greater metropolitan
clinical taskforce

GMCT

Clinical Service Networks

Summary Reports to NSW Health

March 2008
Table of Contents

Aged Care Network ........................................ 2
Bone Marrow Transplantation Network .......... 5
Brain Injury Rehabilitation Network ............. 8
Cardiac Services Network .............................. 11
Diabetes Network ........................................ 13
Gastroenterology Network .............................. 15
Gynaecological Oncology Network ................ 17
Home Enteral Nutrition Network .................... 19
Information & Communication Technology .... 21
Neurosurgery Network .................................... 23
Nuclear Medicine Network .............................. 25
Radiology Network ........................................ 27
Renal Services Network .................................. 29
Respiratory Network ..................................... 31
Severe Burns Injury Service ......................... 33
Statewide Ophthalmology Service ................ 35
State Spinal Cord Injury Service .................... 37
Stroke Services NSW .................................... 40
Transition Care Network ............................... 42
Urology Network .......................................... 45
A) Major Achievements

1. Networking
   The GMCT Aged Care Network has representation from Directors of Aged Care Departments across New South Wales. It is continuing with the process of engaging nursing, allied health and consumer participants. The Network has identified four areas of priority and established four working groups.
   - Orthogeriatric Liaison Services
   - Workforce and Incentives
   - Behavioural Management Units
   - Community and Residential Outreach

   Established links with NSW Health including HOPAC and the Chronic Aged and Community Health Priority Taskforce.

2. Orthogeriatric Liaison Services
   -Outlined the patient and cost saving benefits of implementing a collaborative orthogeriatric model of care.
   -Successful in gaining funding for a project position to assist with implementation of this model

   This model has been shown to decrease length of stay, medical complications in hospital, and mortality. Less than half of NSW public hospitals have geriatric medicine staff with protected time to provide the model of orthogeriatric care that produces the types of outcomes supported in the literature. The remainder of geriatric medicine teams fit orthopaedic care into their routine consultations as they are called upon, which does not allow early intervention. All services surveyed recognised the benefit of a dedicated orthogeriatric service but most reported not having the adequate staffing to support a collaborative model. The GMCT Executive has funded a project proposal put forward by the GMCT Aged Care Network for an implementation officer to assist implementation of the model at the local area level. It is anticipated staffing issues will be a major stumbling block to implementation in some areas.

3. Workforce and Incentives
   - Developed and submitted a proposal to NSW Health that would allow Area Health Services to enter into special remuneration arrangements with Acute Care Geriatricians/Physicians to support clinical redesign of medical admissions in NSW Hospitals.

   In New South Wales the discipline of Geriatric Medicine is facing a manpower crisis. The combined effects of population aging and changing medical practice, particularly the demise of General Medicine and preference of many sub-specialists for non-inpatient care has resulted in increasing workloads for geriatricians. The sustainability of acute medical admission provision, of a predominantly elderly population is in jeopardy, let alone its capacity to fully implement additional programs such as the HOPE project. For those in the specialty, there is an increasing feeling of exhaustion and frustration.

   The current redesign of emergency medical admissions in NSW Hospitals (e.g. medical assessment units) is addressing the problems of inappropriate delays in initial assessment, exit block from Emergency and issues of quality of care currently subject to a Special Inquiry. A key aspect of this clinical redesign and the success of medical assessment units is the regular and prompt assessment by senior clinicians. Given a large majority of patients presenting to hospital emergency departments are elderly, the senior clinicians frequently called upon are geriatricians.
This proposal aims to provide additional incentives for some clinicians to concentrate on emergency medical admission work and not be financially disadvantaged if they take up this important work. Such a package may not only attract Staff Specialists back to in-patient participation in the new models of care but also retain and maintain their involvement in the acute emergency admission of patients within the public hospital system – the very group of patients of such concern at the moment. The GMCT Aged Care Network is keen to present this opportunity to trial both a new model of care and a remuneration package to attract and retain senior clinicians.

4. **Behaviour Management**
   - Promoted a model of care to manage patients with very difficult behaviour that has proven successful at Sutherland Hospital and pioneered by Concord Hospital in the early 1990’s.

   This model outlines admission/discharge criteria, protocols, benefits and staffing and environment issues. There is good evidence that elderly patients admitted to specialised aged care wards have better outcomes than those admitted to general medical wards. “Specialing” for these patients is expensive and rarely produces optimal outcomes in terms of patient wellbeing, and staff and carer satisfaction.

5. **Community and Residential Outreach**
   - Supported and promoted the Advanced Care Planning in the Nursing Home Model currently in place at Prince of Wales Hospital.

   NSW Health has approached the Area Health Service Chief Executives asking each to identify a project officer from funds already distributed for clinical services redesign to work on the advanced care planning process and directives. This will be a partnership model with residential aged care providers and will look to promote outreach programs in residential aged care facilities. The success of this model will be difficult for an Area Health Service to replicate given the large geographical area and numerous Residential Care facilities one person will be required to engage.

### B) Major Challenges

1. Maintaining engagement of aged care clinicians
   - Seeking investment and support to maintain existing clinician commitment and to attract new clinicians who will be equally as committed to geriatric medicine in the public setting.

2. Implementation of models of care with limited resources and workforce:
   - Replicating results experienced at a local level when implementing models of care across the large Area Health Services without appropriate workforce and resources. Effectively implementing the advanced care planning process without someone to drive the process locally will be a major challenge.

3. Achieving change in an environment of competing interests

### C) Major Priorities for 2008/09

1. Progressing the workforce remuneration proposal with NSW Health
2. Promotion and progression of the collaborative orthogeriatric model of care
3. Promotion and progression of the behavioural management model of care
4. Provide support and guidance to the identified Area Health Service Project Officers for advanced care planning
Aged Care Network Executive Committee

- Clinical Redesign NSW Health
- Chronic Aged and Community Health Priority Taskforce

Orthogeriatric Liaison Working Party

Behavioural Management Working Party

Community and Residential Outreach Working Party

Workforce and Incentives

Implementation officer

External Links
- Australian and New Zealand Society for Geriatric Medicine
- Alliance of NSW Divisions
- Clinical Excellence Commission
- Institute of Medical Education & Training
- Institute for Rural Clinical Services & Teaching
A) Major Achievements

1. Laboratory Quality System
   A significant number of ‘Standard Operating Procedures’ have been developed for the nine Laboratory sites. Usage of ‘Q Pulse’ version 4.2 has been successful in maintaining communication and updates on the many Standards of Practice (SOPs) across the laboratories.

2. Annual Scientific Forum
   Now in its 6th year, this forum continues to attract highly respected speakers from the Network and national/international participants.

3. Publication
   The Autologous Working Party have published a study ‘Rainy Day Harvests’ in the Journal of Internal Medicine

B) Major Challenges

1. Increasing Drug Costs
   The BMT Network aims to assist hospitals in the Network to identify exact costs of ‘high cost’ drugs in order to establish predictive cost outcomes for patients undergoing BMT. A new initiative with a direct focus on working with hospital pharmacists to determine the increase in funds required to reduce current drug budget pressures is being developed.

2. Pheresis Project
   This is a priority for the Network. The review of Pheresis services across NSW will determine requirements to meet demand and quality standards. Unsuccessful recruitment into this position has led to a need for a revision of strategies in order to commence the project.

3. BMT Website Rebuild
   The BMT website has been independent of GMCT since the Network began and as such it now requires major works to maintain it function. Therefore, in order to reduce ongoing costs and become inclusive with GMCT, the website will be rebuilt into the existing GMCT website.

C) Major Priorities for 2008/09

1. Accreditation Initiatives for Laboratories
   Processes to meet the requirements of the Foundation for the Accreditation of Cellular Therapy (FACT) Standards will be implemented in two major laboratories which service the paediatric transplant units. This will provide a benchmark that can then be applied across the rest of the BMT Network.

2. Establishment of a Bone Marrow Transplant Waiting List
   The BMT Network intends to quantify and monitor waiting times for all patients waiting transplant with a project to commence in July 2008.

3. 2008 Winter Vaccination Project
   A new strategy being developed to ensure all staff working BMT Clinical areas will be vaccinated against the Influenza virus.
4. **Continued Work on State-wide BMT Plan 2008-2011**
   Complete the State-wide Service Plan for BMT in partnership with SSDB

5. **Acuity Tool and Outcomes Project**
   A 12 month research project aimed at providing a patient acuity tool to identify nursing hours required for patients undergoing BMT. This project times the number of nursing hours required to provide high standards of nursing care for BMT patients as they undergo their treatment regime. This project is being conducted in 8 BMT units across NSW.
BMT Executive
Comprising Working Group Co-Chairs, Network Manager, Quality Manager and CNC meets on a monthly basis

Allogeneic Working Group
Medical, Nursing and Scientific Staff who meet quarterly to coordinate and develop clinical services specifically within Allogeneic Transplantation

Autologous Working Group
Medical, Nursing and Scientific Staff who meet quarterly to coordinate and develop clinical services specifically within Autologous Transplantation

Laboratory Working Group
Laboratory Scientists and Quality Managers meeting quarterly to address common issues and develop procedures for accreditation

Research Executive Committee
Expert Researchers who advise and support clinicians seeking to propose or manage clinical research

Nurses Working Group
Senior Nurses from every site addressing common issues and sharing expertise

Apheresis Working Party
Specialist Nursing Group addressing common needs and developing procedures for accreditation purposes.

Ad hoc Working Groups as needed
EG Cancer Registry Min. Data Set Working Group, Backup Autologous Harvest Working Group.

External Links
- Australasian BMT Recipient Registry
- Australian Bone Marrow Donor Registry
- Cancer Institute NSW
- Clinical Excellence Commission
- IMET
- FRCPA col of pathologists
- HSANZ Haematol Soc
- Arrow Foundation
- Leukaemia Foundation
- TGA

BMT Network NSW
Clinicians in 14 BMT Transplant Units in NSW & 1 Unit in ACT

meets quarterly to coordinate projects, convey updates from Working Groups and determine strategic direction in partnership with the BMT Executive
A) Major Achievements

1. Access to specialist Brain Injury Rehabilitation Program (BIRP) across NSW
   - Secured funding for Brain Injury Rehabilitation Service Delivery for Remote NSW project which will develop a service delivery model.
   - Improvements to referral pathways to and from the Brain Injury Rehabilitation Program
   - Referral forms for the specialist brain injury rehabilitation inpatient units universally used.

2. Research & education within the BIRP network
   - Multicentre collaborative research projects implemented across the BIRP network
   - Organisation of annual nurses education forum
   - Organisation of annual research for the BIRP

3. Statewide Clinical Data Set for the BIRP
   - Improved use of Minimum Data Set across NSW brain injury rehabilitation services.
   - Significant improvements to statewide data on NSW BIRP.
   - Consensus on statewide data definitions.
   - Clinical Data Set includes clinically useful patient management tools.
   - Clinical Data Set implemented common data processes and assisted in the standardising of referral and intake procedures across NSW BIRP.

4. Quality and safety of care
   - Development of outcome measures for adult and paediatric of the transition living units and community rehabilitation BIRP teams.
   - Challenging Behaviours Project commenced which will produce resources/education for the management of challenging behaviours within traumatic brain Injury population.

B) Major Challenges

1. Implementation of Life Time Care Scheme and the Young People in Nursing Homes initiatives.
   - Increased administrative workload for brain injury rehabilitation clinicians
   - Potential discharge block

2. Access to specialist Brain Injury Rehabilitation Program (BIRP) across NSW
   - Inequities in population based funding. Funding to brain injury rehabilitation units is based on historical funding and doesn't recognise the current populations served by each unit.
   - Access to BIRP services by rural/remote NSW (especially indigenous communities).

C) Major Priorities for 2008/09

1. Quality and safety of care
   - Implementation of the Brain Injury Rehabilitation Service Delivery for Remote NSW project which will focus on indigenous communities.
   - Implementation of outcome measures frameworks for adult and paediatric of the transition living units and community rehabilitation BIRP teams.
   - Approve and implement the Guidelines for the Management of Mild Traumatic Brain Injury.
   - Map prevalence, course and burden of challenging behaviours within Traumatic Brain Injury population. Produce resources/education for the management of challenging behaviours.
2. **Statewide Clinical Data Set for the BIRP**  
   - Develop and implement clinically useful web-based statewide database for BIRP.

3. **Research & education within the BIRP network**  
   - Organisation of annual research Forums for the BIRP  
   - Support the rehabilitation nurses education forum

4. **Monitor the service impacts with the implementation of Life Time Care Scheme of MAA**

5. **Monitor the service impacts of the Young People in Nursing Homes initiatives**

6. **Develop strategies for addressing inequities resulting from population based funding and service pressures.**
Brain Injury Rehabilitation Directorate (BIRD) Executive

- BIRP* Directors & Coordinators
- Rural Ref Group
- Paediatric Ref Group
- Information Management
- Lifetime Care & Support Scheme BIRP Implementation Committee

Brain Injury Rehabilitation Interest Groups
- NSW Rehab Nursing Forum
- Social Workers In Brain Injury
- Rehabilitation Studies Unit - RRCS

Non Government Organisations
- Brain Injury Association of NSW
- Brain Injury Association of Australia
- Headway NSW

* Brain Injury Rehabilitation Program (BIRP)
A) Major Achievements

1. **Implementation of Cardiac Education Program for Nurses**
   The educational sessions are primarily designed for graduate certificate level cardiac nurses in rural and district hospitals. The program began in 2007 and it will continue throughout 2008. Feedback to date has been very positive and clinicians from a range of services in NSW including Coffs Harbour, Tenterfield, Shoalhaven, Singleton and Bonalbo have participated.

2. **Cardiac Monitoring Guidelines**
   The Cardiac Monitoring Guidelines have been completed. A Working Party has been established to consider the most appropriate methodology for implementation of the Guidelines. The Guidelines will be forwarded to NSW Health and they will be distributed to AHSs as a Policy Directive.

3. **Cardiac Rehabilitation Report**
   The Cardiac Rehabilitation Report has been written and feedback from the Cardiac Rehabilitation Association (NSW) and Chronic and Complex Care Program will be incorporated. A Forum will be held with cardiac clinicians in April to develop recommendations which will be discussed at the next meeting between NSW Health and cardiac clinicians.

B) Major Challenges

1. **Reuse of Single Use Electrophysiology Catheters**
   The TGA currently regulates the reuse of single use devices. The Quality and Safety Branch at NSW Health will take the lead to progress issues with the TGA relating to the approval of the remanufacturing of single use devices and in particular EP catheters. The issue will be discussed with AHMAC and clinicians in other States and a proposal will be sent to the TGA detailing the risk and benefits of this process.

2. **Funding for Advanced Technologies**
   Implantable Cardiac Defibrillators (ICDs) are high cost devices which should be available for public patients who meet specific criteria (as detailed in the Cardiac Network Guidelines for ICDs). AHSs may choose to use their budgets for other priorities and therefore, equitable access to this treatment is not guaranteed.

3. **Implementation of State-wide Cardiac Information System for NSW**
   A report has been discussed with NSW Health. The GMCT ICT Manager has been asked by the Chief Information Officer at NSW Health and the Strategic Information Management Branch at to take the lead on this project and assist in the procurement process for SSWAHS and other AHSs as required.

C) Major Priorities for 2008/09

1. **Implementation of the Cardiac Surgery Database**
   Two sites have submitted data to Monash University, five sites are collecting data and are part way through the implementation process and one site is expected to have built their interface by June 2008. Data reporting will begin in 2008 although data for 2007-2008 will not be complete for all participating hospitals in NSW.

2. **Identify Gaps in Electrophysiology Services in NSW**
   A survey will be distributed to hospitals in NSW to identify which AHSs have limited or no access to electrophysiology services. A report will be provided to NSW Health with some recommendations relating to service provision.

3. **Assessment of Cardiac Services Available for Aboriginal Peoples**
   Although some services and programs are provided specifically for Aboriginal Peoples, it is unclear which cardiac services are provided in each AHS. The Cardiac Network will endeavour to identify service provision, analyse deficiencies and advise on appropriate service delivery.
Current Activities

- Assessment of Cardiac Services for Aboriginal Peoples
- Cardiac Monitoring Guidelines
- Cardiac Surgery Database
- Reuse of Single Use EP Catheters
- State-wide Cardiac Information System

Improving Equity & Access for Aboriginal Peoples

Provide Guidelines for appropriately monitoring

National cardiac surgery data collection

Evaluate manufacturing options & risk benefit ratio

Standardised information systems throughout NSW

External Links
- Area Health Services
- Ambulance Service of NSW
- Cardiology Clinical Redesign
- Chronic & Complex Care Program
- Clinical Excellence Commission
- ETAMI
- IMET
- National Heart Foundation
GMCT EXECUTIVE SUMMARY
for NSW Health – 2007/2008
Diabetes Network Workplan 2007 - 2010

A) Major Achievements

1. **Formation of a GMCT Diabetes Clinical Network**
   An expression of interest was circulated to clinicians to attend the inaugural meeting of the Diabetes Network on 7 November 2007. The meeting was attended by thirty-eight clinicians, with seven apologies from interested clinicians who could not attend this event. The participants were positive about the formation of a GMCT Diabetes Network.

2. **Establish Initial Working Groups**
   A survey was circulated to clinicians outlining the activities where a diabetes network could provide benefit to practicing clinicians. Responses were collated and discussed amongst the network executive. Four areas were considered beneficial initial activities, being, models of care – out-patient and GP interaction, in-patient hyperglycaemia, equity of access – rural, indigenous and mentally ill populations and diabetic foot.

B) Major Challenges

1. There has been some delay in identifying and engaging general practitioners in the network. The first aspect to involvement is having one or two representatives from the Divisions of General Practitioners on the executive and secondly the involvement of general practitioners in working group activities.

2. As there are many players in diabetes prevention, education and treatment, the network needs to ensure there is a niche in which to operate effectively and efficiently with outcomes that are not competing with other clinically based organisations.

3. Develop the ability to respond in a timely manner to matters raised for comment or by report that the executive view is appropriately representative of the network.

C) Major Priorities for 2008/09

1. Continue to develop and expand network activities and clinician involvement.

2. Establish the network as a group highly regarded for outcomes and expertise in the management of adult Diabetes.

3. Consolidate plans along the four clinical pathways agreed upon.
Diabetes Network
First meeting 7 November 2007

Diabetes Executive Committee

Models of Care Working Group

In-patient Hyperglycaemia Working Group

Equity of Access Working Group

Diabetic Foot Working Group

Out patient & GP interaction

Improve the management & incidence of hyperglycaemic events

Rural, Indigenous & Mentally ill Populations

Improve management of Diabetic Foot complications

External Links
- Diabetes Australia – NSW
- Australian Diabetes Society
- Australian Diabetes Educators Association
- Endocrine Society of Australia
- Clinical Excellence Commission
- Institute of Medical Education & Training
- Institute for Rural Clinical Services & Teaching

• Chronic & Complex Care Program
• Area Health Services
A) Major Achievements

1. **Sedation:** Agreement has been reached on amendments to the Guidelines on Sedation and/or Analgesia for Diagnostic and Interventional Medical or Surgical Procedures regarding the provision of sedation for gastrointestinal endoscopic procedures. The amendments are now be considered by the RACS, GESA and ANZCA Councils. If supported, the revised guidelines will outline the recommended training required for non anaesthetist medical practitioners to provide sedation for diagnostic and interventional medical and surgical procedures and the grandfathering of those experienced in procedural sedation and analgesia.

2. **Elective Colonoscopy Procedures:** New advice on the appropriate clinical priority categories for elective colonoscopy procedures will feature in a companion document that is published with a revised version of the Waiting Time and Elective Patient Management Policy due out in 2008. The Private Health Care Branch, NSW Health has distributed this advice to endoscopists working in private hospitals and day procedure centres.

3. **Nursing Education:** The gastroenterology clinical program linked to the UTS Graduate Certificate in Acute Care Nursing, has now been accredited by UTS for use in St George and Concord Hospitals. This will enable student nurses at these two sites to undertake the Specialty Clinical Practice subject, one of 4 subjects within the Graduate Certificate, in their own workplace under the supervision of a clinical nurse consultant or educator.

B) Major Challenges

1. **National Bowel Cancer Screening Program:** The tripartite secretariat of the NSW NBCSP Advisory Group (PAG), provided by the Department of Health, the Cancer Institute NSW and the GMCT Gastroenterology Network meets monthly to help advise the rollout of the NBCSP in NSW. NSW is yet to be advised of the future stages of this project following the completion of the current stage in June 2008.

2. **Advanced Training Registrars:** working towards further improvements for process of the appointment of advanced trainees in 2008. GMCT will continue to work with IMET and NSW Health to improve this process and the outcome for trainees. GMCT is working with the RACP with an aim to increase the number of third year training positions in rural hospitals.

3. **Information Management:** Due to the lack of a state wide endoscopy data collection and reporting tool, uncertainty remains in relation to the efficiency, accuracy, safety and effectiveness of procedures performed in public hospital outpatient departments.

C) Major Priorities for 2008/09

1. **Hepatitis C Treatment and Support Services:** Establishment of a working group to work with the Ministerial Advisory Committee on Hepatitis and NSW Health to implement the appropriate recommendations from the Department of Health review of Hepatitis C treatment and care services in NSW.

2. **Total Parenteral Nutrition (TPN) / Enteral Nutrition (EN) Management in Public Hospitals:** Establishment of a TPN and EN working group in conjunction with the Home Enteral Nutrition Network. The group will advise the Executive on the management of TPN in NSW public hospitals, and on protocols for the insertion of enteral feeding tubes and subsequent discharge planning.

3. **Information Management:** The establishment of a standardised NSW endoscopy reporting system to provide accurate state-wide information on endoscopy procedures carried out in NSW public hospitals; to facilitate comparison of services against critical safety and quality benchmarks; inform on issues of productivity, activity, costs and access to services; and facilitate electronic reporting to the National Bowel Cancer Screening Program’s Register.
A) Major Achievements

1. **Nursing Education**
   Continuing professional development for NSW nurses from all Area Health Services. Rural and regional nurses are subsidised to provide equity of access to educational opportunities offered. In addition to the annual Nurse Study Day, the inaugural Gynaecological Oncology (GO) Nursing course at the University of Sydney was held 11-15 February. It is the first such course in Australia. Twenty five participants attended four days of face-to-face lectures and a practical day in one of the GO Centres. It is anticipated to run annually.

2. **Palliative Care Guidelines**
   GO Palliative Care Guidelines are currently being edited and will provide clinicians with over 40 symptoms and syndromes in a brief and easily understood format. Women with Gynae cancer can only benefit from clinicians’ knowledge improvement from all these achievements.

3. **Psychosocial Support**
   Psychosocial Support activities have helped over 60 women with Gynae cancer with three-day retreats and one-day rural workshops. These have been held in places such as Trundle, Tamworth, the Blue Mountains, Orange and Rylestone to provide rural women with the same opportunities as metropolitan.

B) Major Challenges

1. The minimum data set / International Federation of Gynaecology & Obstetrics (FIGO) database has been delayed by the Cancer Institute to bring them out at the same time as Breast and Melanoma. The GO MDS was finalised over 2 years ago so the Committees are anxious for this important data collection strategy to go ahead.

2. Implementation of the Models of Care for GO across NSW will be time consuming but well worth the effort to ensure that women with Gynae cancer are better supported closer to their homes. The challenge here is to provide superior rural services through education of clinicians and support of women.

C) Major Priorities for 2008/09

1. GO Palliative Care Guidelines distribution and implementation across the state. The Guideline will be published for all clinicians who care for women with advanced Gynaecological cancer. This extensive document provides best practice guidelines for over 40 symptoms and syndromes in a brief and easy to read format.

2. MDS / FIGO data collection. Although Minimum Data Set for GO was agreed over two years ago, the Cancer Institute has delayed implementation to coincide with that of other cancer groups viz. breast.

3. Review and update of existing GO Guidelines. These six guidelines for specific gynaecological cancers were first published in 2004. Each year at least two guidelines will be reviewed to maintain currency. Currently reviewing Uterine cancer with Cervical later in the year.
EXECUTIVE SUMMARY  
for NSW Health - 2007/2008  
Home Enteral Nutrition Network  
Workplan 2007 - 2010

A) Major Achievements

1. NSW Government Contract for Enteral Feeding Products  
The NSW Government Enteral Feeding Products Contract allows HEN patients throughout NSW to access all HEN products at hospital prices (plus delivery), delivered to their door.

2. My Health Record – HEN Cards  
HEN information cards were developed to complement the My Health Record. The cards will assist patients, carers and health professionals to better manage HEN therapy. Since September 2007, close to 1500 My Health Records with HEN cards have been distributed across NSW.

3. NSW HEN Register  
The NSW HEN Register is collecting statewide data on HEN using Teleform technology.

B) Major Challenges

1. Need for Coordinated Clinical Care  
Many health professionals are involved in caring for HEN patients. However, no one health professional is responsible for managing HEN, resulting in a fragmented service with potentially serious outcomes. GMCT HEN has proposed a HEN coordinator model to be a single point of contact for health professionals in acute and community care, patients and product suppliers. The HEN coordinator is integral in a coordinated HEN program and has worked well overseas. Since this recommendation was made in Feb 2007, NSW Health has yet to commit to HEN coordinators.

2. Lack of nutrition services in the community  
The recent NSW Ombudsman’s report into Deaths of People with Disabilities in Care identified poor HEN management as contributing to the deaths of two people and highlighted the need for improvements to how HEN is supported in the community. One in every four tube fed patients present to emergency departments for feeding tube complications each year. These are all potentially avoidable with regular monitoring by qualified health professionals and adequate training of care workers. Very few area health service community care teams have a dietitian in their teams.

3. Coordinated supply of HEN products  
There is a need for a coordinated service for the supply of HEN formula and equipment. Currently, this is fragmented and time consuming with patients and health professionals having to contact a number of companies and suppliers. The lack of administration, coordination and staffing has resulted in delays in discharge, incorrect orders and delays in delivery of formula/equipment. This is of particular concern for people who cannot eat and rely on HEN as their sole source of nutrition.

C) Major Priorities for 2008/09

1. Implementation of the HEN Report recommendations  
To implement the recommendations of the HEN Report in consultation with DOH, branches and Area Health Services including the establishment of HEN co-ordinators.

2. Collaboration with external organisations that care for people requiring HEN.  
Improving the care of HEN patients in aged care and group homes is important to prevent readmissions to hospital. The NSW Department of Aged, Disability and Home Care (DADHC), is responsible for disability care and group homes and the Commonwealth Department of Health and Aging is responsible for aged and extended care facilities.

3. Training of care workers and health professionals  
There is a need for improved training standards in HEN management for care workers and health professionals.
Ultimate Goal
Equitable funding and access to home enteral nutrition services across greater metropolitan and rural NSW

HEN Network
250 clinicians
100 NSW health care facilities

Primary Care and Community Partnerships
Health Support
Rural Taskforce
NSW Institute of Rural Clinical Services and Teaching

Professional Associations
Speech Pathology Australia
Dietitians Association of Australia
Australasian Society of Parenteral and Enteral Nutrition

Consumer Advocacy Groups
Nutrition Product Suppliers

HEN Executive
Best Practice Working Group
Information Management Working Group
Resources Working Group

GMCT Guidelines for HEN
NSW HEN Register
My HEN Health Record
Consumer Information
Clinician Information
A) Major Achievements

1. Strategic
   - Maintained a secure and functional ICT platform for GMCT secretariat and networks that are aligned with the ICT strategy of the NSW Health Department and local area service requirements.
   - Maintained collegial and collaborative relationships with external and internal stakeholders to reduce the instances of duplication of system solutions.
   - Represented GMCT secretariat, networks and clinicians on NSW Health peak bodies that include; Strategic Information Management Branch Management Group, Electronic Medical Record Working Group, ICT Health Priority Taskforce, Clinical Advisory Group and Knowledge Management Reference Group and the Cancer Institute Clinical Cancer Registry Steering Group.

2. Technical
   - Extraction and analysis of data from the following GMCT network data collection systems; ophthalmology eye audit, home enteral nutrition, neurosurgery, stroke, the upper tract kidney stone disease and severe burn injury.
   - Extraction and analysis of data from state held patient administration systems for network clinicians.
   - Implementation of the Cardiac Surgery Data Audit Data Base to cardiac surgery units in NSW.
   - Completion of proposals for state wide patient information systems for Endoscopy and Cardiology. Proposals now with NSW Health.
   - Completed review of change request of the GMCT Gynaecological Oncology minimum data set and FIGO Corpus Uteri data set extensions for the NSW Cancer Institute Clinical Cancer Registry.
   - Completed the proposal to expand the use of the Renal Information System Catalogue (RISC) system to collect state wide dialysis data. This is now with NSW Health.
   - Implementation of Rural Spinal Cord Injury Database to facilitate the health management of patients with spinal cord injury in rural areas.
   - Implemented the “Hotlab” calibration system to nuclear medicine departments in NSW hospitals.
   - Completed the review of content and upgrade of information for the GMCT secretariat and network websites.

3. Operational
   - Maintained capacity to assist secretariat staff, network managers, NSW clinicians and policy makers with information and communication technology advice or guidance in the development of strategies or systems solutions to improve the collection and reporting of patient level data in NSW.

B) Major Challenges

1. Sourcing funding for clinical networks to implement interim data collection solutions prior to the rollout of the Electronic Medical Record.

2. Managing interim data collection and reporting system rollouts for clinical networks in an environment where there is a reduction in area information technology staff are directed to channel all resources to the rollout of the Electronic Medical Record.

3. Sourcing appropriate, affordable hosting, maintenance and systems administration services for GMCT interim systems.

C) Major Priorities for 2008/09

1. Identify, fund and implement an appropriate third party patient information system for cardiology and gastroenterology.

2. Identify a sustainable hosting, maintenance and system administration system model for GMCT interim clinical data collection systems.

3. Identify additional clinical end users of the GMCT owned Liquid Office point of care data collection technology.
A) Major Achievements

1. Movement Disorders
The Model of Care for the use of Deep Brain Stimulation (DBS) for patients with movement disorders and the accompanying Ministerial Brief that highlight the inequity of access to DBS between the public and private sectors have both been tabled for the Minister and Director General for Health.

2. Essential Standard Neurosurgery Operating Room Equipment
Six items of equipment have been deemed as essential and standard requirements for a neurosurgical service. A Brief has been tabled with the Director General of Health. Within the Brief is a policy statement requiring that no item of equipment on this list should be greater than 10 years old. An audit of the 13 Neurosurgery Network sites has been completed.

3. Defined Scope Review of Initial Management of Close Head Injury In Adults
At the behest of the Quality and Safety Branch of the Department of Health (DoH) and the Clinical Excellence Commission (CEC) a review limited to the administration of analgesia and the use of anti-convulsants in MILD closed head injury was conducted. The revised guidelines have been incorporated into the existing document.

B) Major Challenges

1. Movement Disorders: Department of Health Funding of Public Patients
Continue to highlight the inequities of access of public patients to treatment of movement disorders with DBS. Encourage exploration for potential memoranda of understanding between the public and private sectors of health care delivery to accommodate the needs of public patients who require DBS therapy.

2. Epilepsy Surgery
Quantification of the current service provision, infrastructure and funding. Development of a multidisciplinary model of care for epilepsy surgery for NSW.

3. Interventional Neuroradiology
Establishing a dialogue between neurosurgeons, neurologists and neuro-radiologists to explore current and future interventional neuroradiological services.

C) Major Priorities for 2008/09

1. Movement Disorders
Lobby the Department to Health to be pro-active and engage with the private healthcare sector to develop memoranda of understanding between the two that will give public patients equitable access to this life altering surgery.

2. Combined Clinical Audit
Patient outcome and innovative clinical practice are largely based on evidence. Data collection contributes to a body of evidence. Data collectors must be recognised as essential to establishing a body of knowledge. Area Health Services have to release any available funding for recruitment into these roles and the Department of Health have to fund these positions.

3. Neuroscience Observation Chart
Improve continuity and consistency of care and decrease error with the piloting and evaluation of Neuroscience Observation Chart. The CEC are supportive of this project because they see great value in the (potentially) statewide standardisation of this neurological observation tool.
A) Major Achievements

1. **Audit**
   Up-to-date information collected from Nuclear Medicine (NM) Departments in the categories of Staffing, Education, Equipment, Procedures and Networking to provide fertile grounds for future projects and advice.

2. **HotLab**
   Conversion and troubleshooting of HotLab to be utilised by all participating NM Departments.

3. **Quality & Safety**
   Implementation of NSW Health’s ‘Correct Patient, Correct Procedure, Correct Site’ policy in NM Departments thanks to input from many of our clinicians providing safer conditions for patients.

B) Major Challenges

1. All NM Departments to work together as a Network to achieve larger goals for the specialty
2. Optimum provision of PET services and Cyclotrons to service them in NSW
3. Changing direction towards patient focused projects

C) Major Priorities for 2008/09

1. Clinical Education Programs, eg. joint sessions to be run with NSWSNMS (Tech’s Society) and GMCT for Technologists
2. Identify minimum requirements for a NM Department
3. Test amended KPI data collection spreadsheets and advise NSW Health
Nuclear Medicine Committee (Network of 13 hospitals)

Chief Technologists SubCommittee

CLINICIAN EDUCATION
- Protocols
- Education programs

AUDIT
- Survey
- KPIs

QUALITY & SAFETY
- Correct Pt, Correct Site
- IMS Reporting
- HotLab

Australian and New Zealand Association of Physicians in Nuclear Medicine (ANZAPNM)
Australian and New Zealand Society of Nuclear Medicine (ANZSNM)
Clinical Excellence Commission (CEC)
Environmental Protection Authority (EPA)
A) Major Achievements

1. Competencies
   Competencies and tools to assist in the professional development of nurses are in various stages of development:
   - Asepsis and Infection Control (rolled out)
   - Sedation (final testing)
   - Radiation Safety (to commence shortly)
   - IV Cannulation and Contrast Administration (in progress jointly with Radiographers)

2. Audit
   Up-to-date information collected from Radiology Departments in the categories of Staffing, Education, Equipment, Procedures and Networking will provide fertile grounds for future projects and advice.

3. Quality & Safety
   Implementation of NSW Health’s “Correct Patient, Correct Procedure, Correct Site” policy in Radiology Departments thanks to input from many of our clinicians providing safer conditions for patients.

B) Major Challenges

1. Recruitment and retention of all clinicians in Radiology
2. Changing direction towards patient focused projects
3. Increasing demands on Radiology clinicians by all other medical specialties

C) Major Priorities for 2008/09

1. Patient focused projects
2. Nurse education and CPD
3. Investigation of Red dot / interim reporting by Radiographers
The issues driving the GMCT Renal Services Network are:

i) The increasing demand for dialysis services, and

ii) The concern that our workforce and our health budget will be unable to meet the demand.

Through the activities of the Renal Services Network (RSN), it is aimed to:

- Increase and adapt the available workforce to meet the demand;
- Address issues of equity and access to dialysis services in both rural and metropolitan areas;
- Increase access to transplantation services; and,
- Encourage preventive measures to reduce chronic kidney disease.

### A) Major Achievements (in last 12 months)

#### 1. Prevention

The RSN Draft Action Plan for Prevention of CKD, prepared in 2006, is being used by NSW Health in a recently-formed working group to make progress in the prevention of chronic kidney disease. On the advice of the renal clinicians, the Working Group has agreed to focus on 2nd prevention strategies, in the early stages, for maximum initial benefit.

#### 2. Information Management

Dialysis services are expensive to deliver, but there is not an effective way to measure the number and type of services provided across NSW. A minimum data set has been prepared by RSN, for measuring dialysis services and aspects of quality of care. The range of data collection systems in use across NSW has been reviewed. A proposal has recently been endorsed to put to AHS Chief Executives to assist renal units to collect the information required for the minimum data set. GMCT is providing financial and skills-training support for renal units, to remove barriers to implementation.

#### 3. Workforce

Building on recommendations from renal nurses submitted in 2006, GMCT has funded a project to improve utilisation of nursing staff for haemodialysis services. Twenty teams across NSW commenced projects late in 2006. By December 2007, there were eleven teams still making progress in the projects. These eleven teams have developed skills as change agents in their workplace, and all are making better use of their staff, improving staff satisfaction and improving outcomes of care. The outcomes will be evaluated in Dec. 2008.

#### 4. Equity of Access to Kidney Transplantation

Kidney donation from deceased donors continues to be poor, throughout Australia. Funding from GMCT is assisting to cover some of the costs of the surgical procedures for donation from live donors and for costly medication for highly-sensitized patients who would otherwise reject the donated kidney. The rate of kidney transplantation from live donors has doubled in NSW since 2000, and now averages 88 per annum.

### B) Major Challenges

1. Implementation of a system for measuring dialysis activity in NSW.

2. Increasing and adapting renal services, to meet demand.

3. Meeting the workforce requirements anticipated by 2011.

### C) Major Priorities for 2008/09

1. Commence targeted prevention strategies, to reduce incidence of end-stage renal failure in NSW.

2. Development of strategies to address nursing workforce issues.

3. Assist NSW Health with development of a statewide system for more efficient purchasing of dialysis equipment and consumables.
A) Major Achievements

1. Improved Model of Care for Infection and Chronic Obstructive Pulmonary Disease (COPD) Patients
   An innovative proposal to improve respiratory services for patients with respiratory infection and COPD has been developed by the GMCT Respiratory Infection Working Group. Based on the success of a working model at St George Hospital the ‘Respiratory Coordinated Care Program’ (RCCP) has the potential to substantially reduce hospital admissions and average length of stay for this large cohort of patients. The proposal is currently being used to inform a process of clinical redesign for respiratory services at Royal Prince Alfred and Balmain Hospitals.

2. Oxygen and Chronic Ventilatory Support
   The GMCT working group addressing this area has collaborated with NSW Health to develop guidelines for the provision of oxygen and other respiratory equipment. The group is currently developing medical guidelines for domiciliary non-invasive ventilation (NIV) and a model of care for improved home NIV services in NSW. When implemented these initiatives will considerably improve equity of access to, and outcome from, respiratory equipment services in NSW.

3. Smoking Cessation / Improved Management of Tobacco Dependence
   The Airways Diseases Working Group has developed a population-based approach to clinical tobacco control consisting of three key recommendations: (1) The provision of area-based ‘Smoking Cessation Coordinators’ to promote, coordinate and facilitate smoking cessation services, foster clinical smoking cessation networks, and develop a variety of other smoking cessation initiatives; (2) The provision of facility-based smoking cessation clinicians to deliver professional smoking cessation interventions; (3) The provision of heavily subsidised nicotine replacement therapy for high risk smokers. These initiatives are complimentary and, if implemented, will substantially improve smoking cessation services for smokers, and significantly reduce the burden of tobacco dependence on the NSW health system.

B) Major Challenges

1. Data Collection
   The development of interim data collection mechanisms, such as the Clinical Excellence Commission's Towards a Safer Culture (TASC) Program, prior to the introduction of the Electronic Medical Record.

2. Implementation of GMCT Models of Care
   The implementation of models of care as developed by the GMCT respiratory working groups will only be achieved with the agreement of individual Area Health Services and administrators, and with the cooperation of local clinicians.

3. Workforce Data
   The Network’s Workforce Working Group has requested access to Annual Labour Force Survey data so that, in cooperation with government agencies, evidence-based recommendations on the respiratory workforce in NSW can be submitted to NSW Health. The request was first submitted to the Workforce Branch on 15 February 2007. However the data has not been made available and work on this issue has therefore been postponed.

C) Major Priorities for 2008/09

1. Implementation of Completed Models of Care
   The implementation (and evaluation) of models of care as developed by the GMCT Network.

2. Model of Care Development
   Completion of proposals for improved pulmonary rehabilitation, Cystic Fibrosis, domiciliary NIV, and sleep services.

3. Rural Clinicians
   Rural clinicians specialising in respiratory medicine have been approached to participate in a dedicated working group to address rural respiratory issues.
Respiratory Diseases & Smoking Cessation

Development of models of care to improve pulmonary rehabilitation, airways / respiratory education and smoking cessation services across NSW.

Oxygen & Chronic Ventilatory Support

Equipment guidelines, medical guidelines for domiciliary non-invasive ventilation (NIV), state-wide model of care for home NIV services.

Infection & Acute Respiratory Failure

Improved management of patients with respiratory infection and COPD through the development and promotion of a proposal for a ‘Respiratory Coordinated Care Program’

Workforce Education & Training

Provides advice on workforce adequacy and equity, clinical education programs and staff training requirements

Highly Specialised Diseases & Treatments

Development of a state-wide directory of highly specialised respiratory services, and of recommendations to address the increasing population of patients with cystic fibrosis.

Sleep Disorders

Audit of existing services and the development of service recommendations including a state-wide model of care

Rural Services

Formation of a dedicated, multi-disciplinary working group of rural clinicians to address particular issues in the rural setting.
A) Major Achievements

1. **NSW Severe Burn Injury Service (SBIS) Website**
   Model of Care, Clinical Practice Guidelines on burn care and transfer Professional clinical
   Education Material Links to Prevention and Safety, Professional and Consumer sites.

2. **Clinical Data collection, web based, across the SBIS burn units**
   Data clerks now employed at the three SBIS Burn Units to enter data. Now have three years of
   clinical data for both in and out patient burn patients treated at the three burn units. Data able to
   be used for; regular audits, research proposals and projects, conference presentations,
   prevention and education strategies.

3. **Education Program for Health workers across NSW**
   Variety of Clinica Burn Education programs delivered across NSW to metropolitan and rural
   areas. Including full day multidisciplinary sessions, one off lectures to medical and or nursing
   groups, general practitioner (GP) education sessions, and NSW Ambulance officers. During 2007
   over 1600 clinicians attended 34 burn education sessions, 1200 of these were from rural and
   remote NSW.

4. **A multi centre clinical trial**
   Cultured Epithelial Autograft (CEA) clinical trial taking place in the three burns units of the SBIS.

5. **Clinical Practice Review Committee**
   Gives feedback to all NSW hospitals on transfer of severe burn injured patients to the burn units.
   Reviews submissions from all SBIS clinical staff on any burn care issues and all deaths.

B) Major Challenges

1. Incremental enhancement of Severe Burn Injury Service acute beds and associated services
   including increased capacity of ambulatory care burn clinics, supporting both increased activity
   and the recommendations from the Selected Specialty and Statewide Service Plan #4 Severe
   Burn Service May 2003. The Plan recommended by 2005/06 that there be 33 beds and by
   2010/11 there be 37 beds. There are currently 25 funded SBIS beds across the adult and
   paediatric service.

2. To establish Step-Down facilities to accommodate burn injured patients (and their family support)
   who no longer require in-patient management increasing the ability to discharge patients early
   from the acute care beds but continue the expert burn service treatment required (particularly for
   Rural and Remote patients). Potential barriers include availability of funding from NSW Health
   and adequate planning in rebuilds and capital works at both the RNSH and CRGH sites.

C) Major Priorities for 2008/09

1. Incremental enhancement of Severe Burn Injury Service acute beds and associated services
   including increased capacity of ambulatory care burn clinics.

2. Increased allied health and nursing staff to match the increased burn patient activity for both
   ambulatory care and inpatient care.

3. Establish Step-Down facilities to accommodate burn injured patients (and their family support)
   who no longer require in-patient management increasing the ability to discharge patients early
   from the acute care beds.

4. Effective Burns Disaster Management.

5. Complete and implement school prevention programs currently under development.
Clinical Practice Review Committee
Clinical practice issues and trends, monitoring and giving formal feedback on all transfers from hospitals to the SBIS

Inter-hospital Multidisciplinary Clinical Group
Open forum for case presentations, ethical issues, unit activity reports

Rehabilitation Model of Care Working Group
Writing & Implementing Rehabilitation MOC

Research Committee
Sharing current research & directing cross campus projects

Disaster Committee
Planning SBIS burn disaster responses

Information Technology
- Maintain and review database
- Clinical education for health professionals
- Aiming to reduce preventable burn injuries

Dietitian’s Professional Network

Social Work Professional Network

Physio & OT Professional Network

Speech Pathology Professional Network

Nursing Professional Network

Guidelines, current practice and evidence reviews, education for non-Burn Units

External Links
- CEC
- ANZBA
- NSW Fire Brigades
- NSW Ambulance
- Central Disaster Unit
- ITIM
- MAA - LTC&S
- Kids Safe
- Kids Health
- RACGP
- IRMRC
- Julian Burton Burns Trust
- Johanna Briggs Institute
- Rural Health Edu. Found’n
- Consumer Support Groups
- RRCS
- NSW Health Injury Management
- NETS
- AMRS
- Uni of Sydney

NSW Severe Burn Injury Service
CHW RNSH CRGH

Clinical Practice Review Committee
Inter-hospital Multidisciplinary Clinical Group
Rehabilitation Model of Care Working Group
Research Committee
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Guidelines, current practice and evidence reviews, education for non-Burn Units
A) Major Achievements

1. Development, printing and distribution of the **Eye Emergency Manual** to Emergency Department clinicians, general practitioners (GPs) and rural doctors by April 2007. Consensus guidelines for the management of eye emergencies in Emergency Departments (ED) are published in the manual.

2. **Eye Emergency Manual** Project to introduce and then evaluate the manual is underway with twenty four participating sites statewide. The project which is being undertaken in collaboration with the Clinical Excellence Commission (CEC) is using clinical practice improvement methodology to improve eye care for patients presenting at ED.

3. Revised vision surveillance and screening protocols incorporated in the **Personal Health Record (Blue Book)** which is provided to all new mothers on the birth of their child.

4. **Research/ Special** projects completed include *Paediatric Ocular Injuries, Paediatric Ocular Damage Related to Sunlight Exposure and Visual Defects and Stroke.*

B) Major Challenges

1. Maintaining the engagement of ophthalmic clinicians.

2. Raising awareness of the need for access to high cost highly effective drugs for public patients with Macular Degeneration.

3. Working with Area Health Services to implement service delivery models for diabetic eye care.

4. Development of an eye emergency education program for nurses.

5. Improving eye care for patients following a stroke.

6. Vision Surveillance and Screening education for primary screeners in Statewide Eyesight Pre-school Screening (StEPS) Program. The program needs to reflect the changed protocols incorporated into the Blue Book.

C) Major Priorities for 2008/09

1. **Eye Emergency Manual**: complete the introduction and evaluation of the manual in EDs statewide.

2. Review and update of the eye emergency guidelines and reprint, publish and distribute the **Eye Emergency Manual**.

3. Develop & implement a strategy for sustainable eye emergency education for emergency clinicians both at the local ED level and the undergraduate and post graduate level.

4. Develop a proposal for a Corneal Centre of Excellence.

5. **Work with NSW Stroke Network** to enhance eye care in patients with stroke including the management of new and pre-existing eye conditions.

6. **Access to high cost highly effective drugs** for public patients with Macular Degeneration.

7. **Develop Health Promotion Packages** to address the findings of the *Paediatric Ocular Injuries* and the *Paediatric Ocular Damage Related to Sunlight Exposure Literature Reviews.*

8. **Work with NSW Falls Prevention Program and low vision stakeholders in the community e.g. Vision Australia** to identify resources & referral pathways for the at risk older population.
External Links
- Clinical Excellence Commission (CEC)
- Institute of Trauma & Injury Management (ITIM)
- Institute of Medical Education & Training (IMET)
- Vision Organisations
- Professional Colleges & Associations

Eye Emergency Manual (EEM) Steering Committee
- EEM Project
- Review of EEM
- EEM Education Strategy

Nurse Standing Committee
- EEM Education

Orthoptic Standing Committee
- Vision surveillance/screening education
- Paediatric Ocular Injuries
- Stroke & Visual Defects
- Vision & Falls
- Research

High Cost Drug Working Party
- Lucentis (Ranibizumab) for public outpatients with Macular Degeneration

Corneal Centre of Excellence Working Party
- Business case development
A) Major Achievements

**Sustained service enhancements**
Ongoing operational success and provision of enhanced GMCT state-wide clinical services, data management systems and service development projects. This has led to improved access to specialist services, continuity and coordination of care. The implementation of the Spinal Outreach Service which supports consumers returning to the community after their acute injury has been particularly successful in meeting the complex needs of this high risk patient group.

**Improving access to specialist services**
The commencement of multidisciplinary (allied health, nursing and medical) review clinics for people with a spinal cord injuries living in rural and remote NSW has improved their access to specialist services and provided additional support for rural health practitioners. An additional benefit of this new service is the ability to provide a wide range of education opportunities in rural NSW.

**Clinical practice improvement**
The development and implementation of standard practice guidelines, education resources and web based clinical tools to assist health professionals, particularly general practitioners, provides a significant opportunity to improve the standard of care for consumers with spinal cord injury (SCI).

**Increased capacity to complete strategically important projects**
GMCT service enhancements and grants, in addition to external project funding, has enabled the SSCIS to undertake several projects leading to sustainable services, a greater understanding of consumer needs and solutions to complex service delivery problems. These projects include:
- The provision of community based exercise programs in partnership with the non government sector that increase exercise participation rates for people with disabilities.
- An epidemiological study to determine the needs of health professionals and patients who are not managed within the SSCSI network.
- Completion of studies that determined effective service delivery models for rural consumers leading to recurrent funding for the SSCIS Rural Spinal Cord Injury Service.
- Development of web based education programs

B) Major Challenges

**Access to specialty services**
There is currently demonstrable unmet demand for admissions, delayed entry to and discharge from the acute spinal cord injury service for patients with newly acquired spinal cord injuries.

**Chronic and complex disease management**
To achieve a reduction in subsequent admissions spinal ambulatory care services are essential to minimise the impact of chronic diseases through early intervention, health monitoring and for pre and post acute admission follow up. Currently there is no adequate specialist service to meet this need.

**Specialist rehabilitation Services**
There is a lack of specialist rehabilitation services. This situation is compounded by exit block from rehabilitation services due to the inadequate allocation of public and modified housing, inadequate Department of Disability and Home Care attended care packages and the lack of sub acute transitional accommodation for people post rehabilitation.
C) Major Priorities for 2008/09

Service planning and delivery
In partnership with, spinal clinicians, the GMCT Executive and Department of Health we will further develop the SSCIS model of care and create a service plan to 2012. The Plan and model of care will create a clear framework and priorities for ongoing service delivery and development.

Improving access to specialist services
Implementation of the second stage of the Rural Spinal Cord Injury Service to develop a network of clinicians in each rural Area Health Service who will work in partnership with the metropolitan spinal services. This will assist in providing service where people live and reduce the need to travel away from home and improve the coordination between rural and metropolitan clinicians.

Clinical practice improvement
In collaboration with NSW Ambulance Services, and acute clinicians the spinal network will develop and implement acute care guidelines for the management of spinal cord injuries in the first 72 hours post injury. Currently there is no agreed protocol in this area of clinical practice.
SSCIS Steering Committee (Facility and AHS Reps)

SSCIS Clinical Development Committee

State Spinal Cord Injury Service (SSCIS) Network

Rural Spinal Service

External stakeholders relations
- NGOs
- Lifetime Care Support Authority
- ANZSCIN

SSCIS Spinal Outreach & Transition Service (SOS)

Projects
1) Exercise program pilot
2) Professional Development Program for seating services
3) Clinical practice guidelines for skin care.
4) Medical Specialist Outreach Program.
5) Review and development of clinical guides

SSCIS Data management
National reporting
Web site management

Acute Care Guidelines Working Party
Adaptation and implementation of acute care guidelines

Psychosocial Working Party
Implementation of PS strategic plan

IT Working Group
- Implementation of IT plan
- SSCIS Data management
- National reporting
- Web site management
A) Major Achievements

1. Evaluation of stroke service delivery
   The National Stroke Foundation National Stroke Audit conducted in 2007 indicated that inception in 2003 Stroke Services NSW (SSNSW) (an Initiative of GMCT) has displayed major achievements in stroke service delivery in NSW Health public hospitals as compared to stroke services in other states and territories of Australia.

2. State wide stroke education
   The education program undertaken across NSW in 2007 resulted in a 350 allied health, nursing and ambulance personnel being educated in stroke care best practice. 100 general practitioners where also provided education in stroke care. The education program commenced in 2005 and has enhanced the knowledge transfer to 1500 clinicians through the rural stroke forums.

3. Thrombolysis Workshop
   The workshop will be held on 8 May 2008 and showcase current service delivery models for the administration of thrombolysis in metropolitan and rural NSW. All health care workers who have input into the delivery of thrombolysis for acute ischaemic stroke including Emergency, ICU, Acute Stroke Units and Ambulance Services NSW (ASNSW) will attend. The aim of the workshop is to formalise a strategy for the expansion and sustainability of thrombolysis services.

B) Major Challenges

1. Stroke workforce issues in relation to training (Stroke Fellows), recruitment (allied health and nursing) and retention (current and planned stroke services in metropolitan and rural settings).

2. Development of Comprehensive Stroke Services - A workshop was held on 5/3/08 to bring together acute and post acute clinicians to formalise a strategy, in conjunction with NSW Health Clinical Redesign, for the development of comprehensive stroke services across NSW.

3. Development of right patient right service triage, treatment and transfer based on research being undertaken through collaboration between Ambulance Service NSW, Stroke Service NSW and funded through GMCT. One year research project concludes in August 2008 with recommendations for ASNSW initiated hospital bypass to be included in the final report.

4. Ensuring the sustainability and quality of stroke services in NSW through the development of a stroke registry and data collection systems through the electronic medical record and the electronic discharge referral system.

C) Major Priorities for 2008/09

1. Exploring the potential for telestroke/telehealth in an all of state approach. Currently telehealth is not used to support rural services and is not available for metropolitan stroke services for the diagnosis and treatment of stroke patients.

2. Developing collaborations with NSW Health and related groups e.g. Clinical Excellence Commission, Ambulance Service NSW, NSW Telehealth to promote the need for sustainability for stroke services in NSW.

3. The development of thrombolysis services for all appropriate stroke patients.

4. Equity and access issues remain both within metropolitan and rural settings for stroke patients and services. An external review of SSNSW is proposed to address these issues and related matters including funding models for metropolitan and rural stroke services.
A) Major Achievements

1. Development of Transition Service Delivery Models
   - Summary of service gaps and ideal models of care for a broad range of chronic illnesses/disabilities as been developed and submitted to NSW Health in early 2007. Working groups have been established for top three conditions to develop adult transition models (diabetes, spina bifida, developmental disability)
   - Transition has been included in Clinical Service Plans for SESIAHS, HNEAHS and NSCCAHS.
   - A Neuromuscular transition clinic will commence in March at Concord and progress has been made with establishment of a rare genetic metabolic disorders clinic for young adults.

2. Identification of future workforce needs and planning around system capacity
   - Project officer appointed for 12 months (July 2007-2008) to develop strategies to meet workforce gaps and training/education needs in collaboration with the CEC, IMET and NSW Health.

3. Paediatric and adult service achievements
   - Transition Committees and guidelines have been implemented at the 3 tertiary paediatric hospitals.
   - Local transition committees have been developed between the 3 tertiary paediatric centres and adjoining adult hospitals and graduation ceremonies and information forums have been implemented at Sydney Children’s and Children’s hospital at Westmead.
   - Numbers of referral to the GMCT Transition Service from paediatric clinicians (284 in 2007) increased by 160%. Plans have been developed for providing youth friendly environments for young people at Prince of Wales and Westmead. Adult transition packs have been developed. Adolescent care plans are being trialed at POW and RPAH.

5. Education and research
   - Transition forum held March 2007 and one planned for 11 April 2008
   - Three papers published 2006-2007; 30 presentations given
   - GMCT Transition Program involved in transition research project currently being undertaken at Prince of Wales/Sydney Children’s Hospital

6. Special projects
   - Transition projects have been completed for
     a) young people with mental health problems in the Illawarra,
     b) allied health requirements in the Hunter, and
     c) a model developed for statewide coordination of young people with spina bifida
   - A Rural Forum was held at Bathurst and service directories for young people with chronic illness/disability have been developed for Lithgow, Orange and Bathurst
   - A collaborative project linking GMCT with the Department of Education transition support teachers in Western Sydney has been successful at integrating health into the DET support program
B) Major Challenges

- Resolving the funding issues around provision of new services for young people with chronic illness in adult health services
- Identifying and engaging adult clinicians to manage young people with chronic health issues and disabilities, particularly those with developmental, behavioural and mental health co-morbidities
- Improving services for young people in adult hospitals as there is general lack of awareness about the needs of young people in adult health services.

C) Major Priorities for 2008/09

- Service provision – strategies have been developed to address recommendations raised in the 2006 Service Delivery Model Paper and these need to be implemented.
- Engagement of adult clinicians. A forum is planned for 11 April 2008.
NSW Chronic Care Unit

Children and Young People's HPT

Non government organisations’ eg Spastic centre, spina bifida, + other relevant government and non government services eg The CEC, DADHC, Department of Education and Training

Rural/ GP Working Group

Disability Working Group

Diabetes type 1 Working Group

Spina bifida Working Group

Workforce Education & Training Group

Resource Working Group

connect with Rural Taskforce and NSW Spastic Centre allied health hubs

Focuses on transition issues specific to young people with developmental disability

Focuses on transition issues specific to people with diabetes type 1

Focuses on improving transition for young people with spina bifida

links with IMET and other training organisations re workforce gaps education across all professional groups

website, fact-sheets DVDs generic information on transition
A) Major Achievements

1. Ambulatory Care Model for Flexible Cystoscopy
   - Successfully implemented this model in two of the four hospitals identified as a priority by the Network with implementation expected to occur at an additional hospital next month.

   The Network remains keen to continue promoting the model in the hope to see broader implementation across the state. It has been suggested funding for equipment may occur for those facilities able to adopt the ambulatory care model and reduce surgical waiting lists.

2. Management of Stone Disease
   - Conducted a study to determine whether the current model of care for the treatment of ureteric stones is efficient, equitable and effective for patients of NSW.

   The results of this study will be submitted for publication and a business case will be developed to address the clinical issues associated with the extended waiting times for patients with ureteric stones and incorporate the depth of experience gained by areas with access to mobile lithotripsy services (laser and ESWL).

3. Brachytherapy
   - Developing a business case to provide strategic guidance to NSW Health regarding access to brachytherapy treatment for public patients.

   Brachytherapy is an established method of managing some prostate cancers that has significant advantages. Non-recurrent infrastructure costs associated with performing brachytherapy have been paid for in two NSW public hospitals however neither hospital presently performs brachytherapy on public patients as there are no funds to cover operating costs.

4. Management of acute urinary retention (AUR) in patients awaiting transurethral resection of the prostate (TURP)
   - Gained ethics approval for a study to prove the hypothesis that Clean Intermittent Self Catheterisation (CISC) is a superior treatment option compared to Indwelling Catheterisation (IDC) for the management of Acute Urinary Retention (AUR) in patients awaiting a Transurethral Resection of Prostate (TURP).

   This study will produce a body of knowledge that can be used as an impetus to change clinical and administrative practice. Outcome data will assist in determining how both methods of catheterisation affect patient care. There is good reason to believe that CISC is a superior nursing method for managing acute urinary retention in terms of patient morbidity. If the hypothesis is proven, unnecessary morbidity can be avoided improving patient outcomes and overall health system efficiency. Proving the benefits of CISC will provide a strong impetus for NSW nurses and other clinicians to accept CISC as a management for AUR. The results of this study may also assist future lobbying for urology/continence nurses.

5. Nursing Toolkits
   Development of nine Urology and Continence nursing toolkits is underway. The toolkits aim to provide clinicians across Area Health Services with templates to help develop guidelines, competencies and patient education leaflets specific to their clinical area.

6. Scholarship Fund
   Gained GMCT approval for allocation of funds for Urology and Continence Nursing Scholarships.
B) Major Challenges

1. Maintaining clinician engagement
2. Implementation of models of care with limited resources and workforce
3. Achieving change in an environment of competing interests
4. Access and availability of appropriate evidence based data to support Network proposals
5. Providing timely feedback for clinicians on work/guidance submitted to NSW Health for comment.

C) Major Priorities for 2008/09

1. State wide adoption of the ambulatory care model for flexible cystoscopy in hospitals with urology registrars
2. Strategic guidance to NSW Health regarding the management of stone disease
4. Complete CISC vs IDC study highlighting gold standard of care for Management of AUR in patients awaiting TURP.
5. Completion of nine nursing toolkits with broad dissemination via GMTC website
6. Promotion of GMCT Urology/Continence Nursing Scholarship Fund