Performance

How we compare 24

NSW State Health Plan 29

Strategic Direction 1: 31
Make prevention everybody's business

Strategic Direction 2: 40
Create better experiences for people using health services

Strategic Direction 3: 56
Strengthen primary health and continuing care in the community

Strategic Direction 4: 63
Build regional and other partnerships for health

Strategic Direction 5: 65
Make smart choices about the costs and benefits of health services

Strategic Direction 6: 68
Build a sustainable health workforce

Strategic Direction 7: 75
Be ready for new risks and opportunities

How we compare

The NSW health system has been subject to pressures of increasing demand, population growth and population ageing in recent years. Despite these pressures, the health of the people of NSW not only compares favorably with the rest of the world, but continues to improve with each passing year. This echoes the sustained momentum of system redesign which is leading to improvements in the quality and efficiency of the public health system.

Comparison with other States and Territories and countries with similar health systems is an effective way to benchmark the NSW public health system. National and international results in key health indicators provide the signs we need to ensure that we are providing a range of services comparable with the best in the world.

This section provides an overview of results for key health indicators, recognised internationally as reliable and objective methods for measuring health and health services.

The major international health publications from the World Health Organisation (WHO) and the Organisation for Economic Co-operation and Development (OECD) ensure that data from different countries is standardised to enable the most accurate comparison of results. Specific differences in collection of data and definitions are noted, but even so, opinions may vary on use and interpretation from country to country.

Australia's national reporting organisations, the Australian Institute of Health and Welfare (AIHW) and the Australian Bureau of Statistics (ABS), provide data for comparison at the State/national level. Together, these sources allow us to place the delivery of health services in NSW in context with other States in Australia and with the rest of the world.

Meeting the demands of a growing population, while maintaining high standards in health care, continue to provide a challenge for the NSW health system. Five areas of comparison are included here for interest:

- Life expectancy at birth - international and State/Territory comparisons
- Infant mortality - international and State/Territory comparisons
- Death rates - State/Territory comparisons
- Health expenditure - State/Territory comparisons
- Selected hospital activity and performance data - State/Territory comparisons.

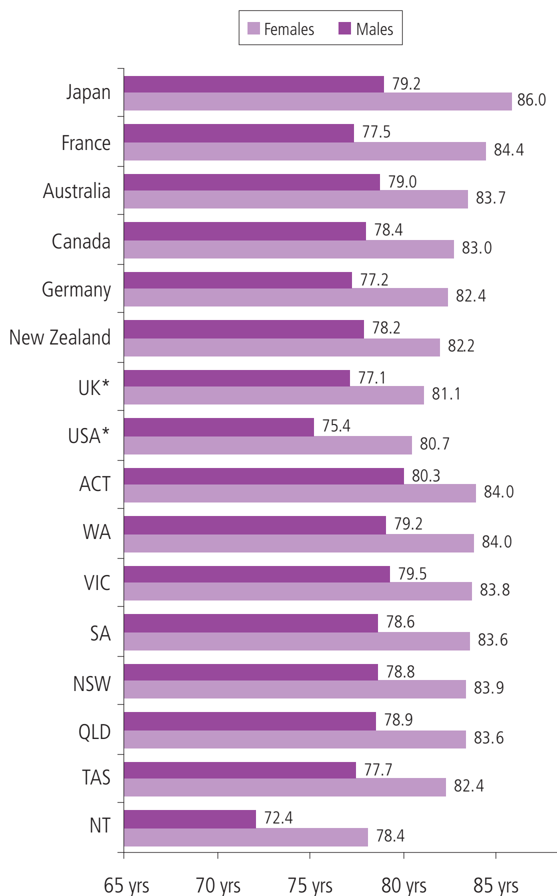
The NSW population exceeds seven million, equivalent to that of Hong Kong. Our residents are distributed across an area the size of Mozambique, which has a population equivalent to that of Australia. Such disparities, between population size, density and dispersion, highlight the difficulties faced in delivering services equitably and effectively.

Life expectancy at birth

Life expectancy at birth measures the average number of years a newborn can expect to live, if the existing mortality patterns remain during the individual's lifetime. Life expectancy has long been used as an indicator to reflect the level of mortality experienced by a population. It is often used as an objective summary measure of a population's health. There are many influences upon the life expectancy of a population, including socio-economic factors, such as level of income or education, environmental issues, such as pollution and water supply, as well as health-related behaviours, such as smoking and alcohol consumption.

Chart 1 shows the NSW and Australian rates of life expectancy, compared with other States and Territories, and selected OECD countries.

Chart 1: Life expectancy at birth (years) for selected OECD countries and Australian States and Territories (2007)



Source: OECD health data 2009, Paris June 2009 and ABS Causes of Death 3303.0, Australia 2009

The life expectancy at birth continues to increase. For those born in 2007, NSW was fractionally higher than the national average, at 79.1 years for males and 83.8 for females. This sits comfortably above the WHO average in the Western Pacific region, of 72 years for males and 77 for females.

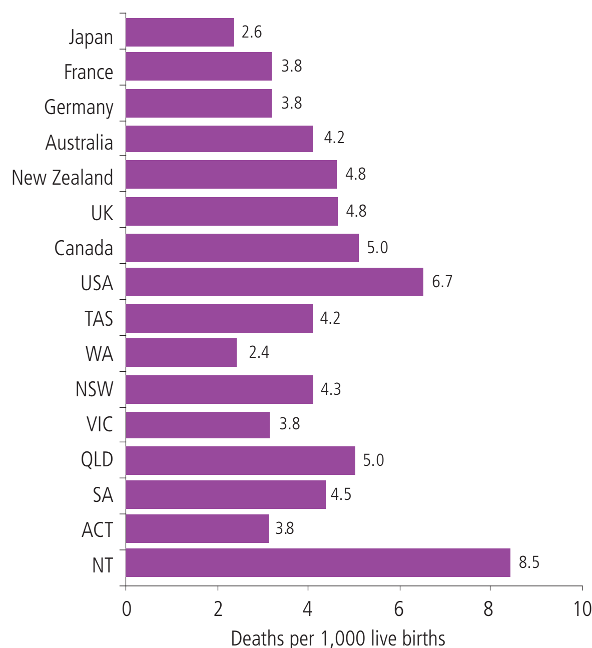
Life expectancy, together with mortality rates and other health indicators, such as communicable diseases, social factors and genetic makeup, all contribute to the overall life duration. The 'healthy' life expectancy for selected countries has been estimated by the WHO, with Australia's estimated at 72 years for males and 75 for females.

Infant mortality

Infant mortality is another indicator used to compare the health and well-being of populations across and within countries. The infant mortality rate refers to the number of deaths of infants (children less than one year old) per 1,000 live births in any given year. Like life expectancy at birth, it is internationally recognised as an indicator of population health and is often used in understanding an area's state of health development. In the past, infant mortality claimed a large percentage of children born, but rates have declined significantly in modern times, due mainly to improvements in basic health care and advances in medical technology. In industrialised countries today, infant mortality is a good indicator of the quality of antenatal care, the effectiveness of obstetric services and the quality of infant care in hospital and in the community, as well as being an indicator of maternal health.

The chart below shows the latest OECD data on infant mortality, together with State and Territory rates from the ABS.

Chart 2: Infant mortality rates for selected OECD countries and Australian States and Territories, 2007

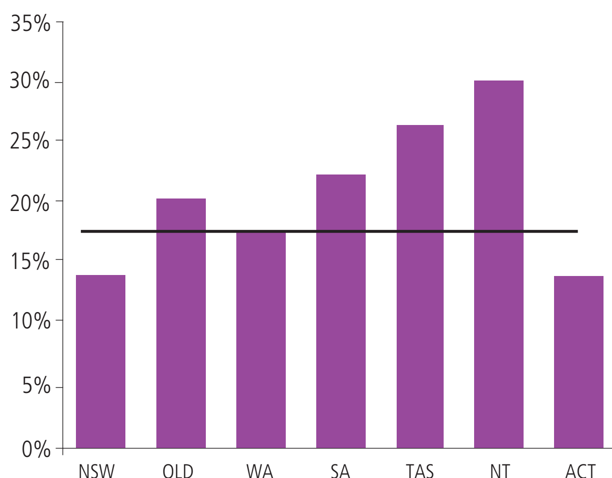


Source: OECD health data 2009, Paris 2009 and ABS Causes of Death 3303.0, Australia 2009

For the third consecutive year, the infant mortality rate in Australia has decreased. In 2007, it stood at 4.2 infant deaths per 1,000 live births (Chart 2). NSW is only 0.1 per cent higher than the national average.

Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes. The latest publication of Australian mothers and babies released in December 2008, reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, at 13.5 per cent, almost 4 per cent lower than the national average.

Chart 3: Percentage of mothers reporting smoking tobacco during pregnancy - Australian States and Territories, 2006



Source: Australia's Mothers and Babies Report 2006, Australia 2008

(NB: No data available for Victoria)

Death rates

In Australia, the standardised death rate in 2007 was 7.2 deaths per 1,000 for males and 4.9 for females. This represents a significant improvement from 1997, when the rate was 9.5 and 6.1 respectively. The standardised death rate for all persons has remained at a low 6.0 deaths per 1,000, for the third successive year. NSW rates are equivalent to the national average for both males and females, at 7.2 and 4.9 per 1,000 standard populations respectively. (see Table 1)

Table 1: Standardised death rates per 1,000 people, 1997 and 2007

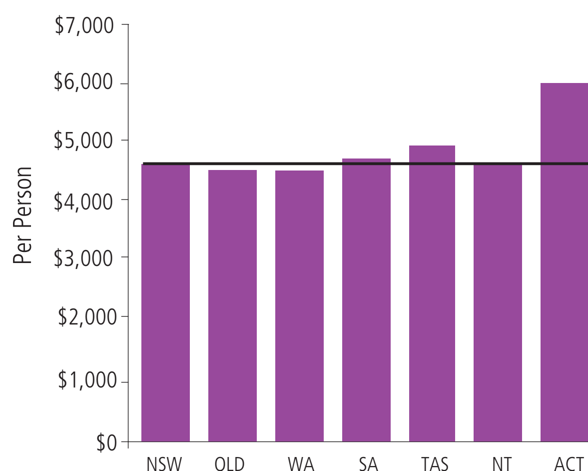
STATE/ TERRITORY	1997		2007	
	MALES	FEMALES	MALES	FEMALES
NSW	9.6	6.1	7.2	4.9
VIC	9.5	6.1	6.9	4.8
QLD	9.3	5.9	7.3	5.0
SA	9.4	5.9	7.6	4.8
WA	9.2	5.8	7.1	4.8
TAS	10.4	6.8	7.9	6.0
NT	13.4	9.6	10.9	6.9
ACT	8.5	6.4	6.7	4.7
AUSTRALIA	9.5	6.1	7.2	4.9

Source: ABS Causes of Death 3303.0, Australia 2009

Health expenditure

Health expenditure per capita is an effective way of examining the proportion of total health funding provided by government allocated to individuals in the population, because it removes any instability caused by movement in Gross Domestic Product (GDP). Australia's health-to-GDP ratio has been steadily increasing over the last decade, with GDP growing by 6.7 per cent p.a. and health with growth of 8.4 per cent p.a. over the same period, resulting in an increase in the health-to-GDP ratio during the period. An individual living in NSW is allocated the equivalent of the national average dollar spent on health per capita (see Chart 4).

Chart 4: Recurrent health expenditure per capita by funding source, States and Territories 2007-08



Source: AIHW Health Expenditure Australia 2007-08, ABS Australian demographic statistics 3101.0

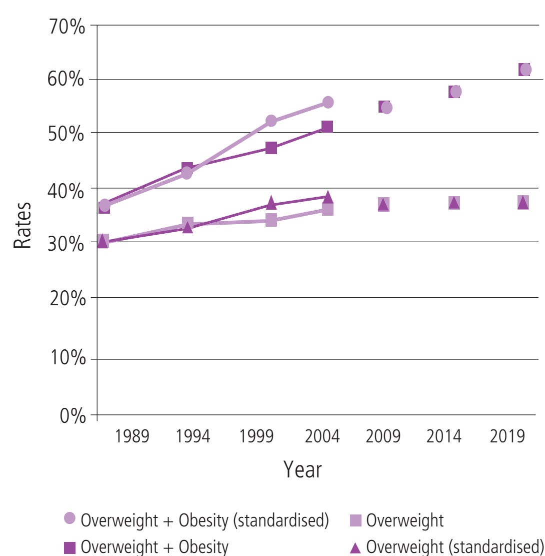
Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only. Excludes expenditure on high-level residential aged care. ACT data is included with NSW.

Funding for public health initiatives in Australia is provided by both State and federal governments. It aims at providing essential services, plus intervention for major health issues, including disease prevention, obesity, diabetes, mental health, drugs and alcoholism. Non-government contributions towards health expenditure complement that provided by government, enabling additional resources to be accessed.

The highest-funded public health priority in 2007-08 was for immunisation, which accounted for 32.6 per cent of funds. A major component of this (53.1 per cent nationally) went to the national HPV (human papillomavirus) campaign, in addition to the standard childhood illness and influenza vaccinations for the elderly and for Aboriginal and Torres Strait Islander people. Childhood immunisation rates are over 90 per cent.

Health promotion receives the second highest share of public health funding, with obesity being one of the areas of concern for both males and females in Australia. The OECD working paper on obesity identified that Australia, Canada, England and the US are projected to increase their proportion of overweight and obese population by 10 per cent in the next ten years (see Chart 5). Positive actions to avoid this trend are attempting to educate people about consumption of processed, or "junk" food.

Chart 5: Projections of overweight and obesity rates, Australia



Source: OECD Health Working Papers No.45, 2009

Hospital activity

This section provides a selection of AIHW data related to public hospital activity by State and Territory. When making comparisons in activity between States and Territories, keep in mind that public hospitals vary considerably in size, services available, the degree of specialisation and the degree to which they are complemented by the private sector. Generally, public hospitals provide an array of health services from urgent and life-threatening care in emergency departments, to elective surgery aimed at improving quality of life. A large city hospital, however, provides different functions and operates differently, from a small rural hospital that may serve a much smaller, but more geographically spread population. The geographical and demographic make-up of a State or Territory will be reflected in its hospital types and activity.

NSW has the largest number of hospitals of any State or Territory and also has the greatest number of hospital beds, reflecting its higher population. NSW has a higher provision of public hospital beds per head of population than the national average, which in part reflects the relatively low provision of services by the private sector in this State. The number of admissions per head of population is below the national rate. The level of non-admitted patient services is well above that of other States. NSW accounts for over 45 per cent of non-admitted patient services. This, in part, is attributed to policies that aim to provide the right care to people in the right place. For example, many clinical services previously requiring admission to hospital are now being provided in alternative settings. This is not only better for the patient, but a more appropriate use of health resources.

Table 2: Selected activity and performance measures by State & Territory, 2007-08*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUSTRALIA
Public acute hospital beds per 1,000 population	2.7	2.4	2.4	2.4	3.0	2.4	2.5	2.8	2.5
Total public hospital beds per 1,000 population	2.9	2.4	2.5	2.5	3.1	2.6	2.5	2.8	2.7
Total public hospital admissions per 1,000 population	202.8	247.8	195.7	215.1	216.4	184.0	256.1	486.4	217.6
Emergency department occasions of service (000s)	2,418	1,523	1,471	778	544	143	98	125	7,101
Percentage emergency department occasions of service seen "on time"	76	71	63	61	61	60	58	52	69
Surgical admissions from elective waiting list (000s)	200	130	108	57	41	14	10	6	566
Surgical admissions from waiting list per 1,000 population	28.7	24.8	25.4	26.7	25.8	28.6	28.0	28.1	26.6
Percentage surgical admissions waiting more than 365 days	1.8	3.6	2.3	3.0	3.9	10.1	10.3	8.6	3.0
Non-admitted occasions of service (000s)**	18,815	5,980	9,192	3,985	1,660	859	447	317	41,255

*Caution is needed in comparing activity data, due to the differences between States and Territories in the coverage of data captured, particularly in the case of emergency department numbers.

**Non-admitted occasions of service include dialysis, pathology, radiology & organ imaging, endoscopy & related procedures, other medical/surgical/obstetric, mental health, alcohol & drug, dental, pharmacy, allied health, community health, district nursing and other outreach.

Source: AIHW, Australian hospital statistics 2007-08

NSW provided more elective surgery than any other State or Territory and at 28.7 admissions per 1,000, had the highest elective surgical admission rate. This reflects the targeted activity undertaken to reduce the number of people waiting an extended time for surgery. As a result, the waiting times for patients on the surgical list continue to decline. This is reflected in NSW having the lowest proportion of patients waiting more than 365 days for elective surgery, at only 1.8 per cent, compared to 3.0 per cent nationally.

NSW has experienced an increase in emergency department (ED) occasions of service in recent years, a trend consistent throughout Australia. There were over 2.4 million presentations to EDs in 2008-09. Despite this increase, NSW performance in key indicators, such as triage waiting time, continues at a high level, with the highest percentage of ED patients being seen within clinically appropriate time, of all States and Territories, at 76 per cent, compared to 69 per cent nationally.

Summary

NSW has the country's largest population and hence the largest health system. The State continues to perform on par and often above average, compared with the overall Australian performance. It can thereby also claim international recognition for its health system. Excellent results have been achieved through the success of a range of different initiatives in recent years. Resources continue to be directed towards enhancing the health of the community, in strategies around illness prevention, mental health and Indigenous health, to name just a few. The State's achievements, compared with international results, are particularly significant, in light of the growing demand for health services and continual population pressures experienced.

NSW State Health Plan

The State Health Plan guides the development of the NSW public health system towards 2010 and beyond. It sets out the strategic directions for NSW Health, which reflect the priorities in the NSW Government's State Plan and in the Council of Australian Governments' national health reform agenda. The plan draws on extensive research and consultation with consumers, health professionals and other stakeholders, undertaken to develop the longer-term strategic directions for NSW Health in the *Future Directions for Health in NSW - Towards 2025*.

It also draws on input from the Health Care Advisory Council - the peak community and clinical advisory body advising the Government on health care issues - and the health priority taskforces, which advise on policy and service improvements in high-priority areas.

Why do we need a State Health Plan?

There have been major health gains for people in NSW over the last 20 years. They include a decline in rates of preventable death and a major reduction in deaths from cancer. Immunisation rates for children and adults are rising. Most people have ready access to the high quality health care they need.

Like health systems in other States and developed nations, however, the NSW health system faces significant challenges in the years ahead. They include:

- Increasing numbers of people with chronic health conditions
- An ageing population driving up demand for health services
- Rising community expectations of health services
- A worldwide shortage of skilled health workers
- Increasing incidence of people with mental health problems
- Increased expenses as a result of advances in medical technologies.

These challenges are placing increasing pressure on the public health system and driving up health costs at a faster rate than general economic growth. The State Health Plan addresses the challenges, using the seven strategic directions identified during consultation for the *Future Directions for Health in NSW - Towards 2025*.

Seven Strategic Directions

The strategic directions featured in the State Health Plan identify our health priorities to 2010 and are reflected in planning processes at both State and area health service levels. They are:

1. Make prevention everybody's business

This requires new strategies for health promotion and illness prevention, which are supported by structural changes, such as legislation, regulation and environmental changes. The principle of prevention is being embedded into NSW Health's service delivery.

2. Create better experiences for people using health services

Providing patients with ready access to satisfactory journeys through health services means ensuring that the services continue to be high quality, appropriate, safe, available when and where needed and co-ordinated to meet each individual's needs.

3. Strengthen primary health and continuing care in the community

This will help people to access most of the health care they need through an integrated network of primary and community health services, which will lead to improved health outcomes. Early intervention principles are being embedded into NSW Health's service delivery.

4. Build regional and other partnerships for health

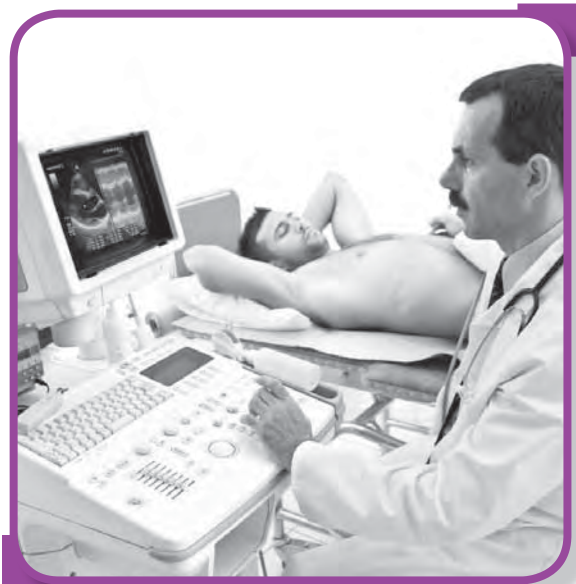
By engaging more effectively with other government and non-government agencies, clinicians and the broader community, we will provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

5. Make smart choices about the costs and benefits of health services

As health costs continue to rise, we need to make the most effective use of the finite resources available. Costs must be managed efficiently, based on evidence of what works and the health impact. Resources will be shifted to support early intervention and prevention programs.

6. Build a sustainable health workforce

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State is a key priority.



7. Be ready for new risks and opportunities

The NSW health system is a large, complex organisation that must continually adapt in a dynamic environment to meet the community's changing health needs. The system must be quick to respond to new issues and capable of sustaining itself in the face of external pressures.

The following pages reflect work undertaken over the 2008-09 financial year to address these strategic directions.

Strategic Direction 1

MAKE PREVENTION EVERYBODY'S BUSINESS

Improving health and preventing illness requires greater effort and investment while we continue to treat chronic illness effectively. New health promotion and illness prevention strategies are needed. Life expectancy in NSW is among the highest in the world, yet many people still die prematurely. Unhealthy lifestyles are linked to many of these deaths.

Improved health through reduced obesity

Childhood overweight and obesity is a serious health problem which is increasing at an alarming rate. NSW Health wants to hold the rate of childhood obesity to the 2004 level of 25 per cent by 2010 and reduce it to 22 per cent by 2016.

Live Life Well @ School (LLW@S)

Started in May 2008, LLW@S provides a professional learning opportunity for staff in NSW Government primary schools to further develop quality nutrition and physical education programs. A joint initiative with NSW Department of Education and Training, LLW@S is being implemented over 2008-2011 and already over 130 schools are participating. Many other schools are registering for the next phase.

"Good for Kids, Good for Life" water campaign

This campaign was developed by the Hunter New England Area Health Service as part of the *Good For Kids, Good for Life* program. The campaign, which includes television, radio and press advertising, promotes the importance of water consumption for children as a healthy alternative to sweetened drinks, including cordial, fruit juices, flavoured mineral waters, sports drinks and soft drinks.

Go for 2&5® fruit and vegetable campaign

In partnership with the Cancer Institute NSW, the Go for 2&5® fruit and vegetable campaign targets adults 20-50 years who buy food, prepare meals and influence consumption.

This follows a promising evaluation of the 2007 phase, which demonstrated improvement in the proportion of adults and children eating the recommended amounts of fruit and vegetables.

Munch and Move

Munch and Move, a joint initiative with NSW Department of Community Services and the University of Sydney, is a fun, games-based program for NSW preschools which supports the healthy development of young children by promoting physical activity, healthy eating and reduced small-screen time (TV, DVD, and computers).

The program includes face-to-face training and practical resources, information and ideas, as well as contact with local-level health professionals. The program has created great interest within NSW and other States and Territories.

Get Healthy

The NSW Get Healthy Information and Coaching Service is a service developed and funded by NSW Health.

It is a free telephone and web-based service for all NSW residents, aimed at providing information and ongoing support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight.

Improved health through reduced smoking

Public Health (Tobacco Control) Act

The Government's ongoing commitment to reduce the effects of smoking has led to amendment of the *Public Health (Tobacco Control) Act*. The amendments include a ban on smoking in a car when a child is present, a ban on the display of tobacco products at point of sale and a single point of sale for tobacco products. They came into effect on 1 July 2009.

The Government continues to prosecute tobacco retailers who are in breach of the Act, such as selling to minors, tobacco advertising and smoking in enclosed spaces (indoors).

Improved health through reduced illicit drug use and risk drinking

Community Drug Action Teams (CDAT) Grants Programs

The 2008-09 CDAT grants program provided $300,000 for 141 drug and alcohol prevention projects across NSW. In addition to the NSW Health grants, CDATs received $479,000 in other government grants, resources and in-kind donations that supplemented their activities.

In June 2009, NSW Health launched a promotional campaign encouraging members of the community to join and participate in community drug action teams. They are community coalitions that deal with local drug and alcohol issues. The campaign featured a range of promotional resources, including posters, postcards, information brochures and t-shirts. It coincided with Drug Action Week, held from 21 – 27 June 2009, a significant period of activity for community drug action teams.

Drug Action Week

"Drug Action Week" is an important annual awareness-raising opportunity for drug and alcohol issues. During Drug Action Week 2009, from 21 – 27 June 2009, CDATs organised 30 events across NSW. Of particular importance were activities that commanded local attention, such as sporting events, community information and education forums.

Save-a-Mate Alcohol and Other Drug (SAM AOD) Program

NSW Health continues to support the Australian Red Cross 'Save-A-Mate' Alcohol and Other Drug (SAM AOD) Program. It provides education and first aid training for the families and carers of drug and alcohol users, to help them prevent, recognise and respond appropriately to overdose emergencies. Volunteers who have completed the SAM AOD peer education training provide support to young people at festivals, as well as distributing information & education resources on drug and alcohol and mental health issues. The program has a strong focus on working with young people from marginalised communities, particularly Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) groups, as well as with other young people identified by the Department of Community Services (DoCS), schools, community drug action teams and other agencies, as being at risk of harm.

NSW Health Drug & Alcohol Health Promotion Plan

NSW Health is developing the Drug and Alcohol Health Promotion Plan, to identify and better guide health promotion initiatives aimed at reducing illicit drug use and alcohol misuse. It is being put together by the Mental Health and Drug and Alcohol Office, in conjunction with the NSW Health Drug and Alcohol Council's health promotion sub-committee. It will be finalised by December 2009.

Responsible Drinking Campaign – "What are you doing to yourself?"

The NSW Health responsible drinking campaign "What are you doing to yourself?" was officially launched by the Health Minister, John Della Bosca, with Geoff Huegill and Chris Watters, CEO of DrinkWise Australia, on 19 January 2009, at the State Library of NSW. The $1m campaign consisted of a series of five hard-hitting posters and advertisements, encouraging young people to reflect on and take personal responsibility for their alcohol consumption and for their behaviour when they drink to excess.

It ran from January to April 2009 and appeared in youth street magazines, gay and lesbian community newspapers, licensed bar and nightclub toilets, on bus advertising, on posters at CityRail train stations and was transported around key outdoor events on scooters during the summer period. It was supported by an interactive education and information youth website http://www.whatareyoudoingtoyourself.com

The advertising campaign and website were supported on the ground by the distribution of information cards and key rings to young people attending the 2009 Youth Festival held during the Sydney Royal Easter Show. A campaign entry sticker was provided to over 90,000 people attending Surry Hills Festival 2009.

'Guides to Dealing with Alcohol for Teenagers and Parents' information booklets

In December 2008, the Minister for Health launched three striking information booklets aimed at providing teenagers and parents with information and education on dealing with alcohol. They were distributed Statewide through community drug action teams, area health service drug and alcohol outlets, non-government organisations and through music and fashion retail outlets. They supported the responsible drinking campaign "What are you doing to yourself?" They were developed in consultation with NSW Police, the National Drug and Alcohol Research Centre and City of Sydney Council. Around 300,000 copies were distributed in 2008-09.

"Play Now Act Now" Youth Arts Festival

The "Play Now Act Now" (PNAN) Youth Arts Festival is an annual creative arts competition targeting people aged 16 to 25. It provides an opportunity for them to explore and create messages relating to the impact of alcohol and other drugs on themselves and on those around them. All shortlisted entries are compiled

into a free DVD which is disseminated, along with a structured learner's guide, to youth services, drug and alcohol services, community health centres and juvenile justice services across the State. The 2008 PNAN festival's theme 'Party Smart', attracted 105 entries in film and video, creative writing and graphic design.

"Rethink Your Drink" Campaign

The Statewide "Rethink Your Drink" campaign was a print and internet-based advertising drive aimed at encouraging men and women 30 years and over, who consider themselves to be risky or problem drinkers, to participate in a controlled-drinking program. It provided correspondence and internet-based support for people who choose to control the amount and frequency of their alcohol consumption. It was developed and maintained by the Australian Centre for Addiction Research, as a joint project of Sydney West Area Health Service and the University of Sydney. Advertising ran from July to August 2008 and was supported by information flyers distributed by community drug action teams.

Club Drugs Campaign

The Club Drugs campaign targets people 18 to 25 who attend nightclubs, dance events and music festivals. It aims to prevent and reduce the use of club drugs and to inform young people of the health and social dangers associated with drug use. The campaign is run over the 'dance party' season between October and March each year. In 2009, NSW Health partnered with 2009 Big Day Out Sydney, held at the Showgrounds, to promote the "You're a mate not a doctor" safety message from the Club Drugs campaign. It was displayed on large banners in the main arena, in the 'Boiler Room' (dance party space) and throughout the day on large screens in the main arena. Over 56,000 people attended Big Day Out in 2009. Young participants were also provided with NSW Health Drug Safety information wallet cards.

NSW Strategic Review of Drug and Alcohol Telephone Services

NSW Health reviewed telephone services in May 2009, to identify strategies for future delivery of drug and alcohol telephone and online information, education and treatment services. The review assessed the Alcohol and Drug Information Service, the Methadone Advice and Conciliation Service, the Drug and Alcohol Specialist Advisory Service and the Family Drug Support Service. It will be completed in July 2009.

Drug Info @ Your Library

Drug Info @ Your Library is a joint project of the State Library of NSW and NSW Health. It provides comprehensive drug and alcohol reference and lending collections to all central, some branch and some mobile NSW public libraries. It also develops and conducts a training program for librarians and maintains a detailed drug information website. Drug Info @ Your Library targets parents and teenagers, schools and TAFE students and local communities who use libraries. In 2008-09, over 360 public libraries in NSW (250 regional) had access to Drug Info @ Your Library collections. The project website www.druginfo.sl.nsw.gov.au was enhanced, with additions to address specific target groups, including an HSC subject Personal Development, Health and Physical Education (PDHPE) web page, a Schoolies Week button and web page and new alcopops, binge drinking and drugs and driving web pages.

Drug Action Newsletter

Over 40,000 copies of the four issues of the Drug Action 16-page newsletter were distributed in 2008-09. It highlighted community drug action teams, working in local communities, tackling drug and alcohol problems with local solutions.

Other drug and alcohol information and education resources distributed by the Community Drug Information and Education team in 2008-09 included:

- *The Family Matters drug information booklet* - a primary prevention resource, designed to assist parents of children aged 11 to 17 to answer their questions about drugs. They were distributed free to families, schools and members of the community.
- *The Drug Smart information wallet cards* - information for young people between 11 and 17 about some of the drugs and situations they may encounter.
- The *Drug Safety: a guide to a better night* wallet cards – short information on individual drugs, as well as tips for having a safe night, distributed through universities, TAFE colleges, retail outlets and music stores.
- A set of eight information fact sheets on alcohol, marijuana, speed and ice, heroin, cocaine, hallucinogens, benzodiazepines and ecstasy. Over 10,000 were distributed in 2008-09.

Other highlights

Statewide Eyesight Preschooler Screening (StEPS)

StEPS is a scientifically-based universal vision screening program for four-year olds, to identify problems early, so that treatment options are optimised. At June 2009, approximately 40,000 four-year old children had been offered a StEPS vision screening assessment. Approximately 3,000 of them were identified as having a possible vision problem and were referred to an eye health professional for diagnostic vision assessment and, where applicable, treatment.

Community support for StEPS has been excellent and is demonstrated by the high acceptance rate by parents/carers. Approximately 90 per cent of parents with children eligible for the StEPS program accepted the service.

To assist area health services in training StEPS personnel, the department is working with Sydney South West Area Health Service and a production company to create a training DVD. It will complement the existing training package and demonstrate the correct way to conduct visual acuity screening on four-year old children, with the Sheridan Gardiner Linear Chart (SGLC).

Towards Normal Birth in NSW

In February 2009, a workshop titled *Towards Normal Birth in NSW*, to further progress work undertaken following the 2007 caesarean section seminar, brought together clinicians from across the State. *Towards Normal Birth in NSW* examines strategies to promote normal birth, reduce unnecessary caesarean sections and develop further actions for staff to implement at a local level. The content of a draft document developed by the Maternal and Perinatal Health Priority Taskforce is being finalised and will be submitted for departmental endorsement shortly.

NSW Suicide Prevention Strategy

NSW Health is leading development of a new whole-of-government suicide prevention strategy. In February 2009, consultation started with NSW Government agencies, community, research and clinical stakeholder representatives, to help identify key issues and priorities. Consultation is continuing to ensure that the new strategy meets the needs of the people of NSW and responds to new and emerging issues. It will be finalised by the end of 2009.

Mental Health Promotion, Prevention and Early Intervention Framework

NSW Health is committed to developing and implementing a strategic approach to mental health promotion, prevention and early intervention (MHPPEI), to support and build on existing initiatives. Work has started to develop a relevant framework, in consultation with the NSW MHPPEI sub-committee of the Mental Health Program Council.

NSW Community Mental Health Strategy

With the release of the NSW community mental health strategy in 2008, Statewide workshops assisted relevant organisations to implement the full range of community mental health services. Mental health promotion, prevention and early intervention programs, are fundamental across all age groups and all service settings, integrated within all parts of the strategy.

NSW School-Link Initiative

School-Link is a collaborative initiative between NSW Health and the Department of Education and Training to improve the mental health of children and young people. A memorandum of understanding (MoU) released in late 2008, provides a governance framework for continuing collaboration in improving the mental health of school students and sets out the new governance structure of the School-Link initiative.

The framework guides the departments on:

- Their roles and responsibilities in meeting the mental health needs of young people in NSW government schools
- Issues relevant to the management of young people with mental health problems and the provision of collaborative support to students with mental health problems
- The provision of ongoing training in the assessment and management of identified mental health problems
- The process for identification and development of new School-Link initiatives
- Promoting information sharing about programs, services and other resources, to facilitate better outcomes for young people coping with mental health problems
- Shared care and collaborative support of students with a mental health problem
- Specifying joint funding arrangements.

School-Link training progressed to phase 5 in 2008-09 - the support and management of students with anxiety-related disorders - with delivery of joint training to school counsellors and mental health staff. Participants rated the training very highly, with 99 per cent saying it would help them deliver a better service to their clients, they were satisfied with the training and they would recommend that a colleague attend.

Smoking

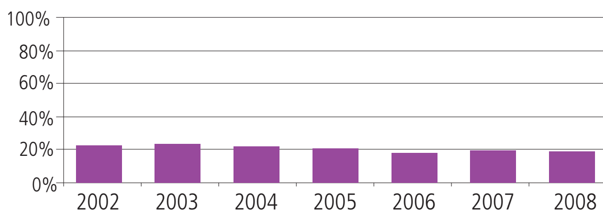
Desired outcome

Reduced proportion of the NSW population who smoke.

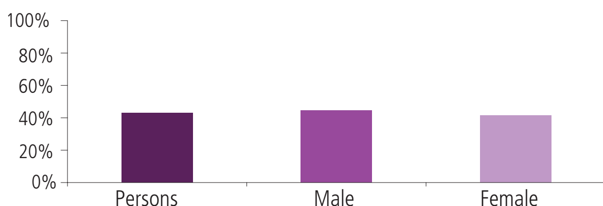
Context

Smoking is responsible for many diseases, including cancers, respiratory and cardio-vascular diseases, making it the leading cause of death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

Smoking daily or occasional - people aged 16 years and over, NSW



Smoking daily or occasional, Aboriginal people NSW, 2002–2005



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Since 1997, the prevalence of smoking among NSW adults has reduced from 24 to 18.4 per cent in 2008. A higher proportion of Aboriginal adults are current smokers, compared with adults in the general population. The percentage of smoke-free households has increased significantly from 69.7 in 1997 to 89.5 per cent in 2008.

Related policies or programs

In November 2008, the *Public Health (Tobacco) Act 2008* was passed by Parliament and brings into effect, from 1 July 2009, a number of new tobacco reforms. They aim to reduce the incidence of smoking and other consumption of tobacco products and non-tobacco smoking products, particularly by young people, because consumption adversely impacts health.

There are phase-in periods for some provisions in the legislation, such as banning the display of tobacco products. On 1 July 2009, however, a number of the provisions will take effect, such as banning smoking in cars when a person under the age of 16 years is a passenger; limiting retail outlets to one point of sale for tobacco products, and removing tobacco products from shopper loyalty programs.

In addition to the new legislative reforms, projects such as SmokeCheck provides training for Aboriginal health workers and other health workers who work with Aboriginal communities, in the delivery of evidence-based best practice brief intervention for smoking cessation. The SmokeCheck project phase 1 was finalised in December 2008, with 63 smoking cessation training workshops held across the State, involving 519 participants.

The evaluation report showed a statistically significant increase in the participants' level of skills, knowledge and confidence in providing smoking cessation support for their Aboriginal clients. Phase 2 will be implemented in 2009-2011 and will continue building the capacity of health services to provide smoking cessation support for clients.

Overweight and obesity

Desired outcome

Prevent further increases in levels of adult overweight and obesity.

Context

Being overweight or obese increases the risk of a wide range of health problems, including cardio-vascular disease, high blood pressure, type 2 diabetes, breast cancer, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning.

Interpretation

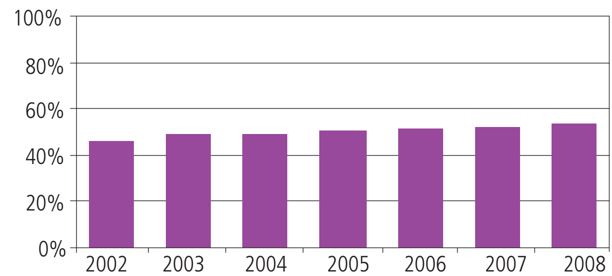
Consistent with national and international trends, the prevalence of overweight or obesity has risen from 42 in 1997 to 53 per cent in 2008. The proportion of adults who were either overweight or obese increased with age (to 64 years) and socioeconomic disadvantage. This increase has occurred in both males and females. In 2008, more males (60%) than females (46%) were overweight or obese. More rural residents (59%) than urban residents (50%) were overweight or obese.

Related policies and programs

NSW Health overweight and obesity prevention strategies include:

- contribution to the Australian Better Health Initiative national social marketing campaign, 'Measure Up' to promote the importance of healthy eating and physical activity
- funding to area health services and NGOs to provide local activities to support the 'Measure Up' campaign messages
- implementation of the Get Healthy Information and Coaching Service, which provides information and ongoing behaviour change coaching for NSW adults
- ongoing research and evaluation by the Physical Activity Nutrition and Obesity Research Group at the University of Sydney.

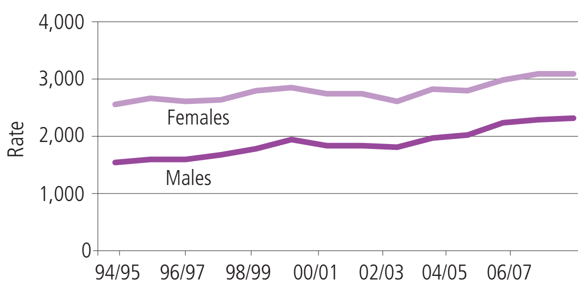
Overweight/obesity in persons aged 16 years and over (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Fall injury hospitalisations

Fall injuries – hospitalisations for people aged 65 years and over (age adjusted hospital separation rate per 100,000 population)



Source: NSW inpatient statistics collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health

Desired outcome

Reduce injuries and hospitalisations from fall-related injury in people aged 65 years and over.

Context

Falls are one of the most common causes of injury-related preventable hospitalisations for people aged 65 years and over in NSW. It is also one of the most expensive. Older people are more susceptible to falls, for reasons including reduced strength and balance, chronic illness and medication use. One quarter of people aged 65 years and older living in the community report falling at least once in a year.

Effective strategies to prevent fall-related injuries include:

- Promoting the identification and management of falls risk factors amongst those older people at immediate risk of falls

Childhood overweight and obesity

Desired outcome

No further increases until 2010, then reduce levels by 2016.

Context

Childhood overweight and obesity is a serious health problem. There has been an alarming increase in the rate of children who are overweight or obese in Australia. One in five children in NSW between the ages of seven and 15 are either overweight or obese. Children and young people who are obese have a greater chance of being obese adults. Overweight and obese people are at greater risk of weight-related ill-health.

Interpretation

Prevalence is rising rapidly. In boys, it increased from 10.8 to 26.1 per cent between 1985 and 2004 across all school years, and from 12 to 23.7 per cent in girls in the same period.

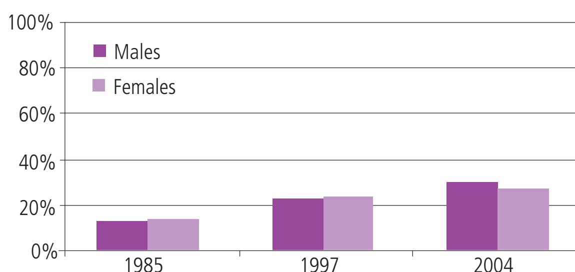
Related policies and programs

The NSW Government Plan for *Preventing Overweight and Obesity in Children, Young People and their Families 2009-2011,* has been developed to support the NSW Government priority of preventing and reducing levels of childhood overweight and obesity. The physical activity and healthy eating program, 'Live Life Well@School', is being delivered in NSW government primary schools, targeting students aged five to 12 years. A healthy eating, physical activity and small-screen recreation program known as 'Munch and Move' is being delivered in preschools and will be rolled-out to long-day care centres in 2010.

The NSW Healthy School Canteen Strategy, known as Fresh Tastes @ School, provides support and education to school communities and the food industry, about the importance of providing nutritionally healthy foods through school canteens across the State.

The NSW Parenting Program, which targets children aged seven to 13 years who are overweight or obese and their parents, is being rolled-out to three area health services.

Children overweight or obese – aged 7–16 years (%)



Source: NSW Schools Physical Activity and Nutrition Survey 2004

- Preventing the development of falls risk factors amongst older people, such as through promotion of appropriate physical activity and nutrition throughout life
- Promoting environments that reduce the risk of falls and fall injury.

Interpretation

The rate of hospitalisation for fall injury in older men and women has been increasing for the past 10 years. These rates may be affected by both the actual rate of fall injury and other factors, such as hospital admission practices.

Related policies and programs

The management policy *to Reduce Fall Injury Among Older People: 2003-2007* has come to the end of its intended lifespan.

Area health services continue to implement actions based on the policy throughout the reporting period.

The department has started the roll-out of 'Stepping On', a program targeting community-dwelling, older people who have had a fall, or who have a fear of falling. The group-based program draws on the current evidence base to teach balance strength training and falls risk prevention behaviours.

A Statewide baseline survey of a random sample of 5,000 older people has also started, covering the domains of knowledge of key health recommendations, behavioural intentions, fall rates and fall-related injury, physical activity participation, nutritional status, risk and protective factors, mental health, social support and well-being.

The baseline survey will form an important part of the performance monitoring framework for future Statewide fall prevention strategies.

Adult immunisation

Desired outcome

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

Context

Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge for people aged 65 and over, Aboriginal people aged 50 and over and for people aged 15–49 years with chronic ill health.

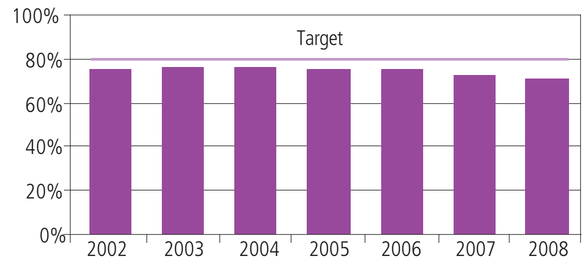
Interpretation

Among adults aged 65 years and over, there has been a significant increase in the proportion of individuals who were vaccinated against influenza, from 57.1 in 1997 to 71.6 per cent in 2008. Similarly, there has been a significant increase in pneumococcal vaccination in this age group in the last five years, from 38.6 in 2002 to 58.8 per cent in 2008.

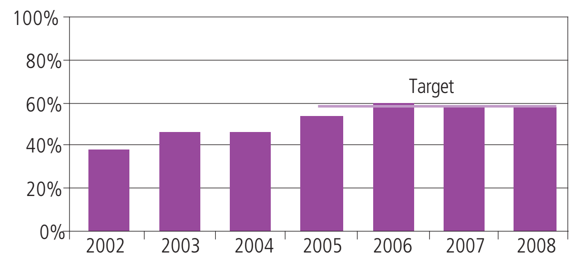
Related policies and programs

- NSW Immunisation Strategy 2008–2011 highlights improving adult vaccination as a key result area.
- National influenza and pneumococcal vaccination program.
- Recurrent funding is provided to area health services to implement vaccination initiatives that improve coverage to achieve national target levels.

Influenza – People aged 65 years and over vaccinated in the last 12 months (%)



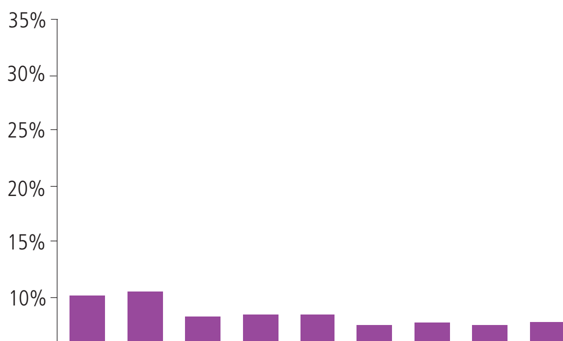
Pneumococcal disease – People aged 65 years and over vaccinated in the last 5 years (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Risk drinking

Alcohol – risk drinking behaviour, persons aged 16 years and over (%)



Source: NSW Population Health Survey, Centre for Epidemiology and Research

Desired outcome

Reduced total risk drinking.

Context

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

Interpretation

Since 1997, there has been a reduction in the percentage of people over the age of 16 years reporting any risk drinking behaviour - from 42.3 to 33.8 per cent in 2008. This was greater in males than in females. The reduction in risk drinking

Children fully immunised at one year

Desired outcome

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

Context

Although there has been substantial progress in reducing the incidence of vaccine-preventable disease in NSW, it is an ongoing challenge to ensure optimal coverage of childhood immunisation.

Interpretation

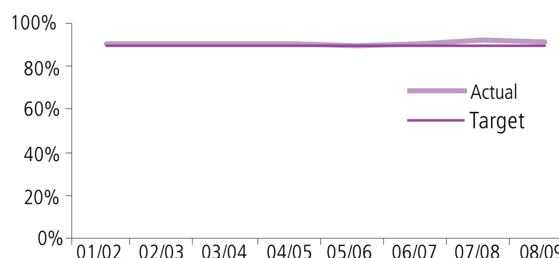
The Australian Childhood Immunisation Register was established in 1996. Data from the register provides information on the immunisation status of all children less than seven years of age. Data for NSW indicates that at the end of June 2009, 91.9 per cent of children, aged 12 months to less than 15 months, were fully immunised.

It is acknowledged that this data may be underestimated by approximately three per cent due to children being vaccinated late.

Related policies and programs

Recurrent funding is provided to area health services to implement the NSW Immunisation Strategy 2008–2011, which includes vaccination initiatives that target areas of low coverage and culturally appropriate initiatives to promote immunisation of Aboriginal children.

Children fully immunised at one year



Source: Australian Childhood Immunisation Register

Note: The data may underestimate actual vaccination rates by around three percentage points, due to children being vaccinated late or to delays by service providers forwarding information to the register. Therefore, although the Commonwealth target is 94 per cent, the NSW target has been set at >90 per cent to account for this discrepancy.

has been significant in all age groups, except 16-24, where it was marginal. Risk drinking behaviour is more common among rural than urban adults. Alcohol risk drinking behaviour includes consuming, on average, more than four (if male) or two (if female) standard drinks per day.

Related policies and programs

Under the State Plan, the Government renewed its commitment to tackling risk drinking – building on the progress made since the 2003 NSW Summit on Alcohol Abuse.
The commitment to reduce risk drinking to below 25 per cent by 2012 demonstrates that promoting a responsible drinking culture is a key priority for NSW. NSW Health is the lead agency for co-ordinating this work across government and works in partnership with a range of other agencies, to implement programs encompassing prevention, education, treatment and law enforcement.

In addition to the provision of treatment, key prevention and community education strategies put in place by NSW Health include a new responsible drinking education campaign aimed at reducing public drunkenness. The "Play Now, Act Now" creative arts festival aimed at raising awareness of responsible use of alcohol and the Controlled Drinking by Correspondence program targets high-risk drinkers.

Strategic Direction 2

CREATE BETTER EXPERIENCES FOR PEOPLE USING HEALTH SERVICES

We can create better experiences for people using public health services by ensuring that services are of high quality, appropriate, safe, available when and where needed and co-ordinated to meet individual needs. We strive for a health system that provides ready access to services and keeps patients and their carers informed and involved in decisions.

Improved access to health services

Patient Flow Systems Program

The Patient Flow Systems Program is a whole-of-hospital approach to managing patient flow through acute care. It enables hospitals to identify and resolve delays within their current environment, to better utilise capacity. This approach moves to predicting demand at least a week ahead and planning for it to be managed through a whole-of-hospital response. Predictive planning tools have been developed and implemented across NSW.

Chronic Care for Aboriginal People

Only 28 per cent of Aboriginal people live past the age of 64 years, compared with 80 per cent of non-Aboriginal people. The Aboriginal population is young, with a median age of 21 years, compared to 36 for non-Aboriginal people. Aboriginal people are twice as likely to be hospitalised for heart disease and stroke. They are three to five times more likely to be hospitalised for chronic respiratory disease. They are four to five times more likely to be hospitalised for diabetes.

The high burden of chronic conditions significantly contributes to greater morbidity and premature mortality in Aboriginal populations.

The Chronic Care for Aboriginal People Program was developed from a number of established NSW Health initiatives, to address the gaps in health care and improve access to and use of, chronic care services for Aboriginal people in NSW.

The project, named 'Walgan Tilly' is the first Aboriginal redesign venture. Walgan is a Kamilaroi word meaning 'Aunty', a title of respect to Aboriginal women and 'Tilly' is short for Matilda. It is being implemented across NSW.

The key areas are clinical protocols and referral pathways for Aboriginal people, through the acute hospital system and back to the community. Assessment and management tools to assist area health services in monitoring referral and service utilisation, increased access to self-management initiatives and mainstream rehabilitation services, improved co-ordination of care in the community setting for Aboriginal people with chronic disease and reporting and monitoring frameworks, to evaluate the impact and outcomes of redesigned care for Aboriginal people with chronic conditions, are part of the project.

Improved access to emergency departments

Medical assessment units

Twenty-one medical assessment units have opened across NSW, with eight more planned for 2009-10. They provide an alternative to emergency department treatment for people of all ages, who have chronic conditions. Patient flow is improved by rapid assessment, faster diagnosis and earlier treatment by senior clinicians.

Fast-track zones

Fast-track zones have been implemented across NSW to improve access to emergency department treatment. Patients who have minor illness and injury are streamed from triage to a designated area, for treatment by skilled nurse practitioners, advanced practice nurses, clinical initiative nurses, doctors and allied health professionals. Patients are generally able to walk and have non-complex conditions, with the potential to have their emergency care initiated through clinical treatment protocols.

In fast-track zones the emphasis is on a clinical team starting care, rather than 'waiting to see a doctor'.

Short-stay units

Short-stay units have been developed to provide a short period of specialist assessment and diagnosis and short-term, high-

level management and observation, for patients who no longer require active emergency care. They improve patient flow by creating capacity within emergency departments.

Emergency short-stay units are staffed by ED doctors, nurses and allied health staff. They are designed as an alternative model of care for patients requiring short-term observation and treatment for a maximum of 24 hours, i.e., emergency medical units (EMUs) and early pregnancy units (EPUs) – supported by midwives.

Inpatient short-stay units are staffed by doctors, nurses and allied health staff of specialist inpatient teams. They are designed as an alternative model of care for patients requiring rapid assessment, diagnosis and treatment in hospital, as an alternative to the ED, for between 23 and 72 hours, i.e., medical assessment units (MAUs), older persons evaluation review and assessment (OPERA), surgical acute rapid assessment (SARA), extended day-only (EDO) and psychiatric emergency care centre (PECC).

Cardiology patients

The most common reason for presentation to an emergency department by ambulance is chest pain. Since 2001, such presentations have increased by 69 per cent. To ensure that residents have timely and equitable access to effective and appropriate cardiac care, several strategies have been implemented.

Chest pain evaluation areas have been implemented across NSW, to better manage patients presenting to hospital with chest pain. Cardiology bed management strategies have been implemented to best use bed capacity for cardiology patients. Cardiac monitoring is routinely carried out in hospitals throughout NSW.

The aim is to improve patient outcomes and timely discharge. The policy sets out the recommended minimum standards for monitoring of adult patients who have a primary cardiac diagnosis, regardless of the clinical area in which they are managed.

Improved access to surgery

NSW aims to provide planned surgery to all patients within national benchmarks, depending on the urgency category determined by their doctor.

Predictable Surgery Program

There was an improvement in the percentage of patients treated within their clinical priority timeframe in category 1 (admission required within 30 days). The number of category 1 patients not treated within their timeframe has significantly reduced from 4,260 (July 2005) to 33 (June 2009). Numbers of category 2 patients (admission within 90 days) not treated have reduced to 839, compared to 2075 in June 2008.

In June 2009 the numbers of category 3 patients (admissions within 365 days) were 688, down from 5,187 at June 2008. The proportion of patients admitted in the recommended timeframe has been at, or slightly above, 95 per cent over the past two years.

Emergency Surgery Program

The success of the planned surgery program has highlighted issues associated with the management of emergency surgery.

The Surgical Services Taskforce established a sub-group to review the current management of emergency surgery in NSW and to provide options for improvement. The *Emergency Surgery Guidelines* identify principles for the better management of emergency surgery, providing and describing examples of models for care.

It is anticipated that the models, or some of their components, will be adopted and implemented to improve the delivery of emergency surgery hospitals. The implementation will require operational reconfiguration at area health service and hospital levels.

Increased satisfaction with health services

NSW Health is committed to improving customer satisfaction with public health services. Customers are defined as patients and their families and carers. To deliver better patient journeys, investment has been made in learning from real patient experiences. Over 700 in-depth interviews have been conducted with patients and carers. The 2008-2009 annual patient survey received nearly 80,000 responses, making it one of the largest patient experience data collection programs in the world.

Responses came from patients in nine different health service categories: inpatients, day-only patients, outpatients, non-admitted emergency patients, community health clients, adult rehabilitation services, mental health inpatients and those receiving cancer treatment. The rating by 89.2 per cent of patients who described their overall care as good, very good or excellent, was higher than the 88.2 per cent recorded in 2007.

Ensuring high quality care

Clinical handover - standardising key principles

Clinical handover is the effective transfer of professional responsibility and accountability for some, or all aspects, of care for a patient. Inconsistent and ad hoc processes for clinical handover mean that vital clinical information may not be communicated or understood, causing a significant risk to patient safety.

To strengthen processes for clinical handover, a standard set of key principles has been developed, through extensive health system consultation endorsed by the Acute Care Taskforce. They form the basic elements that must be found in all clinical handover processes, while allowing for local flexibility. The principles are supported by an implementation toolkit, templates, e-learning modules, website and a policy directive for their implementation.

The standard key principles were widely supported and received a strong commendation from the Australian Commission on Safety and Quality in Health Care.

NSW Health Patient Safety and Clinical Quality Program

The NSW Government has now successfully implemented the Patient Safety and Clinical Quality Program as a systemic approach to improving clinical quality and patient safety across the whole health system. The program provides:

- A system for managing incidents and identifying risks at both local and State levels
- A Statewide electronic Incident Information Management System (IIMS) that supports centralised reporting and recording of incident information and enables incidents to be analysed and managed in real time
- Clinical governance units in each area health service, which have clear accountabilities for safety and quality
- The Clinical Excellence Commission (CEC), which provides advice to the Minister and Director-General on ways to improve patient safety and clinical quality throughout the NSW health system
- A quality system assessment program conducted by the CEC, designed to audit safety and quality programs in NSW.

Reducing Healthcare Associated Infections (HAI)

Prevention of healthcare associated infections (HAI) is a significant patient safety strategy under the NSW Patient Safety and Clinical Quality Program. The focus is on reducing the occurrence of blood stream and surgical site infections and reducing the transmission of multi-resistant organisms (MROs).

The Safety Alert Broadcast System (SABS) was adapted from that of the UK National Health Service. It provides a systematic alert to NSW health services, specifying action to be taken in response to issues affecting patient safety. This information comes from a variety of sources, including the Incident Information Management System (IIMs), reportable incident briefs (RIBs), root cause analysis (RCA) reports, the Health Care Complaints Commission (HCCC), coroners' reports, other safety alerts, product recalls and notices. The health services are then required to act on the recommendations in the alert.

In 2009, the University of NSW will evaluate this systematic approach to the distribution and management of patient safety information to health services. Anecdotal responses from health professionals indicate that it is proving effective. The evaluation will identify how SABS could be improved, appropriateness of content and style, how notifications are disseminated and acted on and if any factors are impeding SABS actions.

Improving Medication Safety

Medication-related incidents are reported frequently and are a key focus area under the NSW Patient Safety and Clinical Quality Program. Although the majority cause minimal harm to the patient, a number have the potential to, or actually do so. A Statewide medication safety strategy is being developed to support a reduction in harm associated with high-risk medications, ensure that patients receive pharmaceutical care based on evidence, improve the continuity of pharmaceutical care, increase the use of technology to improve medication safety and to more effectively monitor the safety and quality of medicines use. It will ensure supportive linkages with the private sector, community pharmacies and general practitioners. In 2008-09, NSW health care facilities were informed, through SABS, of key risks associated with a number of drugs.

Open Disclosure

Open Disclosure outlines the response staff should employ if an unexpected incident occurs during a patient's care. If an incident occurs, patients receive an apology and explanation and are treated with empathy, honesty and transparency in a timely manner.

Staff are reporting they are now increasingly confident and feel supported when conducting a sensitive conversation with patients and families about errors. This has been achieved through continuing education sessions, supported by an open disclosure e-learning module for staff.

The Clinical Excellence Commission will be working collaboratively with NSW Health to oversight a review of open disclosure practices, education and training resources, policies and processes, to further strengthen and support their application in NSW.

Essentials of Care Program

The Nursing and Midwifery Office is leading the *Essentials of Care* program that focuses on the patient's experience, as well as what patients, their families and health professionals value about effective and relevant patient care. It engages nursing and other clinical staff to focus on improving the experience of the patient and achieving cultural change at the ward level.

Most area health services have begun to implement the program in a range of wards. Staff first examine how they currently practice, then identify areas for improvement. Change is achieved using a facilitator who allows staff to be engaged and to participate. This enables them to understand the ways they practise, from both the patients' and the clinical teams' perspectives. An important facet is that the ward staff take on the responsibility to create solutions for improvements in work practices and patient care.

Other highlights

Electronic Medical Record

The electronic medical record (eMR) collects care information as patients move through the hospital from admission to discharge. It is easily accessible to authorised clinicians to support care decisions. Early benefits of the program indicate that easier access to patient information and its increased legibility is leading to better communication between clinicians and an improved patient journey.

Electronic medical record technology is now in use in hospitals in South Eastern Sydney Illawarra, Sydney South West, Sydney West, Hunter New England and North Coast area health services. Implementation of the system will extend to Greater Southern and Greater Western area health services and The Children's Hospital at Westmead in 2009/10.

Enterprise Archive project

The Enterprise Archive project, planned for 2010, will develop and implement an electronic archive for medical images. It is a key component of the medical imaging program, also known as picture archiving and communications system/radiology imaging system (PACS/RIS). The medical imaging program enables images such as x-rays and scans to be captured and stored electronically and viewed on screens.

The enterprise archive will enable sharing of medical images, eliminating reliance on patients carrying x-ray films between medical practitioners who are co-ordinating their health care. Access by authorised clinicians to images via the archive will reduce patient transfers.

The Emerging Area of Comorbidity - *Co-Exist NSW*

Co-Exist NSW is a Statewide service for people from culturally and linguistically diverse (CALD) communities and their families, who have concurrent substance use and mental health problems. *Co-Exist NSW* aims to improve client outcomes where culture and language are significant factors in patient readiness and capacity to engage in treatment and for people who may be 'hard to reach', due to their marginalisation within their own and mainstream communities.

Since its establishment, *Co-Exist* has provided assessment and consultation to 469 clients from 39 language groups. It has the capacity to provide confidential counselling services in 110 languages across NSW. Training has been provided for 66 sessional bilingual counsellors and clinical staff.

The service has been promoted to over 165 agencies, at forums and major conferences. There are 57 *Co-Exist* clinicians and six staff members of the TMHC central clinical consultant team. They provide assessment and clinical consultation to people of CALD backgrounds, their families and significant others, who are experiencing problems arising from substance abuse and concurrent mental health difficulties.

Drug Use in Pregnancy Services

Drugs in pregnancy services provide specialist support to women with drug and alcohol problems, during pregnancy and in some cases, following birth of the child. While varying across area health services, most are linked to Drug & Alcohol and/or Maternity, with the two streams working together closely to provide drugs-in-pregnancy services.

A NSW Health review of drug use in pregnancy services sought to identify strategies to formulate and develop minimum standards, to ensure that service provision is consistent and co-ordinated across the State. The final report is due in August 2009.

Additional funding provided, following the Wood Commission, may assist in strengthening these services, along with the introduction of parenting programs for families with D&A problems. A dedicated position has been funded within NSW Health to support the delivery of effective child and family drug and alcohol policy and programs.

Stimulant Treatment Program

NSW Health continued to fund two clinics under the stimulant treatment program established in late 2006, with each receiving $300,000 p.a. They provide primarily counselling treatment for stimulant, mainly methamphetamine (ice), users.

A preliminary evaluation of the program, conducted with clients who entered the service during the first six months of operation, has indicated success in reducing stimulant use and significant improvements in their levels of distress, mental health, psychotic symptoms and commission of crime. The Government has provided $240,000 for a further, more comprehensive, evaluation which will run for two years.

Cannabis Clinics

In 2008-09, the Government committed $1,100,000 for the continued operation of four cannabis clinics, established between 2004 and 2006 at Parramatta, Sutherland, the Central West and the Central Coast. Funding of $406,000 was provided for a fifth clinic on the North Coast, which started in May 2008 and for the establishment of one in the Hunter region, due to start in July 2009. They provide clinical interventions and treatment to dependent cannabis users with complex needs, in particular, cannabis-dependent clients with mental health issues, including psychosis.

Emergency Mental Health Responses

To complement a 13-week accredited online mental health emergency education program developed in 2008, MHDAO has funded a three-day training program delivered across all area health services, through a partnership between the NSW Institute of Psychiatry and the Centre for Rural and Remote Mental Health. It aims to improve the knowledge and skills of all health workers involved in providing mental health emergency care.

Psychiatric Emergency Care Centres (PECC)

Nine PECCs operate in Liverpool, Nepean, St George, St Vincent's, Hornsby, Wyong, Blacktown, Campbelltown and Wollongong hospitals. During 2008-09 an interim service has been established at Prince of Wales Hospital, providing four PECC beds (totalling 46 across nine sites).

Under the Rural Critical Care program, the four rural area health services have developed innovative service models, to respond to the particular issues of delivering timely emergency mental health advice in rural communities. They include:

In GSAHS, the Mental Health Emergency Care Resource Centre in Orange provides 24-hour telephone access. Videoconferencing equipment has been implemented in 13 remote sites. It provides access to specialist staff, for support with assessments and management of people presenting with mental health problems.

Resource centres operate 24/7 in Wagga Wagga and Albury and 16/7 in Goulburn. Videoconferencing equipment is operational in all emergency departments in the Wagga Wagga and Albury catchment areas and in all but three in the Goulburn catchment.

Mental Health for Emergency Departments – A Reference Guide 2009

The *Mental Health for Emergency Departments – A Reference Guide* is a handbook for clinicians working as first responders to mental health presentations, particularly emergency and acute. It provides practical guidance in the initial clinical assessment and management of people with mental health problems who present to emergency departments.

In 2008-09, this document has had a major revision and update. It has been posted on the NSW Health Intranet, and is also available in hard copy.

Dementia Behaviour Management Advisory Service (DBMAS)

The dementia behaviour management advisory service (DBMAS) aims to improve the quality of life of people with dementia and their carers, where the behaviour of the person with dementia impacts on their care. It is delivered through a Statewide central service (based in SESIAHS) and regionally in area specialist mental health services for older people (SMHSOP) across NSW.

The DBMAS central service operates the 24-hour 1800 DBMAS telephone assistance line (DBMAS TAL) in business hours. It started in August 2008.

The central service also has resources for consumers, carers and clinicians, such as the NSW DBMAS information for stakeholders, the NSW DBMAS services brochures and numerous newsletters and articles in relevant consumer publications. The purpose is to inform stakeholders about aims, target groups, functions and operating arrangements, explaining DBMAS to clients and stakeholders, promoting networking and collaborative arrangements and reporting progress.

In 2008-2009, an additional $2.6m recurrent funding was provided for the expansion of the child and adolescent mental health program in NSW. It targets locally-identified priorities for enhancement of the services.

An example is the development of an emergency-assertive adolescent response capacity (Emergency-AARC) to enable teams in Sydney West Area Health Service to focus intensively and flexibly on client needs, in the six-weeks period immediately following an acute crisis presentation.

Rural examples include increased specialist child and adolescent psychiatrist consultant sessions in Greater Southern and Hunter New England area health services.

Physical Health Care of Mental Health Consumers

The physical health care of mental health consumers initiative was established to ensure that people who use a mental health service also have access to good physical care.

It supported the formulation of a policy directive about the responsibilities of mental health services relating to physical health care. A set of guidelines gives practical advice to staff on how these responsibilities can be met. Resources for all key stakeholders – mental health staff, consumers, families, carers and general practitioners (GPs) – provide further support to help them understand and promote the intent and principles of the initiative.

The Physical Health Mental Health Handbook, a resource specifically for GPs, had a limited revision and reprint. Resources are also being developed for the Aboriginal population and the top 10 multicultural language groups, to ensure that the need to address physical health issues for consumers is promoted as widely as possible.

Mental Health and Drug and Alcohol Incident Review

To develop more timely reporting and feedback and to support clinicians and managers in relation to patient safety, discussions with the Clinical Excellence Commission aimed at developing a mental health and drug and alcohol incident review committee. Terms of reference were established in July 2008. Its function is to provide a collaborative and structured Statewide approach to critical incident investigation reports which have a mental health component, to ensure that key issues and lessons are identified and acted upon.

The committee, chaired by the NSW Health Chief Psychiatrist, provides review of root cause analysis reports and aggregated and unidentified notifications to the Incident Information Management System. It may also consider results of other monitoring functions, such as the Official Visitors Program.

Hepatitis C Treatment and Care

Significant progress was made in implementation of the recommendations of the Review of Hepatitis C Treatment and Care Services.

In line with recommendation 2, that current hepatitis C treatment and care services be enhanced as a matter of priority, NSW Health has increased the dedicated recurrent allocation to area health services (AHSs) for hepatitis C by 80 per cent. This funding enhancement will enable AHSs to create 28 additional full-time front-line positions and will improve timely access to assessment, treatment and care. Additional staff capacity will enable AHSs to develop new clinical services in areas of high need, particularly in rural and regional areas.

Local partnerships between health care workers, clinical leaders and affected communities were further strengthened in 2008-09, with the establishment of clinical governance committees in each AHS, creating a mechanism for consultation and collaborative decision-making about service development and funds expenditure.

Initiatives to ensure an appropriately skilled workforce included a scholarship program for nurses and development of introductory and advanced hepatology training programs for nurses, general practitioners and drug and alcohol clinicians.

Initiatives to expand the availability of antiviral treatment in community settings included:

- Establishing eight pilot clinics across NSW to trial the provision of hepatitis C treatment in pharmacotherapy services
- Securing Australian Government approval to trial the initiation of hepatitis C treatment by appropriately trained and accredited general practitioners and other community-based medical practitioners.

Assisted Reproductive Technology Act 2007

The *Assisted Reproductive Technology Act 2007* will regulate the provision of assisted reproductive technology, by setting standards relating to the provision of treatment. The Act will ensure that individuals have control over the use of their genetic material and will prohibit the commercialisation of human reproduction. In addition, children born as a result of donor gametes will have access to information relating to their genetic parents.

The Act will start on 1 January 2010.

Maternity services enhancement and model reform

There has been a significant increase in birth rates across NSW over the last four years. All area health services are seeing a rise, with some experiencing increases of almost 30 per cent.

NSW Health has committed $42.8m to ensure that maternity services are appropriately resourced. This will allow recruitment of an additional 150 midwives and 12 staff specialists over four years.

Additionally, the department has, this year, made a significant commitment to maternity service models of care reform and is working with all area health services to ensure that the enhanced funding is used appropriately.

NSW Health is also developing robust systems and processes, such as careful risk assessment, tiered networks and collaborative working arrangements, which will allow women to easily move from one level to another as required.

Healthcare associated bloodstream infections

Desired outcome

Sustained reduction in the incidence of central line bloodstream infections, resulting in increased patient safety and improved clinical outcomes for intensive care unit patients.

Context

Although a central venous catheter provides necessary vascular access in an intensive care unit patient, its use puts the patient at risk of local and systemic infection complications and is an important cause of patient morbidity and mortality. There is also an associated increase in hospital length of stay and health care costs.

International quality improvement initiatives advocate compliance with sterile precautions, to reduce central line associated bloodstream (CLAB) infections.

The Central Line Associated Bloodstream in ICU project (CLAB-ICU) was conducted by the Clinical Excellence Commission (CEC), in collaboration with the Intensive Care Co-ordination and Monitoring Unit (ICCMU), with assistance from NSW Health. It advocated the following:

- Strict adherence to hand hygiene practices
- Use of maximum personal protective equipment, including sterile gowns and gloves, caps, masks and protective eyewear
- Chlorhexidine/alcohol skin antisepsis
- Optimal catheter site selection, with sub-clavian vein as the preferred site for non-tunnelled catheters, where not contra-indicated
- Daily review, with prompt removal of unnecessary lines.

Interpretation

The reliability of baseline data for the incidence of CLAB infections in NSW, before the project started on 1 July 2007, is uncertain. The CEC collected data from 1 July 2007 to 31 December 2008.

The Department of Health has collected CLAB infection data separately from the CEC since January 2008. The Statewide rate for January to June 2008 was 3.4 CLAB infections per 1,000 line days. For July 2008 to June 2009, it reduced to 1.3 per 1,000. For July to December 2008, it was 1.4 per 1,000.

The variance in rates reported by the CLAB-ICU project and NSW Health may be explained by the scope of the different data collection systems. CLAB-ICU is focussed on central lines inserted in intensive care and is collected by ICU staff. The department's data is collected by infection control professionals on central line use in the ICU, regardless of where the line was originally inserted.

Guidance for care of the central line, during and after insertion, has been developed by the CEC and ICCMU specifically for ICU patients. The CEC is currently working with key clinicians across NSW, to adapt the requirements for ICU patients to those in other hospital settings.

Related policies and programs

NSW Health aims to prevent every patient from acquiring a healthcare associated infection, or multi-resistant organism colonisation, during all stages of care and treatment. It has provided additional recurrent resources to area health services for improved infection control activity that will support the key prevention strategies. These include hand hygiene, correct antibiotic usage, adherence to contact precautions, effective environmental cleaning programs in health care facilities and adherence to central venous catheter insertion guidelines.

Relevant policies and reports include:

- Infection Control Policy (PD2007_036)
- Infection Control Policy: Prevention and Management of Multi-resistant Organisms (PD2007_084)
- Further information about the CLAB project can be found at the Clinical Excellence Commission's website www.cec.health.nsw.gov.au/moreinfo/CLAB.html
- Further information about the NSW Health Care Associated Infections program can be found at www.health.nsw.gov.au/quality/hai

ICU related centrally inserted CLAB infections, NSW, July 2008 – June 2009

	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
No. of infections	6	12	7	8	5	4	4	3	8	6	7	10	80
No. of line days	4770	4819	5377	5757	4419	4826	5092	5468	5660	4865	5705	6373	63131
Rate/1000 line days	1.3	2.5	1.3	1.4	1.1	0.8	0.8	0.5	1.4	1.2	1.2	1.6	1.3

Emergency admission performance

Desired outcome

Timely admission from the emergency department (ED) for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

Patient satisfaction is improved with reduced waiting time for admission from the ED to a hospital ward, intensive care unit bed or operating theatre. Emergency department services are also freed-up for other patients.

Interpretation

The measure of patients who waited less than eight hours in an ED to get an inpatient hospital bed in 2008-09 was 73 per cent. Emergency admission performance (EAP) has been a challenge. Performance has, however, stabilised at and above 75 per cent.

EAP for patients being treated for mental health was 71 per cent, fluctuating around 70 per cent for most of the year.

EAP challenges are being addressed by careful planning and allocation of funding and support for a range of initiatives across NSW health facilities. They include the implementation of medical assessment units at selected facilities, the increase of community support service capacity, including ComPack, Hospital in the Home and the rehabilitation for chronic disease policy.

Related policies and programs

NSW Health is working with AHSs to implement a patient flow system (PFS) approach to managing demand on hospitals and health services. Through the essential elements of patient flow systems, hospitals can effectively plan strategies to manage demand well in advance.

A characteristic of the PFS approach is that everyone has a part to play to ensure effective clinical outcomes for patients and efficient functioning of the hospital. NSW Health has developed decision support tools to provide predicted data on patient demand, thus enabling hospitals to act early in planning service delivery.

PFS builds on earlier work around demand management plans, designed to activate an organisation-wide response to demand management. With the use of predictive planning, hospitals can now plan seven to 10 days ahead with confidence and utilise more effective lower-cost options to match capacity and demand.

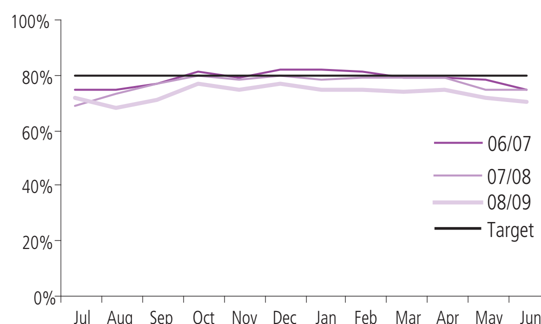
Psychiatric emergency care centres provide a place where mental health patients presenting at EDs can be provided with better and more co-ordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney. A further 26 new beds were announced in the *New Direction for Mental Health* five-year funding package.

Medical assessment units (MAUs) have been implemented within 21 selected facilities. They provide rapid access for patients with complex, chronic, non-critical conditions to physicians and multi-disciplinary care teams. Patients receive timely assessment and activation of treatment, with a plan for discharge to supported community care, usually within 48 hours. MAUs also provide care for patients being referred by general practitioners (GPs) for non-critical care assessment and those returning for assessment and review following discharge.

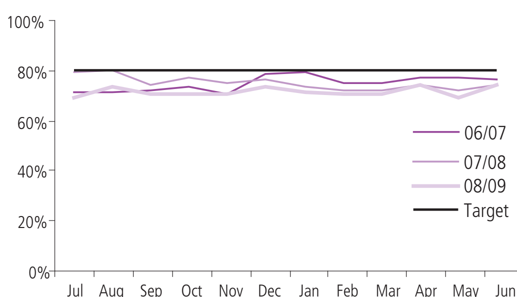
Establishment of after-hours GP clinics at some of the busiest hospitals are among further strategies NSW Health is undertaking to ensure that the burden on EDs is reduced.

Each area health service has been funded to create a clinical services redesign unit that utilises business process re-engineering methodology to improve health systems and create better patient-focused care.

Emergency admission performance, patients transferred to an inpatient bed within eight hours (%): Overall



Emergency admission performance, patients transferred to an inpatient bed within eight hours (%): Mental health



Source: Emergency Department Information System

Emergency department presentations

Desired outcome

To treat all patients presenting at a public hospital emergency department according to their medical needs, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

Over the last four years, the NSW health system has experienced a considerable increase in demand for emergency department (ED) services, following a period of relative stability of demand observed in the early 2000s. The following graph illustrates this changing trend in ED attendances over an eight-year period from July 2001 to June 2009.

Interpretation

There have been nearly 413,000 more ED attendances recorded in the 2008-09 financial year than in the 2004-05 year. This represents a 20.6 per cent increase over that five-year period.

Emergency department triage – cases treated within benchmark times

Desired outcome

Treatment of emergency department (ED) patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

Context

Timely treatment is critical to emergency care. Triage aims to ensure that patients are treated in a timeframe appropriate to their clinical urgency, so that those presenting to the ED are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of ED resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

Interpretation

Emergency department (ED) activity in the busiest metropolitan and regional NSW public hospitals has stabilised across 2008-09, however admissions via the ED continue to rise.
In 2008-09 ambulance transports to hospitals were up 1.6 per cent. ED attendances were stable at around two million in 2008-09 and 2007-08. Admissions through ED were up 2.2 per cent to 417,158 over the same period.

Emergency departments always give priority to the most life-threatening cases. NSW hospitals continue to treat 100 per cent of the most seriously ill (triage 1) within the national benchmark of treatment in a designated two-minute timeframe.

For those patients classified as triage category 2, or 'imminently life-threatening', the performance in 2008-09, of treating them within 10 minutes, was one percentage point above the Australasian College for Emergency Medicine's (ACEM) target level.

For those patients classified as triage category 3, or 'potentially life-threatening', the performance in the year ending June 2009, of treating them within 30 minutes has been a challenge, with 69 per cent seen within target time, below the 75 per cent benchmark set by the ACEM.

In 2008-09, 73 per cent of triage 4, or 'potentially serious', patients had treatment started within 60 minutes, above the 70 per cent benchmark set by the ACEM.

Related policies and programs

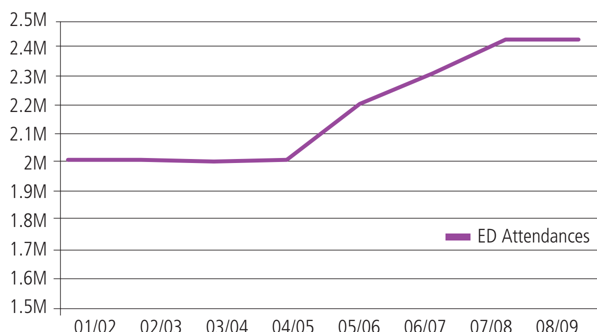
A number of initiatives were implemented in emergency departments and hospital wards across the State to improve the timeliness of access to treatment. Fast-track zones implemented in over 25 EDs aimed to ensure that patients with less complex conditions, who have traditionally waited for long periods, are cared for quickly but safely. These fast-track zones use skilled staff, such as nurse practitioners and advanced practice nurses.

Emergency medicine units (EMU) provide a place adjacent to 14 EDs, where patients who need a longer period of care or observation can stay, without occupying an ED bed. This allows for much more efficient processing of new patients as they arrive.

Short-stay units have been created in a number of hospitals, for patients who need shorter periods of admission to a specialty unit. Again, this allows much more efficient processing of new patients as they arrive in the ED.

Medical assessment units (MAU) have been implemented within 21 facilities. They provide rapid access for patients with complex, chronic, non-critical conditions, to physicians and multi-disciplinary care teams. The teams provide timely

Emergency department attendance



Source: Health Information Exchange, Emergency Department Data Collection

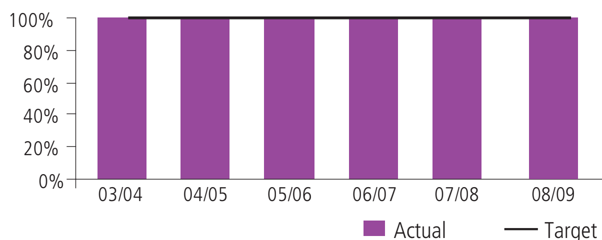
assessment and activation of treatment, with a plan for discharge to supported community care, usually within 48 hours. MAUs also provide care for patients being referred by general practitioners for non-critical care assessment and for those returning for assessment and review, following discharge.

NSW Health is working with area health services to implement a patient flow system (PFS) approach to managing demand on our hospitals and health services. Through the essential elements of patient flow systems, hospitals can effectively plan strategies to manage demand well in advance.

A characteristic of the PFS approach is that everyone has a part to play in ensuring effective clinical outcomes for patients and efficient functioning of the hospital. NSW Health has developed decision support tools to provide predicted data on patient demand for hospitals, thus enabling them to act early in planning service delivery.

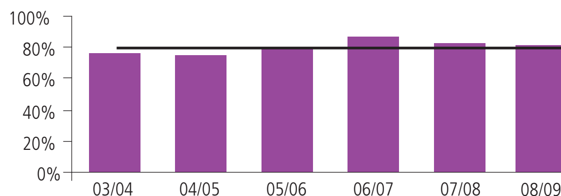
PFS builds on earlier work designed to activate an organisation-wide response to demand management. With the use of predictive planning, however, hospitals can now plan 7-10 days ahead with confidence and can utilise more effective lower-cost options to match capacity and demand.

Triage 1: treated within 2 minutes (%)

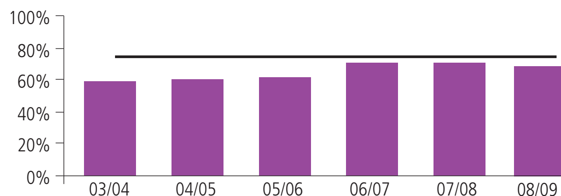


source: Emergency Department Information System

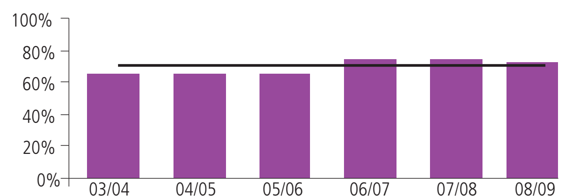
Triage 2: treated within 10 minutes (%)



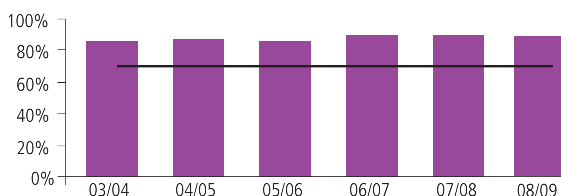
Triage 3: treated within 30 minutes (%)



Triage 4: treated within 60 minutes (%)



Triage 5: treated within 120 minutes (%)



Off-stretcher time

Desired outcome

Timely transfers of patients from ambulance to hospital emergency departments, resulting in improved patient satisfaction, as well as improved NSW Ambulance operational efficiency.

Context

Timeliness of treatment is a critical dimension of emergency care. Better co-ordination between ambulance services and emergency departments allows patients to receive treatment more quickly. Also, delays in hospitals impact on NSW Ambulance operational efficiency.

Interpretation

The time taken for transfer of patients arriving by ambulances to emergency departments has been a challenge. In 2008-09, the measure of patients offloaded within 30 minutes was 72 per cent. Ambulance transports increased by 1.6 per cent over 2007-08.

Related policies and programs

The refined emergency department network access system in the Sydney metropolitan, Central Coast and lower Hunter regions aims to get the right patient to the right hospital for the right treatment each time. The automated clinical services matrix software ensures that hospital destination options for ambulance officers are those with clinical services appropriate to treat the patient. It also takes into account the estimated time of arrival at the nearest hospital, the number of ambulances currently at those hospitals and the optimum number of ambulances those hospitals can manage within capacity.

Hospitals are attempting to reduce off-stretcher time by ensuring better patient flow through the whole hospital. This requires implementation of robust demand management plans and improving patient flow systems, via the clinical services redesign program. Patient flow units have been established in many hospitals to better co-ordinate the logistics of moving patients between the emergency department and the ward

Incorrect procedures

Desired outcome

Elimination of incorrect procedures, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

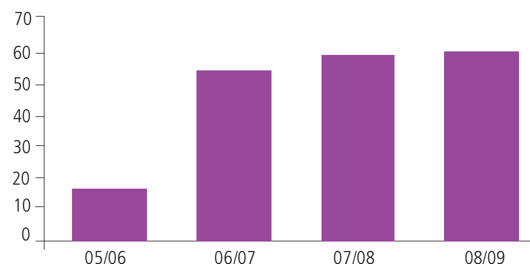
Although low in frequency, incorrect procedures provide insight into system failures. Health studies have indicated that, with the implementation of correct patient/site/procedure policies, these incidents can be eliminated.

Interpretation

The number of incorrect patient, procedure and site incidents notified in 2008-09 has not changed significantly, compared to last year. Specialist clinical groups in surgery, radiology, nuclear medicine, radiation oncology and oral health have developed systems to address these incidents. These include a revised policy, with greater emphasis on non-surgical areas and safety toolkits specific to the different clinical areas. Enhanced awareness of these incidents may have increased reporting.

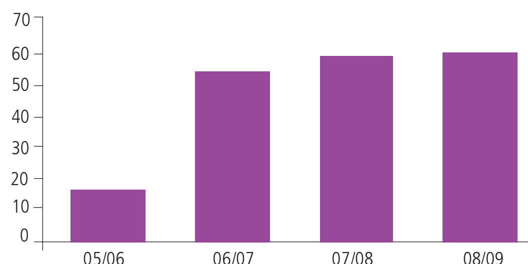
The World Health Organisation (WHO) continues to monitor global implementation of the correct patient, procedure, site universal protocol and reports that the number of incidents has risen, due to increased awareness following implementation of the protocol.

Incorrect procedures – radiology, radiation oncology, nuclear medicine (57)* **



Source: TRIM/Quality & Safety Branch RIB database. *Data for second half 08/09 provisional, subject to change following receipt, review and analysis of investigation reports. **Data for Jul-Dec 2008 period included in this figure not yet released publicly.

Incorrect procedures - operating theatre suite (21)* **



*Data for second half 08/09 provisional, subject to change following receipt, review and analysis of investigation reports. **Data for July-December 2008 included in this figure not yet released publicly.

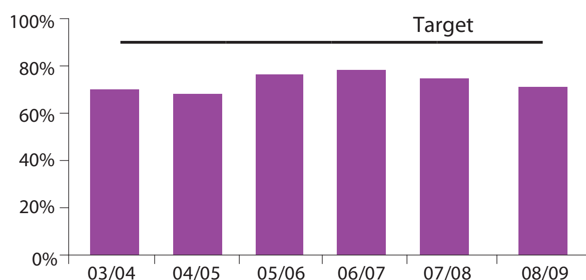
or operating theatre and between hospitals as required, therefore freeing-up beds for newly-arrived patients.

NSW Health is working with AHSs to implement a patient flow system (PFS) approach to managing demand on hospitals and health services. Through the essential elements of patient flow systems, hospitals can effectively plan strategies to manage demand well in advance.

A characteristic of the PFS approach is that everyone has a part to play to ensure effective clinical outcomes for patients and efficient functioning of the hospital. NSW Health has developed decision support tools to provide predicted data on patient demand, thus enabling hospitals to act early in planning service delivery.

PFS builds on earlier work around demand management plans, designed to activate an organisation-wide response to demand management. With the use of predictive planning, hospitals can now plan 7-10 days ahead with confidence and utilise more effective lower cost options to match capacity and demand. The provision of more robust community support for patients following discharge has seen a reduction in length of stay, leading to improved access to inpatient beds and the timely offload of ambulances within the emergency department.

Off-stretcher time – transfer of care to the emergency department < 30 minutes from ambulance arrival



Source: NSW Ambulance Service, CAD System

Public hospital separations

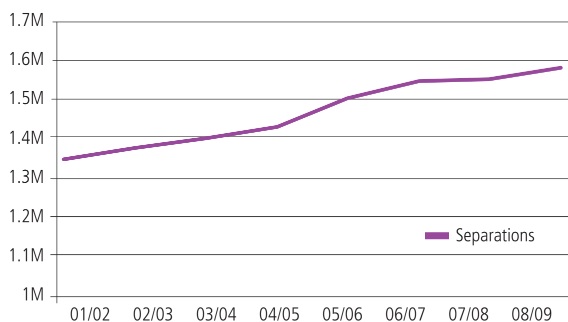
Desired outcome

To treat all admitted patients according to their medical needs, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

The demand for hospital services has been increasing steadily over the last eight years, as illustrated by the following diagram.

Total hospital separations



Source: Health Information Exchange - Admitted Patient Data Collection

Interpretation

The number of hospital separations has grown every year from 2001-02 to 2008-09. More than 1.55 million separations were recorded in the 2008-09 year, compared to just over 1.33 million in 2001-02. This equates to a 16 per cent increase over that eight-year period.

This increase in overall hospital activity provides an important context for understanding the health system's performance in relation to elective (or planned) surgery. Unlike elective surgery, other components of hospital activity are usually unplanned and involve response to urgent needs of patients when they present with clinical problems. In times when hospitals are dealing with increased need for acute clinical care, for example during an H1N1 flu epidemic, resources must be directed to the provision of this more urgent care, which then tends to reduce the ability to provide planned, elective surgery at the same time.

Elective Surgery

Desired outcome

Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context

Long-wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long-wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waiting time for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Interpretation

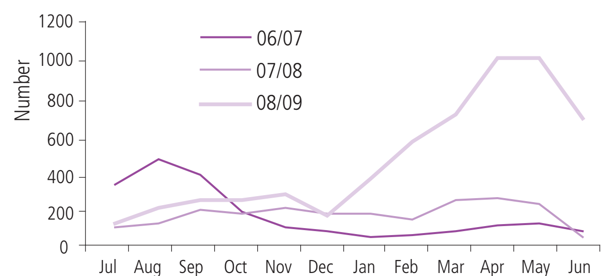
The number of category 1 overdue patients has significantly reduced - from 4,260 (July 2005) to 33 (June 2009), while the number of long-wait patients was 688, down from 5,187 over the same period. The proportion of patients admitted within the recommended timeframe has been at, or slightly above, 95 per cent over the past two years.

In 2008-09 performance targets were set for category 2 overdue patients. Although the target of zero at June 2009 was not met, the total number of category 2 overdue patients on the waiting list had reduced to 839, compared to 2075 in June 2008.

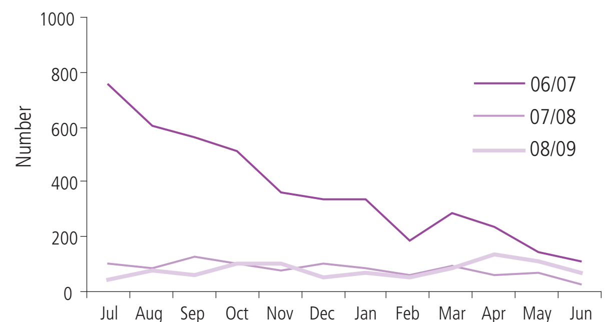
Related policies and programs

- Sustainable Access Program
- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)

All Urgency Categories >12 months (Long waits) (number)

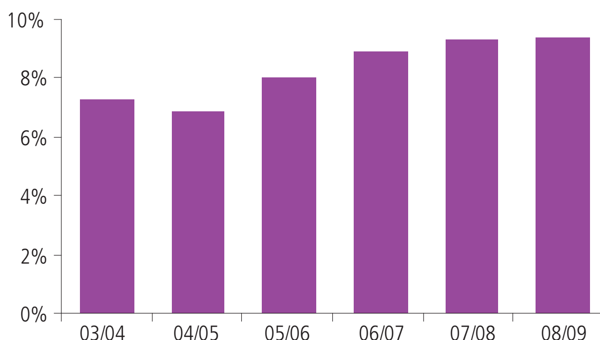


Urgency Category 1 > 30 days (Overdues) (number)



Sentinel events

Sentinel events (rate per 100,000 bed days)



Source: SAC1 clinical RIB database/HIE. *Data for second half 2008/09 provisional, subject to change following receipt, review, analysis of investigation reports.
** Data for Jul-Dec 2008 period included in this figure not yet released publicly.

Desired outcome

Reduction of sentinel events, resulting in improved clinical outcomes, quality of life and patient satisfaction.

Context

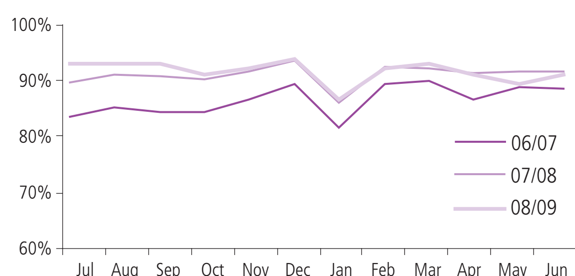
Sentinel events are incidents agreed as key indicators of system problems by all States and Territories and defined by the former Australian Council for Safety and Quality in Health Care as 'events in which death or serious harm to a patient has occurred' (Safety and Quality Council sentinel events fact sheet).

- Extended Day-only Admission Policy (August 2007)
- Surgical Activity During Christmas New Year Period Policy (November 2006).

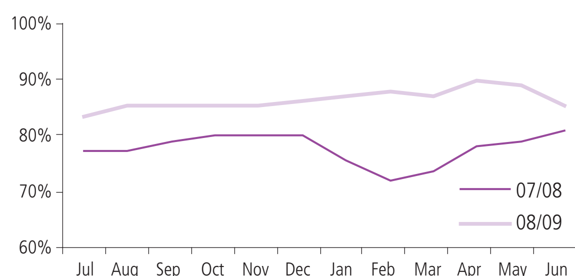
The waiting time and elective patient management policy provides clear direction to area health services on appropriate categorisation of patients, clinical and timely review and the offer of alternative options to ensure treatment in clinically appropriate timeframes.

The extended day-only admission policy provides area health services with direction on the diagnosis-related groups that should be routinely considered in this category.

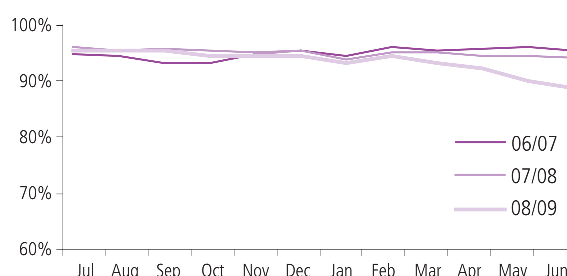
Elective surgery patients admitted on time: Category 1 (urgent) - within 30 days (%)



Elective surgery patients admitted on time: Category 2 (urgent) - within 30 days (%)



Elective surgery patients admitted on time: Category 3 (non-urgent) - within 12 months (%)



Source: Waiting List Collection On-Line System

Interpretation

During 2008-09, NSW Health recorded and acted on 641 sentinel events across the health system, a small increase on 2007-08. The rise is a result of the modification of the severity assessment code (SAC) definitions to include radiology and diagnostic incidents reported since 2005-06. An increase in numbers does not equate to poor safety performance. The number of incidents reported may continue to increase as confidence in the reporting system grows.

Related policies and programs

Under the NSW Patient Safety and Clinical Quality Program, priority areas and targets for action that will result in significant improvements in patient safety, have been identified. Targeted areas include a sustained reduction in falls-related deaths, medication incidents and incidents due to incorrect procedures and patient mis-identification. The program and related policies supporting these initiatives include:

- Patient Safety and Clinical Quality Program (PD2005_634)
- Incident Management Policy Directive (PD2007_061)
- Complaints Management Policy Directive (PD2007_075)
- Open Disclosure Policy Directive (PD2007_040)
- Lookback Policy Directive (PD2007_075)
- Correct Patient, Correct Procedure and Correct Site Policy Directive (PD2007_079)
- Reportable Incident Brief definition under section 20L of the Health Administration Act (PD2005_634).

All unplanned/unexpected re-admissions

Desired outcome

Minimal unplanned/unexpected re-admissions, resulting in improved clinical outcomes, quality of life, convenience and patient satisfaction.

Context

Unplanned and unexpected re-admissions to a hospital may reflect less than optimal patient management. Patients might be re-admitted unexpectedly if the initial care or treatment was ineffective or unsatisfactory, or if post-discharge planning was inadequate. While improvements can be made to reduce re-admission rates, unplanned re-admissions cannot be fully eliminated. Improved quality and safety of treatment reduces unplanned events.

Interpretation

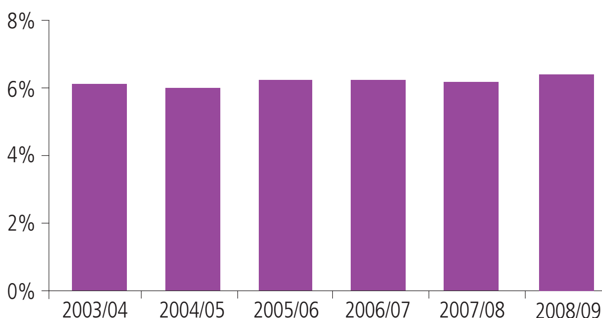
Statewide, the annual re-admission rate was consistent over the period 2003-04 to 2007-08, with variation between 6.0 per cent in 2004-05 and 6.4 in 2008-09.

Related policies and programs

Hospital re-admissions have complex and wide-ranging causes. The strategies employed by NSW Health include improving the patient journey by robust discharge planning, access to outpatient services and optimal community support.

Strategies are being developed to ensure more robust support in the community. This includes access to ComPacks and CAPAC services, with improved links to integrated aged care services, to better manage potential re-admissions.

All unplanned/unexpected re-admissions within 28 days of separation



Source: HIE

Cancellations of planned surgery

Desired outcome

To effectively reduce cancellations on the day of planned surgery of patients from the surgical waiting list and to provide greater certainty for patient care.

Context

The effective management of surgical lists minimises cancellations on day of surgery and ensures patient flow and predictable access. Cancellations should only occur occasionally, e.g., an acute change in a patient's medical condition.

Interpretation

The proportion of cancellations of planned surgery was 5 per cent in 2008-09, significantly above the target of 2 per cent introduced in 2007-08. Cancellations include all patient and facility reasons. The outbreak of H1N1 influenza 09 (formerly called human swine influenza) in the later months of 2008-09, had an impact on surgery cancellations.

Related policies and programs

- Sustainable Access Program
- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)
- Pre-procedure Preparation Toolkit (December 2007)

The pre-procedure preparation toolkit aims to ensure that the best possible care is provided to patients presenting for surgery. It offers a service framework to optimise pre-procedure processes for patient assessment and preparation, thus preventing cancellations due to inadequate preparation for surgery.

Cancellations of planned surgery on the date of surgery (%)

Patient experience

Desired outcome

Increased satisfaction with health services.

Context

Health services should not only be of good clinical quality, but should also result in a satisfactory experience of the "patient journey". NSW Health conducts annual Statewide surveys to gain information from patients about their experience with health care services. Almost 80,000 patients responded to the survey in 2008. This is one of several strategies being used to gain a complete picture of patient and carer experience, which can inform service improvement programs.

Interpretation

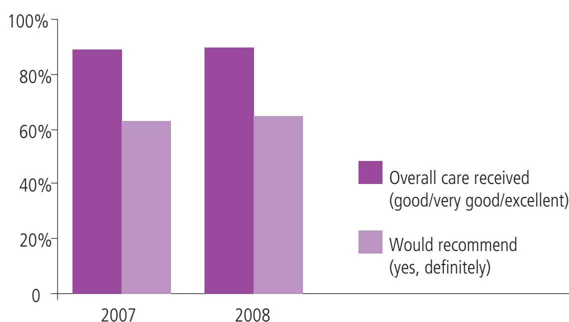
Eighty-nine per cent of patients participating in the 2008 survey rated overall care as good/very good/excellent, and 64 per cent would definitely recommend the health service to friends and family. This was a slight improvement over the previous year.

Among the eight categories of patients surveyed, NSW Health performed well for community health (96%), day-only inpatients (93%) and outpatients (91%). Compared to 2007, NSW Health performed better for non-admitted emergency patients and outpatients and less well for day-only and community health patients.

Related policies and programs

- Sustainable Access Program
- Clinical Services Redesign Program.

Patient experience following treatment (%):



Source: NSW Health Patient Survey 2008

Ambulance response time

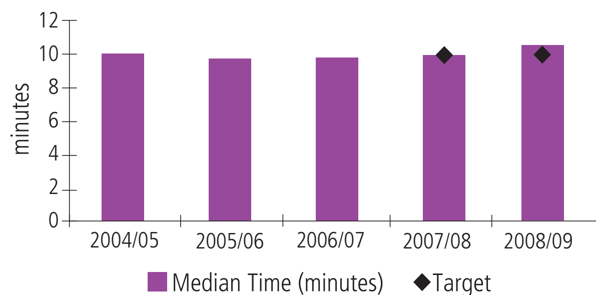
Desired outcome

Ambulance response times that are appropriate for cases requiring urgent pre-hospital treatment and transport, resulting in improved survival, quality of life and patient satisfaction.

Context

Timeliness of treatment is a critical dimension of emergency care for certain conditions. Ambulance Emergency Response Time is the period between when a '000' emergency call is received and the time the first ambulance resource arrives at the scene in a life-threatening case. In Australia, the 50th percentile response time is a key measure.

Ambulance response times – potentially life-threatening cases – 50th percentile response time (minutes)



Source: NSW Ambulance Service, CAD System

Interpretation

In 2008-09 the 50th percentile (median) response time for potentially life-threatening cases was 10.27 minutes for the State and 10.1 minutes for the Sydney metropolitan area. Average daily demand for ambulance services has grown by 6.7 per cent over the last two years and increased by 22.2 per cent since 2002-03.

Note that from May 2005, emergency response performance is reported for '000' cases determined as 'emergency' (immediate response under lights and sirens – incident is potentially life-threatening) under the medical prioritised dispatch system.

This brings NSW into line with all other Australian jurisdictions. Prior to May 2005, response performance was reported for all '000' calls. For this reason, response times since May 2005 are not comparable with times prior to then.

Related policies and programs

Emergency and non-emergency response times reflect increases in demand for ambulance services in 2008-09.

Strategic Direction 3

STRENGTHEN PRIMARY HEALTH AND CONTINUING CARE IN THE COMMUNITY

Ideally, people want to access health care through a network of primary health and community care services across the public and private health systems. Primary health services include general practice, community health centres, community nursing services, youth health services, pharmacies, allied health services and Aboriginal health and multicultural services – provided in both public and private settings and by specific non-government organisations.

Early intervention principles are embedded into health service delivery, leading to improved health outcomes and reduced avoidable hospital admissions.

Reduced avoidable hospital admissions

Community Health Review

A review of NSW community health services was undertaken in 2008-09. The aim was to help determine future directions for primary health care, to improve outcomes and support a more robust and sustainable health care system. Consequently, three reports were commissioned from the Centre for Health Service Development, available at: http://www.health.nsw.gov.au/pubs/a-z/c.asp

In 2009-10, NSW Health will finalise its response and determine future directions for primary health care, taking into account health system reforms through *Caring Together: the Health Action Plan for NSW* and nationally, arising from the National Health & Hospitals Reform Commission.

Foetal welfare, Obstetric emergency and Neonatal resuscitation Training (FONT)

Following analysis of obstetric outcomes, NSW Health started a Statewide strategy known as FONT in 2006, to enhance access to locally-provided clinical maternity education, improve the strength and capacity of the workforce and reduce the number of critical incidents. Since then, over 30 local foetal welfare sessions have been provided, with approximately 1000 clinicians attending.

Pre- and post-tests for foetal welfare demonstrated an improvement in the use of consistent language, documentation and interpretation accuracy. In 2008, FONT was the recipient of the Treasury Managed Fund Risk Management Award.

Treating Eating Disorders

A Statewide co-ordinator advises area health services on developing local services for people with eating disorders and facilitates access to a range of supports, including training, supervision and maintenance of a State expert network. Four area co-ordinators aim to expand eating disorder services, by improving the linkages between mental health and general medicine and from community to inpatient care. .

In addition to several training programs, two pilot eating disorder day programs are being developed. Day programs offer a cost-effective intensive dose of treatment, compared to inpatient services. The early intervention day program on the Central Coast has full staffing and is due to start seeing patients early in 2009-10. The RPA day program is refurbishing a rental property off campus while the hospital redevelopment progresses.

The pilot program for community-based early treatment for anorexia nervosa within the Macarthur region of SSWAHS completed successfully, with the results reported at the annual ANZAED conference in September 2008. A follow-up project started in 2009 on Sydney's North Shore, with funding provided by NSCCAHS, in conjunction with the Children's Hospital at Westmead. This will enable uniform evidenced-based family therapy for all young people presenting with anorexia nervosa in that area. A similar project has started in Sutherland, supported by the NSW and SESIAHS eating disorder co-ordinators.

A pilot eating disorder carer support program is being tested in SSWAHS. A brochure on the management of eating disorders was developed for health workers, with an emphasis on supporting carers. Three community and GP forums were conducted and a six-session carer support pilot program in Campbelltown started on 24 June, 2009.

Improved health for Aboriginal communities

Aboriginal Maternal and Infant Health Service (AMIHS)

The AMIHS was established to improve the health of Aboriginal women and babies and to reduce perinatal morbidity and mortality. It contributes to meeting the *Closing the Gap* targets of closing the life expectancy gap within a generation and halving the gap in mortality rates for indigenous children under the age of five, within a decade.

A number of new AMIHS sites are now operational. Of the 25 existing services, 11 are newly-established. There are many more sites than services, due to the geographic distribution of the population. A service delivery model and workforce recruitment plan for AMIHS was developed in 2008-09. In addition, to support the linkages between AMIHS and the Department of Community Services' (DoCS) early intervention program *Brighter Futures*, an AMIHS/*Brighter Futures* working agreement was also created. At 30 June 2009, the DoCS KiDS database recorded 104 referrals made by AMIHS staff to *Brighter Futures* programs.

Best Practice in Aboriginal Participation in the Magistrates Early Referral into Treatment (MERIT) Program

In 2007-08, the Aboriginal Health and Medical Research Council (AH&MRC) created a position for a project officer to assist in the development of a best practice model to engage and retain Aboriginal defendants in the MERIT program. It was developed through community consultations and capacity building initiatives, with four pilot projects in different areas. Resources, including a culturally appropriate poster, promote MERIT services to possible Aboriginal clients.

A draft report on improving Aboriginal participation in the MERIT Program is being finalised. It will inform future policy and programs.

Aboriginal Drug and Alcohol Network and Leadership Group

NSW Health continues to support the Aboriginal Drug & Alcohol Network (ADAN) and its leadership group. ADAN's 2008 symposium attracted nearly 60 Aboriginal drug & alcohol workers from across NSW. The symposium covered policy, access to treatment, research and improving service delivery.

The ADAN leadership group's focus is to provide NSW Health with policy and program advice on Aboriginal drug & alcohol issues. The group meets quarterly and is supported by the NSW Health-funded drug & alcohol policy officer based at the Aboriginal Health & Medical Research Council (AHMRC).

Aboriginal Older People's Mental Health Project

Under the Australian College of Health Service Executives (ACHSE) graduate health management program, a trainee has started a project to develop strategies and service models to address the mental health needs of older Aboriginal people across NSW. The project will inform key priorities in the service plan for specialist mental health services for older people (SMHSOP) 2005-2015 and related program developments in older people's mental health.

Aboriginal Drug and Alcohol Traineeship Program

The Minister for Health approved funding during 2008-09 to develop and implement the *Non-Government Sector - Aboriginal Drug and Alcohol Traineeship Program*. Its major objectives are to increase the number of qualified Aboriginal drug and alcohol workers across the non-government sector and to increase the number of Aboriginal people accessing drug and alcohol services. The program is based on the successful Aboriginal Mental Health Worker Traineeship Program. It is proposed that three trainees will start in the program towards the end of 2010. NSW Health is investigating implementing the program within the government sector.

Improving outcomes in mental health

General Practitioner (GP) Mental Health Training

General practitioners (GPs) play a pivotal role in caring for people who have a mental illness or disorder. Funds are provided to the NSW Institute of Psychiatry to deliver a three-tiered general practitioner post-graduate mental health program, consisting of the graduate certificate (since 2005), graduate diploma (since 2006) and masters course (since 2007).

Nineteen students are currently enrolled in the post-graduate Mental Health (General Practice) Program. In addition, 11 are enrolled in a stand-alone unit titled *Cross-cultural Mental Health in General Practice*. Two GPs have now completed a Masters in Mental Health (General Practice). They are the first in Australia to achieve this qualification. A further 109 GPs have participated in four workshops at the General Practice Conference and Exhibition in May 2009.

CALD Working Group

The Older People from Culturally and Linguistically Diverse Communities and the SMHSOP Program Project Report (2005-2008) provide direction for planning and policy development for older people's mental health services. As recommended, the culturally and linguistically diverse (CALD) older people's mental health working group has been established, to provide a forum and network for improving NSW Health's response to the mental health needs of CALD older people.

The group will also facilitate collaboration between AHSs, building partnerships with relevant stakeholder groups, to provide good practice responses to the mental health needs of CALD older people across NSW.

Increased focus on early intervention

Prenatal reporting

Due to legislative changes in March 2007 and the NSW Ombudsman's *Report of Reviewable Deaths in 2005: Volume 2 Child Deaths*, the Department of Community Services (DoCS) and NSW Health are working together to standardise notification and response procedures to prenatal reports (including the development of a "birth alert" system).

A six-months trial of resulting policies, between June and December 2008, was implemented in three DoCS community service centres and selected NSW Health services in Coffs Harbour and Wollongong. The DoCS/Health Prenatal Reporting Trial aims to reduce the likelihood that at birth, a child will need a protection response. NSW Health has completed an evaluation at the trial sites.

Other highlights

Carers Action Plan Evaluation

All AHSs and the Children's Hospital at Westmead have developed individual carer action plans, which contain initiatives for enhancing the lives of carers and those they care for.

The Social Policy Research Centre (SPRC) was commissioned to develop an evaluation framework for the *NSW Carers Action Plan 2007–2012*. It reflects outcomes-based accountability and is designed to evaluate the CAP's key aims, including carer well-being. The evaluation will increase knowledge of carer program issues in NSW and nationally and will ultimately improve the targeting of future programs.

Drug and Alcohol Residential Rehabilitation Beds

In 2008-09, NSW Health continued to make funding available for drug and alcohol residential rehabilitation services in 34 agencies across NSW. The department started a review of funding to drug and alcohol non-government organisations, aiming to develop consistent distribution models, which deliver evidence-informed services.

Keep Them Safe

Following the Special Commission of Inquiry into Child Protection Services in NSW, the department has led implementation of a number of initiatives which should have positive outcomes for children in this State. *Keep Them Safe: a shared approach to child wellbeing 2009-2014*, details the actions that will be taken.

Child well-being units are being established within NSW Health and other departments by October 2009, to assist workers to identify cases for referral to DoCS, where there is risk of significant harm. They will advise on responding to children and families below the significant risk threshold.

NSW Health will work with the non-government sector to test regional intake and referral services (one metropolitan and one or two regional/rural), aiming to improve access to services for children and families not requiring statutory intervention, but otherwise needing assistance.

Further trials of sustained health home visiting will be conducted, building on the success at Miller, in Sydney South West Area Health Service. It involves specialist child and family health nurses working intensively with high-need families during pregnancy and in the first two years of a child's life. Further trials will start within 12 months.

In 2009-10, out-of-home care co-ordinators are to be appointed in each area health service to drive reform and to ensure that children in out-of-home care are given priority access to health services wherever possible. Planning is underway to provide comprehensive health assessments of children and young people entering care and to better co-ordinate health services for them.

Antenatal visits

Desired outcome

Improved health of mothers and babies.

Context

Antenatal visits are valuable in monitoring the health of mothers and babies throughout pregnancy. Early start of antenatal care allows problems to be better detected and managed and engages mothers with health and related services.

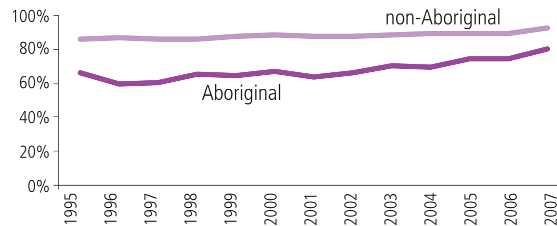
Interpretation

The percentage of both Aboriginal and non-Aboriginal mothers having their first antenatal visit before 20 weeks gestation has increased since 1995. The percentage for Aboriginal mothers, however, remains below that for non-Aboriginal mothers, although the gap is narrowing.

Related policies and programs

- NSW Framework for Maternity Services provides the policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care, including stand-alone primary maternity services. The taskforce has established a sub-group called the Primary Maternity Services Network. This provides leadership, support and information-sharing for area health services which are developing continuity of midwifery care models.
- Early pregnancy care improvements include the provision of universal access to public antenatal care across NSW. This means an increase in access to public antenatal services in over 45 rural and regional centres.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy implemented in 2001 to improve perinatal mortality and morbidity. In 2006, the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The AMIHS is being expanded as a Statewide service, increasing to over 30 programs.

Antenatal visits – births where first maternal visit was before 20 weeks gestation (%):



Source: Midwives Data Collection (HOIST)

Low birth weight babies - weighing less than 2,500g

Desired outcome

Reduced rates of low-weight births and subsequent health problems.

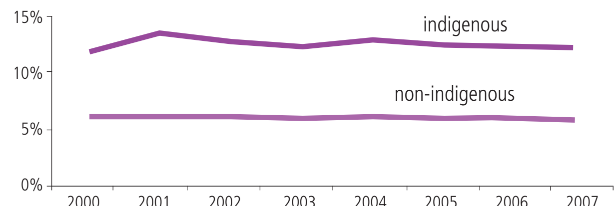
Context

Low birth weight is associated with a variety of subsequent health problems. A baby's birth weight is also a measure of the health of the mother and care that was received during pregnancy.

Interpretation

The rates for low birth weight are relatively stable. The rates for babies of Aboriginal mothers, however, remains substantially higher than that for babies of non-Aboriginal mothers.

Low birth weight babies – births with weight less than 2,500g (%)



Source: Midwives Data Collection (HOIST)

Related policies and programs

For policies and programs associated with this indicator, please see related policies and programs for the indicator Antenatal visits – births where the first maternal visit was before 20 weeks gestation.

Postnatal home visits

Desired outcome

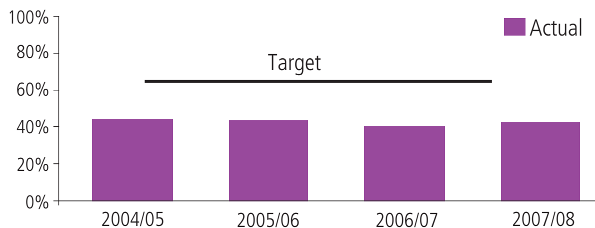
To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

Context

The Families NSW program aims to give children the best possible start in life. The purpose is to enhance access to postnatal child and family services, by providing all families with opportunity to receive their first postnatal health service within their home environment.

This provides staff with the opportunity to engage more effectively with families who may not otherwise have accessed services. It provides an opportunity to identify needs with families in their own homes and to facilitate early access to local support services, including the broader range of child and family health services.

Families receiving a Families NSW visit within two weeks of the birth (%)



Source: Families First area health service annual reports, NSW admitted patient data collection (HOIST)

Interpretation

Since the start of the Families NSW initiative, over 330,000 families with a new baby have received a universal health home visit. Area health services continue to guide services, improve continuity of care between maternity and child and family health services and strengthen networks to support the implementation of Families NSW.

In particular, the aim is to provide a home visit by a child and family health nurse, to families with a new baby.

Related policies and programs

The Families NSW strategy is delivered jointly by NSW Health and the departments of Community Services, Education and Training, Housing and Ageing, Disability and Home Care, in partnership with parents, community organisations and local government. The NSW Safe Start (formerly integrated perinatal and infant care) initiative uses an internationally innovative model of assessment, prevention and early intervention.

This aims to identify the risk factors for current and future parenting, or mental health problems during pregnancy and following the birth of the infant. It defines clinical pathways to appropriate care and models of service delivery, for health services to support parental well-being, enhance parenting skills, child and family mental health and protect against child neglect and abuse.

Suspected suicides of patients

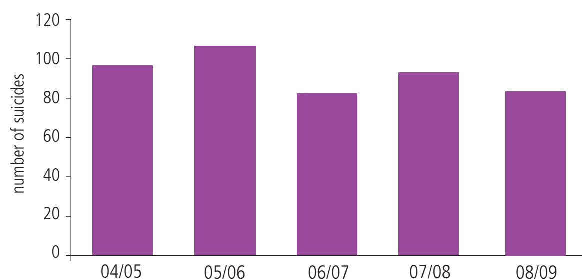
Desired outcome

Minimal number of suicides of patients following contact with a mental health service.

Context

Suicide is an infrequent event influenced by a number of factors. The existence of a mental illness can increase the risk. A range of appropriate mental health services is being implemented between now and 2011 to increase the level of support to clients, their families and carers. This will help to reduce the risk of suicide for people who have been in contact with mental health services.

Suspected suicides of patients in hospital, on leave, or within seven days of contact with a mental health service (number)



Source: Reportable incident briefs and Mental Health client death report form

Mental health: Ambulatory contacts and acute overnight inpatient separations

Desired outcome

Improved mental health and well-being. An increase in the number of new presentations to mental health services that is reflective of a greater proportion of the population in need of these services gaining access.

Context

Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentations. Despite improvements in access to mental health services, demand continues to rise for a wide range of care and support services. A range of community-based services is being implemented between now and 2011, that span the spectrum from acute care to supported accommodation. There is an ongoing commitment to increase inpatient bed numbers, because numbers of ambulatory contacts, inpatient separations and total numbers of individual people requiring mental health services are expected to rise.

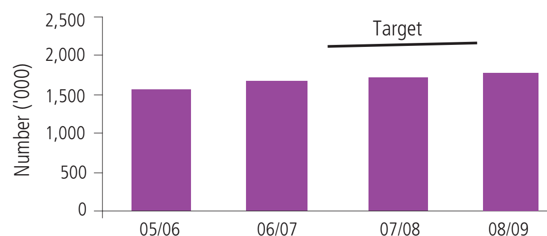
Interpretation

There has been a small increase in the number of ambulatory contacts, although interpretation of this data needs to be treated with caution. Ambulatory contact data continues to be uploaded for several months after the close of a reporting period, resulting in data for 2008-09 not be finalised until late 2009. As such, the number of contacts presented here are most likely under-reported. In 2008-09, acute overnight separations did not meet the target set (according to funded acute bed numbers) as predicted by the service planning model used for mental health services.

Related policies and programs

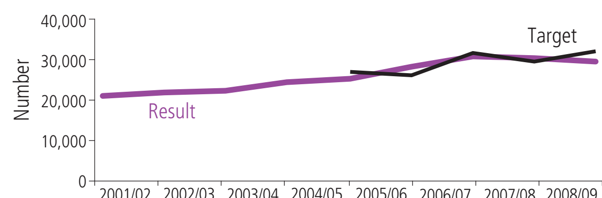
The major investment in mental health services brought about by the initiatives documented in *NSW: A New Direction for Mental Health*, have continued. Acute, non-acute and community-based specialist mental health services and community rehabilitation services have expanded. Major projects, such as the housing and accommodation support initiatives (HASI), have resulted in a reduction of unnecessary hospital admissions. This has led to people being treated more appropriately in the community, with better outcomes for both patients and their carers.

Mental health ambulatory contact numbers ('000)



Source: 2007-08 -State HIE (MHAMB collection) Figures accurate at 29/7/2008.

Mental health acute overnight inpatient separations (number)



Source: 2007-08 State HIE - (DOHRS) Figures accurate to 22/7/2008.

Interpretation

NSW mental health services report between 80 and 110 apparent suicides of known clients per year. Data for the most recent period is in the middle of this range. This indicator includes only suspected suicides reported to services. Variations may be due to differences in awareness and reporting, rather than true changes in suicide rate.

Related policies and programs

People with serious mental health problems are particularly vulnerable to the risk of suicide. Although not all suicide deaths can be prevented, NSW mental health services continue to review the quality of service delivery and to identify opportunities to enhance the safety of mental health patients. The transition from inpatient mental health treatment to care in the community is known to be a period of elevated suicide risk. Effective discharge planning that ensures continuity of care and promotes safety for patients, their carers and the wider community, is essential at this time.

To support structured and consistent discharge planning across all mental health inpatient facilities, NSW Health has recently released a Statewide discharge planning policy and guidelines for adult inpatient mental health services.

Mental health re-admission

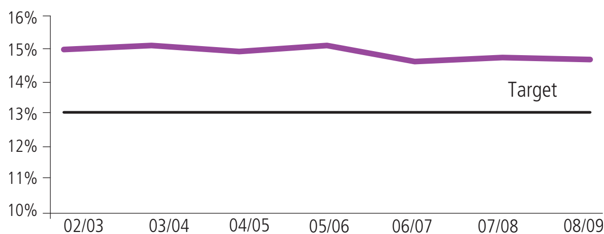
Desired outcome

Rates of mental health re-admission minimised, resulting in improved clinical outcomes, quality of life and patient satisfaction, as well as reduced unplanned demand on services.

Context

Mental health problems are increasing in complexity and co-morbidity, with a growing level of acuity in child and adolescent presentation. Despite improvement in access to mental health services, demand continues to rise for a wide range of care and support services for people with mental illness. While early recovery is inherently fragile, a re-admission to acute mental health inpatient care within a month, could indicate that discharge may have been premature, or that post-discharge follow-up in the community may not have adequately supported continuity of care for the patient.

Mental health re-admission within 28 days (%)



Source: Admitted Patient Collection, NSW HIE

Note: the 2007-08 re-admission rate has been revised to cover the full12-month period.

Interpretation

The implementation of a State Unique Patient Identifier (SUPI) within mental health data makes it possible to measure re-admission to any facility in NSW. NSW uses the COAG National Action Plan for Mental Health indicator: the percentage of separations from a mental health unit (including acute and non-acute and all age groups) followed by re-admission to a mental health unit anywhere in the State within 28 days. The previous indicator could only capture re-admissions to the same facility. The revised indicator is more accurate and results in a reported re-admission rate 3-5 per cent higher than previously.

The indicator has been steady over the period 2002-03 to 2008-09, the variation being 15.2 to 14 per cent. It is corrected for incomplete SUPI coverage in some areas. As with the superseded version, the current indicator cannot exclude a small number of planned re-admissions.

A target of 13 per cent has been set for 2009-10.

Related policies and programs

The enhancement of mental health services throughout the State continues - with the construction of new mental health infrastructure, refurbishments and reinforcement of community mental health services. This increased support leads to better outcomes and best practice models of care for patients and their carers. Future roll-out of initiatives outlined in *NSW: A New Direction for Mental Health* will lead to across-the-board improvement in quality and safety of mental health services.

Strategic Direction 4

BUILD REGIONAL AND OTHER PARTNERSHIPS FOR HEALTH

NSW Health strives for a health system that engages effectively with other Government and non-government organisations, with clinicians and the broader community. We want to provide a more integrated approach to planning, funding and delivering health and other human services to local communities and regions.

A particular focus is on reducing the health gap for those who experience multiple disadvantages, such as Aboriginal communities, refugees, and people of lower socio-economic status.

Improved outcomes in mental health

The Mental Health Memorandum of Understanding between NSW Health, the Ambulance Service of NSW and the NSW Police Force

NSW Health, the Ambulance Service of NSW and NSW Police continue to work collaboratively to provide efficient, appropriate and effective care for people with mental health problems, underpinned by the principles of the memorandum of understanding for mental health.

The Mental Health and Drug and Alcohol Office (MHDAO) has provided funding to support the implementation of the NSW Ambulance Mental Health Plan and the adoption of mental health as a priority care category. The ambulance service continues to roll-out mental health training to its officers, a prerequisite to authorise ambulance officers under the new Mental Health Act. The service has made a commitment to train 500 paramedics annually and is meeting this target.

An approved mechanical restraint device is being implemented within the ambulance service to assist in transporting patients with disturbed behaviour. Each use is reviewed by an ambulance clinical review group, with no adverse events being reported.

The NSW Police mental health intervention team trial, which has been running for two years in three local area commands, formally concluded in June 2009. In the evaluation by Charles Sturt University the first annual report indicates that the pilot model is successfully meeting its objectives. They include an increased awareness among trained officers in dealing with mental health-related events, resulting in better outcomes for people with mental health problems. The final evaluation report is expected in early 2010. NSW Police has committed to roll-out this specialist mental health training to 10 per cent of its operational workforce by 2015. The MHDAO will fund a senior mental health clinician role for a further three years.

NSW Centre for Rural and Remote Mental Health

MHDAO continues its commitment to the NSW Centre for Rural and Remote Mental Health (CRRMH), a major partnership between NSW Health and the University of Newcastle, to foster greater understanding of mental health in rural NSW and to explore innovation in the delivery of mental health care in rural Australia, through research, education and service networks. Productive cross-sector partnerships with both Government and non-government organisations and the provision of a centre for excellence for rural health issues, has attracted major national grants for its research and service development work. It includes co-ordination of the Commonwealth Farmlink program and a new primary care-led specialist partnership model across the 16 Murdi Paaki indigenous communities in regional NSW. CRRMH was asked by the Commonwealth Government and the CE of GWAHS to lead the implementation phase for 2008-09, because of complexity issues and the need for independence.

Partnership with the Network of Alcohol and Drug Agencies (NADA)

NSW Health works in partnership with the Network of Alcohol and Drug Agencies (NADA), the peak of non-government organisations in this field. NADA participates in the Drug and Alcohol Program Council, the department's primary decision-making drug and alcohol policy body.

During 2008-09, the MHDAO continued its collaboration with NADA. Projects included NGO accreditation and workforce development and the NSW Family and Carers Mental Health Program in the Drug and Alcohol NGO sector. Others were cross-training for drug & alcohol/mental health workers and the drug and alcohol/mental health information management

project. In addition, NADA has been an active participant in the review of funding to drug and alcohol non-government organisations funded by MHDAO.

Children of Parents with a Mental Illness (COPMI) Program

Programs for children of parents with a mental illness (COPMI) have been established across NSW progressively since 1996. It aims to enhance awareness of COPMI and to support the development and implementation of effective intervention programs. It promotes a family-focused approach that recognises family strengths and resilience.

NSW Health has provided recurrent funding for COPMI positions in area health services. They deliver a range of activities and interventions, including professional education, clinical service, consultation and liaison, inter-agency networking and support groups for children, as well as group programs for parents.

Third-year Progress Report on the Inter-agency Action Plan for Better Mental Health

Work continued on implementing the 58 Government commitments for mental health reform and more effective, co-ordinated service delivery, arising from the Inter-agency *Action Plan for Better Mental Health* released by the NSW Premier in July 2005. Significant progress has been made in completion or continuation of the commitments in the third year of the five-year plan. There have been notable achievements across government, in prevention and early intervention, community support and improving responses to mental health emergencies. The third-year progress report will be released in the second half of 2009.

Ministerial Council on Drug Strategy

The Mental Health and Drug and Alcohol Office supported the NSW Government at the April 2009 meeting of the Ministerial Council on Drug Strategy, the peak national policy and decision-making body for licit and illicit drugs. This included support for the council's national forum on alcohol, held in July 2008, as part of the consultation process for developing a report to COAG on options to address binge drinking and alcohol misuse. NSW proposed strengthening the system for regulation of alcohol advertising, as part of developing options for COAG consideration.

Improved access to health care in rural and remote areas

Multi-purpose Services (MPSs) in Rural and Remote Areas

MPSs combine Australian and State Government health and aged care funds to provide acute, primary health and residential aged care in small rural communities. In 2008-09 five multi-purpose services opened at Batlow, Bingara, Merriwa, Tingha and Warialda.

Drought Initiatives, Especially Farmers Gatherings and Mental Health First Aid

The NSW Government has continued the funding of this program, with acknowledgment that recovery from drought is patchy at best, while there are now significant additional economic and environmental constraints contributing to mental health pressures on rural communities. The 2009-10 package funds the ongoing employment of eight additional rural mental health workers, provision of 50 mental health first aid training sessions and the exploration of the particular needs of Aboriginal communities.

It also aims to improve integration of drug and alcohol services and interventions for families, including the needs of children, women and older farmers.

In addition, the rural mental health support line continues a 24/7 service that allows rural people to speak with trained mental health professionals, who can provide crisis support and help with referral to local specialist services.

Early Pregnancy Care Initiatives

The NSW Government has been implementing a comprehensive range of new and enhanced services to improve early pregnancy care. In 2008-09, NSW Health implemented or enhanced 14 early pregnancy assessment services (EPAS). EPAS provides cost-effective, standardised, respectful, sensitive, dignified care to women. It opened or enhanced 40 public antenatal care services in regional and rural NSW. NSW Health also developed two early pregnancy resources:

- *Early Pregnancy – when things go wrong,* offers expert advice and support to women experiencing complications in early pregnancy

- *Thinking of having a baby – planning a pregnancy and becoming pregnant,* is a factual reference guide for women planning a pregnancy and becoming pregnant.

Strategic Direction 5

MAKE SMART CHOICES ABOUT THE COSTS AND BENEFITS OF HEALTH SERVICES

As health costs continue to rise, available resources must be used effectively. Services and infrastructure require careful planning, with community and clinician input and to be managed efficiently, with solid evidence of effectiveness and health impact.

Assets and funding management

Capital resource distribution adjustment

NSW Health's budget process was enhanced to incorporate a capital resource distribution adjustment. It provides more equitable access to health funding, arising from differences in capital resources. It takes into account geographic variations in land value, construction costs and population need. It sends a price signal to health services on the cost of capital to support health care planning decisions.

Episode funding

NSW Health's episode funding policy was further enhanced in 2008-09, to pave the way for the 2009-10 budget to be issued on an episode funding basis to medium-to-large facilities. This strengthens the linkage between planned levels of activity and available funding for acute, sub-acute and non-admitted patient services (including emergency departments and intensive care units). Standardised clinical costing software implementation has been completed and audits of data will continue to promote consistency and accuracy in financial reporting.

Locum fees regulation

Standard fees for locums, which include recognition for metropolitan, regional and rural workforce differences, have been established. The reform assists health services in budget planning and clarifies expectations for employers and employees on rates of pay. It also sends a clear price signal to labour markets.

Earlier distribution of health budgets

NSW Health released 2009-10 budget allocations to area health services on State Budget day - 16 June 2009 - two weeks earlier than normal, as a direct response to the Garling review. Earlier release of budgets has improved the capacity of hospitals and health facilities to understand resource allocations and plan health service delivery.

Investment in electronic information systems

Business Information Program

The primary purpose of the Business Information (BI) program is to make timely, consistent and high quality information available to decision makers at all levels within NSW Health and, in particular, to front-line clinical staff.

The four-year program is split into two main streams of work – decision support tools (developing front-line information solutions) and the implementation of a new BI warehouse to replace the health information exchange (HIE).

The availability of near real-time information to hospitals on performance and activity is vital for front-line management and clinicians to prevent patient flow problems. Examples of decision support tools implemented to date appear below.

Critical care resource management system (CCRS) provides an overview of available intensive care unit and high-dependency unit beds across the State and was piloted in 47 hospitals across NSW. A transition to operational use has started, concurrently with the extension of the service to perinatal and paediatric units.

The ward activity and nursing display (WAND) helps nurse unit managers (NUMs) to manage ward-based flow, as well as quality and safety issues. It further enables NUMs to plan for expected patients from ED or by transfers, proactively plan patient discharge and align workforce with patient load. It is now in use in 12 wards in Sydney West Area Health Service and four wards in Northern Sydney Central Coast Area Health Service.

The area executive dashboard delivers standard reports and views of area- and hospital-level key performance indicators. It has been delivered to Northern Sydney Central Coast, Sydney South West, Greater Western area health services and The Children's Hospital at Westmead.

Picture Archiving and Communications System/Radiology Imaging System (PACS/RIS)

The medical imaging program enables images such as x-rays and scans to be captured and stored electronically and viewed on screens, creating a near filmless process and improved diagnosis methods. It improves scheduling and workflows in imaging departments and reduces patient waiting times, due to faster reporting turnaround time.

Access to electronic images eliminates the need for wet film processing, laser printing of digital images and other print consumable costs. Electronic capture of images reduces the number of repeated procedures associated with lost or faulty film images.

The program also addresses the shortage of radiologists, particularly in rural areas, that poses a risk to quality of service. Universal availability of diagnostic images to authorised clinicians allows remote areas access to the services of leading radiologists and reduces the need for radiologists in remote areas to travel to multiple facilities.

The medical imaging program is underway, with successful implementations across NSW already beginning to realise these financial benefits.

Other Highlights

Digital imaging and chair-side computing in public dental clinics

There has been substantial investment in the use of digital imaging and chair-side computing in public dental clinics in NSW. This reduces clinical time in performing x-rays, provides less radiation dose for patients and reduces consumables costs and waste disposal of chemicals.

Trial of Involuntary Drug and Alcohol Treatment

Arising from the Government's response to the NSW Parliamentary Standing Committee on Social Issues report on the *Inebriates Act 1912*, a two-year trial of a new system of short-term involuntary care for severely substance-dependent people started at Nepean Hospital in February 2009.

In the first four months, 28 referrals have been made by general practitioners, 14 assessments performed by accredited medical officers and 12 patients admitted.

KMPG will undertake the independent evaluation of the trial. The final report is due in June 2010.

Trial of the Medically Supervised Injecting Centre

In 2007, the NSW Government approved legislation to extend the trial of the Medically Supervised Injecting Centre until 31 October 2011. The trial's objectives are to reduce overdose deaths, provide a gateway to treatment, reduce discarded needles and public injecting and help reduce the spread of HIV and hepatitis C. Since it opened, more than 2,900 drug overdose incidents have been managed at the centre, with over 7,850 referrals for treatment, health care and social welfare services. About 234,000 episodes of public injecting have been avoided. The Government closely monitors and evaluates the centre to ensure effectiveness.

Accredited Persons Project

There are 342 Accredited Persons registered in NSW, with 60 newly-trained in 2008-09.

Accredited Persons are authorised under the Mental Health Act, to assess whether a person is mentally ill/disordered, to detain them involuntarily for their own safety or the safety of others and to compel them to attend a hospital for assessment. The role of the Accredited Person is essential in many circumstances where medical officers are not available, or where immediate action is required to ensure people's safety.

Treasury banking tender

The provider of NSW Health's banking, including deposit, cheque and withdrawal services, was standardised. Health participated in a whole-of-Government tendering process with the financial sector, to achieve the best balance of service and cost.

VMO licensing arrangements for non-admitted services

Standardised licensing arrangements were established for visiting medical officers (VMOs) who provide outpatient services in public health facilities. Contractual responsibilities and arrangements, including indemnity, billing and taxation, have been clarified, to support opportunities for VMOs to engage with the public health system.

Resource distribution formula – the weighted average distance from target for all area health services

Desired outcome

More equitable access to health funding between area health services.

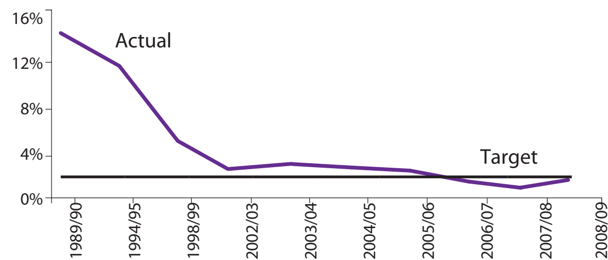
Context

Funding to NSW area health services is guided by the resource distribution formula, which aims to indicate an equitable share of resources, taking account of local population health needs. Factors in estimating local need include age, sex, mortality and socio-economic indicators.

Interpretation

In 1989-90, area health services were, on average, 14 per cent away from their resource distribution formula target. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target has declined significantly over time and was 2 per cent in 2008-09.

Resource distribution formula – the weighted average distance from target for all area health services (%)



Source: Inter-government and Funding Strategies Branch

Note: 2008-09 result based on interim data

Major and minor works – variance against Budget Paper 4 (BP4) total capital allocation

Desired outcome

Optimal use of resources for asset management. The desired outcome is 0 per cent, full expenditure of the NSW Health capital allocation for major and minor works.

Context

Variance against total BP4 capital allocation and actual accrued expenditure achieved in the financial year is used to measure performance in delivering capital assets.

Interpretation

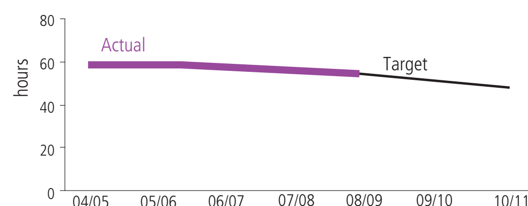
Actual accrued expenditure of $819.4m for 2008-09 is under-spent by 2.4 per cent against the BP4 allocation of $839.5m. The under expenditure was largely attributable to Health Infrastructure projects >$10m, mainly due to a slower than expected rate of progress on the Liverpool Hospital project. This was balanced by additional expenditure on repairs, maintenance and renewals (RMR>$10,000) by area health services.

Related policies and programs

Strategies to achieve the desired outcome during 2009-10 include:

- Continual review and monitoring of the Health asset acquisition program against area health services, expenditure projections for projects with a value less than $10m
- Continued centralised monitoring of Health Infrastructure against expenditure projections for projects with a value greater than $10m
- Closer monitoring of asset disposal program to maximise revenue
- Ongoing regular program meetings with area health service chief executives to monitor project and expenditure progress
- Ongoing monitoring of the asset acquisition program and capital budget processes by the NSW Health Cross-Divisional Capital Steering Committee.

Major and minor works – Variance against Budget Paper 4 (BP4) total capital allocation (%)



Source: Asset Management Services

Strategic Direction 6

BUILD A SUSTAINABLE HEALTH WORKFORCE

Delivery of quality health services depends on having adequate numbers of skilled staff working where they are needed. Addressing the shortfall in the supply of health professionals and ensuring an even distribution of staff around the State are key priorities for the future. There has been a continued focus on health workforce at a State and national level over recent years, with a range of strategies and initiatives showing positive results. Since 2003, there have been significant increases in professional staff across the NSW public health system as outlined in the table below.

Clinical staff as a proportion of all NSW Health staff has continued to rise from 69.6 in 2003 to 72.3 per cent in 2009.

Professional Staff FTE	June 2003	June 2008	June 2009	per cent Increase over 2003
Salaried medical	6,112	7,866	8,140	33.2
Visiting medical officers (2004-07)	4,263	n/a	n/a	n/a
Nursing	32,550	39,033	39,142	20.3
Allied health	6,323	7,487	7,936	25.5
Oral health	988	1,098	1,133	14.8

Further workforce data is included in Appendix 4 – Statistics.

Workplace injuries

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families and co-workers.

Key prevention strategies include:

- consulting with staff
- identifying, assessing and controlling workplace hazards
- providing training
- regularly auditing public hospitals, using the NSW Health OHS audit tool.

Injury reduction targets, based on those set by the National Occupational Health and Safety (OHS) Improvement Strategy, have been included in area health service performance agreements.

Sick leave

Effective management and monitoring can reduce the amount of sick leave taken by staff. In turn, this should reduce the need, and additional cost of, staff replacement and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available. Sick leave reduction targets, based on whole-of-government targets set by NSW Premier's Department, have been included in area health service performance agreements.

NSW Health is providing regular reports on progress against targets. A sick leave management policy and detailed supporting guidelines to assist area health services to meet these targets have been issued.

Nursing and Midwifery Workforce

Significant increase in the size of the nursing workforce

The total number of nurses and midwives permanently employed in the NSW public health system has steadily increased in the last four years, due to a number of Government-funded initiatives. At June 2009, 43,565 nurses were employed in full- and part-time permanent positions, a net increase of 4,440, or 11.3 per cent, from June 2005. The total number of permanent nurses (headcount) working in the NSW public health system has increased by 479 since June 2008.

Re-connect

The "Nursing Re-connect" initiative attracts nurses and midwives, who have been out of the nursing workforce, back to our hospitals. Nurses continue to be employed through the general and mental health Re-connect and the one year retention rate is 82.2 per cent. At June 2009, 1,896 nurses had been employed through this initiative, including 144 mental health positions. Rural area health services have employed 661 nurses through "Nursing Re-connect".

Overseas recruitment

Over 450 overseas qualified registered nurses and midwives were recruited to NSW public hospitals in 2008-09. More than 150 have been offered positions and are in the process of moving to NSW.

Overseas recruitment is managed centrally through Nursing and Midwifery's on-line database.

New graduates

A record 1,680 new registered nurses and midwives were employed in NSW public hospitals in 2008-09.

Retaining existing workforce

A number of initiatives to retain and enhance the skills of nurses/midwives in the NSW public health system were funded in 2008-09, with $3.4M provided for 1,800 education scholarships. Nurses/midwife study leave received $6M, allowing positions to be "backfilled". Funding of $14.5M was provided for support for new general and midwifery graduates and ongoing clinical skill development, including "Essentials of Care" and "Take the Lead" projects.

Take the Lead

The nursing/midwifery unit manager (N/MUM) is the nurse in charge of a ward or unit. In recognition of the pivotal role these leaders play, following wide consultation, a series of initiatives was developed to support and strengthen their capacity and capability. Two education modules – Facilitating Critical Communication and Lean Thinking and Leadership – have been developed specifically to meet their needs. In 2008-09, nearly 600 N/MUMs have participated in two-day workshops. Evaluation shows that the workshops are providing skills and knowledge that allow them to influence change in their wards and units to deliver better patient outcomes.

Nurse Practitioners

NSW leads Australia with 147 nurse practitioner (NP) positions. The figure covers 83 authorised NPs and 64 nurses in transitional positions, working towards authorisation by the NSW Nurses and Midwives Board. Recruitment continues for nurse practitioners across the State.

Rural and Remote Workforce

The Rural Allied Health Scholarship Scheme

This provides support to undergraduates and to practising allied health clinicians working in rural and remote NSW. In 2008-2009, 60 scholarships were awarded to undergraduate students from a rural background. Clinical placement grants provide financial assistance for travel and accommodation of students who undertake placements in a rural area. In 2008-09, 402 clinical placement grants were awarded. Post-graduate scholarships towards the cost of further study, were awarded to 57 allied health clinicians working in rural and remote areas.

Mental Health Workforce

Mental Health Workforce Development Strategy

The NSW Mental Health Program Council has established a sub-committee specifically to build a mental health workforce development strategy. It oversees workforce initiatives to support public mental health services, current service delivery requirements and emerging priorities.

An interim report in November 2008, highlighted current mental health workforce activities and identified five priority projects for immediate gains. From these, MHDAO has funded the NGO professional development scholarship program, providing $1.56m over three years to establish Cert IV mental health as a baseline staff competency standard for mental health NGOs.

A mental health education training and support working group is consulting broadly to identify core capabilities for all mental health staff, with which to inform the development of an education and training and support framework, due in 2010.

Training in addiction medicine

There has been strong support and growing interest in the annual NSW Health Addiction Medicine Fellowship. The selection process is competitive, with seven applications in 2008-2009. The fellowship recipient is a GP who is training in Hunter New England AHS.

Five area health services have been funded for junior medical officer positions in addiction medicine. Three have filled the positions and an additional JMO was funded in HNEAHS in this period. Partial funding was provided to SESIAHS, NSCCAHS and NCAHS for four additional fellowship trainees in 2008-2009.

A five-month adolescent addiction medicine training rotation was recently established at the Children's Hospital at Westmead. It has been very successful and the hospital wants to continue. The establishment of this position is important, as there is currently no training dealing with both adolescent and addiction medicine.

The opioid treatment accreditation course (OTAC) aims to provide doctors with the knowledge and skills required to prescribe pharmacotherapies safely within the NSW Health opioid treatment program. It is delivered either in a face-to-face environment or online. During the reporting period, 47 participants successfully completed the course.

The Royal Australasian College of Physicians - Chapter of Addiction Medicine, has recently taken over the management of the advanced prescribers course, which is designed to teach opioid treatment program prescribers about the latest pharmacotherapies and prescribing guidelines. The course is now available online.

Approximately 180 GPs attended workshops titled 'Benzodiazepine patients – the dependent patient?' and 'Chronic Pain and Dependence - are we part of the solution or the problem?' They were presented by addiction medicine specialists in May 2009, at the General Practitioner and Conference Exhibition (GPCE). The workshops were positively evaluated by the participating GPs.

A behavioural health care module to enhance GPs' skills and confidence when managing difficult patients, has been successfully piloted and evaluated in NSW. Tenders will be sought to develop it further, in line with the recommendations of the pilot courses.

A series of free downloadable online medical lectures has been revised and enhanced and is now available on the University of Sydney Addiction Medicine website http://www.addiction.med.usyd.edu.au/lectures/index.php

Meetings with all NSW medical schools aimed to develop common learning objectives for the undergraduate addiction medicine curriculum and to share resources.

Supporting the training of mental health nurses

Since the Mental Health Connect Program started in April 2005, 143 nurses have been employed.

In 2008-09, 137 mental health nursing scholarships were provided to ENs and RNs working in, or seeking to work in, mental health. Overall, 719 scholarships have been funded since 2006, with provision to continue.

The Mental Health Transition Program provides three months orientation and foundation learning for nurses new to mental health. A working party has been developed through the mental health nurses advisory group (MHNAG) to standardise the program across NSW.

The NSW Health working group has developed and accredited the Advanced Diploma in Nursing (Mental Health) for ENs. This specialist training program will be available for delivery across NSW from 2008, once it receives VETAB recognition.

Sixteen mental health innovation scholarships, valued at $10,000 each, have been allocated since 2006, including seven in 2008-09, for projects that demonstrate innovative nurse-led models of practice leading to improvements in patient care.

Aboriginal Workforce

Aboriginal environmental health officer training program

A review of the Aboriginal environmental health officer (EHO) training program in 2008-09, identified that it - the only one of its kind in Australia - has increased Aboriginality in the NSW Health environmental health workforce, over the last 10 years from 0 to 17 per cent. The trainee Aboriginal EHOs are employed in public health units, where they undertake study for a Bachelor of Applied Science degree by distance learning and also achieve workplace competencies.

Aboriginal nurses and midwives

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the public health system. Since 2004, NSW Health, in partnership with the Department of Premier and Cabinet, has provided 10 new Aboriginal undergraduate nursing/midwifery cadetship positions each year. NSW Health has employed 72 Aboriginal nursing and midwifery cadets, with 20 graduating and a further 29 still studying.

Starting in 2010, the program is being enhanced by the NSW Government's commitment to implement the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes.

Over the next four years cadetship positions will increase by:

- 18 undergraduate midwifery positions (six new each year)
- 54 undergraduate nursing positions (18 new each year)
- 120 student enrolled nurse positions (40 new each year).

Education and Training

Core Competencies

The development of core competencies for beginning clinicians is considered a priority within Specialist Mental Heath Services for Older People (SMHSOP), particularly in view of the high number of new clinicians entering the field and NSW Health's commitment to quality, safety and ongoing professional development.

The SMHSOP core competencies were developed through a two-phase consultation process. They have been endorsed by MHDAO's SMHSOP advisory group and the NSW Health Mental Health Program Council, for implementation on a trial basis in area mental health services. The competencies and measurement criteria have been distributed to area mental health service directors for dissemination and implementation.

The OPMH Policy Unit will work with the Institute of Psychiatry to develop a training package for managers, team leaders and clinical leaders, to support the core competencies and measurement criteria, their implementation and use in guiding recruitment, clinical supervision, performance review and professional development planning.

Additional Child Protection Training for Drug and Alcohol Staff

Education Centre Against Violence (ECAV) was engaged by the Mental Health and Drug and Alcohol Office in 2007-08 to conduct child protection training for drug and alcohol-related staff, both in NGOs and the area health services. The training is part of NSW Health's response to the NSW Ombudsman's Report of Reviewable Child Deaths. The purpose is to improve responses to child protection concerns and promote cultural change in the AOD sector. The training includes material on prenatal reporting, parental responsibility contracts and drug testing, as well as the legislative and policy context of child abuse and neglect. It is running as a pilot program, with 26 courses scheduled for 2009-10.

Behavioural and Psychological Symptoms of Dementia (BPSD) Training Project

The Older People's Mental Health (OPMH) Policy Unit recently conducted a survey of the specialist mental health services for older people (SMHSOP) community workforce. Recommendations highlighted that both managers and clinicians ranked BPSD as their highest training priority for SMHSOP staff. The BPSD project will develop, implement and evaluate a training program for SMHSOP community and acute inpatient clinicians across NSW.

NSW International Dental Graduate Program

Now in its third year, the NSW International Dental Graduate Program accepts 10 overseas-trained dentists. It provides a supervised training and service delivery program, prior to candidates completing the final examination for registration in Australia. It provides placements in rural and regional NSW for a period of six months, which assists provision of dental services to these regions. Six of the 10 participants in 2008-09 have remained in rural areas – four in public practice and two in private. Another is working in a metropolitan area health service. There are plans to expand this successful program, with up to a further 10 participants in 2010.

Workforce Planning

Rostering Centre of Excellence

NSW Health provides a human resource intensive service. Effective planning and management of its human resources is an essential element of making better use of available health care staff in an environment of growing demand. NSW Health is embarking on the implementation of a five-year rostering program, with the aim of streamlining rostering work practices and developing and implementing an effective rostering information system.

The NSW Health rostering program will involve the development and implementation of three components:

- Better practice rostering design
- Contemporary electronic rostering system
- Change management and training.

A small rostering centre of excellence will be established. It will be charged with developing and implementing a better practice rostering model and system for NSW Health staff.

National Registration

The Government continues to work collaboratively with other States and Territories to implement a national registration and accreditation scheme. Its primary focus is to provide a safeguard for the public, enable health professionals to move around the country more easily, reduce red tape and promote a more flexible, responsive and sustainable health workforce.

Workplace injuries

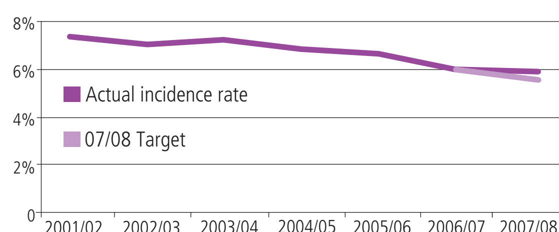
Desired outcome

Minimising workplace injuries as far as possible.

Context

Workplace injuries, many of which are preventable, result in significant direct and indirect costs to the public health system, injured employees, their families and their co-workers.

Workplace injuries (%)



Source: Treasury Managed Fund via WorkCover NSW

Interpretation

NSW Health as a whole, is performing well against the injury prevention target, with an overall reduction of 20 per cent in incident rate against baseline at June 2008. NSW Health met the public sector target of a 20 per cent reduction in workplace injuries by June 2007. It should also be recognised that the 20 per cent improvement comes on top of already significant decreases during earlier improvement initiatives between June 1998 and December 2002. In that time, NSW Health achieved an 18 per cent reduction in workplace injuries and a 15 per cent reduction in claims costs.

The National Occupational Health and Safety (OHS) Improvement Strategy and the NSW Government initiative *Working Together: Public Sector OHS and Injury Management Strategy 2005–2008* have set injury reduction targets, which have been included in area health service performance agreements.

To support area health services in meeting the targets, the NSW Health OHS audit tool (the OHS&IM Profile) was significantly updated to help measure performance and drive improvements. In addition, the NSW Health Registered Training Organisation developed OHS profile training materials for area health services to ensure they had access to appropriately trained OHS profilers.

Related programs and policies

- Workplace Health and Safety: Policy and Better Practice Guide
- Policy and Best Practice Guidelines for the Prevention of Manual Handling Incidents
- Protecting People and Property: Policy and Guidelines for Security Risk Management in Health Facilities (the Security Manual)
- Zero Tolerance Response to Violence in the NSW Health Workforce
- NSW Health Policy and Procedures for Injury Management and Return to Work.

Staff turnover - non-casual staff separation rate (%)

Desired outcome

To reduce/maintain turnover rates within acceptable limits to increase staff stability and minimise unnecessary losses.

Context

Human resources represent the largest single cost component for health services. High staff turnover rates are associated with increased costs of advertising for and training new employees, lost productivity and potentially a reduction in quality and safety and the level of services provided. Factors influencing turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring over time will enable the identification of areas of concern and the development of strategies to reduce turnover.

Data required for this indicator comes from the State Premier's Workforce Profile (PWP) report. Not all data sets were available at the time of this report.

Note that high turnover can be associated with certain facilities, such as tertiary training hospitals, where staff undertake training for specified periods of time. Certain geographic areas attract overseas nurses working on short-term contracts.

Clinical staff as a proportion of total staff (%)

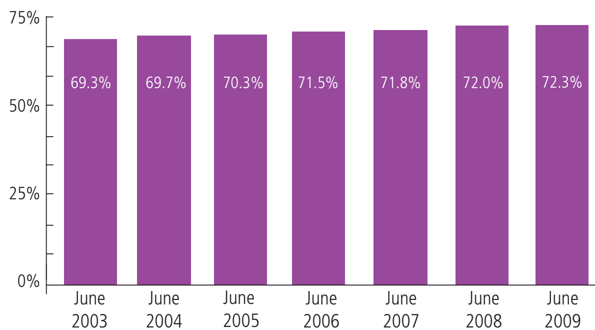
Desired outcome

Increased proportion of total salaried staff employed, that provide direct services or support the provision of direct care.

Context

The organisation and delivery of health care is complex and involves a wide range of health professionals, service providers and support staff. Clinical staff comprise medical, nursing, allied and oral health professionals, ambulance clinicians and other health professionals, such as counsellors and aboriginal health workers. These groups are primarily the front-line staff employed in the health system.

Medical, nursing, oral health practitioners, ambulance clinicians, allied health and other professionals, as a proportion of total staff (%)



In response to increasing demand for services, it is essential that the numbers of front-line staff are maintained in line with that demand and that providers re-examine how services are organised, to direct more resources to front-line care.

Note that the primary function of a small proportion of this group may be in management or administration, providing support to front-line staff.

Interpretation

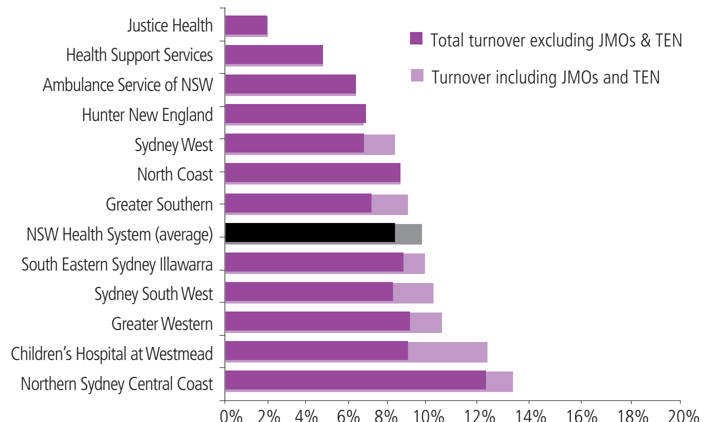
From June 2003 to June 2009, the percentage of clinical staff as a proportion of total staff increased from 69.3 to 72.3 per cent, with an additional 11,915 health professionals working in the public health system. From 20 June 08 to 20 June 09, the NSW public health system employed an additional 275 doctors and 103 nurses. Those increases reflect the on-going commitment of NSW Health and its health services to direct resources to front-line staff to meet strong growth in demand.

Among the ways to achieve the desired outcome, are the continuation of strategies aimed at recruitment and retention of clinical staff within the system and of the shared services and corporate reform strategies.

Interpretation

In 2008-09, the average turnover for non-casual staff employed within the health system was 10.9 per cent (9.4 when excluding junior medical officers - JMOs and trainee enrolled nurses - TENs). Northern Sydney Central Coast AHS recorded the highest turnover at 15.9 per cent (14.4 when excluding JMOs and TENs).

As noted above, factors influencing turnover vary considerably between hospitals and health services. Those with tertiary training facilities have higher turnover of medical and nursing staff. Strategies to achieve the desired outcomes include flexible and family-friendly work policies.



Sick leave

Desired outcome

Reduce the amount of paid sick leave taken by staff.

Context

Effective management and monitoring can reduce the amount of sick leave taken by staff. This in turn, should reduce the need for and additional cost of, staff replacement. It should also reduce possible negative effects on service delivery and on other staff, where replacements are not readily available.

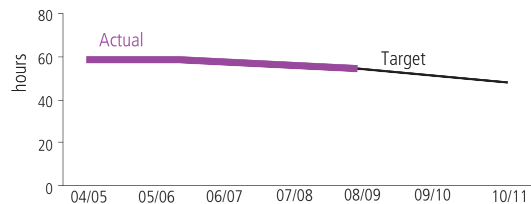
Interpretation

There has been a reduction in sick leave from 2004-05 to 2008-09. This forms the baseline for future sector-wide improvements.

Related policies and programs

Sick leave reduction targets, based on whole-of-government targets set by Premier's Department, have been included in area health service performance agreements and the department provides regular reports on progress. Policy directive Managing Sick Leave: Policy, Procedures and Eligibility (PD2006_063) provides support to area health services in managing sick leave and meeting the targets.

Sick leave – annual average per FTE (hours)



Source: Premier's Workforce Profile (PWP) and Health Information Exchange

Aboriginal staff

Desired outcome

To meet and exceed the Government's policy of 2.2 per cent representation of Aboriginal and Torres Strait Islander staff in the NSW Health workforce. Additionally, the "Two Ways Together: Economic Development Action Plan 2005-2007" projected this minimum benchmark to 2.4 per cent in 2013.

Context

NSW Health is committed to provision of health services to Aboriginal people, to assist in closing the health gap and improving their overall health and well-being. To achieve this objective, the department has identified the significance of achieving current and future benchmarks in the recruitment and retention of Aboriginal staff.

Strategies to increase the number of Aboriginal and Torres Strait Islander staff will assist the improvement of health by significantly increasing employment opportunities for Aboriginal people, through the development of affirmative action policies which focus on recruitment, training and career development.

Interpretation

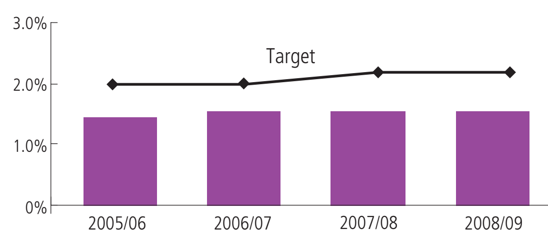
There has been an increase in Aboriginal staff from 2005-06 to 2008-09. This is the result of better representation in the growth of the workforce, demonstrating that NSW Health is undertaking better recruitment, training and career development for Aboriginal and Torres Strait Islander people.

Related policies and programs

Continuation of strategies aimed at recruitment and retention of Aboriginal staff within the NSW Health system. Some strategies/policies include, but are not restricted to:

- *Aboriginal Workforce Development Strategic Plan 2003-2007,* NSW Department of Health (2003)
- *NSW Health Workforce Action Plan*
- *Aboriginal Employment Strategy for the Year 2000 and Beyond*, NSW Department of Health (1997).

Aboriginal staff as a proportion of total (%)



Source: Premier's Workforce Profile (PWP)

Strategic Direction 7

BE READY FOR NEW RISKS AND OPPORTUNITIES

Ensuring the NSW health system is ready for new risks and opportunities

Being aware of NSW Health's major risks and integrating risk management into our planning and decision-making processes enables us to meet our objectives of protecting, promoting and maintaining the health of the people of NSW.

Policy distribution system for NSW Health

In May 2009, the Corporate Governance & Risk Management Branch issued *Policy Directive PD2009_029: Policy Distribution System*. As well as establishing a new format for policy documents, it requires health services and NSW Health branches to have mechanisms in place to monitor the implementation of policy requirements.

A review of systems established by health services to distribute policy documents and to monitor their implementation, will be conducted in the second half of 2010.

Service check register

In January 2009, NSW Health introduced a new policy and established a service check register (SCR) for area health services.

The SCR is an electronic Statewide database. It contains records of actions taken during, or at the conclusion of, an investigation into a serious disciplinary matter. These include restrictions on duties, suspension, dismissal, termination, or not renewing the appointment of a staff member or visiting practitioner.

All full-time, part-time, temporary and casual staff of NSW health services and all visiting practitioners, must be checked against the SCR as part of recruitment, or before actions arising out of a disciplinary process are finalised. Inclusion on the register does not automatically preclude a person from employment or appointment.

The role of the SCR is to alert staff involved in recruitment or disciplinary processes, to the existence of previous matters that may be relevant when making an offer of employment or appointment, or when finalising a disciplinary process.

Technology (ICT) Infrastructure Strategy

The strategy is to establish a comprehensive, robust, clinical-grade ICT infrastructure platform and an associated best practice management framework. It will support the implementation of a portfolio of strategic ICT initiatives, designed to ensure that the basic clinical, corporate and business information systems needed to run an effective and high quality health system, are in place.

Phase 1, which has been funded by Treasury from 2009-10, will upgrade Statewide networks and support the continued roll-out of clinical information systems, such as electronic medical record and medical imaging.

Enterprise risk management

The department issued a new policy: *Risk Management – Enterprise-wide Policy and Framework – NSW Health*, in June 2009.

NSW Health is committed to implementing enterprise-wide risk management to suitably address opportunities and threats. The aim is to maintain and improve performance and achievement of identified objectives.

For risk management to be effective across the NSW health system, the approach needs to be consistent, standardised and integrated with activities in all areas relevant to risk.

The purpose is to stress the commitment of the department to implementing enterprise-wide risk management and to identify the key components that must be implemented by NSW Health entities. The associated framework provides information on the roles, responsibilities, processes and procedures, standards, tools and documentation to be used for managing risk within NSW Health.

Identification and management of medical practitioners in compliance with registration conditions

The department issued a new policy directive in December 2008, introducing requirements to ensure that all medical practitioners engaged by NSW public health organisations, whether employed, or contracted directly or indirectly, are practising in compliance with their registration and any conditions imposed by the NSW Medical Board.

Health services must implement and periodically review procedures to verify compliance. Such verifications must be reported to NSW Health.

Build capacity to identify and respond to infectious disease emergencies

Communicable Diseases Branch revised public health protocols for meningococcal disease and pertussis. A two-day workshop promoted evidence-based public health management of food-borne disease.

Preparedness for infectious disease and other public health emergencies

The Biopreparedness Unit was established in 2006 for preparation and response to large-scale infectious disease emergencies, such as an influenza pandemic, emerging infectious diseases and bioterrorism. The role has since expanded to include public health aspects of man-made and natural disasters and mass gatherings.

NSW Health allocated $3M for preparedness for infectious disease and other public health emergencies, with an additional $10.5M for personal protective equipment and anti-influenza medication for the State medical stockpile.

Pandemic influenza

Plans have been developed, in the event of an influenza pandemic, for detection and management of cases and contacts and continuity of health services, businesses and the community. Activities include development of electronic public health communications and specific signage, procedures for mass vaccination, laboratory testing, distribution from the State medical stockpile and infection control.

These strategies have been tested by the emergence of the pandemic (H1N1) influenza strain and the declaration by the World Health Organisation of a global pandemic in June 2009. They will be revised in light of the recent experience.

Planning is now underway for a mass vaccination process to enhance the protection of the people of NSW.

Disease Surveillance

The Public Health Real-time Emergency Department Surveillance System (PHREDSS) was established in 2003 to provide intelligence on emerging health risks. Ambulance despatch information was added to PHREDSS in 2008 and the system successfully monitored the health status of pilgrims arriving for the 2008 World Youth Day event.

Its value was fully realised with the arrival of pandemic influenza in Australia in 2009. It continues to provide current information on regional spread and the age groups affected, as well as assessment of impact on the NSW health system.

Public health emergency exercises

NSW Health planned and participated in multi-agency discussion and field exercises, including:

Exercise Sustain '08: national whole-of-government desktop exercises examined the impact of widespread pandemic influenza on industry, community and communications

Exercise Kip: multi-agency radiation emergency response exercise.

Mental Health Disaster Planning

The Mental Health Disaster Advisory Group is chaired by the NSW Mental Health Controller and leads the planning for disaster mental health. The major objective is to enhance the capacity of mental health services to respond effectively to a major event or disaster affecting NSW residents.

Major activities in 2008-09 include:

- Disaster mental health guidelines developed to assist area mental health services in developing response plans, in line with NSW Health Plan

- Mental health helpline activated in response to World Youth Day, Mumbai terrorist incident and swine flu (for people in quarantine), providing mental health triage, support, information and referral to local services as required

- Mental health disaster training and development program – level 2 training conducted in April 2009, including clinical skill development in evidence-based interventions for post-trauma work

- Strategic linkages with other key agencies in pandemic planning, counter-terrorism planning, World Youth Day, community recovery and planning for major evacuation centres. This involves identifying mental health roles and responsibilities, providing expertise on mental health impacts and effective preparation, response and recovery measures and participation in Statewide exercises to test plans.

- **World Youth Day** - development of mental health consultation, assessment and referral mechanisms for use at onsite medical units, advice prepared for use at accommodation sites, risk assessment and management planning, frequent liaison with area mental health directors

- **Swine flu** - advice prepared to assist those providing assistance to people in quarantine, weekly teleconferences with area mental health directors to address issues impacting on mental health services

- **Pandemic planning** - planning guidance prepared and disseminated for provision of core mental health services in a pandemic to assist area mental health directors.

Other highlights

Ethical and Scientific Review of Research

Substantial improvements have been made across NSW Health since the introduction, in July 2007, of a system of single ethical and scientific review of multi-centre research. Under this model, every research project is ethically and scientifically reviewed once only, by a lead human research ethics committee (HREC). In 2008-09, 609 multi-centre projects were reviewed by a lead HREC. A further 802 single-centre projects were reviewed by a NSW Health HREC. An independent evaluation of the system is currently underway.

Capacity Building Infrastructure Grants Program

In the third year of its second round, the Capacity Building Infrastructure Grants (CBIG) Program strategically supports research in public health, health services and primary health care which aligns with NSW Health priorities. Under round two of the program, grants were awarded to seven NSW research organisations:

- Newcastle Institute of Public Health – Hunter Medical Research Institute ($1,749,881)

- Australian Rural Health Research Collaboration, University of Sydney ($1.75M)

- Consortium for Social and Policy Research on HIV, Hepatitis C and related diseases, University of NSW ($1,253,993)

- Research Centre for Primary Health Care and Equity, University of NSW ($1,714,433)

- Centre for Health Informatics, University of NSW ($1,583,329)

- Centre for Infectious Diseases and Microbiology – Public Health ($1.75M)

- Centre for Health Service Development, University of Wollongong ($350,000).

A review in late 2008, found that the program had increased the success of funded organisations in attracting research funding and in the translation of research into policy and practice. Applications were invited for round three of the program in July 2009.

Information and Communications Comorbidity Clinical Guidelines

The NSW Health clinical guidelines, for the care of persons with a co-existing mental health and substance use disorder in acute care settings, have been completed.

They are based on a comprehensive review of the current literature on comorbidity, with experts in the field writing and reviewing papers based on the current level of evidence.

The papers and reviews were used for a workshop in October 2008, where the implications for clinical guidelines were distributed among attendees and consensus gained for the best approach to the management of particular issues.

The guidelines were developed under the direction of a clinical advisory group and approved in November 2008, with printing to be finalised in July 2009.

A launch and implementation strategy for the guidelines is in development.

Investment in Drug & Alcohol Research and Mental Health Research

In 2008-09, $485,000 was awarded through the NSW Health drug and alcohol research grants program, with individual grants ranging from $15,000 to $85,000 for 12 projects selected through a competitive process. NSW Health co-ordinated the selection process, in association with the research

sub-committee. Research proposals addressed four priority areas identified through a consultation process with key stakeholders.

They were:

- workforce
- alcohol interventions
- psychostimulants
- other clinical programs.

The projects covered:

- Addiction pharmacotherapy in private rural general practice
- Sexual health of women in drug and alcohol treatment
- Improving parenting risk assessment in high-risk drug and alcohol populations
- Offense-related debt amongst substance-using offenders
- Stepped care for patients with alcoholism and panic disorder
- Addressing opioid toxicity
- Linkage studies on a cohort entering methadone treatment
- An Randomised Controlled Trial (RCT) of unsupervised buprenorphine-naxoline versus waiting list control
- An attachment-based group parenting intervention for substance-using mothers
- Modification and validation of treatment outcome instrument in three opioid pharmacotherapy treatment settings
- The effects of methadone, alone and in combination with alcohol and Alprazolma, on simulated driving performance.

In August 2008, the Mental Health and Drug and Alcohol Office held a colloquium to present the key findings from the field of funded research. The event showcased and promoted completed studies and created awareness of the type and standard of research being funded and conducted.

Mental Health Research

In May 2008, funding was provided to establish a research program into the epidemiology and population health of schizophrenia, including a chair position.

Australia's first Chair in Schizophrenia Epidemiology and Population Health was appointed in May 2009. The funding will complement and enhance the research programs of the Macquarie Group Foundation Chair in Schizophrenia Neurobiology and the Hunter Medical Research Institute funding, to research susceptibility to mental illness across two large NSW population groups.

In June 2009, the Schizophrenia Research Institute (SRI) was provided funding to support a research project to test the effectiveness of an existing brain hormone receptor stimulating medication in stimulating brain activity, to improve planning, social skills and daily functioning in people with schizophrenia.

Funding was provided to the University of Western Sydney to conduct research to examine families and children and their adaptation to the global financial crisis and other major challenges. The aim is to develop resources to build resilience and mitigate mental health impacts.

Illicit Drug and Alcohol Monitoring Group

The NSW Health-led Illicit Drug and Alcohol Monitoring Group reconvened in 2008, to provide cross-agency advice to the Government on emerging trends in the use of alcohol and illicit drugs. NSW Health has driven the development of a series of comprehensive reports on drug and alcohol trends at an international, national and State level, that will soon be submitted to the Government.