



Clinician Connect

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Pictured: Representatives from the Concord Burn Unit at the Pride of Australia Awards. Photo: J Tolley. For more information, see page 18.



Pictured: Peter Clark

GUEST EDITORIAL

DR PETER CLARK

CLINICAL DIRECTOR,
INSTITUTE OF TRAUMA INJURY MANAGEMENT (ITIM)

Why is Trauma Important?

Trauma is the number 1 cause of death in NSW for people aged 0-45 years, and is one of the top 5 causes of death for all age groups.

Serious injury is a major public health burden and remains one of the most important priorities for healthcare in NSW. In 2007, 2271 people were recorded as serious to critically injured in NSW and the number of these patients has been steadily rising since the establishment of the NSW Trauma Registry in 2002. In that year, the total number of people injured was 1,781. This growth is largely reflected by a rise in reporting of the numbers of people sustaining injuries from road trauma and falls.

It has been estimated by the Australian Bureau of Statistics that in 2007, 62,412 potential years of life were lost due to transport accidents, 45,416 of which were males and 17,036 females. Trauma is a world-wide problem with major cost and resource issues.

While countries such as Australia have a lower rate of deaths due to trauma, there is little reason for complacency with an average of 13 deaths /100,000 population / year due to road traffic accidents. There are resource challenges in trauma management. Trauma care is a specialty with its own specific staffing and resources requirements but fewer surgeons are wishing to train in trauma care. Furthermore, the

resources available for trauma care will be challenged by the ageing population with more co-morbidities.

Trauma is expensive

Health costs associated with injury in Australia have been estimated to be \$2.6 billion annually. This compares to the total direct cost for cancer of \$1.4 billion for the same period (National Health Medical Research Council) and accounts for 7% total health expenditure.

What is the Institute of Trauma Injury Management's (ITIM) Role?

A system for trauma care was first proposed for NSW in 1988. The proposal recommended an administrative structure at hospital level with designated clinical leaders, trauma service directors supported by trauma committees and clinical review based on data collection.

In 1993, the National Road Trauma Advisory Council (NRTAC) released the Report of the Working Party on Trauma systems. The NRTAC Report made 25 recommendations including:

- regional trauma systems based on networks and linkages,

- designation of hospitals resourced to provide a level of care,
- establishment of State and Territory Trauma Systems Management Committees to implement the NRTAC report and to monitor the established trauma systems

In 1994 NSW Health restructured the NSW Trauma System in line with the NRTAC recommendations. In due course, the Institute of Trauma and Injury Management (ITIM) was established in 2002. In partnership with the NSW Ministry of Health, Local Health Districts and relevant clinical groups, ITIM is responsible for monitoring and reporting on the performance of Trauma Services as outlined in the latest NSW Trauma Services Plan (2009).

ITIM manages the state-wide clinical injury data collection process. This data is currently collated in the Collector database. An important ITIM function is conducting and promoting research into the causation, prevention, treatment and outcome of injury. These tasks will be achieved through establishing partnerships with relevant stakeholder agencies and by undertaking an advocacy role in stimulating clinical involvement in the promotion of injury prevention initiatives in the community. ITIM also provides policy advice on areas for improvement within the trauma system, on the accreditation of trauma services in partnership with the professional colleges and the regionalisation of trauma services within NSW.

In 2009, the NSW Department of Health released the latest version of the Trauma Services Plan which defines lines of responsibility and accountability for the care of the injured patient within the trauma system.

The NSW Trauma Services Plan includes both Major and Regional Trauma Services and recognises the role of rural and metropolitan local hospitals within the plan. Each Metropolitan Trauma Network is aligned with Rural Trauma Networks for support, education, research and clinical referrals.

ITIM and the Future

The chain of trauma care - Pre-hospital care, Hospital care, Post-hospital care (Rehabilitation) and Prevention- have varying amounts of data that describes clinical care. Despite the magnitude of the health problem, targeted funding for research and clinical trials in these areas of trauma has lagged behind other diseases such as cancer and heart disease. Many basic scientific and clinical questions remain unanswered due to lack of an organised research infrastructure.

The NSW Institute of Trauma and Injury Management has been working with the National Trauma Research Institute to further the Australian Trauma Quality Improvement Program (AustQIP) a nationwide and NZ review of trauma data and the development of a Bi-National

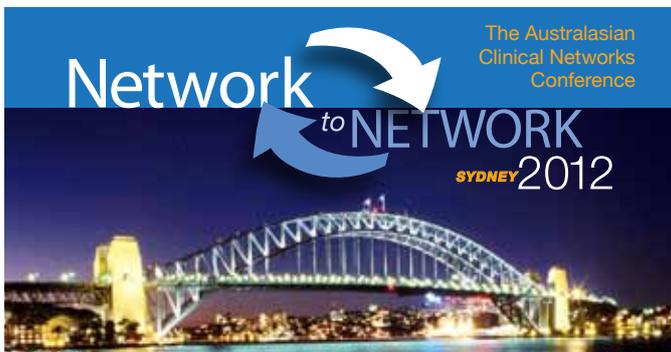
Trauma Minimum Dataset to further develop key performance indicators in trauma.

ITIM has been active in analysing data in the Collector trauma dataset but much more collaborative research needs to be undertaken. A recent publication in the Medical Journal of Australia from Collector data analysis describes the trends of injury and mortality in NSW. This shows that falls now account for more of the serious injuries than motor vehicle accidents. In addition, evidence is accumulating that paediatric trauma cases may be better cared for in a Paediatric Trauma centre. Trended data for paediatric trauma outcomes in Australia suggests that Paediatric Trauma Centres may provide between 3 and 6 times higher survival rates.

NSW ITIM will soon be incorporated into the Agency for Clinical Innovation (ACI). This will provide a unique opportunity for progressing trauma management with renewed direction and opportunities for NSW ITIM and all trauma stakeholders. With the support of the ACI, ITIM has a strengthened role to improve management of injured patients and in future planning of trauma services based on better data, better research and improved collaboration with those that deliver care at the bedside.

Peter Clark

References available on request



21-23 NOVEMBER 2012
SYDNEY CONVENTION AND EXHIBITION CENTRE, DARLING HARBOUR

CONFERENCE THEMES

- Strategies used by effective networks to support implementation
- Evaluating the outcomes of clinical networks
- Engaging the community in clinical practice improvement and measuring the impact of this engagement
- Health reform and boundary changes, how established effective networks contribute to success.

REGISTRATIONS ARE NOW OPEN!

PLATINUM SPONSOR



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KEYNOTE SPEAKERS

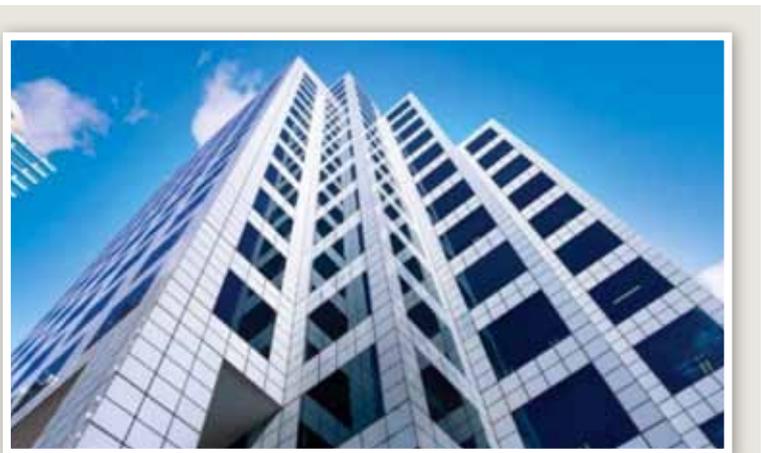
Mr Shane Solomon • Dr Diane Watson
 Prof Andrew Morris • A/Prof Mary Haines
 Dr Nick Goodwin • Dr Farris Timimi

NEW PLENARY SESSION ANNOUNCED!

ACI will host an extraordinary plenary session at the conference entitled:

Looking to the future: how clinical networks are evolving to deliver quality care, to embrace innovation, research and development and the translation of scientific discovery into practice:

Professor Andrew Morris



ACI RELOCATION!

The ACI has moved to new offices in Chatswood. Our new home is located at:

Level 4, Sage Building
 67 Albert Avenue
 Chatswood NSW 2067

The main reception number for the new ACI offices is +61 2 9464 4666.

All contact phone numbers for ACI Network Managers listed throughout the newsletter have been updated for the new building.



The ACI would like to know your thoughts on Clinician Connect. Please complete our survey at: www.surveymonkey.com/s/BZ5NVR6

COMMENT

DR NIGEL LYONS

Getting out there and on with the job.



Pictured: Dr Nigel Lyons

It's been a busy few months of rapid growth and development for the ACI and I'm pleased to confirm the ACI's 12 month Operational Plan is now in place. This will ensure we maintain our focus on the priorities and objectives outlined in our Strategic Plan.

Our priority now is meeting with Local Health Districts (LHDs) and working closely with our partners, clinicians, managers and consumers. Over the past couple of months I've been meeting with Clinicians and Executives in LHDs including South Western Sydney LHD, South Eastern Sydney LHD, Mid North Coast LHD, Hunter New England LHD and Southern NSW LHD.

We are keen to hear about priorities in local areas, to connect with clinicians and those working on the ground, and look at how we can

align the work we do with the key needs out there at the local hospital level.

The ACI has established two new clinical networks, the ACI Palliative Care Network and the ACI Rehabilitation Network - both under the Primary Care and Chronic Services portfolio. This brings our total number of clinical networks to 26. The Palliative Care Network will lead the planning, implementation and evaluation of a comprehensive model of care for the provision of equitable and evidence-based palliative care services across NSW. The ACI Rehabilitation Network will focus on driving improvements in rehabilitation care to improve patient outcomes to ensure care is coordinated, patient-centred and evidence based and they are hosting their first forum on 11 October 2012.

This, along with the transfer of the Institute of Trauma and Injury Management (ITIM) and the Intensive Care Coordination Monitoring Unit (ICCMU) plus a number of new Clinical Taskforces, significantly enhances the work and remit of the ACI.

We are also initiating a taskforce to review unwarranted clinical variation (UCV) and coordinate efforts through an integrated system-

level approach. The ACI will lead the design and implementation of the statewide UCV strategy.

A review of the Connecting Care Program is also underway, to assist in delivering more effective health management for people with chronic diseases. Initial results are promising, indicating the program is positively impacting on the rates of individuals enrolled in the program and levels of unplanned hospital admissions.

We are committed to working with you, clinicians and LHDs to improve health outcomes and design and implement the best possible models of care for the people of NSW. We need your help to make this happen. We want to continue to hear from you and we will continue to listen.

Dr Nigel Lyons

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

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

BOARD

Chair

Brian McCaughan

Members

Lee Ausburn

Tomas Ratoni

Ken Barker

Richard Matthews

Melinda Conrad

Janice Reid

Andrew Cooke

Gabriel Shannon

Robyn Kruk

Nigel Lyons

Carol Pollock

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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Clinical Network Report

GYNAECOLOGICAL ONCOLOGY

Co-Chairs:
Kim Hobbs and
Russell Hogg

GYNAECOLOGICAL ONCOLOGY FORUM

On Friday, 14 September 2012 the Gynaecological Oncology (GO) Network held a forum to discuss the future direction of the Network.

The forum was a great success, with several key areas of future work highlighted throughout the day. One key area of work identified at the forum was the need to work with facilities to create consistent data collection to address

clinical variation. The Cancer Institute of NSW has expressed an interest in working with the ACI to address the data collection and analysis. The next Network Meeting will be held on Friday, 30 November 2012 from 8.30am-10.30am at the Northern Sydney Education Centre, Macquarie Hospital. This meeting will be an opportunity for clinicians to provide input into the data registry. For more information or to register your interest in attending this meeting, please contact the Network Manager.

ACI GO NETWORK RETREAT

Retreat for Women with Gynaecological Cancer is a very successful retreat held for women who have been diagnosed with a gynaecological cancer.

The next retreat will be later in the year. For further information please contact the Psychosocial Support Coordinator, Jane Mills on jane_mills@wsahs.nsw.gov.au

SAVE THE DATE – 17 MAY 2013

The Gynaecological Oncology Nurses Group (GONG) is planning a Seminar Day for Thursday, 17 May 2013. The theme of the day will centre on *Current Issues in Gynaecological Cancer*, and will be held at the Kerry Packer Education Centre, Royal Prince Alfred Hospital. Registrations open early 2013.

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INTENSIVE CARE COORDINATION AND MONITORING UNIT (ICCMU)

ICCMU was established under the Directorship of Dr Tony Burrell in 2003 on a recommendation written into the NSW Intensive Care Plan. Clinicians at the time were concerned that few mechanisms existed for units, hospital management or government to collect and analyse in a systematic way, information about intensive care patient outcomes, demand, utilisation and cost.



Pictured: Sean Kelly

ICCMU developed mechanisms to promote quality care for the critically ill in NSW by:

- Monitoring intensive care service provision, resources, utilisation and activity
- Assessing work force supply and demand

- Overseeing quality activities including benchmarking and monitoring of risk-adjusted outcomes
- Supporting intensive care units in improving data quality processes for NSW Health and the ANZICS databases
- Enhancing consumer understanding of intensive care, and
- Advancing partnerships with its stakeholders.

ICCMU has working relationships and linkages with key NSW and Australasian government and professional clinical groups

including: NSW Nursing and Midwifery Office (NaMO), Clinical Excellence Commission (CEC), University of Technology Sydney (UTS) Faculty of Nursing, Midwifery & Health (FNMH), Australian and New Zealand Intensive Care Society (ANZICS), and Australian College of Critical Care Nurses (ACCCN).

A successful ICCMU initiative has been ICU-Connect, a virtual community initially established to support isolated clinicians; that currently networks 1600+ critical care clinicians across Australasia.

The ICCMU website and IC-Wiki is a repository for ICU practice guidelines from ICUs across the state and includes the ICCMU evidence based guidelines. The methodology and processes for the collaborative evidence based guidelines is translatable to other disciplines.

The ICCMU website is well patronised with national and international subscribers. Hits are in the tens of thousand per month and increasing. The community section provides information for families and visitors helping them improve their understanding of the confronting intensive care clinical environment.

Data regarding patient safety and outcomes in NSW ICUs are collated and reviewed. Future challenges for the Quality and Safety committee

include development of indicators that involve minimal burden in terms of data collection yet have broad acceptance by clinicians.

ICCMU has done much to create a sense of collegiality between ICU and HDUs across the state especially between nursing practitioners. However work needs to be done engaging ICU medical practitioners in the areas of ICU quality and safety and systems planning. This can only be in the interests of ensuring that critical care patients receive timely, quality and safe care whether they are treated in a fifty-bed unit in central Sydney or a small outer metropolitan or rural HDU.

The move from Nepean Hospital to link up with the Agency for Clinical Innovation (ACI) in Chatswood is an exciting new phase for ICCMU. This is an opportunity to consolidate work completed, and by utilising expertise and resources of ACI explore new opportunities for improving intensive care delivery to patients across NSW.

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Clinical Network Report

SURGICAL SERVICES TASKFORCE

Chair: Michael Mc Glynn

With the recent Governance Review of NSW Health, the Surgical Services Taskforce (SST) is now under the auspices of the ACI.

The success of the SST will be strengthened with the accessibility of the Taskforce to the ACI Clinical Networks to maintain and expand

the work of this important Taskforce. The current focus of the SST is making improvements in operating theatre efficiency through improvements in the 'first case on time start' measure. The SST will continue to progress the implementation of the Surgery Futures and Rural Surgery Futures recommendations.

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Clinical Network Report

CRITICAL CARE TASKFORCE

Co-Chairs: Rob Herkes and Kelly Cridland

With the recent restructure within the Ministry of Health, the Critical Care Taskforce (CCT) is now under the auspices of the ACI.

The CCT will continue to provide a point of integration and interface of related clinical services to facilitate the journey of critically

ill patients to definitive care. This role will be strengthened with accessibility of the Taskforce to the ACI Clinical Networks. The CCT will continue to lead the development of models of care for the critically ill and the collation and analysis of critical care KPIs. The current focus of this group is preparing for the Critical Care Forum to be held in late November 2012.

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Pictured: (l-r) Vaulivia Vueti; Bernadette Shepherd; Margaret Moseley; Rozina Shekhar; Margaret Perkins; Julie Strukovski; Jennifer Morgan-Nicholson; Lorraine Lovitt; Jo McMillan; Angelique O'Flynn; Anne Hoolahan; Kelli Flowers; Brandi Cole and Zelka Popovic. Photo: G Pang.

NURSES SUBGROUP

The Nurses Subgroup has formed two working groups to develop guidance on the clinically appropriate use, education and training of specials (one to one nurses) to care for confused patients, and to develop a skill set for nurses working with older people (both generalist and specialist skills). Both working groups will commence work shortly. For more information or to express an interest in participating, contact the Network Manager.

Care of the Confused Hospitalised Older Person Project

Phase one of the Care of the Confused Hospitalised Older Person's Study (CHOPS) has been completed, with the final project management team meeting in August.

Work is continuing on the development of a CHOPS website where staff can access information, resources and education to assist with the care of the confused older person. The clinical program and evaluation team are assisting the CHOPS project in developing an evaluation framework and refining the methodology for possible future use.

ALLIED HEALTH SUBGROUP

Presentations from the Allied Health Innovation Forum held on Tuesday, 3 July 2012 are now available on the Aged Health section of the ACI website. As a result of the forum, work is now commencing on a project to develop a guide for health professionals, patients and carers to describe the role of allied health professionals in aged health and the evidence base for allied health interventions in older people. For further information, contact the Network Manager.

Orthogeriatric Model of Care

ACI Aged Health Network members Jacqui Close, Laura Ahmad and Ian Harris recently presented the Orthogeriatric Model of Care to the Surgical Services Taskforce (SST), which is now encompassed by the ACI. The SST will partner with the Network in developing a strategy to promote the implementation of the Orthogeriatric Model of Care in hospitals across the state.

Minimising restraint use

Thank you to the network members who contributed to the draft Minimising Restraint Use Policy, Procedures and Toolkit. The documents are now being reviewed by the Ministry of Health. Contact the Network Manager for more information and further updates.

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PRE-PROCEDURE PREPARATION TOOLKIT

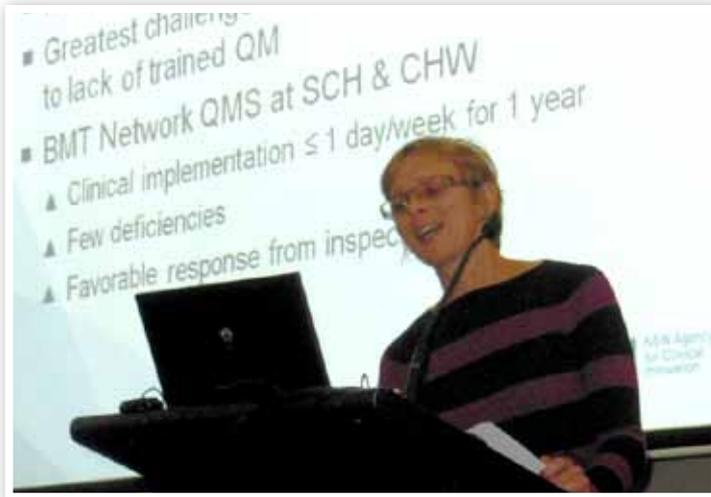
The ACI Anaesthesia Perioperative Care Network will be undertaking a review of the NSW Health Guideline: Pre-Procedure Preparation Toolkit.

The guideline was drafted by the Surgical Services Taskforce in 2007 and is a valuable tool that assists health facilities in optimising their processes for pre-admission assessment and preparation for patients undergoing procedures or surgery. The review will be led

by Network Executive members Su-Jen Yap and Joanna Sutherland with support from the University of Sydney and the University of New South Wales Australian Institute of Health Innovation. For more information, contact the Network Manager.

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The BMT Network Scientific Symposium



Pictured: BMT Network Quality Manager Annette Trickett presenting. Photo: G Still.



Pictured: Campbell Tiley and Tracy Clarke. Photo: G Still.

The ACI Blood and Marrow Transplant (BMT) Network hosted the 9th BMT Network Scientific Symposium on Friday, 7 September 2012 at the Novotel, Sydney Olympic Park.

The symposium is an annual gathering of BMT practitioners from across the multidisciplinary group and a significant opportunity for BMT medical, nursing, allied health, laboratory, quality management, nutrition, research, and pharmacy staff to come together and discuss the latest innovations and practices in the field. The proceedings were opened by Chris Arthur, BMT Network Co-Chair and Senior Staff Specialist at Royal North Shore Hospital, who recognised the valuable opportunity this event provides.

BMT Network Co-Chair Louisa Brown was on hand to make sure that things ran to plan along with the other BMT Network Working Group Chairs Stephen Larsen, Campbell Tiley, Elizabeth Newman and Konstantinos Zarkos.

The event was well received by attendees with presentations from speakers including Tony Dodds, Peter Shaw, Tracy Clarke, Annabel Horne and Gemma Dyer. ACI Chief Executive Nigel Lyons also provided a presentation on the emerging direction of the ACI. The day ended on

a high note with the interactive debate session, facilitated by Ian Kerridge and aided by a very entertaining panel of experts including John Moore, Raymond Araullo and Stephanie Deren. Thank you to the speakers who generously gave up their time to present. The presentations were filmed and will be made available to BMT clinicians online via the ACI website, along with an evaluation form. We look forward to seeing you all next year! For more information or to provide feedback, contact the Network Manager.

FAREWELL

The BMT Network would like to farewell Annette Trickett, who recently resigned from the position of BMT Network Quality Manager to take up a new position across the Prince of Wales and Sydney Children's Hospitals. Annette's knowledge and expertise will be greatly missed by the BMT clinicians and she leaves behind a significant list of achievements and successful milestones including the recently completed implementation of the centralised quality management system for all BMT laboratories, apheresis and clinical units. This significant project includes a document control system for the management of standardised operating procedures, maintaining equipment and training registers, and the identification of opportunities for improvement. The recruitment process is underway to fill the position of Quality Manager for the BMT Network and the ACI would like to take this opportunity to wish Annette all the very best for the future!

MALIGNANT HAEMATOLOGY

The Network's work in malignant haematology is progressing with metropolitan site visits now complete. Visits to all 14 metropolitan centres were undertaken and included interviews with more than 80 malignant haematology practitioners, predominantly medical and nursing staff.

The information collected is currently being collated and compiled for the working group to analyse and gain a better understanding of malignant haematology clinical care in our metropolitan hospitals. Plans to visit rural sites providing haematology services are still in progress.

Patient interviews are now underway. Approximately ten patients who have completed treatment for acute myeloid leukemia at a variety of centres will be invited to be interviewed to provide a snapshot of the patient experience.

Patients will be asked broad open ended questions with appropriate prompts to tease out the challenges and barriers they experienced while receiving care, as well as identifying the aspects of care that made a difference to them so that we can learn from these and use these ideas in developing a model of care.

For more information or to provide feedback, contact Tracy Clarke, Malignant Haematology Project Officer, on +61 2 9464 4612, M. 0409 204 346 or Email: Tracy.Clarke@aci.health.nsw.gov.au

BMT LONG TERM FOLLOW UP CLINICS

The establishment of Long Term Follow Up (LTFU) clinics for adult allogeneic patients are now up and running with the BMT services at Royal North Shore (RNSH) and St Vincent's Hospitals.

Patients who attend the clinic see a BMT specialist who has a particular interest in LTFU, a Clinical Nurse Consultant, and Clinical Psychologist (RNSH) as part of a LTFU management plan. The clinics also plan to provide services from endocrinologists who specialize in following survivors of childhood BMT, as well as dentists and gynecologists moving forward.

The BMT Network is continuing to transition more survivors from the Children's Hospital Westmead in to the adult system and has received positive

feedback from those transitioned in the last twelve months. Of particular note is some recent feedback received from Paul Emmeriks, a patient at the Long Term Follow Up Clinic at RNSH, who received a transplant in the early 90s for Acute Leukemia:

"I'd just like to say it was great seeing Ian Kerridge (Royal North Shore Hospital) after all these years, he hasn't changed much except for looking a little older. I believe these clinics are a fantastic advance in BMT care, I only wish they had them many years back. I've had so many medical issues that have been put down to effects of Leukemia and maybe some could have been avoided or slowed down if research in to late effects of BMT had of been done earlier.

I'd like to thank you, Ian and the team for getting such a clinic up and running. I feel very lucky that I'm still around 18 years on to see such advances in BMT care and to be a part of it all. It's also great to see the advances in treatment

compared to what I went through all those years ago. I remember being a guinea pig for many different treatments and for many they didn't know what the outcome would be. I have many people to thank for me still being here today, Ian and Chris Arthur are just two of them".

Paul had an allogeneic transplantation at Royal North Shore Hospital in November 1994. The Long Term Follow Up team at RNSH would like to thank Paul for being involved in the clinics. Ian Kerridge denies he is looking older.

Gemma Dyer, LTFU Project Officer, recently obtained ethics approval for a BMT LTFU study to survey patients from all of the allogeneic BMT sites. Stay tuned for more information on this study in the next issue of *Clinician Connect*. For more information on this project, contact Gemma Dyer, the Long Term Follow Up Project Officer on M. 0459 805 603 or Email: gemma.dyer@stvincents.com.au

APP REVIEW

Many hospitals and medical schools have already recognised the power of tablet devices.

A wide range of applications and ways to deliver content are provided through such devices. The BMT Network is keen to share the best 'Apps' (or most frequently used) in healthcare and medicine to support peer review and collaboration.

This issue, the BMT iMIMS and Asthma Buddy are the featured apps. iMIMS is the first dedicated iPhone application that contains the most comprehensive list of Australian approved medicines. Coinciding with National Asthma Week, the Asthma Buddy app is a take-anywhere reminder of your day-to-day asthma medications. This easy to use app can help you to recognise if your asthma is getting worse and tell you what to do in response.

More information on these and other apps can be found by visiting the BMT section of the ACI website at: www.aci.health.nsw.gov.au/resources/clinician-resources/bmt-app-reviews.

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Clinical Network Report

BRAIN INJURY

Co-Chairs: Adeline Hodgkinson and Dennis Ginnivan

The ACI Brain Injury Rehabilitation Directorate (BIRD) moved into the new Ingham Institute for Applied Medical Research at Liverpool on the 6th August 2012. The Ingham Institute aims to foster collaborative research including academic and health service partners to support improved health services for local communities.

The BIRD team moved with the Liverpool Brain Injury Unit Research Team to form the Brain Injury Rehabilitation Research group. See www.inghaminstitute.org.au/ for more information and location.

The Goals Training Project funded by the Lifetime Care and Support Scheme Agency, Motor Accidents Authority and Workcover commenced in mid September. Belinda Jones started as the Project Officer and is developing a project plan and steering group in conjunction with the BIRD staff and project funders. The

project will deliver and evaluate 10 sessions aimed at improving participants' skills and achieving rehabilitation goals. Participants are expected to attend from public and private rehabilitation and treatment providers working in the compensation system CTP and Workcover insurers and service purchasers. Details of the training calendar will be distributed and included in future Clinician Connect newsletters. A key outcome of the project will include recommendations for sustainable training across the service system including web based

applications for basic and advanced training needs. For information about the project please contact Belinda Jones on Belinda.jones@aci.health.nsw.gov.au

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Statewide Cardiac Reperfusion Strategy

The Statewide Cardiac Reperfusion Program is a collaborative clinical redesign project initiated by the NSW Ministry of Health and Ambulance Service NSW.

The Program aims to enhance patient outcomes by improving both early identification and timely access to reperfusion therapy for patients with acute myocardial infarction, and it will be implemented between 2011-2014. The ACI Cardiac Network is now leading the delivery of this program.

This program involves paramedics acquiring and transmitting a pre-hospital ECG on patients who are having an ST Elevation Myocardial Infarction (STEMI). This progresses to either the safe administration of thrombolytic therapy by paramedics or the early identification and pre-notification of STEMI and transport directly to a cardiac catheterisation laboratory bypassing smaller (non-interventional) hospitals and the Emergency Department.

The initial thrombolysis reperfusion pilot commenced in the Hunter in 2008 and after this 'proof of concept' the State-wide Cardiac

Reperfusion Program has been implemented. Similarly, the ambulance initiated bypass to cardiac catheter laboratory's expanded from two Sydney hospitals to ten metropolitan hospitals in NSW that provide 24/7 Primary Coronary Intervention services.

The second phase of the State-wide Cardiac Reperfusion Program involves the rural Local Health Districts. In January 2012, the State Cardiac Reperfusion Program was implemented in the Hunter New England LHD and progress is being made to use the strategy at Mid North Coast and Murrumbidgee LHDs.

Stepping Down

John Gunning completed his time as Co-Chair of the Cardiac Network on Thursday, 2 August, 2012. The members of the Network would like to extend their warm thanks to John for his ongoing support, guidance and commitment to the group, and his exceptional leadership during his time as Co-Chair.

NURSES EDUCATION PROGRAM

The next session of the Nurses Education Program will take place via webex at 2:30pm on Wednesday, 24 October 2012. Ruth Arnold from the Greater Western Local Health District will present on 'Pregnancy and Heart Disease'. Please contact the Network Manager for details on how to link into the program.

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COMMUNITY ENGAGEMENT

The ACI Consumer Council – Who we are and what we do

The ACI Consumer Council was established in early 2011 to provide the ACI and its Board with expert advice on consumer engagement and to assist with the communication of ACI initiatives to the NSW community.

The Consumer Council held its inaugural meeting in March 2011 and continues to meet quarterly.

Membership for the Council was publically advertised, with the members of the current council chosen from a wide field of candidates. All applicants were required to demonstrate qualifications or experience in community

engagement, communication activity at community level or research designed to identify the views of the community.

Key functions of the group are to:

- Consider common themes emerging across ACI Clinical Networks related to engaging and communicating with consumers and the community;
- Provide advice on how best to communicate with consumers and the NSW community about ACI plans, programs and initiatives;
- Propose knowledge management strategies aimed at enhancing engagement with the NSW community;
- Provide advice on strategic approaches to build strong relationships with health consumers.

The Council has provided feedback on a number of ACI's initiatives and activities including the review of the Emergency Care Institute Communication and Stakeholder Engagement Plan, the End of Life framework and ACI-AIHI Community Engagement Research Project (CERP).

The Council is also keen to build stronger channels of communication with the consumers working across the ACI networks. Initiatives to achieve this are currently being incorporated in to the 12 month workplan, and the Council is happy to hear ideas and suggestions from consumers at any time. If you would like to contact one of the council members, please email info@aci.health.nsw.gov.au and your query will be forwarded on to the relevant member.

ACI CONSUMER COUNCIL MEMBERS

- **Lee Ausburn, Chair** – Lee is a member of the ACI and CEC Boards and chairs the ACI Consumer Council. Lee has held senior positions in the pharmaceutical industry and in pharmacy. She is currently a non-executive director of API Ltd and of SomnoMed Ltd, as well as Vice President of the Pharmacy Faculty Foundation, University of Sydney.
- **Geoffrey Berry** – Geoffrey is a retired general manager with extensive experience and involvement in health provision and communications. Geoffrey is currently a member of the South Western Sydney Local Health District (SWSLHD) Clinical and Quality Council, SWSLHD Consumer Council and the ACI Aged Health Network.
- **Mirella Di Genua** – Mirella is a specialist facilitation, stakeholder engagement, change management and mediation consultant with more than 20 years experience working across a varied range of sectors including health, the not for profit sector, federal and state governments, social research and stakeholder engagement.

ACI CONSUMER COUNCIL MEMBERS CONT'D

- **Peter Todaro** – Peter is the Director of the Multicultural Health Communication Service (MHCS). With more than 20 years experience in the public health sector, he established the first Australian Multicultural Alcohol and other Drug Services and the first Multicultural HIV/AIDS and Hepatitis C Service in Australia.
- **Kaye Duffy** – Kaye is a journalist, business woman and community leader in the Newcastle region. She currently serves on several ministerial and national consumer organisations, including Cancer Australia. Kaye is a member of the Sydney Neuro-oncology Group of the Cancer Institute NSW, Coordinator of the Hunter Brain Tumour Support Network, and is the Chair of the Hunter Community Foundation.
- **Carla Saunders** – Carla is a NSW Senior Health Service Planner with the South Eastern Sydney Local Health District and a transition Board Member of the South Eastern Sydney Medicare Local. She has more than 30 years experience in the health system, encompassing the non-government health sector, acute hospital services sector, community health and primary care sectors, providing a wide range of activities with consumers and community groups.
- **Elizabeth (Lizzy) Harnett** – Lizzy is the Director of the Clinical Governance Unit at The Children's Hospital at Westmead and Chair of the Children's Healthcare Australasia (CHA) National Consumer Participation and Family Centred Care Special Interest Group. Lizzy has 25 years experience in healthcare, with 15 years as a clinician, clinician manager and has extensive experience facilitating health improvement and consumer engagement over the last 10 years.

Further details on the Consumer Council members can be found by visiting the ACI website at www.aci.health.nsw.gov.au/our-people/consumer-council

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EMERGENCY CARE INSTITUTE

EVENTS

The ECI is running education and skills workshops across NSW during October on the following dates:

- 23 October 2012, Clinical Education Centre at Bega Hospital
- 25 October 2012, Burke Street Health Service and Goulburn Base Hospital

To register online for any of the above events and or to view the programs, visit the ECI website at www.ecinsw.com.au.

ED Leadership Forums

ED Leadership Forums for Emergency Department (ED) leadership teams have proved to be popular networking events, providing an opportunity for ED professionals to discuss important emergency care issues. Future forums are scheduled for:

- Friday, 30 November 2012
- Friday, 22 February 2013
- Friday, 31 May 2013

For more information on these events and to register visit the ECI website at www.ecinsw.com.au/ed-leadership-forum.



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In the spotlight

The Emergency Care Institute has been working with the NSW Ministry of Health to review the Emergency Department Models of Care (MOC) currently in operation across NSW. As a result, a new 2012 Emergency Department Models of Care document, replacing the 2006 version, and an ED Senior Assessment and Streaming Model of Care document have now been released.

Self assessment checklists have also been produced to accompany the MOC document. For more information and to access these resources visit the ECI website at www.ecinsw.com.au/models_of_care.

WATCH OUT

The ECI will be launching its new newsletter shortly. Keep an eye out for it and be sure to subscribe on the ECI website home page.

Emergency Care Symposium

Registrations for the Emergency Care Symposium are now OPEN with the provisional program available. The Symposium will be held at the Stamford Plaza Sydney Airport on Friday, 9 November 2012. Building on the popular segment last year, an *Innovations* section will feature at this year's event, as well as deliberative sessions on key issues and up to the minute news on all things emergency.

[Click here](#) to register online or visit the ECI website at www.ecinsw.com.au for more information.

Committee updates

To view the latest ECI Committee one page meeting summary click on the links below or visit the ECI website:

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



Pictured: ECI Give me an E - C - I (L-R) Sally McCarthy, John Mackenzie and Sophie Baugh at the site of the Deniliquin Ute Muster. Photo: S McCarthy.



Pictured: Shane Curran in Wagga Wagga. Photo: S McCarthy.

Congratulations Rebecca

Congratulations to Rebecca and James Donovan on the arrival of their new bundle of joy, baby boy Harvey. Mum and bub are doing well and enjoying some down time after going on maternity leave earlier than expected!

NEW NETWORK MANAGER

Welcome to Danielle Kerrigan, who has come on board as Acting Manager of the Endocrine Network while Rebecca is on maternity leave. Danielle has a clinical background in Intensive Care as well as extensive project management and redesign experience, leading several redesign projects across the South Eastern Sydney LHD through to implementation. In her most recent

role, Danielle has led the clinical engagement and implementation of the Statewide Rostering Project with Health Support Services.

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FAREWELL AND THANK YOU

After six years as Co-Chair for the Gastroenterology Network, Brian Jones has officially stepped down from his role. Both the ACI and the Network would like to thank Brian for his exceptional contributions to and leadership of the Network during this time. Brian will remain a member of the Network and will continue to be actively involved with its work.

NEW NETWORK MANAGER

In September Ellen Rawstron stepped back from her role as Network Manager to work full-time with the ACI Anaesthesia Perioperative Care Network.

The Network would like to thank Ellen for the significant contribution and dedication she has shown to the Network over the last two years and to wish her all the best in her new role.

A warm welcome and congratulations to Kirsten Campbell on her appointment as the new Gastroenterology Network Manager. Kirsten has joined the ACI from the Health Education and Training Institute (HETI) where she has been working for the last ten years in prevocational accreditation and workforce.

New Co-Chair Appointment

We are delighted to welcome Darren Pavey, Director of Endoscopy at Bankstown-Lidcombe Hospital, who will be replacing Brian as the new Network Co-Chair. Darren has been a member of the Gastroenterology Network Executive for a number of years and we look forward to working with him more closely in his new role.

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Parenteral Nutrition Patient information pamphlet

In response to feedback from consumers and their carers about the lack of appropriate written information available on Parenteral Nutrition (PN), the ACI Gastroenterology and Nutrition Networks undertook a project to develop a practical information pamphlet called *Parenteral Nutrition: An information guide for patients and carers* in collaboration with IBD Support Australia Inc. and Parenteral Nutrition Down Under. Clinicians and consumers were heavily involved in the development of the pamphlet, which aims to provide some introductory information on PN and encourage patients and carers to communicate openly with staff, to ask questions and to participate actively in their care. The pamphlet is currently being piloted in a small number of hospitals and the findings will be used to assess whether the pamphlet requires any changes before it is made available to all NSW hospitals. For more information please contact the ACI Gastroenterology or Nutrition Network Managers.

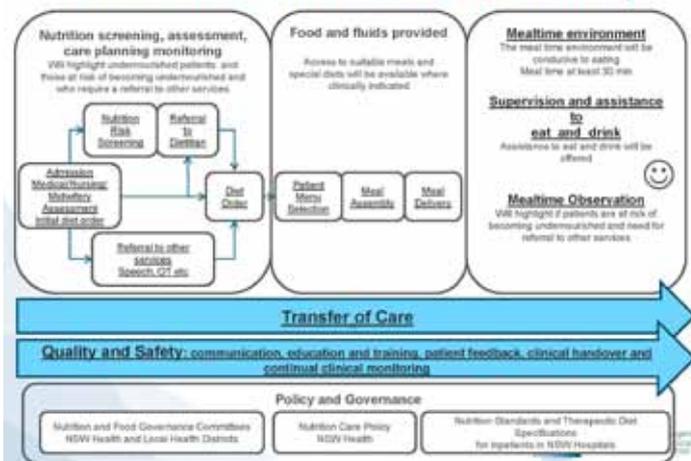


Pictured: Karen Tokutake Photo: T Hazlewood

Kids on HEN project

Kids on HEN Project Coordinator, Karen Tokutake, recently presented a paper on the results of *Kids on HEN Phase 1 – the parent/carer perspective* at the International Congress of Dietetics held in Sydney on Wednesday, 5 to Saturday 8 September 2012. More than 2000 dietitians from around the world attended the Congress. For more information about the Kids on HEN project, please contact Karen on +61 2 9828 5669 or karen.tokutake@sswahs.nsw.gov.au

The Patient Nutrition Care Journey



THE PATIENT NUTRITION CARE JOURNEY RESOURCE PACKAGE RELEASED!

The ACI Nutrition in Hospitals group, under the auspices of the NSW Health Nutrition and Food Committee, has developed a resource package to support Local Health Districts (LHDs) in the implementation of the NSW Health Nutrition Care Policy which was released in December 2011.

The package includes two resources that focus on the patient nutrition care journey and will enable LHDs to identify the key processes and tasks required to ensure hospital patients receive appropriate food, fluids and nutritional care in NSW health facilities from admission to transfer of care.

The resource package includes:

- The *Patient Nutrition Care Journey* is an interactive presentation that outlines the stages of the patient nutrition care journey; key tasks within each stage and who is responsible for completing each task.
- A *guide to support implementation of the Nutrition Care Policy: The Patient Nutrition Care Journey*, supports the presentation slides and provides background on the importance and complexity of nutrition care and food services in hospitals.

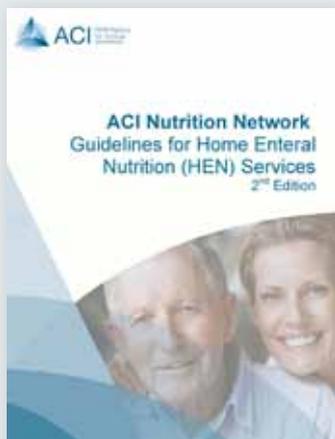
The resources were developed by an expert reference group consisting of consumers, dietitians, speech pathologists, nurses and representatives from Health Share NSW. Drafts of the resources were reviewed by the multidisciplinary members of the ACI Nutrition in Hospitals Group and circulated to LHDs for comment. The resources were endorsed by the NSW Health Nutrition and Food Committee in August and are now available on the ACI website.

Special thanks go to members of the ACI Nutrition in Hospitals group who participated in the development of these resources.



Pictured: Marianne Matea, Kathy Chapman, Nola Paterson, Helen Jackson, Evan Eggins and Tanya Hazlewood. Photo: Corinne Cox

ACI GUIDELINES FOR HOME ENTERAL NUTRITION SERVICES (2ND EDITION) RELEASED



The *ACI Guidelines for HEN services (2nd edition)* promote a coordinated, multidisciplinary and patient-centred approach for people needing Home Enteral Nutrition (HEN). As a reference document, the guidelines provide a framework based on best practice by which healthcare facilities can develop local HEN policies and procedures and establish HEN services. The *ACI Guidelines for HEN Services (2nd edition)* are consistent with the principles of the NSW Health Nutrition Care policy directive (PD2011_78) which sets out the NSW Health framework for a strategic and coordinated approach to nutrition care and support from admission to transfer of care.

The Guidelines were distributed to each Local Health District (LHD) via Chief Executives at the end of

August, along with a request for feedback from LHDs on key priority areas for implementation of the Guidelines.

Information gained from this exercise will help inform current and future projects undertaken by the ACI Nutrition Network to assist LHDs with implementation of the Guidelines.

The ACI Nutrition Network would like to thank Kelli Ward and Jacqui Hoggan, Co-Chairs for this project, as well as the members of the reference group - Shaun Deery, Kim Gibson, Shannon Meiklejohn, Elizabeth Notaras, Elizabeth Parker, Mark Sutherland and Glen Pang.

The Guidelines are now available on the Nutrition Network section of the ACI website.

NEW MEMBERS OF THE ACI HEN NETWORK EXECUTIVE

The HEN Network Executive is delighted to welcome three new members to the group – Rob Humphries (consumer), Janelle Stonestreet (CNC, Western NSW LHD) and Karen Rankin (CNC, Sydney Children's Hospitals Network, Westmead) Each bring extensive HEN experience and look forward to working on the Network.

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Metro-Regional Intellectual Disability Network pilot

The Metro-Regional Intellectual Disability Network (MRID.net) pilot of the NSW *Health Service Framework for the Specialised Health Care of People with Intellectual Disability* is involved in implementing a model of care in regional settings to assist in the presentation and management of people with ID in hospital. The protocols involve registrar and consultant visits, social work engagement liaison with local NGOs, psychologists and close contact with the client family throughout the process.

The model is based on protocols being developed by the Kogarah Developmental Assessment Service. These protocols have involved close co-operation and coordination of services including those from Family and Community Services/ Ageing, Disability & Home Care, NGO's, Mental Health Services, and general medical services within hospitals.

SAVE THE DATE- ACI Intellectual Disability Network Forum

On Thursday, 15 November 2012, from 8 am – 1:30 pm at the Macquarie Centre in North Ryde, the Hon. Jillian Skinner, Minister for Health and Minister for Medical Research, will open the ACI Intellectual Disability (ID) Network Forum where the activities and plans of the Network will be showcased and discussed.

Eric Emerson will give the keynote address and Les White will Chair the discussion panel. The NSW Government is committed to improving the lives of all people with a disability in NSW. The National Disability Strategy, which was endorsed by COAG in 2011, is a ten year plan (2010-2020) for enabling people with a disability to fulfill their potential as equal citizens.

The National Disability Strategy recognises that full participation and social inclusion for people with a disability is best achieved through government departments working together. The Intellectual Disability Network enjoys the participation of Aged Disability Home Care, Education, Corrective Services, the non-government organisation and Not-For-Profit sectors as well as Health and Carer involvement.

The subcommittees within the Network will discuss their projects and their relationships with other groups working within the area of Intellectual Disability seeking to improve the health outcomes for people with an intellectual disability.

The Network has held forums with Education, Justice Health and Corrective Services with the outcomes of discussions guiding the modeling of three Tier 4 multidisciplinary pilot clinics in three different Local Health Districts. The Network is planning a forum in collaboration with Medicare Locals for early December.

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Osteoporosis Re-fracture Prevention Model of Care

The formative evaluation of the osteoporosis re-fracture prevention services at Newcastle, Wagga Wagga and Royal Prince Alfred Hospitals has now been completed.

Analysis of the data reveals a 10% reduction in minimal trauma fractures (MTF) by the third year of model of care implementation, inclusive of all MTF presentations, not just those gaining access to the service. The ACI is currently developing a cost/benefit analysis for individual LHDs to show current and projected costs of MTF treatment comparisons with and without the implementation of the Model of Care.

1ST CONGRESS OF THE INTERNATIONAL FRAGILITY FRACTURE NETWORK

Three members of the Musculoskeletal Network have flown the flag for the ACI at the 1st Congress of the International Fragility Fracture Network on 6 – 8 September 2012 in Berlin, Germany. Lyn March, Kerry Cooper and Lesley Sullivan all presented as guest speakers at the event, discussing various topics including some of the highlights from the Osteoporosis Refracture Prevention Model of Care Formative Evaluation. Reports from the conference reveal that NSW is well advanced in gaining fragility fracture prevention services implemented systematically across our state in comparison to many international efforts.



Pictured: Lyn March, Kerry Cooper and Lesley Sullivan at the Fragility Fracture Network Conference in Berlin September 2012.

Journal Paper in *Osteoporosis International*

The Network is pleased to have a journal paper accepted by the international peer-reviewed journal, *Osteoporosis International*.

The reference for the article is Ganda et al. (2012). Models of care for the secondary prevention of osteoporotic fractures: a systematic review and meta-analysis. *Osteoporosis International*, DOI 10.1007/s00198-012-2090-y. A copy can be obtained from the Network Manager.

Osteoarthritis Chronic Care Program

The Osteoarthritis Chronic Care Program (OACCP) has now seen over 2,600 people from 17 sites in NSW.

The ACI's Clinical Program Design and Implementation Portfolio will be undertaking an evaluation of the program to be completed by the end of 2012. This evaluation will be integral in informing the business case for LHDs to continue to provide the program after June 2013, and to commence at new sites.

Three of the existing sites have started discussions with Medicare Locals in their area around a shared model of service provision for the program.

Some interesting data from the program includes:

- Over 80% of participants who have been reviewed after 26 weeks in the program have

lost or maintained weight over that time. Fourteen percent have lost more than 5% body weight, an amount that has been shown to significantly reduce pain and improve function in people with osteoarthritis.

- After 26 weeks in the program, 34% of participants treated for knee osteoarthritis and 20% of those treated for hip osteoarthritis have improved their distance walked in six minutes by more than 20% compared to baseline. At the same point, 33% of people being treated for hip arthritis and 17% of those being treated for knee arthritis report a decrease in daily pain of two or more out of 10 on the visual analogue scale.

Copies of the Model of Care can be accessed at: www.aci.health.nsw.gov.au/models-of-care/osteoarthritis-chronic-care-program. Hard copies are available from the Musculoskeletal Network Manager on request.

Graduate Certificate (Musculoskeletal Nursing)

The development of the Graduate Certificate in Musculoskeletal Nursing is progressing well, with the first group of students beginning the first two subjects of the online course of study in early August through the Australian College of Nursing. Work is now underway on the second two subjects to complete the Graduate Certificate, in collaboration with the NSW Nursing and Midwifery Office and the College of Nursing.

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RADIOLOGY

Co-Chairs: Richard Waugh and Margaret Allen

Radiology Trainee Recruitment

Recruitment for the Southern Radiology Training Network and the Western Alliance consisting of Nepean, Westmead and Liverpool Hospitals was managed this year by ACI Radiology Network members Lorraine Fellows, Network Manager, Southern Training Network and Moira Morrison, Junior Medical Officer Manager, Nepean Hospital. The two centralised panels praised the enhanced level of organisation which allowed a high volume of candidates to be interviewed on the same day at the same location for four different radiology entities. Additional benefits included decreased paperwork, stress and number of interviews for each candidate.

Unreported x-rays

As part of the ongoing investigation into unreported x-rays in some NSW hospitals, the ACI will assist the Workforce Planning and Development Branch of the NSW Ministry of Health to provide NSW health facilities with a high level analysis of current work requirements in Radiology Departments within existing staffing levels and mix. Expected outcomes include:

- Comparison of activity, workforce and workflow among the selected range of sites
- Identification of potential drivers of variation
- Preliminary mapping of Radiology workflows and staff utilisation

Radiology Trials

Several tertiary, metropolitan and regional hospitals are currently trialing the ACI contrast protocol with the revised contrast checklist and the TimeOut checklist. A number of Radiology Departments are also trialing the ACI count sheet. For more information, contact the Network Manager.

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NUCLEAR MEDICINE

Co-Chairs: Barry Elison and Liz Bailey

Nuclear Medicine Chief Technologists Committee

Margaret Carmody, Chief Technologist at John Hunter Hospital, has resigned as Chair of the Nuclear Medicine Chief Technologists Committee to allow another member the opportunity to lead the group.

The Nuclear Medicine Network would like to express their appreciation to Margaret for her leadership and contribution over the past few years.

Congratulations to Justine Trpezanovski, who has taken on the role as new Chair of the Committee and will commence her duties from November 2012.

Nuclear Medicine Advanced Trainee Recruitment

First round recruitment for the 2013 clinical year has now been completed. As not all positions being offered were filled in the first round, several hospitals will be commencing second round recruitment for Advanced Trainee positions or will recruit Senior Resident Medical Officers shortly.

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Allied Health Professional Development Scholarship Committee Education Day

The second Allied Health Professional Development Scholarship Committee Education Day was held on Friday, 14 September 2012.

The theme of the day was on early intervention in traumatic brain injury and was very successful. Topics included an overview of brain injury and approaches to rehabilitation, lifetime care and support, and case management of people in the community.

Due to the complexity of allied health services, clinicians often find it difficult to attend conferences and education days, so it was gratifying for the committee to welcome 62

participants to the day. A promising sign for subsequent events was the attendance of 15 private allied health practitioners and three allied health students.

This was the first time online registration has been offered, and it is anticipated that all future neurosurgery events will offer online registration for delegates.

Planning for the 2013/14 education day will commence at the November 2012 committee meeting.

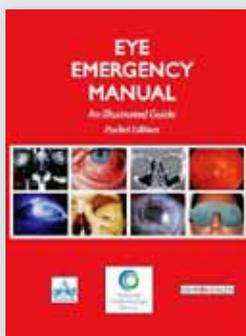
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Interventional Neuroradiology

An Interventional Neuroradiology (INR) workshop convened and facilitated by the ACI was held on Wednesday, 12 September 2012. A cross section of clinicians including INR & IR adult and paediatric proceduralists, nurses, neurologists, neurosurgeons, Directors of Imaging Departments, radiologists, ambulance representatives and ACI network managers attended the workshop. The Neurosurgery Network would like to thank everyone who gave up their time to attend and contribute to the day.

Key issues surrounding INR Services in NSW were discussed with all clinicians providing valuable input and strategies for solutions. A meeting is now being scheduled with the Ministry of Health in the very near future to continue the excellent progress made at the workshop.

EYE EMERGENCY CLINICIAN EDUCATION.



The final rural workshop for 2012 will be held in Tamworth on Friday, 26 October 2012.

Registration forms and a program can be found at www.health.nsw.gov.au/events/eye-emergency-education-workshops-2012. For more information, contact the Network Manager.

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Stroke and Vision Defects

Neryla Jolly, Chair of the Stroke and Vision Defects Working Group, presented two papers at the Stroke 2012 Conference held in Sydney in late August 2012.

The first paper titled *Stroke and the Eyes: the presence of decreased visual acuity* reported on findings from additional analysis of the data from the *Stroke and Vision Defects* study completed in 2008. It found that 37% of participants had mild to major impairment of visual acuity and recommended that 'visual acuity be screened, tested and appropriately managed to better support the patient recovering from stroke'.

The second paper was titled *Towards gaining the best information about vision to assist the recovery of a patient with stroke*. The paper outlined the development and initial validation of a vision screening tool developed by a group of orthoptists Australia wide. Findings included that the tool was more effective than non-orthoptic assessors; effective in detecting factors such as the use of glasses and face and lid droop however it missed a range of factors including decreased visual acuity and field loss. Initial evaluation of the tool recommended that adjustment was required to better identify more vision problems followed by testing with health care professionals and the orthoptists using it.

Statewide Cornea Service

The Statewide Cornea Service (SCS) project aims to improve the delivery of medical and surgical corneal services in public hospitals in NSW.

The first meeting of the project steering committee, which will guide the development of a model of care and plan for the establishment of the SCS, was held on Monday, 27 August 2012. The initiative is a collaboration between the medical and corneal clinicians of the ACI Ophthalmology Network, Sydney Eye Hospital and the NSW Organ and Tissue Donation Service, which includes the Lions NSW Eye Bank. The meeting was well attended with broad ranging discussion which resulted in the endorsement of five priority areas for initial work. Identified priority areas include data, professional development, patient experience, access to medical therapies and management of corneal trauma. Clinicians involved in the project will nominate their particular area of interest and participate in small working groups to address the issue.

PAIN MANAGEMENT

Co-Chairs: Damien Finness and Chris Hayes

Following the June 2012 announcement of the revised NSW pain plan by the NSW Minister for Health, three areas of activity have been prioritized by the ACI Pain Management Network.

The first priority is developing specifications for the implementation of a statewide database, which has now been completed. The database will be the result of a national collaboration that has achieved consensus on agreed minimum dataset items including demographics, service utilization and functional outcomes.

This database will ultimately be installed at each of the 11 tertiary pain centres, as well as all new and existing step-down Tier 2 centres. It will enable recording of functional outcome measures

for patients attending the services, and facilitate benchmarking on a national level.

The second area of focus is prioritising resources for the primary care sector. One off funding is available in this financial year to develop sustainable resources to provide support and up skilling for GPs and other primary care clinicians including practice nurses and allied health staff. This support will take the form of web based tools, and we will be working in partnership with clinician groups and Medicare Locals to develop these resources.

The third priority for the Network is implementation planning for the five new rural services located at Port Kembla, Orange, Tamworth, Port Macquarie

and John Hunter Hospital paediatric pain services in partnership with their identified tertiary centres. Preliminary meetings and site visits have been conducted at Orange and Port Kembla, with other meetings planned for Tamworth and Port Macquarie in the next couple of weeks. Business planning is underway at the 11 tertiary pain centres to determine how to best reflect the model of care articulated in the pain plan.

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PALLIATIVE CARE

New Palliative Care Network

On Tuesday, 18 September 2012, the new ACI Palliative Care Network held its first Palliative Care Network forum with the broad aim of establishing the Network and identifying the key features of an emerging statewide model of palliative care. The forum exceeded expectations, with more than 100 health and community workers, carers, consumers and researchers participating in the day.

Key messages from participants included the need to think broadly and inclusively about the necessary groups for representation in the Network. Clinicians, carers and consumers were all identified as well as those who work in residential aged care facilities and acute, primary and private care settings.

There was a strong sense that current palliative care service models are insufficient to address growing demand. It was suggested that innovation in palliative care will require new and different solutions to meet changing community needs. This will require flexibility in our approaches and changes to our current frames of reference.

Participants described components of a model of palliative care they believed were important. These included strategies that specialist palliative care services can use to build the capacity of health and community workers in this area; the use of technologies to improve communication and to bridge distances; and the exploration of patient care journeys to improve coordination of care.

Expressions of Interest to join the new Palliative Care Network are currently open. If you would like to know more about this new Network please contact the Network Manager.



Pictured: Attendees at the inaugural ACI Palliative Care Network Forum. Photo: A Temple.

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CENTRE FOR HEALTHCARE REDESIGN

INTRODUCTION TO THE CENTRE FOR HEALTHCARE REDESIGN TEAM

The role of the ACI Centre for Healthcare Redesign (CHR) is to contribute to the development and implementation of performance improvement initiatives in NSW health facilities through improved redesign, change and knowledge management capability.

In collaboration with health professionals, the aim of the CHR is to develop an effective knowledge management framework that supports redesign and innovation best practice. The CHR works in close partnership with Local Health Districts (LHDs) and ACI's 26 Clinical Networks to contribute momentum towards improved clinical practice, reductions in unwarranted clinical variation and improve patient outcomes.

The CHR team is divided in two major programs; *Clinical Services Redesign* and *Improving Patient and Staff Experience*.

The *Clinical Services Redesign* program currently manages the Clinical Services Redesign Diploma Program, the Accelerating Implementation Methodology Training, and supports the professional development and knowledge sharing of the Redesign Leaders Network. The Redesign Leaders Network includes 27 positions which act as the face and experts of redesign in Local Health Districts and are funded from the Redesign budget.

The new *Improving Patient and Staff Experience* program is currently being established to develop an evidence based technique that supports cultural change and enables the implementation of large projects.

Current members of the CHR team include:

- Lea Kirkwood – Centre for Healthcare Redesign Program Manager

- Ian Richards – Clinical Services Redesign Manager
- Estelle Marque – Clinical Services Redesign Project Officer
- Lee Holmes – Improving Patient and Staff Experience Manager
- Rima Singh – Improving Patient and Staff Experience Project Officer

For further information about the team and its programs, please contact The CHR Program Manager.

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REHABILITATION

INTRODUCING THE ACI REHABILITATION NETWORK

The new ACI Rehabilitation Network is currently being established to drive improvements in rehabilitation care, improve patient outcomes and ensure that care is coordinated, patient-centred and evidence based.

A Rehabilitation Network Forum will be held at Australian Technology Park at Redfern on Thursday, 11 October 2012 to determine the strategic direction and priorities for the new network.

The forum will include an update on the Rehabilitation Model of Care Project, as well as showcasing results from some of the innovative programs happening in rehabilitation across the various care settings.

The forum is open to clinicians and consumers in NSW with an interest in rehabilitation. Each Local Health District Chief Executive has also been asked to nominate three representatives to attend, as well as a broad range of consumers and key stakeholders.

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claire.oconnor@aci.health.nsw.gov.au

Please note: If you have been trying unsuccessfully to send through an expression of interest to join the Rehabilitation network, please try again without the apostrophe claire.oconnor@aci.health.nsw.gov.au

Rehabilitation Model of Care

Resources related to the Rehabilitation Model of Care are available for download from the ARCHI website at www.archi.net.au/resources/moc/rehabilitation.

Interim Chair for ACI Rehabilitation Network

Congratulations to Jennifer Mann, Rehabilitation Consultant, Concord Hospital, who will act as the interim Chair for the Rehabilitation Network until a final clinician appointment is made. A Nursing/ Allied Health/Consumer Co-Chair will also be sought for the second interim Co-Chair position. If you are interested in filling this vacancy, or have a suggestion for a candidate, please contact the Network Manager.

RENAL

Co-Chairs: Jim Mackie and Denise O'Shaughnessy

RENAL NETWORK FORUM

The ACI Renal Network Forum was held on Monday, 10 September 2012 at the Holiday Inn, Sydney Airport.

The Forum was opened by ACI Chief Executive Nigel Lyons, who provided an outline of the ACI's organisation and strategic direction.

Clinicians and consumers from several working groups provided an overview of the Renal Network's achievements in recent years and flagged some of the issues facing renal services in the future.

More than 65 delegates attended the forum, representing clinicians and managers from renal services in all Local Health Districts (LHDs) and Specialty Health Networks in NSW. Participation from consumers was greatly valued, as groups identified their issues of concern for renal services and mechanisms to address priority issues. The information and feedback generated from the forum will be used to develop the new ACI Renal Network Work Plan 2013-2016.



Pictured: ACI Renal Network Forum on 10 September 2012. Photo: F Westgarth

Dialysis Capacity Audit 2011

The finalised report from the 2011 Dialysis Capacity Audit was circulated to all LHDs by the Statewide and Rural Health Services and Capital Planning Branch in early September 2012. This information is now available for use by renal units and planning units. If you have not yet received the report, please contact the Network Manager.

Renal Network Member Churchill Scholarship

Congratulations to Renal Network member Josephine Chow from South Western Sydney LHD, who has been awarded a prestigious Winston Churchill Fellowship to investigate strategies for improving the uptake of home-based dialysis therapies. Josephine will spend time in Vancouver, Toronto and Hong Kong in 2013 to learn about the philosophy, health economics, innovation and success in the area of home-based dialysis therapies, both haemodialysis and peritoneal dialysis.

Arterio-Venous Fistula Haemorrhage Project

Thank you to everyone who assisted in the development and trial of the new resources package for the Arterio-Venous Fistula (AVF) Haemorrhage project.

The resource package has now been printed and made available to all renal units in NSW. The resources include:

1. Poster for NSW Health staff and for dialysis units
2. Algorithm, to guide staff decision-making

3. Patient Alert Card for presentation by patients to other health care providers
4. Patient information brochure – available for download; and
5. Powerpoint presentation, for use in staff training – available for download

The AVF Haemorrhage project aims to improve patient safety and reduce risk of fistula haemorrhage through awareness of key risk factors and appropriate management.

Representatives from each renal unit are now assisting with the implementation of the

resource package. If your renal unit has not received printed versions, please ask your representative to contact the Network Manager. The resources are available to download from the resources section of the ACI website at www.aci.health.nsw.gov.au/resources/clinician-resources#renal.

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HEALTH REFORMS – THE IMPLICATIONS AND OPPORTUNITIES FOR CYSTIC FIBROSIS SERVICES

Medical, nursing, allied health and consumers representatives from each of the adult and paediatric Cystic Fibrosis (CF) units in NSW formed a working group in 2012 to lead a statewide approach for the management of people with cystic fibrosis in NSW. The work of this group is extremely timely as services are now being faced with new challenges due to health reforms, including:

- significant changes to the demographic with adults now representing 50% of the CF population in Australia
- the transition to Activity Based Funding (ABF) arrangements for both inpatient and non admitted patient services

Cystic Fibrosis is currently classified as a low volume/ high cost diagnostic related service group. As a result, the ACI and ABF Taskforce are meeting to discuss undertaking an in depth analysis of what services are required to manage CF in the inpatient and non admitted patient settings as a test to ensure appropriate ABF costing is applied. This analysis will dovetail with the planned development of a CF model of care, which will detail efficient and effective ways to deliver care to people with CF across the lifespan. This work will be a key priority for the Respiratory Network over the next 12 months and will be undertaken in close consultation with lead clinicians and consumers. If you would like to be involved in this initiative, please contact the Network Manager.

COPD Online and Heart Failure Training Pilot

The Respiratory Network Executive would like to thank all the clinicians who submitted an Expression of Interest to participate in the pilot COPD Online and Heart Failure training opportunity.

It was pleasing to receive such a high level of interest in the course, and especially the strong interest shown by clinicians working in regional and rural areas. The final 20 participants were selected by the Respiratory Network Education and Training Group on the basis of ensuring broad multidisciplinary representation in the pilot and that participants had limited knowledge of COPD and Heart Failure management, and would therefore most benefit from this knowledge within their current role. The 20 participants selected represent nursing, physiotherapy, occupational therapy, therapy assistants, Aboriginal health education officers and exercise physiologists, and will participate in a formal evaluation conducted by the Australian Lung Foundation at the conclusion of the course. The feedback from the evaluation will provide the NSW Ministry of Health with critical advice on the value of this online package for inter-professional learning.

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Closing the Gap in Respiratory Health

The innovative *A Lung Friendly House* health promotion package, which was initially developed and implemented on the North Coast and Mid North Coast, has been adopted and promoted by the ACI Respiratory Network and the NSW Environmental Branch. New trainee Aboriginal Environmental Health Officers (AEHO) received an overview of the package and a set of the resources, which includes a 'Do it outside' designated outside smoking bucket, education flip chart, model airways and puzzles, during a recent two day training workshop held in Sydney during August.

The ACI had previously distributed information regarding the *Lung Friendly House* package via

the Network membership requesting respiratory clinicians or educators to 'buddy' with each trainee Aboriginal Environmental Health Officer to provide support for implementation of the package within local communities. Thank you to everyone who volunteered to buddy the trainees. There was an excellent response from clinicians across NSW which resulted in each AEHO being linked to a clinical buddy in their location. The Network will continue to engage with the NSW Environmental Branch to evaluate the success of this interagency strategy.

Please contact the Network Manager for any further information.

SPINAL CORD INJURY

Co-Chairs: James Middleton and Louise Kelly

New Resources for People with a Spinal Cord Injury

Some valuable resources for people with a spinal cord injury (SCI) have been developed by our network partners. Links to these will be available on the SSCIS Network page of the ACI website at www.aci.health.nsw.gov.au/links#spinal.

Some of these resources include:

- *Spinal Cord Injury Health Management Plan* – The Hunter Spinal Cord Injury Service has designed an easy to use tool for people with SCI to communicate their health care needs. The aim of the tool is to empower people with SCI to express their knowledge of their own care when presenting to health care facilities or other health care provider settings. Designed to be carried with the client at all times, this handy, credit-card sized, fold-out zip-card contains up-to-date information about spinal cord injury management, as well as lots of space for the client to write their own details about how they manage their spinal cord injury.

- *What Next* project, Spinal Cord Injuries Australia - the development of a series of 10 videos providing practical information for people with a SCI on a range of issues such as Home Automation and Assistive Technology, Assistance Dogs, Vehicles and driving controls.
- *Fact sheets* – updating of the ParaQuad NSW fact sheets is close to completion and will be launched during the spinal cord injuries week in November. They will be available in various formats – on line, on USB, as an App for downloading.

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CONGRATULATIONS

Well deserved congratulations go to a number of our Network members:

- Greg Killeen, consumer representative, for winning the 'Distinguished Service Award' and Sheree Hurley, SCIA Peer Support Officer, for winning the 'Emerging Leader Award' at the inaugural NSW Disability Industry Innovation Awards ceremony held at Parliament House in August.
- James Middleton, Melissa McCormick, Jenni Johnson, and colleagues of the Rural Spinal Cord Injury Service for being nominated finalists in the 2012 NSW Health Awards, Collaboration – Working as a Team Category, for their project *Collaboration for Rural Access to Specialised Care*. We wish them all the best at the upcoming Awards presentation.

BURN INJURY

Co-Chairs: Diane Elfleet and Peter Maitz

Pride of Australia Awards



Pictured: Representatives from the Concord Burn Unit at the Pride of Australia Awards. Photo: J Tolley.

On Tuesday, 28 August 2012, the News Limited Pride of Australia NSW Awards Medal Ceremony was held at the Museum of Contemporary Art. The award "recognises those throughout the community who encourage and inspire us every day".

There were more than 800 nominees this year for the Pride of Australia award, with those shortlisted to 33 finalists in each of the 10 categories. The ACI Burn Injury Directorate Network is pleased that the Concord Repatriation General Hospital (CRGH) Burn Unit was nominated by a former patient. The Burn Unit team were finalists in the category of Care and Compassion, which recognises a professional, volunteer, carer, group, or member of the health profession who has made a significant improvement to the lives of those around them.

Each finalist received a Pride of Australia pin. A plaque that acknowledges the CRGH Burn Unit as a finalist will be put on the wall in the Unit and Outpatient Clinic.

SHARE

S.H.A.R.E. (Sharing, Hope, Acceptance, Resilience and Experience) is a peer support program supporting patients with a burn injury at Concord Repatriation General Hospital (CRGH), Royal North Shore Hospital (RNSH) and the Royal Rehabilitation Centre Sydney (RRCS).

The Network is proud to report that the SHARE program has been named as a finalist in the 2012 NSW Health Awards in the Volunteer Service of the Year category. This recognition is testimony to the establishment of a program which is proving to be a worthy contributor to patient care.

The enthusiasm, commitment and patience of the Peer Support Volunteers and burns clinicians has supported the team work needed for implementing a program of this nature, and to have this teamwork acknowledged by the awards is a momentous achievement and greatly appreciated.

The overall category winner will be announced at the gala awards dinner on Friday, 19 October 2012.

For more information about the S.H.A.R.E. program, please contact Janelle Tolley, ACI Burn Injury Network Project Officer – Peer Support Program on +61 2 9464 4642 or janelle.tolley@aci.health.nsw.gov.au

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ST VINCENT'S HOSPITAL STROKE EDUCATION



Pictured: Natalie Wilson, Jonathan Anderson and Romesh Markus. Photo M Longworth

St Vincent's Hospital held a two day stroke education event on Thursday, 26 and Friday, 27 July 2012.

Opened by St Vincent's and Mater Health Chief Executive Jonathan Anderson, the two day event saw more than 120 delegates from metropolitan and rural New South Wales, Australian Capital

Territory and Queensland attend the Acute Stroke Unit education workshop.

The workshop titled *A Stroke Journey: Interventions in Time* was based on the principle of timing of care for stroke patients. This included symptom onset, Ambulance Service NSW triage/treatment and transport, neuro-radiology, neuro-interventional radiology,



Pictured: Vicky Stavroulakis, Romesh Markus and Natalie Wilson. Photo M Longworth

acute to rehabilitation and community care.

Natalie Wilson, Stroke Clinical Nurse Consultant at St Vincent's Hospital facilitated the workshop. Thank you to Natalie and the presenters who generously gave up their time over the two days. The course was a great success and will now be offered as a free annual event.

STROKE 2012 CONFERENCE



Pictured: Di Marsden, Brenda Booth and Richard Lindley. Photo M Longworth

The Stroke 2012 Conference was a great success, with more than 800 delegates attending the conference.

The 2012 event was the most successful stroke management conference (incorporating SMART STROKES and The Stroke Society of Australasia Annual Scientific meeting) held in Australia to date. Stroke Network consumer Brenda Booth, who sits on the Stroke Services Coordinating Committee and Consumer Liaison Working party, attended the Stroke 2012 conference and provided this feedback:

"I was very fortunate to recently attend the Stroke 2012 Conference as a consumer from the ACI Statewide Stroke Service Network. It was a



Pictured: Richard Lindley, Rustam Al-Shahi Salman, Christian Stapf and Di Marsden. Photo M Longworth

great opportunity to listen to presentations from medical, nursing and allied health professionals regarding the latest research and stroke care.

The conference gave me a greater insight into the current standard in best practice and multidisciplinary approaches in treatment, care and information that is recommended for stroke survivors and their families."

The conference, chaired by Di Marsden and Richard Lindley, was based on the themes of managing stroke, stroke recovery and stroke prevention and showcased a multidisciplinary approach to stroke care delivery by clinicians from across Australasia. Guest international keynote speakers included Rustam Al-Shahi Salman (United Kingdom) and Christian Stapf (France).

Australasian Acute Stroke Nurses Network



Pictured: Caroline Watkins, Atte Meretoja, Anne Alexandrov, Gabriel Silver and Sandy Middleton. Photo M Longworth

Led by international nursing identities Sandy Middleton, Anne Alexandrov and Caroline Watkins, and facilitated by Gabriel Silver, stroke nurses who attended Stroke 2012 discussed the creation of an Australasian Acute Stroke Nurses Network.

The new Network will focus on initiating evaluated models of stroke nurse training and developing education sessions on improving door-to-needle times for systems of thrombolysis administration.

HUNTER STROKE SERVICES RESEARCH FORUM

Caroline Watkins and Denise Forshaw from the University of Central Lancashire (UCLAN), and Di Marsden, Hunter Stroke Services, recently combined to host a Linking Stroke Research Centre's Research Forum in Newcastle.

Caroline is a Professor of Stroke and Older Peoples' Care and School Director of Research UCLAN and the only nursing professor of stroke

care in the United Kingdom. The forum profiled the benefits of linking research centres and discussed the Lancashire Initiative for Nursing and Caring Research in STROKE (LINCS) project that includes the seconding of staff from clinical settings to initiate and or participate in research.

The forum was webcast / streamed across the Hunter New England Local Health District

and included discussions on acute stroke telemedicine, pre-hospital service delivery and stroke-specific education frameworks.

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Australian Research Receives International Award

The *Quality in Acute Stroke Care Trial* conducted by Sandy Middleton, Chris Levi, Jeanette Ward, Rhonda Griffiths and Jeremy Grimshaw has been awarded the American Heart Association Council on Cardiovascular Nursing, Stroke Article of the Year Award. This is the first time this prestigious award has been given to researchers outside the United States of America. The Network would like to congratulate the group on this exciting achievement. To obtain a copy, please contact the Network Manager.

Stroke Online Learning

July 2012 saw the launch of Australia's premier online stroke education platform, eStroke Australia.

eStroke has been developed in collaboration with the NSW Rural Stroke Network stroke care coordinators and representatives of the Victorian Stroke Clinical Network. The Stroke Society of Australasia and developers Eye Media were also partners in the project, which will now be hosted by the National Stroke Foundation.

The e-stroke online learning system provides critical, evidence-based, peer reviewed educational training for health professionals and in particular for clinicians across the Australian rural setting where access to stroke specific education is limited.

eStroke can be accessed at www.estroke.com.au.

For more information, contact the Network Manager.

STROKE WEEK 2012



Pictured: Sandra Lever, Robyn Artlett, Lyn Glanfield, Jillian Skinner, Michelle Sharkey and Michael West. Photo M Longworth

The NSW Minister for Health and Minister for Medical Research, Jillian Skinner, launched Stroke Awareness Week 2012 at Parliament House on Monday, 10 September 2012.

Introduced by the President and Board of The Stroke Recovery Association of NSW, Minister Skinner applauded the members of the association and acknowledged the commitment of stroke clinicians who deliver best practice stroke care in NSW public hospitals.

The Stroke Recovery Association of NSW continued the celebration of Stroke Awareness Week by hosting their annual *Living Well: A Community Stroke Forum* at Burwood RSL in collaboration with Sydney Local Health District.

More than 80 stroke patients, carers and clinicians were provided updates on services provided by Guide Dogs NSW/ACT and the role of ambulance in stroke, as well as taking part in practical education sessions on technology use to assist with communication and tips for accessing public transport.

ACI PROSTATE CANCER NURSE PILOT STUDY

The ACI Prostate Cancer Nurse (PCN) pilot study project aims to evaluate whether introducing a PCN improves the psychological care of men with prostate cancer. The project is currently in the early phase of the stage 1 of the pilot and is looking to recruit patients. There is also the possibility that the pilots will be broadened to include another facility in the project. If you would like to be involved in this project, please contact the Network Manager.

SAX PARTNERSHIP PROJECT

The ACI Urology Network and the Sax Institute are working together on a joint project which aims to improve evidence-based care for locally advanced prostate cancer. This Partnership Project will conduct the first ever randomised trial to test the effectiveness of a clinical network in leading improvements in clinical practice. This project is currently in the piloting phase. For more information on this project, please contact Bea Brown, Sax Institute, on bea.brown@saxinstitute.org.au or the Network Manager.

Funding Low Dose Rate Brachytherapy

The NSW Ministry of Health is now funding Low Dose Rate Brachytherapy as a treatment option for prostate cancer. Public patients can now receive this treatment at St George Hospital, Kogarah NSW. If you are a consumer diagnosed with prostate cancer, and you are interested in this treatment, please ask your urologist for advice.

UPCOMING NETWORK MEETINGS

- The next Urology/Continence Nurses Meeting will be held on Thursday, 18 October 2012, 1.30pm – 4pm at Macquarie Hospital. All interested nurses are invited and welcome to attend.
- The next Urology Network Meeting will be held on Thursday, 22 November 2012, 6.30pm – 8.30pm at NSEC, Macquarie Hospital.

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Clinical Network Report

TRANSITION CARE

Co-Chairs: Susan Towns and Kylie Polglase

NEWS FROM THE WESTERN AREA:

Westmead Hospital Week:

A Transitional Care Symposium chaired by Philip Lee, Director of Palliative Care at Westmead Hospital, was held on Thursday 30 August 2012 as part of Westmead Hospital Week.

Patricia Kasengele, the Western Area Transition Coordinator opened the session by outlining the services provided by the ACI Transition Network. Other topics included transition needs of young people with renal, cystic fibrosis and developmental disability or chronic renal failure. The take home message from the forum was that transition is now firmly on the agenda for adult services and while there are pockets of excellence, there is much to be done to ensure that appropriate services are available.

Velo-Cardio-Facial-Syndrome (VCFS) is a genetic syndrome affecting 1 in 2000 people. The syndrome can affect all major organ systems and each individual will have varying conditions that require management by different health professionals. For the increasing numbers of young people who are reaching late adolescence, transition to adult care can be a daunting task - knowing where to go and who to talk to about moving into the adult world. At the annual conference held on 19 August, ACI Transition Care Coordinator Patricia Kasengele provided information on the range of transition services provided by the ACI outlining how families can access and use the resources. Families who attended the forum reported feeling very reassured that help was available. More information on the syndrome is available at www.vcfsfa.org.au



Pictured: Patricia Kasengele and Maria Kamper, President VCFS 22q11 Foundation. Photo: P Kasengele

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NEWS FROM THE NORTHERN REGION



Pictured: Angie Myles at Hunter Postgraduate Medical Institute Conference 12 August 2012

The Northern region ACI Transition Care Coordinator Angie Myles, recently attended the Hunter Postgraduate Medical Institute annual health care professional's conference in Newcastle and the combined Kaleidoscope and Northern Child Health Network Paediatric Update. Transition Care resources were displayed and the Coordinator was available to discuss transition care with conference attendees from across Australia. Both conferences provided excellent networking opportunities.

NEWS FROM THE SOUTH EASTERN REGION



Pictured: Katya Issa. Photo: K. Issa

A warm welcome to Katya Issa who commenced in the role of ACI Transition Care Coordinator for the Eastern / Southern Area on 13 August 2012. Katya has been settling into the role, meeting relevant professionals and consumers and revising the existing work plan. The immediate focus for transition care in the South Eastern Area will be to work closely to improve transition processes with health professionals at the Randwick campus of the Sydney Children's Hospital Network and the Prince of Wales Hospital (POWH). Patrick Bolton, Director of Clinical Services at Prince of Wales Hospital is highly committed to transition care and will be directly involved with all aspects of transition to POWH.

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- Strategies used by effective networks to support implementation
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- Engaging the community in clinical practice improvement and measuring the impact of this engagement
- Health reform and boundary changes, how established effective networks contribute to success.



REGISTRATIONS ARE NOW OPEN!

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KEYNOTE SPEAKERS

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Dr Nick Goodwin • Dr Farris Timimi

NEW PLENARY SESSION ANNOUNCED!

ACI will host an extraordinary plenary session at the conference entitled:

Looking to the future: how clinical networks are evolving to deliver quality care, to embrace innovation, research and development and the translation of scientific discovery into practice:

Professor Andrew Morris

<http://www.hssevents.health.nsw.gov.au/n2n>



Government of Western Australia
Department of Health



Government of South Australia
SA Health



Department of Health

Unseasonal increase in patients to NSW emergency departments

The latest *Hospital Quarterly* report from the Bureau of Health Information shows an unseasonal increase in the number of patients attending NSW emergency departments.

"This is typically the quietest time of the year for emergency departments where we would expect to see a dip in patient activity compared to the previous quarter," Bureau Acting Chief Executive Kim Browne said.

"However, from April to June there were about 6,000 more emergency department patients than in January to March."

The total number of patients attending emergency departments for this quarter was 546,000, up 7% on the same quarter last year. There were 7% more patients arriving by ambulance and 6% more admissions to hospital from the emergency department.

NSW performance against the National Emergency Access Target was 58% during April to June, similar to the same time last year. The target for NSW in 2012 is for 69% of all patients to leave emergency departments within four hours.

Across NSW 92% of elective surgery patients were treated on time, similar to the same quarter last year. About the same amount of elective surgery was completed.

The median waiting time for patients needing urgent surgery was one day less compared

Activity: Attendances in NSW emergency departments

Attendances at, and admissions from, NSW emergency departments, April 2010 to June 2012



(* Admissions refers to all admissions through the emergency department. Emergency admissions refers only to those patients attending for an emergency or unplanned presentation, and who have a recorded triage category.)

Source: Bureau of Health Information.

to the same time last year. The median waiting time for patients needing semi-urgent surgery increased by one day, and by 17 days for patients needing non-urgent surgery.

The latest *Hospital Quarterly* report is available at www.bhi.nsw.gov.au

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CANCER INSTITUTE NSW BRINGS INNOVATIONS TO LIGHT

In a state first, health professionals from across NSW united to celebrate cancer service innovations, at the inaugural Cancer Institute NSW *Innovations in Cancer Treatment and Care NSW Conference*.

The Hon. Jillian Skinner MP, Minister for Health and Minister for Medical Research was among 300 attendees from across the cancer care spectrum, showcasing the best information, practices and technologies improving cancer care.

Associate Professor Amy Abernethy, Director of the Duke Cancer Care Research Program and Duke Cancer Institute shared the possibilities of 'Rapid Learning Cancer Systems'. A truly innovative and proven approach to cancer care, Professor Abernethy demonstrated a system that uses reliable and routinely collected data from patients to improve patient care in real time.

"All of the key aspects such as healthcare redesign and quality, patient-centred care, comparative effectiveness and personalised medicine are about how we consolidate information and analyse it to serve the different conversations."

"Ultimately it all comes down to providing better care to patients each day so that their information contributes and leads to better care for everyone", concluded Professor Abernethy.

The 2011 Cancer Service Award winners, Victoria Jones and Alison Simpson shared the success of their community project *Aboriginal Health and Cancer Services Working Together* project. By working directly with Aboriginal

elders and members of the Aboriginal communities in the Murrumbidgee and Southern Local Health District, they were able to break down barriers to cancer care often experienced by people with cancer from Aboriginal communities.

'These relationships take time, patience, commitment and humility. Getting the process right is critical in order to work towards better health outcomes for Aboriginal and Torres Strait Islander people,' said Victoria.



The event concluded with the groundbreaking presentation of data that revealed an association between hospitals who do only a small number of oesophageal and pancreatic surgeries, and poorer survival.

The robust debate featured the NSW medical elite, Professor Ross Smith, Professor David Currow, Professor Clifford Hughes AO, Professor Brian McCaughan, Nigel Lyons, Associate Professor Arthur Richardson and oesophageal cancer survivor and Paralympian

Michael Milton. With such a successful response to this inaugural event it is sure to only gain interest in coming years.

To view video of the presentations or abstracts submitted visit:
www.cancerinstitute.org.au/events/i/innovation-in-cancer-treatment-and-care

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Pictured: CINSW CEO David Currow, Sanchia Aranda and The Hon. Jillian Skinner MP. Photo: C Bullivant



Pictured: Expert Panel. Photo: C Bullivant

Network

21-23 NOVEMBER 2012

SYDNEY CONVENTION
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CONTACT US/ FEEDBACK



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We appreciate hearing from you - please contact:

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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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