



# Clinician Connect



David McKenzie, Co-Chair ACI Respiratory Network, The Hon. Jillian Skinner MP, Minister for Health, Hunter Watt, Kerry Chant, Chief Medical Officer, Geoff Youdale AM and Brian McCaughan, Chair ACI Board. Photo: ACI. For more see pages 3–4.

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## GUEST EDITORIAL

Ambulance services have a long and distinguished history beginning with the Good Samaritan who came across a man who was beaten, "...went to him and bandaged his wounds, pouring on oil and wine.



Pictured: Paul Middleton

Then he put the man on his own donkey, took him to an inn and took care of him." In 1895, Sydney's first ambulance station with the motto "In case of accident" was opened, run by members of the Civil Ambulance Transport Brigade. In 1902 the Brigade attended over 2000 Sydney patients, and in 1919 treated patients in the first influenza epidemic.

Since that time, the Ambulance Service of NSW has grown to become one of the largest in the world, providing emergency clinical care to almost seven million people, and taking over one million 000 calls each year. Yet, although we all understand that essential interventions are performed in the field, there is currently no way to ascertain outcomes of treatment.

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In the USA there are approximately 15,000 Emergency Medical Service (EMS) systems, and legislation intended to protect patients, the Health Insurance Portability and Accountability Act (HIPAA), both limits the ability of clinicians to share information about patients and also imposes stiff penalties for violations. Prehospital providers cannot access any information regarding survival, length of stay, complications or any other standard metric to assess the success of patient treatment, and thus EMS systems across the USA function in an outcomes vacuum, with no ability to measure the success or otherwise of their emergency treatments.

Given that we live in a country of the same size as the USA, but with only six states and two territories and a similar number of ambulance services, it could be expected that life here would be much easier. Unfortunately Australia has an identical lack of outcomes data.

Ambulance services have largely evolved within the trauma paradigm, functioning as urgent transport services rather than as part of the health system.

There is now a burgeoning realisation that important interventions are increasingly being performed as part of routine paramedic practice.

EMS system data were originally collected for billing and operational monitoring, but the last few years have seen an exponential increase in the collection of more detailed clinical records. When a patient or relative calls 000, ambulance services usually use a computerised decision support, triage and dispatch system, which allows the call-taker to pose a set of focused questions to clarify the degree of illness or injury, as well as the urgency with which we need to respond, leading to the ability to prioritise dispatch. We are also able to identify the time when an ambulance is dispatched, when it arrives, when it leaves and when it reaches its destination, and these data are matched by clinical information derived from every paramedic encounter with a patient. The information collected includes demographics, main condition, treatment protocol, interventions made, physiological observations and response to treatment in addition to destination hospital, arrival and off-stretcher times.

Increasingly, in Ambulance we are linking databases to enable a complete picture of the call from 000 until the time we hand the patient over at the emergency department. However there our knowledge of the patient ends. Health departments collect their own data, largely from electronic medical records in emergency departments and hospitals, and other sources of data such as disease surveillance and coroner's reports. In NSW many of these databases are linked within a Health Information Exchange (HIE). An HIE is described in Wikipedia as "... the mobilisation of healthcare information electronically across organisations within a region, community or hospital system. ... The goal of HIE is to facilitate access to and retrieval of clinical data to provide safer, more timely, efficient, effective, equitable, patient-centered care." In no state or territory is the information collected by ambulance services routinely held in an HIE, together with these other sources of accessible information.

In NSW we have made strenuous efforts to solve this problem, at least for the purposes of epidemiology and research into Ambulance patient outcomes. The Ambulance Research Institute (ARI) was opened in 2009 and has developed to perform research in prehospital epidemiology, clinical trials, and operational modelling. ARI staff have collaborated with members of the ACI cardiac, stroke and spinal networks, and in its early stages benefitted from an analyst position funded by the ACI. Recently the ARI, funded by a grant from the Clinical Excellence Commission (CEC), has developed a project called the Australian Prehospital Outcomes Study of Longitudinal Epidemiology (APOSTLE). Through APOSTLE, all Ambulance patient data from 2006-2009 are prospectively linked with information from the Emergency Department Data Collection, the Admitted Patient Data Collection, and information from the Mortality Data (ABS Cause of Death), Mortality

Data (ABS Fact of Death) datasets. This work has been undertaken by the Centre for Health Records Linkage (CHeReL), an agency set up in 2006 by NSW Health, Universities, the CEC and the Cancer Institute to perform probabilistic data linkage, or linkage based on identifiers such as name, address and age. The outcome information we can expect to derive for our patients include times, triage categories, admission diagnosis, length of stay, intensive care admission and discharge diagnosis, among many others.

The APOSTLE database will enable evaluation and investigation of the outcomes of NSW patients who call 000 and who are treated and transported by Ambulance for the first time, and will constitute a remarkable resource, as it is predicted to contain linked data and outcomes on over two and a half million cases. It will enable us to answer many questions, particularly around the benefits of the earliest possible intervention for time critical patients, and perform predictive modelling of conditions such as falls, chest pain and sepsis.

Linkage of administrative datasets can only give us so much information, however, and does not contain clinical datapoints that would be of immense significance if we were to perform detailed investigations into the clinical aspects of our patient outcomes. With this limitation in mind, the ARI, in collaboration with the Emergency Care Institute directed by Sally McCarthy, is forming a dedicated network of clinicians from all specialties and professions across NSW, entitled the Distributed Research in Emergency and Acute Medicine (DREAM) network. DREAM will operate a registry to collect outcome information on out-of-hospital cardiac arrests, which we currently do not have in NSW, and form a permanent network of clinicians with an interest in research. Using the cardiac arrest registry as a paradigm, we then intend to develop the capacity to collect detailed data with our in-hospital collaborators on all urgent patients attending emergency departments, such as those with stroke, trauma, sepsis and acute coronary syndromes.

This ambitious project will be run by a Research Registry Nurse, and will form the basis for a unique approach to evaluating and investigating emergency care in all its aspects, taking NSW to a lead position within Australia and the world.

If you really want to make a difference to patient care, I would encourage you to become part of the DREAM network and work with us to benefit all patients in NSW.

**Paul Middleton**

References available on request

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Pictured: Kylie Polglase, Co-Chair, Transition Care Network and the Hon. Jillian Skinner MP, Minister for Health at the ACI Clinical Council on 28 June 2011. For more see pages 3-4. Photo: ACI



**ACI** NSW Agency  
for Clinical  
Innovation

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

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

## BOARD

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

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## COMMENT HUNTER WATT

It was extremely rewarding to be at Parliament House on 28 June for the launch by the Minister of the ACI Clinical Council.



Pictured: Hunter Watt.  
Photo: J Schofield

The launch was an outstanding success and I'd like to thank the Minister for her words of encouragement and all those who contributed - especially the members who made the time available to attend, and the presenters who kept things interesting throughout the evening.

We had a strong line up, with Renal Services Network consumer Geoff Youdale keeping the patient focus front and centre, a provocative clinical and regional perspective from the Director of Anaesthetic Services at Coffs Harbour, Jo Sutherland, and management support from Brad Astill from Western Sydney.

Lyn March and Jacqui Close provided an insight for the newcomers into the workings of the ACI's clinical networks.

It was my role as Chief Executive to outline the functions and operating arrangements for the clinical council, which will be a valuable source of advice to ACI, as well as the Department and the Minister. I emphasised that the ACI Clinical Council is not setting out to duplicate the excellent work of the clinical councils at the

local health district or specialty network level. It will complement those local arrangements by providing the means to communicate across the system. That's even more important given the NSW Government's determination to return decision making to local health districts and the developments at a federal level with national and local lead clinicians groups.

The core function of the ACI Clinical Council will be to provide a forum to share expertise, knowledge and innovations about how best to improve clinical practice, implement sustainable models of care and deliver better patient outcomes.

The clinical council brings together the key people from the ACI clinical networks and clinicians and managers from the local health districts and the specialty networks which deliver the services. These are the people essential to delivering better care for patients.

No one has a lock on innovation. Doctors, nurses, allied health professionals and managers across the system in the course of their work find new and better ways to look after their patients. When they do we would like to hear about it so we can spread the benefits statewide. The key is communication and the ACI Clinical Council provides a great forum to open the lines of communication and get results.

The launch of course was just a start. The real work begins now. We will be writing to members of the Council soon to confirm our next meeting date and to seek views on our priorities, and how best to engage with local stakeholders to improve clinical practice and deliver better patient outcomes. I'm aware that everyone is looking forward with anticipation to the State Government's announcements about implementing its health reform agenda. I have reported previously on the Government's commitments to clinical innovation - commitments which we all welcome.

The details will be important, but it's important to remember that the future of clinical innovation is in our own hands.

We cannot afford to sit back and let others shape the future for us. We must not become a sounding board for the Department or anyone else.

We need to maintain a continuing conversation with our stakeholders about the future of ACI. Continuous improvement is not confined to clinical matters - it's just as important in our own housekeeping.

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## Clinical Council to Spread the Benefits of Innovation

Clinicians and managers from across the NSW health system came together at Parliament House last month for the launch by the Minister for Health, the Hon. Jillian Skinner MP, of the ACI's Statewide Clinical Council.



Pictured: Panel: Paul Wrigley, Michael Pollack, Jenny Johnson, Geoff Youdale and Hunter Watt. Photo: ACI

The Clinical Council brings together more than 80 chairs of ACI clinical networks with lead clinicians and managers from local health districts and specialty service networks.

The ACI's Chief Executive, Hunter Watt, outlined the functions and operating arrangements for the new council, and the launch was accompanied by presentations offering clinician, consumer and management perspectives.

Launching the council, the Minister said it would help clinicians and hospitals drive improvements in treating patients with common chronic conditions



Pictured: Geoff Youdale AM. Photo: ACI

such as diabetes, lung disease, heart disease, osteoporosis, delirium and arthritis.

"There have been many attempts over the years to improve health services - at national, state and local levels, but there has never been enough coordination between individual initiatives," Mrs Skinner said.

"I'm looking to the ACI Clinical Council to provide this, by ensuring clinicians and senior managers are collaborating and sharing best practice models of care across the system. One of our key focus areas is ensuring that every decision,



Pictured: Jacqui Close. Photo: ACI

and every person working in the health system, is focused on the patient."

"The Clinical Council will link those improvement programs with what is happening on the ground through our Local Health District services; ensure state and national services are not duplicated; and help us make full use of every available dollar and every available opportunity for improvement."

Hunter Watt said the Clinical Council brought together a powerful collaboration of skills and experience to drive clinical improvement, advise decision-makers and to really make a difference



Pictured: Jo Sutherland. Photo: ACI

to service delivery and health outcomes for the people of NSW.

The Clinical Council included an opening address from Renal Services Network consumer Geoff Youdale AM who outlined the benefits of a partnership approach involving clinicians and managers working together with consumers to improve clinical care and outcomes for patients.

"This type of approach offers value for both consumers and clinicians," Mr Youdale said.

"Co-operation builds strategic alliances with non-government organisations and community groups. This can help clinicians and managers make the case for change by bringing to the table strengths such as community support, independent research, education and advocacy skills."

"From a consumer perspective involvement in the development of best practice models of care can be initially daunting, but ultimately highly rewarding when improvements are made. Consumers can add value by providing direct insight into the patient journey. They can ask the really dumb questions that often lead to greater clarity. They can also champion issues such as equity of access and equity of treatment."

The Director of Anaesthetic Services at the Coffs Harbour Health Campus, Jo Sutherland, delivered a hard-hitting presentation from a regional perspective – suggesting the need for reform of the visiting medical officer (VMO) model of clinical care.

Jo Sutherland, herself a VMO anaesthetist, said that while the VMO model had been historically useful and was widespread in regional hospitals, current arrangements may no longer provide optimal care or cost effectiveness.

"When a significant majority of admitting doctors are visiting specialists, there can be issues for regional hospitals and Local Health Districts to consider," Jo Sutherland said.

"Those include the lack of consistently accessible senior medical supervision, issues with handover, discharge planning and training, and an overall lack of engagement resulting in some cases in problematic hospital culture."

Dr Sutherland suggested the system might be improved by the appointment of staff generalist physicians with admitting rights to lead the clinical care of all hospital patients.



Pictured: Lyn March. Photo: ACI

"This would provide a permanent presence to improve availability and accessibility of senior medical care.

"The staff physician would supervise junior doctors and patient care, as well as managing VMO consultation for high risk patients. This would enable patients to move more easily through the system and improve outcomes, particularly for complex patients."

"It would improve handover to the community, and result in fewer readmissions. That means improved efficiency, reduced costs and fewer clinical errors."

The work of ACI Clinical Networks was highlighted by Co-Chair of the Aged Health Network Jacqueline Close and Co-Chair of the Musculoskeletal Network, Lyn March.

Jacqui Close outlined two major Aged Health Network projects – the Caring for Confused Hospitalised Older People Study (CHOPS) and work on the nation hip fracture database.

The CHOPS project that is being taken forward in partnership with the Clinical Excellence Commission and GP NSW aims to improve care and reduce harm for hospitalised older people with dementia and/or delirium.

"Caring for confused older people is a reality for hospital staff working across all medical and surgical specialties, but many report feeling underskilled and having insufficient training," Jacqui Close said.

"The Department of Veterans Affairs has supported a one-year project to address training, education and support needs across five pilot hospitals in NSW."

"The Aged Health Network will be working in partnership with these hospitals to develop training, education and support packages for all health professionals."

Jacqui Close said ACI was the proposed lead agency to develop a NSW hip fracture database to feed into a national database. This is modelled on the successful UK database which had demonstrated clear evidence of improvement in care, including fewer falls, better bone health and reduced mortality.

Lyn March highlighted the body of work that the ACI Musculoskeletal Network had developed including the Osteoarthritis Chronic Care Program, the Juvenile Arthritis Coordinated Care program



Pictured: Brad Astill. Photo: ACI

and the Junior Doctor and Nurses Education initiatives, then focussed on the efforts of the network to improve diagnosis and treatment of osteoporosis – particularly for patients with osteoporotic fractures – through implementation of the Osteoporosis Re-fracture Prevention model of care.

"We know that while there is overwhelming evidence that people with osteoporotic fractures have higher morbidity and mortality, they are often not being identified and the opportunity for effective prevention is being missed."

"The need for action is urgent because without follow-up as many as a quarter of frail elderly patients who sustain a minimal trauma hip fracture die within 12 months."

"The Musculoskeletal Network has developed a new Model of Care to provide effective preventative health case to frail elderly people identified as having osteoporosis."

"This is a best practice guide that emphasises hospital linkages with chronic care and falls prevention services, primary care, community-based lifestyle services and home care services. This model of care has been shown to improve quality of life for people with osteoporosis and their families, reduce medical complications, reduce mortality and reduce readmissions to hospital."

The management perspective was provided by Brad Astill, general manager of the Westmead Hospital and Eastern Cluster of the Western Sydney Local Health District. Mr Astill said new ways of thinking were required to manage the growing burden of disease in the community.

"The challenge for LHD management is to engage with the ACI to support innovation," Mr Astill said.

"The costs of implementation are significantly outweighed by the benefits to be gained. Diabetes management is a good example. Up to 38% of inpatients have diabetes. In 2006 the average length of stay for patients with diabetes in Western Sydney was 6.9 days compared to 3.6 days for patients who didn't have diabetes. That meant 36,529 bed days lost because of diabetes."

"Managing the burden of disease in the community requires new ways of thinking that managers can contribute to by joining an ACI network" Mr Astill said.

## AGED HEALTH

Co-Chairs: Jacqueline Close and Andrea Sneesby

### Care of the Confused Hospitalised Older Person Study

The ACI Aged Health Network held a forum on 1 June 2011 to inform the Confused Hospitalised Older Person Study (CHOPS). The CHOPS is a joint initiative between ACI, GP NSW and the Clinical Excellence Commission.

The CHOPS steering and project management groups would like to thank all contributors who generously shared their experience and knowledge about strategies to address delirium currently in place in NSW healthcare facilities.

To access presentations from the forum visit

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



Pictured: The CHOPS project management committee met on 6 July 2011 to discuss an implementation strategy and outcome measures. Photo:

### Delirium Care Pathways

The Commonwealth Department of Health and Aging has recently released A 'Delirium Care Pathways' document and resources. This document builds on the Clinical Practice Guidelines for the Management of Delirium in Older People, which is available at:

[www.health.vic.gov.au/acute-agedcare/](http://www.health.vic.gov.au/acute-agedcare/)

The pathways were developed to improve how older people are managed during a delirium episode and minimise adverse outcomes. The CHOPS project will include the implementation of the delirium pathways across pilot facilities. The ACI is collaborating with NSW Health and Dementia and Delirium Clinical Nurse Consultants on a strategy to implement the pathway across the state.



## SAVE THE DATE

The ACI will host its third Orthogeriatric Symposium on 25 November 2011 at the Main Lecture Theatre, Concord Clinical School, Concord Hospital. Topics that will be covered include rural orthogeriatric care and a NSW hip fracture database. To join a mailing list for further information contact the ACI Aged Health Network Manager.

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## ANAESTHESIA PERIOPERATIVE CARE

Co-Chair: Su-Jen Yap and Bronwyn Munford

The Anaesthesia Perioperative Care Network is evaluating the feedback provided at the inaugural Network meeting in late April 2011.

Ellen Rawstron has been appointed to manage the Anaesthesia Perioperative Care Network. If you would like to find out more about the Network or are interested in joining the discussion, please contact Ellen on the numbers provided below.

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The ACI congratulates Tracey Tay who has been awarded a 2011 Churchill Fellowship by the Winston Churchill Memorial Trust to investigate how highly performing health care organisations support clinician involvement and leadership in change - Sweden, Denmark, UK, USA.

## BLOOD AND MARROW TRANSPLANT

Co-Chairs: Tony Dodds and Louisa Brown

At its meeting on 4 July 2011, the ACI Blood and Marrow Transplantation (BMT) Network's Executive Committee listened with interest to a presentation from Mark Schifter, Head Department of Oral Medicine, Oral Pathology and Special Care Dentistry, Westmead Centre for Oral Care, on 'Haematopoietic Stem Cell Transplantation (HSCT): Oral/Dental Manifestations and Complications'.

BMT patients, especially those undergoing allogeneic transplantation, may develop oral complications following BMT. Rapid identification and treatment is essential to prevent serious dental and gum damage. The ACI BMT Network will incorporate dental care into the BMT model of care and Long Term Follow-up practice

guidelines to support improvements in clinical practice and patient outcomes.

Other areas of work considered by the Executive included:

- the network's expansion into malignant haematology as agreed with the Cancer Institute NSW and lead clinicians
- BMT Quality Manager, Annette Trickett's proposal to develop a standardised BMT laboratory database which will assist accurate data analyses and improve quality systems in BMT laboratory processes
- promotion of standardised approaches to minimise hospital acquired infections, use of anti-microbials and promoting effective environmental care in BMT units. Nicky Gilroy,

the Network's Infectious Disease Physician is developing a process to make sure that all patients following allogeneic transplantation are re-vaccinated against childhood diseases and other common viruses such as influenza

- the development of an accurate coding classification system for BMT following a review of DRG classification to accurately reflect cost recovery for transplantation.

For further information on the work of the network contact the ACI BMT Network Manager.

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## Brain Injury Awareness Week 15-21 August 2011

Clinicians and consumers in the NSW Brain Injury Rehabilitation Program (BIRP) are busy planning activities in the lead up to Brain Injury Awareness Week.

The Brain Injury Association of NSW (BIA NSW) will be promoting events across NSW in its Calendar of Events, available on its website at [www.biansw.org.au](http://www.biansw.org.au)

This year's nationwide theme is Acquired Brain Injury (ABI) and the criminal justice system. The ACI Brain Injury Rehabilitation Directorate (BIRD) and BIA NSW will support a media campaign to raise community awareness of this issue.

BIA NSW is also working in partnership with the consortium of Brain Injury Associations across Australia to increase awareness while raising funds to support the over 1.6 million Australians affected by ABI.

Jonathon Koenig and his mother Cheryl are ambassadors for the BANG ON A BEANIE winter promotion. For more information about the promotion or to buy a blue beanie, contact the BIA NSW by email at [mail@biansw.org.au](mailto:mail@biansw.org.au) or phone (02) 9868 5261 or go to [www.bangonabeanie.com.au](http://www.bangonabeanie.com.au)

The ACI is doing its part to raise awareness of ABI, with the help of a grant provided by the NSW Department of Family and Community Services: Ageing Disability and Home Care (ADHC).

The ACI has developed an e learning education and training resource for ADHC staff and the general public.

This resource was developed collaboratively by the ACI BIRD steering committee, ADHC staff, clinicians and consumers and released in June 2011. Initial feedback indicates that the resource has been well received.

The ACI will review user and funder feedback before completing the project. Clinicians and managers working within NSW Health are encouraged to use the new education resource when working with people with acquired brain injury and their families.

For further information or to access the resource online visit [www.abistafftraining.info](http://www.abistafftraining.info)

## STANDARDS REVIEW

The Australasian Faculty of Rehabilitation Medicine, Royal Australasian College of Physicians has released the 2011 draft 'Standards for the Provision of Inpatient Adult Rehabilitation Medicine Services in Public and Private Services'.

As a result of their involvement in an ACI working party set up to identify the key elements of best practice care, Directors of specialised brain injury rehabilitation inpatient units will be able to provide feedback that incorporates valuable practical information in a local context

including staffing configurations. The working party which included representatives of the ACI brain injury, spinal injury and severe burns injury clinical networks worked in collaboration with the Life Time Care and Support Authority to better understand the type of services and associated costs for treating patients in specialised rehabilitation services. The activity of the ACI working party also included discussions with NSW Health on the activity based funding model for low volume high cost patients in public hospitals and the part funding model for motor vehicle related injuries.

## Improving research connections for better patient pathways

Adeline Hodgkinson, the Co-Chair of BIRD attended the Strategic Trauma Research Committee on 1 August 2011.

Previous meetings have discussed the value of developing a Trauma to Rehabilitation Research Stream and identified barriers to sharing data base information and knowledge across different departments and locations. The benefit of this approach to improving patient outcomes has been agreed and this meeting will explore possible options.

## New Manager for Dubbo BIRP

The ACI welcomes Narelle Miller who has recently commenced as the Manager of the Dubbo BIRP.

The Dubbo BIRP provides specialised community rehabilitation case management services to adult people who have sustained a traumatic brain injury (TBI) living locally and in selected rural and remote communities within

Western NSW Local Health District. Narelle is also the Manager of the Rural Spinal Cord Injury Service (RSSCIS), which from 1 August will be co-located with the Dubbo BIRP at 4 Tony Mc Grane Place, Dubbo. Narelle brings 23 years experience of working in rehabilitation in the region. She is an Occupational Therapist and worked for many years with the Commonwealth Rehabilitation Service in Dubbo. We wish her well.

## EVENTS AND DIARY DATES

- Following a successful Nurses Education Day on the 29 April 2011 at the Royal Rehabilitation Centre Sydney, the Brain Injury Rehabilitation Nurses Network has confirmed a date for the next annual education day as 27 April 2012. Keep checking for further details and add this date to your 2012 calendar.
- The next NSW BIRP Forum will be hosted by the Liverpool Brain Injury Rehabilitation Unit in 2013 and the organising committee will involve representatives from rural and paediatric BIRP services and the ACI.
- Presentations from the NSW BIRP Forum on the 12 May 2011 at the Westmead Education Centre will soon be available on line. Contact the BIRD Network Manager for further information.
- The Ninth World Congress on Brain Injury will be held 21-25 March 2012 at the Edinburgh International Conference Centre, Edinburgh Scotland. Make your plans now to attend this important biennial event. The submission deadline for abstracts is 14 October 2011.

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## CARDIAC PROJECT OFFICER



Pictured: Gerard Duck  
Photo: L Farthing

Gerard Duck has recently joined the ACI Cardiac Network as Chronic Cardiovascular Clinical Expert Reference Group (CCV CERG) Project Officer. Gerard has an allied health background and is an Accredited Exercise Physiologist with post-graduate qualification

in Cardiopulmonary Rehabilitation. He has worked most recently as the senior clinical exercise physiologist at a rehabilitation hospital.

Gerard will be supporting several projects under the direction of the CCV CERG and the ACI Cardiac Network Manager. These include updating the NSW Clinical Services Framework for Heart Failure, conducting regional and rural forums and developing an electronic forum to support the work of health professionals working with heart failure patients across NSW.

## Heart Failure Forum at Blacktown Hospital

The Centre for Health Innovation and Partnership (CHIP) in association with the Cardiology Department, Western Sydney Local Health District is hosting a forum on a cardiology best practice model of care for Heart Failure on Wednesday 31 August 2011 from 6pm-8:30pm at the University of Western Sydney Clinical School Auditorium at Blacktown Hospital. The forum is free and is open to general practitioners, and staff working in community, primary and tertiary healthcare services.

To register and for further enquiries, please contact:

Jocelyn Hickson on 9840 3583 [Jocelyn.Hickson@wsahs.nsw.gov.au](mailto:Jocelyn.Hickson@wsahs.nsw.gov.au)

## CHRONIC CARE WORKSHOPS

The allied health team at St Vincent's Hospital is running the 'Skills to Assist Patients Manage Their Chronic Disease' course on 14 and 15 October, 2011. The first day of the program will focus on patients who have defibrillators and the second day will address pulmonary hypertension. The course is open to occupational therapists and other health professionals. There are 30 places available for the course and the cost to attend is \$110 per person. The ACI is able to support the travel costs of a limited number of staff from different Local Health Districts and Specialty Networks to participate. For further details contact the ACI Cardiac Network Manager.

## Nurses Education Program

The next session of the Nurses Education Program will be held on Wednesday 14 September 2011 at 2:30pm. Janice Gullick, Clinical Nurse Consultant in cardiology from Concord Hospital will present on the topic of cardiac enzymes. Please contact the ACI Cardiac Network Manager for details on how to link into the session.

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

## BUREAU'S LATEST REPORT TACKLES ISSUE OF CHRONIC DISEASE



A new report from the Bureau of Health Information has helped identify opportunities to better manage two major chronic conditions: chronic obstructive pulmonary disease (COPD) and congestive heart failure

(CHF). *Chronic Disease Care: A piece of the picture* examined potentially avoidable hospital admissions for both conditions, and found they were responsible for 170,000 bed days in NSW public hospitals last year.

Part of the Bureau's *Insights Series*, the report showed that CHF and COPD were responsible for nearly 30,000 potentially avoidable admissions in 2009-2010. Potentially avoidable admissions are defined as hospital admissions that could have been avoided either through disease prevention, or more timely or improved care processes.

"This report is a valuable step in identifying opportunities to prevent these conditions from escalating so people can stay well and at home with their families," Bureau Chief Executive Diane Watson said.

### The winter peak

The overwhelming majority of these admissions arrived through emergency departments and peaked in winter, suggesting secondary prevention strategies may have greater impact if targeted at these times.

While bed days for CHF and COPD have decreased by about 10% in the past five years, the report identified some communities that would benefit from reducing these hospital admissions. The ACI Respiratory and Cardiac Networks have worked closely with the Bureau in the preparation of the report. Feedback to date indicates that this comprehensive, yet user friendly report is generating significant interest from both managers and clinicians about the care provided to people with COPD and CHF in both the hospital and community setting.

Many people with these conditions are frequently admitted to hospital for extended periods of time. The ACI Cardiac and Respiratory Networks will engage with clinicians and managers at selected sites that demonstrate relative higher rates of COPD or CHF admissions to implement a community based model of care to address local contributing factors and to reduce the number of admissions and readmissions in this patient population.

Chief Executive of the ACI, Hunter Watt, welcomed the report:

"ACI will use the findings of the Bureau's

report to work with Local Health Districts to assist communities with high rates of admission for COPD and CHF, to pilot and monitor the effectiveness of the model of care," he said.

"Identifying hospitals and geographic areas that have high potentially avoidable admissions can help focus and inform efforts to improve patient care," Dr Watson added.

The report provides hospitals with online access to information in the following areas: number, rate and standardised admission rate per 1,000 select medical hospitalisations; patient characteristics such as age, socioeconomic status and smoking status; hospital use data, including number of bed days, length of stay, and whether the admission originated from an emergency department.

### Unplanned admissions

In NSW there are about 174,000 people with COPD and 83,000 with CHF. The Bureau's report found that in 2009-10, 96% of potentially avoidable COPD admissions and 97% of potentially avoidable CHF admissions were unplanned.

The Bureau plans to release a second report on this topic later in 2011, which will include information updates and additional analysis to explore variation in potentially avoidable COPD and CHF admissions.

*Chronic Disease Care: A piece of the picture* is available at [www.bhi.nsw.gov.au](http://www.bhi.nsw.gov.au)

Cecily Barrack joined ACI in June 2011 as the Respiratory Network Manager replacing Nick Wilcox who is currently on a one year secondment with the Australian Commission on Safety and Quality in Health Care. The initial task of reconvening the Pulmonary Rehabilitation and Education and Training Working Groups is now underway. New groups are being established including a Pleural Procedures Working Group and Sleep Disorders and Respiratory Failure Working Group which will meet to formulate their work plans over the next month.

## ACI and Enable NSW Collaboration

The ACI Respiratory Network in collaboration with EnableNSW has completed the revision of the Home Respiratory Program Prescription and Provision Guidelines. The set of new evidence-based prescription and provision guidelines for continuous ventilation, continuous positive airway pressure (CPAP), home oxygen, nocturnal ventilation and secretion management equipment for both adults and children are now available from the EnableNSW website at:

[www.enable.health.nsw.gov.au/\\_data/assets/pdf\\_file/0020/151328/Adult\\_CPAP\\_PPG.pdf](http://www.enable.health.nsw.gov.au/_data/assets/pdf_file/0020/151328/Adult_CPAP_PPG.pdf)

The network is supporting EnableNSW to progress an online equipment request process pilot which is anticipated to be a significant step toward reducing the time burden for clinicians involved in processing requests for Home Respiratory Program equipment.

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

## ACI DICAST visits Cooma



Pictured: Bridie Carr addressing the audience. Photo: R Donovan

The second ACI DICAST (Diabetes, Cardiac and Stroke) workshops were held at Cooma Ex-Services Club on 30 June and 1 July 2011. Over 80 doctors nurses and allied health staff participated in the two day workshops. The workshops were opened by Elizabeth Mendes, Health Services Manager from Cooma Hospital. The first day focused on the management of a patient with multiple co-morbidities throughout the continuum of care. A range of specialists used the case study to highlight the essential elements of evidence-based practice which they utilise in the management of complex patients. An educator from the Ambulance Service of NSW outlined the pre-hospital management of the patient and clinical nurse educators (CNEs) presented on the management of diabetes and

the pre and post-operative care of patients who have coronary artery bypass grafts. The program also included information on community nursing, palliative care and cardiac interventions. The second day was dedicated to building on current knowledge and upskilling clinicians on a range of practical skills including Healthy Communities and Exercise Programs, interpreting ECG, and management of neuropathic foot ulcers.

An educational meeting was also held on the evening of 30 June 2011 for General practitioners (GPs). The same complex case study was used throughout the evening. The specialists, CNEs and paramedic educators spoke to small groups of GPs for twenty minutes and described how they managed the patient

throughout the disease trajectory. Each speaker rotated so that at the end of the session, each GP had participated in a discussion with each of the speakers. Evaluations from the workshops were positive and indicated that there is interest in the ACI providing similar educational initiatives in the future. GPs in particular welcomed the small group sessions and the ability to interact closely with specialists. Both meetings were sponsored by an unrestricted educational grant which was provided by sanofi aventis.

The DICAST workshops will be repeated in Tweed Heads on 10 and 11 November 2011. The program for these workshops will be available on the ACI website at:

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



Pictured: Mark Longworth, Bridie Carr, Hunter Watt, Karen Evans, Rebecca Donovan and Nadia Schwiezer. Photo: ACI

## COMMUNITY ENGAGEMENT

### END OF LIFE CARE

The ACI will host a forum for all consumers contributing to its networks on Wednesday 31 August 2011 between 9am – 1 pm. Held in partnership with NSW Health, the forum will facilitate consumer discussions around end of life care ahead of the expected public consultation on the NSW Health Advance Planning for Quality care at End of Life: Strategic and Implementation Framework. For further information contact Maeve Eikli on Email: [maeve.eikli@aci.health.nsw.gov.au](mailto:maeve.eikli@aci.health.nsw.gov.au)

## AGENCY FOR CLINICAL INNOVATION CONTRIBUTES TO CONSUMERS REFORMING HEALTH

As a sponsor of the inaugural Consumers Reforming Health conference held in Melbourne 18-20 July 2011, the ACI supported five consumers who contribute to ACI networks to attend.

The conference provided an opportunity to learn about the latest developments in consumer engagement, to hear of work and research being conducted across Australia and internationally and to network with people passionate about consumer engagement.

The ACI delegation at the conference included Maria Linkenbagh, ACI Anaesthetic and Perioperative Care Network, Angela Smith, ACI Pain Management Network, Tonina Harvey,

ParaQuad NSW, ACI Spinal Cord Injury Network, Betty Johnson, ACI Transition Care and Aged Health Networks and Karen Filocamo of Arthritis NSW, ACI Musculoskeletal Network.

In presentations to conference delegates, the ACI outlined its research partnership with the Australian Institute of Health Innovation, provided details of consumer-led work spearheaded by its renal network on dialysis transport and partnerships with Arthritis NSW

to engage consumers in the work of the ACI Musculoskeletal Network.

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## EMERGENCY CARE INSTITUTE

The NSW Emergency Care Institute (ECI) has been established to represent the views and priorities of emergency clinicians, staff and others who work in and access emergency care in NSW.

To shape the development of the ECI and ensure that we are a valuable, representative and relevant body, we have sent a questionnaire to emergency care groups to determine how the ECI can best support those involved in providing emergency care.

The information collated through this process will inform the strategy and priority areas for the ECI in the next 12 months to 3 years.

The ECI team has been meeting with stakeholder groups, visiting Emergency Departments in the metropolitan, regional and rural areas and talking to staff about the current and emerging emergency care issues in NSW.

Over the coming months the ECI team will be developing a new website and establishing our new governance structures.

## SAVE THE DATE

The ECI is planning a Launch Event and Emergency Care Symposium to be held at the Stamford Plaza Sydney Airport on 4 November 2011. Further information will follow in the next edition of the newsletter.

## Want to be involved in the ECI?

If you are interested in being involved in the ECI through our advisory committees, working groups, projects or simply being placed on a distribution list please **click here**.

Contact: Sally McCarthy  
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Emergency  
Care Institute  
NEW SOUTH WALES

Clinical Network Report

## ENDOCRINE

Co-Chairs: David Chipps and Jan Alford

## DIABETES IN PREGNANCY

The ACI Endocrine Network held a successful first meeting on 12 July at Northern Sydney Education Centre, North Ryde. The group is co-chaired by Glynis Ross, a Senior Endocrinologist Royal Prince Alfred Hospital and Senior Endocrinologist Bankstown-Lidcombe Hospital and Amanda Bartlett, a Diabetes Educator and Clinical Midwifery Specialist at the Royal Hospital for Women. The group identified two key issues to progress before the next meeting in September 2011 including data collection and education on pre-pregnancy planning for women with type 1 and type 2 diabetes.

## DIABETES AND EMERGENCY DEPARTMENTS

The Network's research project which is looking at diabetes case detection through Emergency Department admissions has now started in a number of intervention and control sites.

The individual sites are working hard to have 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 at each site, and the ACI thanks the teams of investigators at each site that are helping with this process.

There are still a few sites that are waiting for the final clearance to proceed, but ACI is confident that all the sites will be on board soon.

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

## GP Diabetic Foot Evening

Podiatrists from the Diabetic Foot Working Group are hosting an evening with General Practitioners at Bankstown GP Network on 28 July 2011.

The evening will include screening and prevention of diabetic foot ulcer assessments to assist GPs to identify and manage these wounds early before they require hospitalisation. For further information on the evening contact the ACI Endocrine Network Manager.

## Credentialing for Diabetes Podiatrists

The Podiatry Credentialing document is complete and ready for circulation to key stakeholders to invite wider feedback. The Diabetic Foot Working Group met in July 2011 to discuss the document and have compiled a list of stakeholders to be included in the public consultation. The Network plans to pilot the document in nominated hospitals for a period of three months after which there will be a formal evaluation.

## OBESITY

The first planning meeting to develop a national obesity registry was held in mid July 2011 to identify the key data required to capture information on obesity and associated treatments. There were representatives invited from each State and the initiative was led by the NHMRC Clinical Trials Centre and the Institute of Obesity, Exercise and Nutrition, University of Sydney.

## Intravenous Insulin Chart Development

The ACI hosted a first meeting to develop a NSW Intravenous Insulin Chart on 19 July 2011 with expert diabetes clinicians attending along with representatives from NSW Department of Health and the State Forms Management Committee. Those attending were asked to present details of the current chart they are using at their site for prescription and monitoring of intravenous insulin to inform development of a

common chart. The next meeting of this working group will take place in September 2011.

For further details contact the ACI Endocrine Network Manager.

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Clinical Network Report

## GASTROENTEROLOGY

Co-Chairs: Brian Jones and Joanne Benhamu

## Parenteral Nutrition Patient Information Pamphlet

The ACI Gastroenterology and Nutrition Networks are working with PN Down Under and Inflammatory Bowel Disease (IBD) Support Australia to develop a resource for patients and carers that require parenteral nutrition (PN). A draft information pamphlet has been developed and disseminated to ACI Gastroenterology and Nutrition Networks. Once feedback has been consolidated and the draft is finalised, the information pamphlet will be piloted at a number of sites. For more information on the PN consumer resource project, please contact the ACI Gastroenterology or Nutrition Network Managers.

## Endoscopy Information System Update

The ACI Gastroenterology Network is assisting NSW Health to implement the NSW Endoscopy Information System (EIS). In May 2011, NSW Health Support Services (HSS) conducted planning sessions with the U.S. vendor, ProVation Medical, to establish the resource requirements of the project, the state-wide system architecture, integration and testing strategies.

Implementation of the EIS will commence in the Hunter New England Local Health District (LHD),

which has 17 hospitals currently performing endoscopy procedures.

HSS has met with Hunter New England stakeholders and is now undertaking a detailed Implementation Planning Study (IPS), which identifies key stakeholders, site requirements, business change requirements, and an implementation schedule. The IPS will be completed by the end of August 2011. An IPS will be undertaken for each LHD.

## RECRUITMENT UPDATE

Recruitment for gastroenterology continuing advanced trainee positions is now complete.

Any second and third year positions not filled as part of this process will be advertised with the first year gastroenterology training positions. Applications will open on 21 July 2011 as part of NSW Health JMO recruitment for the 2012 Clinical Year. First year positions will be recruited as part of the Royal Australasian College of Physicians Multi-specialty National Match.

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Clinical Network Report

## GYNAECOLOGICAL ONCOLOGY

Co-Chairs: Russell Hogg and Kim Hobbs

## Network Future Project Planning Day

It is anticipated that the ACI Gynaecological Oncology Network will hold a network planning day in the last quarter of 2011. The network executive is awaiting the release of the Cancer Institute NSW Gynaecological Oncology Workforce Project Report, which will aid in the development of future project proposals.

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## INTELLECTUAL DISABILITY

Interim Chair: Les White

The ACI Intellectual Disability (ID) Network has been established to improve primary and specialist health care services for people with intellectual disability by promoting clinical leadership, research and education.

At its recent meeting on 2 August 2011, the Steering Committee established a number of subcommittees. It is anticipated that the Executive will be formed by November 2011 and will meet on a quarterly basis.

A call for membership to join the subcommittees has been sent out to all ID Network members. The subcommittees will progress key priorities relating to the health care of people with an intellectual disability across four areas of the ID Network's activity matrix 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 achieve and 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 ACI acknowledges the work and support provided by Les White, NSW Chief Paediatrician in his capacity as Interim Chair. His clarity and strong leadership and engagement skills has enabled the ID Network to progress at a fast pace within the past five months.

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## MUSCULOSKELETAL

Co-Chairs: John Eisman and Lyn March

### Guideline for elective joint replacement surgery in NSW

The ACI Musculoskeletal Network is developing a guideline to improve clinical practice and patient outcomes for people receiving elective joint replacement surgery in NSW. Literature reviews have been completed and the Working Group is considering the levels of evidence for each element of the pre, peri and post-operative aspects of caring for a person undergoing elective hip or knee replacement. Recommendations will be identified for inclusion in the final ACI guideline that will aim to support clinicians and managers to incorporate recommended changes into usual practice or to highlight elements of care which require further research.

The Working Group has recently extended an open invitation to orthopaedic surgeons working in NSW to participate in advising the NSW Department of Health on a proposed procurement process for orthopaedic prostheses. The initial meeting with Department of Health was held in July 2011 and a second meeting will be convened when the proposal is further developed and incorporates surgeons' suggestions.

## INVITATION

### NSW Orthopaedic Surgeons

An opportunity exists for you to contribute to the recommendations identified by the Independent Pricing and Regulatory Tribunal Report 2010 on orthopaedic prostheses procurement.

To find out more on how you can present your perspective to the NSW Department of Health please contact Elizabeth Armstrong at Email: [elizabeth.armstrong@aci.health.nsw.gov.au](mailto:elizabeth.armstrong@aci.health.nsw.gov.au) or by phone on (02) 8644 2183.

## NSW OSTEOARTHRITIS CHRONIC CARE PROGRAM

This pilot multidisciplinary program is now functioning at all eight sites across NSW.

The sites working with the ACI team are Port Macquarie, Royal Newcastle Centre, Gosford/Wyong, Sutherland/St George, Wollongong, Nepean, Fairfield and Bowral/Macarthur health services.

The aim is to recruit people who are awaiting elective joint replacement and support their efforts to reduce pain, increase their function and quality of life through conservative measures that are identified as needed. These may include improved analgesia regimen, an appropriate exercise program, advice and encouragement on better nutrition habits, psychological support, as well as peer support through meeting each other at the program sessions.

The sites and ACI will evaluate the program outcomes at strategic points throughout the 12 months as well as at pilot program completion. These reports will be available on the ACI Musculoskeletal Network web pages as well as directly from the ACI Musculoskeletal Network Manager.

## NSW Model of Care for Children with Rheumatology Conditions

The Network's Working Group is currently undertaking qualitative research with parents of children with rheumatology conditions, as well as some of the children themselves, to inform development of a proposed new model of care for children with rheumatology conditions. This work is being undertaken in collaboration with Arthritis NSW who will take the lead on this consumer research.

## Implementing the Model of Care for Osteoporotic Refracture Prevention

Lyn March, Co-Chair of the ACI Musculoskeletal Network showcased the Network's Osteoporotic Refracture Prevention model of care at the recent inaugural ACI Clinical Council Forum.

The model is a prime example of how clinicians across NSW can identify issues that require system wide change in practice to deliver better healthcare to the people of NSW. Minimal trauma fractures, those that occur from a fall, trip or slip, can be prevented in 50 – 80% of cases if osteoporosis is identified and appropriately managed. NSW hospital data reveals a rate of over 35% re-admissions for minimal trauma fractures. This data is understood to be grossly under-reported so the reductions in pain and suffering of people in NSW experiencing minimal trauma fractures can be greatly reduced by implementation of this model of care that will 'find' these patients and link them to the appropriate care.

The ACI Musculoskeletal Network is collaborating with the ACI/CEC Policy and Technology Support Unit (PTSU) to evaluate the implementation of the NSW Model of Care for Osteoporotic Refracture Prevention across NSW. Wagga Wagga health service is currently recruiting a Fracture Liaison Coordinator who will lead the implementation of the model of care in that locality for an initial three months. This process will be monitored by the ACI and PTSU in order to identify the key variables necessary to support successful implementation. In addition, the existing Osteoporotic Refracture Prevention services at Royal Prince Alfred Hospital and Royal Newcastle Centre will be reviewed to understand their successful processes over many years of operation.

## OTHER WORK

The ACI Musculoskeletal Network is working with the Clinical Education and Training Institute to develop a program of study for junior doctors on the identification and treatment of osteoporosis.

In addition the Network has a Working Group considering the development of a program of study for nurses on Musculoskeletal Nursing. Discussions are also underway to see whether this program of study could be extended to include allied health professionals.

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

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

Clinical Network Report

## NUCLEAR MEDICINE

Co-Chairs: Barry Elison and Liz Bailey

Clinical Network Report

## RADIOLOGY

Co-Chairs: Richard Waugh and Margaret Allen

## MEDICAL IMAGING EQUIPMENT AUDIT

In July 2011 all public Nuclear Medicine and Radiology Departments in NSW were asked to complete a spreadsheet that detailed all medical imaging equipment within the department and plans for replacement of outdated equipment. Although two previous audits had been commissioned by the Commonwealth and State Governments, both excluded vital information to inform a strategic approach to the replacement of old medical imaging equipment in NSW. The Commonwealth's Capital Sensitivity rules from July 2011 will halve Medicare rebates with a subsequent shortfall in expected revenues. The data from this audit is being collated to determine how many items, of what description, with what replacement cost, currently require funding across NSW Health.

## RADIONUCLIDE THERAPIES

The ACI and the ACI/CEC Policy and Technical Support Unit (PTSU) is working with the Statewide Services Development Branch at NSW Health to determine possible interim funding for radionuclide therapies. These targeted therapies are often the most effective treatment for particular cancers and NSW remains the only mainland state in Australia not providing access to public patients.

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## Medical Imaging Nursing Course

The ACI Radiology Network held the third annual two day Medical Imaging Nursing Course 22-23 June 2011 at the College of Nursing with great success. Twenty four nurses participate in the course this year including seven nurses from private practice and one from interstate. The ACI thanks the NSW Chief Nursing and Midwifery Officer who sponsored attendance by all nurses from NSW public hospitals.

Clinical Network Report

## NEUROSURGERY

Co-Chairs: Mark Sheridan and Kate Becker

## Eighth Annual Neurosurgical Nursing Professional Development Scholarship Committee Conference

On Friday 3 June 2011 the Neurosurgical Nursing Professional Development Scholarship Committee (NNPDSC) convened their eighth annual conference at the Menzies Hotel in Sydney. The program reflected current topics in nursing and medical neurosurgical practice. A particularly poignant and insightful presentation was provided by Martin and Linda Barker.

Mr and Mrs Barker candidly shared their experiences from the point of view of a patient and family coping with diagnosis, surgery, chemotherapy, rehabilitation, remission and life as it for them now. They showed how the shock and heartache of confronting a serious illness was a family journey and that humour and love were strong tools in fighting disease.

Delegates attending the conference were from interstate and overseas, with two delegates from Christchurch in New Zealand, from the Canterbury District Health Board. Planning for the ninth annual conference has commenced.

# RECOGNITION OF CLINICAL AND PROFESSIONAL CONTRIBUTION

Kylie Wright a Clinical Nurse Consultant and Case Manager at Liverpool Hospital, has been recognised in the South Western Sydney Local Health District International Nurses Day Awards. Kylie was recognised for publishing papers:- "Management of Patients undergoing Pituitary Tumour Removal via the Transsphenoidal/ Transfrontal approach" and "Long Term Facilitation of a Hospital-based Brain Tumour Support Group: Trials and Triumphs of a Seven Year Journey"; and for presentations at national and international conferences: "A Stitch in Time!" Nurses suturing post neurosurgical drain removal" and "Introduction to NeuroOncology"

An Outstanding Clinical Achievement Award was given in recognition of Kylie's significant and exceptional contribution to the clinical speciality and implementation of innovative clinical practice.

Kylie has been a member of the Neurosurgery Network and Neurosurgical Nurses Scholarship Committee for almost a decade and currently also holds the role of National Secretary for the Australasian Neuroscience Nurses Association. The Network wishes to congratulate Kylie on her achievements.



Pictured: Mabeline Siaw and Susan Shaw, RNs from Christchurch, New Zealand. Photo: L Farthing



Pictured: (L-R) Brindha Shivalingam, Neurosurgeon, RPAH, Ben Jonker Neurosurgeon, RPAH, Andrew Davidson Neurosurgeon, Nepean Hospitals, Brendan Steinfert (Interventional Neuroradiologist, RNSH). Photo: L Farthing

# FASCINATION BEYOND NEUROSURGERY

Diane Lear and Violeta Sutherland are both long standing members of the ACI Neurosurgery Network and the Neurosurgery Nurses Professional Development Scholarship Committee. They are Clinical Nurse Consultants (CNC) in neurosurgery and neuroscience from two metropolitan university teaching hospitals. Diane and Violeta have co-authored

and published an article about their individual experiences with patients admitted to their respective institutions with Paraneoplastic Limbic Encephalitis (PLE) Associated with Ovarian Teratoma.

The case studies they discuss in the May 2011 issue of the Australasian Journal of Neuroscience

illustrate the difficulties faced in diagnosing and treating PLE and the lengthy rehabilitative processes leading to ultimate discharge home. This disorder is clinically challenging for healthcare providers and patients' families and carers: to receive a copy of the publication contact the ACI Neurosurgery Network Manager.

# Neurosurgery Network Combined Clinical Audit Database

Under the guidance of James Treacy, ACI IT Manager, and Robert White, Programming Consultant, the ACI Neurosurgery Network Combined Clinical Audit Database is undergoing a process and configuration rebuild. It is anticipated that this will facilitate the submission of data from the various sites and enable routine generation of reports. The estimated time of completion time of this work is two months. For further details contact the ACI Neurosurgery Network Manager.

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Clinical Network Report

## NUTRITION



Pictured: Tanya Hazlewood

Tanya Hazlewood starts work this month as the new Manager of the ACI Nutrition Network. Tanya was most recently the manager of Nutrition and Dietetics at Liverpool Hospital. She has been an active member of the ACI's Nutrition in Hospitals Group. Tanya has also been a principal investigator of the Kidz on Home Enteral Nutrition (HEN) project funded by the Western Child Health Network which investigated paediatric HEN services.

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tanya.hazlewood@aci.health.nsw.gov.au

## HOME ENTERAL NUTRITION

The NSW Government Enteral Nutrition Support and Services tender has now been released. Thank you to members of the ACI Nutrition Network who have been involved in the specifications development. It is expected the new contract will be in place in early 2012.

Thank you also to all network members who responded to the EnableNSW request for feedback on the prescription and provision guidelines for HEN. ACI has collated these responses and provided them to EnableNSW. Please contact the ACI Nutrition Network Manager if you would like a copy of the collated ACI feedback.

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

## NUTRITION IN HOSPITALS

The ACI Nutrition Network is inviting feedback on the draft "Therapeutic diet specifications for paediatric inpatients in NSW hospitals". These diet specifications are a companion document to the adult therapeutic diet specifications. The deadline for submitting comments is 31 August 2011. For further details or to provide feedback, contact the ACI Nutrition Network Manager.

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## EYECU

Phase 2 of the EYECU 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 Sydney/Sydney Eye Hospital (SSEH).

It has been agreed to appoint a part time EYECU project coordinator to drive implementation and support the subcommittees including:

- The Model of Care Subcommittee which has met twice. It has started to identify key elements of the model of care and barriers to implementation. The model of care will operate within the newly established medical retina clinics
- Administrative Processes Subcommittee which is about to trial the booking slip redesigned to identify 'clinical urgency' in all outpatient clinics

The EYECU Phase 1 draft project report for the Inter-government and Funding Strategies Branch of NSW Health is currently being reviewed by the project steering committee. The report details the recommendations of Phase 1 of the project and provides preliminary estimates of prevalence of the disease, the demand for treatment and the capacity required to treat the prevalent population of South Eastern Sydney and Illawarra Shoalhaven Local Health Districts (LHDs). One important recommendation of the report is the need to identify inflows into SSEH as these patients from other LHDs, will significantly increase the local demand.

## SURGERY FUTURES – A PLAN FOR METROPOLITAN SYDNEY

A paper outlining the ACI Statewide Ophthalmology Service (SOS) and Royal Australian and New Zealand College of Ophthalmology position on high volume short stay surgical services units has been written. Following review it is anticipated that the ACI will present it for discussion at the meeting of the NSW Health Department's Surgical Services Taskforce in August 2011. The Surgery Futures Report for Greater Sydney and further information about Rural Surgery Futures can be found at [www.archi.net.au/documents/resources/hsd/surgery/futures/surgery-plan.pdf](http://www.archi.net.au/documents/resources/hsd/surgery/futures/surgery-plan.pdf)

## Eye Emergency Clinical Guidelines

A second review of the eye emergency clinical guidelines will be undertaken at the same time as the demand for a smart phone application for the guidelines is canvassed.

A second review of the guidelines will be undertaken in preparation for the development of an application for a smart phone. If you would like to provide feedback on the guidelines in the Eye Emergency Manual and the development of an application please contact Jan Steen on Email: [jan.steen@aci.health.nsw.gov.au](mailto:jan.steen@aci.health.nsw.gov.au)

## Diabetic Retinopathy Working Group

The model of care working group has agreed that evidence is required about the barriers to screening for diabetic retinopathy especially for Type 2 Diabetes. Once barriers are understood the working group will decide upon which aspect of the model of care to focus.

A survey will be undertaken initially in the Hunter New England LHD. It has been decided to extend the survey to include Liverpool, Blacktown, Penrith and Campbelltown areas, which have the highest incidence of diabetes in NSW. Advice will be sought on the best way to engage the culturally and linguistically diverse communities.

The survey form is currently being used by Australian Diabetes Council with attendees at screening sessions in rural and metropolitan areas being undertaken in May, July and September 2011.

## Eye Emergency Clinician Education

The 2011 'Train the Trainer' workshop will be held on 7 October at Sydney/Sydney Eye Hospital. Participants in the one day workshop who had expressed an interest in 'Train the Trainer' education have been invited to register. There are still places available which can be confirmed by emailing Jan Steen on Email: [jan.steen@aci.health.nsw.gov.au](mailto:jan.steen@aci.health.nsw.gov.au)

Contact: Jan Steen

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

The NSW Government has established a Ministerial Taskforce to work for three months in partnership with the ACI Pain Management Network to develop a statewide plan and Model of Care for chronic pain management.

This provides an exceptional opportunity for the network to put forward and implement some of the strategic directions from the National Pain Strategy. Representatives from the Network on the Taskforce include Michael Cousins, Professor of Pain Medicine at Royal North Shore Hospital, Milana Votrubic, General Practitioner, and Fiona Hodson, Clinical Nurse Consultant, John Hunter Pain Service. The Taskforce is chaired by Richard Chye, Professor Sacred Heart Palliative Care service. Secretariat support is provided by Kate

Needham and Jenni Johnson, ACI and Susan Burke and Chris Shipway from NSW Health.

To inform considerations by the Taskforce, the ACI Pain Management Network will conduct a literature review on Models of Care through a partnership between the Sax Institute and the Motor Accidents Authority of NSW. In addition, a survey of all the tertiary services will be conducted to examine current and future resourcing requirements and Models of Care. The Network is also working closely with Chronic Pain

Australia to identify key recommendations to address the needs of patients, families, carers and the wider community.

Jenni Johnson has recently joined ACI as the Manager of the Pain Management Network. For further details on the work of the Network please contact Jenni on the numbers provided below.

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## NSW Renal Dialysis Service Plan to 2011

The Statewide and Rural Health Services and Capital Planning Branch (SRHSCPB), NSW Department of Health is evaluating the current NSW Renal Dialysis Service Plan to 2011, prior to developing a plan for coming years.

In September 2011, NSW Health will hold a workshop to assist its deliberations on future planning priorities. The ACI Renal Network encourages clinicians to attend. Members of the ACI Renal Network's Dialysis Working Group look forward to making a significant contribution to the development of future plans.

## Information Management: Dialysis Minimum Data Set

A business analyst has recently been appointed to oversee implementation of a system for measuring dialysis activity across NSW through a dialysis minimum data set (MDS). This project has been integral to many of the Renal Network's initiatives over the past six years. Until the data from the MDS becomes available it is difficult to evaluate the outcomes of planning and delivery of renal treatment programs, or of the NSW Renal Dialysis Service Plan to 2011. The continued interest and support of clinicians for this project is greatly appreciated.

## NSW DIALYSIS CAPACITY AUDIT

NSW Health is currently undertaking the annual Dialysis Capacity Audit that the ACI Renal Network has performed over the last two years.

This audit has provided valuable information to clinical units that has assisted with planning of services. The ACI Renal Network has met with SRHSCPB and asked them to retain items of special importance to renal units and to maintain consistency of nomenclature to enable data trending. It is anticipated that the implementation of the MDS will replace the need for this audit.

## PERITONEAL DIALYSIS CONSUMABLES PURCHASING PROJECT

ACI has been working with all renal units and Health Services Support to help to address a clause built into the 2010 Peritoneal Dialysis Consumables Purchasing Project Purchasing Contract 921. We are pleased to advise that the targets were met by end of financial year. Thank you for all your efforts. Contact: Fidy Westgarth, Network Manager, ACI Renal Network

Contact: Fidy Westgarth

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

## RESEARCH UPDATE – PSYCHOSOCIAL ASPECTS OF SCI REHABILITATION, BEST PRACTICE ASSESSMENT AND INTERVENTION

Spinal cord injury (SCI) results in severe impairment and is managed by a multidisciplinary rehabilitation approach.

Unless sensitive and timely psychosocial assessment occurs, serious complications may not be identified or appropriately managed. This project is investigating the following within the adult SCI Units in Sydney:

1. Development and piloting of a standardised psychosocial assessment schedule that can be used to monitor progress, set goals and detect psychosocial risks in people with SCI
2. Assessment of the efficacy of a multilayered psychosocial cognitive behavioural therapy self-management rehabilitation package to be run as a service program during inpatient rehabilitation in SCI Units in Sydney's

Moorong, Royal Rehabilitation Centre Sydney (RRCS) and SCI Unit, Prince of Wales Hospital (POWH).

Phase 1 of the project is now completed. Thirty three newly injured people with a SCI have completed the control SCI standardised assessment and will be followed up six months following return to community living. Validity analysis of the Brief Clinical Tools used for these assessments has found them to be effective.

Data collection is continuing on able-bodied subjects who are age, sex and education matched to the SCI participants.

Phase 2 of the project is now underway with the clinical trial of the psychosocial cognitive behavioural therapy group sessions. The treatment package consists of eight two hour sessions covering topics such as coping skills, mindfulness, psycho-education, visualisation, evidence-based thinking, social skills and assertion and resilience training. A treatment manual has been developed to guide the group sessions.

For further information on the project please contact Ashley Craig on email: [a.craig@sydney.edu.au](mailto:a.craig@sydney.edu.au)

## A NEW PROJECT TO COMMENCE

Recruitment has commenced for a project officer for 12 months to lead an exciting new project titled 'Development of a Statewide Model of Care for the prevention and/or management of pressure ulcers in people with a Spinal Cord Injury (SCI)'.

As part of Phase 1 of the project, the primary purpose of the Project Officer will be to support the ACI Statewide Spinal Cord Injury Service (SSCIS) in the development of a state-wide model of care for the prevention or management of pressure ulcers in people with a Spinal Cord Injury (SCI).

As part of Phase 2 the Project Officer will roll out and implement the model of care across NSW.

The Project Officer will work in collaboration with SCI related plastic surgeons, spinal cord injury physicians, nurses, and allied health from acute, sub-acute and outpatient services at POW and RNS Hospitals, spinal outreach and rural services, seating services, and stakeholders from non-government organisations; consumers and NSW Health and under the direction of the Manager of the SSCIS report to a Project Steering Committee.

For further information on the project please contact Frances Monypenny.

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**Mob: 0404 010 918**  
[frances.monypenny@aci.health.nsw.gov.au](mailto:frances.monypenny@aci.health.nsw.gov.au)  
[www.health.nsw.gov.au/gmct/spinal/](http://www.health.nsw.gov.au/gmct/spinal/)

Clinical Network Report

## STATEWIDE BURN INJURY

Co-Chairs: Peter Maitz  
and Diane Elfleet

## SUCCESSFUL BURN REHABILITATION COURSE FOR CLINICIANS ACROSS THE STATE AND COUNTRY



Pictured: The SBIS audience at the Burn Management Rehabilitation Series May 2011. Photo: A Darton

The ACI Statewide Burn Injury Service (SBIS) ran a successful 2 day Burn Rehabilitation Management Series in late May 2011. The series was attended by 62 clinical staff from a variety of professions and work places from rural and remote, metropolitan

as well as 16 delegates from interstate and one from New Zealand.

The presentations were provided by 20 doctors, nurses, and allied health staff from the two acute adult burn units, Royal North Shore Hospital and Concord Repatriation General Hospital (CRGH)

and Royal Rehabilitation Centre Sydney (RRCS). Three burn survivors were involved in the afternoon practical sessions.

Evaluations were positive with helpful comments to improve the course which is now in its third iteration.

## INTERHOSPITAL CLINICAL BURNS MEETING

The SBIS holds an Interhospital Clinical Burns Meeting three times a year. The meeting is attended by clinicians from the three burn units and RRCS.

A recent meeting was held on 14 July 2011 at CRGH and attended by over 30 clinicians.

David Sweeting, a consultant engineer gave a fascinating presentation on the physics of electricity that underpin burn injuries which gave a new understanding to the burn clinicians on how electrical arc injuries effect our patients. Other presentations were provided by Winnie Hong, chronic pain consultant and Burns Pain Clinic Consultant at CRGH, on burns pain and a new model of care for burn pain services and

Janelle Tolley, Burn Peer Support Program project officer who updated on the current status of this pilot program.

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

Forty clinicians attended the Manning Base Hospital Stroke Education Day on 30 May 2011.

Facilitated by Manning Base Hospital's Transient Ischemic Attack (TIA)/Stroke Care Coordinator Jenny Rudd the education day was designed to encompass a holistic approach to stroke management including the first 48 hours, profiling potential complications and highlighting the benefits of early rehabilitation.

## AUDIT UPDATES

Clinicians at Grafton Base Hospital completed an audit of 100 discharged stroke patients medical records in June 2011.

The Grafton Base Hospital clinicians are developing a proposal to seek support from the Northern NSW Local Health District to develop a stroke service and stroke unit to integrate with the redevelopment of rehabilitation and palliative care beds at Maclean District Hospital funded by the Council of Australian Governments (COAG).

During the audit and to raise the profile of stroke management in Grafton, Amanda Tutty and colleagues facilitated a multidisciplinary stroke education day for 90 allied health and nursing clinicians and also hosted an educational evening for General Practitioners (GPs).

At the evening meeting Sergio Diez Alvarez, Physician and Director of Stroke Services at Coffs Harbour Health Campus and Tanya Stewart, Cardiologist and Head of Cardiology Department, Coffs Harbour Health Campus presented on the cerebrovascular patient journey to 25 GPs and health administrators.

Melissa Christos and the audit team at Coffs Harbour Health campus have commenced the second phase of the audit of stroke services at the Coffs Harbour Health campus. The results of the audit will be included in the rural stroke evaluation report released in July 2011.

South Western Sydney Local Health District Stroke Symposium was held on 6 June 2011 on the Campbelltown campus of the University Western Sydney. Coordinated by South Western Sydney Local Health District Area Stroke Clinical Nurse Consultant Myra Drummond, thirteen presentations were provided including the 'Adventures of a dietitian on the acute stroke unit' and 'The Use of Mirror Ball Therapy in Occupational Therapy for Acute Stroke Survivors'.

Ambulance Service of NSW has appointed Rama Machiraju as the Project Manager for Stroke Services Advanced Care. Rama will continue the project commenced by Katie O'Donnell and will attend the Stroke Services NSW Strategic Working Party, ACI Stroke Network's Coordinating Committee and the NSW Health Clinical Redesign State Wide Thrombolysis Steering Committee meetings.

Stroke week commences on 12 September 2011 and the theme of the Week promoted by the National Stroke Foundation and the Stroke Recovery Association of NSW will be the six steps that people can take to reduce the risk and the danger of stroke.



Pictured: Justin Lee Physiotherapy Student University of Sydney Brent Sahlqvist Physiotherapist Grafton Base Hospital Amanda Tutty Physiotherapist Grafton Base Hospital. Photo M Longworth



Pictured: Clinicians attending the Grafton Base Hospital Stroke Education Forum. Photo M Longworth



Pictured: Jenny Preece Rural and Remote Health Project Officer Clinical Education and Training Institute Rural Directorate Karen Longworth Nurse Unit Manager Coffs Harbour Health Campus Gerard De Carle Occupational Therapist Coffs Harbour Health Campus Melissa Christos Clinical Nurse Educator Coffs Harbour Health Campus. Photo M Longworth



Pictured: Myra Drummond Stroke Clinical Nurse Consultant South West Sydney LHN Kung Lim Director of Nursing South West Sydney LHN Christine Crooks Consumer Camden Stroke Recovery Club Jill McKenzie Consumer Camden Stroke Recovery Club. Photo M Longworth



Pictured: Rama Machiraju. Photo M Longworth

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

## NEWS FROM THE HUNTER

This month Karen Height provides a report on the **Kaleidoscope Paediatric Rehabilitation Service**



Pictured: (l-r front) Melissa Hayles, Caroline Hodge, Karen Height, Angela Green (l-r back) Erin Ralph, Noelle Smith, Wendy McConnell and Sharon Bird. Photo: K Height.

At the end of 2008, the Kaleidoscope Children's Health Network was successful in gaining a four year funding allocation from the Council of Australian Governments (COAG) to enhance the provision of sub-acute services.

A portion of this COAG funding has been dedicated to establishing coordinated specialist paediatric rehabilitation services.

The Kaleidoscope Paediatric Rehabilitation Service (KPRS) is a new service which enhances the overall provision of specialist paediatric rehabilitation services within Kaleidoscope. New paediatric rehabilitation services and positions are being established with COAG funding and will be permanently maintained by Hunter New England Health once COAG funding ceases after four years.

The proposed scope of the KPRS is to provide paediatric rehabilitation services, within the extent of available resources, required by children and young people aged 0-18 years residing within the Northern Child Health Network (NCHN), which are not currently being met by existing local paediatric rehabilitation services.

Proposed new service developments within the KPRS include the establishment of a range of paediatric rehabilitation review clinics, a specialist spasticity management service, a cerebral palsy hip surveillance service, intensive ambulatory rehabilitation services and outreach services. A phased approach will be used with the research, development, and implementation of each of these service areas.

The first phase of KPRS development is the Cerebral Palsy Movement Disorders Service

Plan. Within this service plan, the Cerebral Palsy Movement Disorders (CPMD) Clinic is the first element to commence. CPMD Clinics will initially be held fortnightly at JHCH Outpatients department. A medical referral is required to access the CPMD Clinic. The CPMD Clinic provides a comprehensive, multidisciplinary, client centred, specialist assessment and review service for children and young people with cerebral palsy and / or movement disorders. The CPMD Clinic works in partnership with families, children and young people, and local medical and therapy services to facilitate the optimal care of these children and to enhance the capacity of each child to achieve their highest potential.

The second phase of KPRS development will include General Physical Rehabilitation services including the establishment of general physical rehabilitation review clinics, and an intensive ambulatory rehabilitation service.

The third phase will focus on the development of Outreach Services to support children and families to maintain or extend their level of function within their local community and home environments, and to facilitate continuity of care.

For further information please contact Karen Height, Project Officer.

Ph: (02) 4925 7979.

Email: Karen.Height@hnehealth.nsw.gov.au

**Angie Myles the Transition Care Coordinator for the Northern Area provides a report on the Hunter Cerebral Palsy Project**

The ACI Cerebral Palsy (CP) project was completed in June 2011. The final report will be tabled at the ACI Transition Care Network's Executive Meeting in August 2011. The objectives of the project were to confirm the numbers of young people with CP in the



Pictured: Margie Rae and Karen Height. K Height.

transition age group of 12-24 years who are accessing health services in Hunter New England Local Health District, to identify gaps in current service provision around transition and recommend strategies to address the specific transition needs of this group of young people.

Although data collection was difficult, it is estimated that there are 250 young people aged 12-24 years in Hunter New England Local Health District who have CP. To determine service gaps Project Officer Lesley Brookman interviewed the following groups:

- Fifty young people and their families
- Clinicians including heads of disciplines, doctors, clinical nurse consultants, allied health Staff, and a GP from Newcastle and rural areas
- Representatives from the Department for Aging, Disability and Home Care (ADHC), Cerebral Palsy Alliance, non government organisations and Sydney Children's Hospitals Networks.

Client and Carer responses indicated that they struggle to access health care and become fatigued with form filling, phone calls and constant battling for their loved one. Long waiting lists for therapies and equipment reviews also causes much distress. Few consumers were aware of the CP Register and there is much anxiety at the time of transition to adult health services.

Clinician responses indicated that they too become frustrated when they are unable to provide service due lack of funding, huge waiting lists or inability to recruit practitioners in rural areas. A lack of allied health staff is evident particularly in rural areas. A lack of dietetic care was identified by both clinicians and consumers.

The full results and recommendations can be reviewed by contacting the ACI Transition Care Network Manager.

## NEWS FROM THE SOUTHERN REGION:

In September 2011, the Department of Adolescent and Transition Medicine at Royal Prince Alfred Hospital under the leadership of Cameron Ly will commence clinics. The team will include the ACI Transition Care Coordinator Lif O'Connor, Adolescent Clinical Nurse Consultant, Vanessa Harvey and an Adolescent Occupational Therapist. The team will provide support to young people referred during in-patient care as well as those transitioning from paediatric services.

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Clinical Network Report

## UROLOGY

Co-Chairs: Andrew Brooks and Janette Williams

### Prostate Cancer Nurse pilot study

The ACI Prostate Cancer Nurse (PCN) pilot study will evaluate the benefits of a PCN to patients and their families where there has been a diagnosis of prostate cancer.

A nurse dedicated to caring for men with prostate cancer is a relatively new concept, with very few positions specifically funded as such in Australia. This ACI project will introduce a

dedicated PCN to a pilot hospital in NSW. The study will include qualitative research designed to illuminate the benefits, or otherwise, to the patient's experience, as they move through the health system having the PCN as the principle professional contact.

The study will be conducted in partnership with Sydney University and the Cancer Institute NSW. A research officer will be employed by Sydney University to assist in the development of the ethics proposal and the qualitative survey tool. Study sites have yet to be determined.

### Network involvement in state-wide procurement contract

State Contracts are the principal method of purchasing for Government agencies across NSW. A small group of ACI Urology Network clinicians are currently piloting a statewide procurement contract under the direction of Health Support Services. This has involved assisting with the development of a specifications list for laser fibres used in urological surgery.

The initial roundtable feedback session regarding the specifications and the next aspect of the contract development will occur at the next ACI Urology Network meeting.

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

### PUBLICLY FUNDED LOW DOSE RATE BRACHYTHERAPY

Low Dose Rate Brachytherapy can be an optional treatment for localised prostate cancer.

The procedure is currently available to public urology patients through St George Hospital. This treatment became publicly funded following representation to the NSW Department 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 Hospital 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.

## QUEENS BIRTHDAY HONOURS

The ACI wishes to recognise colleagues and friends recognised in the recent Queen's Birthday 2011 Honours List announced by the Governor-General.

Congratulations to John Walsh AM who was awarded a member of the order of Australia for service to community, particularly in the areas of disability and health policy, to people with a spinal cord injury and to the actuarial profession. Congratulations to Neurologist Cate Storey, the immediate past medical chair of the ACI Stroke Network Coordinating Committee on being awarded the Medal of the Order of Australia for services to medicine in the field of neurology, to stroke education and to professional associations. Congratulations also to Michelle Sharkey who

was awarded the Medal of the Order of Australia for services to community health through the Stroke Recovery Association of NSW. Michelle is the Executive Officer of the Stroke Recovery Association of NSW and an active consumer contributor to the ACI Stroke Network's Coordinating Committee and Strategic Working Party.

The board of the Stroke Recovery Association of NSW held a luncheon to acknowledge Cate and Michelle's awards.



Pictured: Michelle Sharkey Executive Officer Stroke Recovery Association of NSW Linda Glanfield Nurse Manager Aged Care and Rehabilitation Hornsby Kuringai Hospital. Photo M Longworth

# BETTER WAYS TO LEARN: INTERPROFESSIONAL EDUCATION

How do you learn? Are you a visual learner? An aural learner? A kinaesthetic learner? How do you implement your learning? Research suggests that an effective way to learn is through interprofessional education.

This approach is said to lead to improved application of learning in the workplace.

From a general health point of view, the research literature suggests that health professionals need to work together in a collaborative and communicative manner to ensure the best and safest outcomes for the patient. Interprofessional education, learning and practice increases staff motivation, well-being and retention, decreases staff turnover, increases patient and carer satisfaction, increases patient safety, and increases access to and coordination of health services.

One example of a successful interprofessional education and learning program is the Basic Sciences in Oncology Course (BSOC), which has been administered through the Clinical Education and Training Institute (CETI) since January 2010 with the support of the Cancer Institute NSW.

The BSOC complements formal training in radiation oncology, and provides an excellent overview of the key issues in medical oncology. The course supports best practice and provides core skills and competencies in anatomy, clinical pharmacology, communication skills training, palliative care, physics, research and evidence based medicine, radiobiology, and tumour biology.

The benefits of interprofessional learning are demonstrated through the successful outcomes in the BSOC. Participants not only benefit from the collective wisdom of highly skilled lecturers and facilitators from the field of oncology, they also learn from one another and share different experiences. One participant commented, "I have thoroughly enjoyed the whole course. Excellent speakers and organisation."

The course is conducted over ten days throughout the year with one workshop day per month from February to December. The course is available to Radiation Oncology RANZCR (Phase 1) candidates, advanced trainees in medical, surgical and gynaecological oncology, haematology and palliative medicine, and any other health professionals who are either undertaking study or working within oncology and associated fields. The course is face to face, but is also available online via the CETI Learning Management System. Participants



are able to review lectures, download notes and participate in online discussion forums.

Being aware of interprofessional education and learning is the first step to being able to consciously and appropriately apply these concepts to clinical practice. The outcomes of interprofessional practice in the workplace impact positively on cohesion, patient safety, a happier environment, and good patient outcomes.

The Garling Report recommended the establishment of a CETI to "take charge of the training of a new generation of clinicians in interdisciplinary team-based treatment of patients." The BSOC is one way that CETI is working towards meeting Garling's recommendation in relation to education and training.

For additional information about the Basic Sciences in Oncology Course, please visit the CETI website oncology page ([www.ceti.nsw.gov.au](http://www.ceti.nsw.gov.au)) or contact the CETI Program Coordinator Ms Cate Gadsby on [cgadsby@ceti.nsw.gov.au](mailto:cgadsby@ceti.nsw.gov.au). Registrations for BSOC in 2012 open in late 2011; keep an eye on the CETI website for updates!



THE UNIVERSITY OF  
SYDNEY

## UNIVERSITY OF SYDNEY 'CONTROVERSIES AND LEADERSHIP IN HEALTH SEMINARS'

Make some time this month to attend seminars provided for Sydney Medical Students, but open to all on controversial topics with outstanding speakers who have a strong record of leadership.

Seminars will be held in the Footbridge Theatre. There will be time for audience participation.

### Seminar 4. Doctors in Court

Monday, 8 August 2011, 5 – 6.30pm

Two leading Senior Counsels with a special interest in medical negligence cross-examine three leading clinicians in a dramatised courtroom role-play.

- Peter Semmler, Q.C.
- Bernie Gross, Q.C.
- Leigh Delbridge, Professor of Surgery, Royal North Shore Hospital (RNSH)
- Robert Read, Gastroenterologist, Hornsby Hospital
- Phillip Clifton-Bligh, Endocrinologist, RNSH

### Seminar 5. Public and Private Hospitals

The Good, the Bad and the Ugly  
Monday, 15 August 2011, 5 – 6.30pm

Public and Private Hospitals play a vital role in Australian healthcare. What are the strengths and weaknesses of each? How could they work better together? Outstanding speakers will debate these issues head-to-head.

- Stephen Ruff, Orthopaedic Surgeon, RNSH and North Shore Private Hospital
- David Celermejer, Cardiologist, Royal Prince Alfred Hospital
- Alan Kinkade, Chief Executive Officer Epworth Private Hospital, Melbourne
- Mohamed Khadra, Professor of Surgery, Nepean Hospital and Author of "Terminal Decline – a Surgeon's view of the Australian Health System"
- M.C. Norman Swan, ABC Radio National

# Cancer research in NSW received a massive boost this month with the launch of the Cancer Institute NSW's new Translational Cancer Research Program.



Minister for Health and Medical Research the Hon. Jillian Skinner MP announced the innovative new program, a national first, during a recent tour of the Children's Cancer Institute of Australia.

Under the program, the NSW Government, through the Cancer Institute NSW, will invest more than \$30 million into seven new *Translational Cancer Research Hubs* that will be at the forefront of cancer control in NSW over the next decade. The big, resource intensive facilities are home to the latest state-of-the-art research equipment and each centre will be required to share their knowledge, resources and technology with other institutions and research partners in NSW and abroad.

The *Translational Cancer Research Program* will allow doctors and specialists who are trialling new advances in treatment and care to feed back to researchers about how each new process is benefitting patients and how future developments can be tweaked to see them become part of routine practice sooner. This will help to consolidate research efforts across NSW and ensure our best and brightest are working towards improving common cancer outcomes. Ultimately the program aims to give cancer patients access to the latest advances in cancer control. Researchers will also get to learn from doctors what problems they are encountering in treatment that still need to be solved which could see an exciting new horizon for cancer research in NSW.

The seven Translational Cancer Research Hubs include:

Translational Research Centre	Administering Institution
<b>South-Eastern Translational Cancer Research Centre</b>	University of New South Wales
<b>Sydney Catalyst: The Translational Cancer Research Centre of Central Sydney and Regional NSW</b>	University of Sydney
<b>A Translational Cancer Research Centre for Kids</b>	University of New South Wales
<b>Sydney-West Translational Cancer Research Centre</b>	University of Sydney
<b>Hunter Translational Cancer Research Unit</b>	University of Newcastle
<b>South West Sydney Translational Cancer Research Unit</b>	Ingham Health Research Institute
<b>Northern Translational Cancer Research Unit</b>	University of Sydney

## HARC SCHOLARSHIPS



ACI staff have been encouraged to consider applying for the second round of annual scholarships awarded by the NSW Hospital Alliance for Research Collaboration (HARC).

The 2011 HARC scholarships are open to staff of the collaboration partners – ACI, the Sax Institute and the Clinical Excellence Commission. Applications will close at the end of September 2011. The scholarships provide funding of up to \$10,000 for projects aimed at improving the integration of evidence from research into healthcare quality and safety policy and programs.

The Director of Health Services Research at the Sax Institute, Mary Haines, who will chair the selection panel, said up to four scholarships could be awarded depending on the quality of applications.

"The scholarship program is designed to encourage better skills in integrating evidence from research in health quality and safety programs," Mary Haines said.

"We want to help build future leaders who will:

- Have advanced skills in using research in policy making;
- Be experts in evidence-based practice and policy; and
- Be connected to and able to continue to tap into advice from national and international experts in areas such as clinical networks, evaluation of healthcare innovations and safety and quality.

"The scholarships will require successful candidates to research under the guidance of a local mentor an issue of interest which is based on a challenge facing their agency.

"They will be required to visit a national or international agency with expertise in the area of interest to seek input into their project and develop collaborative links for the future.

"Funds will be made available to each scholar on the basis of a fully costed proposal for a project of between seven and 21 working days.

"Generally this will include no more than a one month international visit up to the value of \$10,000 unless a more extensive program can be justified."

Mary Haines said the selection panel, which will include ACI and CEC representatives, will assess applications against three essential criteria:

- The extent to which the project addresses a question of national interest and significance to the employing agency;
- The extent to which the proposed project will contribute to the applicant's professional development; and
- The extent to which the project will deliver on the scholarship program objectives.

Inaugural winner Fidy Westgarth, ACI Renal Network Manager, said her scholarship had provided invaluable opportunities to learn from

experience in the UK to build sustainability into clinical innovations to achieve long term service improvement and direct benefits for NSW patients.

Other inaugural winners were ACI Brain Injury Research Directorate Network Manager Barbara Strettles and the Clinical Excellence Commission's Carolyn DerVartanian. Carolyn's project was titled, 'From Facebook to blogs: the role of social marketing and social media to engage clinicians and fast track evidence into practice'.

Fidye spent two weeks in the United Kingdom as part of her project. Most of that time was spent with innovation leaders from the National Health Service (NHS) Institute of Innovation and Research, focussing on techniques to support project teams in designing sustainability into improvement initiatives.

"Projects which set evidence into practice face many barriers in the workplace, including resistance to change," Fidye says.

"Project teams frequently put their energy into an action project to implement changes and measure results.

"Often this initial success is based on the leadership and charisma of an individual project leader and these innovations may falter when the leader is no longer there.

"Sustainability means ensuring the benefits are maintained beyond the project phase – that is the initial intervention which introduces the change.

"This is integral to the ACI's statewide goals for introducing improved models of care and reducing variation in patient outcomes."

Fidye said the key messages for ACI from her meetings with innovation leaders included the need for:

- Leadership and executive sponsorship;
- Thorough research and preparation of a business case for change;
- Using an agreed model approved by clinicians, flexible enough to adapt to local requirements;

- Redesign of work processes;
- Training and skills development for staff, to build capacity in the workplace for managing change;
- Regular data analysis and feedback;
- Establishing partnerships between service providers and with patients;
- Adequate funding for the change process
- Supporting the change with a strong communications strategy.

Fidye's report recommends that ACI actively uses the NHS Sustainability Model in all innovation programs and that the agency should proactively engage leadership from clinicians, organisation executives and NSW Health to successfully introduce and sustain healthcare innovation. To read more about the NHS Sustainability Model visit:

[www.institute.nhs.uk/sustainability\\_model/general/welcome\\_to\\_sustainability.html](http://www.institute.nhs.uk/sustainability_model/general/welcome_to_sustainability.html)



Pictured: Lynne Maher, Head of Innovation and Practice, NHS Institute for Innovation and Improvement and Fidye Westgarth. Photo: F Westgarth

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The ACI Newsletter *Clinician Connect* is available at:

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

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