

Section four  
**Appendices**



## 12 Appendices

### 12.1 Glossary

#### Acute Hospital Services

The GMTT was responsible for examining specified hospital-based health services although some clinical programs examined encompass outpatient, rehabilitation and community-based care.

#### Area Directors

Directors appointed to clinical services in a given Area Health Service.

#### Area Health Services

The framework for the provision of public health services in NSW. The nine Area Health Services in the greater metropolitan region of Sydney are:

- Central Coast Area Health Service (CCAHS)
- Central Sydney Area Health Service (CSAHS)
- Hunter Area Health Service (HAHS)
- Illawarra Area Health Service (IAHS)
- Northern Sydney Area Health Service (NSAHS)
- South Eastern Sydney Area Health Service (SESAHS)
- South Western Sydney Area Health Service (SWSAHS)
- Wentworth Area Health Service (WAHS)
- Western Sydney Area Health Service (WSAHS).

The primary purposes of Area Health Services are:

- to provide relief to sick and injured persons through the provision of care and treatment
- to promote, protect and maintain the health of the community.

#### Best Practice

The set of operations achieving world-class results in quality and customer service.

#### Clinicians

Doctors, nurses, allied health professionals – including physiotherapists, occupational therapists, speech pathologists, dietitians, radiographers, social workers, psychologists, pharmacists and others in active clinical practice.

#### Clinical Governance

Is the framework through which health organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

#### Clinical Indicator (Australian Council on Healthcare Standards definition)

A measure of the clinical management and outcomes of care. It is an objective measure of either the process or outcome of patient care in quantitative terms.

#### Clinical Leaders

The GMTT identified a need for clinicians to act as mentors and teachers with time to fulfil this role. Funding was provided to appoint part-time clinical leaders to fulfil these roles or to release clinicians part-time from face-to-face clinical work.

#### Clinical Pathways

Are a systematic approach to achieving particular outcomes for an inpatient which identifies the resources required in amount and sequence for that type of case.

#### Consumers

NSW Health recognises two types of consumers: the term 'Consumer Representative' describes someone who is nominated by and accountable to a consumer organisation. A consumer representative is committed to representing not just their own perspective or experiences but taking steps to establish what other consumers think, representing their point of view and being prepared to be accountable for the positions they take. The term 'Community Representative' describes an individual who is appointed because of their skills and experience on an issue.

The GMTT sought to involve community representatives, consumers and/or representatives of consumer groups in its clinical program working groups. Positions were advertised and candidates were chosen based on a selection process. Consumer representatives on the full GMTT Committee were invited to join the Committee based on the individual contribution they could make, rather than representing a special interest group.

#### Consumer Group

An organisation representing consumers of particular health care services.

#### Community Representative

A person with personal experience as a recipient of particular health care services.

#### Corporate Governance

Is concerned with structures and processes for decision-making and with accountability, control and behaviour at the top of organisations.

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### **Director-General**

Director-General of NSW Health.

### **District Hospitals**

See Metropolitan Hospitals.

### **Greater Metropolitan Region**

The Greater Metropolitan Transition Taskforce was established to improve targeted hospital services in the greater Sydney metropolitan region of New South Wales. This region extends from the Hunter region in the north, to the Illawarra in the south and to the Blue Mountains in the west, and covers nine Area Health Services. Map available at: [www.health.nsw.gov.au/iasd/areas/metropolitan.html](http://www.health.nsw.gov.au/iasd/areas/metropolitan.html)

### **Key Performance Indicator (KPI)**

The GMTT clinical program working groups each sought to define desired outcomes by which their success could be measured. Initially many of these indicators were measures of process such as the establishment of working groups, the appointment of dedicated staff, the development of consistent approaches to referral/initial assessment, agreement on minimum data sets for data collection etc. The collection of appropriate, uniform clinical data was seen as a fundamental component for measuring success. As groups progressed and scope for data collection became more sophisticated, they were better able to define best practice and institute systems which would deliver optimal health outcomes for patients.

### **Managers**

'Managers' refers to all managers of health services, including managers of departments, hospitals or health streams, and Area Health Services.

### **Metropolitan Hospitals**

Previously known as District Hospitals. These are the smaller local hospitals across the Sydney metropolitan region. The GMSIG identified 22 hospitals within this category. These were targeted for additional resources through the GMTT Metropolitan Hospitals program. These hospitals are:

Auburn, Belmont, Blacktown/Mt Druitt, Blue Mountains District ANZAC Memorial, Bulli, Camden/Campbelltown, Canterbury, Fairfield, Hawkesbury, Hornsby Ku-Ring-Gai, Maitland, Manly, Mona Vale, Newcastle Mater Misericordiae, Ryde, Shellharbour, Springwood, Sydney, Sutherland and Wyong.

### **Network**

A group of hospital services or hospitals operating as one service across more than one site which share clinical resources, eg Diagnostic and treatment protocols, research projects and staffing.

### **NSW Health**

Refers to the NSW Department of Health, Area Health Services and the Children's Hospital at Westmead, the NSW Ambulance service and NSW Corrections Health Service.

### **Principal Referral Hospitals**

Hospitals providing specialised tertiary services for a geographical region, while at the same time providing services to its local community.

### **Program**

Initiative undertaken to improve health service delivery/quality/performance. Established with a view to its continuing into the future with ongoing resources.

### **Project**

Initiative undertaken to improve health service delivery/quality/performance. Established for a defined period.

### **Quality Indicator**

A measure of performance that reflects how well a process is delivering a service to a customer and meeting their needs.

### **Specialty**

The term used to describe the particular field of medicine in which a specialist doctor practises, eg orthopaedics, urology, gynaecology.

### **Working Groups**

Groups of interested clinicians, managers, consumers or community group representatives involved in a clinical program working together to improve the delivery of quality services to people requiring those services.

Each GMTT clinical program, over time, developed a committee structure and/or 'working group/s' to suit its needs. Each had an overarching committee with broad representation from relevant clinicians and consumers for that program. Some clinical programs also elected a smaller executive to maintain momentum in their work and many formed smaller working groups for identified tasks or to act as longer-term sub-committees. Recommendations from the main committee of each clinical program were made to the full GMTT committee for consideration and action.

## 12.2 Terms of Reference

### Role

The Greater Metropolitan Transition Taskforce shall, subject to the provisions of the *Health Services Act 1997* and the *Health Administration Act 1982*, implement the recommendations of the Report of the Greater Metropolitan Services Implementation Group. The strategies, as endorsed by the 'NSW Government Response – Key Metropolitan Hospital Services', are now NSW Health policy.

The GMTT will provide a forum for coordinating service planning and will continue the process that generated the GMSIG Report to develop new recommendations for clinical care in the Greater Metropolitan region.<sup>1</sup>

### Philosophy

The strategies that will be implemented are focused on the community's need for improved equity of access to quality services.

Improved outcomes for patients will be achieved by clinicians taking an active collegiate leadership role in networked services across the Greater Metropolitan region.

### Functions

Subject to the provisions of the *Health Services Act 1997* and the *Health Administration Act 1982*, the Taskforce shall have the following functions:

- 1 To implement, through leadership and facilitation, the GMSIG recommendations concerning clinical services<sup>2</sup> in the Greater Metropolitan Region.
- 2 To develop, with consumers, clinicians,<sup>3</sup> the NSW Health Department and Area Health Services, the activities required for implementing change in an appropriate time frame.
- 3 To organise and supervise in 2002, the establishment of clinical networks which will carry on the work of service development in specific specialties.
- 4 To liaise with new and existing stakeholder groups including the Clinical Council, the Senior Executive Forum, the Directors of Health Service Development Group, the Directors of Clinical Services Group, the Greater Metropolitan Medical Staff Executive Council, the Directors of Nursing Group, the Allied Health Forum, Medical Staff Councils, Area Boards, the Health Unions and others as appropriate.
- 5 To develop communication strategies that facilitate

the cultural and organisational changes necessary for implementation of the plan.

- 6 To engage consumers and the community at large in the implementation of change.
- 7 To agree on an evaluation strategy for the process of the GMTT.
- 8 To facilitate and ensure meaningful cross appointment processes for clinicians and rotating training programs to achieve the implementation of the recommendations.
- 9 To ensure the development of useful databases in specialty areas.
- 10 To consider and monitor funding policy as it relates to Greater Metropolitan services – review of flow reversal, Resource Distribution Formula (RDF), funding of statewide programs etc.
- 11 To ensure appropriate communication with the private sector in the change processes of the Plan.
- 12 To ensure implementation and integration of statewide plans in the greater metropolitan region in areas such as Intensive Care, Emergency Services, Ophthalmology, Paediatrics, Mental Health, Trauma, Chronic and Complex Care.
- 13 To provide advice to the Minister regarding new plans for special services hitherto not addressed.
- 14 To report regularly to the Minister and Director General on progress, impediments to change and achievement of goals; specifically to prepare formal reports in March, August and December 2002.

### Membership

(See section 12.3 for Membership of the GMTT Committee, and section 12.4 GMTT Secretariat Staffing, with details of responsibilities.)

### Processes

- 1 The GMTT will meet monthly.
- 2 The GMTT Secretariat will be accommodated at Macquarie Hospital and administratively auspiced by NSAHS.
- 3 Items for the agenda will come to the Executive for consideration prior to being put to the GMTT.
- 4 Members of the GMTT may be assigned special portfolio areas of interest.
- 5 Ad hoc subcommittees may be established.
- 6 The Minister and the Director-General will be briefed on a regular basis.

<sup>1</sup> The Greater Metropolitan region includes those areas served by the Central Sydney, South Eastern Sydney, Northern Sydney, Western Sydney, South Western Sydney, Wentworth, Hunter, Central Coast and Illawarra Area Health Services.

<sup>2</sup> Where Statewide service sites are mainly metropolitan, the GMTT is fully responsible. Where a Statewide service involves metropolitan and rural activity, the GMTT is responsible for ensuring liaison and integration with the principles of clinical networks.

<sup>3</sup> 'Clinicians' refers to doctors, nurses and allied health professionals in clinical practice.

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### 12.3 Membership of the Greater Metropolitan Transition Taskforce

| <b>Name</b>  | <b>Position</b>   | <b>GMTT Role/s</b>  |
|--|---|---|
| Prof Kerry Goulston AO, MD, FRACP<br>Chairman                                | Chair GMTT<br>Gastroenterologist  | GMTT Executive Member,<br>Convenor:<br>Gynaecological Oncology,<br>Radiology, Nuclear Medicine,<br>Orthopaedics,<br>Information Management.<br>Chair: Clinical Cancer Genetics            |
| Mr Peter Anderson AM, BA (Pol Stud)  | Health Consultant   | Consumer Representative   |
| Mr Jon Blackwell MA  | Chief Executive Officer,<br>WorkCover   | GMTT Executive Member<br>Co-convenor, Ophthalmology Services  |
| Adjunct Prof Jenny Becker RN, B Admin<br>Nursing, Grad Dip Adv Mgmt (Monash) | Acting Director of Nursing &<br>Acute Services, Macarthur<br>Health Service                         | GMTT Executive Member   |
| Adjunct Prof Jenny Beutel RN, ICU Cert,<br>MBA                               | ACT Chief Nurse   | GMTT Executive Member,<br>Co-convenor, Transitional Care  |
| A/Prof Steven Boyages MB BS, PhD,<br>DDU, FRACP, FAFPHM                      | Chief Executive Officer,<br>Western Sydney Area Health<br>Service                                   | GMTT Executive Member   |
| Mr Mark Brown BAppSc (Physio),<br>Cert Theol, Bus Man Cert                   | Executive Director, NSW<br>Physiotherapy Association  |   |
| Prof Mark Brown  | Dept of Nephrology<br>St George Hospital, SESAHS  |   |
| Dr Kimberly Cartwright MD, FRACP,<br>FRCPA                                   | Haematologist, Wollongong<br>Hospital   | Co-convenor, Bone Marrow  |
| Prof Danny Cass MB BS, BSc, PhD,<br>FRCS, FRACS                              | Chairman<br>NSW Institute of Trauma and<br>Injury Management  | GMTT Executive Member,<br>Convenor:<br>Brain Injury Rehabilitation,<br>Severe Burns Services,<br>Spinal Cord Injury,<br>Trauma Services   |
| Dr Patrick Cregan FRACS  | Clinical Director of Surgery,<br>Wentworth Area Health Service                                      | Convenor, Metropolitan Hospitals  |
| Dr Stephen Deane FRACS, FRCS, FACS   | Director of Trauma Services,<br>Liverpool Hospital  |   |
| Prof John Dwyer AO, PhD, FRACP, FRCPI<br>Deputy Chair                        | Clinical Dean and Clinical<br>Program Director for Medicine,<br>Prince of Wales Hospital,<br>SESAHS | Deputy Chair GMTT,<br>GMTT Executive Member,<br>Co-convenor Transitional Care;<br>Convenor Maternity, Home<br>Enteral Nutrition, Flow Reversal & Budget<br>Holding, Cochlear Implantation |
| Prof Peter Fletcher PhD, MB BS, FRACP  | Director of Cardiology, Hunter<br>Area Health Service   | Convenor, Metropolitan/Rural<br>Networking.   |
| Ms Deb Green BSocStudies   | Area Chief Executive Officer<br>SESAHS  | GMTT Executive Member   |
| Dr Michael Hollands FRACS, FRCS,<br>DHM (SA)                                 | Head, Upper Gastrointestinal<br>and Hepatobiliary Surgery,<br>Westmead Hospital                     | Convenor, Cardiac Services  |

| Name   | Position   | GMTT Role/s   |
|--|--|---|
| Ms Betty Johnson AO, MIR   |  | Consumer Representative   |
| Dr John Keogh MB BS, Dip Paed, MRCOG, FRACG                            | Staff Specialist Obstetrics & Gynaecology Dept, Hornsby Ku-Ring-Gai Hospital                           | Convenor, Soft Tissue and Bone Sarcoma  |
| Ms Gabrielle Kibble AO, BA, Dip T&CP, DSc (hc)                         | Chairman, Sydney Water   | Convenor, Evaluation Committee  |
| A/Prof Brian McCaughan FRACS   | Cardiac Surgeon, Royal Prince Alfred Hospital  |   |
| Dr Louis McGuigan MB BS, MD, FRACP                                     | Consultant Rheumatologist, Private Practice, St George Hospital, St George Private Hospital            | Co-convenor: Neurology/Stroke, Neurosurgery<br>Convenor Acute Traumatic Hand Injury   |
| Ms Brenda McLeod BSc (OT), MBA   | Principal Advisor Allied Health, NSW Health  | Allied Health Representative  |
| Ms Kate Needham RN, ICU Cert   | Co-Chair, Critical Care Services, Westmead Hospital  | Co-convenor: Neurology, Stroke, Neurosurgery  |
| Dr Ian O'Rourke MS, FRACS, FRCS (Eng)                                  | Chief Executive Officer, Institute for Clinical Excellence   |   |
| A/Prof Debora Picone RN, BHA, FCN                                      | Deputy Director-General, Policy, NSW Health  | Executive Member GMTT   |
| Mr Hugh Ralston BE, ASTC (Mgt), FAIM, FAICD (Dip)                      | Director, Warren Centre for Advanced Engineering, University of Sydney; Principal, Work-Out Associates | Convenor Aged Care, Consumer Representative   |
| Dr Tony Sherbon MB BS(Hons), MBA, FRACMA, FACHSE                       | Chief Executive Officer, ACT Health  | Executive Member GMTT, Convenor Cochlear Implant  |
| Dr Paul Stalley FRACS, FAOrthA   | Head, Orthopaedic Dept, Royal Prince Alfred Hospital   | Co-convenor Orthopaedics, Co-convenor Ophthalmology Services  |
| A/Prof Graeme Stewart AM, BSc (Med), PhD, FRACP, FRCPA<br>Deputy Chair | Dept of Immunology, Westmead Hospital  | Deputy Chair GMTT, GMTT Executive Member<br>Convenor:<br>Bone Marrow Transplantation, Complex Transplantation, Renal Services |
| Prof John Uther BSc (Med), MB BS, MD, FRACP                            | Cardiologist, Westmead Hospital  |   |



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### 12.4 GMITT Secretariat Staffing

| Name   | GMITT Role/s  |
|--|---|
| Mr Mark Britt RN, Orth Cert                              | Nov 2001 – Sept 2003 Project Manager: Budget, Cardiac Services, Neurology/Stroke  |
| Ms Maeve Brady BSc (Hons), MSc Human Nutrition, RPH Nutr | March 2004 – June 2004 Project Manager: Home Enteral Nutrition, Consumer Representation, Acute Traumatic Hand Injuries  |
| Ms Kathy Connell BA (Comms)                              | Dec 2001 – Jun 2002 Communications Officer  |
| Ms Renee de Neve RN, ADNE, BA, MPH, FRCNA, FCN (NSW)     | Nov 2002 – July 2003 Project Manager: Brain Injury Rehabilitation, Burns, Cochlear Implant, Neurosurgery, Spinal Cord Injury  |
| Ms Lisa Dowdell CNS                                      | Apr 2003 – Radiology & Nuclear Medicine Project Manager (P/T)   |
| Ms Rebecca Finkel RN                                     | Sept 2002 – July 2003 Nursing Liaison Officer   |
| Ms JoAnne Fisher Assoc Dip MRA, BHA, LLB                 | Aug 2002 – October 2003 Executive Director  |
| Ms Lynne Gillard BAppSc (Sp Path), Dip Ed, MPA           | August 2002 – Communications Consultant (P/T .6), Interim Project Manager HEN, Consumer Representation  |
| Ms Annie Hutton, JP, AIMM, ICFM                          | March 2004 – Project Officer Ophthalmology  |
| Dr Lynette Lee MB BS, FAFRM (RACP), FRACMA, AFCHSE, MSc  | Nov 2001 – May 2002 Executive Director  |
| Ms Jenny McCulla BA, M Aust Inst P Affairs (Canb)        | Oct 2002 – Oct 2003 Public Affairs/Media Consultant (P/T .6)  |
| Ms Ann Morrice   | Dec 2001 – Nov 2002 Project Officer on Secondment P/T from NSW Health   |
| Ms Jane Morrison   | August 2002 – Administration Officer  |
| Ms Sally Nicholson BAppSc (OT)                           | July 2003 – Project Manager: Care of the Acutely Ill Older Person in Metropolitan Hospitals, Transitional Care for Young People with Chronic Childhood Illnesses  |
| Mr David Peters RN, Cor Care Cert, P Grad Dip Nurse Man  | Nov 2001 – July 2003 Snr Policy & Planning Officer: Care of the Acutely Ill Older Person in Metropolitan Hospitals, Bone Marrow Transplantation, Complex Transplantation, Gynaecological Oncology, Maternity, Renal Services. |
| Ms Clare Quinn MSc, Dip Sp Thy                           | Jan 2003 – Mar 2003 Allied Health Liaison Officer   |
| Ms Charlotte Roberts Assoc Dip MRA                       | Apr 2003 – July 2003 Project Manager: Transitional Care for Young People with Chronic Childhood Illnesses, Radiology (Manager, Information Systems, CSAHS)  |
| Ms Jan Steen AUA (Physio), MBA                           | Nov 2003 – Acting Executive Director GMITT<br>Nov 2002 – Oct 2003 Project Manager: Acute Traumatic Hand Injury, Ophthalmology, Soft Tissue and Bone Sarcoma, Transition Care Nov 2002 – April 2003                            |
| Ms Diane Stevenson                                       | Nov 2001 – Administration Officer   |
| Dr Paul Tridgell MB BS, BE (Elec), MBA                   | May 2002 – Oct 2002 Executive Director (Deputy Chief Information Officer, Information Management Directorate, NSW Health)   |

## 12.5 Directorate Managers

| Name   | Position   |
|--|--|
| Mr David Andrews RN, Grad Cert Health Service Mgmt, Grad Cert HR     | July 2003 – Statewide Spinal Cord Injury Implementation Coordinator  |
| Ms Wendy Andrews Dip Dent Ther, Grad Dip (Employee Relations), MComm | Sept 2003 – GMTT Information Management Program Manager  |
| Mr Pon Anura MBA, DPH, MB BS (Sri Lanka)                             | Feb 2004 – Executive Officer, Greater Metropolitan Radiology Services Network  |
| Mr Peter Campbell RN, Dip App Sc (Nursing), NUM (Cert), BHM          | August 2003 – Program Manager, NSW Severe Burns Injury Service   |
| Mr Mark Longworth  | August 2003 – Stroke Program Manager   |
| Ms Patricia McDougall RN, Health Econ (Cert)                         | Jan 2002 – June 2003 Acting Executive Manager<br>July 2003 – Appointed Executive Manager, NSW Institute Trauma & Injury Management |
| Ms Sally Nicholson BAppSc (OT)                                       | March 2004 – Service Manager, Renal Services Network   |
| Mr David Peters RN, Cor Care Cert, P Grad Dip Nurs Man               | June 2003 – Interim Manager<br>January 2004 – Appointed Manager NSW Bone Marrow Transplant Network                                 |
| Ms Jan Steen AUA (Physio), MBA                                       | December 2004 – Executive Director, NSW Statewide Ophthalmology Service  |
| Dr Gaurav Tandon, MD (India), GDPH                                   | August 2003 – GMTT Brain Injury Directorate Service Manager  |

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### 12.6 Clinical Program Committee Structure

|    | Program Area   | Committee Structure  | No. of Clinicians                           |
|----|--|--|---|
| 1  | Severe Burns   | <ul style="list-style-type: none"> <li>• Burns Management Committee</li> <li>• Burns Directorate</li> <li>• Allied Health Group</li> </ul>   | 18<br>10<br>10                              |
| 2  | Spinal Cord Injury   | <ul style="list-style-type: none"> <li>• Forum group</li> <li>• Steering Committee</li> </ul> Sub-committees: <ul style="list-style-type: none"> <li>– Clinical Services Development</li> <li>– Paediatrics</li> <li>– Rehabilitation Taskforce</li> <li>– Acute SCI Taskforce</li> <li>– Clinical Information Taskforce</li> </ul>  | 75<br>7<br>21<br>8<br>19<br>19<br>13        |
| 3  | Complex Transplantation<br>(Liver, Heart & Heart/Lung, Pancreas) | Clinician Meeting only   | 8   |
| 4  | Ophthalmology  | <ul style="list-style-type: none"> <li>• Full Group</li> <li>• Interim Statewide Ophthalmology Service Committee</li> <li>• Executive Committee</li> </ul> Subgroups: <ul style="list-style-type: none"> <li>– Public Hospital Cataract Services</li> <li>– Provision of Hospital Services</li> <li>– Rural Issues</li> <li>– Orthoptists Issues</li> <li>– Nursing Issues</li> </ul>        | 161<br>30<br>9<br>15<br>17<br>9<br>15<br>13 |
| 5  | Cardiac Services   | <ul style="list-style-type: none"> <li>• Initial Meeting</li> <li>• Cardiac Coordinating Committee</li> <li>• Executive</li> </ul> Sub-committees: <ul style="list-style-type: none"> <li>– Primary Angioplasty</li> <li>– Drug Eluting Stent</li> <li>– Clinical Information</li> </ul>   | 26<br>23<br>3<br>5<br>4<br>6                |
| 6  | Brain Injury Rehabilitation                                      | <ul style="list-style-type: none"> <li>• Brain Injury Rehabilitation</li> <li>• Directorate</li> <li>• BIRP &amp; Paediatrics</li> </ul>   | 33<br>10<br>6                               |
| 7  | Bone Marrow Transplantation                                      | <ul style="list-style-type: none"> <li>• Central Network Secretariat</li> <li>• Full Clinician Group</li> </ul> Working sub-committees: <ul style="list-style-type: none"> <li>– Autologous Transplant Group</li> <li>– Allogeneic Transplant Group</li> <li>– Laboratory Services Group</li> <li>– Protocol Development Group</li> <li>– Research Sub-committee</li> </ul>                  | 4<br>160<br>16<br>8<br>8<br>7<br>2          |
| 8a | Neurosciences – Neurosurgery                                     | <ul style="list-style-type: none"> <li>• Initial Meeting</li> <li>• Neurosurgery</li> <li>• Coordinating Committee</li> </ul>  | 6<br>25<br>17                               |
| 8b | Neurosciences – Stroke   | <ul style="list-style-type: none"> <li>• Stroke Coordinating Committee</li> <li>• Executive</li> </ul> Sub-committees: <ul style="list-style-type: none"> <li>– Practice and Protocols</li> <li>– Clinical Information</li> </ul>  | 26<br>9<br>6<br>5                           |
| 9  | Renal Services   | <ul style="list-style-type: none"> <li>• Full Clinicians' Group</li> <li>• Clinician Executive (No Directorate or Secretariat)</li> </ul> Working sub-committees: <ul style="list-style-type: none"> <li>– Renal Transplant Working Group</li> <li>– Chronic Kidney Disease Working Group</li> <li>– Teaching and Education Working Group</li> <li>– Rural Services Working Group</li> </ul> | 88<br>8<br>12<br>8<br>6<br>18               |

|  |   |  |  |
|--|---|--|--|
| 10   | Organ Imaging Services – Radiology                                  | <ul style="list-style-type: none"> <li>• Full Clinician Group</li> <li>• Clinician Executive Group</li> </ul>  | 26<br>5                                |
| 11   | Maternity Services  | <ul style="list-style-type: none"> <li>• Full Clinician Group</li> <li>• Maternity Oversight</li> <li>• Maternity</li> </ul>   | 152<br>14                              |
| 12   | Gynaecological Oncology Services                                    | <ul style="list-style-type: none"> <li>• Full Clinical Group</li> <li>• Executive</li> </ul>   | 61<br>15                               |
| 13   | Severe Trauma Services  | <ul style="list-style-type: none"> <li>• Trauma Network Committee</li> <li>• Pre-hospital Committee</li> <li>• Trauma Services Committee</li> <li>• Education &amp; Research Committee</li> <li>• Allied Health &amp; Rehabilitation</li> <li>• Clinical Practice Guidelines</li> <li>• Trauma Death Review Committee</li> </ul> | 33<br>17<br>36<br>10<br>10<br>15<br>23 |
| 14   | Metropolitan (District) Hospitals                                   | No formal structure in place<br>12 Fora held<br>Consultations contacted many hundreds of people  | 250                                    |
| 15   | Metropolitan/Rural Networking                                       | No formal structure in place   |  |
| Separate groups were convened by NSW Health to address Emergency Services and Acute Care |   |  |  |
| 16   | Cochlear Implant  | <ul style="list-style-type: none"> <li>• Cochlear Implant Committee</li> <li>• Cochlear Working Party</li> </ul>   | 20<br>8                                |
| 17   | Orthopaedic Services  | <ul style="list-style-type: none"> <li>• Full Group</li> <li>• Sub-committee</li> <li>• Nurse and Allied Health</li> <li>• OR Nursing</li> <li>• NOF3</li> <li>• Heads of Surgery</li> <li>• Senior Clinicians</li> </ul>  | 59<br>6<br>26<br>11<br><br>36<br>74    |
| 18a  | Organ Imaging Services – Nuclear Medicine                           | <ul style="list-style-type: none"> <li>• Full Clinician Group</li> </ul>   | 12                                     |
| 18b  | Organ Imaging Services – Interventional Neuroradiology              | <ul style="list-style-type: none"> <li>• Full Clinician Group</li> </ul>   | 12                                     |
| 19   | Acute Traumatic Hand Injury   | <ul style="list-style-type: none"> <li>• Full Group</li> </ul> Subgroups: <ul style="list-style-type: none"> <li>– Complex Acute Traumatic Hand Injuries</li> <li>– Moderate/Minor Acute Traumatic Hand Injuries</li> </ul>  | 40<br>9<br>9                           |
| 20   | Transitional Care for Young People with Chronic Childhood Illnesses | <ul style="list-style-type: none"> <li>• Transitional Care for Young People with Chronic Childhood Illnesses Full Group Committee</li> <li>• Executive Committee</li> </ul> Sub-committees: <ul style="list-style-type: none"> <li>– Generic Issues Subgroup</li> <li>– Specialty Subgroup</li> </ul>                            | 71<br>19<br>13<br>15                   |
| 21   | Soft Tissue and Bone Sarcoma  | <ul style="list-style-type: none"> <li>• Full Group</li> </ul>   | 27                                     |
| 22   | Care of the Acutely Ill Older Person in Metropolitan Hospitals      | <ul style="list-style-type: none"> <li>• Aged Care Directors</li> <li>• Care of Acutely Ill Older Person</li> </ul>  | 23<br>80                               |
| 23   | Home Enteral Nutrition  | <ul style="list-style-type: none"> <li>• Full Group</li> <li>• Interim Executive</li> </ul>  | 45<br>11                               |
| 24.  | Information Management  | <ul style="list-style-type: none"> <li>• Information Management Clinician Group</li> <li>• Information Management Working Group</li> </ul>   | 20<br>20                               |
| 25   | Cancer Genetics   | <ul style="list-style-type: none"> <li>• General Meeting</li> </ul>  |  |

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### 12.7 Area Director Appointments

Note: Some positions are interim, some Clinical Stream Leaders, some Area Coordinators.

#### Cardiac

|                      |  |
|----------------------|--|
| Central Coast        | John Woods                               |
| Central Sydney       | Brian McCaughan<br>(Senior Cardiologist) |
| Hunter               | Peter Fletcher                           |
| Illawarra            | Dwain Owensby (interim)                  |
| Northern Sydney      | John Gunning (interim)                   |
| South Eastern Sydney | Roger Allan                              |
| South Western        | Craig Juergens (interim)                 |
| Wentworth Area       | Drew Fitzpatrick                         |
| Western Sydney       | Sue Whitby (interim)                     |

#### Stroke

|                      |                              |
|----------------------|------------------------------|
| Central Coast        | Denis Crimmins               |
| Central Sydney       | Alastair Corbett (interim)   |
| Hunter               | Michael Pollack              |
| Illawarra            | David E Serisier             |
| Northern Sydney      | Catherine Storey             |
| South Eastern Sydney | Sandrino Zagami              |
| South Western Sydney | Suzanne Hodgkinson (interim) |
| Wentworth            | Laurence Chu                 |
| Western Sydney       | Peter Landau                 |

#### Radiology

|                      |   |
|----------------------|---|
| Central Coast        | Liz Silverstone (Gosford)   |
| Central Sydney       | Michael Fulham (RPAH)   |
| Hunter               | Barry Soans (HAHS)  |
| Illawarra            | Lee Floro (IAHS)  |
| Northern Sydney      | Steven Blome (RNSH)   |
| South Eastern Sydney | Derek Glen (Nominal Chair,<br>St George),<br>Robert Phillips (POW),<br>Christopher Jones (St Vincent's) |
| South Western        | Praneal Sharma (Liverpool)  |
| Wentworth            | Han Lo (Acting) (Nepean)  |
| Western Sydney       | Noel Young (Westmead)   |

#### Emergency Departments

|                      |   |
|----------------------|---|
| Central Coast        | David Kirkpatrick                                 |
| Central Sydney       | Paul Torzillo (interim, interviews<br>being held) |
| Hunter               | (being advertised)                                |
| Illawarra            | Andrew Bezzina                                    |
| Northern Sydney      | Peter Roberts                                     |
| South Eastern Sydney | Adam Chan   |
| South Western        | Sue Ieraci  |
| Wentworth            | Rod Bishop  |
| Western Sydney       | Paul Gaudry                                       |

#### Intensive Care Units

|                      |                |
|----------------------|----------------|
| Central Coast        | Tony McDonogh  |
| Central Sydney       | Robert Herkes  |
| Hunter               | Martin Rowley  |
| Illawarra            | Grant Simmons  |
| Northern Sydney      | Malcolm Fisher |
| South Eastern Sydney | Neil Kiloh     |
| South Western        | Jillian Bishop |
| Wentworth            | Tony Burrell   |
| Western Sydney       | Kate Needham   |

#### Cancer

|                          |                                |
|--------------------------|--------------------------------|
| Central Coast            | Rod Aroney (interim)           |
| Central Sydney           | Jim Bishop                     |
| Hunter                   | Christopher Hamilton (interim) |
| Illawarra                | Philip Clingan                 |
| Northern Sydney          | Bruce Barraclough              |
| South Eastern Sydney     | Bernard Stewart (interim)      |
| South Western Sydney     | Martin Berry                   |
| Western Sydney/Wentworth | Paul Harnett                   |

## 12.8 GMTT Chairs and Co-Chairs

- 1. Severe Burns**  
Peter Haertsch  
Danny Cass (GMTT)
- 2. Spinal Cord Injury**  
Stella Engel  
Danny Cass (GMTT)
- 3. Complex Transplantation**  
Graeme Stewart (GMTT)
- 4. Ophthalmology**  
Paul Stalley (GMTT)  
Jon Blackwell (GMTT)
- 5. Cardiac Services**  
Roger Allan & David Ross  
Michael Hollands (GMTT)
- 6. Brain Injury Rehabilitation**  
Adeline Hodgkinson  
Danny Cass (GMTT)
- 7. Bone Marrow Transplantation**  
Campbell Tiley & Ken Bradstock  
Graeme Stewart (GMTT)
- 8. Neurosciences**
  - 8a. Neurosurgery**  
Michael Fearnside & Violetta Sutherland  
Kerry Goulston (GMTT)
  - 8b. Stroke Services**  
Louis McGuigan & Kate Needham  
Chris Levi & Elizabeth O'Brien
- 9. Renal Services**  
Jeremy Chapman & Richard Allen  
Graeme Stewart (GMTT)
- 10. Radiology**  
Richard Waugh  
Kerry Goulston (GMTT)
- 11. Maternity**  
John Dwyer (GMTT)
- 12. Gynaecological Oncology**  
Gerry Wain & Jayne Maidens  
Kerry Goulston (GMTT)
- 13. Trauma Services**  
Danny Cass (GMTT)
- 14. Metropolitan Hospitals**  
Pat Cregan (GMTT)
- 15. Metropolitan and Rural Networking**  
Peter Fletcher (GMTT)
- 16. Cochlear Implant**  
Tony Sherbon/John Dwyer (GMTT)
- 17. Orthopaedics**  
Kerry Goulston (GMTT)
- 18. Imaging Services**
  - 18a. Nuclear Medicine**  
Rob Howman-Giles  
Kerry Goulston (GMTT)
  - 18b. Interventional Neuroradiology**  
Michael Fearnside  
Kerry Goulston (GMTT)
- 19. Acute Traumatic Hand Injury**
- 20. Transitional Care for Young People with Chronic Childhood Illnesses**  
Louis McGuigan (GMTT)  
Jenni Jarvis & Kate Steinbeck  
Jenny Beutel (GMTT)
- 21. Bone and Soft Tissue Sarcoma**  
John Keogh (GMTT)
- 22. Care of the Acutely Ill Older Person in Metropolitan Hospitals**  
John Death  
Hugh Ralston (GMTT)
- 23. Home Enteral Nutrition**  
Kylie Richardson & Helen Jackson  
John Dwyer (GMTT)
- 24. Information Management**  
Kerry Goulston (GMTT)  
Evolving Group
- 25. Cancer Genetics**  
Kerry Goulston (GMTT)

## Section four – Appendices

### 12.9 GMTT Committee Attendance Register

| 2001                   | 26 Oct | 30 Nov | 14 Dec | 2001                               | 26 Oct | 30 Nov | 14 Dec |
|------------------------|--------|--------|--------|------------------------------------|--------|--------|--------|
| Kerry Goulston (Chair) | ✓      | ✓      | ✓      | Kate Needham                       | ✓      | ✓      | ✓      |
| Peter Anderson         |        |        | ✓      | Debora Picone                      | ✓      | ✓      | ✓      |
| Jenny Beutel           | ✓      | ✓      | ✓      | Hugh Ralston                       | ✓      | ✓      | ✓      |
| Kimberley Cartwright   | ✓      | ✓      | ✓      | Tony Sherbon                       | ✓      | ✓      | ✓      |
| Pat Cregan             | ✓      | ✓      | ✓      | Paul Stalley                       |        | ✓      | ✓      |
| Stephen Deane          |        | ✓      |        | Graeme Stewart                     | ✓      | ✓      |        |
| John Dwyer             | ✓      | ✓      | ✓      | John Uther                         |        |        | ✓      |
| Michael Hollands       |        | ✓      |        | <b>GMTT Secretariat Attendance</b> |        |        |        |
| Betty Johnson          |        |        | ✓      | Mark Britt                         | ✓      | ✓      |        |
| Gabrielle Kibble       |        | ✓      | ✓      | Lynette Lee                        |        | ✓      | ✓      |
| Brian McCaughan        | ✓      | ✓      | ✓      | Diane Stevenson                    |        | ✓      | ✓      |
| Louis McGuigan         | ✓      | ✓      |        |                                    |        |        |        |

| 2002                   | 18 Jan | 15 Feb | 15 Mar | 19 Apr | 24 May | 21 Jun | 19 Jul | 16 Aug | 20 Sep | 25 Oct | 22 Nov | 20 Dec |
|------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Kerry Goulston (Chair) | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Peter Anderson         |        |        |        | ✓      | ✓      | ✓      | ✓      | ✓      |        |        |        |        |
| Jenny Beutel           |        | ✓      | ✓      | ✓      | ✓      |        |        |        | ✓      | ✓      | ✓      | ✓      |
| Jon Blackwell          |        |        |        |        |        |        |        |        |        | ✓      | ✓      |        |
| Steven Boyages         | ✓      | ✓      |        | ✓      | ✓      | ✓      |        |        |        | ✓      |        | ✓      |
| Mr Mark Brown          |        | ✓      |        | ✓      | ✓      | ✓      |        |        | ✓      |        | ✓      |        |
| Kimberley Cartwright   | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        |        | ✓      | ✓      |        |        |
| Danny Cass, ITIM       |        |        |        |        | ✓      |        |        |        |        |        |        | ✓      |
| Pat Cregan             | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        |        |        | ✓      |
| Stephen Deane          |        | ✓      |        | ✓      |        |        |        |        |        |        |        | ✓      |
| John Dwyer             | ✓      |        | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      |
| Peter Fletcher         |        |        |        |        |        |        |        |        | ✓      | ✓      | ✓      |        |
| Michael Hollands       |        |        | ✓      | ✓      | ✓      |        |        |        | ✓      |        |        | ✓      |
| Betty Johnson          | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      |
| John Keogh             |        |        |        |        |        |        |        |        |        | ✓      | ✓      |        |
| Gabrielle Kibble       |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      |
| Brian McCaughan        |        | ✓      |        |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      |
| Louis McGuigan         |        | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      |        |        |
| Brenda McLeod          |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        |        | ✓      | ✓      |
| Kate Needham           |        | ✓      | ✓      |        | ✓      | ✓      |        |        |        | ✓      | ✓      | ✓      |
| Ian O'Rourke           |        | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      |        | ✓      |        | ✓      |
| Debora Picone          | ✓      | ✓      |        |        | ✓      | ✓      | ✓      | ✓      |        | ✓      |        | ✓      |
| Hugh Ralston           | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      |        | ✓      | ✓      | ✓      | ✓      |
| Tony Sherbon           | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      |
| Paul Stalley           |        | ✓      | ✓      | ✓      | ✓      |        | ✓      |        | ✓      | ✓      | ✓      | ✓      |
| Graeme Stewart         | ✓      | ✓      | ✓      | ✓      | ✓      |        |        | ✓      | ✓      | ✓      | ✓      | ✓      |
| John Uther             |        | ✓      |        | ✓      | ✓      | ✓      |        |        |        |        |        |        |

**GM TT Secretariat Attendance**

|                       |   |   |   |   |  |   |   |   |   |   |   |   |   |
|-----------------------|---|---|---|---|--|---|---|---|---|---|---|---|---|
| Mark Britt            | ✓ | ✓ | ✓ | ✓ |  |   |   |   |   |   |   | ✓ |   |
| Kathy Connell         | ✓ | ✓ |   |   |  |   |   |   |   |   |   |   |   |
| Rebecca Finkel        |   |   |   |   |  |   |   |   | ✓ | ✓ |   |   |   |
| JoAnne Fisher         |   |   |   |   |  |   |   |   | ✓ | ✓ | ✓ | ✓ |   |
| Lynette Lee           | ✓ | ✓ |   |   |  |   |   |   |   |   |   |   |   |
| Ann Morrice           |   |   |   |   |  | ✓ |   |   |   |   |   |   |   |
| David Peters          | ✓ | ✓ | ✓ | ✓ |  |   |   |   | ✓ | ✓ | ✓ |   |   |
| Clare Quinn           |   |   |   |   |  |   |   |   |   |   |   | ✓ | ✓ |
| Paul Tridgell         |   |   |   |   |  | ✓ | ✓ | ✓ |   |   |   |   |   |
| Trish McDougall, ITIM |   |   | ✓ | ✓ |  |   |   |   |   | ✓ |   |   |   |
| Andrea Delprado, ITIM |   |   | ✓ | ✓ |  |   |   |   |   | ✓ |   | ✓ |   |

**In Attendance**

|  |        |
|--|--------|
| Robyn Kruk, NSW Health, Director-General               | 25 Oct |
| Jean Evans, NSW Health, Project Mgr PAS Implementation | 25 Oct |

| 2003                        | 31 Jan | 21 Feb | 21 Mar | 11 Apr | 16 May | 20 Jun | 18 Jul | 15 Aug | 19 Sep | 19 Oct | 21 Nov |
|-----------------------------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Kerry Goulston (Chair)      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Peter Anderson              |        |        |        |        |        |        |        |        |        |        |        |
| Jenny Becker                |        |        |        |        |        |        |        |        |        | ✓      |        |
| Jenny Beutel                | ✓      |        | ✓      |        |        | ✓      | ✓      |        |        |        |        |
| Jon Blackwell               | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        |        |        |
| Steven Boyages              |        | ✓      | ✓      |        |        | ✓      |        |        |        |        |        |
| Mark Brown                  | ✓      |        |        | ✓      | ✓      | ✓      |        | ✓      |        |        |        |
| Danny Cass                  |        |        |        |        |        |        |        |        | ✓      |        | ✓      |
| Kimberley Cartwright        | ✓      |        |        | ✓      |        | ✓      |        | ✓      | ✓      |        |        |
| Steevie Chan for Deb Picone | ✓      | ✓      |        |        | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      |
| Pat Cregan                  |        |        |        | ✓      | ✓      |        | ✓      |        |        | ✓      |        |
| Stephen Deane               |        |        |        |        |        | ✓      |        |        |        |        |        |
| John Dwyer                  | ✓      |        |        |        | ✓      |        | ✓      |        | ✓      | ✓      | ✓      |
| Peter Fletcher              |        |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      |
| Deborah Green               |        |        |        |        |        |        |        |        |        |        | ✓      |
| Michael Hollands            |        |        |        |        | ✓      | ✓      |        |        | ✓      |        |        |
| Betty Johnson               | ✓      |        | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      |
| John Keogh                  |        |        |        |        | ✓      |        |        |        | ✓      |        |        |
| Gabrielle Kibble            |        |        | ✓      | ✓      | ✓      |        |        |        |        |        |        |
| Brian McCaughan             | ✓      | ✓      | ✓      |        |        |        |        | ✓      | ✓      |        |        |
| Louis McGuigan              | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      |        |
| Brenda McLeod               |        |        |        | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      |        |
| Kate Needham                |        | ✓      | ✓      |        | ✓      |        |        | ✓      |        | ✓      | ✓      |
| Ian O'Rourke                |        |        |        |        | ✓      | ✓      |        |        | ✓      | ✓      |        |
| Debora Picone               |        |        |        | ✓      |        |        |        |        |        |        |        |
| Hugh Ralston                | ✓      | ✓      | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |
| Tony Sherbon                | ✓      | ✓      | ✓      | ✓      |        |        |        |        |        |        |        |
| Paul Stalley                | ✓      | ✓      | ✓      | ✓      |        |        | ✓      |        |        | ✓      | ✓      |
| Graeme Stewart              | ✓      |        | ✓      | ✓      |        | ✓      | ✓      | ✓      | ✓      | ✓      | ✓      |

## Section four – Appendices

### GM TT Secretariat/Directorate Attendance

| 2003                  | 31<br>Jan | 21<br>Feb | 21<br>Mar | 11<br>Apr | 16<br>May | 20<br>Jun | 18<br>Jul | 15<br>Aug | 19<br>Sep | 19<br>Oct | 21<br>Nov |
|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| David Andrews         |           |           |           |           | ✓         |           |           | ✓         | ✓         | ✓         |           |
| Wendy Andrews         |           |           |           |           |           |           |           |           |           | ✓         | ✓         |
| Mark Britt            |           | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         |           |           |           |
| Peter Campbell        |           |           |           |           |           |           |           |           | ✓         | ✓         | ✓         |
| Andrea Delprado, ITIM |           |           |           |           |           | ✓         |           | ✓         |           |           | ✓         |
| Renee de Neve         |           | ✓         | ✓         |           | ✓         | ✓         | ✓         |           |           |           |           |
| Lisa Dowdell          |           |           |           |           |           |           |           | ✓         |           |           | ✓         |
| Rebecca Finkel        | ✓         |           |           |           |           |           |           |           |           |           |           |
| JoAnne Fisher         | ✓         |           | ✓         | ✓         | ✓         | ✓         | ✓         |           | ✓         | ✓         |           |
| Lynne Gillard         | ✓         |           |           |           |           |           |           |           |           |           |           |
| Mark Longworth        |           |           |           |           |           |           |           |           |           | ✓         | ✓         |
| Miriam McCartney      |           |           |           |           |           |           |           |           |           | ✓         | ✓         |
| Patricia McDougall    |           |           |           |           |           | ✓         | ✓         | ✓         | ✓         |           |           |
| Sally Nicholson       |           |           |           |           |           |           |           | ✓         | ✓         | ✓         | ✓         |
| David Peters          | ✓         |           | ✓         | ✓         | ✓         | ✓         |           | ✓         | ✓         | ✓         | ✓         |
| Clare Quinn           |           | ✓         |           |           |           |           |           |           |           |           | ✓         |
| Jenny McCulla         |           |           |           |           |           | ✓         | ✓         | ✓         | ✓         |           |           |
| Charlotte Roberts     |           |           |           |           | ✓         | ✓         | ✓         |           |           |           |           |
| Jan Steen             | ✓         | ✓         | ✓         |           | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         | ✓         |
| Gaurav Tandon         |           |           |           |           |           |           |           | ✓         |           | ✓         | ✓         |

### 2003 In Attendance

|  |                |
|--|----------------|
| Richard Allen, Director Transplant Services, RPAH; Co-chair Cardiac Coordinating Committee | 11 Apr, 21 Nov |
| Jeremy Chapman, Stream Director Transplantation, WSAHS                                     | 15 Aug         |
| Mary Chiarella, NSW Chief Nursing Officer  | 16 May         |
| Tom Forrest, Policy Advisor, Minister for Health   | 21 Nov         |
| Michael Fearnside, Director Surgical Services, WSAHS                                       | 21 Nov         |
| Brad Frankum, Director of Medicine, Campbelltown Hospital                                  | 21 Nov         |
| Carol Gaston, External Evaluator   | 19 Sep         |
| John Hogg, Chair MSC Illawarra (Nth)   | 21 Nov         |
| Rob Howman-Giles, Director of Nuclear Medicine, The Children's Hospital Westmead           | 21 Nov         |
| Morris Iemma MP, NSW Minister for Health   | 20 Jun, 21 Nov |
| Craig Knowles MP, NSW Minister for Health  | 11 Apr         |
| Chris Levi, Director Acute Stroke Services, Hunter   | 21 Nov         |
| Darryl Mackender, Div Head of Medicine Gosford Hospital                                    | 21 Nov         |
| Richard Matthews, Acting Deputy Director-General – Policy                                  | 21 Nov         |
| Peter McCluskey, Ophthalmologist, RPAH   | 21 Nov         |
| Linda McCulloch, Nurse Manager Camden Hospital   | 21 Nov         |
| Adeline Hodgkinson, Chair, Brain Injury Rehabilitation Group                               | 11 Apr         |
| Elizabeth O'Brien, Stroke Unit CNC, RNSH   | 21 Nov         |

|  |                |
|--|----------------|
| Deborah Oong, Manager Telehealth, NSW Health                             | 15 Aug         |
| David Ross, Co-chair Cardiac Coordinating Committee                      | 11 Apr         |
| Nathan Rees, Senior Policy Advisor to the Minister for Health            | 19 Sep, 21 Nov |
| Frank Sartor MP, Minister Assisting the NSW Minister for Health (Cancer) | 19 Sep         |
| Campbell Tiley, Chair, Bone Marrow Transplant Clinicians Group           | 11 Apr         |
| Gerry Wain, Director of Gynae Oncology, Westmead Hospital                | 31 Jan, 21 Nov |
| James Wiley, Sub-Dean Research, Nepean Hospital                          | 21 Nov         |
| Peter Williams, Director Information & Data Services, NSW Health         | 15 Aug         |
| Jeremy Wilson, Prof & Director of Medicine, Bankstown-Lidcombe Hospital  | 21 Nov         |

| 2004                        | 30 Jan | 19 Mar |   | 30 Jan | 19 Mar |
|-----------------------------|--------|--------|---|--------|--------|
| Kerry Goulston (Chair)      | ✓      | ✓      | Kate Needham                                    | ✓      | ✓      |
| Peter Anderson              |        |        | Ian O'Rourke                                    | ✓      | ✓      |
| Jenny Becker                |        |        | Debra Picone                                    |        |        |
| Jenny Beutel                |        |        | Hugh Ralston                                    | ✓      | ✓      |
| Steven Boyages              |        |        | Paul Stalley                                    | ✓      |        |
| Mr Mark Brown               |        |        | Graeme Stewart                                  | ✓      | ✓      |
| Danny Cass                  | ✓      |        | <b>GM TT Secretariat/Directorate Attendance</b> |        |        |
| Kimberley Cartwright        | ✓      |        | Pon Anura                                       |        | ✓      |
| Steevie Chan for Deb Picone | ✓      |        | David Andrews                                   | ✓      | ✓      |
| Pat Cregan                  | ✓      |        | Wendy Andrews                                   | ✓      | ✓      |
| Stephen Deane               |        |        | Peter Campbell                                  | ✓      |        |
| John Dwyer                  | ✓      | ✓      | Lisa Dowdell                                    | ✓      |        |
| Peter Fletcher              | ✓      | ✓      | Lynne Gillard                                   |        |        |
| Deborah Green               |        |        | Mark Longworth                                  | ✓      |        |
| Michael Hollands            |        |        | Miriam McCartney                                | ✓      | ✓      |
| Betty Johnson               | ✓      | ✓      | Patricia McDougall                              | ✓      | ✓      |
| John Keogh                  | ✓      |        | Sally Nicholson                                 | ✓      |        |
| Gabrielle Kibble            |        |        | David Peters                                    | ✓      | ✓      |
| Brian McCaughan             |        |        | Evan Rawston                                    | ✓      |        |
| Louis McGuigan              |        |        | Jan Steen                                       | ✓      | ✓      |
| Brenda McLeod               | ✓      |        | Gaurav Tandon                                   | ✓      |        |

## Section four – Appendices

### 12.10 GMTT Meetings

#### Acute Aged Care

|                             |  |
|-----------------------------|--|
| Acute Aged Care             | 3-May-2002, 12-August-2002, 4-September-2002, 24-October-2002, 5-November-2002, 27-November-2002, 9-December-2002, 17-March-2003, 7-April-2003, 12-May-2003, 11-June-2003, 8-July-2003, 19-August-2003, 21-October-2003, 2-December-2003, 3-February-2004, 30-March-2004 |
| Allied Health Working Party | 24-June-2003   |
| Interim Executive           | 14-October-2003, 11-November-2003, 16-December-2003, 20-January-2004, 16-March-2004, 20-April-2004   |
| Marketing Subgroup          | 6-February-2004  |
| Medical Working Group       | 26-May-2003, 6-August-2003   |
| Medical Working Party       | 28-April-2003  |
| Nursing Working Party       | 28-April-2003, 16-July-2003  |

#### Acute Traumatic Hand Injuries

|                         |   |
|-------------------------|---|
| Full Group              | 4-March-2003, 7-April-2003, 12-May-2003, 23-June-2003, 2-September-2003, 15-December-2003, 1-March-2004 |
| Complex subgroup        | 25-March-2003   |
| Moderate/Minor subgroup | 1-May-2003, 04-June-2003, 3-November-2003   |

#### Allied Health

|                                    |  |
|------------------------------------|--|
| Forum I & II                       | 23-July-2002, 6-December-2002                                    |
| Interim Working Party              | 3-February-2003, 14-February-2003                                |
| Communications Working Party       | 29-November-2002   |
| Credentiailling Working Party      | 2-December-2002  |
| Metro Hospitals Working Party      | 3-December-2002  |
| NSW Allied Health and Rehab. C'tee | 29-August-2003, 31-October-2003, 27-February-2004, 30-March-2004 |

#### AMA Hospital Services Group Briefing

22-April-2003

#### Ambulance Service

9-September-2002, 5-March-2003, 5-September-2003

#### Bone & Soft Tissue Sarcoma Group

25-February-2003, 18-March-2003

#### Bone & Soft Tissue Sarcoma Subgroup

#### Bone Marrow Transplantation

|   |   |
|---|---|
| Allogeneic Implementation Group                 | 29-August-2002, 2-September-2002, 29-September-2002   |
| Allogeneic Implementation Working Party         | 19-August-2002  |
| Allogeneic Nurses Forum                         | 20-June-2003  |
| Allogeneic Protocol Working Group               | 24-April-2003, 05-June-2003   |
| Allogeneic Working Group                        | 19-August-2002, 23-September-2002, 14-October-2002, 18-November-2002, 16-December-2002, 31-March-2003, 2-June-2003, 4-August-2003, 15-September-2003, 24-November-2003, 2-February-2004 |
| Autologous Forum                                | 13-January-2003   |
| Autologous Nurses Planning, Forum & Post Mortem | 18-March-2003, 24-March-2003, 2-April-2003  |
| Autologous Working Party                        | 11-April-2003, 27-June-2003, 30-October-2003, 11-December-2003, 19-February-2004  |

|   |  |
|---|--|
| Information Management Steering C'tee                                     | 11-February-2004   |
| Support Groups Meeting  | 12-November-2003   |
| Transplant Clinicians Full Group  | 22-May-2002, 08-August-2002, 05-September-2002, 10-October-2002, 21-November-2002, 18-December-2002, 20-February-2003, 17-April-2003, 19-June-2003, 21-August-2003, 16-October-2003  |
| Transplant Executive  | 30-May-2003, 27-June-2003, 22-September-2003, 16-February-2004   |
| Laboratory Working Group  | 21-August-2002, 27-September-2002, 1-November-2002, 29-November-2002, 19-December-2002, 22-May-2003, 17-July-2003, 31-July-2003, 25-September-2003, 20-November-2003, 11-March-2004  |
| Nursing Working Party   | 24-January-2003, 23-July-2003, 27-August-2003, 24-September-2003, 8-October-2003, 26-November-2003, 25-February-2004   |
| Protocol Working Party  | 24-July-2003, 28-August-2003, 18-September-2003, 6-November-2003, 29-January-2004  |
| Research Sub Committee  | 10-October-2002  |
| <b>Brain Injury Rehabilitation</b>  |  |
| Directorate   | 15-January-2002, 9-April-2002, 22-August-2002, 10-September-2002, 8-October-2002, 17-October-2002, 20-November-2002, 11-December-2002, 15-January-2003, 12-February-2003, 12-March-2003, 9-April-2003, 14-May-2003, 11-June-2003, 31-July-2003, 13-August-2003 |
| BIRP & Paediatrics  | 29-May-2003  |
| Workshop/Forum  | 20-September-2002, 24-March-2004   |
| <b>Burns</b>  | 14-December-2001, 8-August-2002, 1-October-2002, 12-November-2002, 6-May-2003  |
| <b>Cardiac</b>  |  |
| Clinical Information  | 12-May-2003, 1-March-2004, 15-March-2004   |
| Coordinating Committee  | 13-February-2002, 19-September-2002, 31-October-2002, 5-December-2002, 27-February-2003, 27-March-2003, 1-May-2003, 12-June-2003, 24-July-2003, 4-September-2003, 16-October-2003, 27-November-2003, 19-February-2004, 22-April-2004                           |
| EPS   | 16-July-2003, 10-September-2003, 22-October-2003   |
| Primary Angioplasty   | 14-April-2003, 30-October-2003   |
| Services  | 28-February-2002   |
| TASC Planning Committee Mtg   | 15-April-2004  |
| Technicians   | 29-July-2003, 2-September-2003, 14-October-2003, 25-November-2003, 18-February-2004, 23-March-2004, 6-April-2004   |
| <b>Chairs &amp; Co-Chairs Working Dinner</b>                              | 9-April-2003, 11-February-2004, 16-March-2004  |
| <b>Complex &amp; Chronic Care Implementation &amp; Coordination Group</b> | 16-November-2001   |
| <b>Clinical Cancer Genetics</b>   | 21-July-2003   |
| <b>Clinical Information Coordination Strategy</b>                         | 4-December-2002  |
| Workshop  | 21-March-2003  |
| <b>Clinician Dinners</b>  | 14-August-2002, 16-August-2002, 19-August-2002, 21-August-2002, 22-August-2002, 26-August-2002, 27-August-2002, 28-August-2002   |
| <b>Cochlear Implant</b>   | 3-January-2003, 30-January-2003, 19-March-2003, 16-March-2004  |

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|  |   |
|--|---|
| Executive  | 7-April-2004  |
| Working Party  | 18-February-2003, 6-March-2003  |
| <b>Community Leader Dinner</b>                                 | Northern Beaches 19-September-2002, Ryde 17-September-2002  |
| <b>Complex Transplantation</b>                                 | 13-December-2001, 7-March-2002, 28-October-2002   |
| <b>Consumers</b>   | NSAHS 2-April-2003, Illawarra 11-April-2003, SESAHS 14-April-2003, HAHS 12-May-2003, SWAHS 19-May-2003, CCAHS 28-May-2003, CSAHS 6-June-2003, WSAHS 18-June-2003                  |
| Consumer Representatives                                       | 25-February-2004, 28-April-2004   |
| Consumer Representative Interviews                             | Ophthalmology 19-November-2003, Aged Care 5-Mar-2004, Aged Care 7-April-2004  |
| Consumer Orientation Meeting                                   | 23-July-2003  |
| <b>Elective Surgery</b> Working Party                          | 29-July-2002  |
| <b>Emergency Department</b>                                    |   |
| Directors Meeting  | 10-September-2002   |
| Clinical Implementation Group                                  | 15-February-2002  |
| <b>Evaluation</b> Chairs & Co-chairs                           | 30-June-2003, 31-July-2003, 20-November-2003  |
| <b>Executive</b>   | Met weekly throughout the Taskforce   |
| with Carol Gaston  | 17-April-2003, 16-September-2003  |
| Director-General   | 28-October-2002, 25-November-2002, 24-January-2003, 18-February-2003, 28-May-2003, 17-July-2003, 14-October-2003, 20-November-2003, 12-February-2004, 11-March-2004, 8-April-2004 |
| Deputy Director-General  | 25-March-2004, 6-April-2004   |
| Greg Stewart & Kim Oates                                       | 17-March-2003   |
| Greater Metro Area CEOs  | 05-December-2002  |
| IPART  | 20-February-2003  |
| NSW Exec of Medical Staff Council                              | 4-July-2003   |
| <b>Executive Directors</b>                                     | 12-March-2003 Metropolitan Hospitals, 27-August-2003 Principal Referral Hospitals   |
| <b>Flow Reversal</b>   | 21-June-2002, 16-August-2002, 20-September-2002   |
| Sub-committee  | 25-October-2002, 21-March-2003, 16-May-2003   |
| <b>Futures Dinner</b>  | 28-July-2003  |
| <b>Gynaecological Oncology</b> Clinicians                      | 10-May-2002, 5-July-2002, 9-August-2002, 11-October-2002, 22-November-2002, 21-November-2003  |
| Executive Meeting/Teleconference                               | 8-November-2002, 21-March-2003, 23-May-2003, 19-September-2003  |
| Implementation Working Group Meeting                           | 23-August-2002  |
| <b>Health Managers</b>   |   |
| Area CEOs (Greater Metropolitan)<br>Working Breakfast/Dinners  | 21-January-2003, 6-February-2003, 7-April-2003, 15-April-2003   |
| Area CEOs (Greater Metropolitan),<br>Chairs & Executive Dinner | 29-September-2003   |
| Health Services Development Directors                          | 15-August-2002  |
| <b>Home Enteral Nutrition</b>                                  | 23-February-2004, 19-April-2004   |
| Interim Executive  | 5-April-2004  |

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| <b>Hospital General Clinical Fora</b>                | General Fora, 28-February-2004, Auburn Hospital 21-November-2002 and 2-July-2003; Blacktown-Mt Druitt 1-November-2002 and 16-October-2003, Blue Mountains and Springwood 2-December-2002 and 2-October, 2003, Campbelltown/Camden 17-December-2002, Canterbury 19-November-2002 and 30-June-2003, Fairfield 7-July-2003, Gosford PRH 29-September-2003, Hawkesbury 23-October-2003, Hornsby 6-June-2003, Hunter Area 13-November-2002 and 20-October-2003, Illawarra Area 23-October-2002 and 4-September-2003, John Hunter PRH 20-October-2003, Katoomba 2-October-2003, Liverpool PRH 11-September-2003, Macarthur Health Service 21-May-2003, Manly 4-August-2003, Mona Vale 18-June-2003, Nepean PRH 18-September-2003, Ryde 16-October-2002 and 10-June-2003, Sutherland 22-July-2003, Wyong 13-November-2002 and 4-June-2003. Presentation 16-October-2003 |
| Metropolitan Hospitals Clinical Group                | 29-March-2004  |
| <b>ICU Co-chairs</b> with GMTT Exec                  | 14-February-2002   |
| <b>Industrial Associations</b> Briefing              | 27-June-2002, 5-September-2002, 3-October-2002, 07-November-2002, 5-December-2002, 6-February-2003, 3-April-2003, 1-May-2003, 5-June-2003, 3-July-2003, 4-September-2003, 2-October-2003, 6-November-2003, 5-February-2004, 4-March-2004   |
| <b>Information Management</b> Meeting/Teleconference | 20-November-2002, 30-October-2003, 28-January-2004, 18-February-2004, 25-March-2004, 7-April-2004  |
| <b>Interventional Neuro-Radiology</b>                | 6-March-2003, 3-April-2003, 18-November-2003   |
| Working Party  | 28-January-2004  |
| <b>Maternity</b> Clinicians                          | 16-April-2002, 20-August-2002  |
| M&P Committee Clinicians Meeting                     | 25-June-2002   |
| Models of Care Meeting                               | 20-June-2003, 07-August-2003   |
| Oversight Committee                                  | 7-January-2002, 25-June-2002, 11-September-2002, 19-November-2002, 17-December-2002, 7-January-2003, 13-May-2003   |
| <b>Metropolitan Hospitals</b> Fora                   | 1-June-2002, 24-August-2002, 24-September-2002, 3-May-2003   |
| Metropolitan Hospitals Working Dinner                | 8-September-2003   |
| <b>MTEC Executive Meeting</b>                        | 27-November-2002, 11-December-2002, 8-February-2003, 22-February-2003  |
| <b>Neurology/Stroke</b> Consultation with Clinicians | 19-December-2001   |
| <b>Neurosurgery</b>                                  | 13-March-2002, 12-September-2002, 10-October-2002, 28-November-2002, 20-March-2003, 1-May-2003, 17-July-2003, 18-September-2003, 8-December-2003, 1-April-2004   |
| Case Managers & Data Managers                        | 29-July-2003   |
| NSW Directors of Cancer Services and GMTT            | 14-March-2003  |
| NSW Education and Research Committee                 | 26-May-2003, 24-June-2003, 26-August-2003  |
| <b>Nuclear Medicine</b> Clinicians                   | 12-August-2002 (Directors), 25-November-2002, 5-May-2003, 10-February-2003, 21-July-2003, 20-October-2003, 3-November-2003, 20-November-2003 (with DG), 1-December-2003, 29-January-2004, 9-February-2004  |
| <b>Nursing</b>                                       |  |
| Directors of Nursing                                 | 29-May-2002, 16-July-2002, 04-October-2002, 13-December-2002, 11-March-2003, 13-May-2003, 10-July-2003, 16-September-2003  |
| Directors of Nursing Metropolitan Hospitals          | 3-September-2002, 10-December-2002   |
| Leaders' Dinners                                     | 21-October-2002, 22-October-2002, 24-October-2002, 31-October-2002, 04-November-2002, 8-November-2002, 29-January-2003 (Hunter & Central Coast AHS)  |

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|   |  |
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| Operational Nurses Meeting                          | 25-October-2002  |
| Senior Nurse Managers                               | 8-October-2002, 23-October-2002, 24-October-2002   |
| <b>Ophthalmology</b>                                |  |
| Emergency Eye Services Working Group                | 15-October-2003, 28-January-2004   |
| Full Group  | 14-December-2002, 22-February-2003, 14-May-2003, 20-August-2003, 24-November-2003  |
| Interim SOS Committee                               | 30-April-2003, 28-May-2003, 25-June-2003, 17-November-2003   |
| Interim SOS Executive                               | 20-May-2003, 16-June-2003, 28-October-2003   |
| Nursing Issues Subgroup                             | 18-August-2003, 15-September-2003, 27-October-2003, 2-February-2004, 5-April-2004  |
| Orthoptist Subgroup                                 | 11-August-2003, 22-September-2003, 10-November-2003, 10-February-2004, 22-March-2004   |
| Provision of Hospital Services                      | 13-May-2003, 17-June-2003, 5-August-2003, 16-September-2003, 18-November-2003, 17-February-2004, 30-March-2004   |
| Public Hospitals Cataract Subgroup                  | 6-May-2003, 2-June-2003, 29-July-2003, 8-December-2003, 19-April-2004  |
| Rural Issues Subgroup                               | 4-August-2003, 21-October-2003, 2-December-2003, 2-March-2004 (Teleconference)   |
| SOS Governing Body                                  | 9-February-2004  |
| Australian Ophthalmic Nurses Association Conference | 21-June-2003   |
| <b>Orthopaedics</b>                                 |  |
| Heads of Departments                                | 18-December-2002, 27-February-2003, 27-March-2003, 8-May-2003, 26-June-2003  |
| Nurses & Area Rehab Directors                       | 23-June-2003   |
| Nurses Planning Group                               | 25-March-2003  |
| Sub-committee Teleconference                        | 19-March-2003, 6-May-2003  |
| <b>Private Hospitals</b>                            |  |
| <b>Quality Branch</b> with Executive                | 1-May-2003   |
| <b>Radiology</b>                                    |  |
| Business Unit meeting                               | 24-February-2004, 21-April-2004  |
| Radiology & Nuclear Medicine Liaison Committee      | 30-June-2003   |
| Chief Radiographer Group                            | 4-September-2003, 24-October-2003, 22-January-2004, 25-March-2004  |
| Clinicians  | 15-April-2002, 20-May-2002, 5-August-2002, 26-September-2002, 28-October-2002, 17-February-2003, 29-April-2003, 16-June-2003, 9-September-2003, 24-February-2004       |
| Clinicians for Heads of Depts                       | 16-September-2002  |
| Executive   | 2-September-2002, 20-August-2003, 8-September-2003, 8-December-2003, 3-February-2004, 15-March-2004, 20-April-2004   |
| Heads of Departments                                | 3-February-2003, 25-June-2003 (Working Dinner), 24-November-2003   |
| NUMs Group  | 10-September-2003, 29-October-2003, 3-December-2003, 11-December-2003, 4-February-2004, 11-February-2004, 26-February-2004, 3-March-2004, 28-April-2004, 25-March-2004 |

|   |  |
|---|--|
| Pre-Planning Day & Planning Day                 | 3-July-2003, 1-August-2003   |
| Teleconference                                  | 7-February-2003  |
| with Director-General                           | 12-August-2003   |
| <b>Renal</b> Clinicians Meeting                 | 18-September-2002, 20-November-2002, 22-January-2003, 19-February-2003, 2-July-2003, 8-October-2003, 3-March-2004  |
| Chronic Renal Failure Working Group             | 19-February-2003, 5-May-2003   |
| Consumer Information Working Group              | 26-June-2003   |
| Dialysis Clinicians Meeting                     | 12-February-2003, 10-July-2004   |
| Dialysis Working Group                          | 26-February-2003, 26-March-2003, 7-April-2003, 5-May-2003, 10-July-2003  |
| Executive Meeting / Teleconference              | 8-August-2002, 14-November-2002, 4-August-2003, 11-August-2003, 5-February-2004, 29-April-2004   |
| Protocol Working Party                          | 9-October-2003   |
| Rural Network Teleconference                    | 10-March-2003, 28-April-2003   |
| Rural Network Working Group Teleconference      | 24-March-2003  |
| Teaching and Education Working Group            | 19-February-2003   |
| Transplant Consumer Information Sub-committee   | 14-April-2003, 7-May-2003  |
| Transplant Physicians Implementation Meeting    | 12-September-2002  |
| Transplant Working Group                        | 26-March-2003, 30-April-2003, 30-July-2003, 22-October-2003, 4-February-2004   |
| Rural Dialysis Teleconference                   | 28-May-2003  |
| <b>Spinal Cord Injury</b>                       | 6-December-2001, 16-August-2002, 17-October-2002, 12-December-2002, 24-March-2003  |
| Acute Rehab Taskforce                           | 29-April-2003  |
| Acute Taskforce                                 | 11-March-2003, 29-April-2003, 10-June-2003   |
| Clinical Information Systems Taskforce          | 19-February-2003   |
| Clinical Services Development Meeting           | 8-May-2003, 12-June-2003   |
| Directorate & Paediatrics                       | 13-February-2003   |
| Forum   | 27-June-2003   |
| Implementation                                  | 4-September-2002   |
| Management Committee                            | 22-August-2002, 13-February-2003, 13-March-2003, 10-April-2003   |
| Outreach  | 20-May-2003  |
| Rehabilitation                                  | 16-June-2003   |
| Taskforce Acute Rehabilitation                  | 1-April-2003   |
| Spinal Cord Injury Units Meeting with Directors | 21-February-2002   |
| SSCIS Paediatric Rehab                          | 17-June-2003, 2-September-2003   |
| SSCIS Steering Committee                        | 10-September-2003  |
| <b>Stroke</b> Coordinating Committee            | 27-February-2002, 14-August-2002, 18-September-2002, 16-October-2002, 27-November-2002, 29-January-2003, 26-February-2003, 26-March-2003, 16-April-2003, 28-May-2003, 25-June-2003, 23-July-2003, 27-August-2003, 22-October-2003, 26-November-2003, 3-March-2004, 28-April-2004 |
| Educational & Professional C'tee                | 28-April-2004  |
| Executive Teleconference                        | 28-January-2004  |

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|   |   |
|---|---|
| Forum   | 15-April-2004   |
| <b>Transition Care</b>  | 11-November-2002, 16-December-2002, 4-February-2003, 17-March-2003, 29-April-2003, 23-June-2003, 1-September-2003, 1-December-2003, 8-March-2004  |
| Executive   | 29-March-2004   |
| Generic Issues  | 10-March-2003, 5-May-2003, 21-May-2003, 18-June-2003, 21-July-2003, 22-July-2003, 18-August-2003, 27-August-2003, 30-September-2003, 28-October-2003, 24-November-2003, 27-January-2004, 2-March-2004, 22-March-2004, 19-April-2004 |
| Interim Executive   | 19-February-2003, 5-March-2003, 2-June-2003, 13-August-2003, 27-October-2003, 8-December-2003, 9-February-2004  |
| Specialty Subgroup  | 20-May-2003, 12-August-2003   |
| <b>University Faculty</b>   | 29-October-2002   |
| UNSW Bruce Dowton & others re designation of teaching hospitals meeting with Exec | 13-August-2002  |

## 12.11 Severe Trauma Data 2002

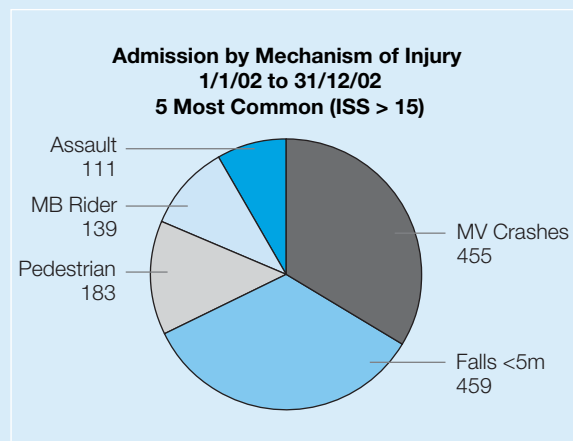
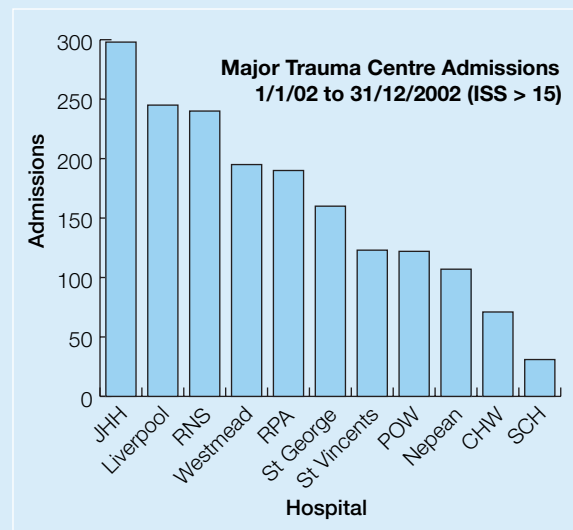
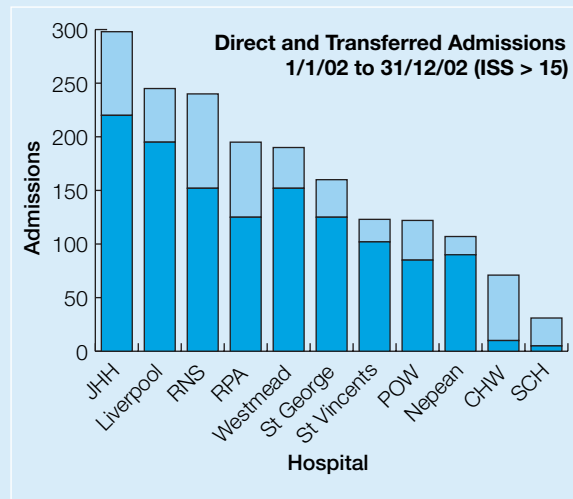
### Minimum Data Set – 2002

A Minimum Data Set (MDS) has been defined and includes demographic, system and clinical information. Criteria for entry to the (MDS) include:

- Injury Severity Score (ISS > 15)
- Admission to ICU
- Trauma Deaths (exclude fractured neck of femur patients).

Data was collected on a prospective basis throughout 2002 from the following Trauma Centres: JHH, Westmead, Liverpool, RPA, St George, The Sydney Children's, St Vincent's, RNS, Nepean, POW, The Children's Hospital Westmead.

### Collated Trauma Data:



## 12.12 Communication Details

### Medical communication

The GMTT initiated an active program of communication with medical staff. A series of clinician working dinners were held during October-November 2002 to outline the GMTT initiatives and to encourage doctors to become actively involved in the programs. These discussions allowed leading medical clinicians from large and small hospitals from many specialties to exchange ideas. The first round of hospital presentations was arranged through the Medical Staff Councils and conducted at times that would encourage VMO attendance. More than 60 doctors attended a meeting held in July 2003 in conjunction with the NSW Executive of the Medical Staff Councils, which included wide-ranging discussions with the Minister for Health.

### Nursing communication

Nurse Fora were held at 23 hospitals. A link was made to the GMTT website from the internet page for the NSW Health Office of the Chief Nursing Officer.

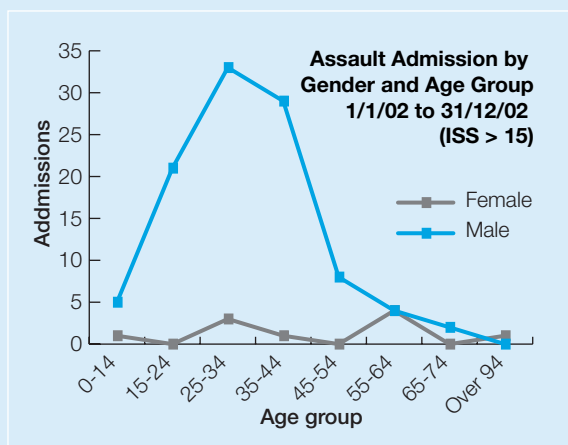
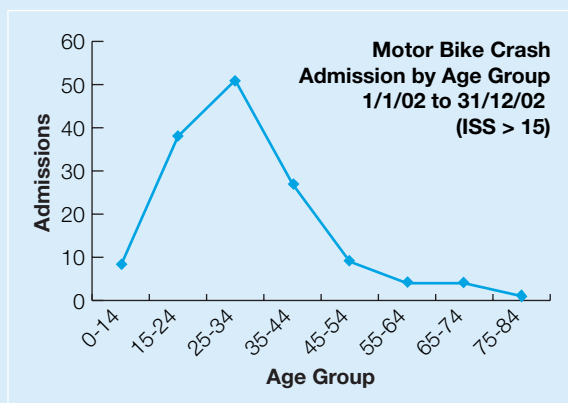
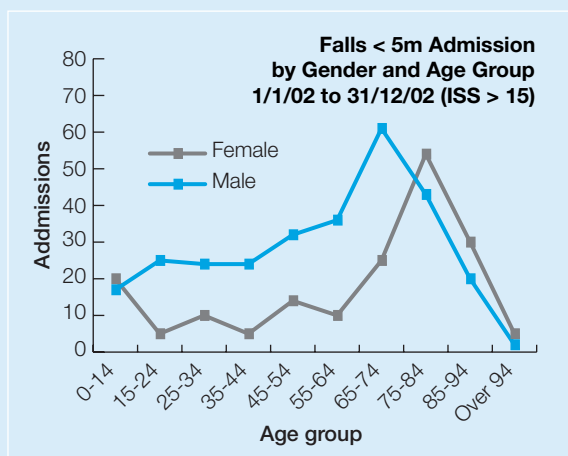
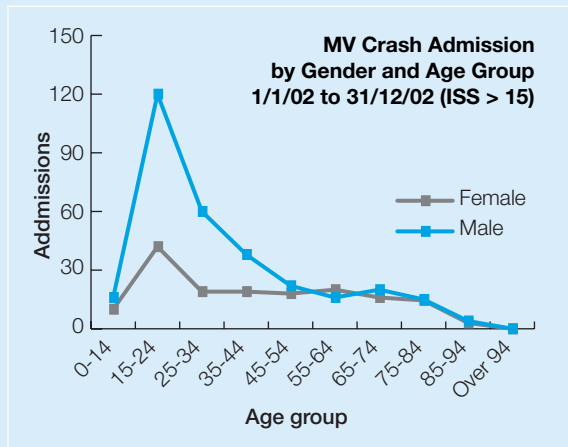
Nursing journals such as *Nursing Review*, *Nursing Weekly*, *The Lamp*, *NSW College of Nursing*, *Holistic Nurses*, *Emergency Nurses*, and the *Ophthalmic Nurse Association* published editorials explaining the GMTT and the associated opportunities for nurses. Similar information was included in monthly Area newsletters. Some 6450 'Metropolitan Hospitals' pamphlets were distributed to nurses in their nursing pay slips. This was coordinated by NSW Health's *Better Health Care*.

A series of 'Nurse Leader' discussion dinners provided opportunities for nurse networking across the greater metropolitan region and scope to seek nursing leaders' opinions. These interactive sessions for Nurse Leaders focused on nursing clinical leadership, how best to support current nurses and how to promote networking across and between Area Health Services. They also encouraged frank discussion about nursing issues and participants' views on how to ensure that nursing was an active contributor to policy development and service provision, through the GMTT initiatives.

### Allied Health communication

#### Hospital Visits

Twenty-eight hospital sites were visited, incorporating 40 hospitals and approximately 650 allied health staff.



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Directors of Allied Health from the nine Area Health Services of the Greater Metropolitan region were contacted, as were all relevant Professional Associations. Invitations to attend the hospital presentations were extended to the following groups at each hospital:

- Occupational Therapy
- Physiotherapy
- Speech Pathology
- Nutrition and Dietetics
- Social Work
- Psychology
- Pharmacy
- Medical Records
- Radiology
- Orthoptics
- Audiology
- Podiatry

Each formal presentation was followed by a question-and-answer session. Copies of the GMTT reports and brochures were distributed at each venue. Feedback was positive and encouraging. The visits provided an opportunity for allied health staff to understand the changes occurring in NSW health service delivery and the relationships between the GMTT clinical programs and Area Health Services.

Approximately 60 new, permanent allied health positions were funded through the GMTT, and these were welcomed. The concept of networking was well received and the benefits of supporting the Allied Health representatives on the clinical program committees through a similar networking framework were readily apparent to allied health staff in hospitals.

### **Fora**

Two initial fora were held for allied health staff in July and November 2002. Relevant issues identified during the first forum were progressed at the second by means of three workshops focusing on:

- Communication Strategies within Allied Health
- Practice Guidelines and Credentialling
- The Role of Allied Health in Metropolitan Hospitals.

In December 2003, a third forum was held. Despite the day being at the time of the worst of the NSW bushfires, 74 allied health professionals attended. The findings of previous fora were discussed in detail and future directions were determined.

Invitations to join the GMTT Allied Health mailing list were circulated widely, resulting in a large increase to approximately 600 allied health representatives on the mailing list. This contact database is now held by the Principal Advisor, Allied Health, NSW Health.

Most of the GMTT clinical program coordinating committees now have an Allied Health representative. Guidelines have been developed to ensure that representatives are aware of their responsibilities to represent all allied health professions and to communicate and liaise appropriately.

It was proposed that a clinical network framework for Allied Health be established. The key objectives are:

- to ensure full participation of Allied Health within the framework of the Clinical Coordinating Committees
- to support the designated Allied Health representatives on the Clinical Coordinating Committees in fulfilling their commitments and responsibilities
- to enable broad participation of Allied Health clinicians within their areas of clinical interest.

An Interim Working Party of senior Allied Health professionals (including the DOH Allied Health Advisor as an invited guest) has met to determine the structure, logistics, etc for establishing Allied Health clinical reference groups in each clinical area. This working party will continue to meet.

Clinical Reference Groups should ideally consist of eight to ten clinicians with expertise in the relevant area, and include at least two Allied Health managers, either Department Managers or Allied Health Directors. This composition will facilitate communication with site managers.

Links should be established with relevant similar Allied Health clinical groups, eg site groups, discipline-specific interest groups. This will assist greatly in the awareness and coordination of activities occurring in each clinical area.

A mailing list for each area of clinical interest will be established from the GMTT Allied Health mailing list to enable wide communication with clinicians working in the respective clinical areas. This will help to ensure that the development of protocols, pathways, data sets etc requested by the Clinical Coordinating Groups draws on the combined efforts and experience of interested and expert clinicians.

## 12.13 Audit of the Greater Metropolitan Services Implementation and Transition Process (Gaston & Rice) Executive Summary

### 1 Executive Summary

#### 1.1 Introduction

The Greater Metropolitan Transition Taskforce (GMITT) was formed in November 2001 to implement the recommendations of the GMSIG Report. Building on the strong links to clinicians already in place, GMITT has assisted clinicians to develop the detailed strategies required to implement the GMSIG Recommendations. The GMITT has worked with clinicians drawn from within each discipline to oversee the implementation process for its own specialty.

#### 1.2 Summary analysis of GMITT process

##### 1.2.1 Situational analysis

GMITT was established as a transitional vehicle for testing new processes for clinical planning. It is recognised as one of a number of clinical groups engaged in clinical planning, however the processes which the GMITT is developing is new and innovative.

It needs to be understood that the clinical groups established under the GMITT have been learning on the job but there is strong evidence that their learnings are being fed back into the existing and newly developed groups. The product from the groups is increasingly looking more like clinical service plans than initiatives and the planning, financial and information resource needs of the groups are being recognised. The groups are now acknowledging the contribution of managers, planners and information to the GMITT planning process.

The clinical groups are engaging the clinicians in meaningful planning and decision-making as opposed to the traditional 'advisory' role that clinicians are usually invited to be involved in. This 'engagement' has exposed large numbers of clinicians to the realities of the demographics of health beyond morbidity and mortality to include existing and potential pressure points in the system, population changes and growth patterns as well as patient need and community need across various clinical and geographic areas. This has enabled them to make decisions from a system perspective and given them a legitimate voice with which to do this.

Whilst the GMITT processes have broadened the base of clinical engagement there are still many clinicians sitting on the edges watching with varying degrees of interest and cynicism.

##### 1.2.2 Gains

The GMITT process has created a fundamental change in health service planning in NSW. This is being achieved by providing meaningful clinician engagement in planning and decision-making and by broadening the base of this engagement. There has been real diversification of involvement which didn't previously exist. The process has diluted the influence of traditional networks and vested interests. This broad-based engagement, which includes all health professional groups, is fostering a high level of cooperation and consideration of all aspects of care delivery.

One discipline's priority is now more likely to be seen in the context of the whole rather than the discipline-specific component. In other words the process has exposed a greater number of clinicians to the 'bigger picture' of health.

The GMITT process is greatly enhancing clinician networking and contributing to the breakdown of clinical boundaries. Cross-professional, institutional and Area Health Services (AHS) interaction is also providing opportunities for sharing clinical information and experiences, both the good and the not so good!

The consultants have been provided with evidence that the GMITT process has identified champions, leaders and motivated clinicians to take on leadership roles, thus creating competition for positions which had not been the case for some time. This supports the claim that there is increased clinician enthusiasm generally, which has had the added

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spin-off of creating a better environment for training and development. The process has fostered improved training opportunities for medical, nursing and allied health staff and the consultants experienced at first-hand the resultant improved morale of clinicians.

Those clinicians who have had direct engagement in the process are developing an understanding of competing demands for the dollar and have demonstrated a better understanding of their information needs, for example minimum data sets. There is evidence of clinicians recognising the issues related to high cost/low volume services and in some cases there has been success in halting unnecessary proliferation of some clinical services.

The process has provided a 'voice' in the decision-making process for metropolitan hospitals and peripheral principal referral hospitals which have been somewhat overlooked in the past. This has led to the recognition and fostering of previously hidden talent. It has also opened opportunity for advanced practice to nurses and allied health staff (eg in trauma, stroke care).

Probably the most significant gains have been the acceleration of decision-making and implementation of new strategies and services, and the development of clinical service networks.

It is also the consultants' view that there is a developing awareness of the need to:

- develop a 'Metropolitan Plan' for health
- identify the needs for effective transitional care by noting generic issues across specialties
- develop networked training opportunities rather than institution-based training.

### 1.2.3 Potential

Apart from the gains already evident there are also some developing opportunities. In particular the opportunity to reverse the previous dysfunctional relationships between the Department, AHS and clinicians, and to re-establish trust between all parties.

There is also the potential to improve patient access through better distribution of services and this has certainly already occurred in some clinical areas. The process has accelerated the bringing of services to the people by promoting the implementation of existing and new service plans and the momentum gained in this development should not be lost. There is also the obvious continuing potential to reduce the centralisation of resources by better distribution of resources such as stroke units, cardiac catheter laboratories and primary angioplasty services.

The GMTT process has exposed clinicians to the need to change their referral practices, and the development of clinical networks will also foster changed referral patterns. The effect of new referral practices on the work of principal referral hospitals needs to be recognised and supported, and the management of the transition period in patient flows following devolution of services will be essential.

An interesting advancement the consultants observed is the emerging cross-disciplinary engagement which is being generated by the process. Examples include interaction between neurosurgeons and radiologists, and cardiologists with electrotechnicians.

There has been a demonstrated lack of maturity in project planning, evaluation and monitoring. The lines of financial accountability have been unclear and there has been insufficient rigour in planning and priority-setting. The consultants could find few examples of 'clinical service plans'. The majority were a list of initiatives with little consideration of broader and longer-term issues. However, the potential to develop this capacity is already visible and there is every reason to believe that, over time, significant advances will be made.

There is also the potential to enhance interaction between the hospitals and primary health care providers, and the development of 'clinical service plans' should promote consideration of the needs across the continuum of care.

The potential for evidence-based decision-making and consideration of population need is there but immature, and also needs support through the provision of expert information managers and health planners. With this support there is an

opportunity to develop consistent data collection across clinical and AHS which is meaningful to clinicians. However it is essential that these data sets converge at some point.

There are also indications that the GMTT processes may have sufficient flexibility and durability to take them into new areas such as workforce planning. Work being done by the Aged Care clinical group on workforce needs for acute care of the aged is a case in point.

#### 1.2.4 Weaknesses

The GMTT as a parallel planning and decision-making process has resulted in a less than desirable level of engagement between it and the Department. It has been acknowledged that it would have benefited all parties if the Department had been more effectively involved. What also became evident was that the GMTT clinical group activities moved swiftly and were ahead of the AHS communication channels. In some cases, this has resulted in a lack of relationship between GMTT initiatives and AHS strategic plans and priorities, causing unhealthy tension. The added layer of reporting for AHS has also contributed to this tension. The consultants noted that the relationship between the AHS and GMTT has improved as the GMTT process is gaining confidence and experience.

The consultants' assessment is that the strict focus on clinical services (the brief given the GMTT) has overridden the consideration of the broader role and function of hospitals and AHS. The focus has been almost entirely on inpatient services evidenced, for example, by the lack of reference to issues following discharge from a stroke unit. The existence of a Metropolitan Plan would assist in overcoming this shortfall.

Other matters which need to be addressed is the sustainability of coordinating committees in the absence of new funds as well as the need to resource the committees sufficiently to ensure that they have the capacity to understand management, financial, planning and information processes.

Finally there is the practical reality that the process still remains at the mercy of political decisions, for example transplant and maternity services.

#### 1.2.5 Observations

The absence of a 'Metropolitan Plan' and the prescribed scope of the GMTT have meant that the priority setting carried out by the GMTT focused on selecting those areas where effective networks could be established which had the capacity to improve access to services. True system-wide priority setting could not occur.

There is some confusion concerning the role of the clinical groups of the GMTT in 'clinical service planning', 'clinical service networks' and 'clinical networks'. There is certainly evidence of improved clinical networking and the signs of developing clinical service networks. What the GMTT process has done is improve clinical collaboration and interaction and through this process given clinicians the opportunity to develop 'clinical policy'.

Is it reasonable to expect that clinical groups such as those established by the GMTT process should in fact have responsibility for developing clinical service plans? Can these groups be reasonably expected to have the capacity to plan and set the priorities for the delivery of their own clinical services? Engagement in the planning and decision-making process is critical but to take the lead in the process may be expecting too much from these groups when the accountability for these functions legitimately rests with the Department and AHS.

The strengths of the GMTT process need to be sustained. The learnings are that clinical groups have the knowledge and skills to engage in the development of clinical policy, clinical service networks, clinical networks and clinical protocols, and advise on clinical advancements and emerging best practice. They are best placed to address quality issues such as clinical standards and competencies as well as training needs.

The issue of clinical governance, the functions of which have just been outlined, should not be confused with corporate responsibilities such as planning and financing. The latter should be the responsibility of the Department and the AHS, in partnership with clinicians, and with clinical engagement of the nature generated by the GMTT processes. The former,

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clinical governance, is the responsibility of clinicians. Both processes need to be clear and transparent and resourced sufficiently to maintain the swift decision-making and implementation which has become the hallmark of the GMTT.

### 1.3 Perceived key strengths of GMTT process

- Promoted fundamental cultural change in health service planning
- Greatly enhanced clinician networking
- Provided meaningful clinician engagement in planning and decision-making
- Fostered the development of clinical service networking and clinical coordinating committee
- Improved patient access through better distribution of services
- Potential for evidence based decision making and consideration of population need
- Accelerated decision-making.

### 1.4 Perceived key weaknesses of GMTT process

- GMTT structure – a parallel process not engaged with the Department or AHS
- Immature planning, financing and decision-making processes
- Scope of the clinical groups established under the GMTT has been unclear and lacking in consistency.

### 1.5 Key learnings

The GMTT process has highlighted the value of:

- Using broad definition of clinician
- Consumer and community engagement in the process of planning and decision-making
- Retaining meaningful clinical engagement in planning and decision-making established by the GMTT process
- Orientation and induction of chairs to system issues
- Metropolitan clinical service planning that takes a broader focus, including interface with rehabilitation, community support services and aged care where appropriate
- Using a transparent approach to selection of membership, such as call for expressions of interest
- Capacity building through supported clinical training
- Accelerated decision-making
- Linking policy development with planning and implementation
- Effective, consistent, transparent processes for evaluation and monitoring
- Developing financial and management skills of clinicians engaged in the planning and decision-making processes
- Establishing clinical coordinating groups having respect for system priorities
- Independent chairs (perhaps as co-chairs)
- Using agreed and consistent structure and process for clinical planning using common databases and planning tools
- Clinical service plans that can be incorporated into a Metropolitan Health Plan
- Providing meaningful roles to community/consumer appointments.

### 1.6 Potential measures of success for clinical planning

#### Short-term

- Evidence of cross professional engagement (group membership)
- Evidence of maintenance of interest (group meeting attendance)
- Increased interest in leadership positions
- Reduction in use of media to air concerns
- Improved equity of access to services
- Funds expended where intended
- Evidence of activity flow changes

- Planning decisions are supported by contemporary evidence
- Work processes are continuously improving
- Development of evidence-based treatment guidelines
- Coordinated data collection.

**Long-term**

- Improved health outcomes
- Improved quality of services
- Referral patterns are changing and flow-reversal of funds is occurring
- Reduced incidence of ‘access blockages’
- Improved staff education and support
- Easier recruitment and retention of specialist staff
- Increased focus on prevention and community education and involvement.

**1.7 Proposed future evolution of the GMTT process**

| Opportunities   | Possible Action   |
|---|---|
| Consolidate the culture change in health planning induced by the GMTT process                         | Embed GMTT process into Departmental and Area Health Service planning and decision-making   |
| Maintain and enhance the enthusiasm and commitment of clinicians                                      | Develop a statewide Clinical Council<br>Identify further areas of clinical services that would benefit from the GMTT process  |
| Improve consultation/communication between all sectors in health and improve implementation of policy | Avoid parallel planning structures. Hold regular meetings between Department, AHS, Clinical Council, Clinical coordinating committees<br><br>Enhance cross-disciplinary discussions in developing areas, eg interface between neurosurgery and interventional radiology |
| Increase support for metropolitan hospitals   | Maintain a regular forum for administrators and clinicians in metropolitan hospitals  |
| Further improve training in metropolitan hospitals and peripheral principal referral hospitals        | Facilitate ongoing discussions between Clinical Council, Colleges and the Medical Training and Education Council<br><br>Investigate potential role of nurse practitioners   |
| Maintain breadth of vision in clinical coordinating committees  | Retain concept of co-chair with no vested interest<br>Promote consumer/community input  |
| Enhance interaction between hospitals and primary care/community health networks                      | Ensure representation from primary care and community health on the statewide Clinical Council  |

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### 12.14 Reflections Upon GMTT

by Dr Tony Sherbon, May 2003. Member of the GMTT Executive Nov 2001 – May 2003.

#### Background

The Hon. Craig Knowles, Minister for Health, formed the Greater Metropolitan Transition Taskforce in November 2001. The GMTT was established by the Minister to implement the 162 recommendations of the *Greater Metropolitan Services Implementation Group (GMSIG) Report* published in June 2001. At the time of commencement, the GMTT consisted of 17 members of which one was an Area Health Service CEO with myself as the nominated individual. The Deputy Director-General Policy was also appointed to the GMTT.

The GMTT Executive commenced weekly meetings from that point with the executive membership including three senior clinicians (Chair and two Deputy Chair), a Deputy Director-General Policy, the Executive Director of the GMTT unit, and an Area CEO.

The GMTT has set in process Clinical Coordinating Groups in more than 25 acute hospital services involving more than 1000 clinicians (doctors, nurses and allied health personnel).

#### Achievements

*Communication* – I have previously been involved in Statewide Service initiatives in my previous role as Director of Medical Services at St Vincent's Hospital and, to a lesser extent, in my role as CEO of Northern Rivers Area Health Service. Throughout these previous attempts I noted that problems encountered in communication between professional teams that are busy focusing on the development their own unit whilst the Department attempted to convene a process of reform of the system as a whole. Communication difficulties were compounded by the fact that often one or two specialists from each discipline were selected to participate in Statewide committees and this often led to those who were not nominated on such committees to feel that they lacked participation in the process.

Under the arrangements established by the GMTT and its predecessor GMSIG, larger, all-inclusive meetings were held within each specialty program. Whilst this involved large meetings which were in some small number of cases parliamentary in size, it has nevertheless been demonstrated that the principle of inclusion outweighs the necessity of efficiency in meeting conduct. In other words, it proved beneficial to have a large (and perhaps disorganised) initial meeting or series of meetings before appointing either an Executive or sub-committees to work on more detailed matters in a more structured manner.

This is one of the key lessons learnt from the GMTT – meetings about major clinical issues require the presence of a large number of clinicians. Such large meetings are not dysfunctional as the importance of inclusion outweighs the importance of efficiency in the early stages at least.

*Independent Chairpersonship* – Both the GMSIG and the GMTT have adopted the principle of appointment of an independent chair to convene specialty group meetings. These independent chairs were almost exclusively senior medical clinicians who were members of a specialty not associated with the specialty under consideration. For example, an upper gastrointestinal surgeon chaired the initial meetings of the cardiology group.

This independent Chairpersonship is again another principle that will outlast the GMTT. Such independent chairs were perceived to be devoid of personal interest and yet knowledgeable about the basic conditions which were discussed at these meetings. Whilst this arrangement may have involved some considerable investment in the education of the chair, most chairs had a basic understanding of the nature of the specialty in which they entered discussions and all chairs were able to rapidly acquire sufficient knowledge to stimulate group discussion.

The important lesson to be learnt is that independence of the guiding officials (chairperson and support staff) is essential for honest and open debate of major clinical issues. All groups considered that this initiative was highly successful.

*Networking* – Improved clinical communication has in most specialties resulted in formal networking of services. Whilst this concept may have appeared nebulous at first, most groups were able to form a clear concept of what networking meant for them.

Given the diversity in work practice and in clinical need for each specialty it is not surprising that networks develop in a manner that results in a wide diversity of structures and degrees of integration across the various specialty networks. Each network was coloured by its history, skills of the participants and, to a lesser degree, the personality of the participants.

Another lesson to be learnt – One size does not fit all when it comes to networking. Networking works best from the bottom up.

*Greater understanding between clinicians and managers* – In the early stages of GMSIG and even in the early stages of the GMTT there was often a great deal of concern from clinicians that managers did not understand their daily pressures and, in return, managers were often concerned that clinicians did not understand their responsibilities and obligations.

The more that these two groups worked together, the more they understood each other. As clinicians became exposed to a process of major strategic decision-making they began to understand that their clinical needs are often complicated by overlying community, financial, political and ethical considerations.

In turn, many managers began to understand that successful decision-making on strategic matters in health care requires the commitment of clinicians before successful implementation.

At the time of writing, it is not clear whether clinicians and managers fully understand each other – perhaps they never will. Maybe we should accept that clinicians and managers come to the table with a different set of obligations but improved communication and understanding can lead to a better outcome for all.

## **Leadership**

When all is said and done, sometimes good things only happen when leaders are prepared to stick their neck out and ride with an issue. The GMTT has unearthed a host of highly skilled clinical leaders who have the best interest of the community at heart and who are prepared to sacrifice time to make a contribution to the community.

Leaders of this calibre are rare and must be discovered, nurtured and coached. Perhaps one of the major lessons of the GMTT is the NSW Health system must continue to search for, support and encourage leaders from both a clinical and managerial background.