Service delivery

APPENDIX 3

Information management

AND ELECTRONIC SERVICE DELIVERY

The Strategic Information Management (SIM) Branch is responsible for setting the framework to deliver ICT systems to enhance patient safety and quality of care. The ICT Strategy provides health professionals with IT systems and capabilities to support their work and deliver significant benefits to patients.

The work program underway will provide access to systems that enhance patient safety, improve patient flow, provide decision support tools for clinicians and access to information needed to support the most effective management of resources. This will mean that clinicians will have easy access to critical clinical information, to make sure that the right decisions are made for patients. A combination of rules built into clinical systems and better communication between staff in the department, will mean a better and safer health service.

By the completion of the current work plan, NSW Health will have established the core ICT clinical and corporate systems that support a patient's journey through the health system and provide both clinical and corporate management with the right information to manage the health system effectively. NSW Health's integrated approach also ensures that the State has a health system that is alert to changes and can respond to new trends that emerge.

Key achievements

Clinical Strategy

Electronic Medical Record (eMR)

The electronic medical record (eMR) is an online record which tracks and details a patient's care during the time spent in hospital. The eMR is replacing paper-based records and integrating patient information into a consolidated electronic record. This allows authorised clinicians to access a patient's records from any location, at any time, to make rapid assessments and co-ordinate care. Ultimately, the eMR will improve the quality, safety and efficiency of care, by providing an integrated view of patient information to their clinicians.

The eMR has a set of up to five applications, which have been implemented in hospitals across South Eastern Sydney Illawarra, North Coast and Sydney West area health services, while preparation and planning is underway for the eMR roll-out to Greater Southern, Greater Western and Northern Sydney

Central Coast and The Children's Hospital at Westmead. Sydney South West and Hunter New England have already implemented an eMR.

A governance structure is in place to guide the future development of the eMR, to ensure its ongoing alignment with the clinical requirements of good health care and positive patient outcomes.

Electronic Health Record Pilot

The electronic health record (eHR) pilot, which has been operating since 2006, is an integrated health record, containing summary level information from public hospitals, community health providers, outpatient clinics, diagnostic services and general practitioners. The data, collected with patient consent, is made available as an electronic health record through a web-based application called Healthelink to authorised participating clinicians, GPs and individuals.

The primary aim of the system is to provide the key information needed to support the co-ordination of health services, ensure effective transfer of care and provide clinicians with accurate, timely information to inform treatment.

A summary evaluation of the HealtheLink pilot found that it provides an effective means of transmitting and storing health-related information that has the potential to provide clinicians with improved access.

NSW Health continues to support the eHR pilot, pending the outcome of the national individual electronic health record (IEHR) business case. It was developed by all jurisdictions, in collaboration with the National eHealth Transition Authority (NEHTA) and the Commonwealth Department of Health and Ageing.

Community Health

Community health and outpatient care are large and expanding components of the NSW health system. More than 20 million patient services are delivered each year in these areas, which accounts for 20 per cent of NSW Health's total budget. A business case submitted to NSW Treasury in January 2009 was accepted. This year NSW Health has started to implement an integrated electronic health record system for community health and outpatient care.

Community health services are provided through a network of centres, GPs and hospital outpatient clinics. An integrated system will support the sharing of information across the continuum of care. This will mean improved clinical management, better risk assessment, greater use of alternatives to hospitalisation and better information for health planning and public accountability.

Planning has started, to deliver a community health and outpatient care system to be rolled-out across the State over the next six years. It will enable authorised health professionals to access electronic patient records from different locations. Clinicians will be able to access a comprehensive electronic record that includes hospital discharge summaries and health assessments, together with the ability to order and view test results and medical images.

Medical Imaging

The integrated picture archiving and communications system (PACS) and radiology information system (RIS) allows diagnostic images, such as x-rays, MRI, ultrasounds and CT scans, to be captured, transmitted and stored digitally and made available to clinicians, regardless of where they are located, or where the test was conducted. It will also improve efficiencies, by reducing report turn-around time.

The PACS/RIS system, already in place in Hunter New England Area Health Service, has been rolled-out to four others - Sydney West, North Coast, Northern Sydney Central Coast and Sydney South West. Preparation and planning is well advanced for implementation to the rest of the State.

The PACS/RIS system provides a sustainable solution to meet the medical imaging needs of the State. It will support universal availability of images to authorised practitioners, remote reporting, efficient work practices and reduced costs.

Infrastructure and Telecommunications

A Treasury business case, for the NSW Health ICT infrastructure program for 2009-10 to 2011/12, was developed and approved for the first phase. The purpose is to establish a comprehensive, robust, clinical-grade ICT infrastructure platform and associated best practice operating framework. The principal components of the program involve server hardware and facilities upgrades.

Corporate Strategy

The new integrated suite of corporate information systems will meet the increasing demands and complexity of information required to run the health system. The implementation of a Statewide corporate infrastructure will ensure a reliable, consistent enterprise-wide foundation, upon which business reform and better management of NSW Health can occur.
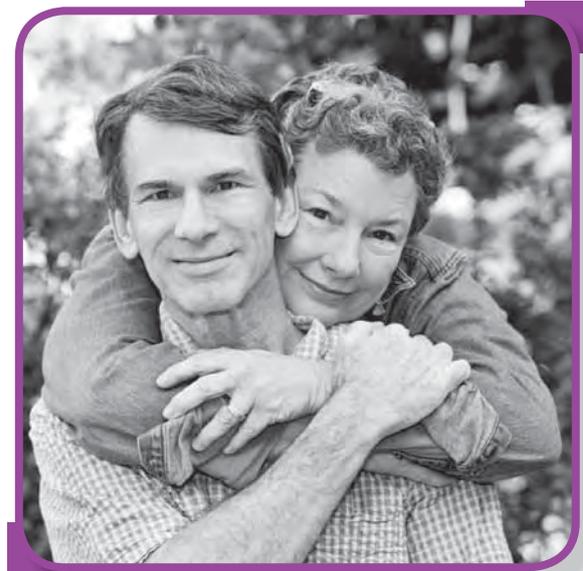
Corporate System Stage I

Stage I of the program focuses on implementation of a human resource information system. The almost complete design phase will include Statewide payroll and human resource systems. It will cater for award conditions and become an important source of information about NSW Health and its workforce.

Corporate System Stage II

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. Following approval of a NSW Treasury business case, stage II will focus on the implementation of a new rostering program to support clinical managers.

Patient Billing Program

The patient billing program is critical to ensure efficient invoicing, claiming and debtor management, to maximise the system's revenue stream and to resolve a number of challenges caused by variability in billing processes across the State.

The Platypus 2 solution, to be implemented in the patient billing program, covers the provision of invoicing, debtor management and account reconciliation for chargeable health services across NSW. It includes integration of the patient billing system with revenue-generating clinical and patient administrative and financial systems.

The project schedule has started, with development and piloting of a State-based build version, followed by planning of the staged Statewide roll-out.

Business Information Strategy

Data Warehouses, Reporting Tools and Dashboards

The primary purpose of the business information (BI) strategy is to make reliable, timely, relevant and high quality information available to front-line service providers, clinical unit and health service managers.

The four-year program, in its third year, is split into two main streams of work. Decision support tools is the development of front-line information solutions with roll-out to area health services and implementation of a new BI warehouse to replace the ailing Health Information Exchange (HIE).

The technical infrastructure for both streams is in place. A first release of tools has been deployed Statewide, with development of a next release well advanced. The application build of the first release of the data warehouse, which focuses on surgery and community health information, is progressing, with deployment planned for the last quarter of 2010.

Future Initiatives

Implementation of the NSW Health ICT Strategy's core programs will continue with the Statewide roll-out of the electronic medical record, imaging system and corporate systems phase 2. Design, development and implementation of the community health system and the infrastructure program will start.

NSW Health is an active participant in the national e-health agenda and supporting National e-Health Transition Authority (NeHTA) initiatives, to ensure that national standards and directions are integrated into the NSW Health future ICT portfolio.

Response to NSW Government:

WASTE REDUCTION AND PURCHASING POLICY

Sustainability

In 2008-09 NSW Health has continued its proactive approach to sustainability. Initiatives for the year include:

Fleet management

• Consistently exceeded cleaner NSW Government fleet targets set by Premier's Department

• Reduction petrol and increase hybrid vehicles to meet Department of Commerce targets

Water and energy

• Implementation water action plans by each area health service

• Participation NABERS (National Australian Build Environment Ratings System) performance benchmarks for hospitals

• Investigating cost neutrality options to run facilities in sustainable manner

• Participate community events raising awareness and promoting behaviour change, to reduce water, energy and resource consumption

• Integrate sustainability into risk management framework

• Annual savings $4.88M energy usage and estimated reduction 46,000 tonnes p.a. CO2 emissions

• Replacing coal/oil fired boilers with high-efficiency gas, lighting upgrades, control upgrades

• Procurement of energy management system to log all data and provide holistic strategic overview energy usage, where reductions can be made.

NSW Health participated in Sustainable Advantage Program with Department of Environment and Climate Change and Water. Enabled key area health service representatives work together on strategy for sustainable direction. Includes education and stakeholder involvement.

Waste reduction and recycling

The 2008-09 audit on waste is currently being finalised, therefore no result. One of largest initiatives undertaken, however, has been transfer of corporate governance circulars from paper to intranet.

Procurement Unit

Significant Achievements 2008-09

• Successfully completed the tender for sole supply of volumetric pumps and associated consumables to the NSW Health system, valued at $100M.

• Successfully completed a renal services price per treatment tender for a group of three area health services. This contract provided new equipment and associated services and consumables for home- and hospital-based renal dialysis services in these areas.

• Completed a range of Department of Commerce Health specific contract renewals.

• Participated in a range of Department of Commerce whole-of-government contracts with major impacts on the health system, such as contingent workforce, workplace supplies, electricity supply, travel management.

Major Priorities for 2009-10

• Form one Procurement Unit by combining the Strategic Procurement & Business Development Branch Procurement Unit, Health Support Services Procurement and Department of Commerce units servicing the health system.

• Significantly advance the re-tendering of the health system pharmaceuticals contract within the strategic review of pharmacy procurement.

• Put in place the Project Manager for the implementation of the volumetric pumps and associated consumables contract and ensure that the audit of existing pumps and implementation of the new pumps is commenced.

• Develop and implement a 2009-10 work program for the renewal of relevant whole-of-government and whole-of-health contracts.

Shared services program

Health Support Services

NSW Health has embarked on an extensive shared services program which is being delivered to public health organisations by Health Support Services (HSS).

HSS aims to improve the delivery of goods and services to public health organisations and provide efficiencies to support the delivery of front-line clinical services.

HSS is delivering corporate, business and information technology services to its customers across NSW Health by making use of efficient, effective and innovative business practices.

By the end of 2008-09, a number of milestones had been achieved. HSS has made good progress implementing the recommendations contained in findings of the Garling Special Commission of Inquiry relating to food, linen, warehousing and ICT programs.

Project Management Office (PMO)

The PMO supports HSS through the delivery of high quality, timely, cost-effective ICT solutions for customers. The team works with the Department of Health's Strategic Information Management (SIM) Branch and other stakeholder groups to maximise the contribution ICT makes to high quality health care.

A number of the ICT programs align with the Garling Report.

Highlights from PMO's work in 2008-09 are listed.

⌐ **Electronic Medical Record (eMR) Program** - successful implementations completed in 34 hospitals in SESIAHS, NCAHS and SWAHS. The eMR program is in a solid position for the remaining scheduled roll-outs during 2009-10.

⌐ **Picture Archiving and Communication System/ Radiology Information System (PACS/RIS) Program** - successful implementations completed at a number of SWAHS, SSWAHS and HNEAHS hospitals since the program was transferred to the PMO in November 2008. Further implementations are scheduled before December 2009 for a range of hospitals in SWAHS, SSWAHS, HNEAHS and NCAHS.

⌐ **Business Information Program** - delivered front-line tools to support business decisions at both management and ward level, including:

  ⌐ The WAND (Ward Activity and Nursing Display) rolled out to SWAHS and NSCCAHS

  ⌐ The area executive dashboard delivers 30 standard reports and views of area and hospital level performance on key performance indicators (KPIs). Delivered to NSCCAHS, SSWAHS, GWAHS and CHW

  ⌐ The Critical Care Resource System will assist in better managing resources and beds across the intensive care network.

⌐ The **Statewide Management Reporting Tool (SMRT)** will replace the aging DOHRS (financial performance reporting system), improving cash control around the staff establishment and recruitment cycle. The development phase is well underway.

⌐ **Healthelink Electronic Health Record (EHR) Program** - The pilot EHR is successfully operating in the Maitland region and parts of greater western Sydney. It now holds the health information of over 70,000 individuals. The pilot program has been extended to June 2010.
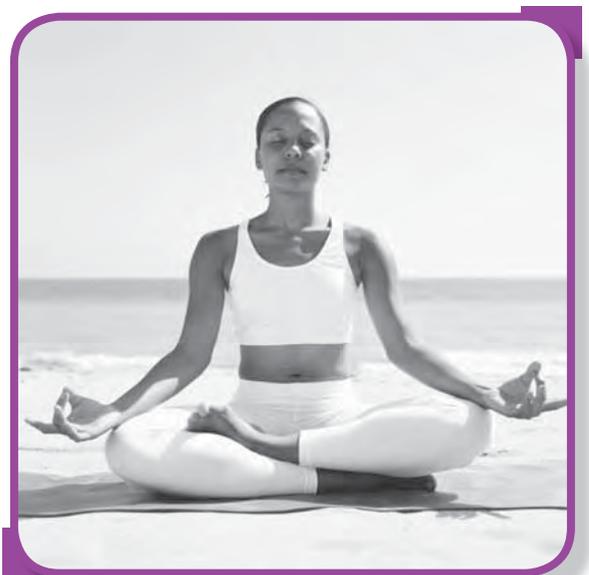
Other projects to be undertaken include:

ı **Community Health Information Management Enterprise (CHIME) Medical Record Number (MRN) Enhancements** project will integrate CHIME into the wider enterprise Unique Patient Identifier (UPI) strategy

ı The **Patient Billing Program** which will deliver a Statewide patient billing solution. Initiated within the PMO at the end of June 2009, its benefits include increasing NSW Health revenue by ensuring maximum invoices for all chargeable services and a reduction in bad debt

ı The **Rostering Program** is part of a broader corporate systems program. The business case has been approved by Treasury and the program is being initiated into the PMO. It will develop a Statewide rostering solution that will be rolled-out across NSW Health.

Corporate IT Program

The Human Resources Information System (HRIS) project is being implemented as part of stage 1 of the Corporate IT Program. It is designed to transform the way in which NSW Health provides HR and payroll services to its employees, replacing current systems.

The new system will provide for increased standardisation across the State, improved business processes and automation of previously manual tasks.

Over the past year, the Corporate IT Program has focused on establishing the appropriate technology components required and consulted with stakeholders to scope detailed system requirements and complete the design/build.

Project activities for next year include testing the system from technical and functional perspectives, to ensure it meets business requirements.

Roll-out to pilot sites (HNEAHS and NCAHS) is planned for early 2010.

Health Support Services Operations

The two HSS centres at Parramatta and Newcastle now manage payroll for approximately 120,000 public health employees. Justice Health will switch payroll services in 2009/2010.

Service Centre Parramatta

The Parramatta centre provides transactional corporate services to SWAHS, GWAHS and GSAHS, as well as the Children's Hospital at Westmead, Justice Health and Tresillian Family Care centres. It also provides support to HSS linen and food services, EnableNSW and the Institute for Medical Education and Training (IMET).

Service Centre Newcastle

The Newcastle centre provides services to HNEAHS, NCAHS, NSCCAHS and SESIAHS.

In the reporting period, a range of successful transitions included:

ı Payroll services for SESIAHS and SSWAHS

ı Finance and supply functions for NSCCAHS and SESIAHS

ı Recruitment and employee services for HNEAHS, NCAHS and NSCCAHS

ı Justice Health finance and VMO payment processing.

In addition, as part of HSS's commitment to customer service, service user networks for customers of each of the service centres were established, along with the Interim State Build Oracle Financial Management Information System (FMIS) which has gone live at both service centres.

Shared Business Services (Food and Linen Services)

HSS has consolidated the nine linen services into one business unit. With the closure of Concord in October 2009, there will be eight linen production sites under one management structure, meeting the linen needs of all NSW Health facilities.

The introduction of customer service co-ordinators focusing on the linen management program will assist area health services to reduce inventory costs in their hospitals.

Food services from NCAHS, NSCCAHS, SESIAHS and the GSAHS Hotel Service Business Unit have now switched to HSS. The remaining area-based food services arel planned to move by June 2010.

As detailed in the *Caring Together Action Plan*, the NSW Government's response to the Garling Report, HSS is reviewing the consistency of food services in public hospitals and is also reviewing packaging and containers to ensure that meals are easy to access for frail, aged and unwell patients and delivered to each patient in optimum condition.

A multi-disciplinary food and nutrition steering committee, chaired by the Chief Health Officer, has been established to develop an improved approach to maintaining nutritional standards in our hospitals. It will ensure that a nutritionally appropriate, safe, equitable and cost-effective food service is delivered to all public hospitals in NSW.

Technology And Systems Support

Technology Shared Services (TSS) manages in excess of 50 projects centered on the management and provision of support and operational services to NSW Health and Health Services Information Communication Technology (ICT) programs and projects.

It does this through enterprise integration, support services (including application support and software development), technology centre operations, technical services (including LAN, database administration, networks, telecommunications, systems, data storage, security and change management) and ICT infrastructure design and planning.

The number of physical sites across NSW receiving technology support from TSS more than doubled in 2008-09 and is expected to grow significantly in the coming year.

Streamlining Health Procurement

The Health Item Master File (HIMF) continues to transform Health procurement, with more than 36,000 items now in the HIMF covering medical and surgical, pharmaceutical, food, engineering and pathology products.

EnableNSW

EnableNSW is responsible for the administration and reform of six NSW Health disability support programs:

ı Program of Appliances for Disabled People (PADP)

ı Artificial Limb Service (ALS)

ı Home Respiratory Programs (HRP)

ı Home Oxygen Service (HOS)

ı Ventilator Dependant Quadriplegia Program (VDQP)

ı Children's Home Ventilation Program (CHVP).

Achievements during the reporting period include:

ı Piloting and Statewide implementation of new PADP equipment request processes and professional prescriber criteria

ı Improved access to information about the programs, including the development of the EnableNSW website and consumer fact sheets, which have been translated into six community languages

ı Development of an educational program for clinicians about the use of rigid dressings for trans-tibial amputees, including a DVD and fact sheets

ı Start of PADP/HOS lodgement centre transitions

ı Appointment of the EnableNSW Advisory Council, including consumers and clinicians

ı Expenditure of a non-recurrent $11M enhancement to address disability equipment waiting lists.
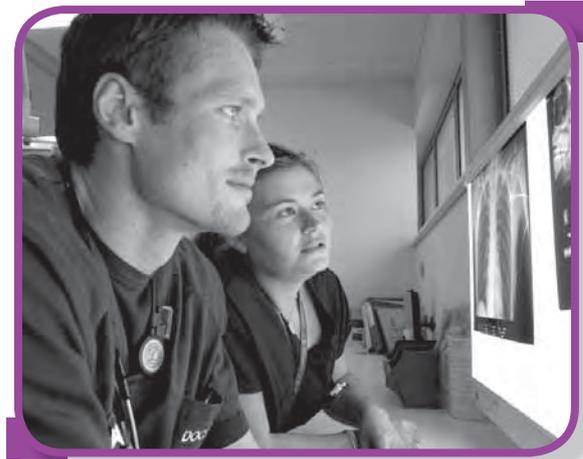
Corporate Services

Among the responsibilities for the HSS Corporate Services team are the ICT Statewide service desk (SWSD) operations and client relations services for customer health services. In the past year, most area health services have begun using the service.

Workforce

Change management has been a key activity for the HSS Workforce team. Support for health services transitions in payroll, finance, recruitment, IT service desks and data centres across NSW and the change to a common pay cycle and pay date, were key workforce projects.

Major work was undertaken for the transition of food/hotel services and its impact on the large number of support staff in these business units in four health services.

In 2008-09, Workforce launched the *Opening the Door Program* - a three-year organisational development initiative designed to support the establishment of HSS. One result is the participation of 400 staff in customer-facing roles in the Certificate III/IV in Customer Contact training.

The way forward

HSS is now firmly established as the shared services provider for NSW Health and other public health organisations. The challenge for HSS is to progressively review its services to ensure that they meet the requirements of health services, provide good value for money and continue to return funds to front-line clinical services.

The NSW Institute of Medical Education and Training

The NSW Institute of Medical Education and Training (IMET) was established in 2005 to support and co-ordinate post-graduate medical education and training.

In 2008-09, the following were notable achievements.

⌐ Six hundred and sixty-eight interns and Australian Medical Council graduates successfully placed to start work in 2009 clinical year, five more than 2008.

⌐ On-line Pre-vocational Training Allocation Program fully implemented.

⌐ IMET pre-employment program held for 57 Australian Medical Council graduates prior to start of training in NSW and ACT hospital networks.

⌐ Rural preferential recruitment program, 12 hospitals participating and 53 post-graduate year one trainees (interns) directly recruited to rural hospitals for 2010.

⌐ Four Pre-vocational General Practice Placement Program (PGPPP) placements accredited. PGPPP provides trainees with experience in general practice to encourage them to pursue a career in this specialty.

⌐ In 2009, 36 facility surveys conducted and 66 new pre-vocational terms provisionally accredited. Represents significant expansion in output for IMET accreditation program, in response to increasing numbers of medical graduates.

⌐ Resource for supervisors - T*rainee in difficulty: a handbook for Directors of Prevocational Education and Training* published.

⌐ New mid-term and end-term assessment forms for junior doctors implemented, in line with Australian Curriculum Framework for Junior Doctors. Forms build self-assessment skills and provide more detailed information to trainers and trainees.

⌐ New basic physician training positions approved for 2009 at Liverpool, Royal North Shore, Gosford, Manly and Westmead hospitals, to be incorporated into training networks, with expanded settings position at Campbelltown/Camden.

⌐ New paediatric training sites and positions approved for inclusion in paediatric physician network from 2009: Nepean Neonatal Unit, Bathurst Base, Manning Base (Taree),The Tweed and Wyong hospitals and Royal Far West.

⌐ New education resources in acute psychiatric management and psychiatric ethics published.

⌐ Psychiatry supervisors' forum held to support and engage clinical educators.

⌐ External evaluation of networked psychiatry training program completed.

⌐ Review of oncology training conducted, encompassing medical and radiation oncology and palliative medicine. Recommendations submitted to Cancer Institute NSW.

⌐ Implementation of networked training for emergency medicine.

⌐ Review of current IMET networked structures undertaken and optimal model for networked training developed.

⌐ Education programs including:

⌐ Statewide course for cardiology trainees. Monthly lectures and access to continuing professional development website for cardiologists

⌐ Statewide surgical courses to support exam preparation, including microbiology and physiology, pathology, pharmacology and anatomy.

⌐ Future Leaders Development Program, created and successfully delivered in 2009, to develop leadership skills of next generation of medical practitioners.

⌐ Curricula developed for Hospital Skills Program, encompassing emergency departments, mental health, aged care and general program. Aims to improve quality and safety of patient care, by recognising and enhancing skills of non-specialist medical staff in these departments. Work has started on curricula for obstetrics and gynaecology, paediatrics and hospital medicine.

⌐ On-line platform developed for Hospital Skills Program, to gather learning resources and make them available Statewide.

Future directions

⌐ Continued work in conjunction with AHSs and NSW Health, for management of increasing number of medical graduates.

⌐ Increased focus on closing identified gaps in post-graduate medical education. Strategies to enhance access to Statewide education include:

⌐ facilitating development of on-line learning platforms, particularly for pre-vocational training and the Hospital Skills Program

⌐ education support funds to develop learning resources for all IMET networked training programs

⌐ continued delivery of Statewide face-to-face education programs

⌐ further development and roll-out of Future Leaders Development Program.

⌐ Improving linkages with and support for area health services, in ensuring that structures for training and educating medical personnel meet strategic workforce directions.

⌐ Continued support for development of PGPPP, in particular ensuring that accreditation process meets this need.

⌐ Completion of on-line accreditation system that aims to streamline administrative processes for facilities, surveyors and IMET.

Significant committees

Governance committees

Senior Executive Advisory Board

Chair: Director-General
Responsible Branch: Executive and Ministerial Support

The key meeting of NSW Health chief executives and the department's Management Board, the Senior Executive Advisory Board is responsible for:

⌐ Providing advice to the Management Board on system-wide matters, including budget management, major strategies and policies

⌐ Statewide planning, direction setting and guidance of NSW Health

⌐ Providing leadership on Statewide health issues, including population and community health and health promotion

⌐ Improving executive communication within the NSW health system

⌐ Ensuring that all health care services work collaboratively to deliver equitable and effective integrated services to the NSW community.

Department of Health Management Board

Chair: Director-General
Responsible Branch: Office of the Director-General

The NSW Department of Health Management Board is the key management meeting and forum for NSW Health. It considers and makes decisions on issues of department and system-wide interest, including the NSW Health budget, development of policy and monitoring of health system performance.

Finance, Risk and Performance Committee

Chair: Director-General
Responsible Branch: Finance and Business Management

Advises the Director-General, Minister for Health and the budget committee of Cabinet on the financial, risk and performance management of NSW Health.

Area health services and statutory health corporations are also required to establish their own finance committee, as a condition of subsidy.

Risk Management and Audit Committee

Chair: Jon Isaacs (independent chair)
Responsible Branch: Internal Audit

This committee assists the Director-General to perform her duties under the relevant legislation, particularly in relation to the Department of Health internal control, risk management and internal and external audit functions.

Area health services and statutory health corporations are also required to establish their own audit committee, as a condition of subsidy.

Reportable Incident Review Committee

Chair: Deputy Director-General, Health System Quality, Performance and Innovation
Responsible Branch: Clinical Safety, Quality and Governance

Examines and monitors serious clinical adverse events reported to the department via reportable incident briefs and ensures that appropriate action is taken.

Identifies issues relating to morbidity and mortality that may have Statewide implications. Provides advice on policy development to effect health care system improvement.

Independent Monitoring Panel

Chair: John Walsh, PricewaterhouseCoopers
The panel monitors the progress of the implementation of *Caring Together: The Health Action Plan for NSW.*

Independent Community and Clinicians Expert Advisory Council

Chair: Dr Michael Keating

Provides advice directly to the Minister for Health and the Director-General on the new and existing initiatives for the implementation of *Caring Together: The Health Action Plan for NSW.*

NSW Health Care Advisory Council

Co-chairs: Rt Hon Ian Sinclair, AC,
Professor Judith Whitworth, AC
Responsible Branch: Primary Health and Community Partnerships

The Health Care Advisory Council is the peak clinical and community advisory body for the Minister for Health and the Director-General on clinical services, innovative service delivery models and health care standards.

Health Priority Taskforces

Health priority taskforces (HPTs) are part of the reporting structure for the Health Care Advisory Council. They provide advice to the Director-General and the Minister for Health on policy directions and service improvements for high-priority areas.

Aboriginal and Population Health Priority Taskforce

Co-chairs: Professor Bruce Armstrong, Sandra Bailey & Professor Louise Baur
Responsible Branch: Aboriginal Health

Provides advice to the Director-General on Aboriginal and population health.

Children and Young People's Health Priority Taskforce

Co-chairs: Irene Hancock & Professor Graham Vimpani
Responsible Branch: Statewide Services Development

A relatively new group. Future activities will include leadership across child and young people's health services and strategic advice to the Minister and NSW Health.

Chronic, Aged and Community Health Priority Taskforce

Co-chairs: Kath Brewster & Professor Ron Penny
Responsible Branch: Inter-government and Funding Strategies

Provides direction and leadership to achieve highly integrated chronic, aged and community health services, which reflect best national and international standards.

Maternal and Perinatal Health Priority Taskforce

Co-chairs: Natasha Donnolley & Professor William Walters
Responsible Branch: Primary Health and Community Partnerships

Provides direction and leadership for NSW maternal and perinatal services to ensure that they reflect best national and international standards.

Critical Care Health Priority Taskforce

Co-chairs: Dr Tony Burrell & Barbara Daly
Responsible Branch: Statewide Services Development

Provides direction and leadership to achieve highly integrated critical care services which reflect best national and international standards. It also advises the department on co-ordination, planning and development of critical care services at a Statewide level and on strategic directions for models of care.

It advises on the implications of planning initiatives, monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends in relation to critical care service delivery. It supports and guides clinicians and area health services about critical care service management, planning and implementation.

Mental Health Priority Taskforce

Co-chairs: Scientia Professor Philip Mitchell & Laraine Toms
Responsible Branch: Mental Health and Drug and Alcohol

Provides direction and leadership for the development of integrated mental health services for NSW, reflecting best practice national and international standards. It also provides advice on strategic planning for mental health services and reviews programs and initiatives to maintain a focus on mental health priorities.

Rural and Remote Health Priority Taskforce

Co-chairs: Dr Peter Davis & Liz Rummery
Responsible Branch: Statewide Services Development

Works with rural area health services to monitor the implementation of recommendations in the *NSW Rural Health Report* and *NSW Rural Health Plan*. Advises the Minister and the Director-General on rural and remote health issues.

Sustainable Access Health Priority Taskforce

Chair: Professor Brian McCaughan
Responsible Branch: Health Service Performance Improvement

Monitors and provides advice on improving and sustaining access to quality services within the public health system, through a focus on the patient journey. The Surgical Services, Emergency Care and Acute Care taskforces report to this HPT.

Ministerial Advisory Committees

Ministerial Advisory Committee on Hepatitis

Chair: Professor Geoffrey W McCaughan
Responsible Branch: AIDS/Infectious Diseases

Provides expert advice to the Minister on all aspects of the strategic response to blood-borne hepatitis (i.e., hepatitis B and hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

Chair: Dr Roger J Garsia
Responsible Branch: AIDS/Infectious Diseases

Provides the Minister with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

Ministerial Standing Committee on Hearing

Chair: Professor Jennie Brand-Miller
Responsible Branch: Primary Health and Community Partnerships

Provides advice to the Minister on hearing services and setting of strategic directions for both government and non-government hearing services.

NSW General Practice Council

Chair: Dr Diane O'Halloran
Responsible Branch: Primary Health and Community Partnerships

Provides expert and strategic advice to the Minister and department. It also provides formal liaison and consultation mechanisms between NSW Health and general practice and facilitates the involvement of general practitioners in development of health policies and initiatives to benefit the community.

Maternal and Perinatal Committee

Chair: Professor William Walters
Responsible Branch: Primary Health and Community Partnerships

Principal function is to review maternal and perinatal morbidity and mortality in NSW and advise on the health of mothers and newborn infants. The committee is privileged under section 23(7) of the *Health Administration Act 1982*.

Ministerial Taskforce on Emergency Care

Co-chairs: Rod Bishop & Sue Strachan
Responsible Branch: Health Service Performance Improvement

Established in November 2007, to advise the Minister and the Director-General on the key issues of emergency demand and workforce.

Area Health Advisory Councils

Area health advisory councils facilitate the involvement of health service providers, consumers and community members in the development of policies, plans and initiatives at the local level.

They are established in all area health services. The Children's Hospital at Westmead has an advisory council similar to those in area health services. The Ambulance Service Advisory Council advises the Director-General on provision of services - as required under the *Health Services Act 1997.*