



Clinician Connect



Pictured: ACI Musculoskeletal Network Working Group members developing the Graduate Certificate in Musculoskeletal Nursing. (Back row l-r) – Thomas Molloy (College of Nursing), Wendy Gellatley (Optimus Research, NSW), Kerry Cooper (Newcastle), Drew Burgess (College of Nursing), Sheila Moloney (RPAH). (Front row l-r) – Maggie Crowe (Western Australia), Fiona Briggs (Liverpool), Kathy Gibson (Liverpool) and Robyn Speerin (ACI). For more information see page 10.

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GUEST EDITORIAL

Those responsible for the delivery of health care have priorities that shift and evolve. Community expectations long ago directed Australian Governments and clinicians to expand services beyond delivering just acute health care.



Pictured: Michael Pollack

There is now increased emphasis on providing services that support individuals and communities to maintain independence, to remain involved in work, family life, and quality of life activities, which can often be diminished

by the persistent consequences of illness or injury. Wars, relatively high-risk lifestyles and population ageing - not to mention improved medical care keeping more people alive - have all underscored the need for health systems to be able to take on a diverse range of challenges. Years ago, the World Health Organisation introduced policies to help us address these issues; minimising 'activity limitation', and maximising 'participation' are key elements of the evolving role of health services. This would appear to add to the 'cost' of health care, but who amongst us reading this would not want such support if we were struck with the consequences of persistent limitations.

MICHAEL POLLACK

Co-chair, ACI Stroke Network (Stroke Services NSW)
Director, Hunter Stroke Service,
Hunter New England Local Health District
Clinical Director, Rankin Park Centre for Rehabilitation and Aged Care, Hunter New England Local Health District

The Australian community still relies primarily on health service practitioners to deliver evidence-based care, not only to diagnose and treat the immediate episode, but also to 'solve' persistent symptoms and deliver back the same life quality that they had prior to their illness or injury. This 'additional' responsibility has been shouldered by clinicians and Governments, but the systems that deliver care are massive, with significant inertia.

Evidence is growing that delivery of rehabilitation and enablement principles of care in parallel with acute care can help many acute patients to achieve maximal outcomes. Whilst we have a reasonable idea of what is required, the processes and changes involved are large. Needs for additional infrastructure, resources and workforce are apparent to most, as is a shift in the curriculum for educating clinicians.

What is less apparent and more immediate is how to shift the philosophy and work practices of much of the current clinical workforce. Whilst nearly all agree with the need and priority of rehabilitation and enablement philosophies, it is remarkable how difficult it is to change practice. Aren't these processes meant to occur in the 'subacute'

and 'postacute' phases? The answer today is no, but there are a number of 'reasons' for the slow progress in delivering change.

One such reason for the difficulty in change is the current design and infrastructure of our hospitals. Many of today's hospitals were established in an era when acute illnesses were treated by putting patients to bed, so that they can 'recover' through 'bedrest' (other advantages of being confined to bed include 'availability' for ward rounds, delivery of medications, and organisation of investigations). Acute illnesses can be effectively treated for many patients within a matter of days, after which patients are usually well enough for discharge back home, or to the Aged Care or Rehabilitation Unit). Unfortunately, for those who need it, there is no practical space for equipment or personnel to assist patients with physical or cognitive activities to maintain their general health and independence or minimise risk of decline. Very often, acute patients are still capable of a range of exercises, perhaps even social interactions, which would be important for maintaining, perhaps actually improving, their health status.

Whilst limited space, equipment, and workforce appear enough of a barrier to change, belief systems compound the difficulty. Although most clinicians support the concept of the need to incorporate processes to maximise function as an essential feature of the health system, unfortunately, many clinicians believe that a change in work practice equates to an increase in workload, or demand on their time. There is however no good evidence for this. There is evidence that for some patients providing rehabilitation-style inputs earlier in acute care improves patient outcomes, and may reduce length

of stay in hospitals. In addition complication rates in patients are reduced. Another belief system that I encounter is along the lines of 'I/We have been treating (this type of patient) for (so many) years. We know what we are doing.' More often than not, unfortunately there is little sign of current evidence based practice.

Very often we read or hear of 'access block'. We are given to understand that a common cause for this is at the 'back-end' of the inpatient journey; it is hard to discharge the patient due to persisting disability or some complex social circumstance. The early involvement of staff trained in assessing these circumstances, identifying and preventing or minimising the impact, co-ordinating discharge needs or appropriate transfer planning can save bed-days, reduce access block, and improve the patient's health, outcomes, and satisfaction. Unfortunately the need to involve relevant people is often recognised too late or not at all, resulting in delayed discharge and the blame for delays falls on the staff rather than the system which prevented the early assessment and planning.

So, here is the crux of the matter. Our health system is faced with the responsibility of delivering care along a patient journey that now includes the management of persistent limitations in activity and participation. These limitations are usually the result of illness and/or injury. The evidence exists that for many of these patients, rehabilitation-style interventions in the acute phase as well as the subacute and postacute are likely to make a difference not only in improved patient outcomes, but also potentially reduced healthcare costs, and reduced 'cost' to the community.

Our current processes have had an appropriate focus on delivering rehabilitation in subacute

settings, and in the community, although there is certainly more work that needs to be done in these arenas also. Now is the time to also drive rehabilitation process in the acute setting. The NSW Ministry for Health has acknowledged this in publishing the NSW Health Rehabilitation Redesign Project in 2011. This includes a priority for 'acute inreach' of rehabilitation.

The next phase is the roll-out of recommendations, which hopefully will occur soon. It has the potential to greatly improve outcomes for patients and the community, as well as ultimately cost savings and improved access to acute beds. It also has the potential for huge expense and no improvements if the processes are poorly understood or unsupported. ACI's clinical networks can play a significant role in achieving the potential successes promised by this project.

Michael Pollack

References available on request

Visit the ACI's new website online at: www.aci.health.nsw.gov.au

The site is still under development. New content and functionality will continue to roll out throughout 2012 - and your opinion matters!

Take time to check out the site and send your comments on the website's functionality, structure and content to Email: info@aci.health.nsw.gov.au



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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Brian McCaughan

Members

Lee Ausburn	Tomas Raton
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Robyn Kruk	Clifford Hughes
Carol Pollock	Nigel Lyons

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

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COMMENT NIGEL LYONS

Welcome to what will be a regular communication about ACI and its role in driving improvements in health care in NSW.



Pictured: Nigel Lyons

I'm delighted to have the opportunity to lead this outstanding agency and its wonderful team of clinical innovators at a particularly exciting time in its development. The road ahead will bring challenges, but

they are the positive challenges of opportunity. ACI was established to help shape the future by driving evidence-based clinical innovation. We are fortunate to have strong clinical networks and very effective engagement with clinicians and consumers as the rock solid foundations on which to build a new and expanded ACI for the future. It's a credit to the team that's in place, to Hunter Watt and all those who have helped establish ACI's undoubted credentials across the health system.

With the wave of health reform based on devolution, local decision-making and clinician engagement to support patient care, and the expansion of our responsibilities to include aged health, chronic disease and the clinical redesign functions from the Ministry, we now

have more opportunity than ever to make a real difference for the patients and people of NSW. It's an opportunity that puts us in the front line of clinical innovation and service development across Australia and, indeed, across the world. We need to grasp those opportunities while never losing touch with the things that have made ACI so successful.

The most important task of all in the health system is the hands-on delivery of high quality care to patients. The question we need to continuously ask ourselves at ACI is how can we best support improvements in patient care? The really hard part of service improvement and clinical innovation is making it happen.

We need to keep in mind that there are many more people than doctors, nurses and other health professionals involved in the health system. Our hospitals and other health services can't function without people on the front desk, without ward clerks, without cleaners or without orderlies and other support staff. We need to engage everyone - and if we are going to deliver improvements in care and not just design them we need to build on ACI's successful clinician and consumer engagement and work more closely with the managers, planners and others who are essential to delivery of efficient and effective care.

That will mean building much stronger links both with the Ministry and with the boards and executive management of Local Health Districts

(LHDs). Brian McCaughan and Hunter Watt have led the way with the program of LHD visits they initiated last year.

We will be continuing that program to ensure that we cover every district - and will revisit those we've already been to so that we can update on the new and expanded role of the ACI and secure their advice on local priorities for improvement.

Effective design and delivery of best practice care to an ageing population with increasing rates of chronic disease means that we must also broaden our engagement to include primary care services including general practice.

I'm aware that people are keen for things to happen and we will be moving as quickly as possible. However, we need to make the transition to the new and expanded ACI as orderly and as least disruptive as we can to our clinical networks. That means firstly getting the new structure right. We will be looking to build on the fantastic talent pool that we already have, to make sure that we have the skills and experience to drive innovation, implement improvements, reduce clinical variation and improve patient outcomes in every part of the state.

Collaboration is the key. Working together is how we'll make it happen.

Nigel Lyons
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Clinical Network Report

BLOOD AND MARROW TRANSPLANT

Co-Chairs: Chris Arthur and Louisa Brown

CHANGE OF CO-CHAIRS



Pictured: Chris Arthur, new Co Chair BMT Executive Committee.

Executive Committee Co Chair

The ACI and the Blood and Marrow Transplant (BMT) Network Executive would like to extend grateful thanks to Tony Dodds, Head of Haematology, BMT, St Vincent's Hospital, for his service as Co Chair of the BMT Executive Committee over the past four years. Tony has been involved with the ACI BMT Network for many years. Prior to this role Tony was the Chair of the Allogeneic Working Group for two years and has been an active member of the clinicians group since the network began operations in 2003/4. During his time in this role, Tony was a driving force in the development of the first NSW Blood and Marrow Transplant Specialty Service Plan, and championed the fair allocation of BMT enhancement funding through facilitation of BMT clinical community meetings.

Christopher Arthur, Haematologist and Transplant Physician, Royal North Shore Hospital, will replace Tony as Co Chair of the Executive Committee. Chris has been actively involved in the Network since it began, and has held the role of Chair of the Allogeneic Working Group for the past two years.

Chair Nurses Working Group

Elizabeth Newman has been appointed as the succeeding Chair of the Nurses Working Group. Many thanks are extended to Louisa Brown for her dedication to the role of Chair of this group over the past two years. Louisa will continue to serve as Co Chair of the BMT Executive Committee.

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Care of the Confused Hospitalised Older Person Study



Pictured: Beth Claydon (consumer), Cath Batman (Pambula CHOPS), Barbara Williams (Alzheimer's Australia) and Anthea Temple (ACI Aged Health Project Officer) at the Pambula CHOPS Forum. Photo: A Temple.

The ACI Aged Health Network held a Care of the Confused Hospitalised Older Person Study (CHOPS) forum at the Pambula Surf Club on Friday 9 December 2011. Pambula Hospital is one of 5 pilot sites participating in the CHOPS project led by the ACI in partnership with the Clinical Excellence Commission (CEC) and GP NSW, and funded through Department of Veteran Affairs.

The forum's primary focus was to increase staff awareness of the confused hospitalised older person and their ability to effectively identify and manage delirium.

Michael Davis, visiting geriatrician from the Canberra Hospital, presented an overview of delirium from both a clinical and pathophysiological perspective, as well as some key points on how to "not miss delirium". He inspired staff to challenge the way in which they view delirium and its management.

Participants were moved as Beth described the very personal and emotional experience of caring for her husband, who suffered from dementia and experienced delirium. Beth described her feelings of helplessness during her husbands' episodes of delirium, the need for good communication between carers, clinicians and delirium sufferers, as well as the environmental issues that concerned her and other carers she has spoken to. Lessons learnt from Beth's first hand experience include creating a homely environment, friendly staff who enjoy themselves and keep the carer updated with relevant information, and above all, maintaining the patients dignity.

ACI would like to thank Wendy Grealy, Sue Berry, Cath Bateman, Basil Smagala and Uta Conway from the Pambula CHOPS team for their dedication and enthusiasm in helping to create a successful forum.

Batemans Bay CHOPS Forum

The Batemans Bay pilot site is holding a CHOPS Forum on 16 March 2012 at the Solder's Club, Batemans Bay. Please RSVP to Lisa Wilson on Lisa.Wilson@gsahs.health.nsw.gov.au. For more information contact the Network Manager.

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www.aci.health.nsw.gov.au/networks/aged-health



Pictured: Forum participants experience living with limited vision. Photo: A Temple.

New Nursing subgroup

A new nursing subgroup has been formed. The first meeting will be held on Tuesday 20 March 2012. Please visit the Events section of the ACI website for further details of Aged Health meeting dates: www.aci.health.nsw.gov.au/events.

RURAL AND REGIONAL ANAESTHESIA SURVEY

In order to best understand the challenges confronting rural and regional anaesthesia services, the Anaesthesia Perioperative Care Network has developed a survey to collect information on service issues, workforce and education in rural and regional sites.

Following a pilot of the survey in 2011, the results were collated and used to inform changes to the survey tool. The questionnaire is now complete and plans are underway for the Network to launch the survey in rural and regional hospitals across NSW. For more information, please contact the Network Manager.

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MEASURING CLIENT AND SERVICE OUTCOMES

The NSW Brain Injury Rehabilitation Program (BIRP) is now routinely collecting outcome data on the transitional and community settings of care.

The third analysis of standardised outcome data from the eight Transitional Living Programs (TLPs) has commenced for the four years ending 30 June 2011. This data collection at the admission and discharge points from TLPs is ongoing.

Meanwhile, a five year data collection protocol was introduced for adult community services on 1 January 2012. Each unit will provide the data to the ACI Brain Injury Rehabilitation Directorate for analysis and reporting.

To support these changes, Helen Badge, Outcomes Manager, Brain Injury, ACI, has been completing a series of training workshops in the administration, individual item scoring and clinical interpretation of assessment tools used to measure outcome across the brain injury rehabilitation network.

The training provides clinicians with a clearer understanding of individual items to improve rater reliability, identification and implementation of team processes to support data collection. The training also covers the use of data to support clinical reasoning when working with individual clients. Training has been completed at Ryde, Liverpool, Westmead, Illawarra, Bathurst, Dubbo and Hunter, with further sessions planned for the Tamworth and

North Coast brain injury rehabilitation services.

Sustainability of high quality data collection is a key aim in moving from the project phase to routine business. Resources including staff manuals and a program of training will be rolled out to ensure new and existing staff retain these skills over time. A train the trainer system to build capacity across the network is being explored during the implementation phase.

Papers outlining these achievements and the clinical utility of the measures being used will be finalised and submitted for publication later this year. For further information contact Helen Badge on (02) 9828 6232 or email Helen.Badge@aci.health.nsw.gov.au.

Developing a model of care for rural and remote NSW

Following the release of the ACI Acquired Brain Injury (ABI) Report at the Western NSW LHD Executive Meeting in October 2011, the ACI Brain Injury Rehabilitation has convened a working group to review the recommendations and identify an action plan for consideration by the network executive.



Pictured: Rural and Remote Working Group members Dennis Ginnivan, Kathy McCarthy, Rachel Merton, Neil McKinnon and Matt Thomas.

The first meeting was held in North Ryde on Thursday 19 January 2012. The working group includes the ACI Brain Injury Rehabilitation Network Co-chairs and network manager, BIRP rural managers from Dubbo, Bathurst and Albury, clinicians, managers, consumers and representatives from the Ministry of Health, the Brain Injury Association NSW, Lifetime Care and Support Authority and prominent ABI related academics.

As the report identified the importance of strengthening the Dubbo and Mid Western BIRPs when considering improvements in rural and remote ABI service delivery, discussions have commenced at Lourdes Hospital and Bathurst Health Service. As some recommendations identified in the report are outside of the current BIRP model of care, the working group will investigate options for using existing and new services to build capacity before meeting again in April 2012.

For details visit the Events section of the ACI website: www.aci.health.nsw.gov.au

BIRP NEWSLETTER

The ACI Brain Injury Rehabilitation newsletter provides a review of its activities in 2011 and highlights exciting developments for 2012. Check out the ACI website for further details: www.aci.health.nsw.gov.au.

Traumatic Brain Injury Education Modules

The ACI has now added three new self learning modules to the traumatic brain injury website. Two of the new modules are aimed at families and staff working with people with mental health illness after traumatic brain injury, and one module is for working with families after traumatic injury resulting in spinal cord or brain injury.

www.tbistafftraining.info

Contact: Barbara Strettles
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www.aci.health.nsw.gov.au/networks/brain-injury-rehabilitation

The Australian New Zealand Gynaecological Oncology Group (ANZGOG) will hold its scientific meeting 22- 25 February 2012 in the Gold Coast. For program and registration visit www.anzgog.org.au

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KICARE Conference

Empowering clinicians with the latest evidence to tackle complex and costly chronic conditions was the focus of a two day conference held in Dubbo on 10 and 11 February 2012.

The KICARE (**K**idney, **C**ardiac and **R**espiratory) conference brought together some of the state's leading specialists and health professionals with an interest in rural health care and chronic conditions. The speakers provided stimulating evidence based updates on the latest management of specific chronic diseases. This is of particular importance given the increasing prevalence, complexity and costs of chronic disease both in Australia and throughout the world.

The conference, a joint initiative of the ACI Cardiac Network and Western NSW Local Health District was officially opened by Dr Mary Foley, Director-General, Ministry of Health. Over 110 rural clinicians from both the local area and places further afield such as Bourke,



Pictured: Dr Mary Foley, Director-General NSW Ministry of Health, opens the Dubbo KICARE Conference

Newcastle, Wagga, Deniliquin and Broken Hill participated.

A vast array of resources was also provided for delegates to help support them to improve outcomes for patients with chronic kidney, cardiac and respiratory disease, as well as information and resources from a variety of ACI clinical networks. The Network is grateful to the National Heart Foundation of Australia,

Australian Lung Foundation, and Kidney Health Australia for providing resources.

KICARE will be repeated at Broken Hill on 8 March 2012. This educational event is free and registration is open to doctors, nurses, allied health professionals and health service managers. For further information, please contact Gerard Duck on (02) 8644 2159 or gerard.duck@aci.health.nsw.gov.au.

CARDIAC NURSES EDUCATION PROGRAM

The Cardiac Nurses Education program for 2012 will be available from the ACI website in the next few weeks. These educational sessions are aimed at graduate certificate level nurses primarily in rural and remote areas, however all are welcome to participate. The sessions provide a forum to update clinicians on the latest evidence-based practice and guidelines on a range of cardiology topics.

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CONSUMER ENGAGEMENT

The first stage of the Community Engagement Research Project, an extensive review of the scientific and grey literature on consumer engagement and knowledge management strategies aimed at the community, is now complete.

Led by the ACI in partnership with the Australian Institute of Health Innovation at University of NSW, the review included a comprehensive search of several key databases, including Medline, EMBASE and CINAHL. A total of 10,078 citations were identified. This original list was reviewed and citations that were incomplete, not directly related to the topic, or not systematic reviews were excluded.

A final list of 117 papers was reviewed. These included: case studies from different countries (eg Australia, USA, UK); different health conditions (eg Stroke, HIV, diabetes); different populations (eg children, elderly, minority groups); and different engagement and information strategies (eg decision aids, internet and computer based methods).

Several key findings have emerged. The first is that there are significant differences in the terminology used within this field. Concepts such as 'community engagement', 'public involvement', 'patient participation', 'public engagement' and 'shared decision making' can be used both to differentiate from, and interchangeably with, each other.

The review has shown that community engagement is considered to be a highly valued strategy in the public sector. It is seen primarily to operate as a mechanism for the democratisation of health care system and empowerment of patients.

While the concept of community engagement has been discussed for several decades, the evidence base for implementation methods and strategies remains limited. CERP identified a number of international studies which are seeking to strengthen the evidence base, but these are still in progress.

Another important theme that emerged from the literature is the complexity of implementation of community engagement. There are a variety of factors which can act to either facilitate or hinder community engagement, including availability of supporting legislation and organisational structure, appropriate clinical culture and adequate skills both in patients and health professionals. There may also be many different barriers such as lack of time and funding in health care systems to support engagement programs. Moreover community engagement is highly context related, which means

that a method that has worked with specific target groups in specific services or systems, may not be as effective for other groups or services.

The best way to deal with this variability is to begin the implementation of community engagement strategies with an evaluating intervention. Emerging from the literature review is an innovative model that will enable CERP to test an evaluating intervention in three case studies. The results of these evaluating interventions will be tested in consultation with different ACI stakeholders.

A detailed report on the findings of the first stage of the CERP project will shortly be made available on the ACI website. Visit the ACI website for updates or contact Maeve Eikli for further information on Email: maeve.eikli@aci.health.nsw.gov.au

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Model of Care for People with Diabetes Mellitus

The ACI Endocrine Network's *NSW Model of Care for People with Diabetes Mellitus* has been distributed to Local Health Districts, professional and consumer organisations and individual clinicians inviting feedback by the end of February 2012. The draft model of care includes recommendations for best practice and a guide to implementation. For further details contact the ACI Endocrine Network Manager.

Diabetic Retinopathy

The ACI Endocrine and Ophthalmology Networks continue to work together to develop a model of care for diabetic retinopathy. For more information see the Ophthalmology Network Report.

DIABETES AND EMERGENCY DEPARTMENT PROJECT

Most of the sites involved in the ACI Diabetes and Emergency Department Project have now commenced, with some sites already hitting the halfway mark for the patient recruitment quota.

Rosemary Phillips, who has been contracted to review the medical records, is currently attending each site to collate results. Chris Zingle, Project Officer, ACI is working with the NSW Ministry of Health to extract relevant data from the NSW Health Information Exchange data for the study's database.

For information on the project, please Chris Zingle on 0418 268 320

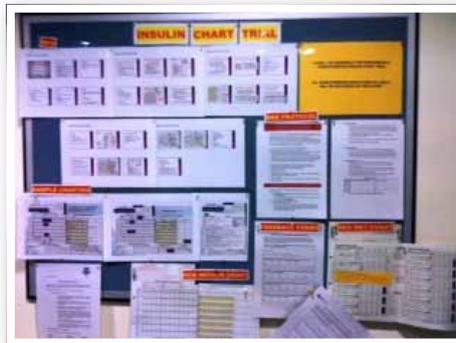
Check out the ACI website for details of upcoming meetings:
www.aci.health.nsw.gov.au

Credentialing for Diabetes Podiatrists Pilot

A pilot of the Network's Podiatry Credentialing document commenced in February 2012 at South Western Sydney, Hunter New England, Western Sydney and Northern NSW local health districts for a three month period.

The credentialing document consists of two mandatory and several elective modules, each with an allocated weighting of credentialing points. Senior podiatrists participating in the pilot will need to complete the two mandatory modules and enough elective modules to achieve a combined credentialing weighting of 100 points. Their application will then be reviewed by the ACI Endocrine Network's credentialing committee. The purpose of the pilot is to ascertain whether the credentialing document is appropriately structured for the required knowledge level of podiatrists working with people suffering from diabetes.

ACI Subcutaneous Insulin Chart Pilot



The subcutaneous insulin chart pilot has commenced at Wagga Wagga Base Hospital, Ryde Hospital and Royal Prince Alfred Hospital.

The ACI and clinical champions at each site provided education sessions for all clinicians involved in the pilot, and clinicians will be encouraged to give feedback as the pilot progresses. The ACI will perform random audits of charts used during the pilot which will be analysed on completion of the project.

NSW Model of Care for High Risk Foot Services

The *NSW Model of Care for High Risk Foot Services for People with Diabetes* is undergoing an economic evaluation. For further information on progress, contact the ACI Endocrine Network Manager.

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Pictured: Michael Paul Brydon, OAM

Australia Day Honours List

Congratulations to ACI Endocrine Network member Michael Brydon, who was awarded a Medal of the Order of Australia for his services to medicine and the community as a paediatrician in the Australia Day 2012 Honours List.

EMERGENCY CARE INSTITUTE

What you told us

The ACI Emergency Care Institute (ECI) has produced a number of reports to capture the feedback provided in its July 2011 emergency care stakeholder survey. A full report along with a two page summary of the feedback provided by different staff groups is now available on its website at www.ecinsw.com.au/eci-survey

In the spotlight

The ECI website has new feature articles on the National Emergency Access Target (NEAT). Visit www.ecinsw.com.au/neat

If you have any items you would like to contribute to the website email Vanessa Evans on vanessa.evans@aci.health.nsw.gov.au.

BIANNUAL REPORT CARD

The ECI has committed to reporting on its activities on a biannual basis. The March to December 2011 report can be seen at www.ecinsw.com.au/report-card

A few highlights from this inaugural report include:

- The establishment of the ECI Executive Committee and three Advisory Committees (Clinical, Incident and Research) with membership including consumers, clinicians and health care professionals from across the state.
- A stakeholder survey reporting on responses from over 1,000 emergency care clinicians and others across NSW. The report is available on the ECI website.
- The launch of the website www.ecinsw.com.au, which includes extensive clinical and clinical

support resources for emergency departments and consumers, and a section for clinicians and managers on the implementation of the National Emergency Access Target (NEAT)

- The inaugural Emergency Care Symposium, which brought together emergency care clinicians and professionals from across NSW and Australia to discuss the issues that matter to them and learn from ED success stories.
- Visits to more than 20 emergency departments and rural and regional Local Health District Boards.

COMMITTEE UPDATES

The inaugural meetings of the three ECI Advisory Committees and the Executive Committee were held at the end of 2011. Following each meeting the Co-chairs will provide a one page meeting summary that will be made available on the ECI website.

The 2011 meeting summaries can be found by visiting the ECI website.

- Clinical Advisory Committee
- Incident Advisory Committee
- Research Advisory Committee
- Executive Committee



**Emergency
Care Institute**
NEW SOUTH WALES

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Clinical Network Report

PAIN MANAGEMENT

Co-Chairs: Damien Finness and Chris Hayes

NEW WORKING GROUPS

At the end of 2011, three new working groups were convened to review priority areas for the ACI Pain Management Network.

New chairs have been appointed and the groups have commenced work. The three new working groups are the 'Service Structure' working group, which will examine how the layers of the health care system fit together and will document agreed minimum requirements for care delivery within each layer, the 'Service Integration' working group, which will examine the processes through which our patients move and work to standardise and streamline systems to enable improved transparency and

equity of access, and the 'Pain Programs' group, which will examine the range of programs currently available through the NSW health system, gain a consensus view on guiding principles for delivering a pain program, and identify target groups to focus on when developing new programs. The outcomes of these groups will include agreed definitions for minimum standards of care, the development and implementation of statewide tools for implementation, and a consistent pain program offered across NSW hospitals.

The activity and achievements of the three working groups will be presented in a forum

planned for Saturday 28 April 2012 at the Northern Sydney Education Centre, North Ryde. At this event, achievements will be acknowledged and areas of new focus identified through group discussion. If you would like further information regarding this event, please contact the Network Manager.

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Clinical Network Report

GASTROENTEROLOGY

Co-Chairs: Brian Jones and Joanne Benhamu

Endoscopy Information System Update

The state-wide rollout of the Endoscopy Information System (EIS) commenced with the Hunter New England Local Health District (LHD) in February. The first site to "go live" will be Maitland Hospital, followed by a staged implementation at Tamworth Hospital, John Hunter Hospital and the remaining 14 Hunter New England sites. The Health Support Services project

team has performed a LHD-wide Implementation Planning Study (IPS), including a detailed site preparation audit and gap analysis identifying key stakeholders and an action plan for each hospital.

The project implementation timeline has been finalised, with all hospitals due to have the EIS by June 2013. The ACI Gastroenterology Network

will work closely with the NSW Ministry of Health and Health Support Services throughout the implementation phase.

Contact: Ellen Rawstron
Ph: (02) 8644 2185
ellen.rawstron@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/gastroenterology

Parenteral Nutrition Consumer Information Guide

The Parenteral Nutrition: an Information Guide for Patients and Carers pamphlet has now been finalised. The project has been jointly supported by the ACI Nutrition and Gastroenterology Networks in collaboration with Parenteral Nutrition Down Under and IBD Support Australia Inc.

The Working Group is now finalising planning for a pilot of the pamphlet. The pilot will include a series of patient and staff surveys to evaluate the content, readability and usefulness of the guide.

New working group – Standards for Gastrostomy Feeding Tubes

The ACI Nutrition and Gastroenterology Networks are establishing a new working group to develop standards to cover the insertion, replacement and care of gastrostomy feeding tubes for patients in NSW public hospitals. If you are interested in learning more about the working group, contact the ACI Gastroenterology or Nutrition Network Managers.

Clinical Network Report

NUTRITION

NIH Co-Chair: Helen Jackson and Nigel Lyons
HEN Co-Chairs: Janet Bell and Peter Talbot

RELEASE OF THE NSW HEALTH NUTRITION CARE POLICY

During her address at the ACI Nutrition Standards launch on 15 December 2011, Kerry Chant, Chief Health Officer NSW Ministry of Health, announced that the Director General had officially endorsed the NSW Health Nutrition Care Policy Directive. Released the following day, the policy sets out the NSW Health framework for a strategic and coordinated approach to nutrition care and support from admission to transfer of care.

The Nutrition Care Policy was developed by a multidisciplinary expert reference group and underwent extensive consultation. It covers all stages of the patient nutrition care

journey, including nutrition screening, nutrition assessment, care planning, delivery of food and fluids, the mealtime environment, feeding assistance and the transfer of care. Other key elements include governance, education, training, evaluation and consumer involvement.

The implementation of the Nutrition Care Policy in Local Health Districts and other public health organisations within NSW will occur over a 24 month period. An implementation checklist is included with the policy.

The ACI will support, monitor and evaluate implementation of the Nutrition Care Policy in

collaboration with the NSW Ministry of Health, Local Health Districts and Health Support Services.

The ACI would like to thank Rhonda Anderson, Helen Jackson, Evan Eggins, Rosemary Dillon, Jocelyn Guard, Sue Colley, Lisa Francis, Bronwyn Nolan, Peter Brown, Nola Paterson, Glen Pang, Diana Jeffries, Jenny Ravens, Dawn Vanderkroft, Deborah Ross, Elizabeth Scott, Debbie Edwards, Suzanne Kennewell and Tanya Hazlewood for their involvement on the very important document.

For a copy of the NSW Health Nutrition care policy, visit www.health.nsw.gov.au/policies/pd/2011/pdf/PD2011_078.pdf

Farewell Hunter

As the ACI team bid farewell to their former Chief Executive at the end of January 2012, the Nutrition in Hospitals Group must also farewell Hunter Watt as a Co-chair.

Hunter, along with current Co-chair Helen Jackson and previous Co-chair Rhonda Matthews, provided leadership, support and direction to the Nutrition in Hospitals Group since its inception in 2009, and we are greatly indebted to them for that leadership. This resulted in significant initiatives aimed at improving food and nutrition care within the NSW public health system.

Contact: Tanya Hazlewood

Ph: (02) 8644 2162

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

www.aci.health.nsw.gov.au/networks/nutrition



Pictured: Nutrition in Hospitals working group farewell Hunter Watt. Photo: T Hazlewood.

For a list of upcoming meetings of the ACI Nutrition Network, visit the Events section of the ACI website: www.aci.health.nsw.gov.au

Clinical Network Report

INTELLECTUAL DISABILITY

Co-Chairs: Les White and Maria Heaton

Tracey Szanto will start work as the new ACI Intellectual Disability Network Manager at the end of February 2012.

Tracey's years of experience and passion for working with people with intellectual disability will be invaluable to the network. Working group meetings for 2012 are currently being scheduled and will be available on the ACI website shortly.

UPCOMING EVENTS

- A forum on strategies for improving the health of people with intellectual disability in the New England Region will be hosted at Armidale by the NSW Council for Intellectual Disability on Thursday 15 March 2012. The forum is targeted at people with an intellectual disability, family members and carers and service providers. To register interest phone 1800 424065 or email Katie@nswcid.org.au
- The Australian Association of Developmental Disability Medicine (AADDM) Conference

2012 will be held on March 8 – 10 at the University of New South Wales. The conference program can be found at www.aaddm2012.com or contact aaddm@unsw.edu.au.

- The 2nd Asia Pacific Prada Willi Syndrome Conference at the Citigate Central Sydney Hotel will be held on March 10-11 2012. Program and information at www.pws.org.au/conf12.html

CLINICAL TRIAL IN ADOLESCENTS WITH FRAGILE X

The Child Development Unit at The Children's Hospital Westmead is participating in a clinical trial testing a new treatment for Fragile X syndrome in adolescents.

The treatment in an oral capsule is taken twice daily for up to 16 weeks.

To be eligible to participate in the trial, patients must fit the following criteria:

- Be aged 12-17 years in otherwise good general health.
- Have a previous diagnosis of Fragile X based on genetic testing (full mutation)
- Have a caregiver who spends an average of at least 6 hours a day with the study participant

and is willing to supervise treatment, attend all study visits and assist with study assessments

- Have a documented intellectual disability (IQ scores less than 70).

The study lasts for a total of 20 weeks and includes a 3-week screening period, 16 weeks during which patients will receive the study drug or a placebo and a one week follow up.

All patients will receive a placebo at some stage during the study.

If you would like more details on the trial, please contact Natalie Silove at the Child Development Unit on +61 (02) 9845 2829.

Contact: Liz Prudom
Ph: (02) 8644 2179
liz.prudom@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/intellectual-disability

MUSCULOSKELETAL

Co-Chairs: Lyn March and John Eisman

OSTEOPOROSIS REFRACTURE PREVENTION

The *Formative Evaluation* of the ACI Osteoporotic Refracture Prevention Model of Care is being progressed at all three participating sites (Wagga Wagga Base Hospital, the Royal Newcastle Centre and Royal Prince Alfred Hospital).

Participant data concerning access to services and treatment is now being collated, as is data on the processes required to make the services a reality at each of their very different sites.

There has been good progress at other sites across NSW, who are setting up and providing structured services for people presenting with minimal trauma fractures.

A service directory for Osteoporosis Refracture Prevention Services across NSW is being compiled and will be made available on the ACI website as well as the Arthritis NSW website in late February 2012.

OSTEOARTHRITIS CHRONIC CARE PROGRAM

The Osteoarthritis Chronic Care Program (OACCP) continues to grow, with over 1300 people across NSW now accessing multidisciplinary intervention services which promote conservative care for people with osteoarthritis of the hip or knee.

Dubbo has commenced OACCP services for their local population, while Grafton and Royal North Shore Hospital are progressing implementation over the coming weeks. The ACI data system is starting to provide some valuable information on how to improve this new service in NSW.

The ACI would like to recognise the effort of frontline staff in the pilot sites that are collecting data on people with osteoarthritis in NSW. Thank you to the teams at Bowral, Campbelltown, Fairfield, Gosford, Nepean, Newcastle, Port Macquarie, Sutherland and Wollongong for your ongoing support and enthusiasm.

The Musculoskeletal Network will launch the model of care for the OACCP in May 2012. Thank you to all who contributed to the development and system-wide consultation of this model. The Working Group has carefully considered all feedback in the development of the model of care.

ACI Guideline for elective joint replacement surgery in NSW

Consultation with orthopaedic teams on the evidence review for elective primary hip and knee joint replacement is now underway. If your orthopaedic department would like to be a part of this consultation process please contact Elizabeth Armstrong, ACI Musculoskeletal Network Project Officer, at elizabeth.armstrong@aci.health.nsw.gov.au or the Network Manager.

NSW Model of Care for Children with Rheumatology Conditions

The *NSW Model of Care for Children with Rheumatology Conditions* is in the final stages of editing by the Working Group.

The results from qualitative research with parents of children and adolescents who have lived with rheumatology conditions have been analysed and are being incorporated into the final report. Please contact the ACI Musculoskeletal Network Manager

if you wish to review and provide feedback on the model during the system-wide consultation in early March 2012. The model of care is scheduled to be launched at the ACI Musculoskeletal Network's Second Annual Forum in May 2012.

Supporting Best Practice in Musculoskeletal Nursing

The ACI Musculoskeletal Network is collaborating with the College of Nursing to develop subjects for the Graduate Certificate in Musculoskeletal Nursing.

The first two subjects, Bone Disease and Inflammatory Joint Disease, will be available for students to study from July 2012, with the final two subjects due for completion in late 2012. Students may study subjects of their choice or undertake the full four subjects and gain the Graduate Certificate. Please contact the Network Manager for further details about undertaking this study from July 2012 to June 2013.

MUSCULOSKELETAL (CONT'D)



ACI MUSCULOSKELETAL NETWORK FORUM 2012

The ACI Musculoskeletal Network will be holding a one day forum at the Kerry Packer Auditorium, Royal Prince Alfred Hospital, on Friday, 4 May 2012. For more information contact the Network Manager.

Contact: Robyn Speerin
Ph: (02) 8644 2182
robyn.speerin@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/musculoskeletal

Clinical Network Report

NEUROSURGERY

Co-Chair: Katherine Becker

NETWORK STRUCTURE AND FUNCTION

The ACI Neurosurgery Network reflected on its strategic direction at the Network Executive meeting held in November 2011.

The Network Executive has in the past included medical heads of department, and nursing and allied health representatives from each of the thirteen sites. The Executive has met quarterly chaired by a medical and nursing or allied health co-chairs. Information on network activities has been distributed to sites by committee members through distribution of minutes.

In recent years the scope of the network has broadened exponentially. Many initiatives have required collaboration with non surgical specialties, including the deep brain stimulation foundation work which resulted in the formation of the State Wide Epilepsy Service. Because a network is a series of connections it is

appropriate for the Neurosurgery Network to not only connect between the 13 sites but to continue to broaden its scope with other specialties so that comprehensive neurosurgery service can be effectively provided for NSW.

For more information on the functions and structure of the Neurosurgery Network, please contact the Network Manager.

Contact: Lyn Farthing
Ph: (02) 8644 2163
lyn.farthing@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/neurosurgery

NEUROSURGERY NURSES PROFESSIONAL DEVELOPMENT SCHOLARSHIP COMMITTEE

Save the date:

- Friday 1 June 2012
- 9th Annual Neurosurgery Nurses Professional Development Scholarship Committee Conference 2012
- SMC Conference and Function Centre, 66 Goulburn Street, Sydney

For further information on the Conference please contact Violeta Sutherland by Email: violeta.sutherland@aci.health.nsw.gov.au or phone (02) 8644 2165.

Clinical Network Report

OPHTHALMOLOGY

Co-Chair: Michael Hennessy and Michael Braham

The first meeting of the year for the Orthoptic Standing Committee was held on Wednesday 1 February 2012.

Among the issues discussed was the use of multidisciplinary stable glaucoma clinics as a solution for improving access to public glaucoma clinics.

Optometrists Christine Craigie and Ian Chapman have been nominated as the metropolitan and rural representatives of the Optometrists Association NSW/ACT. They were welcomed during the ACI Ophthalmology Network's first Governing Body meeting of the year on Monday 6 February 2012.

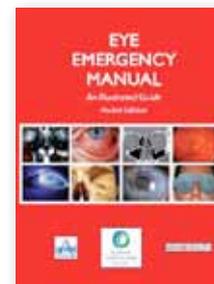
BEST PRACTICE IN EYE EMERGENCY

The 2012 schedule for one day workshops to be held at the Sydney/Sydney Eye Hospital and in rural areas is now available on the Events section of the ACI website.

The Eye Emergency Clinician Education workshops are very popular and as such availability is limited. The workshop scheduled for 13 April 2012 is oversubscribed and closed to new registrations. The workshops scheduled for 24 August and 21 September are filling rapidly.

The schedule, registration forms and a program can be found on the ACI website.

Eye Emergency Manuals in which the eye emergency clinician guidelines are published are now available on request from the Network Manager



Contact: Jan Steen
Phone: (02) 8644 2157
jan.steen@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/ophthalmology

Financing Options for Procurement of Medical Imaging Equipment

A medical imaging workshop was recently held by the Steering Committee on financing options for the procurement of medical imaging (MI) equipment. Consultants O'Connell Advisory used information from the ACI medical imaging equipment survey to develop several financial options for discussion. It was agreed that there must be more rigorous strategic planning for the procurement of MI equipment if patient services and revenues are to be maximised going forward. The final options will be discussed early in 2012, prior to consideration by the joint ACI/NSW Ministry of Health Medical Imaging Initiative Steering Committee.

RADIOLOGY EDUCATION SERIES 2012

The first education evening for 2012 will be held at the Kerry Packer Auditorium at Royal Prince Alfred Hospital on Tuesday 13 March 2012. Part I will be held from 5pm-6pm and Part II will commence after supper from 6.45pm-8.15pm. Trainees are particularly encouraged to take the opportunity to learn about various aspects of radiology and to network with other radiology clinicians.

Contact: Annie Hutton
Ph: (02) 8644 2161
annie.hutton@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/radiology

Uncommon Therapies and Procedures Learning Tools

Liz Bailey, co-chair ACI Nuclear Medicine Committee, has secured a funding grant from the Australian and New Zealand Society of Nuclear Medicine (ANZSNM) to assist in developing interactive eLearning modules for uncommon therapies or procedures.

The aim of these resources is to assist best practice in NSW public hospital departments and for use as a teaching tool for university students in Nuclear Medicine disciplines.

Pathway to Lutate Therapy for Neuroendocrine cancer patients

The ACI Nuclear Medicine Network is working with Cancer Institute epidemiologists and referrers of neuroendocrine cancer (NETs) patients to draft a partial model of care which shows the pathway to include Lutate therapy as an option where appropriate. A sustainable financial model will also be developed. For more information contact the Network Manager.

Contact: Annie Hutton Ph: (02) 8644 2161
annie.hutton@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/nuclear-medicine

Study into adverse events of patients undergoing Transurethral Resection of the Prostate surgery while receiving anti-thrombotics

This study is now complete. Results were presented by James Macneil at the ACI Urology Network meeting held on 16 February 2012.

An abstract and poster detailing the study outcomes have been accepted for the annual Urological Society of Australia and New Zealand Conference in April 2012.

Evaluation of the Prostate Cancer Clinical Nurse Coordinator

Network *Evaluation of the Prostate Cancer Clinical Nurse Coordinator* study will commence in early 2012. The project has been developed in collaboration with an academic group from the School of Psychology at Sydney University, and aims to evaluate whether introducing a Prostate Cancer Clinical Nurse Coordinator improves the psychological care of men with prostate cancer. The role of the prostate cancer care coordinator is to provide information, support and allied health referral for men with prostate cancer and their families.

Following are dates of interest:

The annual conferences of the Urological Society of Australia and New Zealand (USANZ) and the Australian and New Zealand Urological Nurses Society (ANZUNS) will be held from 21 April – 24 April 2012 in Darwin. To view the programs and to register visit the links provided: www.urologymeeting.com.au or www.anzuns.org

Contact: Liz Prudom
Ph: (02) 8644 2179
liz.prudom@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/urology

DIALYSIS CAPACITY AUDIT 2011

The annual NSW Dialysis Capacity Audit commenced as an ACI Renal Network initiative in 2009. The information provides a valuable overview of the spread of haemodialysis services across NSW, their current utilisation and their potential for growth. This information is extremely important in supporting a statewide approach to planning, as the development of new services is resource-intensive and requires a long lead-time.

In 2011 the NSW Ministry of Health assumed responsibility for the audit, with the agreement to collect the same data items as in the previous audits to allow trend tracking over time. In addition, the Ministry audit

team has collected extra information to assist in planning processes. Thank you to all the renal unit managers who provided information for the audit.

The 2011 Report is being prepared by the Statewide and Rural Health Services and Capital Planning Branch (SRHSCPB) of the Ministry of Health and is due to be released in draft form in early March 2012 for verification by the renal units, prior to release of the final version of the Report.

NEPHROLOGY MASTERCLASS

The Renal Network's 3rd Nephrology MasterClass was held on 4 February 2012 at the Northern Sydney Education Centre, and was enthusiastically attended by 49 basic physician trainees (BPTs) from across NSW.

Facilitated by John Kelly, renal physician and Associate Professor at St George Hospital, the masterclass is one of the strategies of the Renal Network's Workforce, Education and Training Group to raise the profile of nephrology as a rewarding career path. The program has been developed especially for BPTs preparing for their written and clinical exams, and presentations were provided by renal physicians from six major teaching hospitals.

Special thanks to the eight nephrologists who generously gave their time on a Saturday to provide information to the BPTs, and especially to John Kelly for making it all happen.

The full program can be viewed at www.aci.health.nsw.gov.au/events



Pictured: Nephrology Masterclass 4 February 2012. Photo by F Westgarth.

Call for new members

It is now ten years since members of the renal community formed the NSW Renal Network.

The leadership of the various working groups to date has been outstanding and the numerous achievements of the network have greatly helped to improve delivery of care for patients with end-stage kidney failure in the NSW health system. The working groups create their vision through a series of three year work plans and have been able to achieve a high proportion of their goals.

Our working groups' activities reflect issues for renal services throughout NSW. We welcome new members who are interested in a strategic approach to resolve problems with renal care. Please contact your Department Head or the Renal Network Manager if you wish to participate in any of the working groups. For more information on the working groups visit the ACI website.

Contact: Fidy Westgarth

Ph: (02) 8644 2176

fidye.westgarth@aci.health.nsw.gov.au

www.aci.health.nsw.gov.au/networks/renal

KIDNEY TRANSPLANT NUMBERS IN 2011

In 2011, 230 patients received a kidney transplant in NSW. Of these, 87 transplants were through live donation. The ACI continues to provide hospitals with subsidies to assist their live-donation programs.

The Renal Network encourages long-term donor follow-up wherever possible. It is hoped that the follow-up rate will increase over the next twelve months.

The Transplant Working Group has been concerned with the low rates of organ donation under the Australian Organ and Tissue Donation Program, and has noted considerable variation in donation activity between major teaching hospitals. The ACI Renal Network encouraged all members to read and distribute the organ and tissue donation discussion paper released by the NSW Ministry of Health in early December 2011.

SAFE USE OF MEDICAL OXYGEN IN PRIVATE AND PUBLIC TRANSPORT

The safe use of medical oxygen in private and public transport has been brought to the attention of the ACI Respiratory Network.

There have been anecdotal reports of frequent incidents occurring where people who require supplemental medical oxygen outside of their home are being refused public and private transport based on misinformation, myths and a lack of accurate authoritative information.

The impact of this issue on consumers is significant, with people unable to attend follow up health appointments, delayed discharge, unnecessary requirement to be transported by ambulance and additional social isolation.

Ken Langbridge, Clinical Nurse Consultant at the Central Coast Local Health District, has commenced an extensive consultation with Workcover NSW, NSW Roads and Transport Authority, BOC, Air Liquide, NSW Fire and Rescue and Transport NSW to address this significant long standing issue.

To support the need for consensus and authoritative information for medical oxygen in private and public transport, the network encourages feedback from consumers and clinicians.

EMR2

The design phase of the next stage of the electronic medical record (known as EMR2) implementation plan will commence in 2012. Respiratory, renal and cardiac have been selected as medical disease streams for specific consultation and clinician input into the development of core content. EMR2 will support clinical care provided by multidisciplinary clinicians in both adult and paediatric inpatient and hospital based outpatient settings. The ACI Respiratory Network has welcomed the invitation to coordinate clinician input to the development of respiratory specific content within EMR2.

EMR2 offers significant opportunities to enhance workflows, provide core electronic clinical documentation, support decision making, enable electronic discharge processes, consult orders and inter service referrals. Once implemented, EMR2 will facilitate the collection and reporting of core clinical indicators for quality of care across NSW.

Clinicians interested in participating in the ACI Respiratory Network EMR2 Working Group, anticipated to meet three times in 2012 via webex and teleconference, are encouraged to contact the Network Manager.

Contact: Cecily Barrack
Ph: (02) 8644 2164
cecily.barrack@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/respiratory



Pictured: Louise Kelly

In 2011 the ACI bid farewell to its longstanding Deputy Chair Jenni Johnson, who has worked closely with James Middleton, Director and Chair of the ACI Statewide Spinal Cord Injury Service since 2006, providing strong leadership and vision.

In the June 2011 edition of the newsletter, the ACI highlighted some of Jenni's achievements. We wish Jenni all the very best in the future.

Following a call for expressions of interest Louise Kelly was welcomed as the new Deputy Chair, ACI Statewide Spinal Cord Injury Service at the December meeting of the Clinical Development Committee.

Louise, whose substantive position is Clinical Nurse Consultant, Spinal Cord Injury at the Royal North Shore Hospital, is currently working at ACI as a Project Officer developing a statewide model of care for the prevention and management of pressure ulcers in people with a spinal cord injury.

Louise brings twelve years of experience in the

highly specialised area of spinal cord injury acute and rehabilitation management, seven of which have been in a Clinical Nurse Consultant capacity, to the role.

During this time, Louise was integral in leading a multidisciplinary team in building upon the model of the Spinal Plastics Outpatient Clinic to form an enhanced service for the northern and western areas of the state, as well as providing clinical expertise in the area of pressure ulcer management. Her most recent clinical portfolio included a focus on sexuality and fertility services for people following spinal cord injury, and case management of the discharge process for people with Ventilator Dependent Tetraplegia.

Louise hopes that her new role will allow her to provide a clinical representation, leadership and advocacy linking the vision of the state spinal cord injury services to the functions of ACI.

Contact: Frances Monypenny
Ph: (02) 8644 2198
frances.monypenny@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/spinal-cord-injury

Model of Care for the prevention and management of pressure ulcers

Since commencing in November 2011, Louise has connected with a range of key stakeholders from within the ACI Statewide Spinal Cord Injury Service and other health care clinicians across the state to introduce the project. She is currently in the process of interviewing focus groups and running workshops to obtain information, opinion and perspectives on what would constitute a model of care and what are some of the barriers and issues faced by clinicians and consumers when providing or seeking services for the management of pressure ulcers.

A steering committee with broad representation from Local Health Districts, consumers and stakeholder partners has been formed to drive the project. A workshop to present the initial findings and gain consensus of what should be included in the model of care will be held on Friday 16 March 2012 from 12pm – 5pm, Macquarie Hospital. Contact Louise on +61 2 8644 2175 or at louise.kelly@aci.health.nsw.gov.au for further information.

BURN INJURY DATA REGISTRY- A SNAPSHOT OF DATA

The ACI Burn Injury Network's data registry has been collecting information on patients treated for burn injuries at the three Statewide Burn Injury Units since 2005.

The registry now includes data on over 15,000 cases from both admitted and non admitted sufferers treated at the three specialist Burns Units.

The information is used for a wide variety of purposes. Requests for information come from various groups and individuals including from the Australian Competition and Consumer Commission (ACCC), monitoring product safety and clinicians and researchers conducting

clinical and epidemiological studies, and information used for conference presentations. The data is important for use in burn injury prevention programs and clinical service planning.

The data shows that males suffer burn injuries more frequently than females with 61% being male and 39% females across all ages except the 80yrs and older group. The most common age groups are the under 5yrs and the 20-30yr age group.

The most frequent injuries in the paediatric population are scalds from hot liquids, contact then flame. Adult burn injuries are most commonly caused by scalds followed by flame and contact.

Cause	Paediatric	Adult
Scald	56%	45%
Contact	31%	13%
Flame	7%	31%
Friction	4%	1%
Chemical	1%	4%
Radiant Heat	< 1*%	2%
Electrical	< 1*%	2%
Other	< 1*%	< 1*%

For more information on the Burn Injury Data Registry, contact the Network Manager.

Support for patients with severe burn injuries



A new program developed by the ACI Burn Injury Network, which links patients with a burn injury admitted to hospital with a burn injury survivor for face to face, one on one social contact and support was launched earlier this month.

The new program, called SHARE- Sharing Hope, Acceptance, Resilience and Experience- is being rolled out at the acute adult burn units at Concord Repatriation General Hospital and Royal North Shore Hospital, as well as the Royal Rehabilitation Centre Sydney.

Peer support volunteers are supported by a social worker and provided with comprehensive training to prepare them for challenges like separating their own experience from that of the patient and managing the emotional impact of sharing their story.

Volunteers need to have had direct experience in recovering from a burn injury, be available for a minimum of two hours a month and participate in the recruitment and training program.

For more information on becoming a SHARE volunteer, please contact Janelle Tolley, ACI Burn Injury Network Peer Support Officer, on +61 2 8644 2156 or janelle.tolley@aci.health.nsw.gov.au.

Contact: Anne Darton
Ph: (02) 9926 5641
anne.darton@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/burn-injury

After two years with the ACI Stroke Network (Stroke Services NSW), Pip Galland has stepped down from her role as network Co-chair.

During this time Pip has supported the opening of Coffs Harbour Health Campus Stroke Service, represented the ACI on the Australian Stroke Coalition, presented at the 2011 Gold Coast SMART STROKES conference and guided the development of the stroke rehabilitation models of care.

Pip also played a pivotal role in highlighting the need for engagement with the Ambulance Service of NSW and Clinical Governance Units of Local Health Districts to undertake process mapping for pre-hospital acute stroke triage and transfer of thrombolysis eligible stroke patients to acute stroke thrombolysis units. Many thanks Pip for contributing to the sustainability of stroke services across NSW.



Pictured: Sandra Lever, Pip Galland and Michael Pollack. Photo: M Longworth.

NEW CO-CHAIR

Sandra Lever will be replacing Pip Galland as Co-chair of the ACI Stroke Network for 2012-2013.

Sandra is a Rehabilitation Clinical Nurse Consultant at the Royal Rehabilitation Centre Sydney. Sandra's nursing career spans over 25 years in the area of neurological rehabilitation and includes qualifications such as a Bachelor of Health Administration, a Masters of Nursing-Rehabilitation and a Graduate Diploma in Sexual Health.

Sandra has previously served as the National President of the Australasian Rehabilitation Nurses Association (ARNA) and is the current President of the NSW/ACT Chapter of ARNA. She also currently represents the Royal College of Nursing Australia on the Australian Stroke Coalition and is the co-chair of statewide stroke services Stroke Rehabilitation and Stroke Recovery working party. Sandra was also actively involved in the National Stroke Foundation Stroke Audit-Post Acute Services Advisory Committee.

Sandra's research interests include rehabilitation and sexuality following stroke. Sandra has been awarded an \$18,000 research grant to undertake this latter research project.

NEW WORKING GROUP CO-CHAIRS

Greg Bowring is stepping down as the Co-chair of the Stroke Recovery and Stroke Rehabilitation working group.

Greg served as Co-chair of the working party for four years, during which time the group has had significant achievements, including the development of the stroke rehabilitation model of care and raising awareness of clinicians of the delivery and recognition of intensity of therapy outcomes for stroke rehabilitation patients. Many thanks to Greg for his insight and direction in continuing to link acute and post acute services in the delivery of care to stroke services.

Jagdish Maharaj will be taking on the role of Stroke Recovery and Stroke Rehabilitation working group Co-chair for 2012-2013. Jagdish is the Director of Rehabilitation at Lourdes Hospital and Community Health Service in Dubbo, a Senior Staff Specialist in Rehabilitation Medicine and a Senior Clinical Lecturer at the University of Sydney. His main research and clinical interests includes stroke, spinal cord injury, quality of life and psychological well-being issues. He has extensive experience in the area of Rehabilitation Medicine and development of disability sports in Fiji and the Oceania region. He is the founding President of the Fiji Paralympics Committee and current Director of Finance, Oceania Paralympics Committee.

Fiona Ryan will chair the NSW Rural Stroke Network for 2012-2013. Fiona is the Rural Stroke Care Coordinator for Bathurst and Orange Stroke Services in the Western NSW Local Health District. Her background includes speech pathology, management and clinical education. Fiona has been actively involved in several areas of research including participating in the evaluation of the rural NSW stroke services, the National Stroke Foundation acute and post acute clinical audits and the Psychological Outcomes of Stroke (POISE) trial.



Pictured: Jagdish Maharaj



Pictured: Fiona Ryan

APHASIA MEETING

With the assistance of the ACI Stroke Network, Cathy Taylor and colleagues convened a meeting of 60 consumers, carers and clinicians on 18 November 2011 to discuss the development of a NSW branch of the Australian Aphasia Association.

To facilitate the discussion, presentations were given by Deb Hersh, Senior Lecturer, Speech Pathology, School of Psychology and Social Science, Edith Cowan University, Margaret Small, Solicitor, TARS-The Aged Care Rights Service INC including Older Person's Legal Service, and Emma Power, Post Doctoral Research Fellow, University of Sydney.

The research and clinical presentations were balanced by presentations from carers and consumers, notably Anne Louise Oystrough OAM and "lively aphasiacs" Don McKinnon and Edna

Williams". All presentations from the meeting are available on www.aphasiaconference.com.au

The major outcome from the meeting was the consensus to create a steering committee to move towards setting up Aphasia NSW. A subsequent meeting was held on 12 December 2011 and a website www.aphasiasw.com.au has been set up and a brochure on aphasia developed for inclusion in the patient discharge pack by speech pathologists from South Eastern Sydney Local Health District.

For further information on upcoming meetings of the ACI Stroke Network, check out the Events section of the ACI website: www.aci.health.nsw.gov.au

**Contact: Mark Longworth
Ph: (02) 8644 2188
mark.longworth@aci.health.nsw.gov.au
www.aci.health.nsw.gov.au/networks/stroke**

TRANSITION CARE

Co-Chairs: Susan Towns and Kylie Polglase

Paediatrician Consultant's Meeting

Patricia Kasengele, ACI Transition Care Coordinator for the Western Area, gave a presentation on transition services to paediatric consultants at Nepean Hospital on Wednesday 7 December 2011. The presentation followed a request from Nepean Hospital for more information on the transition process, timeframes and available resources, including the referral process.

NEWS FROM THE NORTHERN REGION

Increase in referrals in 2011

2011 saw a 24% increase in referrals to transition care services in the northern region, with referrals received from twelve facilities or services from Sydney to Coffs Harbour. While 52 primary diagnoses were identified, the condition with greatest numbers of referrals was Type One Diabetes Mellitus. Many young people had multiple diagnoses.

The majority of referrals (72%) requested access to public health services. Many of the young people choosing private physicians either reside in rural NSW where public health services are limited or required psychiatric care for ongoing management of attention deficit hyperactivity disorder (ADHD).

The role of the Transition Care Coordinator

The ACI Transition Care Coordinator's role is not just about linking young people and their carers to adult physicians - there are many other things that the coordinator does to make life a little easier or improve the continuity of care at the time of transition to adult health services. Coordinators can assist the young person in obtaining equipment, sort out difficulties with medication, organise transport to attend appointments and link them to a range of services and other government organisations such as Aged Disability and Home Care, youth health teams and support groups.

Growing up and moving on



Pictured: Eric Ho, Associate Professor, John Hunter Children's Hospital, extends a fond farewell to Special Olympics medalist Sara Brazier and mum Lorraine as Sara moves to adult health services.

NEWS FROM THE WESTERN AREA

Transition Graduations

Ten young people graduated from Transition Care Services at the Sydney Children's Hospitals Network (SCHN) Westmead campus ceremony on Friday 9 December 2011. Captain Starlight was the MC for the event and Andrew Williams, a former patient at the Children's Hospital, was a guest speaker. The ACI Transition Care Coordinator for the Western Area, Patricia Kasengele, gave a short speech on transition and welcomed the graduates to adult services.

Ten young people and their families also participated in the final graduation day for 2011 at the SCHN Randwick campus on 2 December. Following the formal proceedings, graduates enjoyed either a delicious buffet lunch at Coogee Plaza Hotel or cruised Sydney Harbour on a Kokomo super yacht.

The first ceremony for 2012 was held on Friday 3 February 2012 for young people attending rehabilitation services at The Children's Hospital at Westmead. Guest speeches were made by Paralympian Louise Sauvage and ACI consumer Sarah Cullen.



Pictured: Westmead graduation 9 December 2011.

NEWS FROM THE EASTERN AND SOUTHERN AREA

Transition Study - Disability and Ability: how young people with impairments make the transition to adulthood

The ACI Transition Care Network will provide support to researchers from Deakin University and the University of Sydney to recruit young people with impairments between the ages 19-26 years to be interviewed about how they experience the transition to adulthood.

Compared to their able-bodied peers, 15-29 year olds with a long-term health condition or impairment have an increased risk of negative social, physical and mental health outcomes. Having an impairment can play out

very differently during different life phases, however little is known about how these young people meet the developmental and structural milestones of the transition to adulthood in a society which often excludes or is prejudiced towards people with impairments.

Participants will be interviewed once a year for 3yrs (1-2hrs per interview). Interviews will elicit the life story of participants. Broad topics that will be covered include family



background; family relationships; impairment; adolescence to adulthood; peer acceptance; leisure activities; and career/future.

For more information please contact Gabrielle Hindmarsh on transition.study@sydney.edu.au

Work placements for nursing students

The ACI Transition Care Network and the Department of Adolescent and Transition Medicine at Royal Prince Alfred Hospital have collaborated with the University of Sydney to provide work placement opportunities for nursing students.

Last December, the first student spent two weeks attending clinics, participating in ward rounds, speaking to young people referred for transition support and observing transition clinics in special purpose schools. Further work placements are currently being organised.

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Launch of the Superguide: a handbook for supervising allied health professionals



The Clinical Education and Training Institute (CETI) Allied Health Directorate has completed its first major project to produce a user friendly handbook on supervision for allied health professionals working in NSW health services.

The Superguide: a handbook for supervising allied health professionals was launched by the Hon. Jillian Skinner, NSW Minister for Health and Minister for Medical Research, at the Leaders in Allied Health Consultation Forum on 30 November 2011.

The Minister applauded the state-wide collaborative effort of allied health clinicians and managers in producing this guide, which will be used to support the professional development of allied health clinicians engaged in supervision. The project was initially undertaken by the NSW Allied Health Directors Network and managed by CETI's Allied Health Learning and Teaching Coordinators Jacqueline Dominish and Daniella Pfeiffer. They took the Superguide written by Roslyn Crampton and Craig Bingham for CETI's prevocational medical training program and



Pictured: The Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research, launches *The Superguide: a handbook for supervising allied health professionals*

adapted it for its new audience. Patricia Bradd, Director of Allied Health for South Eastern Sydney LHD, and Lyn Biviano, Chair of Division of Allied Health and Head of Department Social Work for the Children's Hospital Westmead, co-authored the text with Jacqueline and Daniella. The consultation draft received over 80 submissions from allied health professionals around the state, which contributed greatly to the strength of the final product.

CETI will be conducting an evaluation of the initial implementation phase towards

the middle of 2012. To download a copy of the superguide and register your details to provide feedback during the evaluation go to www.ceti.nsw.gov.au/alliedhealthsuperguide

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New reporting methods improve comparisons between hospitals



Bureau of Health Information

An extensive review has seen the Bureau of Health Information change how it reports emergency department (ED) information to promote fairer comparisons between hospitals and better reflect patients' journeys through ED's.

The latest edition of *Hospital Quarterly* shows the times within which 50% and 95% of patients begin treatment, from July to September 2011. The report also shows the time from presentation to admission for the median and the 95th percentile of ED patients.

"The Bureau is now using data from new information systems to start the clock when people present at an ED rather than when they are triaged," Bureau Chief Executive Diane Watson said.

"These changes offer more information, support fairer comparisons between hospitals and more closely reflect how patients understand their journeys.

"In this latest report, we're also publishing trends for our new time measures over the past five years so people can identify areas to improve and assess whether any improvements have been sustained.

"By providing information for five years we see that hospitals such as Ryde have, over time, reduced the time spent in EDs for admitted patients, while EDs such as Manning Base show gradual increases in the time it takes to admit ED patients."

During the quarter there were 132,452 arrivals at NSW EDs by ambulance which is a 5% increase since a year ago. The report shows 61% of patients arriving by ambulance were transferred into the care of ED staff within 30 minutes. This compares with 65% in the previous quarter and 64% a year ago.

From July to September there were 55,400 elective surgery procedures. This is 6% higher than the previous quarter and 1% more than a year ago. The median wait time for non-urgent surgery was 212 days, nine days more than a year ago. At the same time, the median waits for

urgent and semi-urgent surgery were stable.

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

Diane is currently serving as the Acting Chief Executive of the National Health Performance Authority until May 2012. Kim Browne is Acting Chief Executive of the Bureau of Health Information during this time.



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Cancer Care Coordinators Evaluation

Cancer care coordinators improve the quality and capacity of cancer services in NSW, a Cancer Institute NSW evaluation has found.

The Cancer Institute NSW commissioned evaluation of the role of the cancer care coordinators found that care coordinators provide high-quality patient centered care, improve care coordination and support multidisciplinary care.

Compared with those who did not have access to a care coordinator, patients with access to a cancer care coordinator reported that they were more likely to receive timely and appropriate referrals to psychosocial and other

support services, tailored education and easy to understand information when needed.

The evaluation also found the role was valued highly by clinicians and service managers as an important component of cancer care.

This inaugural evaluation of the role was completed in 2010, using surveys and interviews with current coordinators and patients, as well as case studies comparing patient and clinician experiences in cancer service sites with and without cancer care coordinators. The evaluation is largely based on qualitative data and further research is needed to demonstrate the benefits of the cancer care coordinator role in improving clinical cancer care and patient outcomes.



Read more about the evaluation at www.cancerinstitute.org.au/publications/i/evaluation-of-the-role-of-cancer-care-coordinator

New GP cancer referral resource

General Practitioners now have access to a free cancer referral website to help them search healthcare teams specialising in the treatment and care of specific cancers for their patients.

Recently launched by the Minister for Health and Minister for Medical Research, Jillian Skinner, the Cancer Institute NSW resource includes a comprehensive database of all cancer specialists operating within a multidisciplinary team across NSW and ACT.

It also includes practical information on individual facilities - such as maps, opening hours, parking costs and if the service is offered by public or private providers.

The website has been designed specifically for busy GPs, and allows searching by tumour and location to cater for individual patient preferences.

Canrefer includes links to other resources on patient support, transport and accommodation. Visit Canrefer at: www.canrefer.org.au

Watch online - Gynaecological oncology health professional's education day

The Cancer Institute NSW recently hosted a gynaecological oncology health professional's education day, featuring a dramatised hypothetical of three different women each facing cervical cancer.

Facilitated by Norman Swan, the hypothetical situations canvass three very different cervical cancer journeys, from screening and diagnosis through all aspects of multidisciplinary cancer care. An expert multidisciplinary panel mediate the process and offer insight into the unique complexities and outcomes of women with cervical cancer.

The videos are now available to view online: www.cancerinstitute.org.au/supporting-best-practice/professional-development/cervical-cancer-case-studies

Data Standards

The Cancer Institute NSW is making important changes to the way data standards for our registries and data collections are developed and managed.

What are the changes?

- a new coordinated and consistent approach to data standards throughout all of our registries and data collections
- new governance arrangements for developing and modifying data standards
- tools, training and support for staff working on cancer data standards projects
- a coordinated, organisational approach to providing feedback on the development of national cancer data standards

- an online database containing detailed information about data standards and data quality in all our cancer registries and data collections

More information

Contact standards@cancerinstitute.org.au
Coming soon - visit www.cancerinstitute.org.au/ for up to date information about the Cancer Institute NSW Data Standards Program

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Researchers from the Sax Institute have been working in partnership with the ACI and researchers from the Universities of Sydney, Newcastle, Melbourne and the Australian Catholic University to conduct a National Health and Medical Research Council-funded project looking at the features of successful clinical networks.

The study involves several ACI networks. The network managers and co-chairs have been working hard to help the researchers identify the impacts of the work we undertake on patient outcomes and the wider health system.

The final step is to incorporate the views of the network members. This is your opportunity to help us understand how we can make your clinical network more effective by giving your opinions on the importance of your network; the leadership and management of your network;

support received from external agencies; and how much you think the work of your network makes a difference to healthcare services.

You may have already received an email inviting you to participate in the 5 minute web-based survey. If you have not previously responded to this email you will receive a reminder with a link to the survey shortly.

The results from this study will be of immediate use in forming strategies to maximise the

effectiveness of the networks in improving quality of care.

If you were a member of a Greater Metropolitan Clinical Taskforce during 2006-2008, we would greatly appreciate your participation in this project and warmly encourage you to complete the survey if you are able to do so.

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JUDITH MEPPM SCHOLARSHIPS

The Judith Meppem Scholarships were established by the NSW Nursing and Midwifery Office in 2010 to provide Nurses and Midwives with the opportunity to undertake a relevant study tour at an overseas destination to identify potential improvements in clinical practice and health care delivery in NSW.

The scholarships are named after Judith Meppem PSM, the first Chief Nursing Officer (CNO) in NSW, in recognition of her 12 year tenure as CNO and the contributions she made to nursing and midwifery in NSW throughout her career.

The scholarships provide a great opportunity for nurses and midwives to look at their area of practice overseas and to bring back what they learn to their work environment. It also provides the opportunity for them to share their expertise and ideas with overseas colleagues.

The study tour can be applied to all areas of nursing and midwifery including clinical practice, education and management. Past winners have undertaken study tours to the United Kingdom to examine models of care involving Nurse Practitioners, visits to Canada and Wales to examine current management of wounds, review various nursing pain management roles in community and general practice settings, acute care and outpatients in the United Kingdom, Canada and New Zealand and an exploration of nurse-led palliative care clinics and inpatient

units at centres in the United States and the United Kingdom.

Scholarships are valued up to \$12,000 each and four are being offered for 2012. Scholarships will be awarded in May for travel during the following financial year.

Applications are now open and will close on Wednesday 11th April 2012.

These Scholarships are not available for participation in courses or for conference attendance overseas.

For more information visit www.health.nsw.gov.au/nursing/scholarships

CONTACT US/ FEEDBACK



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The ACI Newsletter *Clinician Connect* is available at:
www.aci.health.nsw.gov.au

LETTERS TO THE EDITOR

Readers of *Clinician Connect* are invited to submit letters for publication. These can relate to topics of current clinical interest or items published in the ACI newsletter. All Letters to the Editor must have a name, address and telephone number to be used for verification purposes only. The submitter's name, title and organisation will be used in print. No anonymous letters will be printed. The ACI reserves the right to edit all letters and to reject any and all letters.

Letters should be addressed to:

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