, Kathy Stewart, Consumer, Gastroenterology Network and Margaret Stephens, Consumer, Aged Health Network. Photo: ACI

The ACI Chief Executive presented to Local Health Districts' Carer Support Officers (CSOs) and Managers at the Annual Carer Support Program Statewide Workshop on 24 August 2011. Highlighting ACI's work to engage consumers, he highlighted opportunities for CSOs and managers to collaborate with ACI networks to improve clinical practice and patient care.

Carers Week 2011 runs from Sunday 16 October to Saturday 22 October and aims to recognise, support and celebrate Australia's carers.

EMERGENCY CARE INSTITUTE

The Emergency Care Symposium which will feature the formal launch of the ACI Emergency Care Institute (ECI), will be held at the Stamford Plaza Sydney Airport on 4 November 2011. If you are involved in delivering or supporting emergency care services in NSW and are interested in attending, click here to register online. Please contact the ECI team directly if you have not received a copy of the program on +61 2 8644-2166.

STAKEHOLDER QUESTIONNAIRE

The ECI stakeholder questionnaire has now closed. We received over 1,100 responses which is a fantastic response. The team are currently analysing this information and producing a report that will be made available on the ECI website soon. A summary of the key findings will be presented at the Emergency Care Symposium in November 2011.

Emergency Care Institute
NEW SOUTH WALES

Appointment of ECI Inaugural Co-chairs

The ECI has appointed the following interim Co-chairs who will be responsible for addressing priority areas of work for the ECI:

- Clinical Advisory Committee – Matthew Bragg and Kylie Stark
- Incident Advisory Committee – Anne Hawkins and Tony Joseph
- Research Advisory Committee – Kate Curtis and Richard Paoloni

These committees will be holding first meetings following the Emergency Care Symposium.

ECI WEBSITE

The new ECI website will soon be live: www.ecinsw.com.au

We need your help to make sure it is a useful resource to staff working in emergency. Send us information you have on upcoming events, research projects you are involved in and local innovations so we can share this with your colleagues. We want this to be a one stop shop for all your clinical and professional needs.

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Clinical Network Report

ENDOCRINE

Co-Chairs: David Chipps and Jan Alford

New Co-chair Endocrine Network

It is with great pleasure that the ACI welcomes Stephen Twigg, Professor of Medicine, University of Sydney, as the new medical Co-chair of the ACI Endocrine Network.

Stephen, the immediate past President of the Australian Diabetes Society and a former Board member of Diabetes Australia for eight years, was voted in unanimously by the ACI Endocrine Executive. His experience in running outreach clinics to both Griffith and Broken Hill, will provide valuable insight that will helpguide the Network's consideration of issues affecting rural and remote regions.

The ACI would like to thank David Chipps, the previous medical Co-chair for his enormous contribution to the network over the past four years.

David was the original founder of the network and with his passion and drive, has helped shape the dynamic network that exists today. The ACI Endocrine Network wishes him all the best in the future and is pleased he will remain a part of the inpatient hyperglycaemia working group.

GP DIABETIC FOOT EVENING

Podiatrists Nancy Lee and Sarah McCosker from the network's diabetic foot working group hosted an evening with General Practitioners at Bankstown GP Network on 28 July 2011. Guest speakers included Ash Gargya, an Endocrinologist from Royal Prince Alfred Hospital and Bankstown Hospital's High Risk Diabetes Foot Service who discussed diabetes assessment and foot ulcer management. Other guest presenters were Louise Penny and Cindy Meler, podiatrists from Bankstown Hospital's High Risk Foot Service.

The ACI Endocrine Network's Diabetes and Emergency Department Project has now started and all sites have been randomised to either a control or intervention site.

The individual sites are working hard to have the systems in place to enable smooth running of the project. Each site has had to adapt their individual processes to some degree to suit the needs of the project. This process has required multidisciplinary support, and a big thank you goes to the teams of investigators at each site that are helping with this process.

If you would like more information on the project please call Chris Zingle, Project Officer on 0418 268 320.

Credentialing for Diabetes Podiatrists

The Podiatry Credentialing Document has been circulated to key stakeholders inviting feedback by the end of September 2011. The ACI Endocrine Network Manager is collating the comments to report to the network's diabetic foot working group. Everyone who has participated in the consultation will receive feedback from the working group.

Diabetic Retinopathy

The ACI Endocrine and the Ophthalmology Networks are working together to develop a model of care for diabetic retinopathy. For more information please see the Ophthalmology section of the newsletter.

DIABETES IN PREGNANCY

The ACI Endocrine Network's diabetes in pregnancy working group is identifying minimum data sets in preparation for the collection of data from nominated diabetes and pregnancy clinics in NSW hospitals. They are also working to develop educational material for pre-pregnancy planning for women with diabetes for general practice clinics.

Intravenous Insulin Chart Development

The network's intravenous insulin chart working group has held their second meeting to develop a NSW Intravenous Insulin Chart. It is anticipated that the chart will have recommendations about how the insulin infusion is to be prepared and the method of delivery.

Diabetes and Mental Health

The ACI Endocrine Network partnered with the Concord Centre for Cardiometabolic Health in Psychosis (ccCHip) to provide best practice education on mental health and cardiometabolic health to clinicians in Dubbo and Orange in August 2011. Tim Lambert, Professor of Psychiatry, Roger Chen, Endocrinologist, Libby Dent, Psychiatry Research Fellow and Andrew Harb, Exercise Physiologist presented a workshop o and practical sessions on assessing risk, interpreting tests and formulating management. Both days were very successful with over 50 clinicians attending at both sites.

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Clinical Network Report

GASTROENTEROLOGY

Co-Chairs: Brian Jones and Joanne Benhamu

RECRUITMENT UPDATE

Recruitment of all gastroenterology advanced trainee positions is now complete.

Thirty two positions were filled in total, including 18 continuing trainee positions and 15 first year positions for 2012. All positions were recruited as part of the Royal Australasian College of Physician's preference matching system – the Gastroenterology Continuing Trainee National Match and the Multi-specialty National Match.

ENDOSCOPY INFORMATION SYSTEM

Implementation of the NSW Endoscopy Information System will commence in the Hunter New England Local Health District (HNELHD), which has 17 hospitals currently performing endoscopy procedures. A detailed implementation planning study has been completed for 17 hospitals in HNELHD, with site preparation work now due to begin. A system with the latest version of ProVation has been built and made available to HNELHD IT staff to begin building and testing interfaces to the patient administration system. Both pieces of work are expected to take until the end of November to be finalised.

Recruitment of the HSS Endoscopy Information System project team members is almost complete, with new team members due to commence at the end of October 2011.

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Clinical Network Report

INTELLECTUAL DISABILITY

Interim Chair: Les White

The ACI Intellectual Disability (ID) Network is entering a new phase in its evolution with the formation of four subcommittees and the establishment of an Executive Committee to oversee the network's work plan and future progress.

Each subcommittee will progress key priorities relating to the health care of people with an intellectual disability including:

- Equity of Access: to promote equitable access, affordability, system/structure
- Models of Care: to promote prevention, effectiveness, sustainability, quality, comprehensive and ongoing support and life journey
- Capacity Development: to promote workforce education, training and support
- Research and Development: to achieve and promote standards of data collection and analysis, collaborative research, evaluation of health and other outcomes.

The Equity of Access subcommittee held its inaugural meeting on Tuesday 13 September 2011. Discussion identified a number of issues with achievable outcomes that the group can focus on to be accomplished within a three to six month time frame including:

- Collation of all health policies and Memorandums of Understanding relevant to Intellectual Disability
- Mapping specialist health services including medical and therapy
- Literature review.

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OSTEOPOROSIS REFRACTURE PREVENTION

Work is now well underway to implement the ACI Model of Care for Osteoporotic Refracture Prevention.

The implementation strategy is a little different to that envisioned when the original Model of Care was published in February 2011, with an ACI nominated 'green field' site, Wagga Wagga, commencing their Osteoporotic Refracture Prevention Service in early September 2011.

Wagga is a part of the formative evaluation being conducted in conjunction with the ACI Musculoskeletal Network. The evaluation aims to determine the processes of setting up Osteoporotic Refracture Prevention Services across NSW, looking for the successes and lessons learnt from two established sites - Royal Prince Alfred Hospital and Royal Newcastle Centre – as well as those gained from setting up the 'green field' site.

Further work to look out for in the coming months includes an internet-based data system to support the services aiming to prevent osteoporotic refractures. If your site would like to hold a road show concerning implementation of this model of care in your local areas please contact the ACI Musculoskeletal Network Manager for further information.

WHAT IS 'FORMATIVE EVALUATION'?

A formative evaluation is a method for judging the worth of a program while the program activities are in progress. This part of evaluation focuses on the process and provides a way for the designers, learners, and instructors to monitor how well the instructional goals and objectives are being met. Its main purpose is to catch deficiencies so that the proper learning interventions can take place that allows the learners to master the required skills and knowledge.

OSTEOARTHRITIS CHRONIC CARE PROGRAM

The Osteoarthritis Chronic Care Program (OACCP) is a collaboration between the Health Services Performance Improvement Branch at the Ministry of Health, ACI Musculoskeletal Network and the participating Local Health Districts. It aims to improve function, decrease pain and improve quality of life of the people who access this innovative program. The participants are people who live in NSW and have hip and/or knee osteoarthritis. Most will be on the waiting list for elective hip or knee replacement surgery. Eight sites across NSW are now actively providing this multidisciplinary program as a part of the pilot project while others are developing an OACCP at their site and are using the model of care and tools developed by the ACI OACCP Working Group. This includes an innovative intranet-based data system to record participant outcomes as well as incorporating tools such as communication letters for GPs and others, reporting templates, and participant questionnaires.

The draft model of care document that is guiding the OACCP is now available for comment. For a copy of the draft document please contact the ACI Musculoskeletal Network Manager.

NSW MODEL OF CARE FOR CHILDREN WITH RHEUMATOLOGICAL CONDITIONS

The ACI model of care for children with rheumatological conditions is also nearing completion. The applicability of the model of care has been tested with parents and adolescents who live with paediatric rheumatological conditions. Once the themes from the individual interviews and focus groups that have been conducted with the parents and adolescent children have been determined, the informants' recommendations will be considered in the model of care. The aim is to complete this by the end of 2011 when the health system will be asked to review the model of care.

JUNIOR DOCTORS CURRICULUM ON OSTEOPOROSIS

Work that has been underway since 2010 in collaboration with the Health Education and Training Institute (HETI), to produce a curriculum for junior doctors on osteoporosis is expected to be completed before the end of 2011.

The aim is to have an internet-based program of study available to help junior doctors identify and subsequently treat osteoporosis. The ACI and HETI will broadly advertise this program once it is released for use across the health system.

MUSCULOSKELETAL NURSING EDUCATION

The ACI Musculoskeletal Network is pleased to announce it is working with the NSW Chief Nurse and the College of Nursing to develop a *Graduate Certificate in Musculoskeletal Nursing* that will be available through the College of Nursing in Burwood, NSW from July 2012.

This program of study will cover the common groups of musculoskeletal conditions such as osteoporosis, osteoarthritis, rheumatoid arthritis, gout, paediatric conditions, to name a few. It will have a strong focus on chronic care of people with these conditions and is aimed at nurses working across all health care settings. Subjects can be studied alone or if all four are undertaken the student will be awarded the graduate certificate. Completed subjects can be used as credits towards further higher education.

Work on the ACI's guideline for elective joint replacement surgery in NSW is nearing completion.

The Network's working group has completed their literature reviews and is currently determining recommendations for the interventions required for people undergoing elective hip or knee replacement surgery during their pre-operative, perioperative and post-operative phases.

COLLABORATING WITH WESTERN AUSTRALIA

Members of the ACI Musculoskeletal Network recently attended the Western Australian Musculoskeletal Health Network Forum in Perth.

The WA Department of Health is very keen to understand the approach ACI is taking in NSW to improve the musculoskeletal health of the people of NSW. Consequently, the ACI Musculoskeletal Network co-chair, Lyn March, was invited to speak on ACI activities as well as work she is involved with internationally on the Global Burden of Disease. In addition to the Forum, Lyn and Robyn Speerin had a meeting with the WA Chief Medical Officer and some of his colleagues including the Chief Nurse. All are keen to maintain links and work collaboratively on projects of common need across both jurisdictions.

For further information regarding any of these activities please contact the ACI Musculoskeletal Network Manager

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Pictured: Elizabeth Armstrong, Lyn March and Robyn Speerin attending the Western Australian Musculoskeletal Network Forum in Perth. Photo: ACI

Clinical Network Report

NUCLEAR MEDICINE

Co-Chairs: Barry Elison and Liz Bailey

The medical Co-Chair of the ACI Nuclear Medicine Network, Barry Elison, together with the medical Co-Chair of the ACI Radiology Network, Richard Waugh and Medical Imaging (MI) Directors John Pereira and David Farlow and Hunter Watt, ACI Chief Executive, have met with the Director-General of the NSW Ministry of Health, Mary Foley to discuss the sustainability of MI departments, particularly with respect to equipment replacement. Changes to the Commonwealth's Capital Sensitivity rules have added impetus to this endeavour as old equipment will only attract half the usual Medicare rebate.

In 2003 business units for imaging were proposed but few were established. The joint ACI/NSW Ministry of Health MI Working Group has developed a draft Medical Imaging District Services (MIDS) Framework for consideration by all stakeholders to ensure that essential MI equipment is replaced in a timely fashion and that chronic understaffing and other issues are addressed to ensure the sustainability of public hospital MI services.

A recent ACI survey of NSW MI hospitals indicated that around $271 million is required over the next ten years to replace equipment too old to attract the full Medicare rebate. Several solutions have been proposed to fund equipment replacement.

Clinical Network Report

RADIOLOGY

Co-Chairs: Richard Waugh and Margaret Allen

RECRUITMENT FOR 2012

Advanced Trainees for Nuclear Medicine were interviewed 31 August 2011 at Northern Sydney Education Centre

Eleven accredited hospitals sought applicants in the first round of recruitment and there was a surplus of excellent candidates. All positions are close to being finalised.

TRAINING AND EDUCATION

Training has been the focus of the ACI Radiology Network as:

- new Trainees are recruited for 2012
- the Radiology Education Series for 2012 is being planned
- a Nurse Managers Forum will be held 17 November 2011
- the Royal Australian and New Zealand College of Radiologists goes on a road trip to discuss the still new curriculum
- strategic planning will begin so that compulsory paediatric training for a growing number of Trainees can be achieved in the next few years.

RADIATION BROCHURES

The radiation brochure under development by the ACI Chief Radiographers Committee has developed into two distinct brochures: One aimed at consumers which has plain facts and answers to frequently asked questions and one for clinicians, containing best evidence dose ranges received with different modalities on different parts of the body. The consumer brochure will be pilot tested and reviewed prior to publication.

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Clinical Network Report

NEUROSURGERY

Co-Chairs: Mark Sheridan and Kate Becker

Neurosurgery Network Combined Clinical Audit Database

The redevelopment and configuration rebuild of the Combined Clinical Audit Database is progressing well.

Four fundamental problems with the existing database have been identified that relate to the age of the program, the specific software, incompatibility of site hardware and different end user knowledge levels. is the ACI is confident that the current redevelopment will mitigate the issues with the current system.

For example, sites will not be able to individually alter data structures. There will be capacity for individualisation of the database however this will only be possible directly through the ACI. The submission of data from each site will be direct as the system will be online negating the need for additional data compression software. Perhaps most significantly, reports are now built into the system and are generated through menu choices.

TIMELY ACCESS TO NEUROSURGICAL SERVICES

Members of the ACI Neurosurgery Network who attended the network's meeting on 17 August 2011 wish to thank Garry Tall, Emergency and Retrieval Physician for his attendance to discuss the timely management of critically ill adult patients requiring urgent neurosurgical intervention.

There was consensus that it was important that the Critical Care Adult Tertiary Referral Networks – Intensive Care Default Policy [PD2006_046] was followed and that registrars be reminded of the service obligations within the document. In particular: "Implicit to this policy is that access to emergency care and/or urgent surgical intervention for time-urgent critical patients is not to be delayed due to no-available ICU bed ..."

The Critical Care Adult Tertiary Referral Networks – Intensive Care Default Policy [PD2006_046] was reviewed in 2010 and it, and the Helicopter Transport of Patients - Procedures to be Followed [PD2005_473] have been replaced by the Critical Care Tertiary Referral Networks and Transfer of Care (Adults) Doc No.: PD2010_021.

Compliance with this policy directive is mandatory. The following two (out of five) mandatory requirements will be highlighted by the ACI in its discussions with local health district Executives, Directors of Trauma, Surgical, Intensive Care and Patient Flow services and bed management personnel.

- A tertiary referral hospital designated by the NSW Intensive Care Default Hospital Matrix must take responsibility for providing critical care, irrespective of bed status, to a specified group of referral hospitals when the Default Adult Intensive Care Bed Policy is invoked (section 11).
- In time urgent situations the Aeromedical and Medical Retrieval Services (AMRS) has the authority to transport the patient directly to the linked tertiary hospital designated by the NSW state wide critical care tertiary networks, regardless of available bed state. If there is a closer hospital that can provide the time-urgent treatment required, AMRS may elect to transport the patient there. In each case the AMRS Consultant will notify the receiving clinician.

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Clinical Network Report

NUTRITION

NIH: Helen Jackson and Hunter Watt
HEN Co-Chairs: Peter Talbot & Janet Bell

DO YOU PRESCRIBE HEN PRODUCTS FOR PATIENTS?

A project to develop an online home enteral nutrition (HEN) register to be used by clinicians, including dietitians, nurses and speech pathologists, is now in progress.

Clinicians working in NSW healthcare facilities are currently encouraged to register all new HEN patients with ACI by completing a form manually and submitting it to ACI. Data is collected on the reason for HEN, feeding routes and methods and formulas. This is a data collection process only – not an ordering system.

The online HEN register will replace this manual system and provide governance of the new Enteral Nutrition Support and Services Contract from 2012. This means that you will be able to register patients needing formula, tubing, pumps, thickener and syringes. It will also make the registration and prescription process much more efficient and user friendly and will also allow us to collect valuable information that can be used to plan future HEN services within NSW.

The first meeting of the working group took place in September 2011. More details coming soon!

HEN Model of Care

Members of the network's HEN Executive are currently mapping HEN services across NSW and finalising the ACI HEN Model of Care.

Pictured: Members of the HEN executive, L to R – Tanya Hazlewood, Janet Bell, Felicia Maquire and Peter Talbot. Photo: by C Tan

NUTRITION STANDARDS AND THERAPEUTIC DIET SPECIFICATIONS

The *Nutrition standards for adult inpatients in NSW hospitals, Nutrition standards for paediatric inpatients in NSW hospitals* and the *Therapeutic diet specifications for adult inpatients in NSW hospitals* have been completed and will be published by the ACI shortly. Thank you to everyone who has been involved in the development of these documents.

ACI will host a formal launch of the Nutrition Standards with a forum to showcase food and nutrition initiatives within NSW hospitals. Details and registration forms will be available soon.

The Therapeutic diet specifications for paediatric inpatients in NSW hospitals has been circulated to Local Health Districts for comment. Comments received are currently being reviewed by members of the reference group.

Food and Nutrition in NSW Mental Health facilities

A small working group is being formed to review the need to develop specific nutrition standards for patients in NSW Mental Health facilities. The group will initially map mental health facilities within NSW and review relevant literature. A project proposal will then be developed and submitted to the ACI Nutrition in Hospitals group.

The working group will hold their first meeting in November 2011. Please contact the ACI Nutrition Network Manager for more details.

PARENTERAL NUTRITION PATIENT INFORMATION GUIDE

Ellen Rawstron, ACI Gastroenterology Network Manager and Tanya Hazlewood, ACI Nutrition Network Manager recently joined Karen Winterbourne and Gil Hardy from Parenteral Nutrition Down Under™ at their Regional Consumer Meeting to discuss the ACI Parenteral Nutrition patient information guide. Karen represented Parenteral Nutrition Down Under™ and generously chaired the working group that developed the ACI pamphlet that will soon be piloted in a small number of hospitals.

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Pictured: L to R Tanya Hazlewood, Karen Winterbourne, Ellen Rawstron, Gil Hardy. Photo: ACI.

Clinical Network Report

OPHTHALMOLOGY

Co-Chair: Michael Hennessy and Sue Silveira

EYECU

Priya Hira, a senior Orthoptist at the Sydney/Sydney Eye Hospital (SSEH) has been appointed as the coordinator of EYECU Phase 2.

The project which aims to prevent avoidable vision impairment and blindness by improving access to appropriate management of patients with 'wet' Age-related Macular Degeneration (AMD) continues at SSEH. Patients are treated with an injection of Ranibizumab (Lucentis) approximately every month.

Priya who has been seconded from the SSEH Orthoptic Department for two days per week to work with the ACI Ophthalmology Network Manager commenced in the role on Monday 19 September 2011. Her initial priorities will be trialling the new booking slip in SSEH outpatient eye clinics, developing an AMD Education Program for 2012 for patients and staff, re-auditing access to care for AMD patients and publishing the EYECU Newsletter.

The EYECU Phase 1 Project Report has been forwarded to the Inter-government and Funding Strategies Branch of the Ministry of Health. Findings of particular interest are:

- 2010/2011 data show an almost 50% increase in the number of injections given
- A comparison of prevalent South Eastern Sydney and Illawarra Shoalhaven Local Health District public demand and actual demand for 2010/2011 shows prevalent demand underestimates actual public demand by 39%

It is assumed that many of the patients will have come from outside the local health districts (LHD) or will have moved from private treatment to treatment in the public sector. The second audit of access to care will identify the patient's residential post code and LHD of residence to aid analysis of the demand for care.

Surgery futures – a Plan for Metropolitan Sydney

The Public Hospital Ophthalmology Response to the Surgery Futures report has been forwarded to the Surgical Services Taskforce.

Ophthalmologists have been reassured that Surgery Futures is an investment in the future of ophthalmology services and is not about closure of services.

The public hospital ophthalmology position includes:

- High volume short stay surgical service units (HVSSUs) in addition to existing ophthalmology departments are a way to provide high volume surgery for short stay surgical patients i.e. cataract surgery particularly in growth corridors
- Work is required beyond the Surgery Futures document to plan HVSSUs with a high degree of collaboration between the Ministry of Health, LHDs, Ophthalmologists and ACI ophthalmic clinicians

EYEPLAYSAFE

This fun interactive web based learning package to teach five to nine year olds how to protect their eyes at home and while playing has been available for over seven months now at: www.eyeplaysafe.org.au

Statistics show that there were over 950 visits in the six months March to September 2011.

The world map shows where eyeplaysafe is being accessed.

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Clinical Network Report

PAIN MANAGEMENT

Co-Chairs: Damien Finniss and Chris Hayes

The ACI Pain Management Network was asked to nominate a speaker to give a keynote address at the Change Champions conference held in Melbourne 18 -19 August 2011.

Fiona Hodson, Clinical Nurse Consultant, from the Hunter Integrated Pain Service represented the Network and gave an overview of the achievements in NSW since the Pain Network was established in February 2010, 'Optimising the Management of Pain'.

Clinicians from the acute pain services have been working collaboratively on the development of a statewide form for post-operative monitoring of Patient Controlled Analgesia. The form is very close to proceeding to trial at four hospital sites in NSW and the ACI looks forward to feedback and evaluation that will be received as a result.

The ACI Pain Management Network has been very busy in the last eight weeks assisting with information gathering and collation of data for the Ministerial Taskforce established to review chronic pain management and health service provision in NSW. The Taskforce which includes three representatives from the ACI Pain Management Network with secretariat support provided by the ACI and the Chronic Disease Management Office, has met three times. Good progress is being made towards development of a statewide plan and Model of Care which were submitted to the Minister for Health on 30 September 2011.

This report includes contributions from a range of sources including a literature review from an international perspective conducted by the Sax Institute, a survey of all 11 Faculty of Pain Medicine accredited tertiary hospitals in Sydney, consumer consultation, survey results from the primary care sector, and specific recommendations from the ACI Pain Management Network.

Recommendations submitted include coverage of research, workforce development, training and education of clinicians across the health sectors, data and outcome collation and analysis, the suite of services that should be available in NSW, and access to expertise on a statewide basis including consideration of the challenges of rural and remote NSW.

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Clinical Network Report

RENAL

Co-Chairs: Jim Mackie and Denise O'Shaughnessy

Paul Snelling is retiring as medical Co-Chair of the Renal Network's Executive Committee. The ACI would like to thank him for his excellent leadership, since mid-2007.

Considerable progress has been made over that period, enabling NSW renal services to address increasing demand. The group would also like to thank Jim Mackie, Renal Physician at Prince of Wales Hospital, recently elected medical Co-Chair of the Network.

Update on Evaluation of NSW Renal Dialysis Service Plan to 2011

The NSW Renal Dialysis Service Plan to 2011 was released by NSW Health in 2007. NSW Health has recently employed consultants to evaluate the progress made since the release of the plan and to identify important issues for inclusion in the development of the next plan, *NSW Renal Dialysis Service Plan to 2016*. The ACI Executive and many ACI Renal Network members have participated in the consultation process, and the consultants have greatly valued the honesty and commitment of those who have provided input. The ACI Renal Network is looking forward to participating in the steering committee guiding the development of the next NSW Plan.

Renal Recruitment 2011

The ACI Renal Network Manager recently assisted Nephrology Departments with recruitment processes for their advanced trainee intake commencing January 2012. Sixty-eight interviews were held with 28 applicants for 23 vacant positions. All interviews were held on 6 September 2011, at the Royal Australasian College of Physicians in Sydney. A preference-matching process assisted allocation of successful applicants to their preferred positions. The clinicians on the interview panels will meet shortly to share their feedback on the process, and the information will be used to guide the recruitment process next year. The ACI Network Manager has provided the coordinating role for this process for the last eight years.

Transport Needs of Haemodialysis Patients

Members of the ACI Renal Network were pleased to be invited to speak to NSW Local Health District (LHD) Transport Managers at their recent bi-annual meeting held in Port Macquarie. The ACI Renal Network provided an update on progress since the 2008 release of the report "Provision of Transport Assistance for Dialysis Patients attending Hospital and Satellite Dialysis Centres". ACI consumer Geoff Youdale AM, who chaired the report's working group, attended the meeting and was able to describe progress on several aspects of the strategic framework developed in the report.

A key outcome has been a change in the NSW Isolated Patients' Transport and Accommodation Scheme (IPTAAS) criteria to include patients travelling more than 200kms per week for dialysis treatment. The LHD Transport Managers spent time discussing various strategies that might assist to make further progress to relieve the transport burden. There is no simple answer to assist those disadvantaged patients who suffer a severe burden from arranging their transport to and from their routine haemodialysis treatments three times per week, continually over many years.

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Pictured: Fidye Westgarth and Geoff Youdale (centre front) met with NSW Transport Officers at Port Macquarie in September

Clinical Network Report

RESPIRATORY

Co-Chairs: David McKenzie and Jenny Alison

PULMONARY REHABILITATION

The evidence base for the effectiveness of comprehensive pulmonary rehabilitation programs continues to strengthen. Following optimal medical management, pulmonary rehabilitation remains the only intervention for people with symptomatic chronic respiratory disease that is shown to result in a decrease in the use of health care resources. Based on Ministry of Health pulmonary rehabilitation activity data, there are 93 sites that have submitted data for pulmonary rehabilitation programs since 2008. However there is limited information available for current designated resources, program structure, capacity, wait times and workforce needs.

The pulmonary rehabilitation working group is preparing an online survey to gather comprehensive information on the key aspects of pulmonary rehabilitation programs across all sites in NSW. The online survey, expected to be distributed in October 2011, will enable comparison with results obtained from a previous telephone survey of metropolitan programs conducted in 2007, as well as providing a broader understanding of the current status of programs across metropolitan, regional and rural sites.

A statewide pulmonary rehabilitation funding enhancement strategy will be prepared for submission to the Ministry of Health to address areas of need for establishing new programs, enhance existing programs and provide multifaceted opportunities for education and clinical skills development for clinicians working in pulmonary rehabilitation programs across NSW.

CLINICAL PRIORITISATION OF HOME RESPIRATORY PROGRAM EQUIPMENT

Clinicians have welcomed the opportunity to improve the model for the provision of publically funded equipment under EnableNSW.

Specific clinical parameters will need to be identified to support a new three tiered model which will weight equipment within each of the following tiers below:

- Required to sustain life
- Required to maintain respiratory function
- Required to improve independence/care

An EOI was distributed to the members of the ACI Respiratory and Spinal Cord Injury Networks and the Thoracic Society of Australia and New Zealand (TSANZ (NSW)) calling for volunteer clinicians to be involved in small sub groups specific to equipment categories including on non-invasive ventilation, CPAP (continuous positive airway pressure), domiciliary oxygen and suction. The ACI is grateful for the generosity of the lead clinicians who have volunteered to undertake this important work. It is intended that the small sub groups will provide draft clinical recommendations for prioritisation to an overarching clinical review panel in early October 2011.

We are honoured to have Christine Jenkins, Clinical Professor, University of Sydney and Iven Young, Clinical Professor, University of Sydney to lead the clinical review panel which will oversee final recommendations and endorsement by the ACI Respiratory Network. It is anticipated that the new three tiered model will be implemented in November 2011 and that this will rapidly expand the range of respiratory equipment able to be provided under EnableNSW and prioritise patients with the greatest clinical needs.

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Clinical Network Report

SPINAL CORD INJURY

Co-Chairs: James Middleton and Jenni Johnson

Development of a Model of Care for the Prevention and Management of Pressure Ulcers in People with a Spinal Cord Injury

There are an estimated 4000 people with a spinal cord injury (SCI) living in NSW with a prevalence of 20-30% experiencing problems related to pressure ulcers and more than 5% at any one time requiring management from a specialist multidisciplinary team.

Since the establishment of the Spinal Plastics Outpatient Services at the Royal North Shore Hospital and Prince of Wales Hospital, there has been a steady increase in demand for these specialized services, both for inpatients and outpatients. This complex group of patients utilises disproportionate resources of between 25-30% of allocated acute state-wide spinal bed days with inpatient spinal plastics services for these persons who require prolonged readmission for specialist care, remaining unfunded.

During the development of the recently released Selected Specialty and Statewide Service Plan: Spinal Cord Injury, members of the Planning Group highlighted the need to include a recommendation regarding the development of a comprehensive statewide model of care for the management of pressure ulcers in people with a SCI requiring health care intervention for successful healing and repair.

Emerging issues:

- Spinal plastics services are highly specialised, high cost, low volume, services that require a highly specialized multidisciplinary team.
- In light of the highly specialised nature of these services, only a limited number of centres are required.
- An agreed model of care for the management of pressure ulcers in people with a spinal cord injury in NSW needs to be developed.
- The model will incorporate the complete spectrum of education, health promotion, pressure ulcer prevention and management along the continuum of care, from acute admission through to ongoing care and self-management on return to community living. The model should also include referral mechanisms across services and education strategies for non-specialist services to manage less complex pressure ulcers.
- A considerable proportion of presentations to acute care hospitals could be avoided if appropriate and sufficient community based support and health care services were available to initiate early intervention strategies. These include pressure area surveillance, bed rest, home care and support to maintain bed rest to prevent skin breakdown and advanced stage ulcer development, requiring extensive plastic and reconstructive surgery.

The project will be divided into two phases:

Phase 1 – Development of consensus Model of Care

- Undertake a literature review of relevant national and international models for the prevention and management of pressure ulcers in people with a spinal cord injury.
- Develop consensus model of care (MOC), protocols and pathways for the management of people with a SCI who develop a pressure ulcer.
- Perform a review of resources and funding implications in light of model of care developed.
- Develop a staged implementation plan for the MOC, protocols and pathways based on agreed priorities to guide Phase 2 below.
- Develop an evaluation strategy for the implementation of the MOC, protocols and pathways.

Phase 2 – Implementation of Model of Care

- Implementation of MOC across the acute, subacute and non-inpatient SCI specialist services in NSW, taking into consideration recommendation from Selected Specialty Plan: Spinal Cord Injury. This would include development of communication of the MOC, protocols and pathways, and in-reach advice and strategies to communicate to non SCI specialist services managing people with a SCI across NSW.
- 2.2. Submission of the consensus MOC to the host local health districts and to the Ministry of Health, for endorsement, support and consideration of new service funding

Recruitment of a Project Officer to lead this 12 month project is almost complete. The Project Officer is expected to commence in November 2011.

For further information on the project please contact Frances Monypenny on the details below.

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Clinical Network Report

STATEWIDE BURN INJURY

Co-Chairs: Peter Maitz and Diane Elfleet

A three day Burns course will be held 26 - 28 October 2011 at Royal North Shore Hospital.

The course will offer a comprehensive and interactive learning experience for clinicians providing care to burn injured patients. It provides a multi-disciplinary focus on the management of the patient with a burn injury from the time of injury across the acute, rehabilitation and reconstructive phases. Long term issues, complications and current research will also be presented.

Under the topic headings, participants will gain both practical and theoretical knowledge which is relevant and applicable to every day practice. In addition there will be a tour of the Royal North Shore Hospital Severe Burn Injury Unit.

If you are a health professional who treats or manages patients with a burn injury at any stage from the time of injury onwards, then this course will enhance your ability to provide evidenced based and practical care through skill and knowledge development.

Presentations will be given from a variety of clinical experts with all information clinically relevant. Some of the sessions are more hands on and interactive. A Burns survivor will also be talking to the group about their experiences.

For more information contact Anne Darton on the details below.

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S.H.A.R.E. SHARING HOPE, ACCEPTANCE, RESILIENCE AND EXPERIENCE

The development of the SHARE Burns Peer Support Program is progressing well under the leadership of Janelle Tolley, Project Officer, and the steering committee which includes representation from clinicians and consumers from the adult acute and rehabilitation services.

Recruitment, screening and education and training program have been developed for the potential burn survivor volunteers. Recruitment of these volunteers will be commencing in the near future. For further information contact Janelle Tolley janelle.tolley@aci.health.nsw.gov.au

Clinical Network Report

STROKE SERVICES

Co-Chairs: Michael Pollack and Pip Galland

SMART STROKES 2011

Four hundred and six delegates attended the Seventh Australasian Nursing and Allied Health Stroke Conference in Surfers Paradise Queensland held 4-5 August 2011. Themed 'SMART STROKES working together: stroke in time'.

This was the first time the conference was held outside NSW. The major sponsor of the conference was the Centre for Healthcare Improvement, Queensland Health.

Janice Eng, Professor, University of British Columbia, Canada was the invited overseas key note speaker. Sandy Middleton presented the final results of the 'Quality in Acute Stroke Care Trial' and Jacinta Douglas showcased the challenging journey of stroke survival. Rohan Grimley, the invited medical presenter profiled stroke units and encouraged debate on the evidence relates to you and your service.

The scientific committee included Annie McCluskey, Sandy Middleton and Jon Sturm who presented the following awards:

- Best New Investigator Abstract: Kimberley Gray Occupational Therapist Westmead Hospital
- Best Innovation Abstract: Karl Schurr on behalf of the clinicians who provide care at the Bankstown Lidcombe Hospital Stroke Unit
- Best Research Abstract: Di Marsden, Manager, Professional Education and Development Hunter Stroke Service

Myra Drummond as chair of SMART STROKES 2011 thanked the committee for the innovative and collaborative approach that had led to the success of the conference. Myra reported that 96 abstracts and 197 scholarship applications were received for the conference which resulted in a conference record of $44,000 being allocated to support clinicians to attend the conference. SMART STROKES will combine with the Stroke Society of Australasia in Sydney in August 2012 to co-host STROKE 2012

Pictured: Greg Cadigan Principal Project Officer Centre for Healthcare Improvement Queensland Health, Rohan Grimley Geriatrician and Clinical Chair Queensland Statewide Clinical Stroke Network, Michael Daley Acting Chief Executive Officer Centre Healthcare Improvement Queensland Health. Photo M Longworth

Pictured: Mark Longworth Network Manager Statewide Stroke Services, Kimberley Gray Occupational Therapist Westmead Hospital, Janice Eng Professor University of British Columbia Canada, Karl Schurr Physiotherapist Bankstown Lidcombe Hospital Stroke Unit, Greg Cadigan Principal Project Officer Centre for Healthcare Improvement Queensland Health, Di Marsden Manager Professional Education and Development Hunter Stroke Service. Photo L Jordan

STROKE WEEK ACTIVITIES

The Stroke Recovery Association of NSW and clinicians from the Sydney Local Health District celebrated stroke week with the Creating Connections-A Community Forum held on 13 September 2011 at Burwood RSL .The forum was opened by Councillor Tony Maroun (Mayor of Strathfield) and included presentations on pain post stroke, guardianship and power of attorney.

The official launch in NSW of Stroke Awareness Week was held at Parliament House on 14 September 2011. The Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research celebrated the launch with 80 attendees, including Kate Needham, Executive Director who represented the ACI, the Stroke Recovery Association of NSW, clinicians, stroke survivors and carers.

EARLY ACCESS TO STROKE THROMBOLYSIS PROGRAM

NSW Health is working collaboratively with the Ambulance Service of NSW and the ACI Stroke Network to shorten the patient journey from onset of acute stroke symptoms to access stroke thrombolysis for patients with ischaemic stroke.

Objectives of the Early Access to Stroke Thrombolysis Program are to:

- Improve early access to thrombolysis for ischaemic stroke patients;
- Improve pre-hospital assessment by paramedics for identification of stroke through a validated standardised assessment tool;
- Improve in-hospital reception, assessment and management of stroke patients to achieve early access to safe reperfusion.

The Pre Hospital Assessment for Early Access to Stroke Thrombolysis Program will train paramedics in recognition of stroke that is possibly amenable to thrombolytic therapy. Evidence shows that thrombolysis should only be delivered in Emergency Departments (EDs) or stroke care units with adequate expertise and infrastructure for monitoring, rapid assessment and investigation of acute stroke patients. Early detection by paramedics will allow for these patients to be transferred directly to a hospital that offers a 24/7 stroke thrombolysis service where appropriate. Following early access to a Computed Tomography Scan (CT scan) and neurology review, patients will be deemed appropriate or not appropriate to receive thrombolysis and receive the appropriate treatment accordingly.

Thrombolytic therapy with intravenous recombinant tissue plasminogen activator (rt-PA) is the most effective hyper acute intervention proven to reduce the combined end point of death and disability for ischaemic stroke therapy.

However, in 2008 only 3% of ischaemic stroke patients received intravenous rt-PA in Australia.

Stroke care now includes effective preventative and treatment interventions that substantially reduce disability and improve functional outcomes for the patient.

The advances in stroke care have included the development of specialist led stroke care units that coordinate multidisciplinary interventions and provide a setting for audit, research and clinical trials.

Of all current interventions for acute stroke, admission to a stroke unit has the greatest potential to reduce the burden of stroke illness nationally.

DICAST

Two day workshop for rural clinicians interested in diabetes, cardiology and stroke

Date: 17 and 18 November 2011

Venue: Twin Towns Club 2 Wharf Street Tweed Heads NSW 2485

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RURAL UPDATE STROKE AND HEART

Melissa Gill and fellow rural stroke care coordinators Rachel Peake and Kim Parrey coordinated a program for 180 clinicians in Armidale on 29 July 2011 for the 2nd Rural Update Stroke and Heart Conference.

Pictured: Delegates attending the 2nd Rural Update Stroke and Heart conference. Photo: M Longworth

The conference was a partnership between the University of New England Medical School, the New England Division of General Practice, Hunter New England and Mid North Coast Local Health Districts and attracted clinicians from diverse backgrounds including 70 medical students.

Sponsors for the conference included the ACI and the Rural Division of the Health Education and Training Institute. Presentations from John Worthington, Neurologist, Liverpool Hospital, James Hughes, Neurologist Tamworth Rural Referral Hospital, Sandra Lever, Clinical Nurse Consultant-Rehabilitation, Royal Rehabilitation Centre Ryde and Cate Ferry Clinical Manager, Heart Foundation provided a platform of education supported by input from local presenters.

John Worthington provided an overview of transient ischaemic attack stroke assessment and management guidelines at an educational evening for 35 GPs and academic medical staff from the University New England.

Pictured: (l-r) Kim Parrey, Rural Stroke Care Coordinator, Port Macquarie, Sandra Lever, Clinical Nurse Consultant-Rehabilitation, Royal Rehabilitation Centre Ryde, Melissa Gill, Rural Stroke Care Coordinator, Armidale, Rachel Peake, Rural Stroke Care Coordinator, Tamworth. Photo: M Longworth

Pictured: Rebecca Cammell, Medfin, Lorena Townsend, Chronic Disease Aboriginal Health Worker, Armidale. Photo: M Longworth

Clinical Network Report

TRANSITION CARE

Co-Chairs: Sue Towns and Kylie Polglase

A PERSONAL EXPERIENCE WITH TRANSITION: MARGARET AND RACHEL SUTTON

Margaret Sutton's daughter Rachel has recently transitioned to adult services. Their story can be downloaded from the ACI transition Care Network's site at www.health.nsw.gov.au/gmct/transition.

Margaret describes transition as "a very challenging and exciting time." She was very nervous at first as Rachel has Cerebral Palsy with very high dystonic tones and extremely complex needs. Rachel is non-verbal, on oxygen at night, has a Baclofen pump, botox injections every 4 months and wears orthotics 24 hours a day. Just before Rachel moved to adult services she had rods inserted into her back for scoliosis. Despite these challenges, she has attended main stream

Pictured: Rachel, an active member of the Salvation Army

school through to high school and has passed her School Certificate and HSC.

Margaret praises the dedication of the paediatric team at the Children's Hospital at Westmead for helping Rachel to maintain such good health and for continuing her care until all arrangements could be put in place for the new adult team to be ready to manage Rachel's complex needs. She also has been very appreciative of the help given by ACI Transition Care Coordinator Lif O'Connor and the new team.

"Without the continued treatment Rachel has been having from paediatric services, she would not continue in the good health she has experienced with the expertise of the doctors and nurses at Westmead Children's Hospital. Lif is my transition team co-ordinator and Rachel and myself have breezed through with no issues. The personal care from our new doctors is so good that at each appointment I and Rachel have left with a smile on our faces."

Margaret's advice to others moving onto another service is "start the process now as the quicker you can get the smaller appointments in place, it leaves you only to worry about the bigger more complex appointments for the hospital to handle. Rachel is now an adult and it is amazing how there are things available out there that we have not even heard of."

Margaret takes a practical and positive approach to such a big change which has obviously helped her daughter to adapt.

As more of our children transition to the adult hospitals, the more expertise they will get in treating disabilities that have never before reached adulthood. Take the plunge - it is a great world out there and like myself if you are not happy use your strength to get what you want for your child moving into the adult world. We have always said: We do it better together"

NORTHCOTT DISABILITY SERVICE, COFFS HARBOUR

Northcott Disability Service, Coffs Harbour is based in the centre of the town and offers a range of services for people of all ages with a disability. Services for young people include regional outreach Spina Bifida and Orthotics clinics, a free computer assistive technology program, and access to Northcott equipment services. The service also has a leaving care mentoring program, community participation program and provides education and information sessions to school children, families, carers and service providers in the mid north coast.

Pictured: Northcott Disability Service, Coffs Harbour. L to R: Glen Pearson, Area Manager, Derek Lee, visiting Orthotist, Nicole Easterbrook, Community Participation Coordinator, and Pamela Hill, Regional Assistant.

NEWS FROM THE WESTERN AREA

The number of young people with complex needs who are referred to the ACI Transition Care program has increased.

In the last 12 months there have been 19 referrals for young people with Cerebral Palsy and 10 young people with Muscular Dystrophy compared to the previous 12 months when the referral numbered 15 and two. There has also been an increase in the number of young people referred to the transition service with genetic and metabolic diseases. Most of the assistance provided by the Transition Coordinator Patricia Kasengele, has been to help young people find an appropriate adult doctor and make a first appointment. She has also helped with appointments to allied health services and provided information or referrals to services in the community.

In the last twelve months Patricia has participated in 24 case conferences with clinical staff at The Children's Hospital at Westmead, Westmead Hospital, Allowah Hospital, Hornsby Hospital and Royal North Shore Hospital. She has attended 51 clinics at The Children's Hospital at Westmead, Westmead Hospital and at Royal North Shore Hospital and has been involved in a new transition clinic that has been established for young people with neuromuscular diseases at Royal North Shore Hospital.

NEWS FROM THE NORTHERN REGION

The northern region ACI Transition Care Coordinator Angie Myles, has recently attended school leaver's disability expos where she met with young people, carers and teachers.

She has also travelled to northern NSW where she met with paediatric Nurse Unit Managers and staff at Northcott Disability Service in Coffs Harbour. In regional areas, transition can be complicated by limited or no choice of physician to transition to, often with no bulk billing option. Young people also have to travel long distances to receive health care.

EXPO/OPEN DAY

During July and August 2011, Patricia participated in Service Provider Expos at Northmead Bowling Club, Penrith RSL Club and North Sydney School Leavers Expo at Doherty Centre, Chatswood. In late September 2011 she also presented at two community seminars held in Cowra and Orange. Titled 'Career toolbox', these forums provided information for students and parents of students with disabilities on types of support services and programs available post school.

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EVALUATION OF THE PROSTATE CANCER CLINICAL NURSE COORDINATOR

An ethics application was submitted in August 2011 for approval to progress an ACI Urology Network study, 'Evaluation of the Prostate Cancer Clinical Nurse Coordinator'. It is hoped that Stage 1 of this project will commence in late 2011. The project aims to evaluate whether introducing a Prostate Cancer Clinical Nurse Coordinator improves the psychological care of men with prostate cancer. The role of this prostate cancer care coordinator is to provide information, support and referral to specialist services for men with prostate cancer and their families.

The research will analyse data collected from patient surveys following the recruitment of more than 200 men with prostate cancer. It is anticipated that the study will take around 18 months to complete, and will be conducted in two stages.

The ACI Urology Network and the Sax Institute will be working with the Prostate Cancer Foundation of Australia, the Cancer Council and the University of Sydney on a $1 million NHMRC partnership project, 'Clinical guideline implementation through a clinical network'.

The project will test the effectiveness of clinical networks to lead change and embed evidence-based care into routine practice. The results of this study will be of immediate use to the ACI Urology Network to ensure men with high risk prostate cancer, initially treated with surgery, will more quickly receive appropriate evidence-based cancer treatment. Once ethics approval is secured, this project will run for approximately two years.

Publicly funded Low Dose Rate Brachytherapy

Publicly funded Low Dose Rate Brachytherapy is still available at St George Hospital as a treatment option for localised prostate cancer. The funding became available following representation to the NSW Ministry of Health, by clinicians of the ACI Urology Network. If you have a patient who may be suitable for this treatment please contact St George Urological Department or ACI for a 'Pathway to Treatment' guide. If you are a consumer diagnosed with prostate cancer, and you are interested in this treatment, please ask your urologist for advice.

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TWITTER- IT'S FOR THE BIRDS

The potential of utilising social media in the healthcare setting remains untapped. The uptake is slow, particularly for use in a professional capacity. We also have no idea how many Australian healthcare professionals use social media, especially for professional purposes.

A common complaint in health settings is that accessing social media sites such as Facebook or You Tube in the workplace is generally prohibited although access is gradually becoming less of an issue.

The increasing use of smart phones and tablets, such as the iPad, means there is no need to be chained to the desk to use the internet. However it is the slow uptake of social media platforms for professional proposes that leaves the health sector lagging behind other industries.

On the flip side, social media represents a whole lot of risk for healthcare professionals: risk to reputation, to patient-doctor/nurse confidentiality, risk to personal and professional privacy, and risk to their organisation. However there is also risk for healthcare professionals not participating in on-line conversations about health matters for they are the best people to provide credibility and expert content to these conversations. The information they contribute helps health consumers separate the fact from fiction.

Carolyn Der Vartanian of the Clinical Excellence Commission (CEC) was awarded the Hospital Alliance Research Collaborative (HARC) research scholarship in 2010. Carolyn conducted an investigation into the effectiveness of social media as a tool to fast-track evidence into practice. She visited The Mayo Clinic's Centre for Social Media, and met with Kaiser Permanente's Ted Eytan to find out how these two organisations are using social media tools such as Twitter, Facebook, You Tube and blogging to improve engagement between clinicians and patients, and peer-to-peer collaboration and knowledge transfer.

Carolyn also attended the World Social Media Forum where commercial marketers debated the best strategies for on-line engagement and futurists predicted how social media would influence consumers and marketers.

CLINICAL EXCELLENCE COMMISSION

The CEC is conducting a short survey of Australian healthcare professionals to find out about their internet usage and if they use social media, or not. It will take less than ten minutes to complete and no personal details are required. Click here and add your opinion

http://www.asr2.com/cec/anon/146.aspx

* Lee Aase, Director of The Mayo Clinic Centre for Social Media will be visiting Sydney in November 2011. Visit the ACI or CEC websites for further details.

BUREAU PROFILES DEMAND IN NSW HOSPITALS

Bureau of Health Information

The Bureau of Health Information's latest Hospital Quarterly profiles demand in NSW public hospitals in the April to June 2011 quarter – showing a shift in the types of pressure being felt in NSW emergency departments.

Emergency department attendances from April to June exceeded 512,000 up by more than 16,000 or 3% from one year ago but down 23,000 from the two-year peak that occurred during the Christmas quarter last year.

"This represents a decline in the number of people going to emergency departments since the 2010 Christmas peak but more patients are being admitted from emergency departments to hospital," Bureau Chief Executive Diane Watson said.

"Emergency admissions of 120,000 represent an increase of more than 1,000 since the 2010 Christmas peak, almost 8,000 or 7% since one year ago and 10,000 or 9% since two years ago." There were 52,000 elective surgery procedures performed in NSW public hospitals.

"What we see is more elective surgery procedures being completed than two years ago but also more patients being seen on time," Dr Watson said.

"The highest rise was for non-urgent elective surgery with 92% of patients seen within the recommended 365 days. That compares to 85% one year ago and 90% two years ago," she said.

In NSW public hospitals, there were over 412,000 admitted patient episodes, 12,000 or 3% more than a year ago and 28,000 or 7% more than two years ago.

In this latest *Hospital Quarterly*, the Bureau reports on emergency department attendances while it considers new ways to report wait time performance. The Bureau will resume reporting of emergency department wait times in its next *Hospital Quarterly* due out in December 2011.

"We've seen some differences in how hospitals record emergency department information and from what the Bureau has seen so far, the varied recording methods can be clinically reasonable but make it difficult to fairly compare hospitals. The Bureau expects to change the way it reports on emergency departments," Dr Watson said.

The report and supplements can be downloaded from the Bureau website www.bhi.nsw.gov.au

Clinical Network Report

GYNAECOLOGICAL ONCOLOGY

Co-Chairs: Russell Hogg and Kim Hobbs

GYNAECOLOGICAL ONCOLOGY NETWORK PLANNING DAY

A Gynaecological Oncology Network planning day has been deferred to the latter part of 2011. Further information will be provided once a date has been confirmed.

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CONTROVERSIES AND LEADERSHIP IN HEALTH

On 25 October 2011, Sydney Medical School will host the last in its series of 2011 seminars for medical students on "Controversies and Leadership in Health". High profile speakers from medicine and the wider community will provide a stimulating, informative and controversial seminar aimed at making the audience think and participate in discussion.

Where: Footbridge Theatre

When: 5:00pm – 6.30pm, Tuesday 25 October 2011

Title: The Campbelltown Hospital Crisis – an isolated incident or destined to be reported?

No RSVP required.

Speakers:

Brad Frankum, Clinical Dean, University of Western Sydney and Physician, Campbelltown Hospital

The Hon. Craig Knowles, Former NSW Minister for Health

Andrew McDonald, NSW Shadow Minister for Health and former head of Paediatrics, Campbelltown Hospital

Martin Van Der Weyden, Editor Emeritus, Medical Journal of Australia.

M.C. Professor Neville Yeomans, Former Dean, University of Western Sydney

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The ACI Newsletter *Clinician Connect* is available at:
www.health.nsw.gov.au/gmct/news.asp

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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