



greater metropolitan  
clinical taskforce

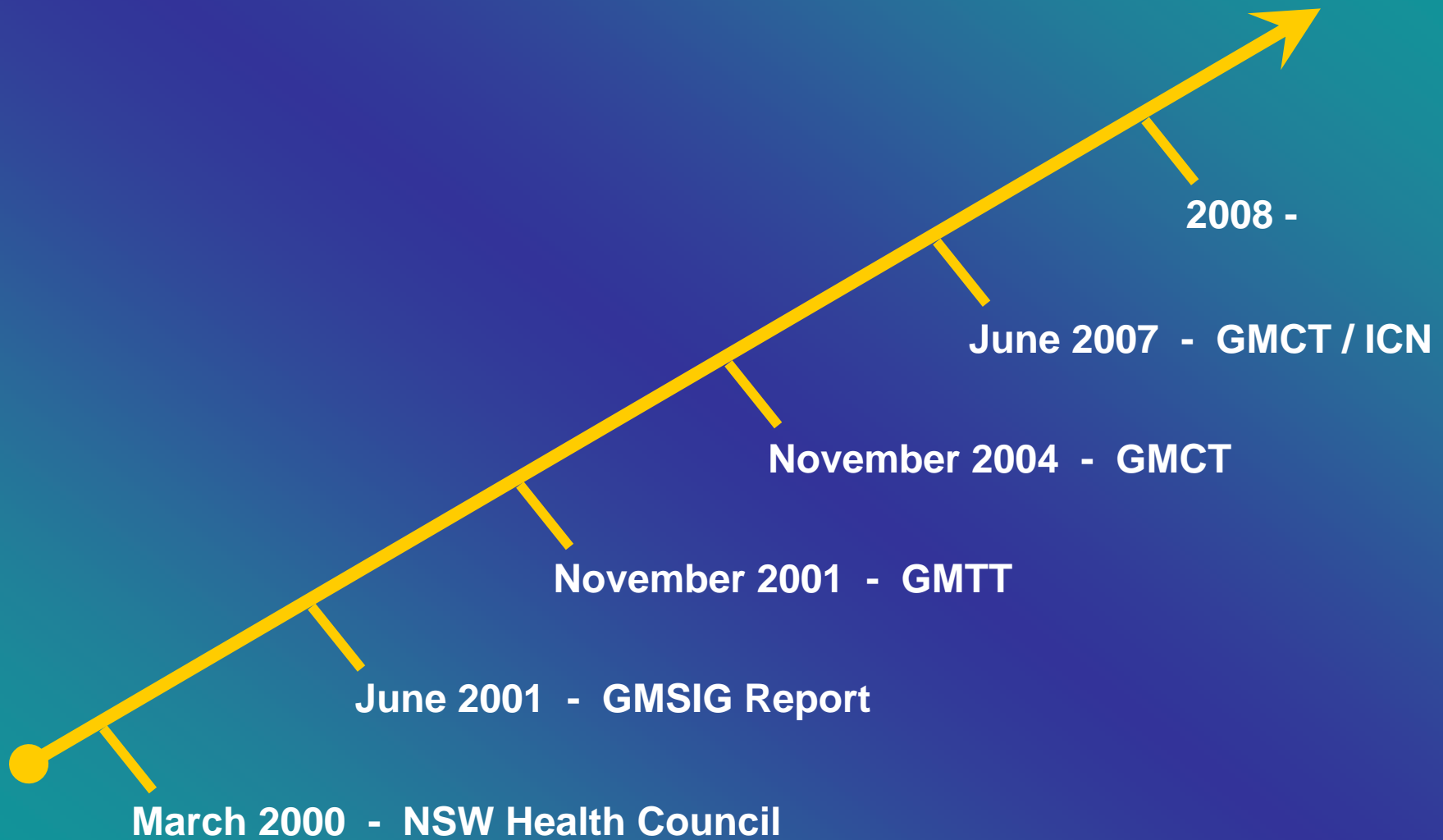
## **Briefing to Mr Peter Garling SC**

# **NSW Special Commission of Inquiry: Acute Care Services in NSW Public Hospitals**

**7 March 2008**

**Peter Castaldi  
Kate Needham**

# Evolution of the Greater Metropolitan Clinical Taskforce



# GMCTT / GMCT / ICN

- Established by the NSW Minister for Health
- To promote clinician & consumer involvement in planning and health service delivery
- Working with Area Health Services across greater Sydney to develop clinical service plans
- Patient focused – development of Models of Care
- Particularly for Metropolitan (District) Hospitals (22)

# GMCT Principles

The **principles** of GMCT are simply -

- Equity of access and equity of outcome
- Services based on clinical need
- Clinician and consumer involvement
- Transparency

# Clinical Networks

- Across hospitals & across Area Health Service boundaries
- Clinicians (doctors, nurses & allied health professionals) and consumers
- Equal partnerships not hub and spoke
- Involved in implementations as well as planning and policy
- Own administrative support
- Chaired by clinicians

# GMCT Clinical Networks

- Stroke
- Severe Burn Injury Service
- Cardiac Services
- Major Trauma Services
- Gastroenterology
- Gynaecological Oncology
- Spinal Cord Injury
- Brain Injury Rehab.
- Bone Marrow Transplantation
- Imaging – Radiology
- Imaging – Nuclear Medicine
- Renal Services
- Ophthalmology
- Orthopaedics
- Transitional Care for Young People with Chronic Disease
- Aged Care
- Neurosurgery
- Home Enteral Nutrition
- Respiratory Medicine
- Urology
- Diabetes
- Metropolitan Hospitals

# Outcomes

## Cardiac

- The development & implementation of a Cardiac Surgery database
- Access to cardiac catheter labs on the periphery of greater metropolitan Sydney
- Standardising cardiac monitoring protocols
- Guidelines on the use of drug eluting stents and implantable defibrillators
- Reprocessing proposal for electro physiology catheters – potential \$M savings

# Outcomes

## Home Enteral Nutrition (HEN)

- Completion of a NSW Report on provision of HEN recommending a need for co-ordinated clinical care
- Development of a HEN contract for HEN products & co-ordinating the supply of product & equipment
- Development of a NSW HEN Register

## Neurosurgery

- Development & implementation of clinical audit neurosurgical database for all neurosurgical patients across NSW
- Policy advice on quality and safety issues
- Development of model of care for public patients requiring surgery for movement disorders
- Nursing & allied health scholarship program

# Outcomes

## Renal

- Development of NSW Renal Dialysis Plan to 2011
- Development of a Chronic Kidney Disease Prevention Plan
- Reduction of live donor transplantation waiting times
- Development of Minimum Data Set for measuring delivery of renal services across NSW
- Establishment of a NSW KPIs for dialysis & transplantation
- Development of new models of care for haemodialysis patients
- Development of information booklets in Chinese, Arabic, Vietnamese, Italian, Greek

# Outcomes

## Stroke

- 24 stroke units across greater metro Sydney & rural NSW
- Collaboration with Ambulance Service NSW to triage patients to appropriate stroke units with patients 3 times more likely to have a CT scan in the first 24 hours
- Addressing the inequities of the availability of stroke thrombolysis in EDs
- 80% of stroke patients receiving a swallowing assessment in the first 24 hours of admission. Reduction in aspiration pneumonia from 26% to 4% in one stroke unit
- GP, nursing & allied health education sessions with overall improvement in clinical practice
- Reduction in length of stay for severe stroke patients from 30.3 days in 2004 to 16.4 days in 2007. Median 9 days for all stroke

# Outcomes

## Gastroenterology

- NSW ability to respond to National Bowel Screening Program
- Efficiency study into the provision of colonoscopy
- Equity of access of public patients having colonoscopy to anaesthetists in NSW public hospitals
- Addressing safety and quality through development of a Endoscopy minimum data set & reporting system
- Developing & subsidising a post grad cert, diploma, masters in acute care nursing with a gastro focus



NSW Rural Health Priority Taskforce



Gastroenterology Specialty Service Network

Gastroenterology Executive Committee



Consumer participation

Information Management Working Group

Nurses Working Group

Endoscopy Working Group

Workforce, Education & Training Working Group

Other Issues

- Endoscopy Data Collection and Reporting Systems

- Education
  - Career development
  - Safe Staffing
- UTS Working Party*

- Efficiency of Endoscopy Units
- Sedation Working Party*
- Colonoscopy Study Steering Group*

- Method of appointment of Advanced Training Registrars

- Hepatitis C management
- Liver issues
- Inflammatory Bowel Disease
- Access to high cost drugs / new technologies

# This Process

## Benefits

- Collegiality
- 'Bottom up' involvement
- Clinicians empowered
- Consumers involved
- Models of Care developed
- Improved communication
- Clinical leadership & succession planning
- Clinical Data
- Safety and Quality focus
- Education and Training issues
- Clinical advice to NSW Health

## Challenges

- A number of hard political issues eg transplant (bone marrow, renal) small hospitals, major trauma, orthopaedics
- Implementation of Models of Care
- Workforce
- Tension with bureaucracy
- AHS CE engagement
- Rural engagement
- Keeping clinicians involved
- IT Systems
- Budget

# GMCT / ICN Overview

- GMCT now embedded within the Health System – name change imminent ‘Institute of Clinical Networks’ or ‘ICN’
- Chief Executive – Prof Peter Castaldi. Chair – Prof Carol Pollock
- Governance Committee of respected clinicians / consumers to drive direction
- Robust relationship with NSW Health
- Stronger relationship with the AHS Chief Executives
- Broader rural involvement
- Close working relationships with Clinical Excellence Commission (CEC) & Institute of Medical Education and Training (IMET)
- GMCT facilitates clinical networking
- Challenging the clinicians to do it ‘**differently / smarter / efficiently!**’
- Research focus
- National Clinical Network Collaborative

# Lessons

- Direct line to Minister and Director General
- \$\$\$-network support & Project Proposal Funding
- Consumers essential
- Objectives must be achievable, monitored and evaluated
- Other Lessons . . . . ?

# The Future

- Additional networks e.g. Acute Medicine, Pain Management, Musculo-Skeletal
- Enhanced ability to implement 'Models of Care'
- Workforce redesign
- ? Culture change in some NSW Health Branches
- Enhanced budget to allow growth



**NSW Health Knowledge Management**

- Health Intranet/ Internet
- Knowledge Portal
- ARCHI

**GMCT Executive and Committee**

**GMCT Monthly Communications and Information Management Meeting**

**GMCT ICT Unit**

- SIM
- Health Technology
- Knowledge Management
- Website development

**Key Liaisons**

- CEC
- IMET
- Cancer Institute
- Rural Taskforce
- NSW Health
- Area Health Services
- Private and Public National and International organisations
- IT vendors

**Networks**

- Clinicians
- Publications
- Forums
- Conferences
- Network newsletters
- Webcasts

**GMCT Website**

**GMCT Clinician Connect Newsletter**

**Consumers**

- Monthly Forum
- Consumer organisation links

**CSRP**

- Aged Care
- Gastro
- Cardiac

