

Quality health care

The right care

Performance



The Department of Health's main priority in 2003/04 was improving the quality of health care that people receive. To deliver on its commitment, the Department developed plans for the biggest restructure of the health system in over two decades.

The reformed health system will deliver new levels of accountability and clinician and community involvement in planning health services, a greater emphasis on clinical excellence, a strengthened and better trained health workforce, and enhancements in key service areas such as mental health and cancer prevention.

Increased accountability in providing health care

The Minister for Health announced a number of changes designed to ensure accountability, public safety and confidence in health care following the Health Care Complaints Commission (HCCC) report into Camden and Campbelltown hospitals. The report confirmed the need for systemic changes to the delivery of health care at both hospitals.

Actions taken as a result of the report in December 2003 included the establishment of a Special Commission of Inquiry and dissolution of the South Western Sydney Area Health Service Board. Bret Walker SC was appointed to head the Special Commission of Inquiry and the Minister for Health asked The Cabinet Office to review the *Health Care Complaints Act 1993* (amendments to that Act have subsequently been introduced into Parliament).

Other actions taken included appointing Judge Kenneth Taylor as Acting Commissioner to refocus the HCCC to ensure it concentrated on rigorously investigating individual cases of poor care, and referring a number of deaths examined in the HCCC report to the NSW Coroner for examination. In addition, the Government announced an extra \$5.7 million over 15 months to overhaul the HCCC and to establish a separate taskforce to deal with matters arising from the Special Commission of Inquiry.

The Commissioner's terms of reference required investigation of allegations of unsafe or inadequate patient care or treatment at Campbelltown and Camden Hospitals, resulting in recommendations to improve the regulatory arrangements for the administration of the HCCC.

The Special Commission of Inquiry convened two public forums. The first, in May 2004, discussed the operation of the *Health Care Complaints Act* and related health practitioner legislation. The second, in June 2004, considered the inter-relationship between health care complaints, individual professional accountability and system improvement. Both forums were open to the public and provided an opportunity for interested parties and members of the community to contribute to the Inquiry's considerations.

The Special Commission of Inquiry issued an *Interim Report* on 31 March 2004, and a *Second Interim Report* on 1 June 2004. The final report was released on 30 July 2004.



Clinical Excellence Commission

In May 2004, major changes were announced to the role and function of the Institute for Clinical Excellence. The Clinical Excellence Commission was subsequently established to build on the foundation work of the Institute in promoting clinical excellence in the NSW health system.

The NSW Government has committed \$10 million in 2004/05 for the Commission and health services to develop evidence-based programs for better clinical governance in NSW. The Commission will promote and support improvements in clinical quality and patient safety in public and private health services, as well as monitoring clinical quality and safety processes and performance in public health organisations.

The Commission will identify, develop and disseminate information about safe practices in health care, promote and conduct training and education programs for health professionals and identify priority research into better practices in health care.

The Commission will also provide advice to the Minister for Health and the Director-General of the Department of Health on issues arising out of its functions.

The Commission is one component of the NSW Patient Safety and Clinical Quality Program. Other components include the implementation of the NSW Incident Information Management System, the establishment of Clinical Governance Units and the enhancement of the Safety Improvement Program in all Area Health Services in NSW.

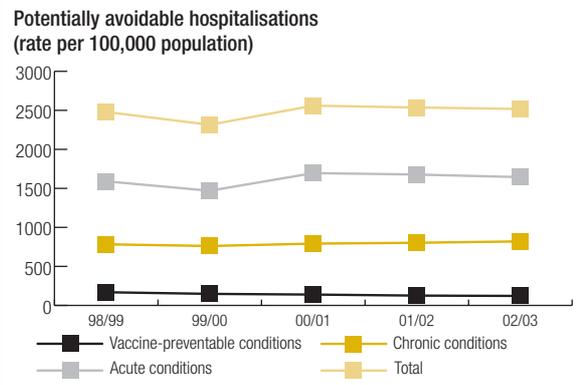
DASHBOARD INDICATOR: Potentially avoidable hospitalisations

Desired outcome

Greater independence and health for people who can be kept well at home

Context

There are some conditions for which hospitalisation is considered potentially avoidable through early disease management by general practitioners (GPs) and in community health settings.



Source: NSW Inpatient Statistics Collection and ABS population estimates (HOIST).

Note: 2003/04 data is not yet available.

All ages are now included in the analysis, whilst previous reports only dealt with potentially avoidable hospitalisations for persons under the age of 75. The standard population used to calculate rates is based on the 2001 Census, whilst the previous Annual Report used 1991 Census data.

The codes used to define the set of conditions classified as potentially avoidable have changed slightly during the reporting period to align the NSW definitions with those used by the Commonwealth and other state jurisdictions.

Counts of hospitalisations are based on whole admissions up to 1996/97 and on individual episodes of care from 1997/98.

The historical data in the above table has been adjusted to reflect the new reporting arrangements.

Interpretation

The conditions in the graph are:

- vaccine-preventable (including influenza, bacterial pneumonia, tetanus, measles, mumps, rubella, whooping cough and polio)
- acute (including dehydration and gastroenteritis, kidney infection, perforated ulcer, cellulitis, pelvic inflammatory disease, ear nose and throat infections, dental conditions, ruptured appendix, convulsions and epilepsy and gangrene)
- chronic (including diabetes complications, asthma, angina, hypertension, congestive heart failure, chronic obstructive pulmonary disease and iron deficiency anaemia and nutritional deficiencies).

Over the 14 year period since 1989/90, rates of potentially avoidable hospitalisations have decreased 56% for vaccine-preventable conditions and by 7% for acute conditions, and increased by 35% for chronic conditions. The increase in the rate for chronic conditions since 1998/99 is partly due to changes in how hospital staff record the reasons patients go to hospital and to new health treatment options.

Quality health care

The right care (continued)

Building and supporting the nursing workforce

The total number of nurses and midwives permanently employed in the NSW public health system has risen steadily over the last three years as a result of a range of initiatives developed by the Department and Area Health Services.

During 2003/04, the Department spent \$31 million on programs to recruit, retain and develop nurses and to improve nursing workforce planning.

As of June 2004, 36,933 nurses were employed in permanent positions in the public health system, an increase of 2,929 (8.6%) from January 2002. There was a noticeable decline in resignations amongst permanent nurses and midwives in 2003.

Since January 2002, 1094 nurses have been employed in public hospitals through *Nurses Re-Connect*, an initiative that encourages former registered and enrolled nurses to re-enter the profession and upgrade their nursing skills.

Nurses are also being attracted back to the system through the NSW Health *Online Nurse/Midwife Electronic Staffing Support (ONESS)* initiative, launched in May 2004. *ONESS* enables nurses and midwives seeking casual employment to list their professional data, including availability and work location preferences, on a secure web site. Job vacancies are also listed, to enable nurses to make easier contact with prospective employers. The *ONESS* website is located at <http://www.health.nsw.gov.au/nursing>

Patients and nurses benefit from nurses updating their skills. In 2003/04, the Department awarded over \$1.75 million for 639 education scholarships and 602 clinical placement grants. \$3 million was provided for nurses and midwives to access study leave, allowing more nurses and midwives to obtain further education and upgrade their skills.



Becoming the industry and employer of choice

NSW Health needs to be able to recruit, retain and support health staff to provide quality health care services.

During 2003/04, NSW Health invested a significant amount of effort to recruit, support and retain quality staff.

NSW Health aims to make the health profession more attractive for potential recruits and to be the employer of choice within the health industry.

Around \$7 million was provided in 2003/04 to improve recruitment and retention of medical practitioners in rural areas.

NSW Health also supported two conferences offering continuing professional development for dental therapists and dentists working in the public sector.

A NSW Allied Health Clinical Leadership Program was conducted across the state to support our valuable allied health professionals. At the same time work in Area Health Services has continued to improve the skills and qualifications of support staff.

The Department will continue to focus on innovative education projects, family friendly practices and more flexible workforce approaches to help retain the current quality NSW Health workforce and to attract more staff in the future.



Training in bereavement care

The complex, individual nature of responses to bereavement led to the development of the first comprehensive bereavement training program for health workers. The NSW Centre for Mental Health, in conjunction with Future Train, developed a staff information booklet and a CD-ROM to help frontline staff better support people who had lost a loved one.

The Department recognises that bereavement care needs to be delivered with compassion and sensitivity. The role of frontline staff in facilitating sensitive bereavement support is critical in ensuring people in need obtain access to the appropriate level of care.

As a result of this collaboration, health workers will have access to training that can better deliver the support required. Health care workers are being encouraged to familiarise themselves with the training resources and to promote their application within NSW health services.



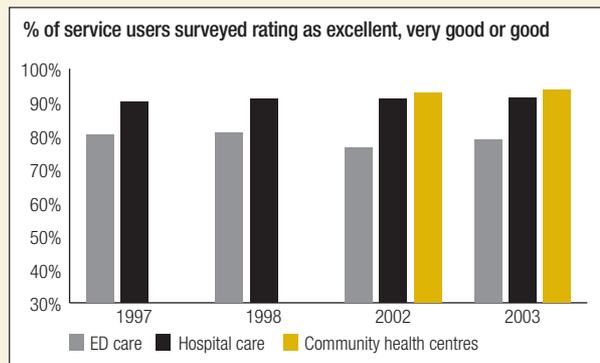
DASHBOARD INDICATOR: Patient and consumer experience

Desired outcome

Greater satisfaction with health services provided and stronger sense of involvement in how health care is given

Context

People attending an emergency department, hospital or community health centre in the last 12 months were asked to rate the care they received during the attendance. A rating of 'excellent', 'very good' or 'good' was considered to be a positive rating of care.



Source: NSW Health Survey 1997, 1998, 2002 and 2003.

Interpretation

Overall, the percentage of people giving a positive rating of their care at hospitals, community health centres and emergency departments has remained high since 1997 (greater than 75%). In 2003, 94% of people attending a community health centre, 91% of people attending a hospital and 79% of people attending an emergency department gave a positive rating of their care, all increases on the ratings provided in 2002. In 2003, more people in rural areas (86%) than in urban areas (76%) gave a positive rating of their emergency department care, whereas there was no difference between rural and urban areas in ratings of hospitals and community health centre care.

Quality health care

Well coordinated care

Disaster response

The Department of Health's Counter Disaster Unit, established in February 2003, continued to coordinate counter-disaster preparedness across the whole health system in close cooperation with NSW Police, emergency services and other state and Commonwealth agencies.

The Unit commissioned a new Health Services Disaster Control Centre at the Sydney Ambulance Centre and coordinated NSW Health personnel participation in a number of joint counter-disaster exercises, including the major, joint Commonwealth/state EXPLORER exercise conducted at Holsworthy Army Barracks in May 2004.

The Unit also oversaw the development of Chemical Biological & Radiological (CBR) capability throughout NSW, including establishing chemical and biological equipment and pharmaceutical caches, developing and delivering CBR training programs to over 1,000 personnel, purchasing and distributing personal protective equipment, enhancing NSW Health's decontamination capability, and designing and procuring multi-purpose ambulances.

The Department commissioned the development of a Biosurveillance system, designed to increase the early detection of diseases arising from the use of a biological weapon.

The Centre for Mental Health initiated and provided ongoing specialist counselling for the victims of the Bali bombing, including the injured and bereaved and their families and friends. The Centre also conducted a number of disaster response training programs for Area Health Service staff to improve services for people experiencing psychological trauma as a result of disasters.



Improving housing and support for people with mental health needs

The Joint Guarantee of Service expanded in 2003 as a partnership framework to guide the collaborative delivery of mental health, support and housing services to people with mental health problems and disorders who live in social housing.

Her Excellency the Governor formally launched the new Joint Guarantee on 8 October 2003 and the following NSW bodies are now partners to the initiative: Department of Housing, Department of Health, Aboriginal Housing Office, Aboriginal Health and Medical Research Council, and the Department of Community Services.

The newly expanded Joint Guarantee emphasises engaging local services, consumers and their advocates, discussing their needs and progressively developing arrangements to improve housing and support that meets those needs.

A key initiative during 2003/04 was the Mental Health Housing and Accommodation Support Initiative (HASI), which provided over 100 high-level accommodation support places in nine Area Health Services. The Program aims to reduce the pressure on hospital beds, increase independence and privacy for low-income people with mental disorders, and help them to maintain successful tenancies.

HASI represents a substantial improvement in the availability of housing and accommodation support for people with mental disorders and psychiatric disabilities who require a high level of accommodation support to participate in community life.

Other highlights

- Emergency Medical Units and Rapid Emergency Assessment Teams were rolled out across greater metropolitan Sydney.
- The Safety Improvement Program continued to identify, report, investigate, analyse and act on all health care incidents to make health care safer.
- The first stage of the statewide Incident Information Management System (IIMS) application was evaluated. IIMS enables clinicians throughout the NSW health system to collect and review information to improve patient safety.
- The 'Towards a Safer Culture' project was developed to implement clinical pathways into Emergency Departments for stroke and Acute Coronary Syndrome. An innovative web-based tool was also developed to provide timely feedback to clinicians on the outcomes of their care.
- One hundred and forty-seven overseas-trained doctors were approved to work in traditionally harder-to-staff outer metropolitan, rural and remote communities under the Area of Need Program.
- A Regulators' Forum was established to ensure action in response to serious false and misleading health claims would be well coordinated in NSW, with the most appropriate agency taking the lead role.
- The second statewide Quality in Healthcare Forum was held to showcase Area Health Service projects demonstrating improvements in clinical practice and to action strategies from a range of themes, including Governance, Patient Safety and Leadership, Clinical Policy, Health Priorities and Consumer Participation in Quality.
- The number of licensed private hospitals and day procedure centres was increased.
- The Enrolled Nurses (EN) scope of practice was extended in early 2003 to permit endorsed ENs to administer a full range of medications. In 2003/04, more than 800 Trainee ENs were employed in the public health system.
- The 'Safe Introduction of New Interventional Procedures into Clinical Practice' was developed for clinical procedures that would ensure efficacy, patient safety and effective resource utilisation.
- A system-level review of all licensed private psychiatric class hospitals was conducted in collaboration with the Centre for Mental Health and Area health clinicians.
- Further workforce initiatives for radiation oncology services were implemented including the establishment of Radiation Therapy positions, Radiation Oncology Medical Physicists training positions in NSW Public Radiation Oncology Therapy Centres, and the overseas recruitment of radiologist.
- Rural clinical advisory working groups were established in key areas including cardiology, oncology and critical care and trauma, as recommended in the *NSW Rural Health Plan*.
- Legislation was introduced to recognise nursing and midwifery as distinct professions, paving the way for a Bachelor of Midwifery course.
- A Ministerial Review of medical and health research in NSW was supported.
- The 'Safer Place to Work' Training Program was rolled out, as part of the *Zero Tolerance* response to violence in the health system.
- NSW Health notifiable diseases data systems were developed.
- Clinical Risk Management Programs for neurosurgeons, maternity services and general practitioners working in small rural hospitals were developed.
- The Department negotiated the provision of \$86 million over five years to improve the transition from hospital to home through the Pathways Home Funding Program.
- The *Rural Companion Guide to the Role Delineation of Health Services* was developed.
- Family-friendly practices were supported through the creation of an additional 188 children's services places for health staff in vacation care, family day care and child care centres.
- A 'reasonable workload' taskforce was established to review tools that measure nurses' work.

Quality health care

Well coordinated care (continued)

Combatting cancer

The NSW Cancer Institute began work to spearhead the fight against cancer, which affects over 30,000 people and kills more than 12,000 people every year in NSW. The Institute is receiving \$205 million in funding over the four years commencing from 2003/04 to implement enhancements to cancer treatment in NSW.

NSW Supreme Court Justice, P.A. Bergin, is Chairperson of the Institute's Board, leading a team of eminent cancer researchers, clinicians, and patient representatives who will be responsible for guiding the Institute's work. The team brings together the multidisciplinary expertise needed to coordinate the fight against cancer.

The Institute's objectives are to increase cancer survival, reduce cancer incidence, improve the quality of life of cancer patients and carers, and provide expert advice to patients, the public, health care professionals and the Government.

NSW launched Australia's first comprehensive Cancer Plan 2004-2006 to lead the fight on the top 10 cancer killers in NSW. \$30 million has been allocated to implement the Plan.

The Cancer Plan's key first-year programs include 50 cancer nurse coordinators, an \$8.75 million Cancer Research Program, a \$2.4 million Lead Clinician Program and statewide cancer expert panels.

The Plan also includes an expanded radiotherapy program, an expanded tobacco control program and enhanced bowel cancer screening.

Other programs are focusing on improving cancer services in rural NSW by placing at least one specialist cancer nurse in each rural area health service, increasing to two within six months.



Stroke units increase survival rates

Around 48,000 Australians suffer a stroke each year, or one person on average every 11 minutes. It is the leading cause of disability for older people and the third leading cause of death. In the last 12 months, approximately 3,400 people attended NSW Emergency Departments in the Sydney greater metropolitan area after suffering a stroke.

Twenty-two new or enhanced Stroke Units in NSW hospitals produced patient outcomes equal to the best in the world. The specialised Stroke Units contributed to a significant drop in mortality rates for sufferers (now equivalent with Sweden at around 10%).

The specialised Stroke Units bring together the doctors, nurses, allied health professionals and equipment required to diagnose, treat and rehabilitate stroke patients. The Units take patients out of general wards and put them into a specialised setting that incorporates acute and post-acute care services. In addition to evidence of a reduction in the mortality rate of stroke sufferers, there is also evidence of a reduction in the long-term effects for survivors.



Future Initiatives

- Commence the operation of the Clinical Excellence Commission and Clinical Governance Units in Area Health Services to deliver system improvements with patient safety as the priority.
- Continue to develop and implement the Patient Safety and Clinical Quality Program.
- Continue to implement the statewide Incident Information Management System.
- Implement the NSW Health Workforce Action Plan to improve the number, distribution and skills of health professionals, with a new Health Workforce Priority Taskforce involving clinician and community representatives established to guide the Plan's implementation.
- Increase the number of enrolled nurses, registered nurses and midwives and nurse practitioners in the NSW health system, and engage the Commonwealth to provide additional registered nurse tertiary places.
- Establish an Area Health Advisory Council in each Area Health Service to give doctors, nurses, allied health professionals and local communities a say in how health services are delivered.
- Develop the Government's response to the *Report of General Purpose Standing Committee No 2 Inquiry into Complaints Handling in NSW Health* in cooperation with other government agencies and key interest groups.
- Improve NSW Health's response to complaints and work with the Independent Commission Against Corruption to make NSW Health more corruption resistant.
- Develop primary and community health care policies that set out models of care, roles and functions, core range of services, service standards and performance indicators for Area primary health care services.
- Develop policies for selection, credentialling and performance management of clinicians.
- Extend system level reviews of licensed private health facilities across speciality licence classes.
- Review and update the policy on consent to medical treatment within the public health system.
- Provide \$6 million for nurses' study leave.
- Develop a strategy that includes selection of agencies to provide ethical recruitment of overseas nurses and midwives to NSW.
- Fund a further 84 clinical leaders in 2004/05 to undertake the Clinical Leadership program developed by the Royal College of Nursing (United Kingdom) and successfully implemented in the United Kingdom, Switzerland and Belgium. This program focuses on self-development, closely linked with patient/client involvement and quality improvement, and has proven to be an effective retention strategy.
- Release new protocols for the control of notifiable diseases.
- Continue collaboration with other human services agencies and non-government organisations to develop a statewide web-based client referral network and service directory.
- Implement the Framework for Integrated Support and Management of Older People in the NSW Health Care system, to guide and coordinate improvements to service delivery for older people in NSW.
- Review the Aged Care Assessment Program to identify opportunities for improved performance and to accommodate changing directions for aged care service provision both in NSW and nationally.
- Implement a Return to Work Program for Radiation Therapists.

Quality health care

Shared decision making

Performance



Review of *Mental Health Act 1990*

The Department of Health released a Discussion Paper as part of a review of the *Mental Health Act 1990*. The paper focused on information sharing and privacy issues, particularly as they affect families and carers of the mentally ill.

The Paper, which attracted more than 80 submissions from interested parties, concentrated on two aspects of information sharing with carers – whether existing legislation properly permitted disclosure of information to carers and whether the legislation supported carer involvement in treatment planning and ongoing care issues.

The review recognises that the *Mental Health Act* has remained largely unchanged since it was passed in 1990, but that the demand for mental health services in NSW has changed significantly since then and the Act should reflect this.

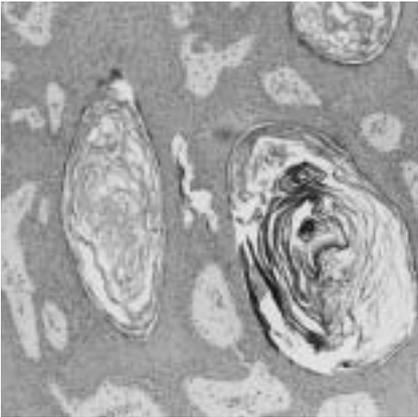
Consumer Forum examines the role of consumers in planning health services

The Annual Consumer Forum, attended by consumer representatives from across NSW, provided an opportunity to discuss key attributes of successful consumer and community engagement in health services.

Discussions included topics such as diversity of membership of local Health Councils and similar consumer participation structures, and clarity about the role and function of local consumer participation structures.

The Forum also considered the issues of two-way communication between local consumer participation structures and health services, and training and support for staff and consumers.

The work of the Forum assisted in developing proposals for the establishment of new Area Health Advisory Councils.



Laws in place for use of human tissue

New legislation was introduced in NSW to provide a clear framework for the conduct of post-mortem examinations and the use of human tissue.

The *Human Tissue and Anatomy Legislation Amendment Act 2003*, which commenced in November 2003, appropriately recognises the wishes of individuals and their families. It addresses the removal, use and retention of human tissue from both adults and children, and living and deceased donors.

The legislation strikes a balance between the community's expectations concerning the dignified and respectful treatment of deceased persons, and the interests of justice and the need for ongoing medical research, education, training and inquiry.

Under the legislation, tissue removed during medical, surgical or dental procedures, or for the purposes of a post-mortem examination, is not to be used for other purposes without the documented consent of the deceased or their next of kin. Additionally, all non-coronial, post-mortem examinations are to be carried out in accordance with the wishes of the deceased or their family.

The legislation also includes provisions to ensure that regard is given to the dignity of the deceased person in the conduct of any post-mortem or anatomical examination.

DASHBOARD INDICATOR: Unplanned return to operating theatre

Desired outcome

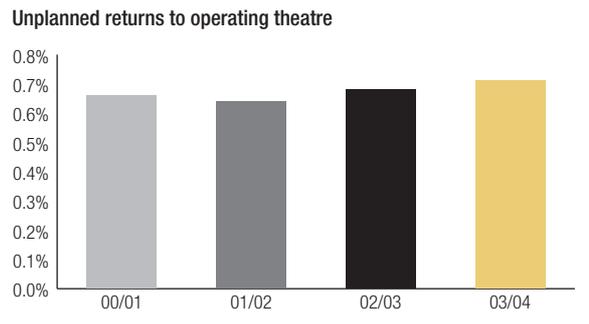
To reduce the number of unplanned returns to theatre

Context

An unplanned readmission may suggest problems in patient management and care processes, or that the patient was inappropriately discharged or that hospital and non-hospital services may not have been well coordinated. However, readmissions may also occur due to a new problem arising or a complication of an unrelated condition.

Whilst improvements may be made to reduce readmission rates, unplanned readmissions can never be fully eliminated.

This context also applies to the following two dashboard indicators.



Source: HIE (9 September 2004).

Interpretation

The number of patients that have required a return to the operating theatre following a procedure has remained stable. The percentage of cases that need to return to an operating theatre is very small so many changes, especially in smaller Area Health Services, are not statistically significant. Differences in performance between Areas and over time also reflect differences and changes in the complexity of surgery being performed. A factor contributing to the small increase in unplanned returns to operating theatres is that more patients are having minor operations performed without needing to be admitted to hospital, resulting in an increase in the average operation complexity of patients that continue to be treated in hospital.

Quality health care

Shared decision making (continued)

Performance



Health records go online

Patients and parents of children in medical care will be able to log on to the internet and view their comprehensive medical histories following the signing of a contract to establish a pilot for an electronic health record system for NSW.

The groundbreaking \$19.4 million Health e-link program puts patients' medical records online, giving doctors, specialists, emergency department clinicians and allied health workers online access to their patients' summary medical histories and to the most up to date information on their treatment and medication.

Tests will not have to be repeated unless absolutely necessary, nor will patients and carers have to recall from memory all aspects of care they received in the past. Whenever a patient visits the local doctor, the emergency department or a specialist, and all members of the health care team will have access to the same records.

The problem of illegible and incomplete handwritten medical records that can lead to mistakes is removed in Health e-link.

The system is being piloted at The Children's Hospital at Westmead, South Western Sydney and Western Sydney Area Health Services, and at Maitland and Raymond Terrace in the Hunter.

New Palliative Care Advisory Group

The NSW Palliative Care Advisory Group was established in 2003 to provide advice to the Department for palliative care service delivery in NSW.

The Advisory Group includes medical, nursing and allied health practitioners, a general practitioner, medical and nursing academics, and representatives from the Palliative Care Association of NSW, Health Participation Council, Carers NSW, Australia New Zealand Society of Palliative Medicine, NSW Society of Palliative Medicine, NSW Cancer Institute and the Australian Nursing Homes and Extended Care Association. The membership reflects the diversity of people involved in the care of people who are approaching the end of their life.

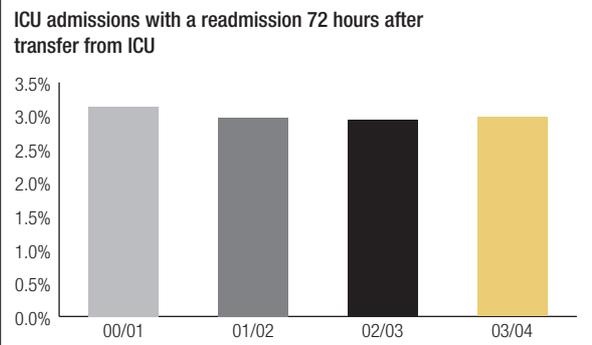
The Advisory Group is concerned with comprehensive, encompassing palliative care for different target groups, clinician education and support, carer and consumer expectations and experiences, and the role of general practitioners.

Significant work to date includes the development of a role delineation framework for palliative care services and consideration of different models of service delivery in terms of effectiveness, access and equity, and cost effectiveness.



DASHBOARD INDICATOR:
Unplanned readmission to an intensive care unit (ICU) within 72 hours

Desired outcome
Reduction in the number of readmissions to intensive care units (ICUs) within 72 hours of discharge



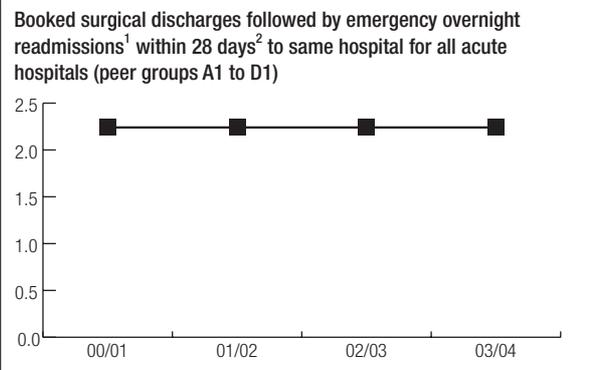
Source: Ward Episode Table, Health Information Exchange (HIE), 8 September 2004. ICU episodes were identified using bed/unit type (15 General Intensive Care Unit).

Note: The above table relies on information entered into the HIE by Area Health Services.

Interpretation
The number of patients returning to ICUs within 72 hours of discharge continues to fall. The number returning as a percentage of total ICU admissions has remained stable at 3%. This is a good result given the increasing number of elderly patients with complex medical problems being treated in Intensive Care.

DASHBOARD INDICATOR:
Booked surgical readmissions within 28 days

Desired outcome
Reduced readmissions



Source: HIE as at 9 September 2004.

¹ Transfers were excluded

² Readmissions less than 4 hours were excluded

Interpretation
The number of patients as a percentage of overnight surgical admissions has remained stable at 2.2%. This is a good result given the rising complexity of surgical cases and the increasing age of patients being treated.

Quality health care

Fifth Annual NSW Health Awards

In October 2003, NSW Health presented the fifth Baxter NSW Health Awards following a record 233 entries from across the State. The 2003 Awards reaffirmed the theme of quality in health care, focusing on health and safety and the potential for quality improvement projects to be implemented in a range of workplaces. The winners demonstrated a strong commitment to delivering world-class health care and provided real examples of the passion, excellence and professionalism of NSW Health staff to quality and safety.

Minister's Awards

2003 NSW Health Peak Award

Category: Consumer Participation
Project name: WellingTONNE Challenge
Organisation: Macquarie Area Health Service
Aim: To bring the community together through recognition of weight loss as a significant health issue.

2003 NSW Health Innovation Award

Category: Safety
Project name: Safety and Security Improvements for Wollongong Hospital's Community
Organisation: Illawarra Area Health Service
Aim: To reduce security-related incidents for the entire site and reduce risk to the hospital's community by promoting the safety and well being of staff, patients and the public within health facilities.

2003 NSW Health Encouragement Award

Category: Effectiveness
Project name: Improving the Care of Children with Asthma in Emergency
Organisation: South Eastern Sydney Area Health Service
Aim: To demonstrate significant improvement and sustainability towards a reduction in the number of children with asthma re-presenting to the Emergency Department at Sydney Children's Hospital.

Director-General's Awards

Director-General Commendation Award

Category: Consumer Participation
Project name: Dorrigo Active Community 2003 project
Organisation: Mid North Coast Area Health Service
Aim: To engage the whole community in the implementation of activities involving community spirit, peer support and well-developed relationships with organisations consistent with recommendations from the Obesity Summit.

Director-General Commendation Award

Category: Access
Project name: Coachstop Caravan Park Outreach Clinic
Organisation: Maitland Dungog Community Nursing Service, Hunter Area Health Service
Aim: To improve access and develop support networks for women and children in existing social and health services with a focus on developing support networks for improving maternal and child outcomes.

Director-General Commendation Award

Category: Information Management
Project name: Multimedia self-paced learning in medical terminology
Organisation: Learning and Development Service, Central Coast Area Health Service
Aim: To develop and pilot a multimedia approach to self-paced learning in medical terminology for clerical staff working in a health environment and to provide the flexibility for educators to offer a blended approach to learning both in and out of the workplace.



Category Winners

Safety

See Minister's Innovation Award

Effectiveness

Project name: Management of Haemodynamically Unstable Patients with a Pelvic Fracture
Organisation: Liverpool Health Service, South Western Sydney Area Health Service
Aim: To reduce the high mortality associated with haemodynamically unstable patients with pelvic fracture by developing evidence-based recommendations that remedy common clinical dilemmas and decrease variations in practice.

Appropriateness

Project name: Patients Requiring Intravenous Medication in Aged Care Facilities
Organisation: St George Hospital, South Eastern Sydney Area Health Service
Aim: To facilitate the administration of an IV antibiotic regime within an aged care facility (ACF) by enhancing the clinical expertise of registered nurses employed in ACFs and to provide clinical support and resources to ACFs who are managing these patients.

Consumer participation

Project name: Healthier People and Healthier Homes
Organisation: Bourke Hospital, Far West Area Health Service
Aim: To achieve a reduction in the community burden of preventable and manageable diseases by promoting healthier people and healthier homes.

Efficiency

Project name: Child and Family Occupational Therapy Project
Organisation: Northern Beaches Child and Family Health, Northern Sydney Area Health Service
Aims: To maximise the efficiency of community paediatric Occupational Therapy services and establish effectiveness of community paediatric Occupational Therapy services.

Access

Project name: Speech Pathology Screening Clinics for the Community
Organisation: Lithgow Hospital, Mid West Area Health Service
Aim: Reducing speech pathology waiting times by 50% (by February 2003).

Competence

Project name: Improving Quality in Cytology
Organisation: NSW Cervical Screening Program, Westmead Hospital
Western Sydney Area Health Service
Aim: To increase cytology professionals' knowledge of difficult high-grade cervical cytology by 10% over a 12-month period.

Information management

Winner

See Director-General Commendation Award

Commendations

Project name: Organisational Performance Website
Organisation: Royal North Shore Hospital, Northern Sydney Area Health Service
(See Director-General's Award)

Project name: Developing the Aged Care Database
Organisation: St Vincent's Hospital, South Eastern Sydney Area Health Service

Project name: Aiming for a Safer Patient Environment
Organisation: Clinical Governance Unit, John Hunter Campus, Hunter Area Health Service

Continuity of care

Winner

Project name: 'Breaks the Cycle' – Correctional Centre Release Treatment Scheme

Organisation: Corrections Health Service

Aim: To provide continuity of quality health care for recently released inmates, beyond the prison system.

Commendations

Project name: Diversional Activity Program
Organisation: Trangie Multi Purpose Health Service, Macquarie Area Health Service

Project name: 'Play in Partnership'
Organisation: Paediatric Unit, Dubbo Base Hospital, Macquarie Area Health Service

Education and training

Project name: Evaluating the Effectiveness of Paediatric Asthma Education
Organisation: Paediatric Department, Liverpool Health Service, South Western Sydney Area Health Service

Aim: To enhance knowledge and investigate the impact of both staff and parental asthma education on health service utilisation of children with asthma.

Healthier people

Staying healthy

Performance



The Department of Health plays an important role in promoting community health and preventing illness. With health services under increased pressure, due to an aging population and the rising cost of medical care, the need for preventative strategies has never been more critical.

During 2003/04, the Department focused on enhancing community-based health programs, which are recognised globally as the most effective mechanism for promoting good health. There were significant achievement in targeting smoking, unhealthy eating in schools, and alcohol abuse. The Department also announced a range of initiatives that recognise the care of older people is one of the most significant issues facing the health system.

Anti-smoking initiatives

NSW Health spent \$6 million on tobacco control in 2003/04.

NSW Health and the Cancer Institute of NSW joined forces to launch the *Lady Killer – why risk it?* campaign, designed to heighten women’s awareness of the risks of smoking. Lung cancer is a leading cause of cancer death in women, yet female smoking rates in Australia are declining more slowly than rates in men. Women’s smoking rates peak in the 16–34 year age group and nearly 20% of Australian women over 14 years are daily smokers. The campaign focused on the additional health risks that female smokers face, including reduced fertility, menstrual problems and difficulties with pregnancy and childbirth.

The Department renewed its efforts in 2003/04 to cut smoking rates in young people. The Department is a major sponsor of the annual Rock Eisteddfod Challenge for NSW high schools. Students involved in the Rock Eisteddfod must commit to not smoking during the period of the Challenge and are given the opportunity to learn about the health, social and financial effects of smoking.

The Department sponsored the Croc Festival in 2003 under the banner ‘SmokeFree’. This Festival involved more than 2000 students from 62 schools across rural and remote NSW and alerted students to the dangers of tobacco, alcohol and other drugs.

The *Car and Home: Smoke-free Zone* campaign continued to target parents and carers of children aged between zero and six years via media advertisements, a website, print and promotional resources and grants for communities to develop local initiatives.

DASHBOARD INDICATOR: Staying healthy

Desired outcome Keeping people healthy

Overall context The NSW Health Survey includes a set of standardised questions to measure health behaviours.

Note: The confidence interval for the majority of the data is +/- 2 percentage points.

Smoking

Context

Smoking is responsible for many diseases including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW.

Interpretation

Between 1997 and 2002, the prevalence of daily or occasional smoking among the NSW adult population decreased from 24% to 21%. This decrease was observed in both males (27% to 24%) and females (21% to 19%). However, in 2003 the prevalence has increased to 23% and is now not significantly different to the previous years. In contrast, the percentage of smoke-free households has increased significantly, from 70% in 1997 to 83% in 2003.

Alcohol consumption

Context

Alcohol has both acute (rapid and short but severe) and chronic (long lasting and recurrent) effects on health. Too much alcohol consumption is harmful, affecting the health of others via alcohol-related violence and road trauma, increased crime and social problems.

Interpretation

There has been a decrease in the percentage of adults reporting 'any risk drinking behaviour', from 42% in 1997 to 36% in 2003. This decrease was greater in males (from 51% to 41%) than in females (from 34% to 30%). In 2003, as in previous years, more rural residents (40%) than urban residents (35%) reported risk drinking behaviour. Alcohol risk drinking behaviour includes consuming on average, more than four (if male) or two (if female) 'standard drinks' per day.

Physical activity

Context

Physical activity is important to maintaining good health and is a factor in protecting people from a range of diseases including cardiovascular disease, cancer and diabetes mellitus.

Interpretation

Between 1998 and 2003 there has been a decrease in the percentage of people who undertake adequate physical activity (from 48% to 45%). In 2003 more males (50%) than females (41%) undertook adequate physical activity.

Overweight or obesity

Context

Being overweight or obese increases the risk of a wide range of health problems.

Interpretation

Consistent with international and national trends, the prevalence of adults classified as overweight or obese increased from 42% in 1997 to 48% in 2003. This increase occurred in both males (50% to 56%) and females (35% to 41%). In 2003 more males than females were classified as overweight or obese. More rural residents (53%) than urban residents (47%) were classified as overweight or obese.

Fruit and vegetable intake

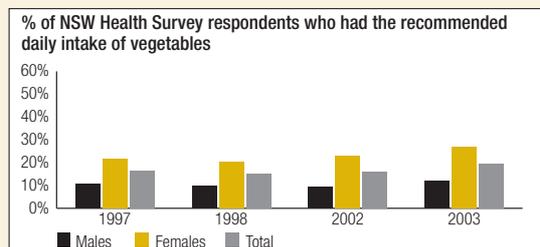
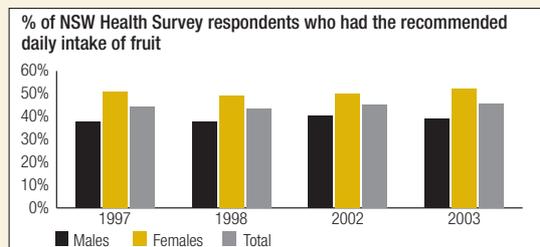
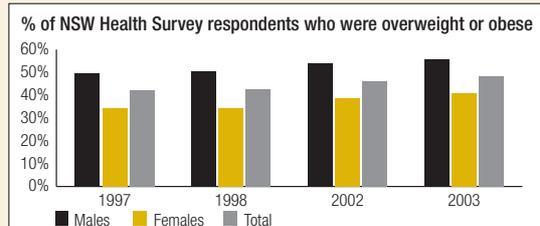
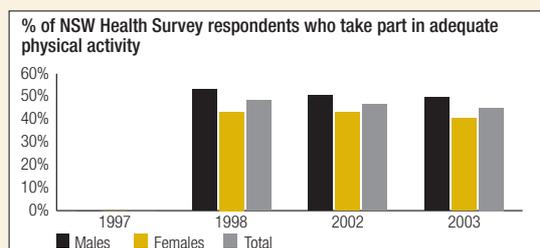
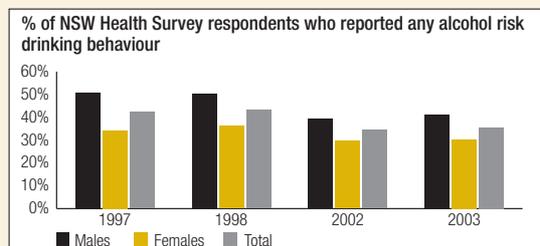
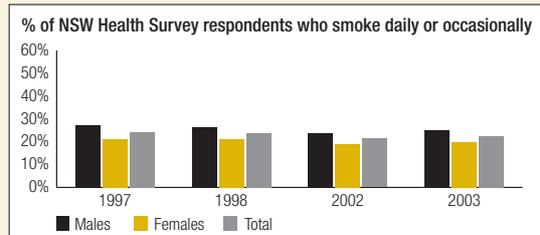
Context

Nutrition is important at all stages of life and is strongly linked to health and disease. Good nutrition protects people from ill-health, whereas a poor diet contributes substantially to a large range of chronic (long lasting and recurrent) conditions, from dental caries to coronary heart disease and cancer.

Interpretation

Between 1997 and 2003 there was no change in the percentage of people consuming the recommended daily intake of fruit (46% in 2003), based on the Dietary Guidelines for Australian Adults. However, the proportion of people consuming the recommended daily intake of vegetables has increased from 16% in 1997 to 19% in 2003. In 2003 more rural residents (23%) than urban residents (19%) consumed the recommended daily intake of vegetables.

Source for all graphs: NSW Health Survey 1997, 1998, 2002 and 2003.



Healthier people

Staying healthy (continued)

Healthy School Canteen Strategy

The NSW Healthy School Canteen Strategy was released as a joint initiative of NSW Health and the NSW Department of Education and Training to improve the nutritional value of food and beverages sold in school canteens.

The Strategy means more fresh fruit, salads, low-fat dairy products and fibre-rich cereals on the school canteen menu. Factors such as the amount of saturated fat and kilojoules found in foods will need to be considered by school canteen managers before offering foods for sale. This means traditional staples such as doughnuts, chocolate bars and sugar sweetened drinks will no longer be available for everyday consumption.

The Healthy School Canteen Strategy was one response to the 2002 Childhood Obesity Summit. The Summit heard that more than 20% of NSW children are overweight or obese and that between 1985 and 1995 the level of overweight Australian children more than doubled.

Childbirth report assists health professionals

Research conducted by NSW Health provided important information about childbirth trends. The release of the NSW Mothers and Babies Report combined a number of statewide data collections to examine birthing trends in NSW.

The report included numbers of births, the age of women giving birth, the number of Aboriginal and Torres Strait Islander mothers, vaginal versus caesarean births, rate of premature births and birth mortality rates.

The latest report revealed a growth in the trend towards women aged 35 and over giving birth, and a further increase in the percentage of caesarean births over the last five years. It also noted a decline in the number of teenage mothers and fewer women reporting smoking during pregnancy.

Data on births and birthing practices provides comprehensive information for use by health practitioners, planners, policy makers, researchers and consumers.

Responding to an increase in HIV infections

Data released by NSW Health showed that HIV notifications had risen by more than 20% over the last two years. Gay men living in inner and inner-western Sydney accounted for the majority of new diagnoses, with notable increases in the Hunter and in Wollongong.

HIV infections are concentrated among people aged 20-50, with 40% of people diagnosed aged 30-39. Fifteen per cent of notifications are from persons identifying as heterosexual.

Success in preventing further growth of infections has relied on high rates of condom use by gay men, but current rates of condom use are not enough to prevent new infections. The research indicated HIV infection rates would continue to rise as long as the rate of unsafe sex remained at current levels.

NSW Health is working closely with the AIDS Council of NSW and other health services to respond to the increase and to raise awareness about the importance of safe sex practices.

Expansion of vaccination program

The NSW school-based Meningococcal C Vaccination program was expanded to include immunisation for high school students against Hepatitis B, tetanus, diphtheria and whooping cough, in line with the four-year NSW Immunisation Strategy developed by NSW Health.

The high school vaccination program is the most comprehensive ever seen in Australia.

NSW public health professionals successfully accelerated the roll-out of the Meningococcal C vaccination program, which targeted 1.2 million children and young adults in NSW high schools.

A commitment was made at the start of the roll-out to accelerate the program to ensure faster access for children to this potentially life-saving vaccine. The vaccination program for primary schools will be completed in December 2004, well ahead of the Commonwealth Government scheduled completion date of 2006.



Mental health services funding boost

In 2003/04 a record \$715 million was budgeted on mental health services in NSW. This was an increase of \$90 million on the preceding year, and double that spent in 1995.

In addition to maintaining baseline mental health funding, the NSW Government announced, on 6 April 2004, enhancements of \$241 million over the next four years (2004/05 to 2007/08) for mental health services. This was augmented by a further \$76 million over the same period announced in June 2004 to fund the recurrent costs of the mental health capital program.

This funding will secure additional acute, sub-acute and community mental health services to provide the assistance where and when people need it and to minimise the need for inpatient care. The funding will be directed towards a range of initiatives including:

- new acute mental health care beds
- additional supported accommodation places
- \$14 million additional recurrent funding for the new Forensic Hospital at Malabar
- more community-based mental health professionals, including nurses
- better coordination and case management of forensic patients
- expansion of the successful court liaison program
- more child psychiatrists and inpatient programs for children
- additional Aboriginal mental health workers.

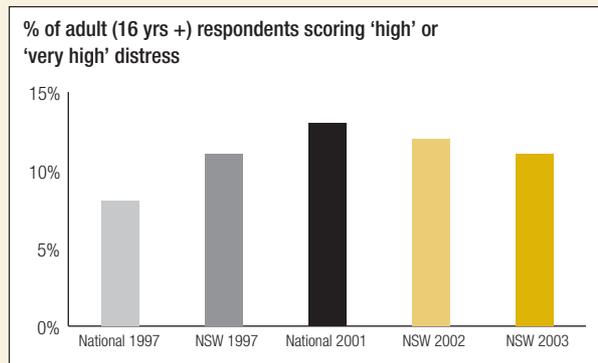
DASHBOARD INDICATOR: Self-reported mental health

Desired outcome

Improved mental health and well-being of the community

Context

The mental health of the population reflects broad social and economic factors and indicates the effectiveness of mental health prevention, promotion and care programs. It is measured through a set of standardised questions in the NSW Health Survey for adults (Kessler 10 plus) and children (Strengths and Difficulties Questionnaire).



Source: K10 Psychological Distress Scale, NSW Health Survey 1997, 2002 and 2003. National surveys 1997 and 2001.

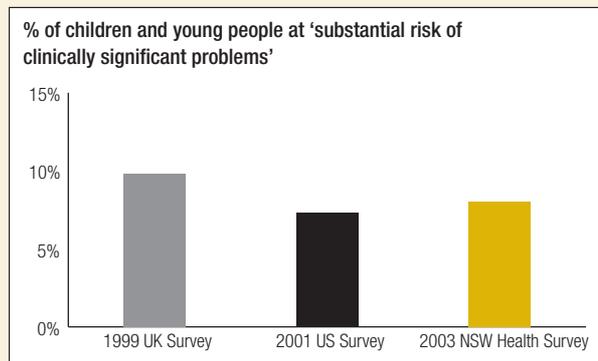
Interpretation

The current level of psychological distress in NSW for adults in 2003 is the same as in 1997, and slightly lower than the 13% reported for Australia in the National Health Survey of 2001.

% of children and young people (5-15 yrs) with 'substantial risk of clinically significant problems'

| Age | Male | Female |
|-----------------|------|--------|
| 5-10 years | 8.2 | 5.3 |
| 11-15 years | 12.5 | 5.6 |
| Both age groups | 10.3 | 5.5 |

Source: NSW Health Survey.



Source: Strengths and Difficulties Questionnaire, NSW Health Survey 2003, Centre for Epidemiology and Research, Office for National Statistics Survey (UK), 1999, National Health Interview Survey (US), 2001.

Interpretation

The current prevalence of children and young people at substantial risk of clinically significant problems in NSW in 2003 is 8%. This level is slightly lower than the 10% reported in the 1999 UK Office for National Statistics Survey and slightly higher than the 7% reported in the 2001 US National Health Interview Survey. There are no Australian population figures available for comparison.

Healthier people

Improved social environment

NSW Alcohol Summit

The NSW Government hosted the NSW Alcohol Summit in August 2003 to bring together alcohol experts, families, researchers, industry, interest groups, community leaders and Members of Parliament to consider new ideas and solutions on the management of alcohol abuse.

Summit Working Groups reviewed current strategies and programs to make recommendations for future action. In particular, the Summit examined the effectiveness of existing NSW laws, programs and services as well as the cost to the community of alcohol-related harm. It also looked at the effectiveness of current resource allocations and the role of Commonwealth agencies, programs and strategies.

NSW Health was the lead agency for two Summit Working Groups that considered key questions relating to alcohol dependence, disease and treatment, and effective health care delivery. Ms Robyn Kruk, Director-General, and Dr Greg Stewart, Chief Health Officer, played key roles as co-facilitators of the Working Groups.

Among its 318 recommendations, the Summit proposed closer partnerships between government, communities and the alcohol industry, greater sharing of research between government agencies and communities, initiatives to regulate the availability of alcohol and the promotion of safer drinking environments. It also recommended more family and parental education initiatives, school-based prevention programs and the promotion through the media of responsible alcohol use.

The Government's response to the Summit, *Changing the Culture of Alcohol Use in New South Wales* was released in May 2004 and sets out a four-year plan. NSW Health, through the Centre for Drug and Alcohol, has lead agency responsibility for a number of significant initiatives in a range of areas. These include alcohol education and information, drug and alcohol treatment services, relapse prevention, detoxification services for Aboriginal communities, and dual diagnosis management.

Sponsorship has anti-alcohol abuse theme

NSW Health supported budding filmmakers aged 18 to 25 as part of a campaign to reduce alcohol and drug abuse. The theme for the Play Now Act Now 2003 short film and video competition was *Getting smashed: Young people, alcohol and drugs*.

The theme was designed to encourage creative responses from filmmakers to issues posed by risky drinking, which include anti-social behaviour, unsafe or unwanted sex, drink driving and violence. The competition also ensured young people had a say in the planning and delivery of important messages on issues that affect them.

There were a record 52 entries in the 2004 competition and a sell-out crowd at the Chauvel Cinema in Sydney witnessed the work of some of the best young talent in filmmaking in NSW. The winning entry was considered in social marketing campaigns to increase awareness of alcohol abuse.

M5 East tunnel and stack pollution levels tested

NSW Health conducted a study on pollution levels in the M5 East tunnel and a further study on any health effects associated with the tunnel stack.

The in-tunnel pollution study highlighted concerns for asthmatics due to levels of nitrogen dioxide in the tunnel that can make them more susceptible to pollens and other asthma triggers. NSW Health advised that asthmatics should avoid the tunnel when tunnel transits are likely to be prolonged, particularly if they have a vehicle where the cabin cannot be closed. The study showed that closing the car windows and vents resulted in a substantial reduction in exposure to the pollutants in the tunnel.

As a result of this study, an inter-agency working party is investigating nitrogen dioxide levels in the tunnel in more detail and considering international trends in tunnel nitrogen dioxide management.

The second study investigated community complaints about health effects experienced after the opening of the M5 East tunnel stack.

A team of specialist physicians assessed individual community members to determine which of their symptoms could be related to the stack. Based on these findings, the study measured community prevalence of eye, nose and throat irritation in relation to modelled stack emissions.

The investigation was unable to demonstrate an association between these symptoms and stack emissions. There was also no difference in measures of general health, mental health or asthma in the area potentially impacted by stack emissions, compared to surrounding areas or NSW as a whole.



DASHBOARD INDICATOR:

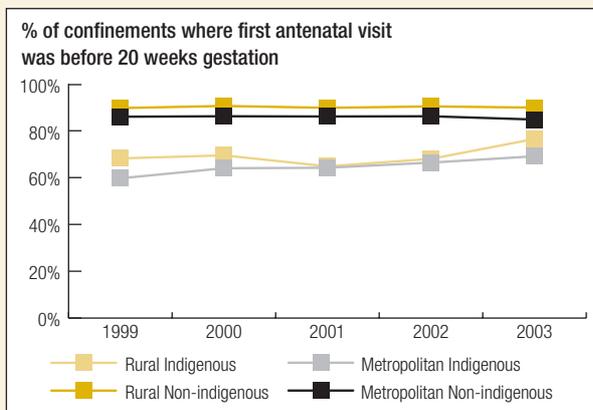
Antenatal visits before 20 weeks gestation

Desired outcome

Healthier babies

Context

Antenatal visits are used to monitor the health of both mother and baby throughout pregnancy, provide advice and identify any problems so they can be treated promptly.



Source: NSW Midwives Data Collection.

Interpretation

Between 1999 and 2003, about 86% of mothers started antenatal care before 20 weeks gestation (halfway through pregnancy). From 1999 to 2003, the proportion of Aboriginal women starting antenatal care before 20 weeks gestation improved by almost 10%, from 65.5% to 74.7%, although this remains substantially lower than in non-Aboriginal mothers (87.1% in 2003). The proportion of mothers starting antenatal care before 20 weeks gestation was higher in rural health areas, compared with urban health areas, for both Aboriginal and non-Aboriginal mothers. This may be due to differences in the reporting of the first antenatal visit. In some urban areas, antenatal care is counted from the first clinic or specialist visit, while in rural areas, where all antenatal care is often provided by GPs, it is counted from the initial consultation with a GP.

Other highlights

- The NSW Centre for Overweight and Obesity was established as a Centre of Excellence in overweight and obesity research in Australia.
- \$3.1 million was allocated under the NSW Carers Program for direct carer support projects in local areas, with 38 projects funded. The projects will provide carer information and education, social support and networking.
- An investment of \$2 million resulted in 30% more people receiving podiatry and basic foot care services.
- A Public Oral Health Model was piloted in the Mid North Coast Area Health Service, focusing on fluoridation of public water supplies in several large communities.
- The Centre for Drug and Alcohol implemented the Snowfields Injury Prevention Service, targeting alcohol and drug use, safe skiing and safe driving.
- The Department's Water Unit worked with Sydney Water Corporation and the Sydney Catchment Authority to review preparedness for managing Sydney's drinking water quality in the event of major drought-breaking rainfall.
- The NSW Aboriginal Safety Promotion Strategy was developed and launched in partnership with Aboriginal communities and Indigenous health professionals.
- The Department supported the establishment of the Premier's Council for Active Living through a partnership with the NSW Premier's Department.
- NSW School-Link continued to promote mental health and facilitate early intervention for children and adolescents. This initiative is implemented locally by School-link coordinators in Area Health Services, in partnership with local schools and TAFEs.
- The Integrated Clinical Information Program was established to coordinate the delivery of the Electronic Health Record to provide comprehensive patient information from hospital, community health and general practitioner settings to service providers and patients.

Healthier people

Better quality of life

Severe Acute Respiratory Syndrome (SARS) taskforce hands down recommendations

Early identification of SARS patients and ensuring that hospitals are fully prepared with adequate isolation rooms and infection control measures were two of the key recommendations of the NSW Taskforce on SARS.

There were more than 8,000 cases of SARS worldwide in 2003, including more than 800 deaths – most of them in China, Hong Kong, Singapore, Toronto, Taiwan and Hanoi.

The Taskforce report focused on early identification and management of patients presenting to doctors with SARS type symptoms and key recommendations are being implemented by all Area Health Services across NSW.

Regardless of whether SARS returns to the world stage, it is inevitable that other infectious disease threats will emerge, such as the deliberate release of infectious agents for purposes of bio-terrorism, pandemic influenza, and the emergence of novel, or the re-emergence of known, infectious diseases. Within this context, many of the recommendations of the SARS report are equally applicable to these other threats and ensure that NSW will be much better prepared to withstand them.

Proposed changes to tobacco display laws

The NSW Government committed to further tightening regulations governing the display of tobacco products through the NSW State Cancer Plan proposal to further limit the point-of-sale display of tobacco products. The initiative requires changes to public health regulations to ensure that tobacco products are concealed from view.

In NSW, 18 people die from smoking-related illnesses each day and 6,500 people die of tobacco-related illness each year, 2300 of those deaths from lung cancer.

Addressing the point-of-sale issue was not the only option recommended in the Cancer Plan, which contained a number of other initiatives aimed at driving down the prevalence of smoking.

In considering the costs and benefits of implementing the Plan's recommendations, the Department consulted affected groups including retailers, health bodies and government departments.

Cancer rates tested

NSW Health's investigation into the potential health impacts of the former Union Carbide site at Rhodes found rates of all cancers for all periods of the study in the area did not differ from rates in the comparative areas.

NSW Health, in consultation with the Rhodes Community Liaison Group, agreed to conduct an investigation of historical cancer incidence in the suburbs surrounding the Rhodes site. The historical cancer study compared cancer and cancer death rates in the 20 districts within 1.5 kilometres of the site, to rates for NSW and suburbs just outside the study area.

A detailed community newsletter was distributed by NSW Health to explain the results of the investigation and to provide health information relating to the clean-up of the Rhodes peninsula.

Diabetes awareness initiative

NSW Health worked to raise awareness of the growing risk of diabetes, as the number of Australians developing the condition continues to increase.

The Public Health Bulletin outlined the risk factors for diabetes in the NSW adult population. Type 2 diabetes is the most common type, accounting for approximately 85% of those with diabetes. It is preventable with the right lifestyle choices including a healthy diet, regular exercise, reducing alcohol intake, not smoking and maintaining a healthy body weight.

NSW Health promoted the health benefits associated with moderate exercise and encouraged people to choose an activity they enjoy such as walking, swimming or gardening. NSW Health also alerted the community to risk factors, which may include being over 45, having high blood pressure, being overweight, having a family history of diabetes, a heart attack or gestational diabetes.

NSW Health advised people with these risk factors – or symptoms such as excessive thirst, excessive urination, weakness, fatigue or blurred vision – to talk to their GP about having a blood test for diabetes.



NSW Chronic Care Program

More than 42,000 patients were enrolled in the 60 priority health programs established across NSW as part of Phase One of the Chronic Care Program. The Program aims to improve quality of life for people with chronic conditions and their carers, prevent crisis situations and reduce unplanned hospital admissions.

The Program's success has been substantial, so far avoiding more than 56,000 day beds, including 6,500 emergency department presentations.

The *My Health Record* initiative was developed for people with chronic illness who see multiple providers in many different settings and has been well received by patients and carers. The Record is a folder that holds information about a patient's health, including medical conditions and the treatment recommended by doctors and other health care providers. It allows patients and their health workers to keep track of important health information in a single place.

Clinical Service Frameworks have also been developed as part of the Chronic Care Program in the health priority areas of respiratory disease, cancer and heart failure. Their development was led by expert clinicians, other health service providers, patients and carers to provide evidence-based standards of care for Area Health Services to support statewide adoption of best practice.



Future initiatives

- Implement initiatives arising out of the State Government's commitment of \$241 million in enhancement funding for mental health services. The 2004/05 Health capital works budget provides for:
 - Commencement of work on the redevelopment of Lismore's Richmond Clinic, including 15 extra beds and an 8-bed Child and Adolescent Unit
 - Planning funds for the establishment of a 15-bed older persons mental health unit in Wollongong
 - Continuation of works in progress including units at Macquarie and Campbelltown hospitals
 - Planning for an additional 80 medium security and community care units.
- Continue to implement NSW Health's component of the State Government's response to the NSW Alcohol Summit.
- Publish the results of the NSW Schools Physical Activity and Nutrition Survey.
- Establish the Management Policy to Reduce Fall Injury Among Older People.
- Develop a breastfeeding policy to promote breastfeeding throughout the NSW health system and community.
- Develop an effective management plan for the occupational health and safety aspects of caring for bariatric patients (morbidly obese).
- Review the performance of breast and cervical cancer screening programs.
- Implement the NSW Psychostimulant Strategy 2004-08.
- Establish a program to enhance public health preparedness, including a multi-mode communications network for public health and clinical practitioners.
- Lead an inter-agency working group to develop a clear and balanced regulatory and management framework for the use of recycled water.
- Support the introduction of fluoridation of public water supplies in several rural communities.
- Implement the Neonatal Intensive Care Services Plan.
- Go live with two NSW Electronic Health Record (Health e-link) pilots.
- Develop a consumer satisfaction measure for mental health clients.
- Implement initiatives that will increase the capacity of General Practice to undertake population health initiatives.

Healthier people

Better quality of life (continued)

Performance

Better care for dementia patients

A manual, *Adapting the Ward for People with Dementia*, was issued which focuses on the practical needs of people with dementia and how these needs can be met in a rural hospital setting.

The manual provides health professionals in regional NSW with practical examples of how hospital wards could be varied to improve care of dementia patients, improve efficiency and better manage resources. It was developed following a review of more than 20 years of research, which indicated that the living environment of a dementia patient could either harm or hinder their condition.

Dementia patients in rural and regional centres sometimes spend significant time in their local hospital while recovering from a fall or illness or waiting for a nursing home place.

Adapting the Ward for People with Dementia is unique in that it incorporates both medical and architectural advice and includes practical examples of simple things that can be done in rural hospital wards to make the care of dementia patients more effective.

Protecting children with severe allergies

Parents of children with severe allergic reactions can have greater peace of mind in sending their children to school following the 2003 launch of the *Anaphylaxis Guidelines for Schools*.

Anaphylaxis is a severe, potentially life-threatening allergic reaction that appears to be on the increase, with an estimated eight in every 1000 children at risk of a severe allergic reaction at some time. The most common allergic triggers include insect stings, foods such as peanuts, milk and eggs, some medications and latex products.

The Guidelines provide a step-by-step guide to establishing a supportive school environment for students with anaphylaxis. They clearly set out what schools can do to protect children at risk, how to establish emergency response plans for them and what to do in the event of a severe reaction.

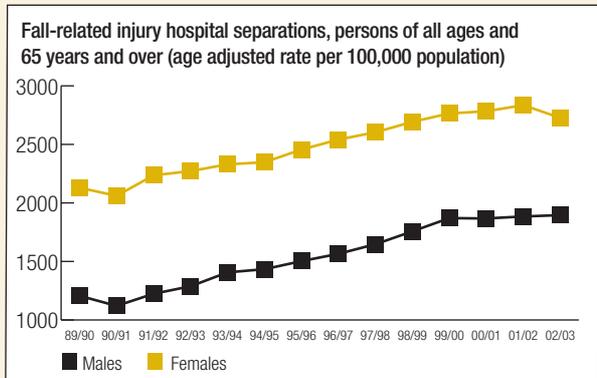
DASHBOARD INDICATOR: Falls in older people

Desired outcome

Fewer people aged 65 years and over hospitalised for a fall-related injury

Context

Fall-related injuries are one of the most common injury-related preventable hospitalisations for people aged 65 years and over in NSW.



Source: NSW Inpatients Statistics Collection and ABS population estimates (HOIST).

Note: 2003/04 data is not yet available.

Interpretation

The NSW health system admits over 36,000 people for fall-related injuries every year, more than half of whom are over 65 years of age, which currently costs the NSW health system around \$333 million a year. These costs will increase as the number of older persons in NSW grows, with fall-related injury costs estimated to reach \$650 million a year by 2050.

Falls are a common occurrence in older people due to reduced fitness and flexibility, chronic illness and medication use. Around one in three people aged 65 years and older, and living in the community, will fall at least once this year. Only around half of those people hospitalised for fall-related fractures or serious injuries are able to return to home.

However, there are effective strategies to prevent fall-related injuries, such as increasing levels of physical fitness and reducing common environmental hazards.

Hospitalisation rates for fall-related injuries appear to have stabilised from 1999/00 to 2002/03 in males and females aged 65 years and over. This may be attributed to greater awareness amongst older people and health workers on strategies to prevent and minimise the risk of falls.

The NSW Falls Prevention and Management Strategy, which will receive \$8.5 million funding over 4 years from 2004/05, will highlight common risk factors for falls and recommend simple things that can be done to reduce the likelihood of falling. It also contains strategies to:

- Establish dedicated Falls Clinics that engage allied health workers to assess and develop tailored treatment and rehabilitation plans for falls sufferers.
- Increase access to and participation in physical activity programs for older people that improve muscle strength, flexibility and balance.
- Make hospitals, supported accommodation, nursing homes and public places safer by implementing fall injury prevention design guidelines.
- Provide more support for public education programs.



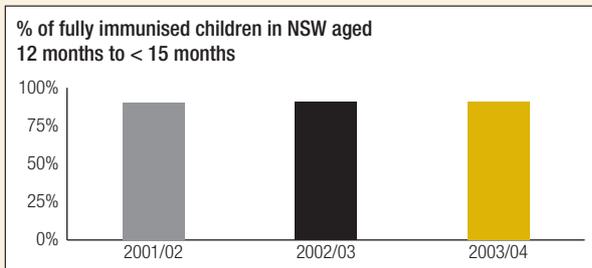
DASHBOARD INDICATOR: Child and adult immunisation

Desired outcome

Reduced illness and death from vaccine-preventable diseases in children and adults

Context (child immunisation)

Despite substantial progress in reducing the incidence of vaccine-preventable diseases in NSW, ensuring optimal immunisation coverage for all new birth cohorts remains an ongoing challenge.



Source: Australian Childhood Immunisation Register

Note: Prior to 01/02 the immunisation data was reported for children < 18 months. Age calculated 90 days before report.

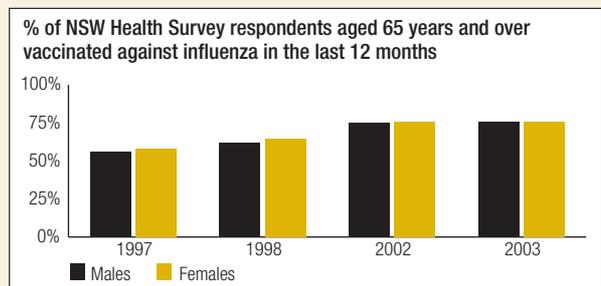
Interpretation

The percentage of fully immunised children in NSW has remained stable at 90–91% from 2001/02 to 2003/04. As at June 2004, the level of immunisation coverage in NSW was consistent with other states and the National average (91%). A validation study has shown that the Australian Childhood Immunisation Register data may under estimate by approximately 3.5%, due to children being vaccinated late or delays by service providers in forwarding information to the Register.

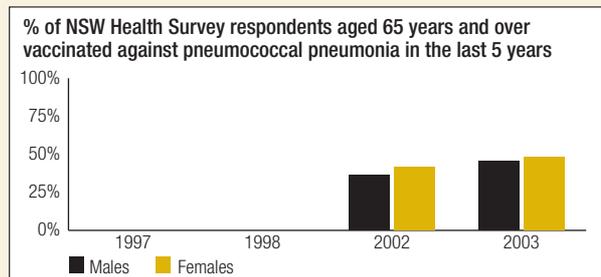


Context (adult immunisation)

The NSW Immunisation Strategy 2003/06 sets a target to immunise 85% of people aged over 65 years against influenza by mid 2004 and to increase the percentage of eligible people who are immunised against pneumococcal disease.



Source: NSW Health Survey.



Source: NSW Health Survey.

Note: Question for pneumococcal vaccination not included in the 1997 and 1998 NSW Health Surveys.

Interpretation

There has been a steady increase in the number of people over 65 years immunised against influenza from 57% in 1997 to 76% in 2003. In 2003, the percentage of people vaccinated against influenza did not differ between males and females or between urban and rural areas. NSW Health is actively working with general practitioners to increase this rate.

Between 2002 and 2003 the percentage of people reporting pneumococcal vaccination in the last 5 years increased from 39% to 47%. This increase was observed for both males and females. However, there was no variation between urban and rural residents.

From January 2005, the pneumococcal vaccine will be made free for people over 65 years of age. It is estimated the increased availability of this vaccine will significantly improve the percentage of people protected against pneumococcal disease.

Fairer access

Treatment when you need it

Performance

Improving equity of access to health services has been a key focus for the Department during 2003/04. Aboriginal health was identified as a priority in 2002/03 and in 2003/04 NSW Health provided a range of initiatives designed to address issues such as the higher rates of chronic illness in indigenous communities, the need for more maternity health training, and development of the Aboriginal health workforce.

Enhancing rural and regional health care services in NSW was also a priority, resulting in additional funding to deliver better hospital and community-based health care closer to home.

Emergency wards always open

NSW Health re-affirmed that public hospital emergency departments are open 24 hours a day, seven days a week and that at no time would any emergency department 'close its doors' or stop any patient from entering the department.

As part of the hospital networking system, the Emergency Department Network Access system has a three-coloured code (green, orange and red) to enable ambulance staff to identify the closest hospital where treatment is available in the shortest possible time.

When a hospital is at code red, the most seriously ill or injured patients will be admitted for treatment and ambulances will need to access other hospitals in the network for less serious patients. Redirecting less serious patients in ambulances to alternative emergency departments improves patient access to timely treatment. Similar networking diversion systems are used in other Australian states and internationally.



DASHBOARD INDICATOR: Waiting lists

Desired outcome

Better management of waiting lists for patients

Context

Better management of waiting lists results in a lower proportion of patients experiencing an excessive wait for treatment.

Number of medical and surgical category 1 and 2 patients waiting more than 30 days

| Health Service | As at 30 June | | | | |
|----------------|---------------|--------------|--------------|--------------|--------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| CCAHS | 11 | 4 | 12 | 22 | 49 |
| CHW | 21 | 29 | 33 | 33 | 37 |
| CSAHS | 344 | 322 | 343 | 332 | 428 |
| FWAHS | 3 | 1 | 27 | 2 | 1 |
| GMAHS | 8 | 13 | 52 | 54 | 54 |
| HAHS | 162 | 137 | 163 | 183 | 117 |
| IAHS | 304 | 257 | 399 | 449 | 549 |
| MAHS | 66 | 81 | 76 | 18 | 24 |
| MNCAHS | 93 | 315 | 298 | 307 | 339 |
| MWAHS | 5 | 17 | 11 | 36 | 22 |
| NEAHS | 44 | 53 | 22 | 74 | 6 |
| NRAHS | 73 | 164 | 166 | 185 | 458 |
| NSAHS | 111 | 112 | 148 | 109 | 153 |
| SAHS | 6 | 21 | 16 | 32 | 29 |
| SESAHS | 311 | 277 | 369 | 360 | 347 |
| SWSAHS | 166 | 261 | 325 | 435 | 576 |
| WAHS | 244 | 218 | 182 | 196 | 214 |
| WSAHS | 140 | 117 | 220 | 233 | 513 |
| NSW | 2,219 | 2,414 | 2,862 | 3,060 | 3,916 |

Source: WLCOS

Note: Category 1 and 2 patients ideally require admission within 30 days.

Number of ready for care medical and surgical patients waiting more than 12 months

| Health Service | As at 30 June | | | | |
|----------------|---------------|--------------|--------------|--------------|--------------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| CCAHS | 516 | 483 | 330 | 347 | 810 |
| CHW | 32 | 22 | 53 | 79 | 131 |
| CSAHS | 401 | 507 | 426 | 322 | 494 |
| FWAHS | 0 | 0 | 5 | 0 | 3 |
| GMAHS | 508 | 513 | 722 | 455 | 303 |
| HAHS | 354 | 363 | 103 | 255 | 449 |
| IAHS | 775 | 746 | 650 | 233 | 587 |
| MAHS | 185 | 152 | 313 | 37 | 108 |
| MNCAHS | 1103 | 1,195 | 831 | 366 | 570 |
| MWAHS | 110 | 126 | 93 | 235 | 352 |
| NEAHS | 71 | 45 | 89 | 48 | 0 |
| NRAHS | 588 | 456 | 417 | 373 | 1,188 |
| NSAHS | 140 | 59 | 106 | 60 | 219 |
| SAHS | 60 | 87 | 21 | 6 | 0 |
| SESAHS | 1235 | 932 | 501 | 933 | 1,531 |
| SWSAHS | 435 | 256 | 528 | 701 | 1,513 |
| WAHS | 504 | 405 | 531 | 441 | 852 |
| WSAHS | 515 | 359 | 391 | 372 | 431 |
| NSW | 7,581 | 6,812 | 6,110 | 5,263 | 9,541 |

Source: WLCOS

Note: Numbers include categories 1,2,7 and 8. Category 1 and 2 patients ideally require admission within 30 days. Category 7 patients ideally require admission within 90 days. For less serious category 8 patients, admission within one year is considered to be reasonable.

Interpretation

Waiting lists increased in 2003/04, due to a significant rise in the demand for emergency admissions to public hospitals. In 2003/04, admissions to wards, operating theatres and ICUs from emergency departments grew by 4%. Beds being filled by emergency patients means that not as many beds are available to perform elective surgery. Additional beds and funding for elective surgery have been announced to enable the number of operations to increase in 2004/05.

Other highlights

- The Government released its *Response to the Select Committee Inquiry into Mental Health Services in New South Wales* and established a taskforce to oversee its implementation.
- \$3.5 million was provided for the rural NSW General Practice Procedural Training Program, which supported the establishment of 30 additional procedural training places in rural NSW in the specialist areas of anaesthetics, obstetrics, emergency medicine, surgery and mental health.
- Twenty-seven additional advanced specialist training posts, including 12 in anaesthetics, were created in rural and regional areas of NSW such as Dubbo, Tamworth, Newcastle and Tweed Valley.
- The new arrangements for the Rural Aerial Health Service, in conjunction with the Royal Flying Doctor Service and relevant Areas, were implemented to provide planned transport for routine specialist health services to rural and remote communities in NSW.
- NSW Health was involved, with the Department of Aboriginal Affairs, the Aboriginal Housing Office and the Commonwealth Department of Family and Community Services, in projects to improve living conditions in 15 Aboriginal communities.
- The first public rural cardiac catheterisation service in Tamworth Base Hospital was established as the first of five such services.
- The Department negotiated an Agreement with the Department of Veterans Affairs to provide public hospital services to eligible veterans.

Fairer access

Treatment when you need it (continued)

Extra beds for NSW hospitals – Sustainable Access Plan

Nearly 1,000 additional hospital beds were provided across NSW hospitals during Winter 2004, including new permanent acute, mental health and transitional care beds. The Sustainable Access Plan 2004 is designed to reduce unnecessary delays and improve access and care for patients.

The 2004 Plan included an additional 563 permanent beds on top of approximately 400 beds to cope with winter demand. It also focuses on providing better and more appropriate care for the elderly who are currently occupying acute care beds in NSW hospitals. Additionally, Hospital Improvement Teams were rolled out to 9 major hospitals across NSW to reduce unnecessary delays, reduce waiting times and provide better care.

The Plan is designed to tackle the major pressure points that contribute to unnecessary delays in patient care and involves better bed management and improving hospital processes to relieve access block. It also includes a requirement for Area Health Service chief executives to implement measures that protect elective surgery.

Increase in mental health care beds

In response to high levels of demand for acute inpatient mental health care, an accelerated program of opening new beds was initiated in 2003/04.

New psychiatry beds were opened at:

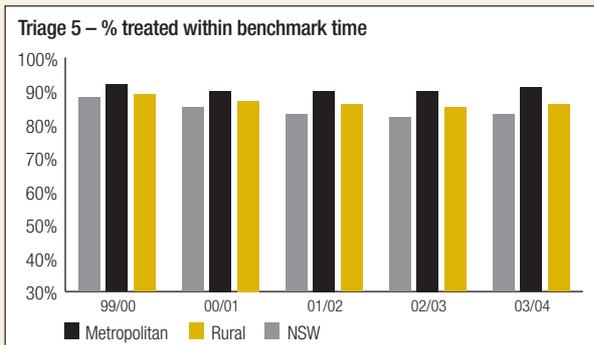
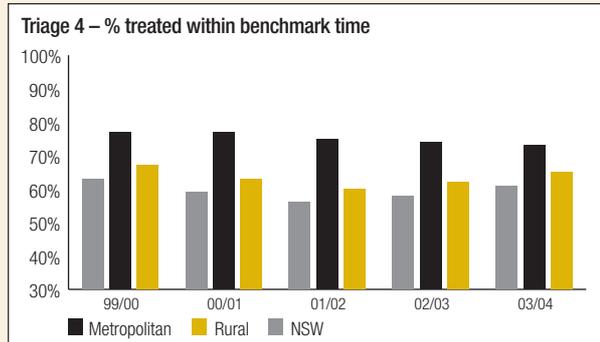
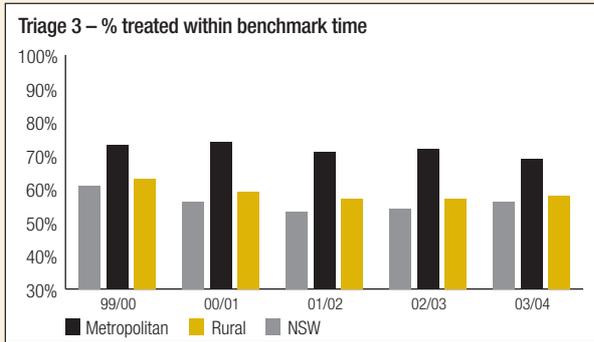
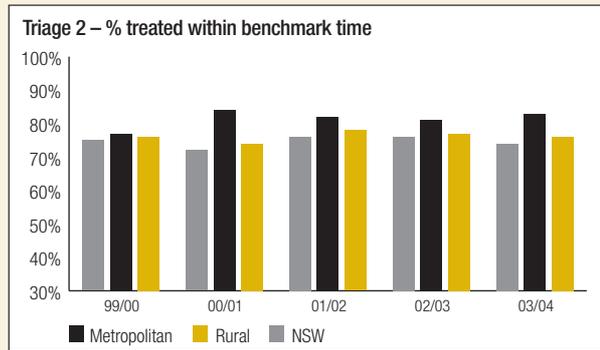
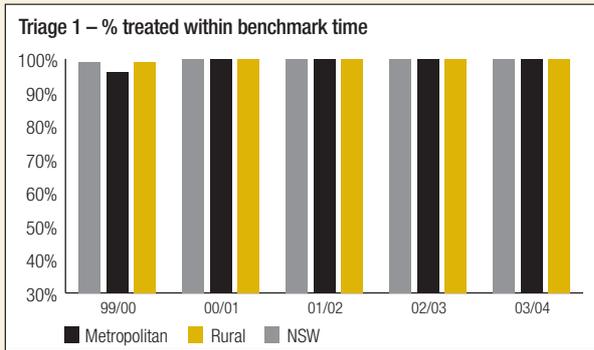
- Macquarie Hospital (20 beds)
- Sutherland Hospital (rebuilt with 6 additional beds as a 28 bed unit)
- Bloomfield Hospital (Turon Unit, 16 bed non-acute female unit)
- Albury (4 additional beds)
- Sydney Children's Hospital (8 beds)
- Children's Hospital Westmead (8 beds, currently operating as a day program)
- Prince of Wales Hospital (12 bed, non-acute unit, currently operating as a day program)
- Wyong (50 bed unit, opening in stages from mid 2004. Approximately 25 beds were open at the end of the financial year, with the remainder due to open by the end of 2004.)



DASHBOARD INDICATOR: Cases treated within benchmark times

Context

Timeliness of treatment is a critical dimension of emergency care



Source for all graphs: EDIS.

Interpretation

Since 2000/01, 100% of Triage Category 1 patients have been seen within the benchmark of 2 minutes. There were improvements in patients seen within triage times in categories 3, 4 and 5. There was only a small decline (1%) in the number of triage 2 patients seen within the recommended time.

- Triage category 1** Immediately life-threatening condition. Need to receive immediate treatment, in practice within 2 minutes.

- Triage category 2** Immediately life-threatening condition. Need to have treatment within 10 minutes.

- Triage category 3** Potentially life-threatening condition. Need to have treatment within 30 minutes.

- Triage category 4** Potentially serious condition. Need to have treatment within 1 hour.

- Triage category 5** Less urgent condition. Need to have treatment within 2 hours.

Fairer access

Treatment when you need it (continued)

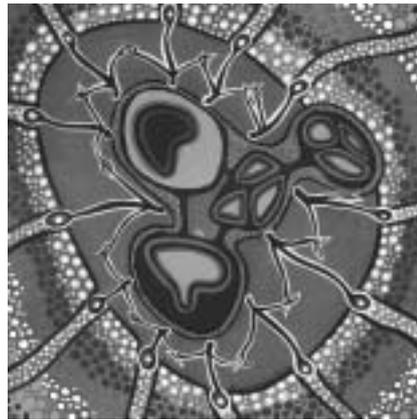
Supporting our children's hospitals

Funding of over \$30 million, over three years, was announced to boost support for NSW's children's hospitals.

In partnership with specialists from the state's three children's hospitals (Westmead, Sydney and John Hunter) the Department developed a plan that will enhance specialist children's orthopaedic services.

The \$30 million plan has three elements:

- \$5 million in a full year to extend the Treasury Managed Fund medical indemnity coverage to doctors treating children in public hospitals, irrespective of whether they are public or private patients.
- Additional funding of \$11.3 million over three years to orthopaedic services at the children's hospitals, with an increase to \$5.5 million in ongoing funding thereafter.
- Over \$3 million of additional funds for medical equipment at children's hospitals.



Aboriginal Vascular Health Program

Aboriginal Australians suffer higher levels of chronic illness than non-Aboriginal people. Chronic disease develops earlier in life, with higher rates of disability and death.

A 12-month external evaluation of the Aboriginal Vascular Health Program confirmed the value of the Program's current strategic approach and progress on delivering access to services. The evaluation also reviewed participation in care by Aboriginal people with, or at risk of, vascular disease.

Of particular importance are partnerships at multiple levels with an emphasis on Aboriginal Health workforce development. Demonstration site Aboriginal Vascular Health projects are now established in community settings in 14 Area Health Services and the Corrections Health Service covering more than 20 sites, including eight correctional centres.

The projects involve Aboriginal Vascular Health Workers in multidisciplinary teams and through local partnerships, providing increased access to appropriate care for Aboriginal community members. Early detection, ongoing care and support for disease self-management and a range of healthy lifestyle programs are provided locally and through community outreach.

Support and networking for project teams through six-monthly forums, a quarterly newsletter, resource development and distribution and statewide support have been invaluable for the development and progress of demonstration projects.



DASHBOARD INDICATOR:

Emergency department access block

Desired outcome

Reduce the waiting time for admission to a hospital bed from the emergency department.

Context

Contribute to better patient comfort and ensure the effective use of emergency department services.

Percentage of emergency department patients not admitted to a hospital ward within eight hours after active treatment starts

| Health Service | As at 30 June | | | | |
|----------------|---------------|-----------|-----------|-----------|-----------|
| | 2000 | 2001 | 2002 | 2003 | 2004 |
| CCAHS | 15 | 14 | 16 | 18 | 25 |
| CHW | 13 | 21 | 23 | 30 | 39 |
| CSAHS | 23 | 33 | 39 | 42 | 48 |
| HAHS | 26 | 22 | 25 | 30 | 29 |
| IAHS | 25 | 29 | 31 | 36 | 34 |
| NSAHS | 28 | 32 | 40 | 37 | 42 |
| SESAHS | 33 | 37 | 43 | 40 | 41 |
| SWSAHS | 17 | 18 | 20 | 23 | 29 |
| WAHS | 27 | 34 | 39 | 33 | 38 |
| WSAHS | 34 | 39 | 41 | 39 | 42 |
| Metropolitan | 25 | 29 | 33 | 33 | 37 |
| FWAHS | 1 | 1 | 1 | 2 | 4 |
| GMAHS | 8 | 8 | 13 | 15 | 18 |
| MAHS | 4 | 8 | 9 | 12 | 15 |
| MNCAHS | 1 | 7 | 8 | 14 | 16 |
| MWAHS | 3 | 3 | 5 | 8 | 8 |
| NEAHS | 1 | 1 | 1 | 2 | 3 |
| NRAHS | 6 | 8 | 10 | 14 | 16 |
| SAHS | 0 | 0 | 1 | 1 | 1 |
| Rural | 5 | 6 | 8 | 11 | 13 |
| NSW | 21 | 24 | 27 | 28 | 32 |

Source: EDIS

Interpretation

The proportion of patients admitted from emergency within the benchmark of eight hours has steadily decreased over the past year. Access block was higher in the metropolitan Areas, reflective of the high volume of complex emergency activity in these hospitals and the 4% increase in admissions through emergency departments.

Responding to increasing delays in 'Off-Stretcher' transfers and access block, NSW Health has implemented a Sustainable Access Plan to increase the number of hospital beds and improve the flow of patients through hospitals. The Sustainable Access Plan commenced in May 2004.

Future initiatives

- Continue improvements that will support the health system in meeting the organ and tissue transplant needs of the community.
- Establish eight new training networks to support basic physician training, with a guarantee that training vacancies in NSW rural hospitals will be the first to be filled. Up to 340 doctors will be recruited in 2005. Scholarships of \$2,000 will be provided to any trainee who completes two full terms in a country hospital.
- Continue to engage the Commonwealth to provide additional tertiary places to educate and train health professionals.
- Implement the *Health Records and Information Privacy Act 2002* across NSW.
- Further progress the establishment of radiotherapy services at Port Macquarie and Coffs Harbour.
- Continue collaboration with the Local Government Association of NSW on initiatives that will improve public health.
- Work closely with the Department of Employment and Workplace Relations to introduce a special traineeship for enrolled indigenous nurses.
- Further expand the Telehealth initiative to deliver clinical care to people in rural and remote communities.
- Improve access to specialist paediatric services in Sydney's southwest through a partnership between Campbelltown Hospital and The Sydney Children's Hospital at Westmead, with a new paediatric unit established at Campbelltown to offer paediatric surgery, a specialist service for children with diabetes and enhanced paediatric emergency medicine and neurology.
- Introduce the Sexual Assault Nurse Examiners model in NSW Health Sexual Assault Services.
- Involve the disability sector in a review of the Program of Appliances for Disabled People.
- Negotiation of additional Australian Government and NSW Health Transitional Aged Care Places over the next three years, with 120 for immediate rollout.

Fairer access

Having a fair share

Centre for Aboriginal Health Promotion

The Director of the NSW Collaborative Centre for Aboriginal Health Promotion was appointed during 2003/04. The Collaborative Centre is located at the Aboriginal Health and Medical Research Council premises at Redfern and is an initiative of NSW Aboriginal Health Partnership, the Aboriginal Health & Medical Research Council of NSW, the Aboriginal Health Branch and the Centre for Health Promotion.

The Collaborative Centre is a major step forward in developing better practice health promotion approaches for improving Aboriginal health in NSW and will work towards identifying priorities in Aboriginal health in addition to developing effective, workable strategies to effect real change. The crucial roles of the Centre include:

- Gathering, reviewing and disseminating case studies of good practice in Aboriginal health promotion via a clearinghouse/website function to be used nationally
- Building capacity of the Aboriginal health promotion workforce by identifying and providing training opportunities to acquire necessary skills and knowledge in health promotion
- Supporting Aboriginal communities and local organisations by increasing the abilities and skills in effective program management through a dedicated Aboriginal health promotion grants scheme.

Aboriginal nursing initiatives

NSW Health spent \$400,000 in 2003/04 on a range of initiatives to recruit Aboriginal nurses and midwives.

The initiatives include scholarships of up to \$10,000 to support 34 Aboriginal and Torres Strait Islander students enrolled in a Bachelor of Nursing degree, a Koori-specific school careers one-week workshop with Charles Sturt University and a number of Aboriginal careers advice initiatives, such as the CD-ROM and video titled *Nursing, A Way of Life*, which promotes careers in nursing to Aboriginal communities.

Nursing, A Way of Life features Aboriginal nurses talking about why nursing is an attractive career. Aboriginal nurses are interviewed at different stages of their career, including an undergraduate student, a midwife and health service manager. Links are provided for contacting university nursing faculties and employment guidelines.

The video was distributed to high schools in both metropolitan and rural NSW and will be shown at school careers days and community meetings.

Aboriginal terminology guide

Communicating Positively – A Guide to Appropriate Aboriginal Terminology was released in June 2004 to provide NSW Health staff with background information and guidance on appropriate word usage when working with Aboriginal people and communities.

The Guide was also designed to assist when developing policy, strategies and programs to improve health outcomes for Aboriginal people. Due to the diversity of Aboriginal communities, it highlighted the need to continually consult with Aboriginal Elders and communities as to their preferred word usage.

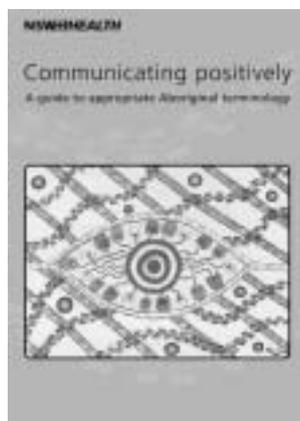
Aboriginal members of staff, Area Managers, Aboriginal Health and the Aboriginal Health and Medical Research Council of NSW were consulted in the development of the Guide. The artwork for the Guide was designed and painted by Kylie Cassidy, a young Aboriginal artist from the Central Coast.

Protecting staff in the health system

The Department released data on security-related incidents including assault and offensive behaviour, as part of NSW Health's *Zero Tolerance* campaign to reinforce the message that violence in the health system would not be tolerated.

Zero Tolerance was launched in July 2003 to tackle the number of assaults and episodes of threatened violence against staff, particularly nurses, working in the public health system. Stress and a sense of powerlessness can lead to frustration, and in some cases patients and families have reacted with violence and abuse against staff. There are also patients affected by alcohol and drugs whose behaviour can be threatening.

The Department had previously spent \$7.5 million on physical improvements in hospitals with closed-circuit TVs installed and duress alarms provided to staff, and improved lighting and car park security. A further \$5 million annually was provided to increase security staff, particularly in emergency departments.



Special aggression prevention and management policies and training were also updated to ensure staff knew how to handle difficult situations.

New mental health service for Central Coast

Mental health services across the Central Coast received a major boost with the official opening of the \$10 million Wyong Mental Health Centre at Wyong Hospital in May 2004.

The Centre significantly improves access to mental health inpatient services for the growing population of the Central Coast. It also relieves the pressure on the Central Coast's acute Mental Health Unit, Mandala at Gosford.

It is a state-of-the-art facility that is collocated with other essential hospital services that are vital in providing a total care plan. When fully operational, it will triple the existing number of mental health beds available on the Central Coast.

The Centre was designed and built to provide three specialist patient care areas – an older persons mental health unit, an adult acute mental health unit and a high-level observation bed unit. The dedicated older persons unit was designed to enable older people suffering a mental illness to be accommodated in an area with patients of a similar age.

Other highlights

- Rural workforce strategies for allied health professionals were implemented through the first NSW Rural Allied Health Conference. Related initiatives included provision of computers to facilitate education opportunities and access to resources.
- A Cannabis Treatment Clinic was established in Western Sydney and a statewide youth detoxification service was established at Nepean Hospital.
- Medical services in police cells were expanded to encompass Lismore and Wollongong.
- Call centres were introduced to provide better access for clients seeking Public Dental Care and a new version of the Information System of Oral Health was introduced to assist more accurate triaging.
- Rural and regional health facilities received better access to clinical information due to improvements in the technology network infrastructure and telehealth presence in over 240 sites.
- The NSW Institute of Rural Clinical Services and Teaching was established.
- Significant contribution was made to the national reform processes for Radiation Oncology Services.
- The first public rural cardiac catheterisation laboratory in Tamworth Base Hospital was established.
- Implementation continued for initiatives and service developments in the *NSW Rural Health Plan*, including expansion of oncology services such as chemotherapy and more renal dialysis services.

Fairer access

Levels of health are equal

Funding increase for rural health

The 2003/04 budget provided \$2.6 billion for public health services in rural and regional communities, an increase of 10.4% on the \$2.355 billion provided in 2002/03.

During 2003/04 rural and regional health services received more than \$14 million of additional funding to upgrade rural emergency departments, refurbish operating theatres and build community centres to ensure patients can access care closer to home, as part of a \$37.5 million funding enhancement for health services across NSW.

The additional funding was used to implement projects and strategies based on the individual needs of communities and on the suggestions and input of doctors, nurses and other health staff.

Initiatives to be supported include cancer services, mental health services, enhancements to hospital patient facilities and medical equipment.

The funding will also support strategies to improve security for staff, which is a significant issue at smaller hospitals. Improving security surveillance and duress alarm systems will help prevent security breaches and improve the response to those security incidents that do occur from time to time.

Institute to support rural health staff

NSW established Australia's first Institute of Rural Clinical Services and Teaching to assist in attracting, retaining and supporting health staff in rural and remote NSW. The Department will provide funding of \$2 million per annum for the Institute to support rural health workers in delivery of services closer to home.

The establishment of the Institute was a key recommendation of the 2002 NSW Rural Health Report. The Institute will contribute to more equitable health services in rural NSW by driving the agenda for attracting and sustaining a cohesive health workforce and supporting staff to improve rural health practice and service delivery.

The Institute will promote excellence in practice by identifying and sharing good practice in rural health service delivery, assist the development of networks between rural health staff and services within and

DASHBOARD INDICATOR: Access to targeted treatments

Desired outcome

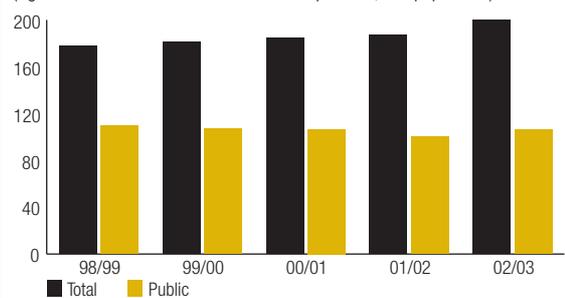
Access to targeted treatments

Context

Improve patient access to coronary revascularisation, hip and knee replacement procedures. There has been an increase in the number of these procedures performed in 2002/03 as a total of public and private hospitals, as well as an increase of the number performed in public hospitals.

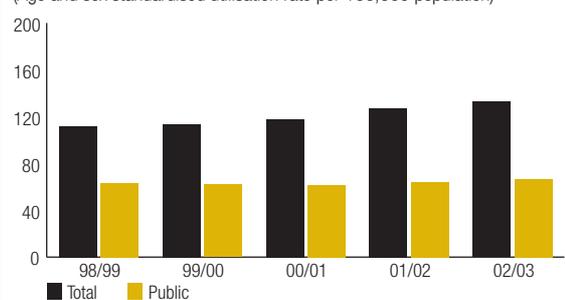
Coronary revascularisation

(Age and sex standardised utilisation rate per 100,000 population)



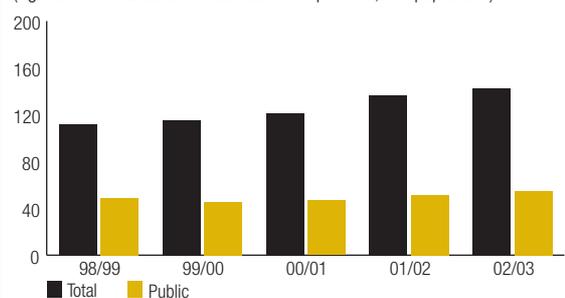
Hip replacements

(Age and sex standardised utilisation rate per 100,000 population)



Knee replacements

(Age and sex standardised utilisation rate per 100,000 population)



Source for all graphs: Inpatient Statistics Collection.

Note: An extra \$35 million per annum has been allocated for elective surgery from 2004/05, with knee and hip replacements specifically targeted in this package.

2003/04 data is not yet available.



between Area Health Services, and act as a source of information on rural health workforce and service issues. It will also provide a voice for rural health services and their workforces to highlight issues specific to rural and remote health service provision.

Funding for Aboriginal maternal services

A Telehealth boost for Aboriginal maternal and infant health training provided educational opportunities for rural-based, multi-disciplinary teams working with Aboriginal women and infants.

The expansion of the Telehealth network promotes better access to quality health services for Aboriginal mothers and their babies, linking training, case-study review and specialist support between midwives, obstetricians and paediatricians based in Sydney and those in rural NSW.



DASHBOARD INDICATOR: Ambulance off-stretcher time

Desired outcome

Better management and integration of ambulance and emergency departments.

Context

Improved coordination of ambulance and emergency departments will increase the number of patients receiving treatment within appropriate benchmark times.

Off-stretcher time (Percentage of cases where transfer of care to emergency department was within 30 minutes of ambulance arrival)

| Area Health Service | 2002 | | Quarter ended | | | | 2004 | |
|---------------------|-----------|-----------|---------------|-----------|-----------|-----------|-----------|-----------|
| | 30/9 | 31/12 | 31/3 | 30/6 | 30/9 | 31/12 | 31/3 | 30/6 |
| CSAHS | 73 | 76 | 81 | 69 | 72 | 69 | 69 | 58 |
| NSAHS | 86 | 85 | 88 | 81 | 74 | 77 | 74 | 64 |
| SESAHS | 77 | 80 | 84 | 78 | 74 | 75 | 72 | 59 |
| WSAHS | 73 | 71 | 74 | 73 | 71 | 70 | 71 | 66 |
| WAHS | 81 | 82 | 79 | 73 | 68 | 71 | 74 | 68 |
| SWSAHS | 71 | 65 | 74 | 66 | 60 | 61 | 59 | 52 |
| Sydney | 76 | 76 | 80 | 73 | 70 | 70 | 69 | 60 |

Source: Ambulance Service of NSW CAD System

Interpretation

The average time between arrival and transfer of care to the Emergency Department has continued to rise and the proportion of patients transferred within the benchmark of 30 minutes has steadily decreased. This trend has been consistent across Area Health Services.

The decline in performance in off-stretcher time can be attributed in significant part to an increase in demand for emergency inpatient services.

Fairer access

Levels of health are equal (continued)

Aboriginal Health Awards

NSW established the Aboriginal Health Awards in 2004 to support and acknowledge excellence in the provision of Aboriginal health services.

Nominations were open to staff in all NSW Area Health Services, non-government organisations and Aboriginal community-controlled health services. More than 180 people attended the Awards night in July 2004.

Categories identified people and projects that delivered excellent health care while also demonstrating an application of important Aboriginal cultural principles. These principles were a whole-of-life view of health, practical exercise in self-determination, partnership, cultural understandings and recognition of trauma and loss.

The award categories included:

- Most innovative and effective program in Aboriginal Health (NGO or ACCHS)
Winner *Tiddalick takes on teeth – Awabakal Aboriginal Medical Service* – Hunter Area Health Service
- Most innovative and effective program in Aboriginal Health (AHS)
Winner *Play your cards Right* – South Western Sydney and Western Sydney Area Health Services in partnership with Daruk Aboriginal Medical Service and Awabakal Aboriginal Medical Service
- Best Aboriginal Health partnership
Winner *Mid North Coast Aboriginal Health Partnership* – Mid North Coast Area Health Service, Biripi Aboriginal Medical Service, Durri Aboriginal Medical Service
- Group or team who has greatly contributed to Aboriginal Health
Winner *Aboriginal Women's Cervical Screening Working Party* – New England Area Health Service
- An outstanding Aboriginal person contributing to health services
Winner *Marilyn Wilson* – formerly with the Hunter Area Health Service and now retired
- An outstanding non-Aboriginal person contributing to health services
Winner *Leigh Cupitt* – Walgett Aboriginal Medical Service, Far West Area Health Service



- Outstanding contribution towards Aboriginal employment and career development in a health setting (AHS, NGO and ACCHS)
Winner *Aboriginal Health Management Training Program* – Australian College of Health Services Executives and the Aboriginal Health and Medical Research Council of NSW
- Hall of fame
Winners Dr Naomi Mayers, Dr Frederick Hollows, Uncle Bob Smith, Val Weldon, Aunty Joyce Williams.

Review of NSW Women's Health Strategy

An independent review of the NSW Women's Health Strategy was commissioned in early 2004 to identify the successes and challenges of the Strategy, assess the performance of Area Health Services in implementing women's health policy, identify good practice models and identify future priorities in women's health.

The review found that there have been many achievements in women's health, notably:

- New areas of women's health, including mental health and violence, have been placed on the health agenda
- Women's health has pioneered holistic and social models of health care
- Women's health services have been increasingly successful in reaching disadvantaged women who often do not access mainstream services.

The review also found that there is a continuing need for strategies that specifically address the health needs of women, particularly disadvantaged women, and makes a number of recommendations that aim to guide future planning and developments in women's health across NSW.



DASHBOARD INDICATOR: Ambulance response time

Desired outcome

The reduction of emergency response times for patients requiring urgent pre-hospital treatment and transport. In Australia, the 'Convention of Ambulance Authorities' has adopted a 10-minute reference point as the key comparator for response time performance.

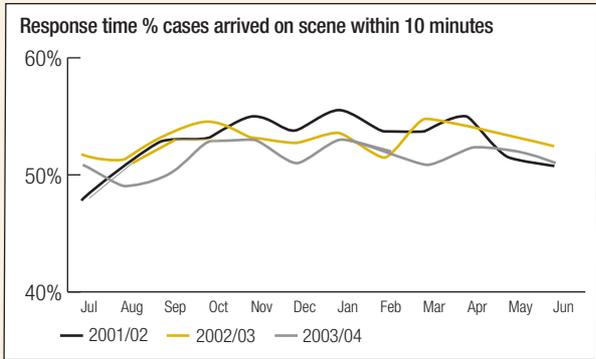
Context

Ambulance Emergency Response Times measure the elapsed period between an emergency call for assistance and the time the first ambulance resource arrives at the scene. Emergency response performance for the state improved markedly over 2000/01 and 2001/02 and was maintained in 2002/03. The most notable improvements were achieved in Sydney and were largely attributed to better matching of ambulance deployment and demand patterns and the expansion of the Patient Transport Service to improve the availability of ambulance crews for emergency cases.

There was a significant increase in the demand for ambulances in 2003/04. Ambulance responses increased 3.6% statewide and by 4.7% in the Sydney metropolitan area.

Initiatives implemented to address increasing demand for services in 2003/04 included: strategically placed ambulance resources in the busiest locations, at the busiest times; introduction of Rapid Responders who are able to make an early assessment of the patient; and enhancement of the patient transport service to free up emergency, front line resources from non-emergency transport demands.

However the single biggest influence on response performance is slower ambulance turn around times at hospital emergency departments. While the NSW Health sustainable access strategy will address many of the underlying causes, a number of strategies have been instigated to ease pressure on emergency resources such as the Emergency Department Network Access (EDNA) system, the utilisation of Ambulance Liaison Officers and the deployment of Ambulance Release Teams.



Interpretation

The Ambulance Service of NSW is achieving a level of success in the maintenance of responsiveness in the context of increasing demand and decreasing capacity to turn-around at hospital. The Service continuously measures ambulance emergency response times as certain emergency conditions are identified as having better clinical outcomes when the time from incident call to ambulance care is minimised. The Service continues to measure all (100%) emergency 000 calls for the above data.

DASHBOARD INDICATOR: Fairer distribution of funding

Desired outcome

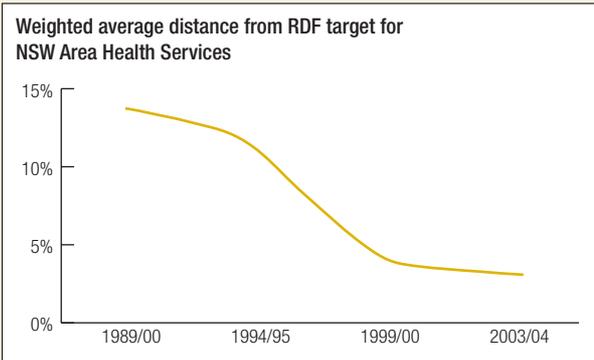
More equitable access to health funding

Context

Funding to Area Health Services (AHS) is guided by the use of a resource distribution formula (RDF) which aims to provide an indication of an equitable share of resources.

The RDF takes into account local population needs. Factors which determine the local need include age, sex, mortality and socio-economic indicators.

Interpretation



In 1989/90, Area Health Services were on average 14% away from their RDF target. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target for Area Health Services has declined significantly over time and is expected to stabilise around current levels.

The RDF is currently being revised to take into account newly available population projection data and the new Area Health Service structure that will be in place from 1 January 2005.

Better value

Using money wisely

Performance



The Department of Health reaffirmed its commitment to sound financial management of the state's health services in 2003/04 with the development of strategies for streamlined administration in the NSW health system, reduced duplication of services, shared corporate and business support service reform and improved asset management,

The Department's reforms are being delivered against a backdrop of record levels of funding from the NSW Government for state health services, with an emphasis on upgrading hospitals, improved services for regional and rural areas, new technology and more accessible health care.

Delivering better patient care

The Independent Pricing and Regulatory Tribunal report, *NSW Health: Focusing on Patient Care* was delivered in 2003, following a review into health care management in NSW. The report made a series of recommendations with a primary focus on delivering better patient care.

The Tribunal found NSW Health did a 'remarkably good job' by comparison with other countries or with other States and Territories in the delivery of health care, but identified areas for improvement.

The Tribunal's report acknowledged that pressures on the public health system will increase dramatically in coming years. It listed the main cost drivers as being new technology, new procedures and pharmaceuticals, as well as an ageing society with increased expectations.

Its major recommendations included:

- Streamlining administration and reducing duplication between the Department of Health, Area Health Services and hospitals
- Developing an integrated statewide plan to ensure a skilled and flexible workforce across NSW
- Developing stronger key performance indicators to improve management of health care delivery in Area Health Services
- Better coordination of Commonwealth and state/territory funding arrangements to assist with health care delivery.

The Tribunal's recommendations have guided the reform of the health system during 2003/04 and set the direction for further improvements to patient care.



Other highlights

- Commenced a Shared Corporate Services Management Program to deliver system-wide savings in corporate and business support services.
- IT Shared Services facilities were developed to efficiently provide clinical information systems to Areas for Patient Administration and Community Health applications. This initiative has reduced the cost of IT and enabled Areas to direct more funds to front line care.
- Led the establishment of a National Health Asset and Facility Management Research and Development Centre at the University of NSW. The Centre will drive research and development activities to provide practical outcomes that benefit health asset management and service outcomes in NSW and nationally.
- Improved revenue practices and processes were introduced, including the use of a standardised private inpatient election form and supporting information to facilitate the inpatient election process.
- B-Pay facilities were provided for the payment of registration fees by registered health professionals.
- The Process of Facility Planning – the Health System's process for the procurement of Capital Works – was extensively reviewed, streamlined and simplified to improve the overall delivery of capital projects.
- Supply chain reform was significantly progressed during the year. Pilots of innovative alternative contracting strategies were undertaken, an e-tendering evaluation solution was implemented across the state and a Health Quality Reporting System for Goods Procurement was introduced.
- Standard capital project Cost Planning Guidelines and a Cost Analysis database were developed to provide actual cost benchmarking information to inform the planning of health projects.
- New governance arrangements were developed and implemented in NSW for the management of blood and blood products, in line with the establishment of the National Blood Authority.
- Negotiated new three-year funding agreements between the Department of Health, Area Health Services and the Australian Government for the provision of Multi-Purpose Services to provide a flexible and integrated approach to health and aged care service delivery to small rural communities.

Better value

Using money wisely (continued)

Performance

Department of Health restructure

The Department of Health was restructured in November 2003, following an internal functional review and building on the review undertaken by the Independent Pricing and Regulatory Tribunal earlier in the year.

The Department now comprises the four divisions of Strategic Development, Population Health, Health System Performance and Health System Support.

The new structure focuses the Department on its primary role of providing strategic direction for the NSW health system, with the Department devolving responsibilities for delivering programs and services to Area Health Services and other appropriate bodies.

Under the new structure, the Department will be better able to focus on priority areas such as patient safety, access to services and clinical efficiency, mental health, population health, Commonwealth/state reforms including aged care, corporate services reforms and the health workforce.

The new structure formally recognises the importance of involving clinicians and community representatives in making decisions about the delivery of health services.

The restructure also focused on the Department's efficiency, with its size currently being reduced from 823 full-time equivalent (FTE) positions in June 2003 to 630 FTE positions.

Increase in research grants

NSW medical research institutes, hospitals and universities were awarded \$53 million in grants from the National Health and Medical Research Council for 2004, supporting 120 separate research projects across the state. The grants to NSW in 2004 increased by more than \$17 million dollars.

The 2004 NSW projects reflected the diversity of research being conducted in NSW, spanning basic science and public health research – all essential areas of endeavour to unlock the mysteries that still surround the causes and treatment of many diseases.

NSW research projects included the largest study ever conducted into geriatric syndromes in older men, investigations into the molecular basis of cancer and the role that viruses play in persistent asthma. Other projects included the role that inflammation plays in Alzheimer's disease, and whether stress and personality can play a part in developing breast cancer.

Research institutions securing funding included the Garvan Institute of Medical Research, Macquarie University and Royal Prince Alfred Hospital.



DASHBOARD INDICATOR: Staying on budget

Desired outcome

Resources to deliver health care are used optimally.

Context

The Net Cost of Services is the difference between total expenses and retained revenues and is a measure commonly used across government to denote financial performance. In NSW Health the General Fund (General) measure is refined to exclude:

- the effect of Special Purpose & Trust Fund monies which are variable in nature dependent on the level of community support
- the operating result of business units, (eg linen and pathology services) which traverse a number of Health Services and which would otherwise distort the host Health Service's financial performance
- the effect of Special Projects which are only available for the specific purpose (eg Oral Health, Drug Summit).

2003/04 Performance against Health Services net cost of services budgets, General Fund (General)

| Health Service | 2003/04 Budget \$M | Variation from Budget \$M | \$% |
|-------------------------------------|-----------------------|------------------------------|------------|
| CSAHS | 612.9 | (0.9) | (0.1) |
| NSAHS | 609.1 | 2.4 | 0.4 |
| WSAHS | 692.4 | 0.9 | 0.1 |
| WAHS | 293.1 | 3.7 | 1.3 |
| SWSAHS | 728.3 | 8.2 | 1.1 |
| CCAHS | 302.3 | (2.8) | (0.9) |
| HAHS | 600.3 | (0.8) | (0.1) |
| IAHS | 361.5 | (0.7) | (0.2) |
| SESAHS | 763.6 | (1.8) | (0.2) |
| Metropolitan Subtotal | 4,963.5 | 8.2 | 0.2 |
| NRAHS | 302.0 | 1.3 | 0.4 |
| MNCAHS | 298.8 | 2.1 | 0.7 |
| NEAHS | 212.2 | 6.0 | 2.8 |
| MAHS | 133.4 | 1.4 | 1.0 |
| MWAHS | 227.8 | (2.2) | (1.0) |
| FWAHS | 94.1 | (2.2) | (2.3) |
| GMAHS | 281.1 | 4.6 | 1.6 |
| SAHS | 223.4 | 2.0 | 0.9 |
| Rural Subtotal | 1,772.8 | 13.0 | 0.7 |
| Ambulance Service | 282.4 | 3.9 | 1.4 |
| The Children's Hospital at Westmead | 84.1 | 0.0 | 0.0 |
| Corrections Health | 54.0 | (0.4) | (0.7) |
| Subtotal | 420.5 | 3.5 | 0.8 |
| Issued Budgets | 7,156.8 | 24.7 | 0.3 |

Source: Finance & Business Management, 2004.

Note: Brackets denote favourability.

Interpretation

Like all organisations, health services operate as an ongoing concern. The \$24.7 million unfavourable variation from budget in 2003/04 follows two financial years where the aggregated favourable performance was some \$55 million, with there being a net \$30 million favourable performance to budget over the last three years.

Better value

Services are efficient

Planning better health

During 2003/04, the Department assisted the Minister for Health in developing sweeping proposals to improve public health administration in NSW. The Minister announced the Planning Better Health reforms on 27 July 2004.

Planning Better Health involves the most significant reshaping of health administration since Area Health Services were established in 1986. It was designed to meet the rapid increase in demand for public health services in NSW, with more of the NSW Health budget spent on patients and less on administration.

Planning Better Health will deliver a more efficient health system, with 17 Area Health Services being amalgamated into 8 larger Areas. This will reduce administrative duplication and inefficiencies and improve consistency in the way health services are delivered.

It will encourage the building of better clinical networks, enhance academic and teaching links and improve the distribution of the health workforce, linking areas well served by specialist practitioners with areas of workforce shortage.

The new structure will also facilitate corporate service reform within NSW Health. A new Public Health System Support Division of the Health Administration Corporation will be established to provide the health system with corporate and business support services. Instead of each Area providing all of its own corporate and support services, the new structure will enable these services to be delivered on a statewide or regional basis.

Subject to Parliamentary approval, Area Boards will be removed, with the Areas run by chief executives and their management teams. There will be improved accountability of the health executive, with clear lines of accountability from the chief executives, to the Director-General, to the Minister. Health executive employment arrangements will be modernised, bringing them into line with those that apply in the general public sector.

The new structure will ensure clinicians and communities have a stronger voice in how health services are delivered. New Area Health Advisory Councils, made up of community and clinician representatives, will provide direct advice and input to the chief executives.

These reforms are expected to free up \$100 million per annum over time, with the administrative savings generated in specific areas being reinvested in additional frontline medical services in those areas.

Hospital infection control

The statewide collection of infection control data in NSW, introduced in 2003, was an Australian first and provided the State's public hospitals with important information about patient infection trends.

NSW Health has invested more than \$2 million in the reporting system to improve the detection of health care infections, to examine trends and monitor strategies that minimise infection rates. Under the system, the independent Australian Council on Healthcare Standards analyses data from 190 NSW public health organisations including major referral hospitals, community hospitals and nursing homes, and provides meaningful information and peer group comparisons.

The reports are being used to evaluate and improve infection control policies and statewide infection control initiatives. They help NSW public hospitals to assess and improve their individual local infection control programs and lead to improved detection of infections and early clinical intervention to reduce infection-related illness.



Community support for patients

The ComPaks project commenced in August 2003 to assist patients with multiple community support needs by developing links between hospital and community based services. The project is helping to deliver:

- An average of 7.9 days less in hospital for people over 70 who go home with ComPaks support, compared to those who go home in the traditional way
- A safer return to home with services in place within 24 hours of discharge and a Community Options case manager to ensure ongoing safety and independent living
- A 30% improvement in access to sustainable community care support compared to trends over the last three years.

ComPaks is now an ongoing NSW Health program.

NSW Health recognised at Public Sector Awards

NSW Area Health Services won Gold, Silver and Bronze Awards at the NSW Premier's Public Sector Awards, announced in December 2003. The Awards reflected the excellence in health provided by clinicians across the state and highlighted the ongoing achievements of health care workers striving to find new and better ways to provide world class health care to the people of NSW.

NSW Health awards included: Gold in Social Justice (NSW State Wide Community and Court Liaison Service – Far West Area Health Service); Gold in Community Development (Healthier People and Healthier Homes – Collarenebri Well Persons Health Check and Housing for Health); Silver in Service Delivery (Broken Hill Lead Education and Intervention for Healthier Children); Gold in Services to Rural NSW (Far West Transport Links); Silver in Social Justice (Going the distance – People and Places: Psychiatric Service Delivery in Far Western NSW); and Gold in Workforce Diversity (Far West Area Health Service's Aboriginal Employment Strategy).

Bronze awards were presented to the Western Sydney Area Health Service and the NSW Health Drinking Water Monitoring Program.



Better value

Services are efficient (continued)

NSW Health wins Technology Productivity Gold Award

NSW Health was awarded a 2003 Government Technology Productivity Gold Award for development of the Perinatal and Paediatric Resources System.

The system provides fast intranet access to neonatal, obstetric and paediatric bed-status information for tertiary neonatal intensive care units in NSW and the ACT, and paediatric intensive care units in NSW.

The system is used to determine the availability of resources such as staff, equipment and beds across the NSW/ACT children's intensive care network. It provides information on the availability of beds around NSW to accommodate sick newborn babies and their mothers. It also shows contact details for medical consultants in high-risk obstetrics, and neonatal and paediatric intensive care units, including those on duty for telephone advice and acceptance of patient transfer. This information helps tertiary hospitals to work together to offer a solution to any referring hospital in NSW, even when the referring hospital might be full.

The Technology Awards are presented annually to federal, state and local government agencies that show improved productivity and better service through the use of technology.

Investment in new technology

There will be improved access to medical specialists and health services across NSW, as a result of a \$4 million project for NSW telemedicine services announced in 2003/04.

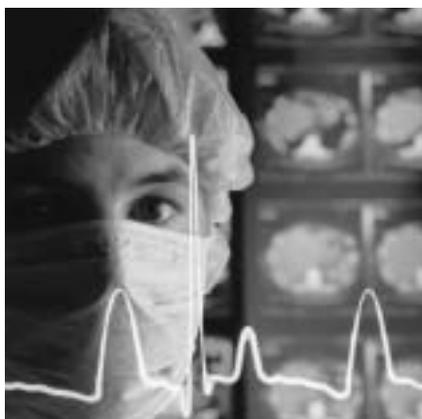
Telehealth involves the transmission of images, voice and data between two or more health facilities through digital telecommunications to provide clinical advice, consultation and education and training services.

Through this funding, the successful telepsychiatry service is expanding to new sites in Bathurst, Inverell and Gunnedah (linking to the existing New England Telehealth network), Shoalhaven Hospital in the Illawarra and Bankstown and Fairfield community health centres. It will also be directed to new services in radiology, genetics, aged care and oncology.

Research projects announced included wound management in rural centres and critical care covering emergency departments, intensive care and state and paediatric medical retrieval from Royal Prince Alfred and Royal North Shore hospitals to Orange, Dubbo and Tamworth.

Telehealth paves the way for future health services and shows that NSW leads the way in telemedicine communications. Telemedicine has become an everyday feature of providing health services to rural and remote communities. NSW Health is committed to improving the access of patients, their carers and health professionals between regional and metropolitan hospitals to gain expert treatment, support and care.

Performance





Future initiatives

- Replace the 17 Area Health Services with 8 larger Area Health Services, to create a more efficient and patient-focused health system.
- Replace Area Health Service boards of governance with Area chief executives advised by the Area management team and an Area Health Advisory Council comprised of clinicians, health consumers and community members.
- Progress the Shared Corporate Services Management Change Program to deliver further savings in corporate and business support service delivery.
- Establish a new statewide voice and mobile contract to provide better communications at lower cost across the NSW health system.
- Finalise of the Public Health Care Outcome Funding Agreement 2004-2009, which provides funding for vital public health programs, including Breastscreen and cervical screening.
- Establish 'Health Support' as the Division of the Health Administration Corporation responsible for the delivery of Shared Corporate Services to client Area Health Services.
- Improve consistency in Area Health Service management structures and the accountability of Health Service senior executives.
- Continue to review Department of Health functions and structures in light of Area Health Service reforms.
- Further explore appropriate Public Private Partnerships to generate efficiencies by engaging the private sector in the construction, financing and operation of selected non-clinical services.
- Finalise 'dashboard indicator' performance reporting systems for potentially avoidable deaths, priority care processes (stroke and cancer), maximising services, workforce, effective resource use, and asset utilisation.
- Strengthen governance and direction in respect of asset management services.
- Centralise the Department's finance and monitoring service to standardise finance and administration systems for all Divisions.
- Implement systems that enable better management of hospital resources including in the areas of bed management and resource scheduling systems.
- Develop a revised Program Budget Structure to clearly link activity measures of performance and financial inputs, in consultation with Treasury and other central agencies.
- Develop an electronic notification system for laboratories.
- Accelerate the cost-effective implementation of both clinical and corporate information systems through the establishment of a Program Management Office.

Better value

Assets are well managed

Performance



Asset acquisition program improved

The Department received approval to increase asset expenditure to a record level of more than \$600 million per year for four years, commencing in 2004/05, with development guidelines improved to make new facilities more patient and staff friendly.

The Department introduced a new cost benchmarking system to enable better assessment of construction and associated costs at current values, which has assisted in the cost-effective planning of new facilities.

Nine new priority facility guidelines were developed to improve the manner in which emergency departments, operating theatres, community health facilities and inpatient units are developed, fitted out and equipped. The guidelines also focus on improving development and design to provide for better access, safety and security, infection control and occupational health and safety.

Assets managed in partnership with the private sector

The Department progressed Public Private Partnerships (PPPs) to generate efficiency savings by engaging the private sector in the construction, financing and operation of selected non-clinical services at the Newcastle Mater Hospital and the proposed forensic and prison Hospitals at Long Bay.

The \$132 million PPP for the Newcastle Mater Hospital involves the redevelopment of the 180-bed Newcastle Mater Hospital, the construction of a new 96-bed acute mental health facility and an expansion of cancer radiation therapy facilities, including the construction of two extra bunkers and linear accelerators and the refurbishment of existing facilities. The project is to be completed in late 2007.

Expressions of Interest for the \$130 million PPP for the new 135-bed Forensic Hospital and 85-bed Prison Hospital at Long Bay closed in May 2004, with construction scheduled to commence in mid-2005, with both facilities to be completed by late 2007.

The two new facilities will replace the existing 120-bed prison hospital, increasing the overall capacity of treatment services and ensuring that prisoners with mental health issues in NSW can be separately treated.

The private sector will build and maintain the new facilities and provide some ancillary support services for 28 years, with the Department paying for its new assets over that period.



Hospital redevelopment opened

Stage one of the largest ever hospital redevelopment in NSW – a new clinical services building at Royal North Shore Hospital – was opened by the NSW Minister for Health in September 2003.

The facility is home to a range of highly specialised services, including a new emergency department, maternity ward, newborn care centre, children's ward with high dependency area, severe burn injury unit, double rooftop helipads and high-speed lifts.

The new building is an example of the latest in health architecture and infrastructure and is part of the \$2.15 billion in health capital works projects in progress across NSW.

Royal North Shore Hospital is a major postgraduate teaching and research facility with statewide responsibilities in specialist services including pain management and research, cardiothoracic surgery and medicine, severe burns, neonatology, spinal surgery and trauma services.



Better value

Assets are well managed (continued)

New Emergency Department for Nepean

NSW's newest, best equipped and largest Emergency Department was opened at Nepean Hospital in June 2004. The new \$8.6 million facility includes state-of-the-art design and new features designed to smooth the flow of patients in and out of the Department.

The new facility has been designed by clinicians to provide the best possible care for emergency patients and will employ some of the most innovative practices to improve patient care.

The new Emergency Department is almost twice the size of its predecessor and has the capacity to expand to 48 beds from 36, as demands change. This places Nepean Hospital in a much stronger position to handle the growing demand.

Improved features include a new short-stay Emergency Medical Unit, a fast-track system, where patients with minor conditions receive treatment more quickly, and mental health staff to provide specialised psychiatric emergency care 24 hours a day.

