CARING TOGETHER

The Health Action Plan for NSW

New South Wales Government

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Minister's Welcome

Caring Together: The Health Action Plan for NSW is the Government's response to the Garling Report. Commissioner Peter Garling undertook the most significant inquiry ever of the NSW acute care system.

The Report identified the great strengths of our health system. It also identified some problems and the need to re-focus on the patient as the centre of the health care system. His 1200-page Report was provided to the Government in November last year.

Since receiving the Garling Report I have undertaken an extensive consultation process where 12,000 people have provided input either face to face, via the web, in workshops or submissions.

The Report includes 139 recommendations and the Government is accepting 134 of these. *Caring Together: The Health Action Plan for NSW* details our approach to implementing the recommendations.

Based on the consultation process, the Government is providing a three-stage response supported by an additional $485 million over four years. Progress reports will be released publicly on a regular basis.

I have planned further workshops and hospital visits over the coming months and together with the Director-General, will to continue listening to the views of health workers and community representatives as they work locally to implement *Caring Together.*

I invite you to take the time to review *Caring Together: The Health Action Plan for NSW* and would like to thank all the health professionals and members of the community who contributed to its development.

To stay in touch with our progress, visit www.healthactionplan.nsw.gov.au

John Della Bosca
Minister for Health

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The Health Action Plan for NSW

Introduction

In response to a number of events including the tragic death of Vanessa Anderson in 2005 and the experiences of Jana Horska who miscarried in hospital in 2007, Commissioner Peter Garling SC was asked by the Government to conduct a Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. He presented his three volume final Report in November 2008.

The Report provides the most comprehensive review ever undertaken of NSW acute care hospitals. Based on extensive consultation with health workers and the community, the Government is accepting 134 of the 139 recommendations made by Commissioner Garling. Two were not accepted and three require further local or national consultation to determine a way forward.

Commissioner Garling pays tribute to the skills of our health care workforce and the quality of the NSW public health system. His Report also sharply details the very significant pressures created by a growing and ageing population and the difficulties of meeting rising costs and community expectations.

Caring Together: The Health Action Plan for NSW is the first stage of the NSW Government's response to the Inquiry's findings and recommendations. It sets out the Government response to each recommendation and seeks to engage the community and our health workforce in a new way forward that more than ever, centres on the needs of patients.

Underpinning the NSW Government's response to the recommendations is a commitment to a universal system that provides safe, high quality health care for everyone in our community.

Caring Together: The Health Action Plan for NSW includes measures that will be put in place immediately to help improve not just clinical care, but the environment in which that care is delivered, and the compassion and sensitivity with which it is delivered.

It also includes further work to be undertaken this year, in partnership with the community, doctors, nurses, midwives, allied health and other health workers to develop initiatives aimed at delivering greater sustainability for the public health system.

Following on from this, an intergenerational plan will be developed to build on these improvements and deliver a system better able to respond to increases in demand and one we can pass on with pride to future generations.

> ***"the patient is ... the heart of the system and the driver behind every change"***

All these changes are geared toward using the resources we have to develop a culture where the patient is both the heart of the system, and the driver behind every change. We want to improve patient safety and build on compassion and care in our hospitals.

Commissioner Garling was very clear to establish from the outset of his Report, that our public health system is world class. He said NSW has:

"One of the better public health care systems in the developed world"

"… Doctors, nurses, midwives and clinical staff are well trained and skilled…caring and dedicated and… able to provide some of the most sophisticated medical care available in today's world".

"… the community of NSW supports the investment in health care to the tune of over $13 billion or 27 per cent of the budget of the State Government."

"…those with grave injuries or illnesses can expect to be transported quickly to a centre of excellence…

"… those who require complex life saving procedures such as organ transplants can have them for free without leaving the state."

The NSW Government agrees with this view. NSW has a hospital system of high standard, in comparison with any in the world.

The NSW Government has great faith in those that staff our public health services. We believe they are compassionate, resilient, professional and highly skilled. What is clear from Commissioner Garling's findings is that nurses, midwives, doctors and allied health staff are experiencing a sense of powerlessness and feel they cannot make changes they believe are in the interests of their patients.

What Commissioner Garling found was that when our system is under pressure, clinical care can suffer, as can the compassion shown for patients, families, colleagues and support staff.

The Government's response to the Garling Report provides a strong mandate for change. Our community rightly expects high quality health care delivered with compassion, attention to detail and clinical excellence. Medical advances and technology are ensuring that illness and disease are detected earlier and more people are now able to receive surgery and other treatments which improve and lengthen their lives.

Over the past two years there has been a growth of 45,000 additional in-patients in NSW public hospitals and last year alone, more than a quarter of a million surgical patients were treated. For many years, the number of patients needing admission and other treatment has increased annually and this trend is expected to continue.

Meeting this increase in demand with the degree of excellence we expect, with the funding and staff available will require us to find new, safe, best-practice innovations. These include working more closely with our staff to find better ways of delivering public health care as well as working more closely with non-Government organisations, the private sector and general practitioners.

Over a period during which health costs were rising, the previous 50/50 Commonwealth/State funding for health has shifted, with the State's share climbing near to 60 per cent.

Since late 2007, the Commonwealth Government has demonstrated a willingness to address this issue, with the Council of Australian Governments recently agreeing to increase funds available to Health.

However this historic imbalance will take time to correct.

CARING TOGETHER
The Health Action Plan for NSW

SUMMARY: STAGES

1. The Action Plan
Focusing on the patient.

2. A Sustainability Plan
Building a stronger health care system.

3. An Intergenerational Health Care System
Developing an intergenerational plan.

Nurses, midwives and other clinicians are spending too much time doing paperwork. This has added to a sense of frustration and concern about capacity to maintain good standards of care for patients.

As Commissioner Garling says in his Report, we are at a point where we have to do things differently.

The changes the NSW Government will implement in the first stage of our response are designed to make immediate improvements to patient safety and patient care.

Beyond the immediate improvements, the NSW Government's response lays the foundation to work with our health workforce and the community to find ways of making the health system more efficient and sustainable.

These will not always be simple or easy decisions. The experience and skills of our clinicians and health managers will be critical in developing solutions that keep the patients' needs at the centre of the system, and in driving changes that are safe, and which help deliver care to the greatest number of people.

We must take the opportunity now to get the framework right to meet the challenge for future generations.

NSW has great health care institutions, skilled personnel, a substantial commitment from the taxpayer and a community that is passionate about its excellent public health system.

Caring Together: The Health Action Plan for NSW begins the task of harnessing those precious advantages to deliver excellent and sustainable patient care today and for future generations.

Caring Together: The Health Action Plan for NSW

Following the release of the 1200-page Garling Report, the NSW Minister for Health embarked on a state-wide consultation process.

To date, 12,000 people have been involved – through face to face meetings, submissions, video-conferencing and the web; informal discussions with staff on the job; targeted briefings with key consumer and employee groups and wide distribution of the Report.

It was clear that a shift to address the challenges we face would require ongoing dialogue and commitment from the community and our health service staff.

A three stage approach is planned.

Stage one – the Action Plan

The first stage is our Action Plan.

Our immediate response builds on a great tradition where the patient is at the centre of our health care system.

The death of Vanessa Anderson was a tragic event and an intensely powerful influence in the development of initiatives to help all hospitals better respond to patients when their condition is deteriorating.

This is the key to improving our system. It starts with the patient and their carer, the nurse/midwife, the doctor and the allied health professional.

The initiatives to improve supervision of junior staff; to ensure the Nursing/Midwifery Unit Managers lead clinical improvements, to have more frequent ward rounds, and to provide ward based clinical support officers are all designed to assist in preventing a recurrence of the events leading up to the death of Vanessa Anderson and the experience of her family and friends.

Everything must be about the patient. Clinicians, managers and support staff must work together in the interests of patient care.

Infection control must improve.

Communication with patients and about patient care must improve.

We need to review the access to high quality care for NSW communities. All patients must have fast access to the services they need – bricks and mortar are less important than timely access to the best care. We will commence a review of hospital roles to support this process.

We need to be smarter in the way we manage demand, which will require workforce redesign and new models of care, particularly for the growing numbers of older patients with multiple chronic illnesses.

Stage two - a Sustainability Plan – 6 months

In the second stage, the NSW Government will report back on our progress and detail the next stage of change which will be about building a stronger and more sustainable health care system.

Stage three - an intergenerational health care system – 18 months

In the third stage, the NSW Government will again report back on our progress and detail our intergenerational plan for a sustainable health care system.

CARING TOGETHER
The Health Action Plan for NSW

SUMMARY: STAGE ONE

1. Creating Better Experiences for Patients
2. Safety
3. Education for Future Generations
4. New Ways of Caring
5. Strengthening Local Decision Making
6. Monitoring our Progress

Caring Together: The Health Action Plan for NSW

By focusing on what happens around each bed in every ward, we will improve standards of care and focus on the most important element in an acute care hospital – the patient.

This will improve patient safety, rebuild public confidence and lift the morale and expectations among our health workforce.

The purpose of the health system *is* caring for patients. It is their health system, their facilities, staff, and services. They too will respond with respect if that is their experience.

Our role is to ensure that we have a health care system that sustains and builds on existing levels of access and equity. Health professionals want to become partners in this once in a generation change - a fundamental realignment of the system to meet the health needs of the community.

It is clear that any response needs to be generational and far reaching to deliver the expectations and standards of safety, service and care identified by the Inquiry and demanded by the public. This response will be delivered through six major strategies:

1. **Creating better experiences for patients**
2. **Safety**
3. **Education for future generations**
4. **New ways of caring**
5. **Strengthening local decision making**
6. **Monitoring our progress.**

1. Creating Better Experiences for Patients

At the top of the list is how we focus on patients in a safe, respectful and coordinated health care environment.

The patient will be the centre of the system and the hospital ward the centrepiece for much of the clinical care response.

The ward will be the centre of cooperation across all specialties, bringing to bear the skills and expertise of all our staff including doctors, nurses, midwives and allied health workers on delivering optimum care for the patient. Importantly, this philosophy of cooperation will deliver greater supervision and encouragement of junior staff resulting in better health outcomes.

Patients are admitted to hospital under the care of their Admitting Medical Officer who is a senior experienced doctor. For patients, this means that this doctor has overall responsibility for care including safety and coordination of care; diagnostic investigation; liaison with general practitioners following transfer and supervision of relevant junior medical staff.

Patient ward areas are managed by a nurse or midwife and the relationship between the senior admitting doctor and

this nurse or midwife is critical to ensuring a safe health care system.

Nurse/Midwife in Charge

The new role for the Nursing/Midwifery Unit Manager will be critical to achieving success of a wide range of the Inquiry Report recommendations; from ensuring safer 24/7 patient care, right skill mix of staff and improved hand hygiene through to coordination of ward rounds and ward redesign.

As the central contact point for patients and their families - an identifiable leader, empowered to act decisively in the interests of the patient and their healthcare, the *Nurse/Midwife in Charge* will ensure **safe, competent and compassionate care** by:

- ensuring staff recognise the signs and respond immediately where the condition of the patient starts to deteriorate;
- ensuring high levels of infection control with monitoring of hygiene practices;
- being available for ward rounds with medical and other clinical staff;
- supervising work of junior staff to improve patient safety;
- ensuring the right mix of skills to support high level ongoing clinical review of patients 24 hours a day 7 days a week;
- championing efficient and productive wards through leadership.

Wards will have signage identifying the Nurse/Midwife in Charge responsible for that ward or unit, and patients will easily know who is caring for them and who family and friends can contact, particularly if they are concerned.

Ward based clinical support officers will be provided to support skilled professionals, ensuring they spend less time on administration and more time on what they tell us they want to do - caring for patients.

Names and Roles

Knowing the name of the nurse, midwife, doctor and allied health worker just makes communication between patients and staff easier. The Nurse/Midwife in Charge will ensure that all staff are easily identifiable.

Protecting patient dignity

We will promote greater privacy and dignity in the ward by providing male and female patients with single sex rooms and spaces wherever possible.

Assistance with meals

The Nurse/Midwife in Charge will be responsible for ensuring that patients have the assistance they need with meals.

Hygiene

The impact of basic hygiene in delivering high quality health care cannot be underestimated. From hand washing to a review of cleaning support after hours in hospitals, essential hygiene will be significantly improved.

Making sure skills match the job

Consistent with the Garling Report, workforce redesign will be a feature of Stage One with a critical look at how to ensure that skills match the job. The principle of redesign will be to look at what service the patient requires and then identify who in the health team is best able to provide that aspect of care, speeding up treatment and support for patients.

Improving the emergency experience

The hospital experience can be intense, particularly in emergency departments where patients are usually apprehensive and unclear of their, or their loved one's, condition. The Action Plan response increases the number of Clinical Initiatives Nurses stationed in the emergency department waiting area to support the review and treatment of patients.

To speed up transfer of care from emergency departments to ward areas, emergency doctors will take the lead in authorising admission and patient transfer based on agreed protocols. For those coming to hospital needing urgent (but not emergency) attention, the number of medical assessment units will be increased with review of whether primary care centres can also assist. Specialised psychiatric emergency care centres will also support those with mental health emergencies.

Patient transport

The compulsory patient co-contribution will be abolished for pension and health care card holders for the Isolated Patients' Travel and Accommodation Assistance Scheme making it easier for people who need to travel to access specialist treatment.

2. Safety

The Health Action Plan for NSW will deliver on expectations of safety from the simplest measures such as hand washing through to the supervision of all junior staff.

Passing the baton of care

In a 24 hour period there will be three ward handovers of patient care which will be documented on paper or electronically. These patient care handovers will be further enhanced by regular ward rounds involving all those caring for the patient, including the specialist, the Nurse/Midwife in Charge, and relevant allied health staff.

Proactive intervention

Caring for those who suffer a deterioration in their condition is a key focus for action. The Clinical Excellence Commission's "Between the Flags" program will ensure that when a patient's condition deteriorates staff recognise the signs and respond immediately. This program has been trialled in Wagga Wagga, St Vincent's, Canterbury, Port Macquarie and Macksville Hospitals and is being rolled out across the state.

In addition NSW Health has piloted clinical handover models in hospitals across the State and commenced pilot projects as part of a national project to improve clinical handover.

Clinical Pharmacists

Medication errors are a significant reason for admission to hospital and are a factor in the deteriorating condition of many patients. The highest skilled member of the health team in this area is the clinical pharmacist and the Action

Plan will see these staff better able to support review of both patient care and prescribing.

Performance reviews

Senior staff will be subject to performance reviews across all hospitals to ensure the highest levels of expertise and health care delivery.

Supervision

Clear supervision guidelines will be developed with the senior staff role in supervising junior staff reinforced to ensure the highest level of clinical practice and safety.

The enhancement of the Nurse/Midwife in Charge role; new starters program; more doctors for rural and outer metropolitan locations; as well as improved rostering and recognised time for teaching will support improvements in this area.

Improved transfer of care

Helping patients clearly and easily understand what they can expect when they are transferred home and what they need to look out for when they get home will empower patients, and increase their safety by helping them to understand their health issues and alerting them to signs they should look for.

We will provide all patients with a plain language document which details the care they received in hospital, the follow up care they need as well as what to do if they are concerned. Importantly, a post hospital medication plan in plain language will also be provided to ensure better health care and recovery.

3. Education for Future Generations

Maintaining existing and developing new skills will deliver better health care across the system.

Program for new starters

We have been highly successful in increasing the number of new NSW graduate doctors, nurses, midwives and allied health practitioners available for the community. To support these important new starters a dedicated transition program spanning the first two years of employment will be established.

New doctors, nurses, midwives and allied health staff will be trained to work in teams in the interest of patient safety. Clinical skills will be taught, practised and assessed. They will also learn how the team can work better together, particularly when a patient's condition starts to deteriorate.

Rural skills

To support attraction and retention for rural practice, we will progressively implement compulsory rural experience for junior doctors, spending that time supervised and mentored by senior medical staff.

Specific paramedic training in rural locations will be provided, ensuring country areas benefit from a higher standard of skills. Support will also be provided for allied health professionals to update their skills.

More specialists for outer metropolitan and rural areas

To support expansion of specialist services, positions for trainee specialists will be created in outer metropolitan and rural areas, particularly targeting general physician trainees.

A culture of respect

Mutual respect will underpin the way we do business. A long term cultural change program will commence in Stage One and will build on work undertaken to date on reducing bullying and harassment. Commissioner Garling believed NSW Health had achieved significant progress in this area. While NSW Health has best practice policies in place, encouraging a positive workplace culture requires prevention of problems as well the ability to fix them as they occur.

We are committed to workplace cultural change and will support a comprehensive program including provision of training to raise awareness, educate and challenge negative cultures, as well as fostering a culture in which all are treated with respect and dignity.

4. New Ways of Caring

We recognise the need to look at and do things differently in order to create the fundamental change recommended by Commissioner Garling. To ensure greater support for our elderly patients, particularly those with chronic and complex problems, we will focus on keeping people well either in their homes or in supported accommodation. The Severe Chronic Disease Management Program combined with the Hospital in the Home Program concentrates efforts on keeping people out of hospital, not only improving health outcomes but supporting better use of hospital and community health facilities. These programs and the important role of extended care paramedics in treating people out of hospital will result in better patient care.

5. Strengthening Local Decision Making

Clinicians across the state called for greater information upon which to base decisions and improved control over their local work, from approval for buying equipment or for recruitment action, to determining whether a new type of operation should commence at a certain hospital.

Removing red tape

Unnecessary red tape has already been significantly reduced and will be removed to support more clinical time for patients. Funded vacancies, particularly for senior medical staff, will be filled without needing separate approval and will require only the paperwork necessary for safe appointment.

Transparent state and local health information

A Bureau of Health Information will be created to support transparency in health data and allow greater local control of information analysis. Consistent with functions outlined in the final Garling Report, the Bureau will undertake public reporting, performance monitoring, ad-hoc data supply and analysis, evaluation and research.

In addition, Chief Executives will publish budget, performance and care status down to ward level to staff, so that improvements can be made locally.

Prioritising of the information communications technology program rollout will support clinicians in providing safer care for patients, assist in removing red tape on recruitment and enable better management of equipment and other assets.

To better support local decision making the capacity of local managers and their levels of delegations will be enhanced to enable more timely response to clinical demands.

Clinical champions for local innovation

Executive Medical Director positions will be established in hospitals/hospital networks to support local decision making and to ensure wide uptake of clinical innovations.

6. Monitoring our Progress

The Bureau of Health Information will become a statutory health corporation with a board appointed by the Minister for Health, similar to the governance model which currently applies to the Clinical Excellence Commission. A Clinical Innovation and Enhancement Agency and an Institute of Clinical Education and Training will also be established under this governance model. These bodies will support the goal of safe, effective patient-centred care in all aspects of the health care system.

Implementation of *Caring Together: The Health Action Plan for NSW* must be a responsibility of everyone in the system. Expert implementation teams will drive the key initiatives of *The Health Action Plan*. Local clinical councils at hospital and area level, together with Area Health Advisory Councils, will help these teams to translate plans into action within their local facilities and services.

To provide a system-wide perspective, the Minister for Health will establish an independent Community and Clinicians Advisory Council to provide advice directly to the Minister for Health and the Director-General on the initiatives underway and the work of the implementation teams.

An independent audit of the progress of implementation of *Caring Together: The Health Action Plan for NSW* will be commissioned by the NSW Government and analysed by an Independent Panel.

The Independent Panel will be appointed by the Minister for Health to monitor implementation progress. Panel membership will include clinicians as well as people with expertise in culture change, systems information, trend analysis, and governance and administration. The Independent Panel will Report to the Minister on the progress of implementation each 6 months for a period of 3 years.

In addition, a new sub-committee of Cabinet will oversee implementation of *The Health Action Plan for NSW*. The reports of the Independent Panel will be prepared for the Minister and the Cabinet sub-committee.

Regular progress reports will be made publicly available.

Stage One: the Action Plan.....Immediate

The Action Plan is the first stage of the three staged approach.

Stage Two: a Sustainability Plan .....6 months

In the second stage the NSW Government will report back on progress and detail change for building a stronger health care system.

Stage Three: an Intergenerational Health Care System .....18 months

In the third stage, progress will again be reported and detail of the intergenerational plan for a sustainable health care system be developed.

* means a change in timeframe from that recommended

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
1	0	NSW Health should consider whether in the interests of public education and information it would be feasible to provide to patients upon discharge from public hospitals either an **itemised listing of the cost** of their care based on the relevant case-mix formula or else to make publicly available the average cost of typical interventions and treatments.	Stage One	Supported. Consultation indicates that the second route recommended by the Commissioner is preferred and NSW Health will make costs of care for common procedures publicly available on the NSW Health and/or Bureau of Health Information websites (refer also response to R75).
2	0	In order to improve the availability of interpreting services in public hospitals for non-English speaking patients, each Area Health Service must investigate the sufficiency of, and ensure the adequacy of, the **hands free communication equipment** available in each hospital to maximise the opportunities for the use of the telephone interpreter service.	Stage One	Supported. NSW Health will investigate current equipment and technology options and consider requirements in specific locations (e.g. a dedicated interpreting services line in emergency departments) to ensure access.
3	0	NSW Health's **Severe Chronic Disease Management Program** should be implemented and expanded to include all very high risk and high risk patients over the age of 18.	Stage One	Supported. NSW Health has already established the NSW Chronic Care Program to improve the quality of care and life of people with chronic disease, and support their carers and families; as well as reduce unplanned and avoidable admissions to hospitals. A range of initiatives has already commenced to better integrate services across chronic diseases, multiple service providers and settings, including programs for self management support, rehabilitation, care coordination and advanced care planning. NSW Health will roll out the Severe Chronic Disease Management Program initially targeting very high risk and high risk persons over the age of 65 (over 45 for the Indigenous community) for five chronic diseases - Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease and high blood pressure.
4	0	NSW Health should consider and develop a comprehensive plan for the expansion of **Hospital in the Home** programs of care for chronic and complex patients. The program should be implemented throughout NSW hospitals within 18 months.	Stage One	Supported. Hospital in the Home programs are already providing options for people who are better managed in their home where doctors, nurses and allied health team members provide dedicated care. NSW Health will roll out programs across the state to provide home-based care for more patients over the next five years, including for those with chronic and complex conditions (refer also response to R3).

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
5	0	NSW Health should liaise with the **Guardianship Tribunal** to ensure that patients within acute care services in NSW public hospitals who are medically fit for discharge be given the appropriate priority for a hearing by the Tribunal.	Stage One	Supported. NSW Health will liaise with the Guardianship Tribunal to agree a prioritisation policy based on need.
6	0	**Aged Care Assessment Team** assessments of inpatients should be planned to commence as early in a patient's stay in hospital as is possible so that they are completed at the time the patient is medically ready for discharge.	Stage One	Supported. As aged care assessment is provided as a Commonwealth program, this matter will be referred to the Australian Health Ministers Advisory Council for agreement on how to ensure assessments can be done as early in a patient's stay as possible.
7	a & b	The Clinical Innovation and Enhancement Agency should as a matter of priority develop a model of care: (a) That allows **identification of those elderly patients** for whom a hospital stay in the event of deterioration would be likely to result in adverse health outcomes; and (b) Which outlines the appropriate treatment modalities for such patients out of hospital.	Stage Two	Supported. NSW Health is working with Area Health Services to increase uptake of Advance Care Planning across the health system and is specifically working with Residential Aged Care Facilities as its first steps. Working with the National Advance Care Planning Working Party, NSW will develop a set of principles and national standards and a Code of Practice for health professionals, the aged care sector, lawyers, carers and the disability sector.
8	a	NSW Health should address the following matters with respect to its **maternity services**: (a) Within 12 months, NSW Health consider and determine whether area health services be permitted to enter into fee for service contracts with midwives, including determining what arrangements with NSW Treasury are necessary in relation to the extension of current indemnity to cover such midwives;	Stage Two	Supported. NSW Health will work with the Commonwealth to investigate the regulatory and other legislative changes required in relation to how maternity care is currently funded with consideration by NSW of fee for service arrangements.
8	b	(b) NSW Health, through the area health services, identify which hospitals would be appropriate for the introduction of a **caseload model of maternity care** in addition to, or in lieu of full-time maternity services. Following the review, NSW Health is to plan for the introduction of that model of care, where viable on a clinical needs basis and subject to available funding;	Stage Two	Supported. In line with the current NSW Framework for Maternity Services, a number of Area Health Services including Hunter New England, Northern Sydney Central Coast and South Eastern Sydney Illawarra, have already implemented caseload models of care. NSW Health has also published Models of Maternity Service Provision 2003 which provides further guidance on models. All Area Health Services will review potential for caseload models of maternity care based on women's needs and available funding.
8	c	(c) In the interests of patient safety, NSW Health only offer birthing facilities for **low risk mothers** in hospitals which satisfy the following criteria: (i) the hospital has an adequate number of health professionals qualified and trained to assist with the birth, such as midwives or VMOs with the necessary credentials; and (ii) the hospital has, on-site, or else has the ability to transfer the mother within 30 minutes travel time to a hospital which has onsite, the workforce and facilities to perform an emergency caesarean section.	Stage Two	Further consultation required. Consultation indicates that further consideration be given to this recommendation. Further consultation and review will occur as part of stage two and the matter will also be referred to the Maternal and Perinatal Health Priority Taskforce. This will be considered as part of the statewide hospital review (refer also response to R117).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
9	1a	Within 6 months, NSW Health should establish, as a chief-executive governed statutory health corporation pursuant to s.41 of the Health Services Act 1997, a Children and Young Peoples' Health Authority (**"NSW Kids"**). The function and role of NSW Kids will be to provide all health care for children and young people, throughout NSW, whether in the community, or in a public hospital, commencing with neo-nates who require tertiary or higher level services and concluding with young people at the end of their sixteenth year of life. The guiding principle of NSW Kids is that the paramount consideration in the provision of health care is the promotion of the health and well-being of the population and the prevention, diagnosis, treatment and cure of the illnesses of the population in a manner which best promotes the wellbeing of children and young people. The principal purposes of NSW Kids are to include, at least: (a) The striking of, and the maintenance of, a proper funding balance between the provision of community based services, including interagency co-operation and prevention measures, and the provision of acute care and related services in public hospitals;	Stage Two*	Supported. The recommendation is supported in principle with further consultation and review of functions to occur as part of stage two. NSW Health already has child health networks in place and has established MH-Kids with specific responsibilities for leading the development and supporting implementation of consistent approaches to mental health care for children and adolescents.
9	1b	(b) Ensuring that the standard of all health care provided to children and young people throughout public hospitals in NSW is consistent and is undertaken, so far as possible, in facilities or parts of facilities which are designated and set aside for such care and which do not include the provision of care for adults; and	Stage Two*	Refer response to recommendation 9.1 (a)
9	1c	(c) Ensuring that there are adequate services and facilities for the provision of mental health care to children and young people.	Stage Two*	Refer response to recommendation 9.1 (a)
9	2a	The secondary purposes of NSW Kids are to include, at least: (a) The provision of education and training to all clinicians about the health and well-being of children and young people;	Stage Two*	Refer response to recommendation 9.1 (a)
9	2b	(b) The provision, either alone or in conjunction with NSW Health and the Area Health Services, of public education, including preventative health and wellness campaigns, which promotes the health and wellbeing of children and young people throughout NSW; and	Stage Two*	Refer response to recommendation 9.1 (a)
9	2c	(c) The commissioning, conducting, supporting and supervision of research into the health and well-being of children and young people.	Stage Two*	Refer response to recommendation 9.1 (a)

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
10	0	Within 12 months, NSW Kids should publish and implement, a **strategic service delivery plan** for the health care of children and young persons so as to ensure that appropriate treatment is delivered by appropriately skilled clinicians in the appropriate facility or else as a community based service. Such plan is to delineate clearly which health service is to be provided in which facility or class of facilities, including the criteria for transfer between facilities, and should, so far as clinically appropriate, avoid the duplication of services between facilities. In the development of the strategic service delivery plan, NSW Kids, determine whether it is in the best interests of the health of children and young people that all Sydney metropolitan area based intensive care units (providing tertiary and quaternary care for neo-natal and paediatric patients) should be combined into a single unit at a single facility and whether there should be established a similar facility at the John Hunter Children's Hospital.	Stage Two	Supported. Refer response to recommendation 9.1 (a)
11	0	Within 18 months, NSW Kids should investigate and report to NSW Health and the Minister for Health on the need for, the desirability of, and the possible locations of a **new NSW Kids hospital** providing quaternary and tertiary facilities. Any such report needs to include preliminary costings for and a business case which analyse the best options for a new NSW Kids hospital.	Stage Three	Further consultation required. Consultation indicates that further consideration be given to this recommendation. This recommendation will remain under review to be considered following agreement on NSW Kids. (Refer also response to R117).
12	a	NSW Health should take immediate steps to enhance the supply of a skilled workforce of clinicians to rural areas by ways which include, at least: (a) Giving consideration to whether there is an available process by which there ought be made **compulsory a rural training term for employed junior medical officers** in their second and third year of employment with NSW Health, including reviewing which hospitals have the capacity to accept such trainees and what other steps are necessary to ensure the adequacy of the training of such junior medical officers undertaking a rural term;	Stage One	Supported. NSW has led the way in creation of rural-based internships for medical graduates. The Rural Preferential Recruitment Program allows graduates who have an interest in rural training to complete their initial non specialist training in a rural location. The rural hospitals participating in the Program for 2009 are Tamworth, Maitland, Orange, Dubbo, Wagga Wagga, Lismore, Tweed, Coffs Harbour and Port Macquarie Hospitals. Additional medical positions will be provided in rural areas to support progression towards compulsory rural training of second and third year doctors.
12	b	(b) Reviewing the existence of and developing, as required, **employment packages** with features which would attract and retain skilled staff to work in rural communities. This may include developing formalised partnership structures between metropolitan hospitals and rural hospitals which facilitate the transition of clinicians between the hospitals;	Stage One	Supported. The Government has been successful in attracting new staff to Bourke, Walgett, Brewarrina and Wilcannia as part of a previous pilot in remote areas. NSW Health has also been working with a cross government taskforce to review recruitment strategies including incentives; accommodation; smarter service delivery models; career opportunities for young people in regions where they live, and strategies for Indigenous communities. NSW Health will consider the introduction of any new initiatives resulting from taskforce deliberations. Country careers officers will now be permanently allocated in each rural Area Heath Service to support recruitment of doctors, nurses and other clinical staff.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
12	c	(c) Developing education facilities and programs which ensure that clinicians working in rural and remote areas of NSW are provided with adequate education and training.	Stage Two	Supported. Already rural clinical schools provide a strong focus for education and training of rural doctors, nurses and allied staff. NSW Health will review education and training support for rural clinicians as part of the review of existing education and training investment which is planned as part of stage two (refer also response to R36.1a).
13	0	NSW Health should seek an amendment to the Mental Health Act 2007 to permit suitable remote facilities, specified in regulations to the Act, to operate **safe assessment rooms** for mental health patients on the basis that 3 hourly review of the patient may be undertaken by a senior nurse or psychiatrist over a video link.	Stage One	Supported. A range of innovative service models have been developed to enable smaller rural emergency departments to manage mental health patients. These include telepsychiatry links, specialist mental health telephone consultation for emergency departments and a 24 hour, 7 day a week telephone access and triage line for the community. Legislative action to support this recommendation is already completed (refer also response to R107).
14	a	NSW Health should address the transport problems associated with providing care for rural patients including: (a) Abolishing the personal contribution and administration charge for all qualifying **IPTAAS** claims;	Stage One	Supported. The compulsory patient co-contribution will be abolished for pension and health care card holders for the Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) making it easier for people who need to travel to access specialist treatment. Consideration regarding other contributions will be included in the review of the Non Emergency Patient Transport System (refer also response to R14b and R123).
14	b	(b) That there is a need to create a non urgent transport service to be responsible for the return transport of patients from metropolitan or rural hospitals to either their hospital of origin or alternatively to their homes, depending upon their clinical condition.	Stage Two	Supported. Consultation indicates that further consideration be given to this recommendation which will occur as part of stage two. In the interim an independent study of an efficient Non Emergency Patient Transport System (NEPTS) is progressing. Various organisations provide the current service network across NSW, often duplicating services. Understanding this complexity and opportunities for change is the first objective of this study (refer also response to R123a-c).
15	0	NSW Health design and implement a business information system that records current medical workforce according to specialty if any, qualifications, location and stage of training, to enable **workforce planning** to be undertaken in a coordinated manner. This system should be available within 18 months.	Stage Two	Supported. Refer response to recommendation 51.

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
16	0	NSW Health ought review its policies and practices with respect to the recruitment of medical staff (other than junior medical officers) so as to require clear **identification of the available senior medical officer positions** by number and description which are unfilled and the date such positions became vacant, and which ensures that the recruitment of such medical officers occurs without any unnecessary or unintended delays. Each area health service should display, updated monthly, a complete list of all vacancies on the NSW Health intranet, together with the date when the position first became vacant.	Stage Three	Supported. Refer response to recommendation 51.
17	a	NSW Health ought consider the enhancement of its medical workforce by: (a) Reviewing the number and adequacy of **prevocational and vocational places** in rural regional and outer metropolitan areas so as to ensure a secure career path for medical officers who wish to work in these areas;	Stage One	Supported. Between 2001 and 2007 the number of specialist trainees in NSW increased by 25.7% and the total number of rural/ remote specialist training positions in NSW increased by 88%. To support expansion of specialist services, NSW Health will create positions for trainee specialists in outer metropolitan and rural areas, particularly targeting general physician trainees. It will work with Area Health Services and Medical Specialist Colleges to ensure the new places are in the specialties and locations of greatest need and that training support is in place (refer also response to R12a).
17	b	(b) Identifying the extent of the current shortage of **general physicians** and taking steps to ensure that there are created appropriate number of training places so as to enable the current shortage of general physicians to be addressed;	Stage One	Supported. In 2008, NSW Health provided four new general medicine rural based training positions in Hunter New England Area Health Service. NSW Health will provide funding for further training positions for general physicians in 2009/10 (refer response to R17a).
17	c	(c) Creating the role of a **clinical support officer** for doctors, designed to be able to assist in the undertaking of their roles and ensuring that their time is dedicated to clinical tasks rather than non-clinical workload.	Stage One	Refer response to recommendation 40.
18	0	The NSW Minister for Health should consider, having regard to any advice from the NSW Medical Board, whether it would be appropriate to impose on all registered medical practitioners a **mandatory obligation to undertake continuing professional education** in each year of practice, and, if so, whether any amendments are necessary to the Medical Practice Act 1992 (NSW).	Stage Two	Supported. This matter will be referred to the Australian Health Ministers' Advisory Council. Mandatory continuing professional education for registration is currently under review as part of the planned transition to a national registration and accreditation scheme for health professionals due to commence 1 July 2010.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
19	a & b	Within 12 months, NSW Health should create a **casual medical workforce:** (a) By instituting and maintaining a centralised register recording the details of all doctors, including their credentials and experience, who are available to fill casual shifts or to act as locums for specified periods; (b) By including on the centralised register the details of any currently employed or contracted specialists who are available to fill shifts on a casual basis;	Stage Two	Supported. Centralised management of locum medical officers and a centralised register of any currently employed or contracted medical officers available to casually fill shifts is progressively being rolled out across Area Health Services. NSW Health has already implemented a set of Standards and Conditions, which medical locum agencies must meet in order to be engaged by NSW Health. These agencies must provide credentialing information, conduct referee checks and human resource checks consistent with the pre placement checks required under the Standards and Conditions.
19	c	(c) Which is subject to appropriate performance reporting and performance management systems which are designed to ensure the continued competency of those on the list; and	Stage Two	Supported. NSW Health policies will ensure support for better performance reporting and performance management for casual medical staff.
19	d	(d) Which has access to and is encouraged to undertake education and training so as to ensure the maintenance of and improvements in their skills and competence.	Stage Two	Supported. Consultation indicates that further consideration be given to this recommendation. Further consultation and review of existing education and training investment is planned as part of stage two (refer also response to R36.1a).
20	0	NSW Health should review the current **induction program** which is undertaken for overseas trained doctors prior to them commencing employment in the NSW public hospital system, and enhance it so as to make more efficient and effective the employment of overseas trained doctors.	Stage One	Supported. NSW Health is developing online orientation to support new medical staff with doctors able to do the program before arriving in Australia. Targeted funding has previously been provided to support new internationally qualified doctors to transition to their new environment. NSW Health will review the induction program for overseas trained doctors and ensure that it provides for the efficient and effective employment of these doctors.
21	a & b	NSW Health should implement within 12 months a program which ensures that an annual **performance review** for each employed or contracted doctor, other than a doctor in training, is undertaken jointly by a senior clinician and a management representative. In order to enable an annual performance review program to occur, NSW Health should ensure there exists for each position to be reviewed a **job description** identifying: (a) Roles and responsibilities for each designation and position held by a doctor; (b) Performance criteria for inclusion in contracts with respect to each position held by a doctor.	Stage Two	Supported. NSW Health policies provide for annual performance review for all employed and contracted medical staff and compliance will be monitored. New model service contracts are currently being developed for Visiting Medical Officers and standard position descriptions will be considered. A draft Position Description has already been developed for staff specialists.

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
22	0	NSW Health should review the current **induction program** which is undertaken for overseas trained nurses prior to them commencing employment in the NSW public hospital system, and enhance it so as to make more efficient and effective the employment of overseas trained nurses.	Stage One	Supported. The NSW College of Nursing provides a comprehensive induction program for overseas trained nurses which is subject to continuous improvement. NSW Health will review this program and ensure that it provides for the efficient and effective employment of these nurses, including provision of appropriate language support.
23	0	NSW Health should, as a matter of priority, **review and redesign the role of the nurse unit manager (NUM)** so as to enable the NUM to undertake clinical leadership in the supervision of patients and the enforcement of appropriate standards of safety and quality in treatment and care of patients in the unit or ward for which they are responsible. This redesign needs to encompass either the transfer of a range of duties from the NUM to other existing staff members or alternatively the creation of a role of clinical assistant to the NUM to undertake those tasks. The aim of the redesign is to ensure that at least 70% of the NUM's time is applied to clinical duties and no more than 30% of the time is applied to administration, management and transactional duties.	Stage One	Supported. NSW Health will review and redesign the role of the Nursing/ Midwifery Unit Manager as part of the move to the new Nurse/Midwife in Charge. Patients and families will better recognise the Nurse/Midwife in Charge through a prominently displayed ward photo. Already NSW Health has surveyed over 750 nurses and midwives to identify their views about the key capabilities required for the role and started the Take the Lead program for these positions. A Conceptual Framework has already been developed to outline the purpose of the role, the personal capabilities that should be able to be demonstrated and the broad core functions that are the responsibility and accountability of the role. The Nurse/Midwife in Charge will provide leadership to ensure safer patient care, the right skill mix of staff on the ward, improved hand hygiene and coordination of ward rounds.
24	a & b	(a) All hospitals employing nurse unit managers report within 6 months to the Chief Nurse of NSW Health how they will **re-allocate the duties** currently being undertaken by the NUM in line with my earlier recommendation; and (b) All hospitals employing NUMs should complete the implementation of the redesigned role within 2 years.	Stage One	Supported. The Chief Nursing and Midwifery Officer will annually report progress on the reallocation of administrative duties currently undertaken by Nurses/Midwives in Charge so that they can provide a stronger focus on clinical care.
25	a	I recommend that NSW Health, in order to address the current shortages in the nursing workforce, consider and implement, if appropriate, the following: (a) The creation of a **new clinical designation for registered nurses with over 10 years experience** who continue to carry out patient clinical care, entitled Senior Registered Nurse with appropriate competency based increments;	Stage One	Supported with modification. Any consideration of new clinical designation for registered nurses should take place within the context of the claim by the NSW Nurses Association for a new nursing designation for registered nurses with 8 or more years experience currently before the Industrial Relations Commission.
25	b	(b) The allocation of funding for more **nurse practitioner positions** across NSW, particularly in rural and remote areas, and in hospitals where it is hard to employ doctors;	Stage One	Supported. NSW Health has already introduced 82 Nurse Practitioners to provide advanced care with a further 64 nurses in transition to also perform these roles. Nurse Practitioner and advanced practice nursing positions will be further increased.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
25	c	(c) A redesign of the **General Workload Calculation Tool** to take into account nurses' designation (clinical nurse specialist, registered nurse, enrolled nurse, trainee enrolled nurse, assistant-in-nursing) and years of nursing experience, together with the capacities created by a team-based nursing medical of care.	Stage One	Supported. NSW Health will work with the NSW Nurses Association regarding the redesign of the General Workload Calculation Tool to incorporate all clinical care provided by nurses such as clinical nurse consultants, clinical care coordinators and others.
26	a	I recommend that NSW Health address deficiencies in the workforce of, and delivery of services by, allied health professionals in public hospitals by considering and implementing a program which addresses the following matters: (a) The institution of policies which mandate **timely action for dealing with vacancies of allied health professionals** so as to ensure that replacements occur when allied health staff are on annual leave, maternity leave or long service leave or any other period of leave which exceeds 5 working days;	Stage One	Supported. NSW Health will ensure that recruitment policies mandate timely action for dealing with funded vacancies of allied health professionals.
26	b	Considering and implementing: (b) Enhancing allied health services in hospitals by providing for allied health staff either to be rostered for at least **two shifts a day and to be on call** for a third shift or else taking other steps to ensure that there is available an adequate supply of allied health services to inpatients on all 7 days of the week;	Stage Two	Supported. NSW Health will review current provision of care and specific patient needs for the wide variety of allied health services out of hours. Priority consideration will be given to those areas requiring urgent patient response eg in Emergency Departments noting that not all hospital levels will require 16 hrs per day/ 7 days per week services.
26	c	Considering and implementing: (c) Ensuring that when new models of care are introduced which require **input by allied health professionals** that the appropriate contribution by those allied health professionals is sought, recognised and incorporated into the model of care. It will be necessary to ensure adequate funding for such allied health participation;	Stage One	Supported. Allied health professionals provide critical input to improved models of care and this will be more formally supported.
26	d	Considering and implementing: (d) Determining the appropriate means by which allied health professionals should receive adequate ongoing education and providing such education and training.	Stage Two	Supported. Further consultation and review will occur on this recommendation as part of the consideration of the establishment of the Institute of Clinical Education and Training in stage two.
27	0	A director or **co-ordinator of allied health services** be appointed in each hospital or hospital facility. That person should be a senior allied health practitioner with knowledge of the range of all allied health roles.	Stage Two	Supported with modification. Each Area Health Service has a designated Allied Health Director responsible to the Chief Executive. Following review, and where appropriate, an allied health coordinator will be nominated (rather than appointed) that supports two way communication with that Area role.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
28	0	NSW Health should ensure that there is developed standard guidelines which involve consultation by and the participation of **clinical pharmacists** in the care of patients at the earliest appropriate opportunity so as to enable a clinical pharmacist to take a patient's medication history, participate in ward rounds, review the patient's medical chart during their inpatient stay and review medications on discharge.	Stage One	Supported. NSW Health will develop a clinical pharmacy model that supports a stronger role for clinical pharmacists in patient care including reviewing and educating patients about their prescribed medications, as well as advising junior doctors and nurses on the best use of medicines. The potential to work with the private sector where appropriate will be considered.
29	a	NSW Health consider the enhancement of the clinical pharmacists' workforce in public hospitals by: (a) Encouraging the obtaining of **higher qualifications by clinical pharmacy staff**;	Stage One	Supported. Since 2005, NSW Health has increased pharmacy intern positions by over 37% statewide and the average vacancy levels statewide have reduced by up to 50%. An Allied Health ReConnect model has been developed to facilitate re-entry of qualified allied health professionals back into the public health workforce, with hospital pharmacy the first profession to be successfully trialled. NSW Health will target outer metropolitan and rural hospitals and will consider ways to further enhance the clinical pharmacy workforce including qualifications; education support; interaction with the private sector and technical support.
29	b	(b) Incorporating for clinical pharmacists a component relating to training time both of pre-registration pharmacists (or trainees), new graduates in the hospital, and by the provision of clinical pharmacy educator;	Stage One	Supported. Refer response to recommendation 29 (a)
29	c	(c) Fostering arrangements with community pharmacists so as to encourage a better exchange of pharmacists between the community and the hospital; and	Stage One	Supported. Refer response to recommendation 29 (a)
29	d	(d) Identifying the tasks which may be performed by a pharmacist's assistant and designing a position for such an assistant in order to free up a clinical pharmacist to spend more time engaged in patient care.	Stage One	Supported. Refer response to recommendation 29 (a)
30	0	Benchmarks which adequately measure the extent of the delivery of **postgraduate clinical education and training** should be included in performance agreements between NSW Health and area health services and statutory health corporations.	Stage Two	Supported. Benchmarks for the delivery of postgraduate clinical education and training will be included in performance agreements.
31	0	NSW Health should review, develop if required and implement such policies as will clearly specify the roles and responsibilities of the Institute of Clinical Education and Training and the roles and responsibilities of area health services and relevant statutory health corporations in the **delivery of training and education** relevant to health services.	Stage Two	Supported. NSW Health will review current policies in relation to the delivery of training and education and ensure that roles and responsibilities are clear. Consultation indicates that further consideration be given to the recommendation on establishment of the Institute of Clinical Education and Training. Further consultation and review of existing education and training investment is planned as part of stage two (refer also response to R36.1a).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
32	0	NSW Health should ensure that all hospital directors and supervisors of training for prevocational doctors are provided with **protected time each week** to carry out their duties in relation to training and formal teaching within the hospital. This time should be protected as part of the terms of employment and through the employment performance management process.	Stage One	Supported. Dedicated Directors of Prevocational Education and Training are currently funded in the 53 hospitals where new doctors in their first and second years are allowed to be placed. NSW Health will ensure that the time of these Directors to support training of first and second year new doctors is identified as part of their performance agreement.
33	0	NSW Health should require all clinicians who are engaged in the teaching and/or supervision of postgraduate clinical staff to **satisfactorily complete courses** provided by the Institute of Clinical Education and Training directed to enhancing their skills as teachers, trainers and supervisors.	Stage Two	Supported. There are many state and national courses to support the training of clinical teachers with many doctors, nurses and allied health staff having already undertaken some form of training. Consultation indicates that further consideration be given to the recommendation regarding establishment of the Institute of Clinical Education and Training which will be subject to consultation as part of stage two.
34	0	NSW Health should explore the opportunities for and develop programs which attract senior clinicians to become involved in or else increase their involvement in, the teaching and supervision of junior clinical staff, including by developing appropriate positions and **career streams for such senior clinicians.**	Stage One	Supported. NSW Health supports engagement of senior doctors in teaching and supervision through employment of clinical academics, dedicated staff specialist and visiting medical officer time with dedicated clinical education positions for nursing and a new award classification for those engaged in allied health education. NSW Health will explore any other opportunities for attracting senior clinical staff to become more involved in training and supervision.
35	a	NSW Health should consider the enhancement of the training and education provided for allied health professionals, by, at least: (a) Considering the provision of funding directly, or else indirectly through **payment of allowances for attendance** at, and participation in external education and training courses relevant to the particular allied health specialty; and	Stage Two	Supported. Existing NSW Health policy allows for staff to be granted paid leave to attend education courses with reimbursement of costs. Allied Health staff will be specifically supported to undertake external training and development consistent with this policy. Funding is also already available to rurally based allied health staff via State based scholarships with some Area Health Services providing additional scholarships locally.
35	b	(b) Considering whether it would be appropriate and cost effective to create **specific positions for the provision of education** to the particular allied health specialties.	Stage Two	Supported. NSW Health has recently supported industrial award changes for allied health staff that recognise the education role. Area Health Services are currently working locally to transition staff to these new categories. NSW Health will consider requirements for any additional education support as part of consultation and review of existing education and training investment which is planned as part of stage two (refer also response to R36.1a).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
36	1a	Within six months, NSW Health is to establish a chief executive governed statutory health corporation pursuant to s.41 of the Health Services Act 1997 to fulfil the role of a **NSW Institute for Clinical Education and Training.** The Institute is to have, at least, the following principal purposes and functions: (a) To design, institute, conduct and evaluate a program for the postgraduate clinical education and training for all new postgraduate professional clinical staff employed in NSW public hospitals;	Stage Two*	Supported. NSW Health conducts a wide range of transition to work programs with around 1,600 new nurses on transition, 1,300 new doctors and many allied health staff undertaking learning rotations each year. Targeted multidisciplinary training for all newly qualified year 1 and 2 clinical staff will be provided with consideration of existing programs. Consultation indicates that further consideration be given to the recommendation relating to the establishment of the Institute of Clinical Education and Training. Further consultation and review of existing education and training investment is planned as part of stage two.
36	1b	(b) To design, institute, conduct and evaluate leadership training for clinicians to enable clinicians to become clinical leaders and also health system leaders;	Stage Two	Supported. Consultation indicates that further consideration be given to the recommendation to establish the Institute of Clinical Education and Training. Further consultation and review of existing education and training investment is planned as part of stage two. NSW Health has already delivered the Leading for Improved Clinical Services Program to 366 medical managers; and continues to deliver the Clinical Excellence Commission's Clinical Leadership Program for clinicians who have, or are working towards, leadership positions.
36	1c	(c) To design, institute, conduct and evaluate training for clinicians to enable clinicians to become skilled teachers and trainers for the trainees in all of the programs conducted by the Institute;	Stage Two	Refer response to recommendations 33 and 36.1 (a)
36	1d	(d) To design, implement and oversee an appropriate performance evaluation program for professional clinical staff whilst undergoing postgraduate clinical training; and	Stage Two	Refer response to recommendation 36.1 (a)
36	1e	(e) To design, implement, conduct and evaluate clinical education and training to enable medical practitioners to be qualified, competent and capable of practising as hospitalists in NSW public hospitals.	Stage Two	Supported. A Staff Hospitalist Program is currently under development and 10 hospitalists have already been employed. Consultation indicates that further consideration be given to the establishment of the Institute of Clinical Education and Training which is under review and will be considered as part of stage two.
36	2a	The Institute is to have at least, the following secondary purposes and functions: (a) To liaise with the College of Nursing so as to ensure that the postgraduate education and training programs are appropriately designed and delivered; and	Stage Two	Refer response to recommendation 36.1 (a)

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
36	2b	(b) To liaise with the Deans of tertiary education institutions which provide undergraduate education in the various Health Science disciplines at, or with the assistance of, NSW public hospitals in order to identify all synergies between the clinical education and training of undergraduates and post-graduate trainees and to seek to make more efficient the respective education and training regimes, including the delivery of the education and training; and	Stage Two	Refer response to recommendation 36.1 (a)
36	2c	(c) To liaise with the various medical colleges which provide vocational education and training for medical practitioners in order to ensure that: (i) the most efficient and effective means of education and training are provided for vocational trainees in the employment of NSW Health; and (ii) the most appropriate placement program for vocational trainees in the employment of NSW Health having regard to both the health service delivery requirements of NSW Health and the training requirements of the respective Medical College.	Stage Two	Refer response to recommendation 36.1 (a)
37	a	**The Institute** in the provision of its programs adopt the following guiding principles: (a) That clinical education and training should be undertaken in a multidisciplinary environment which emphasises inter disciplinary team based patient centred care;	Stage One	Refer response to recommendation 36.1 (a)
37	b	(b) That the **education and training be delivered by the most appropriate and suitable person** regardless of the profession or specialty of the individual, and including, where appropriate, non-clinically trained personnel;	Stage Two	Refer response to recommendation 36.1 (a)
37	c	(c) That all prevocational clinical staff enrolled in the Institute's programs be required to spend a minimum of **20% of their ordinary rostered time** in Year One and a minimum of 10% of their time in Year Two participating in the training programs;	Stage Two	Refer response to recommendation 36.1 (a)
37	d	(d) That the clinical education and training program for prevocational clinical staff include at least four different components, namely: (i) Formal teaching to which currently employed and contracted senior clinical staff would contribute; (ii) E-learning by self-completed modules; (iii) Simulation training conducted by senior clinical staff at simulation centres and facilities; and (iv) Clinical skill modelling where postgraduate clinical staff are supernumerary for the relevant mandatory time to enable observation of, and modelling of, clinical skills being demonstrated by senior clinicians.	Stage Two	Refer response to recommendation 36.1 (a)

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
38	0	The Chief Nursing and Midwifery Officer of NSW Health should supervise the preparation within 6 months of and ensure over a 2 year period the implementation of a program across all public hospitals in NSW which is designed to achieve an improvement in the efficiency and design of nursing work practices in each ward or unit having regard to the principles of shared care and team-based work practices. The NSW program should take into account the improvements made by the Productive Ward Program in the United Kingdom and the **Essentials of Care Program.**	Stage One*	Supported. The Essentials of Care program provides nurses and other health professionals with a method to explore and understand current clinical practice and practice environments and to develop ways to further enhance them. It is already being established across Area Health Services with a focus on patients' experience, as well as what the patients, their families and health professionals value about effective and relevant patient care. Building on this, the Chief Nursing and Midwifery Officer will supervise a program designed to achieve greater efficiency and design of nursing work practices, giving consideration to shared care and teamwork principles. To ensure successful implementation, NSW Health will achieve this in every ward over a 3 year period.
39	a – d	The **workforce at large of NSW Health be re-aligned** so as to recognise the following principles: (a) Each member of the clinical workforce should be prepared to work within a multi-disciplinary environment as a member of, or as a contributor to an inter-disciplinary team responsible for the delivery of patient centred care; (b) Patient centred care is to be provided by a team, which allocates in accordance with the principles of shared care, a component or components of care to a member of the team according to their qualifications and experience; (c) Where a component or components of care can be provided, without adversely affecting patient care as measured by the patient care performance criteria, by (i) IT based remote support; or (ii) by a less well, but nevertheless suitably qualified member of the team; or (iii) by a private provider of health services, then NSW Health is free to designate one of these alternatives for the provision of care. (d) A real need exists in times of a national health workforce shortage for clinical support staff to be employed to undertake tasks for which they are suitably qualified so as to allow senior clinicians, in particular, to be freed up to attend to those components of patient care which require their other skills.	Stage One	Supported. NSW Health will ensure that the principles of patient centred care and multi-disciplinary team work are further reinforced.
40	0	Within 12 months, NSW Health should create a position called **clinical support officer** within public hospitals in NSW to be filled on a needs and activity basis to undertake roles presently fulfilled by senior and junior clinical staff which can be undertaken by less, but nevertheless suitably, qualified or experienced individuals. The position will include being rostered for after hours work and on a 24 hour a day 7 days a week basis where the need is identified and where the ward activity requires, and would encompass those roles previously performed by communications clerks, ward clerks and wardsmen.	Stage One	Supported with modification. NSW Health will create a position of clinical support officer combining similar categories of staff (e.g. ward clerks) to allow maximum flexibility in the role. Reporting to the Nurse/ Midwife in Charge, clinical support officer positions will be created to support ward based patient activity undertaken by doctors, nurses and allied health staff, with locally determined shift times based on assessed requirements.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
41	a, b & c	NSW Health, within 6 months, is to implement a project, the aim of which is to **redesign rostering systems** and practice for senior and junior doctors and senior nurses in a way which promotes safety and good quality patient care. The aim of the project must be: (a) To ensure the presence of an appropriate number and range of skills of these clinicians in all hospitals down to and including Peer Hospital Group Category C1 for 16 hours a day; (b) To ensure the availability of the services of these clinicians for 7 days per week; (c) To ensure adequate coverage, whether by an on-call service or otherwise for the remaining 8 hour shift for each day.	Stage One	Supported NSW Health will implement a program to redesign rostering systems to support improved supervision of junior staff and better patient care.
42	0	In order to implement meaningful and long-lasting improvement to its workplace culture, NSW Health, as a key priority, embark immediately on a **workplace culture improvement** program based on Just Culture principles, that clearly identifies acceptable behaviours in the workplace and that is linked to NSW Health corporate values.	Stage One	Supported. Commissioner Garling noted that NSW Health had a *"zero tolerance" policy about bullying in the workplace...a comprehensive suite of policies and guidelines designed to eliminate bullying from the workplace* (page 22, 1.136). In 2004, legislation was amended to support improved protected disclosure safeguards for health professionals to ensure the protected identity of complainants with Area Health Services supporting implementation. As an example Campbelltown Hospital has undertaken significant work to engage clinicians in local decision making, ensure more transparent grievance processes and provide training in patient/client communication. NSW Health will build on this work as part of Caring Culture, a statewide culture change and improvement program.
43	a, b & c	NSW Health should: (a) Engage external expertise to develop the Just Culture program; (b) Ensure that all of its senior management personally champion Just Culture principles and regard the program as a key priority area for reform; (c) Implement a comprehensive training program for all staff and managers in Just Culture principles, to be completed within 3 years;	Stage One	Supported. NSW Health will embark on a culture change process that includes a comprehensive training program and support for staff with improved procedures for managing bullying and complaints and evaluation of success through staff and patient surveys. Audits will be conducted with reporting through the NSW Health Annual Report.
43	d & f	(d) Introduce **new procedures** for the management of **bullying complaints**, characterised by fair and reasonable treatment of complainants and respondents, the introduction of timeframes within which complaints need to be resolved and reporting to senior management on the progress of conflict resolution processes; (f) Formulate protocols for, and mechanisms to protect, confidentiality during investigations of bullying complaints, clearly identifying where confidentiality will not be kept (eg if a person discloses self-harm or a criminal offence);	Stage One	Supported. Refer response to recommendation 43 (a,b&c)

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
43	e & g	(e) Review **existing resources** for the management of bullying complaints and implement steps to ensure sufficient numbers of staff are able to handle and resolve complaints in a timely manner; (g) Establish a grievance advisory service to provide independent, objective advice to complainants and respondents in relation to bullying complaints.	Stage One	Supported. Front line advisors in Area Health Services will be dedicated to complaints management with a statewide grievance advisory service established (refer also response to R43 a, b & c).
44	a	In order to ensure the successful implementation of the Just Culture program, I recommend that NSW Health: (a) Implement **annual audits** to monitor the performance of complaint management systems and compliance with agreed targets;	Stage One	Supported. Refer response to recommendation 43 (a, b & c)
44	b	(b) Measure its success in implementation by reporting on its progress in its **annual report.**	Stage One	Supported. Refer response to recommendation 43 (a, b & c)
45	a – g	NSW Health should ensure within 12 months there is developed and implemented State wide policies setting out a best practice model for the **supervision of junior clinicians** which: a) Defines supervision; b) Defines the objectives and content of supervision; c) Defines the supervisory relationship, including the roles and responsibilities of clinical supervisors (including consultants, registrars and nurse educators) and trainees; d) Sets out mechanisms for resolving difficulties relating to inadequate supervision; e) Recognises the importance of the supervisor's role; f) Requires area health services to stipulate the roles and responsibilities of supervisors (including consultants, registrars and nurse educators) in their job descriptions (whether as employee or independent contractor), including the time required to be allocated to supervision duties; g) Requires that supervisors (consultants, registrars and nurse educators) be allocated protected time each week for carrying out active supervision of junior medical officers and nurses.	Stage One	Supported (a-f). A best practice model for the supervision of junior clinicians will be developed with statewide policy disseminated. Roles and responsibilities in relation to supervision will be clarified in standard position descriptions for all clinical staff. Active supervision is part of the function of any senior staff that have responsibility for juniors and while dedicated time may be required for teaching, it is inappropriate to allocate time on this basis for supervision.
46	a & b	The Institute of Clinical Education and Training, if it becomes aware of any circumstances which it considers give rise to a significant risk to patient safety or a significant risk to the provision of good quality patient care arising from any **inadequacy in the supervision and training** being provided at any NSW public hospital for junior clinicians, must forthwith: (a) Notify the chief executive of the area health service or statutory health corporation together with its recommendations for the appropriate remedial actions to be taken; and (b) If it considers that the remedial actions, if any, which have been taken are inappropriate or inadequate to remedy the identified significant risks within an appropriate timeframe, deliver a report to the Director-General of NSW Health together with recommendations for action by the Director-General.	Stage Two	Supported. The Institute of Medical Education and Training will continue to perform this function for doctors in their first two years. Consultation indicates that further consideration be given to establishment of the Institute of Clinical Education and Training which is planned as part of stage two. (Refer also response to R36.1a)

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
47	a, b & c	Within 24 months, NSW Health should undertake a review of, and examine the improvement options for the **supervision of registrars undertaking surgery**, including but not limited to: (a) Whether it is appropriate, and if so how, to separate by facility or operating list or otherwise planned surgery from emergency and urgent unplanned surgery; (b) Whether any change in workplace rostering or practices is necessary to maximise supervision of surgeons in training and minimise risk to patient care from surgery being conducted after hours without supervisors present; (c) Developing systems for monitoring the extent of and adequacy of supervision of surgery being undertaken by registrars.	Stage Two	Supported. Supervision of registrars undertaking surgery will be reviewed as part of the review of whether planned and emergency surgery need to be separated (refer also response to R110).
48	0	Within 6 months, NSW Health should design and implement a system of auditing the performance of all hospitals in the compilation of **patient clinical records**, for compliance with NSW Health policies regarding legibility and completeness of those records.	Stage One*	Supported. Auditing of patient records to determine compliance with NSW Health policy that clinical notes are legible and complete will be achieved within 12 months.
49	0	Within 6 months, NSW Health should implement and audit compliance with a policy which specifies the **obligations of the Admitting Medical Officers (AMOs)** in the supervision of clinical notes relating to their patients which includes a requirement that the AMO read and initial, at regular intervals each patient's clinical notes which have been written by the junior medical officer.	Stage One	Supported. NSW Health will implement and audit compliance with Admitting Medical Officers initialling clinical notes at regular intervals.
50	0	NSW Health should cooperate with and support the **National E-Health Transition Authority** including in particular developing appropriate policies to and platforms which govern the manner of and the circumstances sufficient to permit general practitioners, specialists, allied health professionals and community health clinicians, who are located outside the hospital, to gain access to relevant parts of, and information from, the electronic medical record generated within NSW public hospitals.	Stage One	Supported. The NSW Government has supported the introduction of centralised electronic health records and is pursuing the development of these in conjunction with the e-health strategy being considered by the Council of Australian Governments.
51	0	Within 4 years NSW Health should complete the current **information technology program** including the following stages: Timing Stage 1: 12 months Infrastructure Stage 2: 18 months Electronic medical record Patient Administration System Stage 3: 24 months Human Resources Information System Business information strategy Medical imaging Intensive care Hospital pharmacy system Stage 4: 36 months Community health system redevelopment Automated rostering Clinical Documentation Medication management Stage 5: 48 months State-wide roll out of the electronic health record.	Stage One*	Supported with modification. Commissioner Garling acknowledged that *...NSW Health has embarked upon one of the largest IT projects in the country* (p7, 1.48). NSW Health will prioritise implementation of the Information Communications Technology (ICT) program within the Health capital program with a new rostering system, planning for a community health system and improved infrastructure progressing during 2009/10 to better support patient care. The program has already started and NSW Health will continue to prioritise work with commencement of the entire program staged over the next five years. NSW has piloted the use of an electronic health record but the timing of implementation depends on national action and funding. NSW Health will be funding its contribution to the National E-Health Transition Authority to enable it to continue its existing work program towards the establishment of a national e-health records service.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
52	0	A **high speed broadband network** should be established within 18 months securely linking all public hospitals in NSW so as to enable the provision of specialist clinical services and support via the network from metropolitan-based clinicians and hospitals to regional, rural and remote clinicians and hospitals.	Stage Two*	Supported with modification. The infrastructure roll out will be prioritised to include improved network capability.
53	0	Within 18 months, NSW Health should introduce a mandatory policy for a form containing a **checklist** to be completed each time a patient is admitted as an inpatient to a hospital ward from the Emergency Department. The checklist ought require details including patient's identification, provisional diagnosis, whether or not any tests and investigations have been carried out, and whether or not the inpatient consultant has been notified of the admission and accepted the admission (with the identity of the consultant under whose care the patient is admitted and the date and time of notification recorded). This form should be completed by a junior medical officer in the Emergency Department and the same form should be used throughout the State.	Stage One	Supported. All clinicians will be responsible for effective clinical handover and inclusion of relevant details into an emergency care transfer checklist for patients transferring to ward areas. A senior emergency medical officer will be required to authorise the final checklist before transfer.
54	a & b	Within 6 months, NSW Health should introduce a mandatory policy which requires that when orders for **pathology tests** are made, the name of the ordering doctor and contact number be clearly printed (if written) or entered (if computerised) on the pathology form. The policy should include a protocol outlining the appropriate channel of communication where: (a) The relevant details are incomplete or illegible; and (b) The ordering doctor is not on duty or contactable.	Stage One	Supported. A new records policy is currently being developed for introduction within 6 months, which will include the need for completion of documentation for pathology tests and requiring legible information including the name and contact details of the ordering officer. The communication channels to be followed where information is not legible will also be included. NSW Health will revise other policies relating to the processing of tests to clarify the steps to be taken in order to complete and discuss pathology requests and results if the ordering doctor is not contactable. Electronic solutions will be considered.
55	0	**Daily multi-disciplinary ward rounds** should be introduced at which accurate and complete notes are taken which are approved by the supervising doctor within a specified timeframe.	Stage One	Supported. While clinical staff will continue to provide a handover to the oncoming shifts three times a day, a more formal ward round involving all those caring for the patient, including the specialist and any relevant allied health staff, will be introduced twice per week as a minimum.
56	a & c	Within 18 months, NSW Health should ensure that each hospital designs and introduces a **mandatory shift handover policy**, which includes, as a minimum: (a) A requirement that part of the handover occurs at the patient's bedside; (c) A requirement for the information which is to be conveyed during handover;	Stage One	Supported. The NSW Health Acute Care Health Priority Taskforce is developing a set of key principles and implementation strategies for clinical handover. The Taskforce will review current initiatives including those at Campbelltown and Concord Hospitals where clinical handover now occurs at the patient's bedside and will ensure that, as part of the current three shifts per day, a component of the handover will be held at the bedside except where this is impractical for staff or patients (e.g. on some night shifts).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
56	b	(b) A requirement that sufficient time designated for handover is built into the rostering system;	Stage One	Supported. The majority of shifts currently have a built in component for handover. This will be reviewed as part of rostering redesign supported under recommendation 41.
56	d	(d) A requirement that a written or electronic record be made of the handover.	Stage One	Supported. The requirement for written or electronic records of handover will be part of the planned NSW Health policy.
57	0	Recommend that the function of **liaison with general practitioners** be undertaken as a designated role in every public hospital in NSW, either by the creation of one or more positions to undertake the function on a full time basis or alternatively the allocation, on a part time basis of the function, to an existing position.	Stage One	Supported. NSW Health will formalise existing arrangements where the Director Clinical Services/Director Medical Services in each facility/network undertakes local liaison with general practitioners on general issues noting that doctors have a responsibility to liaise with the general practitioner regarding their individual patients.
58	a, b & c	In order to ensure compliance with the NSW Health policy on the mandatory provision of discharge summaries to a general practitioner the **GP Liaison Officer** in each hospital is to institute a regular process of checking and auditing: (a) The provision of a discharge summary; (b) The accuracy of and the sufficiency of the discharge summary; and (c) Where appropriate, the legibility and readability of the discharge summary.	Stage One	Supported. Statewide introduction of the electronic medical record commenced in January 2009 and will improve information sharing between NSW hospitals and general practitioners. In the interim, auditing on discharge summaries will be included on the internal audit program in each Area Health Service.
59	0	Within 24 months, NSW Health should investigate and establish a plan for the introduction of **modern internet based systems** (e.g. VOIP) for all communications within hospitals including portable communication devices for all appropriate clinical staff members from patients and their carers are addressed as soon as reasonably practicable.	Stage Three	Supported. NSW Health will investigate technologies including IP (Internet Protocol) telephony, voice recognition dictation equipment, improved paging arrangements and wireless communication tools to support better communication on patient care with implementation by Area Health Services where assessed as practical and useful for particular settings (refer also response to R51).
60	a	NSW Health should encourage all hospital staff to take all reasonable measures to **enhance their communication with patients** including by making sure that: (a) Patients and their carers are told who staff are and what their function is;	Stage One	Supported. To better support patient awareness, posters identifying categories of staff and types of uniforms worn will be prominently displayed in each facility.
60	b	(b) Patients and their carers are kept informed of the nature and purpose of any treatment about to be delivered;	Stage One	Supported. Refer response to recommendation 23
60	c	(c) Any questions and concerns from patients on their case are addressed as soon as is reasonably practicable.	Stage One	Supported. Refer response to recommendation 23

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
61	a – d	On **discharge** from hospital unless clinically inappropriate, each patient or their carer should be provided with a **document, in plain language**, explaining: (a) What medications, if any, they are to take and the details related to those medications, including, for example, frequency, dosage and any medications which are contra-indicated; (b) What their care plan is; (c) An outline of resources available to assist them upon discharge (including contact details of patient support groups); (d) A schedule of any follow up appointments.	Stage One	Supported. When care is transferred from hospital to home or to another facility, clear plain english fact sheets will be provided to patients outlining their care plan with a schedule of follow up appointments; medication frequency; dosage and effects; what to look out for; emergency contact and details of relevant support groups.
62	a	Within 12 months, NSW Health implement a state-wide policy ensuring **uniforms or vests** are worn by each health professional, identifying in large print the role of the health professional. The state-wide policy should: (a) Designate a colour to each professional role and ensure that the colour is consistently adopted;	Stage One	Supported with modification. All NSW Health employees will be required to wear a badge identifying clearly for patients and staff their name and designation (a small number of areas may need to have security considerations). The Nurse/Midwife in Charge will ensure that all staff are easily identifiable. A statewide set of uniforms that are locally adapted has recently been contracted and changes to that uniform would be a significant additional investment. Future changes to the uniform will ensure that a more consistent approach is taken and the terms of reference of the NSW Health Uniform Contract Review program scheduled for early 2009 will be revised accordingly.
62	b	(b) Include a requirement for posters to be prominently displayed throughout NSW Health facilities providing a chart to indicate which uniform or colour is assigned to which profession;	Stage One	Refer response to recommendation 62 (a)
62	c	(c) NSW Health amend existing policy or develop additional policy to require the wearing of name badges (or similar, but not cards on lanyards) by each type of health professional, bearing in large print the person's name and title or role.	Stage One	Refer response to recommendation 62 (a)
63	0	NSW Health should encourage each facility to have a **patient care committee** which has, at least, the following features: monthly meetings; include nursing, medical, allied health and administrative staff; review all deaths in the facility; and review minutes of morbidity & mortality committee meetings and any other safety and quality committee meetings.	Stage Two	Supported. Patient Care Committees will be established where a local committee does not currently provide that function. The committee will not be responsible for undertaking death reviews but will review the outcomes of death reviews conducted by appropriated skilled staff. Networks will be considered for smaller facilities.
64	0	The improvement plan process set out by the Clinical Excellence Commission in the **Quality Systems Assessment Statewide Report** be implemented by all area health services within the time frames specified by the Clinical Excellence Commission.	Stage Two	Supported. The improvement plan process set out by the Clinical Excellence Commission will be implemented by all Area Health Services.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
65	0	NSW Health should review the functions, size and structure of the **Quality & Safety Branch** to determine if it has any functions which duplicate the work of, or else would more appropriately be undertaken by, the Clinical Excellence Commission. NSW Health needs to ensure that any duplication or unnecessary replication is eliminated with the intent that the Clinical Excellence Commission will become the body primarily responsible for safety and quality within NSW Health.	Stage One	Supported. The size and function of the Quality and Safety Branch is being reviewed and any duplication with the Clinical Excellence Commission resolved. Legislatively the Director-General and Minister for Health have duties and accountabilities that cannot be delegated to another legal entity and effective governance of safety and quality in NSW Health requires that the Director-General and Minister retain this responsibility.
66	a – d	If the Clinical Excellence Commission identifies that the **quality and safety processes or performance of an area health service**, statutory health corporation or facility are inadequate, the Clinical Excellence Commission must: (a) Immediately notify the general manager of the facility, the chief executive of the area health service and the Director-General of NSW Health; (b) The notification must specify: (i) the quality and safety processes or performance which the Clinical Excellence Commission has identified as being inadequate; (ii) what action, in the opinion of the Clinical Excellence Commission, should be taken by the facility, area health service and/or NSW Health to rectify the inadequacy; (iii) the time frame in which the action should be taken; and (iv) a date after which the Clinical Excellence Commission will again inspect or review the area health service, statutory health corporation or facility to monitor improvement. (c) The Clinical Excellence Commission is to inspect or review the area health service, statutory health corporation or facility after the date specified in the notification; (d) If, following the inspection or review by the Clinical Excellence Commission, the action specified in the Clinical Excellence Commissions notification has not been taken, the Clinical Excellence Commission is to notify the Minister for Health with a recommendation as to what action the Minister for Health should take.	Stage Two	Supported. The Clinical Excellence Commission will identify where quality and safety processes or performance of a facility is inadequate. If the Clinical Excellence Commission determines that the action specified in its notification has not been taken, the Director-General will be notified with a recommendation as to what action should be taken.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
67	1a, b & c	Within 12 months, NSW Health is to establish a board governed statutory health corporation pursuant to s.41of the Health Services Act 1997 known as the **Clinical Innovation and Enhancement Agency**. The Agency is to undertake its role according to these guidelines: (a) Establish new, or else incorporate within it the already existing-clinical networks, taskforces and other clinician practice groups as the operative networks by which it is to undertake its role; (b) Establish within a central directorate of the Agency, a reservoir of the following skills: (i) change management; (ii) health economics expertise; (iii) business management; (iv) project design and support ; (v) to be provided as necessary to the clinical networks, together with such other administration support as is appropriate, to enable the efficient functioning of the clinical networks; (c) Use the existing clinical network model to involve clinicians and patient representations in continuous clinical redesign to deliver safer and better patient care.	Stage Two*	Supported. Consultation indicates that further consideration be given to this recommendation in relation to functions. Further consultation and review is planned as part of stage two.
67	2a & b	The Agency is to have, at least, the following principal purposes and functions: (a) To identify, review and enhance or else to research and prepare standard evidence based protocols or models of care guidelines for every unexceptional surgical intervention, and the common disease or syndrome treatment modalities encountered in NSW public hospitals; (b) To investigate, identify, design, cost and recommend for implementation changes in patient care by way of enhancements or improvements in clinical practice, including the content and method of such practice, in order to ensure, on an ongoing state-wide basis, better, safer, more efficient and more cost-effective patient care; (i) to provide advice to NSW Health, or any Area, or functional Health Service, on any matter relating to the enhancement or improvement of clinical practice; (ii) to liaise with change managers from the private sector retained to assist in the introduction of clinical re-design at the Area, hospital and unit levels and provide the point of contact between change managers and NSW Health. The Agency is to report directly to the Minister for Health and the Director-General of NSW Health and is to prepare an annual report to the Minister on the progress of clinical innovation and enhancement in the public hospital sector.	Stage Two*	Refer response to recommendation 67 .1
68	0	Each of the chief executives of the public health organisations is to report every six months to the Clinical Innovation and Enhancement Agency and the Director-General of NSW Health on the **progress of implementation of all endorsed innovation** and enhancement programs, and if any program has not been implemented the explanation for such failure.	Stage Two	Refer response to recommendation 67 .1

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
69	a, b & c	The Clinical Excellence Commission, the Clinical Innovation and Enhancement Agency and the NSW Institute for Clinical Education and Training should jointly explore whether it would be more efficient and cost effective for their operations: (a) **To be physically co-located;** (b) To share common facilities; (c) To share corporate support functions and support staff.	Stage Two	Supported. Consultation indicates that further consultation and review occur prior to finalisation of this recommendation which is planned as part of stage two.
70	a, b & c	NSW Health is to ensure that **quarterly reports for each unit and each facility** containing the following information: (a) Data regarding the IIMS reports made by the facility during the period; (b) Data regarding the IIMS reports made by the unit during the period; (c) Data comparing the IIMS data for that facility and for that unit to the performance of the rest of the NSW health system, are prepared and distributed.	Stage Two	Supported. NSW Health is currently developing the process which will allow reports from the statewide Incident Information Management System (IIMS) to be accessed at facility and ward level.
71	0	NSW Health should develop a process which ensures that upon the finalisation of each IIMS report, the results of the **IIMS report are immediately reported back**, by email where possible, to the person who made the initial report and their manager. If the IIMS report takes longer than one month to finalise, a monthly report regarding progress is to be provided to the reporter of the incident and their manager until the IIMS report is finalised.	Stage Two	Supported. NSW Health will ensure that reports can be accessed locally for improved information flow. (Refer response to R70).
72	0	The Clinical Excellence Commission to conduct **regular audits of the accuracy of the data** and the appropriateness of the SAC categories applied to the various incidents by reporting clinicians.	Stage One	Supported. The Root Cause Analysis Review Group, chaired by the Clinical Excellence Commission currently reviews clinical notes to examine the accuracy and appropriateness of reporting of each Severity Assessment Code 1. Priority will continue to be given to the review of these high level incidents with sampling audits for other categories.
73	0	Within 3 months, the Clinical Excellence Commission to consider and advise the Director-General of NSW Health whether the involvement by the chief executive in the **approval of the Root Cause Analysis** process requires amendment and if so in what respects.	Stage One*	Supported. The Clinical Excellence Commission will advise the Director-General of NSW Health whether the involvement by the Chief Executive in approval of the root cause analysis process requires amendment.
74	0	Within 12 months the Clinical Excellence Commission to establish **searchable intranet** accessible to all NSW Health staff which contains all RCAs.	Stage Two	Supported. This functionality will be incorporated within the planned upgrade of the existing Incident Information Management System application. If required as an interim measure, a web based application will be developed.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
75	a, b & c	Within 3 months, NSW Health is to establish a **Bureau of Health Information**, which has the following characteristics: (a) It is to be independent from and not part of the Department of Health; (b) It is to be established either as, or as a part of, a board governed statutory health corporation pursuant to s.41 of the Health Services Act 1997; (c) It is desirable that it be co-located with a research facility or else a body with expertise in the collection, analysis and use of complex data.	Stage One	Supported. A Bureau of Health Information will be established by July 2009 that is independent from and not part of the Department of Health. It will provide public reporting of performance for the State as a whole, each Area Health Service, hospitals and units or wards.
76	a & b	The **functions of the Bureau** are to include, but not be limited to: (a) Present routinely collected data sets: (i) public reporting: review and develop indicators of Health System Performance for the State as a whole, each Area Health Service (including functional Health Services), hospitals and units or wards; Produce and publish regular and timely Reports of Health System Performance data according to relevant criteria; Provide an Annual Report on the Patient Care Performance criteria, together any other relevant performance criteria to the NSW Parliament on NSW Health; (ii) performance monitoring: provide advice on the enhancement of routine data collections; Identifying and undertaking benchmarking, reporting and feedback systems for all levels of NSW Health; (iii) data access and supply: analysing routinely collected data in response to user requests; Developing and distributing tools to allow users to interrogate routinely collected data (e.g. data cubes); (iv) value-added analysis: undertaking analysis of routinely collected data sets to explore and report on specific issues. (b) New data sets: (i) evaluation: undertaking, commissioning or advising upon the meaning of the cost and effectiveness of new policies and programs; (ii) research: commissioning research, as appropriate to support and renew its own functions; commissioning research into areas and issues, identified by or to it, concerning health system performance; commissioning or undertaking research for the developing of new analytic methods for both routinely collected data sets or else new data sets.	Stage One	Refer response to recommendation 75.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
77	a – g	Within 6 months, the **Bureau of Health Information** is to develop and publish patient care performance criteria which are adequate to enable measurement on a continuous basis of the performance in the provision of care to patients of each unit or ward, hospital, area (or functional) health service and NSW Health as a whole in the following areas: (a) Access: Access to and availability of hospital services including timeliness of the provision of services and proximity to patient's home or locality. Availability of alternative community or home based services in lieu of the hospital services; (b) Clinical: Clinical performance including patient outcome, appropriateness of clinical treatment method, the variation, if any, from protocols and models of care, and identified benefits or detriments to the health and wellbeing of the patient; (c) Safety and Quality: Safety and quality of the clinical care and the hospital attendance or admission; (d) Cost: Cost of the clinical care including re-presentation or readmission cost, and error cost (including provision of additional care, medication, diagnostic tests and/or counselling services and any financial settlement including litigation costs); (e) Patient: Patient experience and satisfaction; (f) Staff: Staff experience and satisfaction; (g) Sustainability: System impact and sustainability.	Stage Two	Supported. Refer response to recommendation 75. Patient outcome measurement will need to be consistent with nationally published documents.
78	0	Within 12 months, the **Bureau of Health Information is to start publishing quarterly reports,** within 60 days of the end of the reporting period, which disclose the performance of each unit or ward, hospital, area (or functional) health service and NSW Health as a whole by reference to the patient care performance criteria.	Stage Three*	Supported. Refer response to recommendation 75.
79	0	Within 24 months, NSW Health is to review whether it is either necessary or appropriate to continue to measure hospital performance by the **current key performance indicators** or whether such measurement ought to be discontinued having regard to the quarterly reports of the Bureau of Health Information.	Stage Three	Supported. Refer response to recommendation 75.
80	0	NSW Health, if it has not fully implemented the next recommendation, should within 18 months provide either by consensual arrangement or changed technology that ambulance officers and the Emergency Department agree and determine jointly **off stretcher time.**	Stage Three	Supported. NSW Health will ensure that hospital staff and ambulance staff are jointly involved in the recording of off-stretcher times by building an interface between the Ambulance Service Computer Aided Dispatch and Cerner FirstNet information systems to allow agreed accurate reports to be generated.
81	0	Within 18 months, the practice whereby **ambulance officers remain with patients** in the Emergency Department of hospitals until the patient has their definitive treatment commenced ought be abolished.	Stage Three	Further consultation required. Consultation indicates that further consideration be given to this recommendation which is planned as part of stage three.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
82	0	NSW Health should institute an **audit program of waiting lists** kept for each hospital in NSW, conducted by staff who are not associated with the relevant area health service or the hospital. The audits should examine all paperwork that the hospital is required to maintain for the waiting lists including correspondence with referring doctor, and should include the auditing of any reclassification of patients' clinical urgency category.	Stage One	Supported. The Government is already undertaking an audit program of waiting lists including selected audits by an independent body. NSW Health policy requires each hospital to undertake a clerical audit of hospital waiting lists and to carry out such audits at least monthly. There is a requirement for the documentation to provide a clear audit trail of any changes that are made to the patient's booking and to report the outcome of audits to management. Routine monthly auditing of waiting list by Hospital/Area Health Service Waiting Time Coordinators will continue to be undertaken. The Government will expand the current independent auditing to include an annual audit of waiting lists at 4 hospitals in 2 Area Health Services per year, and the Department of Health will review waiting list management and practices in every Area Health Service (3-4 hospitals) annually.
83	0	Any hospital which **reclassifies the clinical urgency** of a patient whose name is on, or is to be entered on, a surgical waiting list, is to inform the patient's referring doctor in writing within 7 days.	Stage One	Supported. Current practice is informed by NSW Health policy which already sets out a process for assigning a different priority rating from the initial category, following a clinical review by an appropriate clinician. Any reclassification must be made by an authorised doctor and evidenced in writing, including the name and signature of the person making the change, the date and time of notification of the change and the reason for the change. NSW Health will amend the relevant policy to require that the referring doctor be informed of the reclassification of the patient's clinical priority, in writing and within 7 days.
84	a, b & c	Within 12 months NSW Health will review reporting against **Key Performance Indicators required of Emergency Departments** to determine whether: (a) The indicators are useful; (b) The indicators are necessary; and (c) Whether any undue burden is being imposed on Emergency Department staff by the existing regulatory requirements.	Stage Two	Supported. NSW Health will review Key Performance Indicators currently used to assess emergency department performance. State and National reporting requirements, and the suitability of alternate or new indicators and process measures will be considered as part of that review.
85	0	NSW refund patients the net cost (if any) for medication necessary for the treatment of hospital acquired infection after the discharge of the patient from the hospital.		Not supported. A level of infections post operatively will always be a feature where patients have suffered major trauma or other significant injuries. It is difficult to determine whether infections are related to breaches of infection control or an inevitable risk as a consequence of the injury. Increasingly infections such as methicillin resistant staphylococcus aureus (Golden Staph) are present in the community and therefore it is difficult to conclude that the infections arise simply from poor hygiene of hospital staff. NSW Health continues to work on reducing hospital acquired infections and is implementing a range of recommendations including hygiene compliance.

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
86	a	The extent of **hospital cleaning services** be reviewed within 12 months so as to ensure that properly trained cleaners are available, at least: (a) In the principal referral group A and B hospitals and paediatric specialist hospitals on a 24 hour a day, 7 days a week basis;	Stage One	Supported. NSW Health is currently reviewing cleaning standards with a new Environmental Cleaning Policy Directive, Manual and audit tool already in development. To support implementation of these strategies, extra positions for cleaners will be provided at major hospitals across the state.
86	b	(b) In major metropolitan and non metropolitan hospitals, on a permanent 16 hour a day, 7 days a week basis and on call at other times.	Stage One	Refer response to recommendation 86 (a)
87	0	I recommend that the Clinical Excellence Commission within 9 months, undertake a review of the evidence which exists about the appropriateness of a policy such as the **"Bare Below the Elbows Policy"** and develop a policy capable of ready implementation and evaluation about the appropriate clothing and accoutrements which ought be worn by health care workers when engaged in clinical care in public hospitals in NSW.	Stage One	Supported. Improving hand hygiene is a critical strategy to reduce infection. NSW Health has committed to implementing the national Hand Hygiene Australia initiative (led by the Australian Commission on Safety and Quality in Healthcare) based on the World Health Organisation *5 Moments for Hand Hygiene*. A new Hand Hygiene Policy Directive is being developed that addresses some of the elements of the Bare Below the Elbows Policy including fingernails (length, artificial, extenders, enhancements, polish), jewellery, rings, bracelets and watches.
88	a	Within 6 months, NSW Health develop a new policy which outlines an enforcement regime which includes the following as a minimum, for failing to comply with **hand hygiene protocols** for all staff who come into contact with patients: (a) Where the failure is unintentional: (i) first occasion counselling; (ii) second occasion completion of an online educational package; (iii) third occasion attendance at a public education lecture with other 'non-compliers' and a warning that any further failure will result in formal disciplinary action; (iv) fourth occasion disciplinary action.	Stage One	Supported. NSW Health policy currently has an enforcement regime for failure to comply with handwashing. The suggested regime will be incorporated to support improved compliance.
88	b & c	(b) Where the failure is intentional or reckless, immediate disciplinary action is called for which may include, depending upon the seriousness of the conduct, counselling, supervision, or other disciplinary action including dismissal; (c) It should be mandatory for a Chief Executive to report professional staff including VMOs, to their relevant registration authority for unsatisfactory professional conduct in all cases where a failure has occurred on four occasions or else is intentional or reckless. Compliance with the hand hygiene should become part of the contractual obligations of all health care workers. An intentional or reckless failure to comply with hand hygiene precautions should be reported on IIMS and regarded, at a minimum, as a SAC 2 category incident.	Stage One	Refer response to recommendation 88 (a)

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
89	0	NSW Health ought mandate the **screening of vulnerable and high risk patients** by standard or rapid screening technology for MRSA and all other significant pathogens across all area health services in the case of planned admissions BEFORE and for all other cases IMMEDIATELY AFTER entry into the hospital. Such mandatory screening ought to commence as soon as practicable but ought be fully operational within 12 months.	Stage Two	Supported with modification. NSW Health already undertakes screening for methicillin resistant staphylococcus aureus (MRSA) and other pathogens in high risk clinical areas and screens admissions to areas where there are vulnerable patients . Based on international research further work and consultation, with advice from the Infection Control Experts Advisory Group, is required to determine an effective screening model before expansion of the current program.
90	a	NSW Health to consider PD2007-084 and if appropriate, to rewrite it, to include material about and requirements for infection prevention which needs to include as a minimum, the following: (a) Each ward must undergo **regular audits** (at least monthly) and random audits. The audits should be undertaken by an infection control professional who is not part of the staff of the ward;	Stage Two	Supported. Targeted surveillance is already being conducted. Mandatory hand hygiene audits will commence in 2009.
90	b	(b) Each ward must nominate either the nurse unit manager or in the alternative, an appropriate infection control officer whose tasks include **education about infection control**, enforcement of infection control standards, displaying leadership in the ward by their example and undertaking audits of performance in other wards or hospitals;	Stage Two	Supported. NSW Health will support reduction of hospital acquired infections through senior medical leadership and leadership through the Nurse/Midwife in Charge who will be responsible for ensuring maintenance of infection control standards in wards and units.
90	c	(c) Each ward must **publicly display statistics** and results compiled monthly and updated throughout the year showing, at least: (i) the rate of hospital acquired infection per patient on the ward; (ii) the rate of compliance with hand washing techniques (and any other applicable hygiene techniques) separately for each group of health care workers caring for patients.	Stage Two	Supported. As part of the approach to supporting improved communication on patient care, hospitals will publicly display statistics and results on infection control performance. (Refer also response to R136c).
91	0	Within 12 months, NSW Health is to implement a system in accordance with the recommendations of the Clinical Excellence Commission for the **detection of deteriorating patients** containing the following elements: a system for early identification of an at-risk patient in every hospital in NSW (this system will involve the implementation of a specifically designed vital signs/observation chart); escalation protocols to manage deteriorating patients, which would include a rapid response system; development and implementation of detailed education and training programs, aimed at recognising and managing the deteriorating patient; the ongoing collection and analysis of appropriate data to monitor the implementation and progress of the program; a standardised process for the handover of patients which can be utilised on all occasions and can equally be done when all clinicians are not on site together; high level support from management and clinicians; and ongoing evaluation.	Stage One	Supported. The Clinical Excellence Commission's Between the Flags program will ensure that when a patient's condition deteriorates staff recognise the signs and respond immediately. This program has been trialled in Wagga Wagga, St Vincent's, Canterbury, Port Macquarie and Macksville Hospitals and is being rolled out across the state. In addition NSW Health has improved handover through piloting of new models both locally and as part of national initiatives.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
92	0	NSW Health devise ways of ensuring that **adequate and clear information is provided** to all patients who attend at the Emergency Department.	Stage One	Supported. Patient Fact Sheets will be developed in plain language and translated into multiple languages to support care in emergency (refer also response to R60 and R61).
93	0	Within 12 months, the role of the **Clinical Initiatives Nurse** should be introduced, if not already in existence, in the waiting room of Emergency Departments in all metropolitan areas and in major regional cities.	Stage One	Supported. Additional Clinical Initiatives Nurse positions will ensure that a dedicated nurse is part of the staffing in hospital emergency departments where the numbers of patients indicate the need for this support. The role has been redesigned to be consistent across the state and will focus more on patients in the waiting room, providing better communication on waiting times, initiating basic treatments (under protocol) and completing required admissions documentation.
94	0	**Triage** should be carried out by a senior experienced registered nurse with emergency or critical care experience whenever possible and, without exception, in all tertiary hospitals, and in all like hospitals.	Stage One	Supported. Triage policy already requires that the process of triage is undertaken by appropriately trained and skilled clinicians so that urgent patients are given clinical priority. Hospital/ Emergency Department management are required to ensure that triage is undertaken by clinical staff who have proven capacity to identify and set these priorities of care. NSW Health will ensure that triage is carried out by appropriately trained and skilled clinicians particularly in principal referral hospitals and standardised triage training will be provided to support staff.
95	0	Within 18 months, each hospital within a peer group down to and including B2 – Major Non-Metropolitan Hospital and which operates an Emergency Department, ought also to establish a **Medical Assessment Unit** where enrolled chronic and complex patients will be assessed prior to admission.	Stage Three	Supported with modification. NSW Health has already opened 235 Medical Assessment Unit beds in 17 metropolitan hospitals since March 2008, with a further 58 beds in 5 new Medical Assessment Units due to open by mid 2009.
96	0	Within 6 months, every hospital should adopt a policy which permits, subject to the conditions described above, the practice that where a patient is to be admitted to a hospital from an Emergency Department or else a Primary Care Centre, the determination of the ward to which the patient is **to be admitted rests with the medical officer in charge** of the Emergency Department or the Primary Care Centre, as the case may be, and not with the medical officer (or ward staff) of the department to which the patient is to be admitted.	Stage One*	Supported. NSW Health will develop a policy in conjunction with the Australian Medical Association (NSW), the Australian Salaried Medical Officers Federation (NSW) and the Emergency Care Taskforce requiring local protocols at each hospital by 30 June 2009. The protocols will enable Emergency Department clinicians to rely on locally agreed guidelines that clearly set out the unit to which patients with particular conditions should be admitted. The policy will have regard to any prevailing legislative requirements (e.g. *Mental Health Act 2007*).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
97	a & b	All hospitals review their policies and work practices which affect patient discharge to ensure as far as practicable that the **time and date of discharge is activated:** (a) At the earliest possible opportunity; (b) In a way which is consistently with good patient care, maximises bed availability.	Stage One	Supported. As part of a new approach to ensuring smooth transfer of care following hospital stay, planning for transfer of care will commence as early as possible in the hospital stay. NSW Health has commenced a program to ensure an Estimated Date of Discharge (EDD) is allocated for each patient on admission and developed electronic tools to identify variation between these.
98	a, b & c	The principles by which Emergency Departments should operate include, but are not limited to: (a) That the provision of emergency care is to be determined by clinical condition, and is not one based on, or determined by, patient demand; (b) A recognition that the performance of Emergency Departments is inextricably linked with the performance of the whole of the hospital; (c) An acceptance that Emergency Departments are not the necessarily the only portal for an unplanned admission to hospital.	Stage One	Supported. The emergency department is a critical element of acute care service with performance in this area inextricably linked to other areas of the hospital. To support those needing urgent and emergency care NSW Health will expand services available in Medical Assessment Units and Psychiatric Emergency Care Centres to meet patient needs. (Refer also response to R95, R101 and R108).
99	0	Within 18 months, Emergency Departments, so designated, ought be limited to providing care for only those in need of immediate or emergency care which requires the services of highly skilled emergency teams led by specialist emergency physicians. This will ordinarily include those presently in **categories 1, 2 and 3 of the Australian Triage Scale**, but not those ordinarily within categories 4 and 5.	Stage Three	Supported. Where clinically appropriate patients not requiring emergency department assessment will be fast tracked to other care centres such as Medical Assessment Units (R95), and Psychiatric Emergency Care Centres (R108), with review of potential for Primary Care Centres (R101).
100	0	Such patient care performance criteria as measure the timeliness of access to services in Emergency Departments do so **by reference to only two categories** namely the provision of immediate care (which is the existing category one of the Australasian Triage Scale) and a second category of emergency care (which combines the existing categories 2 and 3 of the Australian Triage Scale) being care which needs to be provided within a maximum of 30 minutes. The benchmark for both of these categories should be 100%.	Stage One	Supported. Consultation indicates that further consideration be given to this recommendation. As the Australasian Triage Scale covers both Australian and New Zealand jurisdictions, this matter is being referred to the Australian Health Ministers' Advisory Council for review.
101	0	Within 18 months, where a hospital has an Emergency Departments, it should establish a **Primary Care Centre** which would provide services for all patients who attend the hospital seeking urgent or unplanned care and who are not determined clinically to be in need of immediate or emergency care.	Stage Three	Supported. Following formal review for effectiveness, Primary Care Centres will be established in hospitals where there are sufficient patients needing attention to support a Primary Care Centre. Consultation on establishment will include relevant general practitioners, nurse practitioners and other medical, nursing and allied health staff.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
102	a, b & c	The current framework of collaboration between NSW Health and the Emergency Department Workforce Reference Group be continued in order to, by consensus: (a) Identify and publish current **staffing levels and profiles for each existing Emergency Department;** (b) A workload tool for determining appropriate staffing levels for Emergency Departments; (c) A plan identifying the appropriate number and location of emergency medicine trainees which ought be funded by NSW Health.	Stage Two	Supported. NSW Health will work with the Emergency Department Workforce Reference Group to identify and publish staffing levels and profiles for each emergency department and develop a plan identifying the appropriate number and location of emergency medicine specialist trainees.
103	0	A **clinical support officer** be rostered for duty as a communications officer for no less than 16 hours per day at every Emergency Department.	Stage One	Refer response to recommendation 40.
104	0	NSW Health should articulate the **goals of its out of hospital programs** and make this information as well as information about how each program operates or what they are intended to achieve publicly available.	Stage One	Supported. NSW Health will provide public information on alternatives to hospital care including the severe chronic disease management and hospital in the home programs to support choice and improved patient care (refer also response to R3 and R4).
105	0	NSW Health should ensure that **community health services** are available as far as practicable on weekends and after-hours to facilitate discharge, improve the efficiency of the acute care system and patient care in both the hospital and community settings.	Stage Two	Supported. A review of community health is currently underway and, following the review, a determination will be made on the best way to facilitate transfer of care from hospitals with consideration of other out of hospital program support.
106	0	NSW Health within 18 months is to review and determine the most effective and appropriate **structure for the governance** in each area health service of the staff and programs delivering health services in the community.	Stage Two	Supported. A review of community health is currently underway and, following the review, a determination will be made on the most effective and appropriate structure for the governance in area health services of community health service delivery.
107	0	Within 18 months, each hospital which operates an Emergency Department should establish a **safe assessment room** at a location, if not adjacent to, then proximate to the Emergency Department.	Stage One	Supported. To better support patient care only hospitals with Emergency Departments above role delineation level 3 are considered appropriate for safe assessment rooms as these are able to provide the level of staffing required. NSW Health has already created 63 multipurpose safe assessment rooms in hospitals throughout the State in both rural and metropolitan areas, as well as creating 11 safe assessment/observation rooms specifically for mental health patients in emergency departments.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
108	0	Within 18 months, each hospital which does not have a **psychiatric emergency care centre (PECC)** within a peer group down to and including B2 – Major Non-Metropolitan Hospital and which operates an Emergency Department, ought also to establish a psychiatric emergency care centre (PECC) at a location, if not adjacent to, then proximate to the Emergency Department unless there is easy access to a PECC located at another hospital within a reasonable transfer distance.	Stage One	Supported. NSW Health has already established Psychiatric Emergency Care Centres in busy metropolitan hospitals at Campbelltown, Liverpool, Kogarah, Darlinghurst, Blacktown, Hornsby and Wyong. In addition Wollongong is operating 24/7 ambulatory mental health support to the emergency department pending construction of an onsite Psychiatric Emergency Care Centre. New Psychiatric Emergency Care Centres will be established at Prince of Wales and Newcastle Calvary Mater Hospitals. The Psychiatric Emergency Care Centre model does not suit all facilities with an emergency department and works best where there is a colocated mental health unit and where there is sufficient patient demand.
109	0	**Mental health** patients re-presenting to a mental health inpatient facility or psychiatric emergency care centre (PECC) be admitted to that facility **without prior admission to emergency** unless, in the opinion of a triage nurse or medical officer in emergency, that person requires specialist emergency medical care.	Stage One	Supported. Mental health clients (including those attending within 28 days of a previous admission period) where their general health and mental health issues are known, are able to access inpatient care without needing to attend an emergency department.
110	a-d	NSW Health, within 18 months, should ensure that there is implemented in each area health service for hospitals down to and including Category B2, Major Non-Metropolitan, **a model of care for surgery** which includes where possible and appropriate: (a) The separation by facility, or operating list or otherwise, of planned or elective surgery from emergency or urgent unplanned surgery; (b) The introduction of an Acute Surgery Unit, which is a consultant led unit, the purpose of which is to undertake all acute surgery at the hospital within the 12 hour day time period; (c) Explores the availability for, and the engagement of smaller hospitals to provide the facilities for surgery to be undertaken there to supplement the principal surgery programs; (d) Enables improvements to supervision of the kind referred to in Chapter 13.	Stage Two	Supported. NSW Health will implement a model of surgery where possible and appropriate that separates planned and emergency surgery through introduction of an Acute Surgery Unit and explore the engagement of smaller facilities in surgical work. (Refer also R117).
111	0	NSW Health provide its hospitals with the tools to **analyse requests for tests**, so that the heads of medical departments can track the number and cost of tests by patient and health professional, and regularly publish the results within the hospital for all departments.	Stage One	Supported. Already NSW Health has commenced the rollout of the Electronic Medical Record (eMR) to provide clinicians with systems to order diagnostic tests and view results online, and the NSW Medical Imaging Program which will allow X-rays and other diagnostic images to be stored and accessed electronically when required. NSW Health will provide tools to enable Departmental Heads to track patient tests and publish results within the hospital.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
112	0	That the Department of Environment and Climate Change amend the conditions for licences under the Radiation Control Act 1990 to include the requirement for a **quality audit of remote operators** who hold licences under the Act to perform x-ray radiology services.	Stage Two	Supported with modification. NSW Health and the Department of Environment and Climate Change will develop ongoing competence requirements and quality assurance requirements.
113	0	Within 18 months, every public hospital in NSW ought be fitted with a **digital radiological imaging system**, such as PACS, or a compatible system thereto, which will enable the electronic transmission of medical images to remote locations for use in clinical treatment, reading and interpretation.	Stage One*	Supported. Consistent with the Information Communications Technology Program, NSW Health will action within 26 months rather than 18 months.
114	0	NSW Health establish a **central radiology service** sufficiently staffed to read the results of medical images and provide medical imaging reports to public hospitals across NSW 24 hours a day, 7 days a week. In establishing this service, NSW Health should compare the costs of providing this service itself or outsourcing it to the private sector. In the event that it may be able to be provided by the private sector more cost effectively, NSW Health should consider seeking tenders for this service.	Stage Two	Supported with modification. A satellite-hub model is currently being developed for radiology services and is preferred to a single site model. Private sector involvement will be considered as part of the roll out of the new model where appropriate.
115	0	The **resource distribution formula** should be expanded to include mental health services. The area health services should be funded for these services according to their calculated entitlement under the resource distribution formula.	Stage One	Supported. The NSW Government has already commenced work on developing a Request for Quotation to engage a consultant to review options for incorporating mental health in the current resource distribution formulae and to develop the recommended model.
116	0	By 1 July 2009, NSW Health is to designate and resource only three Major **Trauma Centres** in the Sydney metropolitan area and one Major Trauma Centre for rural NSW which is to be located in Newcastle.	Stage One	Supported with modification. NSW Health will implement the Statewide Trauma Plan with six major adult trauma services at John Hunter, Royal North Shore, Royal Prince Alfred, St George, Liverpool, and Westmead Hospitals, with Paediatric Trauma Centres at John Hunter Children's and Sydney Children's Hospitals, and the Children's Hospital Westmead. This plan, developed by clinicians, networks major trauma services with the remainder of the trauma system which is comprised of specialist services such as spinal injuries at Prince of Wales Hospital and burns at Concord Hospital; regional trauma services for moderate trauma injury; local hospitals for minor injuries in metropolitan and rural areas and the NSW Ambulance Service. A further reduction to only three major trauma centres in metropolitan Sydney was strongly opposed in consultations.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
117	a	In my view, there needs to be a **complete state-wide review** undertaken by NSW Health which involves: (a) The identification of a set of criteria, which relate to at least, patient safety, necessary workforce skills, the volume and quality of services regarded as an appropriate critical mass for the services provided across NSW in public hospitals;	Stage One	Supported. Planning for a statewide review will begin immediately and include community and workforce consultation. Supported by existing health service plans the review will analyse population size and distribution, ageing, level of disease, changing models of care and lifestyle to agree on services that are needed and can be provided safely. Highly Specialised Services will be considered on a statewide level. The issue of patient safety will be paramount and considered in light of both the availability of an appropriately qualified workforce and the provision of appropriate facilities.
117	b	(b) A determination of whether each hospital, having regard to its location, the available workforce determined on a long term basis, the size of the population which it services, the alternative locations within an appropriate distance (measured by time or distance) and the age and state of repair of the facilities and equipment, is (or can become) a location for the delivery of safe patient care;	Stage One	Supported. Refer response to recommendation 117 (a)
117	c	(c) A clear delineation of the role of each hospital – what it can and can't do;	Stage One	Supported. The role and function of hospitals in NSW are already well articulated according to the NSW Health role delineation documentation. This will be reviewed as part of the statewide review (refer also response to R117a).
117	d	(d) Clear communication of the role of a local hospital to its community, and community understanding of the limitations of the local hospital;	Stage Two	Supported. Refer response to recommendation 117 (a)
117	e	(e) Re-allocation of specialist medical services to hospitals in NSW best placed to deliver those services; and	Stage Two	Supported. Refer response to recommendation 117 (a)
117	f	(f) The consideration of the availability of an efficient transport and retrieval system state-wide to transport patients to the hospital best placed to provide the medical service required, and return the patient to their original locations.	Stage One	Refer response to recommendation 14 (b)
118	0	Extend the number of paramedics who are qualified and trained as **extended care paramedics** and who are also qualified and trained to make non-transport decisions in accordance with the relevant protocols of care.	Stage Two	Supported. NSW Health has already trained 22 Extended Care Paramedics who assess and treat patients without the need to attend emergency departments. Additional extended care paramedics will be trained for rural areas.
119	0	The patient override function in the **Matrix** used by NSW Ambulance should be abolished.	Stage One	Supported. NSW Health will modify the Mobile Data Terminal software to remove the override function related to patient request. Ambulance Paramedics and the community will be educated about the changes. A Standard Operating Procedure will be developed for when patients request transport to a facility that is different from what is suggested on the Mobile Data Terminal.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
120	0	**Paramedics** in regional, rural and remote locations ought receive additional **training** so as to enable them to assist in the provision of immediate or emergency care delivered at the regional, rural or remote hospitals.	Stage One	Supported. Clinical Assessment and Referral (CARE) Training will be delivered to all regional, rural and remote qualified paramedics, to increase the safety of decision-making in non-transport situations. CARE is based on the development of clinical pathways for selected clinical presentations that may be appropriate for non-emergency department based care. Local ambulance stations and health services will be provided assistance to undertake needs assessment, consultation, and agreement of roles to enable paramedics to provide care delivered at hospitals, within the scope of Ambulance practice and operation requirements. The Ambulance Service has already implemented a new system in rural areas for better geographic spread of Extended Care Paramedics (refer also response to R118).
121	0	In regional, rural and remote areas, it is desirable that **ambulance stations be co-located** with the principal hospital facility of the city or town.	Stage Two	Supported. It is current practice to consider co-location of ambulance in rural and regional hospital redevelopment projects. Since January 2005, eight (8) Multi Purpose Service projects have been completed which included co-location of ambulance. A further three (3) of these services at Bingara, Warialda and Merriwa with co-located ambulance services will be completed in April 2009.
122	0	NSW Health should develop a role description for and introduce a **new category of staff member in the NSW Ambulance Service** whose task would be principally to do all non-treatment duties which presently a two person team attends to, such as driving and attending to radio transmissions and paperwork.		Not Supported. Multi patient incidents need more than one paramedic and there are limited non treatment duties that a new category of staff member could undertake other than acting as a driver. Significantly, to ensure the best use of skills, the Ambulance Service has been progressing a process of matching higher skilled paramedics with those undergoing training, which offers the necessary mentoring of the new workforce. This results in a two person team often including one qualified paramedic matched with those moving through the various training levels.
123	a, b & c	NSW Health is to ensure that there is provided, separately from the emergency transport service of NSW Ambulance, a **non urgent transport service** which is responsible for: (a) The return transport of rural patients from metropolitan or rural referral hospitals to either their hospital of origin or their home depending upon their clinical condition; (b) The transport of metropolitan patients between hospitals or from hospitals to aged care facilities; and (c) Any other transport required to enable timely investigation and treatment of patients where their clinical condition necessitates access to specialised transport.	Stage Two	Supported. NSW Health has already begun to examine the availability of dialysis services and transport solutions for disadvantaged patients; started a review of Non-Emergency Patient Transport provided by the Ambulance Service of NSW; and begun work with the national Patient Assisted Travel Scheme (PATS) Taskforce to draft agreed principles for providing patient transport. The Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) currently provides for return of well patients following transfer home and a review of other non emergency transport is underway. Further consultation and review on this will occur as part of stage two (refer also response to R14b).

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
124	0	The policy which authorises, and the practice which gives effect to, using inpatient wards (except Intensive Care Units, High Dependency Units and Emergency Departments) to **house both men and women in the same room**, or separate ward space ought to cease forthwith.	Stage One	Supported. NSW Health currently makes every effort to locate men and women in separate rooms or ward spaces. Where patients need emergency or intensive care treatment this is not always practical for high quality care. NSW Health is preparing a NSW Privacy and Dignity Policy that incorporates the use of single sex specific accommodation and a checklist is being adapted from the National Health Service Privacy and Dignity Checklist to enable Area Health Services to map their progress in implementation of this policy. To promote greater privacy and dignity, Area Health Services will be provided with additional support staff to help transport patients to a same sex area when a bed becomes available and ensure they are settled into their new room.
125	0	NSW Health should commission a research project, the purpose of which is to establish what levels of risk and safety accompany varying levels of **bed occupancy** within a hospital facility, in order to determine a desirable bed occupancy level for NSW public hospitals.	Stage Two	Supported. NSW Health will undertake new research and compare with other Australian results on desirable bed occupancy levels.
126	0	Within 18 months, NSW Health should ensure that area health services provide to clinicians every 6 months **information about their patients' lengths of stay** and comparable data with their colleagues in the hospital.	Stage Two	Supported. NSW Health will ensure Area Health Services provide clinicians with information about their patients' lengths of stay and comparable data.
127	0	Within 12 months, NSW Health should design and implement a policy which delineates clearly the respective responsibilities of Health Support Service staff, nursing and allied health staff (including clinical dieticians) with respect to all of the tasks associated with **ordering and service of food to patients** and consumption of food by patients, including monitoring an adequate food and drink intake by the patient.	Stage One	Supported. The Nurse/Midwife in Charge will ensure that patients nutritional intake is well monitored and that patients are well supported at meal times. The Essentials of Care program will ensure individualised assessment of care, priority for patient meal times and patients assisted with meals and feeding. Nutritional standards and packaging will be reviewed with an improved approach within 12 months. NSW Health has already introduced a new computerised system to support communication on special nutritional needs of patients (refer also response to R38).
128	a & b	Health Support Services prepare (or have a consultant prepare for them) specifications for the **packaging and containers** (including covers and seals) used on hospital food, so that the packaging and the containers: (a) Comply with food standards; and (b) Are able to be opened by frail, aged or unwell patients.	Stage Two	Supported. NSW Health is examining its implementation approach to the delivery of food services to ensure it achieves its stated goals and requirements. The NSW Health Nutrition and Food Steering Committee will have input to this process.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
129	a-e	Within 24 months, NSW Health should establish a central State-wide equipment **asset register** recording details of fixed assets with an acquisition value greater than $10,000 and attractive assets greater than $1,000. Details recorded in the register should, as a minimum, include: (a) The purchase price; (b) The date of acquisition; (c) The estimated life expectancy (usability) or contract expiry date; (d) The half-life usability assessment date; and (e) The location of the asset.	Stage Three	Supported. NSW Health will establish a more comprehensive registration and reporting system for assets and include leased equipment. NSW Health has already introduced the Health Asset Management and Maintenance System (HealthAMMS) in three Area Health Services, which is an enabling technology tool specifically to assist health services in the effective management and maintenance of their facilities and biomedical equipment. A strategy has also been completed for the rollout of the HealthAMMS application to other Area Health Services.
130	0	NSW Health should ensure that each hospital performs **equipment functionality assessments** every 6 months to assess and predict the need for equipment replacement.	Stage Three	Supported. NSW Health will ensure reporting on equipment consistent with current requirements under the Australian Standards; Building Code of Australia; Therapeutic Goods Administration Accreditation and Manufacturer's warranties and maintenance contracts.
131	a-c	NSW Health is to explore, in collaboration with the Health Care Advisory Council the implementation of **a charter** which enables **community participation** in the affairs of hospitals. The charter should: (a) Identify those committees, which would be appropriate for and which would benefit from, having community representation; (b) Identify whether in respect of any representation, any particular qualification, skill or experience would be desirable; and (c) Determining how the selection or appointment ought take place.	Stage Two	Supported. A targeted directive on community involvement in decision making related to their health service including a Charter for Hospital Participation will be developed to better support participation.
132	0	**Referral patterns** should be made by clinicians on the basis of finding the appropriate clinical setting for the patient's treatment. If there is more than one setting, then the treatment ought to be undertaken at the nearest appropriate facility. If that is within area health service boundaries, then that should be used where possible. If not possible, then one out of the area health service boundary should be accessed. Funding should follow the patient.	Stage Two	Supported. Further consultation and review will occur over the next twelve months to assess the impact of this recommendation on patient care; access to services; cost and availability of medical staff with consideration as part of the statewide review of hospital roles and networks (refer also response to R117).
133	0	A member of the **Area Health Advisory Council**, nominated by the chair of that Council, be entitled to attend and be present at meetings of the principal executive committee of the Area.	Stage Two	Supported. Chief Executives of Area Health Services will ensure that the Area Health Advisory Council Chair is present at the Principal Executive Committee meeting.
134	0	I recommend that, but for the institution of NSW Kids, **there be no other alterations** to the current area health service governance structure.	Stage One	Supported. Consultation supported continuance of the current Area Health Service governance structures.

GOVERNMENT RESPONSE TO RECOMMENDATIONS

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
135	0	I do not recommend that there be reinstituted **boards of directors** whose task it is to govern the various area health services as board governed health corporations within the meaning of the Health Services Act 1997.	Stage One	Supported. Consultation supported continuance of the current Area Health Service governance structures.
136	a	In order to improve governance, no later than 1 July 2009, the following changes take place within area health services and functional health authorities: (a) That the Chief Executive be required to **publish to all staff** no later than four weeks after the delivery of the NSW State **budget**, the details of the budget for the entire health service, for each hospital and for each ward, unit or separate component part within the hospital;	Stage One	Supported. Budgets will be published to staff no later than 4 weeks after delivery of the state budget commencing 2009. In addition to budget, NSW Health will publish staffing targets and activity/ performance targets both aligned to budget.
136	b	(b) The Chief Executive institute procedures for, and **publish guidelines** which describe the matching of responsibility for delivering of patient care performance, the accountability for that performance and the authority, within proper budgetary constraints, to take any steps necessary to achieve the high standards of performance;	Stage One	Supported. Refer response to recommendation 136 (a).
136	c	(c) That the Chief Executive publish to all staff on a monthly basis, the **patient care performance status** of each of the units or wards, hospitals and the entire area, in accordance with the criteria earlier recommended.	Stage One	Supported. Chief Executives will publish information to staff on the level of patient care performance in units and wards.
137	a – e	Within 3 months, NSW Health is to create within each area health service, a position entitled **'Executive Clinical Director'** which would be occupied by a qualified medical practitioner. The position would include, but not be limited to, the following functions: (a) The provision of independent advice on all matters relating to clinical practice directly to the Chief Executive of the area health service or functional health authority; (b) The provision of independent advice on any matter relating to the medical workforce directly to the Chief Executive of the area health service or functional health authority; c) Provide oversight of, to be responsible for, and to champion enhancements to ongoing clinical practice improvement and safety and quality programs; (d) Act as the public spokesperson, where required, for the area health service on all matters relating to clinical practice, and the safety and quality of patient care in the facilities in the Area; (e) Conduct regular forums (or similar consultation processes) with all clinicians, including Medical Staff Councils, to ensure that clinicians are kept aware of all health systems and clinical practice improvements and enhancements and to enable clinicians to provide timely feedback to the Area on such matters.	Stage One	Supported. This recommendation is supported and has been expanded to include an Executive Medical Director in major metropolitan and rural hospitals/networks to better support local decision making and adoption of new innovations and improved models of care.

No.	SUB	RECOMMENDATION	STAGE	GOVERNMENT RESPONSE
138	0	Within 18 months, NSW Health is to design and introduce a defined career path and structure for **senior clinical leadership**, and for senior clinician participation in senior administration and management roles.	Stage Two	Supported. Around one in eight doctors and one in 14 nurses hold management positions in the NSW Health system with the current career structure for senior clinicians comprising three levels of management from front line to top level management. In medicine there are a number of targeted administration positions which can progress to more senior administration and management roles. Managerial training is provided for staff specialists who assume positions that attract a managerial allowance. In nursing there are many levels of management leading to high level nursing administrative or other management positions. Both nursing and allied health managerial positions are well supported in the relevant industrial awards.
139	0	NSW Health examine how health services, which are regulated by State legislation, including mental health and like legislation, can best be delivered so as to ensure the efficiency and quality of patient care between **differing legislative regimes** in different but adjoining States and Territories.	Stage Two	Supported. Already cross border registration of health professionals is in train through the national registration and accreditation scheme implementation which commences 1 July 2010. Cross border transfer agreements for mental health patients are in place for Victoria, Queensland and ACT with South Australia currently being finalised.

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