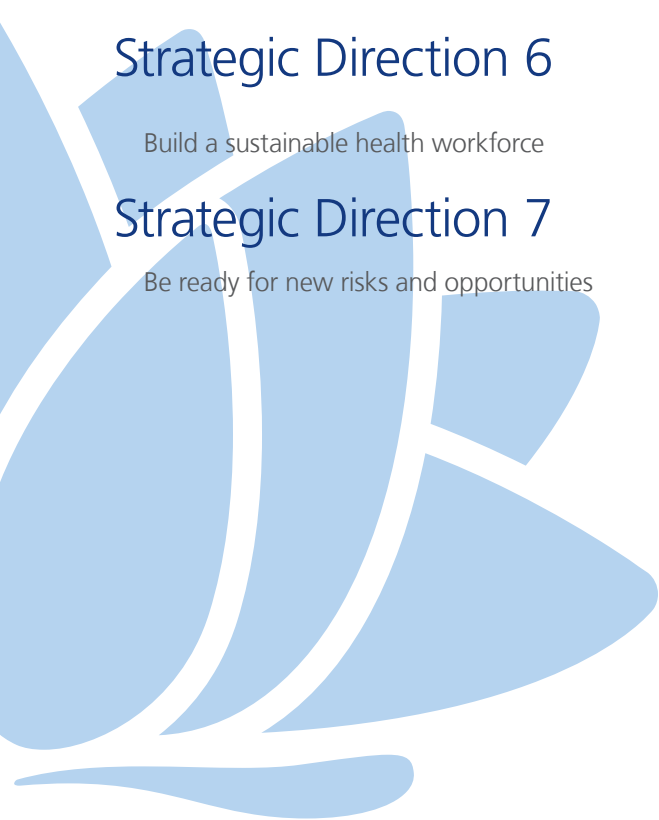


How We Compare	32
Caring Together: The Health Action Plan for NSW	37
NSW State Health Plan	41
Strategic Direction 1 Make prevention everybody's business	43
Strategic Direction 2 Create better experiences for people using health services	55
Strategic Direction 3 Strengthen primary health and continuing care in the community	76
Strategic Direction 4 Build regional and other partnerships for health	89
Strategic Direction 5 Make smart choices about the costs and benefits of health services	93
Strategic Direction 6 Build a sustainable health workforce	95
Strategic Direction 7 Be ready for new risks and opportunities	105



How We Compare

How We Compare

The NSW health system continues to respond to the pressures of increasing service demand, population growth and population ageing. Despite these pressures, the health of the people of NSW not only compares favourably with the rest of the world, but continues to improve. This reflects the sustained momentum of system redesign which is leading to improvements in the quality and efficiency of the public health system in NSW.

Comparisons with other States and Territories, and other 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 we are providing a range of services that are 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 service delivery.

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 of data 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 whilst 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 relating to:

- 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
- Older Population
- Selected Hospital activity and performance data – State/Territory comparisons

The NSW population exceeds seven million making it equivalent to that of Hong Kong and our residents are distributed over 801,300 square kilometres. Such disparities between population size, density and dispersion highlight the difficulties faced in delivering services equitably and effectively.

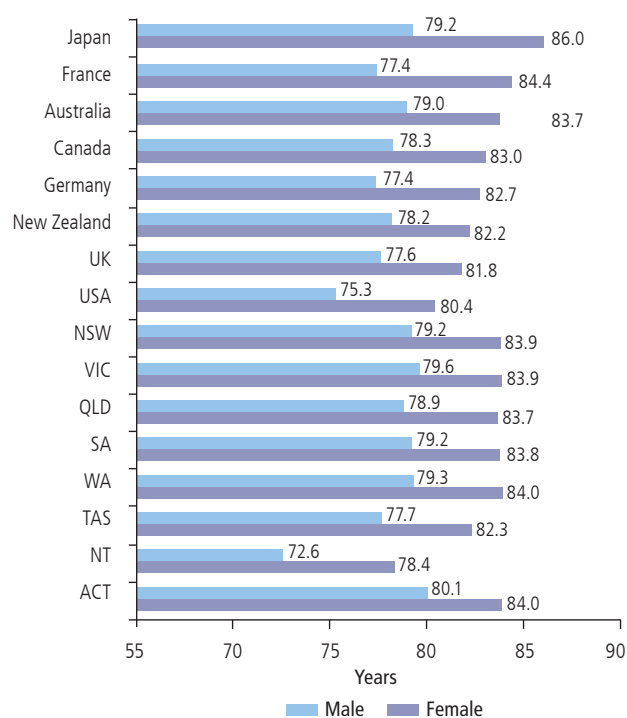
Life Expectancy at Birth

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 and is often used as an objective summary measure of a population's overall health status.

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, and the provision of health services.

The chart below 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 2010, Paris June 2010 and ABS Deaths, Australia 3302.0, Australia 2010

The life expectancy at birth continues to increase. For those born in 2007, NSW was fractionally higher than the national average at 79.2 years for males and 83.9 years for females. This sits comfortably above the WHO average of 72 years for males and 77 years for females in the Western Pacific region.

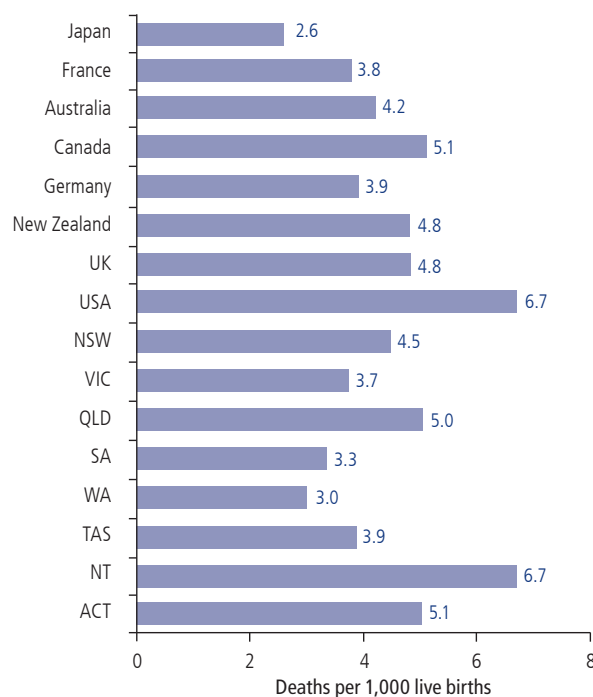
Life expectancy, together with mortality rates, and other health indicators such as communicable diseases, social factors and genetic makeup all contribute to the overall life duration. The 'healthy' life expectancy for selected countries has been estimated by the WHO, with Australia's estimated at 72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

Infant Mortality

Infant mortality is another indicator used to compare the health and wellbeing 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 the health of the population and is often used in understanding a country's or region's state of health development. In the past, infant mortality claimed a large percentage of children born, but the rates have significantly declined in modern times, mainly due 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 the 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

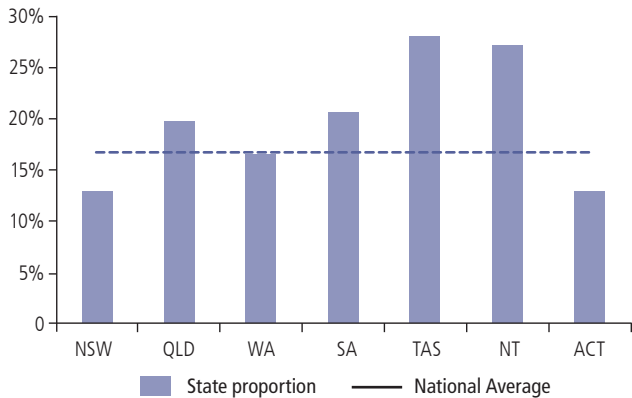


Source: OECD Health Data 2010, Paris 2010 and ABS Causes of Death 3303.0, Australia 2010

For the third consecutive year the infant mortality rate in Australia has decreased. In 2007 it stands at 4.2 infant deaths per 1,000 live births (see Chart 2). The rate for NSW is slightly higher than at the national average of 4.5. Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes.

The latest publication of Australian mothers and babies released in December 2009 reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, with 12.8%, almost 4% lower than the national average (16.6%).

Chart 3: Percentage of Mothers Reporting Smoking Tobacco during Pregnancy Australian States and Territories, 2006



Source: AIHW, Australia’s Mothers and Babies 2007, Australia 2009 (NB: No data available for Victoria)

Death Rates

In Australia, the standardised death rate in 2008 was 7.3 deaths per 1,000 for males and 5.0 for females. This represents a significant improvement from 1998 when the death rate was 9.2 and 5.8 respectively. The standardised death rate for all persons has remained at a low 6.0 deaths per 1,000 for the fourth successive year. NSW rates are the same as the national average for both males and females at 7.3 and 5.0 per 1,000 standard populations respectively (see Table 1).

Table 1: Standardised death rates per 1,000 people, 1998 and 2008

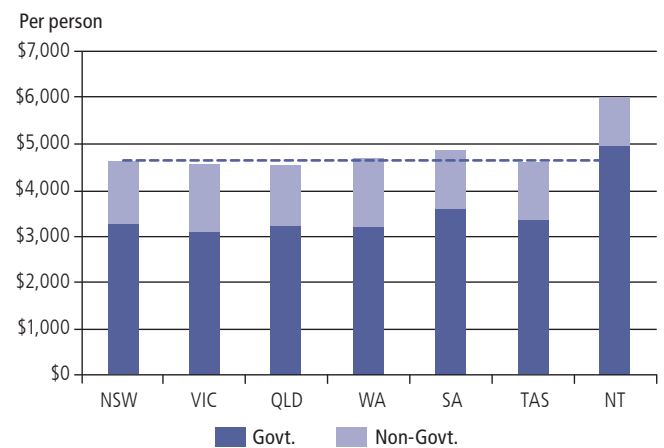
State / Territory	1998		2008	
	Male	Female	Male	Female
NSW	9.2	5.8	7.3	5.0
VIC	8.8	5.8	7.0	4.9
QLD	9.3	5.8	7.5	5.1
SA	9.2	5.8	7.2	5.0
WA	8.9	5.5	7.1	4.8
TAS	9.7	6.2	8.2	5.8
NT	10.9	9.1	10.6	7.7
ACT	7.9	5.7	6.8	5.0
AUSTRALIA	9.1	5.8	7.3	5.0

Source: ABS, Deaths, Australia, 3302.0, Australia 2010

Health Expenditure

Health expenditure per capita is an effective way of examining the proportion of total health funding provided by government that is allocated to individuals in the population as it removes any instability that is 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 annum, however health has had a higher expenditure growth of 8.4% per annum 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

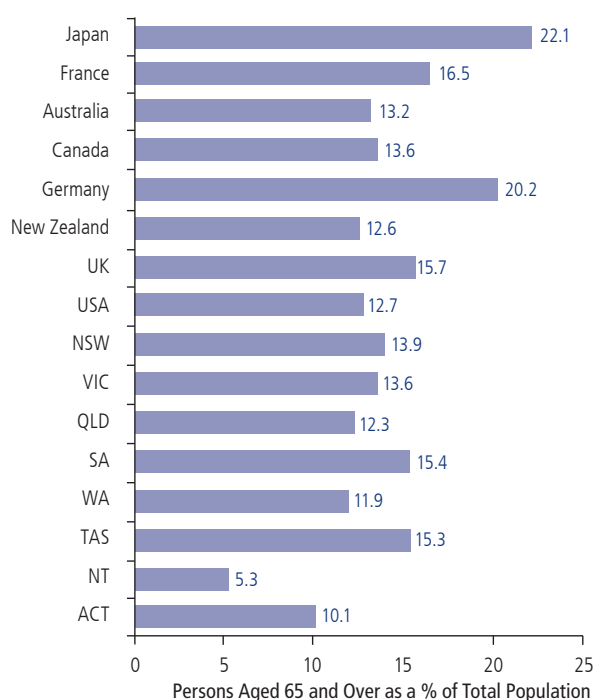
Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only; Excludes expenditure on high level residential aged care; ACT data is included with NSW.

Funding for public health initiatives in Australia is provided by both State and Federal governments and has also increased over the last decade. It aims to provide essential services plus intervention for major health issues, including disease prevention, obesity, diabetes, mental health, drug abuse and alcoholism. Non-government contributions towards health expenditure complement that provided by government enabling additional resources to be accessed.

Older Population

As individuals get older, their likelihood of deteriorating health status increase and their subsequent utilisation of health resources generally increases. Persons aged 65 and over tend to be higher users of the public health system than most other age groups, so the larger this segment of the population becomes, the more demand it creates. NSW has a higher proportion of its population aged 65 and over than the national average, at 13.9% compared to 13.2% nationally. Recent population trends show that this age group is increasing as a proportion of the total population in Australia, although is still well below that in a number of other countries, as shown in Chart 5.

Chart 5: Proportion of Total Populations aged 65 and over



Source: ABS, Australian Demographic Statistics, 3101.0, Australia 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 and the degree of specialisation, and the degree to which they are complemented by the private sector in each. 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. However, a large city hospital provides different functions and operates differently to a small rural hospital that serves 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 population. NSW has a higher provision of public hospital beds per head of population than the national average however, which in part reflects the relatively lower provision of services by the private sector in this State. The number of admissions per head of population is below the national rate, however the level of non-admitted patient services is well above that of other States. NSW accounts for over 46% of non-admitted patient services in Australia. 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.

NSW provided more elective surgery than the national average, at 28.3 admissions per 1,000, almost 3% above the national provision. This reflects the targeted activity undertaken in this area to reduce the number of people with extended waiting time for surgery. As a result, the waiting times for patients on the surgical waiting list continue to decline. This is reflected in the NSW proportion of elective surgery patients waiting more than 365 days for admission at only 2.5%, below the national level of 2.9%.

NSW has experienced an increase in Emergency Department occasions of service in recent years, a trend that has been seen throughout Australia. There were over 2.4 million presentations to Emergency Departments 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 Emergency Department patients being seen within clinically appropriate time of all States and Territories, at 75% compared to 70% nationally.

Table 2: Selected activity and performance measures by State and Territory, 2008–09*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Public Acute hospital beds per 1,000 population	2.7	2.4	2.4	2.3	2.9	2.4	2.5	2.7	2.5
Total public hospital beds per 1,000 population	2.8	2.4	2.5	2.4	3.1	2.6	2.5	2.7	2.6
Total public hospital admissions per 1,000 population	204.2	247.3	202.1	212.6	216.3	179.0	275.4	487.9	219.3
Emergency Department occasions of service (000s)	2,417	1,538	1,525	783	532	146	102	129	7,172
% Emergency Department occasions of service seen on time	75	73	66	62	64	62	60	54	70
Surgical admissions from the elective waiting list (000s)	199	148	110	64	44	17	10	6	599
Surgical admissions from the waiting list per 1,000 population	28.3	27.5	25.3	27.4	27.4	33.8	29.0	28.9	27.5
% Surgical admissions waiting more than 365 days	2.5	2.9	1.8	2.0	2.7	13.1	10.6	5.6	2.9
Non-admitted occasions of service (000s)**	19,687	6,021	9,214	3,745	1,576	909	502	336	41,989

*Caution is needed in comparing data between States and Territories due to variations in the data coverage and collection methods of each State and Territory.

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

Source: AIHW, Australian hospital statistics 2008–09, June 2010

Summary

NSW has the country's largest population and hence the largest public health system in Australia. The State continues to perform on par, and often above average, compared with the overall Australian performance.

Caring Together: The Health Action Plan for NSW

The NSW Government released *Caring Together: The Health Action Plan for NSW* on 30 March 2009 in response to the Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. The Plan outlines the specific actions to be taken to address the 134 recommendations accepted for implementation.

The Plan aims to improve patient safety and the quality of care in NSW public hospitals, and create a positive workplace for all people who work in the public health system. It places the patient at the centre of the health care system, and drives reform under four key themes:

- Improving Safety and Creating Better Experiences for Patients
- New Ways of Caring
- Education for Future Generations
- Strengthening Local Decision Making

Funding of \$485 million over four years has been provided to support the reforms, under which measures are being rolled out across each Health Service, supported by Area Health Advisory Councils and expert teams driving implementation locally. In 2009–10, \$116.5 million was allocated to Health Services to implement specific *Caring Together* recommendations.

Performance

The *Caring Together Health Action Plan* is structured into a three-stage approach:

- *Stage One: Action Plan* includes measures that can be put in place immediately to improve clinical care and the care environment (to September 2009);
- *Stage Two: Sustainability Plan* includes development of initiatives aimed at delivering greater sustainability for the health system (to September 2010);
- *Stage Three: Intergenerational Health Care System*: involves the development of an intergenerational plan to build on these improvements and strengthen the health system to respond to increasing demand (to March 2011).

Each Health Service and relevant Division in the Department report quarterly on progress against the 134 recommendations, providing a summary of activity and an assessment of the milestones achieved. These progress reports are accessible on the *Caring Together* website, www.healthactionplan.nsw.gov.au.

Work is currently focused on Stages One and Two, with completion targets from 2009 to September 2010. As at June 2010, over 85% of Stage One actions are either Achieved or Substantially Achieved, along with over 80% of Stage Two recommendations.

The report *Caring Together: Building Sustainability* (www.healthactionplan.gov.au) was released by the Minister for Health on 21 December 2009 and reported on the first six months progress of *Caring Together*.

Key measures on which significant progress has been made during 2009–10 across the four themes include the following:

Improving Safety and Creating Better Experiences for Patients

Between the Flags was launched on 13 January 2010. Initiated by the Clinical Excellence Commission, the program aims to improve the way clinicians recognise and respond to patients when their clinical condition starts to deteriorate. The initiative includes release of the Standard Observation Chart, and commencement of training of 65,000 staff, across more than 250 facilities. Clinical Emergency Response Systems which include escalation protocols for deteriorating patients are also in place in seven of the nine Health Services with the remaining Areas substantively implemented. Standard Observation Charts are also being developed for paediatrics and maternity.

All Area Health Services have developed implementation plans for **Safe Clinical Handover**, which mandates the implementation of a standard set of key principles for all types of clinical handover in line with a Policy Directive released in September 2009 (PD2009_060). The guidelines set parameters for communication between clinical staff during ward rounds, patient discharge and handover between shifts, and support supervision and education, particularly of junior staff.

Emergency Department Fact Sheets and Introduction of Triage Facts Sheets have been delivered to all EDs across NSW. The sheets have been translated into the 15 most common languages and will ensure that appropriate and clear information is provided to patients who attend the Emergency Department.

The professional development component of the 'Take the Lead' strategy to strengthen the role of Nursing and Midwifery Unit Managers builds the clinical leadership skills of participants to support their leadership role. More than 3,000 nurse managers have attended training to date.

There were 280 hospital wards in NSW as at June 2010 participating in the **Essentials of Care** program which provides clinicians with a method to explore and understand current clinical practice and practice environments and to develop ways to further enhance them. Nursing/Midwifery Unit Managers in *Essentials of Care* sites have reported significant improvements in team work, staff participation in decision-making, hand washing and documentation.

Twelve new **Extended Care Paramedics** commenced in April 2010 bringing the Statewide total to 44. These Paramedics assess and treat patients without the need to attend Emergency Departments. Reports from the Ambulance Service of NSW indicate that between 36%-49% of patients seen by the Paramedics avoid transfer to hospital.

New Ways of Caring

The new Sydney Children's Hospitals Network (Randwick and Westmead) is being established to improve co-ordination and the delivery of paediatric services provided at the Randwick and Westmead Children's Hospital campuses. Recruitment of a Chief Paediatrician and appointments to the Advisory Council are in train. Community interest in **NSW Kids** has also been high, with over 130 submissions received during the consultation period on the proposal.

In 2009–10, \$21 million was provided for the **Severe Chronic Disease Management Program**, to enable Area Health Services to begin roll-out of locally adapted programs. An algorithm has been developed to identify eligible patients at very high risk of hospital admission, and the first cohort of patients has been enrolled. Infrastructure, services, funding and staffing are being put in place and funding agreements around project plans and deliverables prepared.

Medical Assessment Units (MAUs) have been established to deliver faster, safer better care for the elderly and those with chronic conditions and as an alternative to treatment in the Emergency Department (ED). MAUs are designed to conduct rapid multidisciplinary assessment and provide earlier initiation of treatment. They are staffed by experienced doctors, nurses and allied health staff who are specialists in caring for older people and/or people of all ages with chronic conditions. Once the MAU staff assess and diagnose the patient's condition, as well as provide appropriate treatment they will arrange for the patient to either safely return home or transfer to a specialty ward within 48 hours.

In NSW there are now 28 operational MAUs and 340 MAU beds which had almost 70,000 patients by the end of June 2010.

In 2009–10 Area Health Services were allocated \$11.9 million Statewide to roll-out an additional 7,900 Hospital in the Home and **Community Acute Post Acute Care Services**. These provide selected types of acute/post acute care delivered to patients at their home or in an ambulatory clinic as an alternative to inpatient (hospital) care. This target was met in May 2010.

Education for the Future

Good progress has been made in the **recruitment of positions funded under *Caring Together***. These positions will fulfil key *Caring Together* recommendations on issues such as enhancing the rural medical workforce, improving practices concerning the management of medications and lessening the administrative load on clinicians. As at 30 June 2010:

- Rural Prevocational Medical Training 44.8 of the 45 full time equivalent (FTE) positions filled
- Vocational Medical Training Places – 18 of the 22 FTE filled
- Clinical Pharmacists – 48.6 of the 50 FTE filled
- Pharmacist Educators – 7.84 of the 8 FTE filled
- Pre-Registration Pharmacists – 21 of the 21 FTE filled
- Workforce Redesign Managers – 6 of the 8 FTE filled
- Clinical Support Officers – 482.8 FTE of the 514.9 FTE filled
- Clinical Initiative Nurses – 30 of the 30 FTE filled

Five Health Services have reached their recruitment targets across all of these professional groups. A small number of positions are left to recruit. In many cases delays are due to positions being difficult to recruit to in some locations, country rotations for some of the medical positions or resignations soon after appointment. Clinical Support Officers are a new classification specifically aimed at releasing clinicians, nurses in particular, from administrative duties to concentrate and direct patient care.

The Statewide **Education and Training Review** is nearing completion and a report is due to be released in November 2010.

Strengthening Local Decision Making

The engagement of clinicians and other health professionals in planning and decision-making is a priority to improve workplace culture and organisational effectiveness. Standardised operational arrangements for Hospital Clinical Councils have been determined, with the Council to be the key leadership group for its public hospital or hospitals. It is designed to participate with the management team in ensuring that hospitals deliver high quality services for patients. Councils are being formally established from 1 July 2010 and considerable planning and organisation has occurred this year to facilitate a smooth transition from those structures already in place.

The role of Executive Medical Director has been established to provide independent advice to hospital managers on matters related to quality and safety, models of care, and medical workforce issues. In June 2010, there were 42 qualified medical practitioners fulfilling the role, generally in a part-time capacity across all Area Health Services and the Children's Hospital at Westmead.

The need to ensure a safe and just work environment is also being addressed, with strong measures developed to address bullying. The central grievance advisory service, the **Anti-Bullying Advice Line (ABAL)** was launched on 27 April 2010. ABAL is publicised through promotional material and Area Health Services have created a link on their intranet to a site with information on the bullying complaints process.

Area Health Services (AHS) have also been allocated funding for **Anti-Bullying Management Advisors**, and are recruiting to these positions. As at 30 June 2010 seven had been appointed with recruitment underway for a further 9.5 positions.

Monitoring of organisational culture is also being put in place with a Statewide staff culture survey to be undertaken during 2010–11. Some Area Health Services have also completed local surveys, which have provided a baseline for the future benchmarking of culture and climate. It is supported by strategies to improve communication and information sharing, particularly between professional groups, at key points in patient care, such as clinical handover and patient discharge.

New Agencies

Good progress has been made with regard to the development of new agencies – the Agency for Clinical Innovation, the Bureau of Health Information, the Clinical Education and Training Institute and the existing Clinical Excellence Commission.

The Agency for Clinical Innovation was established on 11 January 2010 as a statutory health corporation and Professor Carol Pollock, Professor of Medicine at Royal North Shore Hospital, was appointed as Chair of the Board and Dr Hunter Watt has been recruited to the position of Chief Executive. Professor Pollock is also Chair of the Clinical Excellence Commission Board, providing an important strategic link between the two agencies. The ACI will develop and support evidence-based models of care for NSW.

The **Bureau of Health Information** was legally established in September 2009 with Dr Diane Watson, an internationally renowned health adviser and researcher, appointed as Chief Executive in October 2009. The Board is chaired by Professor Bruce Armstrong AM who brings a high level of expertise to this role. The Bureau supports public accountability and access to information about the performance of the health system regarding access to services, quality, safety, clinical effectiveness and efficiency, and will provide clinicians and managers with robust information about their own performance. Its first report *Insights into Care: Patients' Perspectives on NSW Public Hospitals* (www.bhi.nsw.gov.au) was released on 27 May 2010 and analysed the 2009 patient survey – the largest survey program of its kind. The BHI report noted that 34% of overnight patients rated care as excellent and a further 34% rated the care as very good. Similarly, 42% of day patients rated their care as excellent and 36% as very good.

The **Clinical Education and Training Institute** will support innovative multi-disciplinary training and provide leadership in addressing the workforce challenges we face. It will be operational from 1 July 2010, and will incorporate the functions of the former Institute for Medical Education and Training. Professor Steven Boyages has been appointed Chief Executive,

Monitoring our Progress

The Independent Panel was commissioned by the Minister for Health to benchmark and review progress on implementing *Caring Together*. The Panel has released two reports in November 2009 and June 2010, which are accessible on the *Caring Together* website, www.healthactionplan.nsw.gov.au.

The Second Report indicates substantial progress has been made, particularly with respect to strengthening strategic leadership and vision, developing a cohesive strategy for strengthening local decision making and providing more formal mechanisms for sharing and implementing best practice across Health Services.

Caring Together will continue to be the key reform program for the delivery and management of acute care services during the forthcoming period of change through the national health reform agenda and development of Local Hospital Networks. The core *Caring Together* programs and priorities are being evaluated to ensure their sustainability and potential risks monitored so that the value of the programs and the successes achieved so far are maintained into the future.

Complaint Management

Overview

NSW Health is committed to improving the overall quality of health care. One of the challenges in this objective is to identify and promote strategies and practices that enhance services provided to the community and engender community trust in those who administer and provide those services. Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. The challenge for health care services is collect better information about consumers' views to ensure the safe delivery of care.

Policy Directive

NSW Health's Complaint Management Policy was developed to provide a consistent approach to frontline complaints handling.

The policy directive was developed around eight key elements:

- Organisational commitment
- Accessible complaint processes for consumers
- Timely and sensitive management of complaints
- Appropriate assessment of complaints
- Just and fair treatment to all involved
- Complaint information management
- Evaluation and review.

Complaint Management Guidelines

Complaint Management Guidelines provide health workers with an operational framework for dealing with complaints. The guidelines aim to ensure that identified risks arising from complaints are managed appropriately, that complainants' issues are addressed satisfactorily, that effective action is taken to improve care for all patients, and that health service staff are supported.

NSW State Health Plan

NSW State Health Plan – Seven Strategic Directions

The NSW State Health Plan was produced in 2007 to guide the development of the NSW public health system towards 2010 and beyond. It sets out the strategic directions for NSW Health, which reflects the priorities in the NSW Government's State Plan.

The NSW State Health 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. These 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.

However, like health systems in other States and developed nations, the NSW health system faces significant challenges in the years ahead.

These 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 NSW State Health Plan addresses these 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 NSW State Health Plan identify our health priorities to 2010 and are reflected in planning processes at both State and Area Health Service levels. The seven Strategic Directions 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 health 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 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 system 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 2009–10 financial year to address these Strategic Directions.

Strategic Direction 1

Make prevention everybody's business

Child Health and Wellbeing

Towards Normal Birth in NSW

In response to concern about the rise in caesarean section rates, the Maternal and Perinatal Health Priority Taskforce (MandP HPT) and the Department of Health hosted a Statewide forum on Caesarean Section on 22 June 2007 at the Royal Hospital for Women, Randwick. The purpose of the multidisciplinary forum was to examine the rise in caesarean births within the public health system, and to inform the future policy direction for caesarean birth in NSW.

The themes for reducing caesarean section rates were presented to members of the HPT in August 2007. It was proposed that an action plan for normal birth be developed. The MandP HPT developed a draft paper titled *Towards Normal Birth in NSW*.

A Towards Normal Birth in NSW Statewide workshop was held on 18 February 2009 with an aim to:

- examine strategies to promote normal birth in NSW and reduce unnecessary caesarean sections
- develop further actions outlined in *Towards Normal Birth in NSW draft policy*.

This policy will build on and replace the current maternity services policy 'Framework for Maternity Services in NSW' which was published in 2000. Whilst this policy had actions to 2005, the content remains contemporary. It provides direction to NSW maternity services regarding actions to:

- increase the vaginal birth rate and decrease the caesarean section operation rate;
- develop, implement and evaluate strategies to support women
- ensure that midwives and doctors have the knowledge and skills necessary to implement this policy.

Aboriginal Maternal and Infant Health Service (AMIHS)

The AMIHS was established to improve the health of Aboriginal women and babies and decrease perinatal morbidity and mortality. It contributes to meeting the Closing the Gap targets of:

- Close the life expectancy gap within a generation
- Halve the gap in mortality rates for Indigenous children under five within a decade

AMIHS is a team approach to community maternity services providing flexible and non-judgmental approach and sensitivity to underlying social and economic circumstances impacting on Aboriginal people.

AMIHS has grown from seven programs funded in 2000 to over 30 programs implemented across NSW. There are many more sites than services due to the geographic distribution of the population.

The service now covers approximately 75% of Aboriginal births in NSW.

The linkages between AMIHS and the Community Services early intervention program, Brighter Futures, are continuing with orientation programs being held in locations across the State as AMIHS and Brighter Futures programs have been implemented.

Resources for AMIHS have been developed which includes a generic AMIHS brochure, Safe Sleeping brochure and Brighter Futures brochure.

Statewide Eyesight Preschooler Screening (StEPS)

StEPS is a scientifically based universal vision screening program for four year olds to identify problems early so treatment options are optimised.

As at April 2010 more than 100,000 four year old children had been offered a StEPS vision screening assessment and approximately 8,000 children were identified with a possible vision problem and referred to an eye health professional for a diagnostic vision assessment and treatment, where applicable.

Many of the children identified with significant vision problems attended paediatric ophthalmic outpatient clinics to have their vision eyes tested and the NSW Department of Health is working very closely with these clinics to ensure that all children referred via the StEPS program receive a diagnostic vision assessment in a timely manner.

Community support for the StEPS program has been excellent and is demonstrated by the high acceptance rate by parents/carers. Approximately 85% of parents with children eligible for the StEPS program accepted the service.

Immunisation

Improved health through reduced rates of vaccine preventable disease

The *NSW Immunisation Strategy* aims to minimise the incidence and prevalence of vaccine preventable diseases through maximising immunisation coverage.

Pertussis Outbreak Response Program

Pertussis (whooping cough) is a highly contagious infection of the respiratory tract. Epidemics occur every three to four years and vaccination provides the best protection. In response to an increase in notifications of pertussis in 2008 and 2009 in NSW and other jurisdictions, NSW Health implemented a range of targeted communication and strategies to raise community awareness and increase the uptake of vaccine.

In particular, NSW Health provided over 450,000 doses of free pertussis vaccine to new parents, grandparents and carers of infants less than 12 months of age to protect children too young to be fully vaccinated. New parents were sent a letter which stressed the importance of pertussis prevention and which promoted the free vaccination of all carers of new babies. NSW Health activities contributed to an increase in the percentage of children receiving the first dose of pertussis vaccine on time.

School-based Vaccination Program

The National Health and Medical Research Council (NHMRC) recommends a range of vaccines to adolescents as primary and booster doses to protect adolescents into early adulthood. In 2009 NSW recorded high coverage rates in Year 7 for human papillomavirus (HPV) vaccine (80% for dose 1, 77% for dose 2 and 69% for dose 3), hepatitis B vaccine (63% for dose 1 and 50% for dose 2) and varicella vaccine (34%) and in Year 10 for diphtheria-tetanus-pertussis (dTpa) vaccine (68%). NSW coverage rates are consistent with other jurisdictions. Coverage rates for hepatitis B and varicella vaccines are historically lower as vaccination is not required where a previous course of hepatitis vaccine has been received or where there is a previous history of chicken pox (varicella).

Overweight and Obesity

Go4Fun

The Go4Fun program targets children aged 7-13 who are overweight or obese. The program is run twice a week over 10 weeks and includes both children and caregivers. In 2009–10 the program was initially rolled-out in Greater Southern Area Health Service (GSAHS), the Greater Western Area Health Service (GWAHS) and the Sydney South West Area Health Service (SSWAHS). In 2010–11 the program will be rolled-out across all of NSW.

As part of this expansion, a 'Graduate Program' will also be offered to those families who have completed the Go4Fun program to maintain the benefits and build on the achievements gained by families participating in the program.

An independent evaluation of the program is being conducted. The program has been very favourably received by the community and the program will be adapted for Aboriginal children and where the level of overweight and obesity is higher.

Improved health through reduced obesity

Childhood overweight and obesity is a serious health problem which has been increasing in many developed nations. The NSW State Plan target is to hold the rate of childhood obesity to the 2004 level of 25% by 2010, and reduce it to 22% by 2016.

Adult overweight and obesity is also of considerable concern, and the Department of Health has introduced a number of key initiatives to assist in addressing this issue.

Live Life Well @ School (LLW@S)

LLW@S is a professional learning opportunity for staff in NSW government primary schools to develop quality nutrition and physical education programs in school communities. The program is a joint initiative of NSW Department of Education and Training and NSW Health. Since May 2008 eight phases of the program have taken place in different locations across NSW. To date, 1073 schools and 447 teachers have participated in the training. Many success stories have been shared over the past 12 months highlighting the varied ways schools are working to improve the teaching of nutrition and physical education and implementing 'whole of school strategies'.

Munch and Move®

Munch and Move® is a training program for early childhood educators who work directly with children in early childhood services across NSW. The purpose of the training is to assist participants to implement a fun, play-based approach to supporting healthy eating and physical activity habits in young children. Munch and Move® is a joint initiative of the NSW Department of Health, the NSW Department of Human Services (Community Services) and Area Health Services. Munch and Move® was launched in July 2008 and offered to preschools across NSW during 2009–10. Planning has been undertaken during the first half of 2010 for the roll-out of Munch and Move® to long day care services across NSW.

NSW Schools Physical Activity and Nutrition Survey (SPANS) 2010

The SPANS survey will be used to monitor progress towards the State Plan priority of addressing childhood overweight and obesity. The Physical Activity, Nutrition and Obesity Research Group (PANORG) at the University of Sydney conducted the survey on behalf of NSW Health amongst 8,000 children in years K, 2, 4, 6, 8 and 10 in early 2010. It is the fourth in a series of data collections focused on school students' health and weight status since 1985, making it the longest running children's physical activity, nutrition and overweight and obesity monitoring survey program in Australia.

Reduced Smoking

Improved health through reduced smoking

The NSW Government, through the NSW State Plan, aims to continue reducing smoking rates by 1% per annum to 2010, then by 0.5% per annum to 2016. The aim is to exceed this target for the Aboriginal population where smoking rates are higher than within the general population.

The percentage of people aged 16 years and over who smoke 'daily' or 'occasionally' has decreased significantly from 24.0% in 1997 to 17.2% in 2009.

In April 2010, \$2.17 million in funding was released to Area Mental Health and Drug and Alcohol services across the State, Justice Health and the Children's Hospital Westmead to support the transition of these facilities to becoming smoke-free and to support consumers to quit smoking. This funding will support smoking cessation by clients of Mental Health and Drug and Alcohol Services during their stay at an inpatient facility and upon transfer to the community.

Drug and Alcohol Services and Mental Health facilities in NSW have been progressing towards becoming smoke free since 2008, protecting clients and those working in these settings from the damaging health effects of second-hand smoke. A further \$100,000 in funding was provided to the Mental Health Co-ordinating Council (MHCC) to undertake a smoking cessation program across the State. Smoking cessation strategies aimed at people with drug and alcohol or mental health problems can significantly reduce health inequalities for this vulnerable group of people.

Tobacco Legislation

The *Public Health (Tobacco) Act 2008* commenced on 1 July 2009, introducing a range of legislative reforms in tobacco control, that focused on preventing the uptake of smoking by young people and protecting children and young people from exposure to environmental tobacco smoke.

The Act contains a number of new requirements for tobacco retailers and people who work in places where tobacco is sold, and introduces a new law to protect children from second-hand tobacco smoke. These reforms are a strong and responsible package of initiatives which cement NSW's place as a leading jurisdiction in tobacco supply controls.

One of the key reforms involves a complete ban on the display of tobacco across all retail outlets. Large retailers employing more than 50 staff were required to comply from 1 January 2010 and small retailers by 1 July 2010.

The Act also introduced from 1 July 2009 a ban on smoking in a car with a child under the age of 16 present. A \$250 on the spot fine applies to the driver and any passenger who breaks the law and this is enforced by NSW Police.

Chronic Disease

Reducing risk factors such as smoking, obesity and risky alcohol use requires strong effort and sustained action by individuals, families, communities and governments. Similar effort is needed to promote good nutrition, physical activity, healthy environments and supportive relationships.

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.

Drugs and Alcohol

Community Drug Action Teams (CDAT) Grants Programs

The 2009–10, CDAT grants program provided \$300,000 for 102 drug and alcohol prevention projects across NSW. In addition to the NSW Health grants, CDATs received \$317,580 in other government grants, resources and in-kind donations that supplemented their activities.

The range and variety of projects undertaken in 2009–10 is extensive. Community awareness forums, drug and alcohol education workshops and activities; diversionary activities for at risk young people; activities to build social cohesion and social support feature prominently. New CDATs were launched in 2009–10, including Marrickville which was launched by the Minister for Health in May 2010. Many CDATs continue to focus their efforts on reducing alcohol and drug related harms among young people, including Aboriginal young persons.

Drug Action Week

Drug Action Week is an important annual awareness-raising opportunity for drug and alcohol issues. During *Drug Action Week 2010*, from 20–26 June 2010, 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 and 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 Community Services NSW, schools, community drug action teams and other agencies, as being at risk of harm.

NSW Health Drug and 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 2010.

Responsible Drinking Campaign

In January 2010, NSW Health re-ran the successful responsible drinking campaign *What are you doing to yourself?* as an initiative of the Sydney Liquor Taskforce. The campaign consisted of a series of four 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.

The campaign ran from January to April 2010 and targeted to the inner-city and Manly areas – appearing in youth street magazines, licensed bar and nightclub toilets, on bus advertising, on posters at City Rail train stations and was transported around the Manly foreshore area on scooters during the summer period. The campaign was supported by an interactive education and information website <http://www.whatareyoudoingtoyourself.com>

A campaign badged entry sticker was also provided to attendees of the Surry Hills Festival 2010.

Guides for Aboriginal Teenagers and Parents

In November 2009, the Minister for Health, Carmel Tebbutt, and Rabbitohs footballer, Nathan Merritt, launched two booklets promoting responsible drinking to Aboriginal teenagers and parents. The guides were developed in consultation with the Aboriginal Drug and Alcohol Network Leadership Group and expand on the NSW Health alcohol education resources developed for the broader community.

The *Guides to Dealing with Grog* were distributed Statewide through Aboriginal Medical Services, NSW Health Drug and Alcohol services, Community Health Centres, sports clubs, NSW Police and Community Drug Action teams. More than 60,000 copies were distributed in 2009–10.

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 short listed 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. In 2010 *Play Now Act Now* will be run using an online model with monthly competitions between April and September 2010 culminating in a showcase finale in November 2010.

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 2010, NSW Health again partnered with the Big Day Out (Sydney), held over two days at the Showgrounds, to promote the 'You're a mate not a doctor' safety message from the Club Drugs campaign. The message 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 on each day of the Big Day Out events in 2010. Young participants were also provided with NSW Health Drug Safety information wallet cards. The Club Drugs campaign also featured at Field Day in January 2010, with posters in port-a-loos, signage at the event and inclusion in the programme. Field Day attracts in excess of 25,000 participants.

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. Implementation of the recommendations of the 'Strategic review of NSW drug and telephone services – Final Report, August 2009' is presently underway.

Drug Info @ Your Library

Drug Info @ Your Library is a joint project of the State Library of NSW and NSW Health. It provides current and reliable drug and alcohol information to the NSW community via a website and regularly updated collections in 368 public libraries, 250 being in regional NSW. In 2009–2010 a training workshop was developed to ensure public librarians have the skills to assist members of the community needing drug and alcohol information.

The drug info @ your library collections and website www.druginfo.sl.nsw.gov.au are provided for the community of NSW with a specific focus on parents and carers of young people and secondary and TAFE students.

Drug Action Newsletter

More than 40,000 copies of the Drug Action newsletter were distributed in 2009–10. The 16 page quarterly magazine highlights Community Drug Action Teams working in their local areas, tackling drug and alcohol problems using local solutions.

Other drug and alcohol information and education resources distributed by NSW Health in 2009–10 included:

- The Guides to dealing with alcohol for teenagers and parents – education booklets for teenagers and parents promoting responsible drinking. Reprinted in response to ongoing demand for these resources.
- 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.
- A set of eight information fact sheets on alcohol, marijuana, speed and ice, heroin, cocaine, hallucinogens, benzodiazepines and ecstasy. Over 150,000 were distributed in 2009–10.

Health Improvement

The NSW Get Healthy Information and Coaching Service

The NSW Get Healthy Service was launched in February 2009 and is a telephone based service aimed at providing information and ongoing behaviour change support for NSW adults in relation to healthy eating, physical activity and achieving and maintaining a healthy weight. The Get Healthy Service targets adults who are at risk of developing chronic diseases because they are:

- Not meeting healthy eating guidelines; and/or
- Physically inactive; and/or
- Overweight.

Since the launch of the Service there have been over 8,600 calls. Over 400 people have now graduated from the Get Healthy Service.

Sydney Diabetes Prevention Pilot

The Sydney Diabetes Prevention Program (SDPP) is a \$5.7 million flagship program under the auspices of the Australian Better Health Initiative. The Program is a collaboration between the Sydney South West Area Health Service (SSWAHS), Institute of Obesity, Nutrition and Exercise (IONE) at the University of Sydney, three Divisions of General Practice (Southern Highlands, Macarthur and Central Sydney GP network) and Diabetes Australia – NSW.

The aim of the SDPP is to develop, implement and evaluate an evidence-based lifestyle change program to prevent or delay the onset of type 2 diabetes in at-risk people aged 50–65 years. In 2009–10 more than 1,200 people participated in the program.

Healthy Ageing

Stepping On

The *Stepping On* evidence-based community seniors falls prevention program is moving into its second year, with an estimated 90 programs running across five NSW Area Health Services (AHS) between February 2009 and June 2010.

Each AHS has an appointed Stepping On Co-ordinator who supports program implementation including printed and other resources developed and supplied by the Department of Health.

Sexual Health and Blood-Borne Infections

Improved Health Through Reduced Rates of Blood-Borne and Sexually Transmissible Infections

The *NSW HIV, Sexually Transmissible Infections and Hepatitis C Strategies* aim to reduce the incidence of blood-borne and sexually transmissible infections in NSW through population health initiatives and to reduce the morbidity associated with these infections by providing care, treatment and support for those affected.

Get Tested, Play Safe

Get Tested, Play Safe is a Statewide multimedia campaign to raise awareness of STIs and promote testing and safe sex in young people aged 16–24, the group in which the largest increase in STI infection rates has been recorded. The campaign, which included television, General Practice and community elements, was developed by NSW Health and implemented August–October 2009. The independent evaluation of the campaign showed that it had achieved excellent impact with the target audience.

Improved coverage of the NSW Needle and Syringe Program

The NSW Needle and Syringe Program is an evidence-based public health program that aims to protect the community from the spread of infections such as HIV and hepatitis C among people who inject drugs. The NSP achieves this through distribution of the means of prevention of blood-borne viruses, provision of health education regarding disease transmission and referral to drug treatment and other health services.

Modelling undertaken by the National Centre in HIV Epidemiology and Clinical Research (2008) concluded that the NSW Needle and Syringe Program prevented 23,324 HIV infections and 31,953 hepatitis C infections in the period 2000–2009. However, that report also found that the volume of needles and syringes currently distributed is insufficient to reduce the incidence of injecting-related hepatitis C and HIV, and that there continues to be a substantial shortfall between the number of occasions of injecting occurring per annum and the number of needles and syringes distributed.

In 2008–09, the public Needle and Syringe Program recorded an 8% increase in the volume of sterile needles and syringes distributed. In addition, arrangements for the Pharmacy Fitpack Scheme were reviewed and restructured in order to further strengthen coverage via the pharmacy-based program.

Improved Oral Health

Extension of Water Fluoridation

During 2009 six councils/water authorities implemented fluoridation (Guyra Shire Council, Richmond Valley Council, Coffs Harbour City Council, Shoalhaven Council, Berrigan Shire Council and Central Darling). Coverage of water fluoridation has increased to approximately 94.5% of the NSW population.

Promoting Oral Health

The Smoking Cessation Brief Intervention at the Dental Chair-side, training package has been developed and implemented in NSW. Oral health is also included in Live Life Well, Go for 2&5 and Crunch and Sip programs in some Area Health Services. Lift the Lip checks are now core business for all Child and Family Health Nurses in NSW.

The Early Childhood Oral Health (ECOH) Program

Regular training sessions are delivered via face-to-face and tele-health for Child and Family Health Nurses, Aboriginal Health Workers, Allied Health, Karitane, Tresillian, GPs and Practice Nurses, and post-graduate nursing courses. NSW ECOH Guidelines, 2nd Ed available http://www.health.nsw.gov.au/policies/gl/2009/pdf/GL2009_017.pdf

NSW Little Smiles is a dental health resource for childcare professionals in NSW. The package includes a sample oral health policy for childcare settings; dental activities and discussions for childcare workers to have with children in care; and dental fact sheets for parents/carers. In addition, a dental information session is offered to childcare staff.

Performance Indicators

Children Fully Immunised

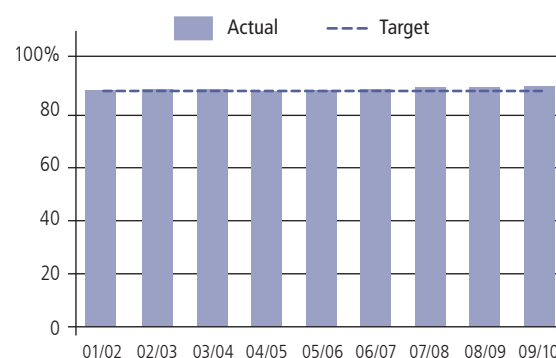
Desired Outcome

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.

Children fully immunised at one year of age (%)



Source: Australian Childhood Immunisation Register

Interpretation

The Australian Childhood Immunisation Register was established in 1996. The Register records information on the immunisation status of all children less than seven years of age. Data for NSW indicates that at the end of June 2010, 91.3% of children aged 12 months to less than 15 months were fully immunised. This is consistent with the national average for this age group.

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. The NSW target has been set at >90% to account for this discrepancy. Taking into account this underestimation, coverage for this age group is almost at optimum levels.

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. NSW Health continues to work with Divisions of General Practice to promote timely immunisation of children at the appropriate age milestones.

Adult Immunisation

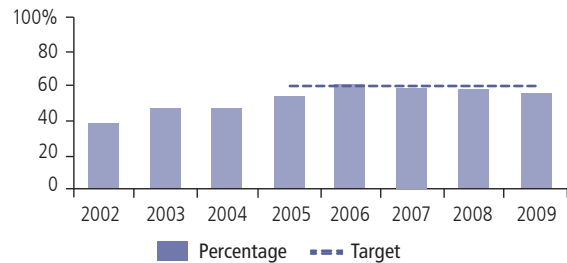
Desired Outcome

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

Context

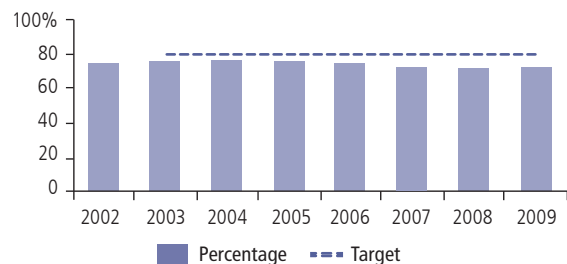
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge to persons at high risk of contracting these diseases.

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



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

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



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

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 72% in 2009. Similarly, there has been a significant increase in pneumococcal vaccination in this age group in the last six years, from 38.6% in 2002 to 55.6% in 2009.

Related Policies and Programs

- NSW Immunisation Strategy 2008–2011 highlights improving adult vaccination as a key result area.
- Recurrent funding is provided to area health services to implement vaccination initiatives that improve coverage to achieve national target levels.
- NSW health actively promotes influenza and pneumococcal vaccination of this age group through direct communication with general practitioners and aged care facilities.

Overweight and Obesity

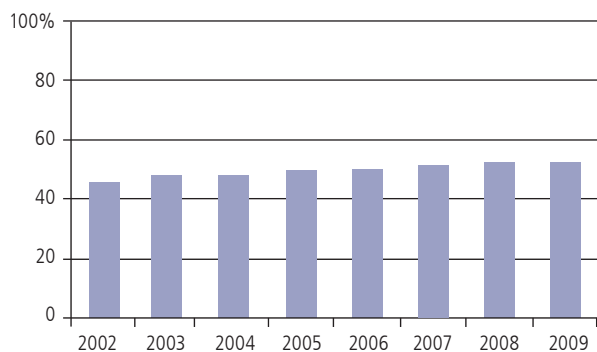
Desired Outcome

Prevent further increases in level of overweight and obesity

Context

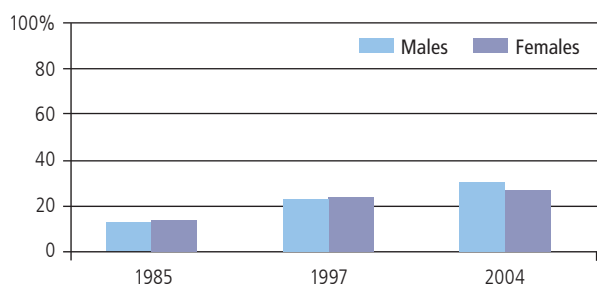
Being overweight or obese increases the risk of a wide range of health problems, including cardiovascular disease, high blood pressure, type 2 diabetes, gallstones, degenerative joint disease, obstructive sleep apnoea and impaired psychosocial functioning

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



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

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



Source: NSW Schools Physical Activity and Nutrition Survey 2004

Interpretation

Since 2008, there has been no significant change in the proportion of adults who were either overweight or obese. Between 1997 and 2009 there was a significant increase in the proportion of adults who were either overweight or obese (41.8% to 52.5%).

The increase was significant in males and females, in all age groups, in all quintiles of disadvantage, and in urban and rural health areas.

Related Policies and Programs

NSW health overweight and obesity prevention initiatives include:

- *Live Life Well @ School (LLW@S)*
- *Go4Fun* program
- Sydney Diabetes Prevention Pilot
- Ongoing research and evaluation by the Physical Activity Nutrition and Obesity Research Group.

Reduced Smoking

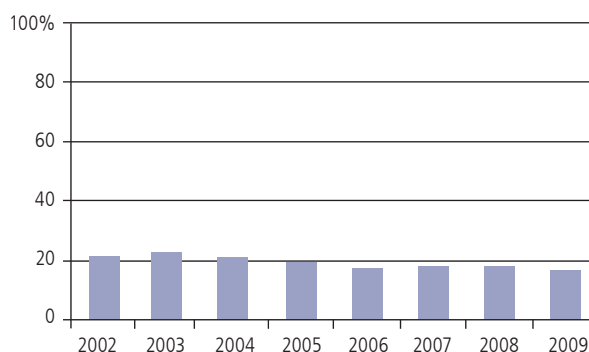
Desired Outcome

Reduced proportion of the NSW population who smoke

Context

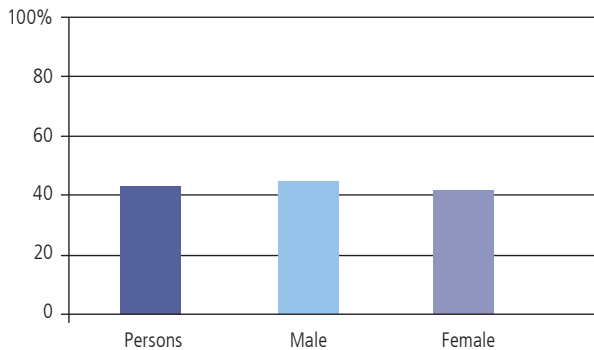
Smoking is responsible for many diseases, including cancers, respiratory and cardiovascular diseases, making it the leading cause of preventable death and illness in NSW. The burden of illness resulting from smoking is greater for Aboriginal adults than the general population.

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



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

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



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

Interpretation

The NSW Population Health Survey illustrates a continued decline in smoking in the adult population from 24.0% in 1997 to 17.2% in December 2009. The decrease has been significant in all age groups except 45-54 and 55-64 years, in males and females, in all quintiles of disadvantage, and in urban and rural health areas. Since 2008, there has been no significant change in the proportion of adults who were current smokers. However, there has been a significant increase in males aged 45-54 years, and a significant decrease in females aged 16-24 years.

Among Aboriginal adults, 43.2% were current smokers. There was no significant difference in the proportion of males and females who currently smoked. For both males and females, rates of current smoking were highest in young adults, particularly young men aged 16–24 years (58.9%). There was some geographical variation, with a higher proportion of rural residents (44.4%) than urban residents (41.2%) currently smoking.

Related Policies and Programs

The NSW State Plan aims to continue reducing smoking rates by 1% per annum to 2010, then by 0.5% per annum to 2016. The aim is to exceed this target for the Aboriginal population where smoking rates are higher than within the general population.

- Smoke free environments** – *The Smoke-free Environment Act 2000* bans smoking in all enclosed public places (with the exception of the private ‘high roller’ gaming areas of the casino) to protect patrons and staff from the harmful effects of environmental tobacco smoke. In 2009–10, Area Health Services undertook a rigorous program of compliance monitoring across NSW.
- SmokeCheck** builds the skills and capacities of Aboriginal health workers to implement smoking cessation programs within their communities. It is a joint partnership with the Cancer Institute NSW, and training is delivered by the Australian Centre for Health Promotion, University of Sydney. Culturally appropriate resources support the training.

Since its launch a year ago, over 50 workshops have been conducted across Area Health Services involving over 400 staff, half of whom identify as being Aboriginal and/or Torres Strait Islander. Training showed significant increases in participants’ skills, knowledge and level of confidence in providing smoking cessation support to their clients after attending the training. These include increases in the level of confidence in talking about health effects (22%), advising clients to quit (27%), assessing readiness to quit (31%) and bringing up issue of smoking (24%).

Alcohol – Risk Drinking Behaviour, Persons Aged 16 Years and Over (%)

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 30.4% in 2009. The decrease has been significant in males and females, and in urban and rural health areas. Risk drinking amongst young females has fallen significantly from 47.1% in 2008 to 37.0% in 2009, using the revised Guidelines. Previously between 2005 and 2008 risk drinking in this group had been increasing, from a previous low of 38.0% in 2005 to 47.1% in 2008.

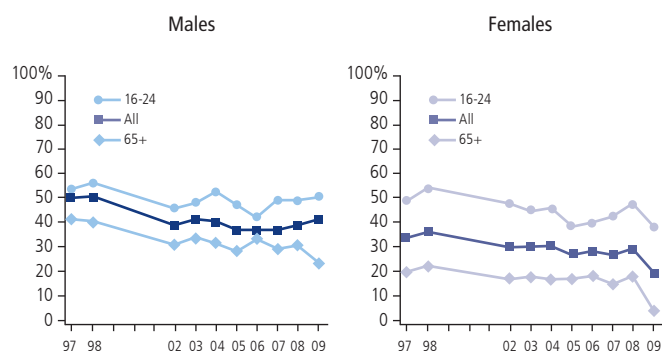
The Australian Guidelines to Reduce Health Risks from Drinking Alcohol, published in 2009 introduced the concept of progressively increasing risk of harm with the amount of alcohol consumed, rather than specifying ‘risky’ and ‘high risk’ levels of drinking above guidelines. The indicators now measure the proportion of adults who are complying with existing guidelines in any given year. It is not a measure of alcohol consumption.

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% 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.

The proportion of the population aged 16 and over who engaged in any alcohol risk drinking behaviour, annual rates, NSW, 1997 to 2009



Source: NSW Population Health Survey 2009, Centre for Epidemiology and Research.

Fall Injury Hospitalisations

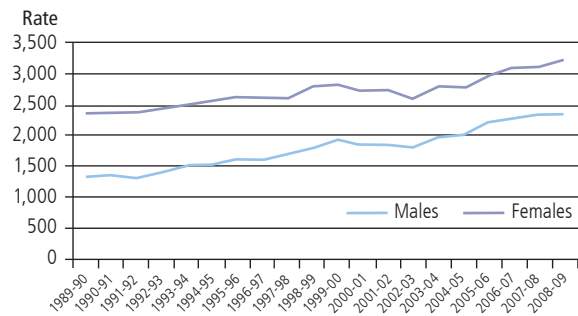
Desired Outcome

Reduce injuries and hospitalisations from fall related injury in people 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.

Fall related injury in people aged 65 years and over.



Source: NSW Inpatient statistic collection and ABS population estimates (HOIST) Centre for Epidemiology and Research NSW Department of Health

Interpretation

Over the last ten years the rate of hospitalisation for fall injury in older people has been increasing for both men and women. 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

- Stepping On: The *Stepping On* evidence-based community seniors' falls prevention program is moving into its second year, with an estimated 90 programs running across five NSW Area Health Services (AHS) between February 2009 and June 2010. Each AHS has a Stepping On Co-ordinator who supports program implementation including printed and other resources developed and supplied by the Department of Health.
- Development of new falls strategic plan: Throughout 2009–10 the Department of Health has undertaken Statewide consultation and overseen the completion of commissioned work to inform the second NSW Health plan for falls prevention among older people. The new plan aims to build on the supporting infrastructure established by the first Statewide plan, taking into account current evidence about effective approaches to preventing falls and updated national falls prevention best practice guidelines. Implementing effective strategies for prevention of falls and harm from falls among older people will involve both action across a range of clinical settings and population-focused health promotion activities.

Strategic Direction 2

Create better experiences for people using health services

Ensuring High Quality Care

NSW Health continued implementation of the NSW Patient Safety and Clinical Quality Program to deliver safer healthcare and improve patient outcomes.

Between the Flags – (BTF)

One recommendation of Commissioner Garling in his final report of the *Special Commission into Acute Care Services in NSW Public Hospitals* was to implement the Clinical Excellence Commission's BTF program, a system to better recognise and respond to deterioration in a patient's condition.

The program consists of the establishment of formal *Clinical Response Systems* (CERS) with two levels of response. The first level, Clinical Review is the response for sick patients and the second level, Rapid Response system is for very sick patients. Standard observation charts are used to trigger either the clinical review or the rapid response.

The *Recognition and Management of a Patient who is Clinically Deteriorating Policy Directive* was issued in May 2010. The Policy Directive included mandatory actions for Attending Medical Officers (AMOs) and other staff to regularly review a patient's medical management plan and for the AMO to be informed should a patient's condition deteriorate and require a rapid response.

To support implementation, each health service has established dedicated committees to ensure progress. Comprehensive CERS are now in place and increased clinical reviews are being undertaken. Over 45,000 front line clinicians have been provided with awareness training, more than 17,000 have completed an online e-learning package on the DETECT manual and face-to-face practical training sessions are being rolled out across NSW Health.

Reducing Health Associated Infections (HAIs)

The HAI program comprises five key initiatives – hand hygiene; adherence to precautions to prevent the spread of infections in hospitals; effective use of cleaning programs; correct use of antibiotics; and adherence to evidence based guidelines in intensive care units.

These initiatives are supported by a surveillance program that commenced in January 2008. Health services report on eight mandatory HAI indicators which provide data on bloodstream infections, surgical site infections and multi-resistant organisms in intensive care units. State level data on these eight indicators is reported on the Department's website at <http://www.health.nsw.gov.au/hospitals/hai/index.asp>.

In addition to information provided through the surveillance program, audits of hand hygiene allow the nurse/midwife in charge of the ward or unit to review and monitor local practices and provide an opportunity for benchmarking within and between similar healthcare facilities. The NSW Clinical Excellence Commission is lead on training hand hygiene auditors as part of the National Hand Hygiene Initiative. Audits are undertaken three times a year involving observation of the performance of hand hygiene by frontline clinicians at critical points in the care of patients. A total of 305 Gold Standard Assessors and more than 700 ward auditors are now undertaking these audits across NSW.

A Central Line Insertion Record, released in early 2010, provides intensive care unit clinicians with a checklist to monitor compliance with evidence based practice for the insertion of central lines to minimise complications from the insertion of central lines and to reduce the occurrence of bloodstream infections associated with these lines.

Patients have a right to a clean environment wherever they receive care in the NSW healthcare system. NSW Health commenced a review of cleaning standards and is developing a new Environmental Cleaning Policy Directive which will detail the best practice guideline for all aspects of environmental cleaning in healthcare facilities.

Correct Site, Correct Patient Identification

Failure to correctly identify patients is an internationally recognised patient safety concern.

Misidentification of patients can result in wrong person procedures, medication errors, testing and transfusion errors, which may result in patient harm. These incidents arise largely from miscommunication and unavailable / incorrect information.

NSW Health introduced a 'time out' process as a key component of the NSW Health Correct Patient, Correct Procedure, Correct Site policy. This process requires the whole surgical/procedural team to stop and check identification information as well as a number of other critical areas such as assessment for antibiotic and VTE prophylaxis before starting an operation or procedure. NSW Health is now commencing work with key stakeholders in NSW to enhance this process following endorsement of the World Health Organisation's Surgical Safety Checklist.

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. The CEC and NSW Health have been working collaboratively to revise the framework to further strengthen and support their application in NSW.

High Risk Medicines

High risk medicines have a low safety margin and if misused are likely to cause patient harm. The reduction of medication errors attributed to the use of high risk medicines is an important patient safety issue. A High-Risk Medicines policy is currently under development and incorporates standards for Potassium, Vincristine and Anticoagulation. The policy will promote and support the safe and quality use of high risk medicines and raise awareness with clinicians of the harm that can be caused by these drugs.

Standardised Charts (Observation and Medication)

Introduction of standardised medication charts significantly reduces the frequency of prescribing errors. In 2006, NSW was the first State in Australia to introduce a standardised National Inpatient Medication Chart. In 2009–10 in consultation with health services, the Australian Commission for Safety and Quality in Health Care (ACSQHC) and the NSW Medication Safety Expert Advisory Committee (MSEAC), a policy to cover all standardised charts was developed to update the earlier 2006 policy.

A Standardised Adult General Observation chart has been introduced in all NSW hospitals as part of the Between the Flags program. This standardised chart is the same in all hospitals making it easier for staff to graph patient observations and track them over time. There are also colour-coded triggers in the chart to identify patients whose clinical conditions is deteriorating and elicit an appropriate response.

Medication Management Strategy

In 2010, NSW Health has taken a Statewide approach to the delivery of a comprehensive Medication Management Strategy incorporating supply chain, clinical pharmacy services, information systems and clinical practice. A Statewide Medication Strategy Co-ordination Committee (SMSSC) is co-ordinating medication-related activities in NSW including initiatives by the Medication Safety Expert Advisory Committee, the Clinical Pharmacy Model Working Group, the Strategic Information Management Branch and the Pharmacy Reform Program. A NSW Health Medication Management Strategy is being developed in consultation with health services and expert medication reference groups. The Strategy builds on existing work and creates a practical action plan and clear way forward for medication management in NSW.

Analysis of the Root Cause Analysis (RCA) Process

Root Cause Analysis (RCA) reports are reviewed by one of three sub-committees of the Reportable Incident Review Committee (RIRC). The three subcommittees are Clinical Management (general), Maternity and Perinatal and Mental Health. The Clinical Excellence Commission (CEC) provides secretariat functions for these meetings. The sub-committees review the RCA reports and look for trends or significant issues which require a State-level response. These issues are reported at the monthly RIRC meetings and appropriate mitigation actions planned and assigned to Department of Health branches, CEC or Agency for Clinical Innovation.

Issues are also raised with the Directors of Clinical Governance for their information, input into Statewide initiatives and local action.

A significant success of the RCA sub-committee process has been the identification of the problems with recognising and managing patients who are clinically deteriorating resulting in the genesis of the Between the Flags program which has been rolled out in all Area Health Services in 2010.

Monitoring Patient Safety and Quality

To reduce the risks across NSW public healthcare facilities NSW Health monitors, analyses and evaluates a number of safety and quality indicators. The performance of health services is compared between similar health services and against stated national benchmarks where available.

Indicators include Healthcare Associated Infections (HAI), serious clinical incidents and complaints management.

HAI Rates Infection control

Area Health Services (AHS) provide monthly infection control data to the Department of Health and two of these indicators (Staph aureus blood stream infections and Central Line Associated Bacteraemia in ICU) are discussed regularly in performance management meetings with each AHS. These indicators and a further six indicators are publicly reported on the NSW Department of Health website.

The Incident Information Management System

The Incident Information Management System (IIMS) assists healthcare professionals across NSW to identify, track and manage clinical, workforce and corporate incidents across the public health system. Implemented within all NSW public hospitals in May 2005, IIMS was established to ensure that the highest quality of care and safety is provided in the State's hospitals.

The NSW Department of Health uses the information contained within the IIMS to identify common elements and make overall improvements to the quality of patient care in NSW. The Clinical Excellence Commission publishes a six monthly analysis of reported incidents.

Death Reviews

To determine if improvements to systems and processes are required NSW Health has a process in place that ensures all deaths are reviewed within 45 days and unexpected deaths are examined in depth and where relevant, referred to the Coroner and special committees appointed by the Minister.

An evaluation of the death review process has made recommendations to improve processes and to facilitate peer review of deaths. These improved processes will be implemented in 2010–11.

National Performance Indicators

NSW Health is working with ACSQHC on the development of National Core Hospital-based Outcome indicators.

Potential indicators include:

- Hospital standardised mortality ratio
- Death in low-mortality Diagnosis Related Groups
- In-hospital mortality rates for:
 - acute myocardial infarction (AMI)
 - heart failure
 - stroke
 - fractured neck of femur, and
 - pneumonia
- Unplanned hospital re-admissions of patients discharged following management of:
 - AMI
 - heart failure
 - knee and hip replacements
 - depression
 - schizophrenia, and
 - paediatric tonsillectomy and adenoidectomy
- Obstetric trauma – third and fourth degree tears

Supervision for Safety

A Statewide best practice model for the supervision of junior clinicians is currently under development. NSW Health has engaged with experts and key stakeholders from within the NSW Health system to develop a set of principles for a supportive clinical environment. These principles will focus on keeping our care environments safe for patients and safe for learning through practice.

Clinical Pharmacy Model

A working group has been developing a new model of clinical pharmacy as the result of a *Caring Together* recommendation. Following advice from a workshop, which included pharmacists, other clinicians, managers and consumers, a discussion paper has been developed. The paper includes review of priority setting for medication review and what an active clinical pharmacy model would look like from the perspective of the patient, nurse, doctor, and pharmacist.

Safety Alert Broadcast System

The Safety Alert Broadcasting System (SABS) ensures that NSW Health is immediately responsive to patient safety issues. NSW Health undertakes a systematic approach to determining the best mechanism to ensure the required action and management of patient safety issues occurs at the Area Health Service level. After completing a risk assessment NSW Health determines whether a Safety Alert, Safety Notice or Safety Information Broadcast is the most suitable method of information dissemination.

In 2009–10, 17 safety notices and nine safety alerts were issued.

Licensing

NSW Health is the authority for enforcing licensing standards for privately owned and operated health facilities across the State to ensure that health services provided to the community by the private health sector are safe, appropriate and effective. Under Poisons and Therapeutic Goods legislation, licences are also required for the supply of pharmacy medicines (Schedule 2 substances) by retailers (who are located remotely from the premises of a retail pharmacist); for the supply by wholesale of any poisons or restricted substances; and for the manufacture or supply of drugs of addiction.

Inspections

NSW Health conducts inspections of premises for the purposes of licensing or authorising under the *Poisons and Therapeutic Goods Act 1966*. Among other things, premises are inspected with respect to their security, cleanliness, and their stock handling, stock control, customer authority verification, and record-keeping procedures. The types of premises inspected include methadone clinics and wholesale scheduled medicine distributors.

The NSW Health Private Health Care Unit monitors and ensures compliance with licensing standards under the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2010*.

The Unit's activities include onsite visits, paper audits, telephone and/or written contact. The type of audit conducted may be routine or focus on a particular area. All facilities receive regular visits to ensure compliance. After each audit a report is sent to the facility that may ask for improvements to be made. The Unit continues to monitor the facility to follow up on the progress of these improvements.

Authorities

The Poisons and Therapeutic Goods Act sets out restrictions on the prescription and supply of drugs and poisons to ensure that medicines and poisons are appropriately available to the public, to minimise harm from the use of medicines and poisons in the community, and to promote the quality use of medicines.

Authorities are also issued by NSW Health to doctors to prescribe drugs of addiction. There are three distinct types of authorities: authorities to prescribe opioids for pain, authorities to prescribe methadone or buprenorphine as part of the NSW Opioid Treatment Program; and authorities to prescribe stimulants (dexamphetamine or methylphenidate) for attention deficit hyperactivity disorder in children, adolescents and adults, as well as other conditions in adults, including narcolepsy and brain damage.

Authorities are also issued to doctors to prescribe certain restricted substances such as clomiphene and isotretinoin.

Legislation and Scheduling of Medicines and Poisons

NSW Health participates in national co-ordination of scheduling of medicines and poisons to protect the public such as through appropriate restrictions on access (such as restriction to supply on a doctor's prescription or personal supply by a pharmacist); and labelling and storage requirements. Advice is provided and complaints managed to ensure compliance with the relevant State legislation. Legislation is updated to ensure appropriate access and use of medicines and poisons.

Prevention of Advanced Liver Disease Associated with Hepatitis C

In 2007, NSW Health set a target to double the number of people in receipt of antiviral treatment for hepatitis C. This target was set in order to stabilise the prevalence of advanced liver disease associated with hepatitis C.

Since 2005-06 there has been a 57% increase in the number of patients on antiviral treatment and a 140% increase in the number of public sites at which treatment is available. Additionally Clinical Governance Committees have been established in each Area Health Service to ensure decisions regarding hepatitis C service development are informed by doctors, nurses, affected community and health service managers.

Improved Health for Aboriginal Communities

Walgan Tilly Clinical Service Redesign Program

We are continuing to develop the key initiatives of the Chronic Care for Aboriginal People program. The Walgan Tilly Clinical Service Redesign program, which commenced in 2007, has demonstrated some practical solutions to addressing the gaps in access to and use of chronic care services for Aboriginal people in NSW.

This was the first Aboriginal Redesign project facilitated by the Department with all Area Health Services including Justice Health and some Aboriginal Medical Services. Eight fundamental elements were identified as being essential to the model of care for working with chronic disease in Aboriginal communities. They were identification, trust, screening and assessment, clinical indicators, treatment, education, referral and follow up. These elements were developed following extensive consultation, literature research of best practice and fact finding site visits to explore how communities were responding to the challenge of managing chronic disease in Aboriginal communities.

This model complements and provides a practical approach for existing structures and initiatives that support improving health outcomes for Aboriginal people with, or at risk of developing, a chronic disease.

It can be used by any health service providers as a framework to review and map this model to their existing programs or new strategies that is modelled from best practice across the State. This model also allows for the identification of gaps and opportunities at a local and Statewide level to maximise existing resources or build business cases to provide new initiatives to address chronic diseases in Aboriginal communities. It also provides an ideal platform on which to establish committed engagement and partnerships with service providers within health and social networks to improve health outcomes for Aboriginal people. A Clinical Services Redesign School is planned to apply this model in settings throughout NSW.

Aboriginal Child Sexual Assault Service Responses

Implementing the 10 actions lead by NSW Health in the Interagency Plan to Tackle Child Sexual Assault (ACSA IAP) and the NSW Health component of the Safe Families program. The ACSA IAP actions led by NSW Health are focused on ensuring that NSW Health Services provide more timely and culturally appropriate responses to Aboriginal child sexual assault, particularly through sexual assault medical and counselling services. The Safe Families Program is an innovative program response to Aboriginal child sexual assault that embeds a joined-up, cross-agency response into an integrated community development, child protection, early intervention, prevention and risk reduction strategy. It is being rolled out in five communities within the Greater Western Area Health Service, with the final site due to go live at the end of July 2010.

Indigenous Early Childhood Development Strategy

Provided jurisdictional advice on and participate on the reference group of the Critical review of Aboriginal Home visiting and outreach programs.

Supported the work of the Child Health and Wellbeing Subcommittee by providing jurisdictional comment and consultation on various national documents including National Framework for Universal Child and Family Health Services, National Early Childhood Development Strategy, Critical Review of Aboriginal Outreach and Home Visiting and National Headline Indicators for Child Health Development and Wellbeing.

Building Strong Foundations for Aboriginal Children, Families and Communities

Seven sites have received funding to establish child and family health nurse and Aboriginal Health Worker teams to provide culturally appropriate services to families with an Aboriginal child – from birth to school age. These programs have strong links to the Aboriginal Maternal and Infant Health Service (AMIHS) services. In addition funding to support staff implementing has been provided to the Training and Support Unit and for program evaluation. Additional sites will be funded in 2010–11.

Strategic Hearing Projects

SWISH Program Guidelines

Policy guidelines for the Statewide Infant Screening Hearing program were finalised in February 2010. The guidelines can be accessed through the following link. www.health.nsw.gov.au/policies/gl/2010/GL2010_002.html

Audit of Hearing Services

Information collected through 2009 site visits to Area Health Services across NSW is being collated in a discussion paper which will be used in a further consultation process. A forum is planned for stakeholders to discuss and make recommendations on the development of the Hearing Health Network by November 2010.

Procurement Process for New Statewide Infant Screening – Hearing Program equipment

The purchase of new Statewide Infant Screening – Hearing Program equipment will replace screening equipment originally purchased for the program in 2002 across all health services. A tender procurement process has been undertaken which included a comprehensive evaluation of Automated Auditory Brainstem equipment offered to NSW Health in May 2010. The evaluation included technical assessment, evaluation of infection control risks, a practical evaluation of equipment in the field and an audit of equipment currently used by screeners.

Submission for the Senate Inquiry into Hearing Health

NSW Health forwarded recommendations in regard to Hearing Services in a submission to the Community Affairs Reference Committee: Senate Inquiry into Hearing Health. The Inquiry report *Hear Us* was released on 13 May 2010. An evaluation of the potential impact of the recommendations for NSW Health was completed in June 2010.

Improved Co-ordination of Palliative Care Services

Developed and released in January 2010 the *Palliative Care Strategic Framework 2010–2013* sets five priorities for service development over the next four years including:

1. Improving NSW palliative care service planning and delivery
2. Implementing the Standards for Providing Quality Palliative Care for all Australians
3. Improving palliative care workforce capacity and training
4. Improving palliative care data
5. Strengthening evidence based practice.

The Statewide Centre for Improvement of Palliative Care (SCIP) has been established to provide leadership for palliative care service planning and to support the implementation of the Strategic Framework. This work will be aided by the Palliative Care Service Development Officer Network. A Service Development Officer position has been established in each AHS. These positions were approved in 2006 with recurrent funding. The Strategic Framework will be implemented through the *NSW Palliative Care Service Development Plan* and the *NSW Paediatric Palliative Care Service Development Plan*.

Severe Chronic Disease Management Program

NSW Health has introduced a number of programs and strategies addressing chronic disease, including the *NSW Chronic Care Program* in 2000; the *NSW Chronic Disease Prevention Strategy 2003–2007*; the *Chronic Care for Aboriginal People* programs; the *Integrated Primary and Community Health Policy (2007–2012)*, HealthOne NSW, Healthy at Home and the NSW Health Community Health Review.

However, the need for the integration of care for people with severe chronic disease and the concept of a new model of co-ordinated, joined up and shared care was highlighted in the Garling and National Health and Hospitals Reform Commission reports. As a result the Department established a Severe Chronic Disease Management Program.

NSW Health is implementing the Severe Chronic Disease Management Program to deliver more effective care and support to older people over 65 years and Aboriginal people over 45 years who are at high risk of being admitted to hospital because of their chronic diseases. This innovative new program is the first of its kind in NSW. Human Services, Ageing, Disability and Home Care is partnering with NSW Health and General Practice NSW in the implementation of this program.

The program will target people with the chronic diseases that result in the most frequent presentations to hospitals, drive the highest health care costs, and respond best to improved care co-ordination – namely Diabetes, Congestive Heart Failure, Coronary Artery Disease, Chronic Obstructive Pulmonary Disease and Hypertension.

This new program will be rolled out over the next four years and by the end of Year 4 it will have the capacity for 43,000 patients to be enrolled on the program.

The new program aims to improve patient and carer experiences and life quality by enhancing and better co-ordinating care and support services for enrolled patients. In particular the program aims to better co-ordinate care services through:

- Improve co-ordination of patient care in/between primary, acute and community sectors, and across clinical specialties
- Improved sharing of health assessment information between care providers;
- The development of shared care plans care plans; and
- Accelerated provision of home and community based services.

To support the implementation of this Program, a Chronic Disease Management Office was established in 2009–10 and a Director appointed. In 2009–10 the Program was responsible for the following activities:

Development of Regional Project Plans

Regional Project Plans have been developed in consultation with key stakeholders to guide local implementation. Areas have been advised of patient target numbers and allocated budgets to enhance services and enable delivery of care co-ordination and self-management support including health coaching.

The Plans and services for enrolled patients are required to link with existing services that care and support older people with complex needs including those provided by the Primary Care and Community Care sectors.

Identification and Enrolment of Patients

In 2009–10 more than 8,606 patients including 447 Aboriginal people have been identified as very high risk of admission to hospital. These patients all had at least three unplanned admissions to hospital due to one or more of the five targeted chronic diseases in the 12 months prior to their identification. Formal enrolment of patients commenced in June 2010.

Coaching and Telephony Services

A survey to identify gaps in self-management support including health coaching services for chronic disease has been finalised. A public tender has been commenced to identify providers who can provide new and additional services such as:

- Web-based health coaching systems
- Self-management coaching services
- Training in self-management support
- Remote telemonitoring of chronic disease conditions.

Funding has also been provided to Areas to enhance existing telephone-based services to improve access for patients, carers and primary health care to chronic disease services.

Planning and Evaluation

A chronic disease epidemiologist has been appointed to assist in the evaluation process, data analysis, and algorithm development process. The Sax Institute has been commissioned to undertake a study of the 45 and Up chronic disease data set (and linked data) and provide advice in relation to these tasks.

In 2009–10 the office also commenced the planning for a central patient register that will support the Program's evaluation.

Other Highlights

Nursing and Midwifery

Take the Lead is a project aimed at strengthening the role of the Nursing/Midwifery Unit Manager (N/MUM) and thereby improving the patient journey and the patient and carer experience. Following a 12 month diagnostic phase three streams of work were identified. These were:

- In collaboration with key stakeholders a conceptual framework has been developed, which articulates the purpose and core functions of the N/MUM role.
- Five professional development modules; Critical Communication, Rostering for Patient Care, Financial Management, Lean Management and Leadership, Leading for Success have been designed for N/MUMs. To date, over 1,600 N/MUMs have attended one or more of the programs and 196 have completed all modules.
- Address transactional administrative tasks – the introduction of Clinical Support Officers (CSO) is a key support for this stream of work. A number of Area Health Services are also reviewing the administrative work at a ward level.

Researchers from the University of NSW have been engaged to undertake a full evaluation of the project including the impact of CSOs. A DVD of some of the NUMs who have been involved is on the Nursing and Midwifery Website.

The **Essentials of Care Program** aims at improving nursing and midwifery care at the clinical unit level. The program engages clinical staff in the development of clinical care environments that meet the needs of patients and families at the most fundamental level. The Program provides a framework for engaging staff, providing care on nursing units/wards, in processes that enhance both patients' experiences of care and their health outcomes.

There has been a phased roll-out of the Program across all Area Health Services. The Nursing and Midwifery Office provides ongoing support to Area Health Services in the implementation of the Program through funding of support positions, provision of resources and support in facilitation development at a local level.

The developing insight and outcomes emerging from the Essentials of Care Program are showing what can be achieved when staff are supported to engage in meaningful processes for improving practice.

To date, over 280 wards and units are involved in the Program. Most wards have identified common values and ways of working together to deliver patient centred care. Themes identified for practice change include infection control, hand washing, nutrition, mixed gender rooms, team work, medication administration, clinical assessment and monitoring, communication and documentation. Many of these themes are directly linked to the themes for improvement identified within the NSW Health Action Plan.

Early Pregnancy Care Initiatives

The NSW Department of Health has been implementing a comprehensive range of new and enhanced services to improve early pregnancy care.

In 2009–10, NSW Health completed and published a new policy for Maternity and Early Pregnancy Care. The policy has been adapted from the Women's Hospitals Australasia Management of Early Pregnancy Loss clinical practice guideline, March 2008. This policy provides information related to the diagnosis and clinical management of women with early pregnancy complications within the first 12 weeks of pregnancy. It mainly addresses the management of spontaneous miscarriage, but is also relevant to women affected by ectopic pregnancy and gestational trophoblastic disease, although specific guidelines for these conditions should be examined separately. This policy is intended to be primarily used by clinicians working in women's health settings; it should also be valuable to anyone providing health care to women experiencing early pregnancy problems.

Child Abuse – Joint Investigative Response Teams

The Joint Investigation Response Team (JIRT) program is an interagency collaborative response to serious child abuse, where concerns reported may constitute a criminal offence.

A JIRT Referral Unit (JRU) comprising senior decision makers and representatives from Community Services, Police and NSW Health was trialled to improve the JIRT response in 2008–09. Funding for the JRU commenced on a recurrent basis in 2009–10 on the basis of the successful trial.

An Issues Paper on JIRT that discusses issues around access to NSW Health services for children and young people who have experienced sexual and or physical abuse or neglect was developed during the year. The paper has been circulated to Area Health Services for discussion and consultation. Feedback on the paper will provide a platform for the development of policy on sexual assault services and child protection counselling services.

The NSW Government allocated new funding to NSW Health for the JIRT program, commencing in 2010–11, \$2.3 million will be provided recurrently. The funds will be used to establish 14 new NSW Health positions, an additional senior clinical position in the JIRT Referral Unit, a Statewide workforce development officer to support ongoing training and professional development, and a Principal Policy Officer position in the NSW Health Department to co-ordinate the program.

Child Abuse and Sexual Assault (adult and child) Forensic and Medical (CASAFAM) Project

NSW Health, through the Child Abuse and Sexual Assault Forensic and Medical (CASAFAM) Project, has committed to improving forensic and medical services for victims of sexual assault and child abuse and ensuring these services are culturally competent. In 2009–10, the NSW Department of Health has convened a CASAFAM Advisory Group and a number of special interest working groups which are focussed on: rural and remote issues; building the doctor workforce; early assessment and care; and Sexual Assault Nurse Examiners (SANEs).

The Department undertook a Request for Tender process to deliver on commitments for a trained and culturally competent and appropriate network of forensic and medical clinicians. The three deliverables included the establishment of a Statewide Clinical Network, professional advice and support line and postgraduate training courses including cultural competence. As no contracts were issued, the Department has subsequently developed a proposed model of Statewide Clinical Networks for consultation.

Domestic Violence Identification Risk Assessment and Responses

NSW Health is the lead agency for the NSW Cross Agency Risk Assessment and Management (CARAM) Project. The NSW Police Force, Attorney General's Department and Department of Community Services are partners to the project.

During 2009–10 the development and implementation of Cross Agency Risk Assessment and Management (CARAM) Framework:

- Developed CARAM Framework
- Develop training and resources for Trial
- Trials of the CARAM Framework and agency-specific of risk assessment and management tools, customised to the specific purpose and context of the participating agencies, are about to commence.

Integrating Health Services for Albury Wodonga Residents

After a number of years of detailed negotiation between the NSW and Victorian Governments, Albury Base Hospital merged with the Wodonga Regional Health Service on 1 July 2009. The new integrated health service, Albury Wodonga Health, has successfully assumed operational and financial responsibility for managing Albury Base Hospital as part of an integrated Victorian health service from this date. Between July and September 2009, the Board of the new health service was selected and the new Chief Executive, Dr Stuart Spring, was announced.

Over the remainder of the year, the NSW and Victorian Departments of Health worked together to address transition issues such as establishing corporate services, developing an integrated management structure, and finalising recurrent and capital works funding. The Inter-Government Agreement and leasing arrangements between the two States were also completed during the year. The local community and clinicians in Albury Wodonga have welcomed the joining of the two hospitals, and all stakeholders are looking to the benefits that can accrue to patients from the provision of a more integrated and seamless health service on the NSW-Victoria border.

Innovative Projects to Meet the Needs of Veterans

NSW Health has an agreement with the Commonwealth Department of Veterans' Affairs (DVA) to develop and implement programs and services that meet the current and emerging health needs of veterans and their families living in NSW.

Over the 2008–09 and 2009–10 period, NSW Health delivered nine programs totalling approximately \$500,000 that addressed DVA's priority research areas of aged care and women's mental health.

Falls Prevention

The Clinical Excellence Commission undertook a pilot for a Statewide falls prevention assessment program and liaised closely with Hunter New England Area Health Service in the development of their falls prevention support program for clinicians using the Telehealth service. Hunter New England, Greater Southern, and Northern Sydney Central Coast Area Health Services successfully delivered programs on improving veterans' awareness of advanced care planning tools and services that can be accessed locally, and South East Sydney Illawarra Area Health Service undertook a detailed research project to identify mental health needs of older war widows.

Multipurpose Services

Multipurpose Services (MPS) provide a model of service delivery which is responsive to rural and remote community health needs. These services use Australian Government and NSW Health funds to provide a range of health care services, including acute care primary care and residential aged care. In 2009–10, construction began on four new MPS sites at Eugowra, Coonamble, Balranald and Manilla. Planning has also commenced for MPS at Werris Creek, Lockhart and Gundagai.

Performance Indicators

Incorrect Procedures

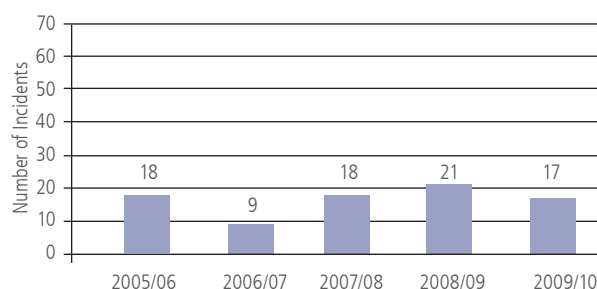
Desired Outcome

Reduce any 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. Research indicates with the implementation of correct patient / site / procedure policies, these incidents can be eliminated.

Incorrect procedures – Operating Theatre 2005–06 to 2009–10



Source: Quality and Safety Branch RIB Database. Extracted 13 July 2010
Notes: *Jul-Dec 2006 data not analysed. Decision by former DDG when NSW Health moved to bi-annual incident reporting.
**PROVISIONAL DATA only for Jan-Jun 2010 and subject to change following receipt, review and analysis of RCA reports

Interpretation

The number of incorrect patient, procedure and site incidents notified in 2009–10 has decreased slightly when compared with the previous financial year. This data is provisional and is subject to variation following the receipt, review and analysis of RCA reports.

Whilst the data shows improved performance, work continues with specialist clinical groups to develop systems to address these issues, including a revised policy with greater emphasis on non-surgical areas and safety toolkits specific to the different clinical areas.

Healthcare Associated Infections

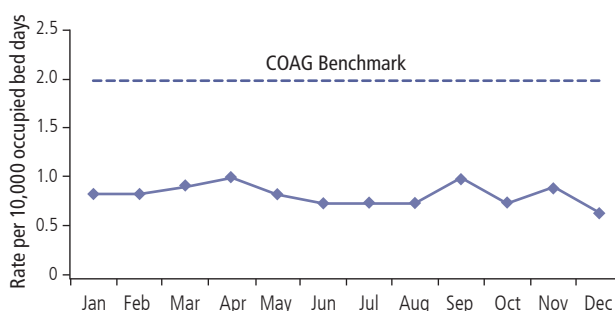
Desired Outcome

Prevent patients from acquiring a Healthcare Associated Infection during all stages of their inpatient care and treatment.

Context

Healthcare Associated Infections are varied and complex and an ever present factor in every health system. Many infections are caused by multi-resistant organisms that can be difficult to treat. NSW continues to implement initiatives to improve performance. Current data shows that NSW is steadily reducing the incidence of healthcare associated infections in its hospitals.

Staphylococcus aureus bloodstream infections, NSW, January – December 2009



Source: NSW Health Healthcare Associated Infections Data Collection, January – December 2009. Notes: Includes clinical indicators: CI 2.1 Healthcare associated (inpatient) Methicillin sensitive Staphylococcus aureus bloodstream infections – (HCA (inpatient) MSSA BSI). CI 2.2 Healthcare associated (inpatient) Methicillin resistant Staphylococcus aureus bloodstream infections – (HCA (inpatient) MRSA BSI).

Interpretation

Rates from January to December 2009 have remained low. Data from 2009 should not be compared with 2008 due to refinement of the indicator definitions and improvements in data collection. The 2009 data definitions better align with proposed national definitions and reflect infections which are evaluated by clinical experts as meeting hospital onset criteria. Infections with community onset criteria were included in the 2008 data set.

The Council of Australian Governments has set a benchmark upper limit of two infections per 10,000 occupied bed days. NSW performed well below this benchmark in each month of 2009.

Related Policies and Programs

The Healthcare Associated Infections Program comprises five key initiatives – hand hygiene; adherence to contact precautions to prevent the spread of infections in hospitals; effective use of cleaning programs; correct use of antibiotics; and adherence to evidence based guidelines in intensive care units.

These initiatives are supported by a surveillance program that commenced in January 2008. Health services report on eight mandatory HAI indicators which provide data on bloodstream infections, surgical site infections and multi-resistant organisms in intensive care units. State level data on these eight indicators is reported on the Department's website at <http://www.health.nsw.gov.au/hospitals/hai/index.asp>

Emergency Re-presentations

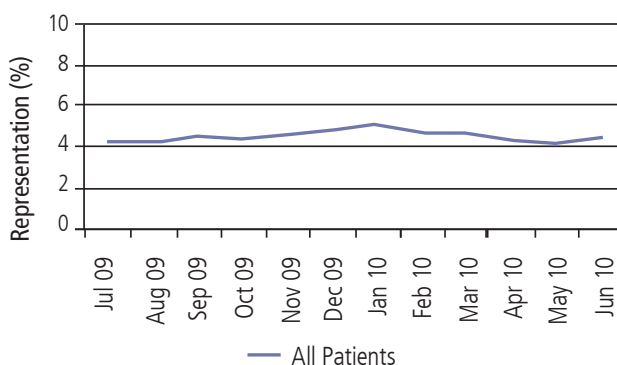
Desired Outcome

Improved quality and safety of treatment, with reduced unplanned events

Context

Facilities with a low re-presentation rate may be able to demonstrate good patient management practices; facilities with a high re-presentation rate may indicate clinical problems.

Re-presentations to same Emergency Department – Within 48 hours (%) 2009–10



Source: Emergency Department Data Collection

Interpretation

The proportion of emergency re-presentations has fluctuated around 5% over 2009–10.

Related programs and policies

- Sustainable Access Program
- Clinical Services Redesign Program.

Oral Health

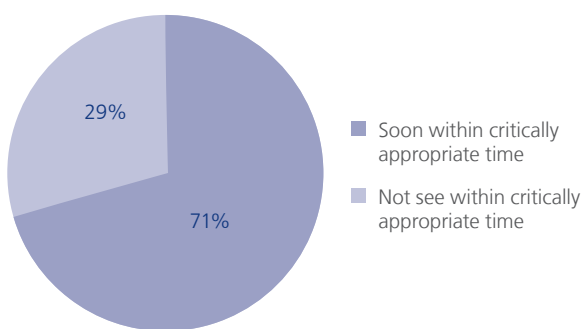
Desired Outcome

Reduce waiting time for treatment in public oral health services through the management of resources and workload, and utilisation and productivity reviews.

Context

NSW Department of Health is committed to the consistent, equitable and efficient administration of the oral health waiting list, triaging eligible NSW residents based on clinical judgements, as specified in the Priority Oral Health Program and List Management Protocol.

Oral Health – Adult treatment Code C patients seen within six months (Priority Oral Health Program benchmark time) (%) 2009–10



Source: NSW Oral Health Data Warehouse

Interpretation

People with specific chronic diseases (medically compromised) are categorised as priority Code C. The recommended maximum waiting time for such patients as specified in the Priority Oral Health Program is six months. In 2009–10, 71% of Code C Patients were seen within six months, exceeding the target of 50% that was set for that year.

Related programs and policies

- Priority Oral Health Program and List Management Protocols.

ICU Central Line Associated Bloodstream Infections

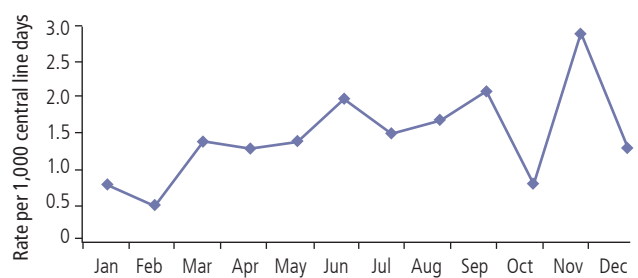
Desired Outcome

Reduction in ICU centrally inserted central line associated bloodstream (CLAB) infections

Context

CLABs are responsible for 20-40% of healthcare associated bloodstream infections. Risks of occurrence differ among clinical units dependent on the type of line used and patient factors. A significant proportion of CLAB events are preventable through adoption of best practice during insertion and ongoing management of the central line.

ICU Central Line Associated Bloodstream (CLAB) Infections in adults (per 1,000 line days), NSW, January – December 2009.



Source: Healthcare Associated Infections Monthly Data Collection

Interpretation

The number of infections for 2009 decreased by nearly 25% compared to 2008.

Fifteen infections were reported from eight hospitals in November 2009 but this decreased by 60% for December 2009 when only six infections were reported from five hospitals.

Related programs and policies

The Healthcare Associated Infections Program comprises five key initiatives – hand hygiene; adherence to contact precautions to prevent the spread of infections in hospitals; effective use of cleaning programs; correct use of antibiotics; and adherence to evidence based guidelines in intensive care units. These initiatives are supported by a surveillance program that commenced in January 2008. Health services report on eight mandatory HAI indicators which provide data on bloodstream infections, surgical site infections and multi-resistant organisms in intensive care units. State level data on these eight indicators is reported on the Department's website at <http://www.health.nsw.gov.au/hospitals/hai/index.asp>

Relevant policies are:

- NSW Infection Control Policy PD2007_036
- Prevention and management of multi-resistant organisms PD2007_084.

Further information about the CLAB Project can be found at the Clinical Excellence Commission website at www.cec.health.nsw.gov.au/moreinfo/CLAB.html

Patient Experience Following Treatment (%)

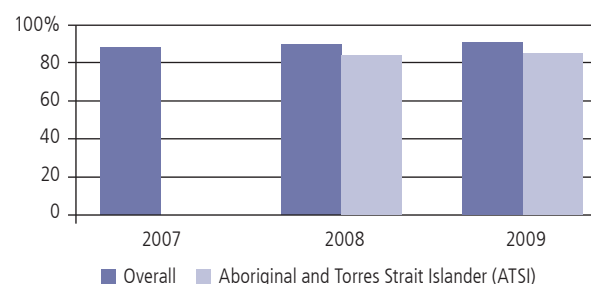
Desired Outcome

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 Patient Surveys to gain information from patients across the State about their experience with health care services. Almost 80,000 patients responded to the survey in 2009. The survey is one of several strategies being used to gain a complete picture of patient and carer experience, which can inform service improvement programs.

Patient experience following treatment (%)



Source: NSW Health Patient Survey 2008, 2009

Interpretation

The majority of NSW Patients participating in the 2009 survey rated overall care as good/very good/excellent (90.7%) although the rate was lower for Aboriginal patients (85.2%). This was a slight improvement over the previous years.

In 2009 NSW Health performed significantly better in the following categories compared to the previous year: Overnight inpatients, Day only inpatients, Adult rehabilitation and Outpatients. A significant improvement was also seen in Non-admitted emergency, compared to 2007.

Related Policies and Programs

- Clinical Service Redesign Program.

Complaints Management

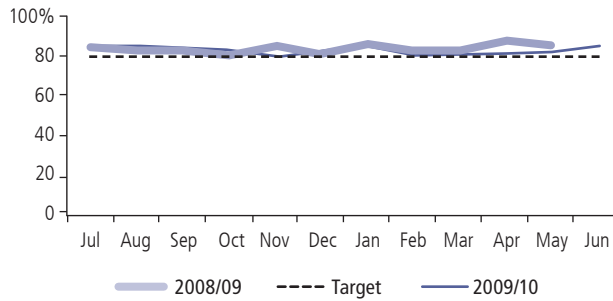
Desired Outcome

Satisfaction with quality of care received within NSW public health services.

Context

Complaints and compliments provide unique information about the quality of health care from the perspective of consumers and their carers. Management of a complaint provides the opportunity for complainants to have their issues resolved effectively, ensures that any identified risks are managed appropriately and that action is taken to minimise or eliminate those risks.

Complaints Management – Complaints resolved within 35 days (%)



Source: Incident Information Management System

Interpretation

The proportion of Complaints resolved within 35 days was 84% for 2009–10, which was above the target of 80%.

Related programs and policies

- Complaints Management Policy
- Complaints Management Guidelines.

Root Cause Analysis

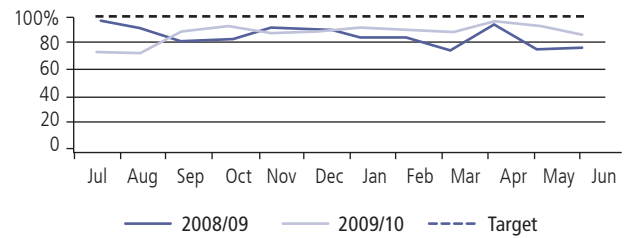
Desired Outcome

All clinical Severity Assessment Code 1 (SAC 1) Root Cause Analysis reports are received by the NSW Department of Health within 70 days of incident notification in IIMS.

Context

Root Cause Analysis reports can be used to identify the factors that cause adverse events. The RCA process is a vital component of the NSW Patient Safety and Clinical Quality program. The process assists with answering questions about what happened, why it occurred and what can be done to prevent high risk incidents from re-occurring. The information obtained from RCA reports is used in the development of policies and patient safety initiatives.

Root Cause Analysis – Completed in 70 days (%)



Source: Reportable Incident Brief/Root Cause Analysis Database

Interpretation

The proportion of Root Cause Analysis completed within 70 days was 88% for 2009–10, which was higher than the previous financial year (85%).

Related programs and policies

- NSW Health Incident Management Policy Directive.

Emergency Department Cases Treated Within Triage Benchmark Times

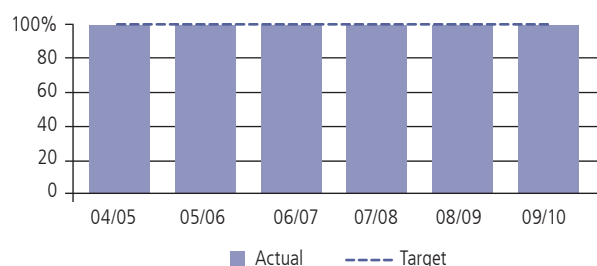
Desired Outcome

Treatment of Emergency Department patients within timeframes appropriate to their clinical urgency, resulting in improved survival, quality of life and patient satisfaction.

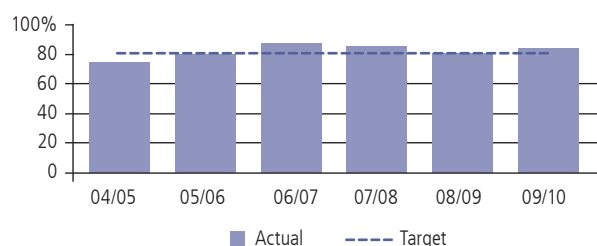
Context

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 patients presenting to the emergency department are seen on the basis of their need for medical and nursing care and classified into one of five triage categories. Good management of emergency department resources and workloads, as well as utilisation review, delivers timely provision of emergency care.

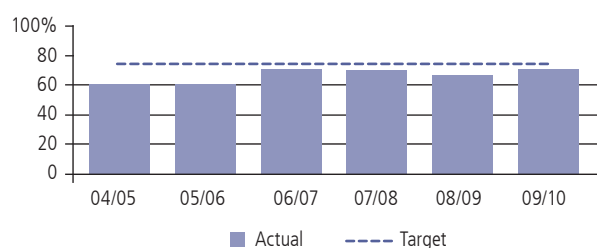
Triage 1 treated within 2 minutes (%)



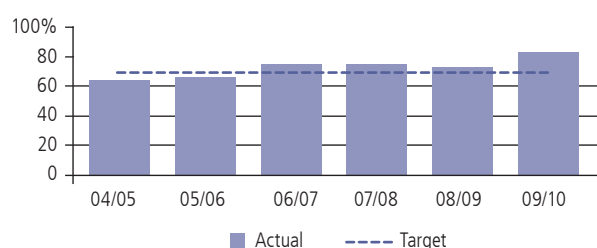
Triage 2 treated within 10 minutes (%)



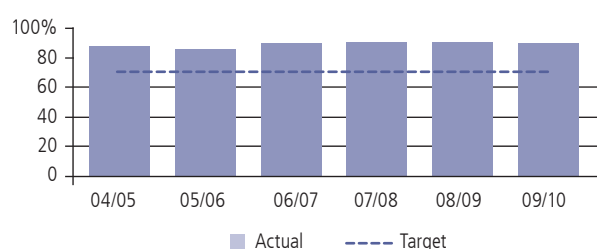
Triage 3 treated within 30 minutes (%)



Triage 4 treated within 60 minutes (%)



Triage 5 treated within 120 minutes (%)



Source: Emergency Department Information System

Interpretation

Emergency Department activity in the busiest metropolitan and regional NSW public hospitals has stabilised across 2009–10, however admissions via the Emergency department continue to rise: in 2009–10 ambulance transports to hospitals were up 4.2%, Emergency Department attendances were stable at around 2 million in 2008–09. Admissions through the Emergency Department were up 3.5% to 438,615 over the same period.

Emergency Departments always give priority to the most life threatening cases and NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) within the National Benchmark of treatment within a designated two minute timeframe.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2009–10 was two percentage points 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 treating patients within 30 minutes in the year ending June 2010 has been a challenge with 70% of patients seen within target time, below the 75% benchmark set by the ACEM.

In 2009–10, 83% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, significantly higher than the 70% 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 were implemented in over 25 emergency departments to ensure that less complex patients 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 nurses with extended skills.

Emergency Medicine Units in 14 NSW emergency departments provide a place adjacent to emergency departments where patients who need a longer period of care or observation can be cared for without occupying emergency department beds. 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. This again allows for much more efficient processing of new patients as they arrive in the emergency department.

Medical Assessment Units (MAU) have been implemented within 28 selected facilities. A total of 340 additional beds have been commissioned across NSW in this Model. MAUs provide rapid access for complex, chronic, non-critical patients to physicians and multi-disciplinary care teams who provide 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 for non-critical care assessment, and those returning for assessment and review following discharge.

NSW Health is working with the AHS to implement a Patient Flow Systems (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 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 for hospitals 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. However with the use of predictive planning, hospitals can now plan 7-10 days ahead with confidence and utilise more effective cost options to match capacity and demand.

Out of Hospital Treatment

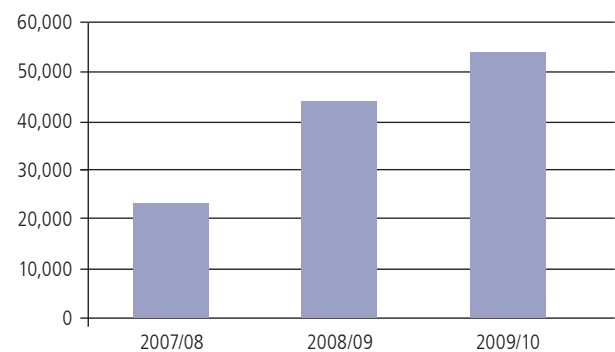
Desired Outcome

Reduction in the need for selected patients to be admitted to hospital and facilitation of early transfer of care to the home.

Context

There are some conditions for which hospitalisation is avoidable through the provision of clinically appropriate acute care alternatives within the home and/or in ambulatory care facilities.

Out of hospital treatment – All patients commencing Hospital in the Home / Community Acute Post Acute Care type services (Number)



Source: Local collection systems

Interpretation

The number of persons commencing Hospital in the Home/Community Acute Post Acute Care type services has increased over the past three years. In 2009–10 over 54,000 people were treated in Hospital in the Home/Community Acute Post Acute services. This is a 130% increase over two years.

Acute Bed Days

Desired Outcome

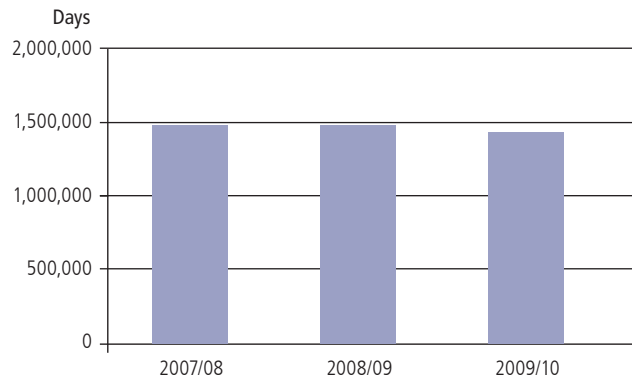
Effective patient management and transfer of care.

Context

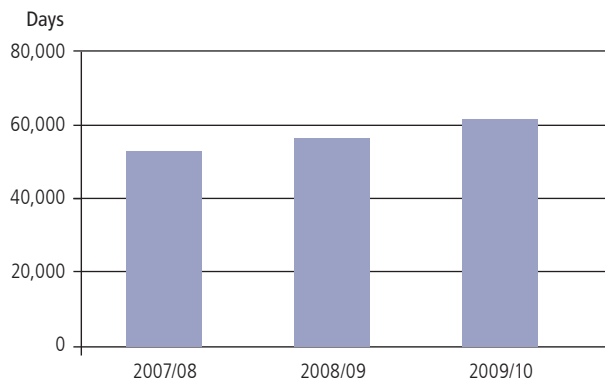
Providing appropriate treatment to older Non-Aboriginal persons and Aboriginal persons 45 years and over where acute care is required. Strategic direction two

Acute Bed Days – (Bed Days)

Non-Aboriginal persons 75 years and over



Aboriginal persons 45 years and over



Source: HIE (Episode_ATS; Stay)

Interpretation

The number of bed days for Non-Aboriginal people 75 years and over has decreased slightly (3%) in spite of a 7.5% increase in the number of admissions over the past two years. The number of bed days for Aboriginal people over 45 has increased.

Planned Surgery Patients

Desired Outcome

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

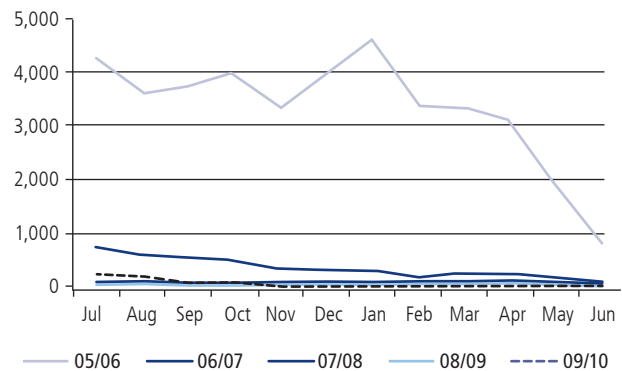
Context

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

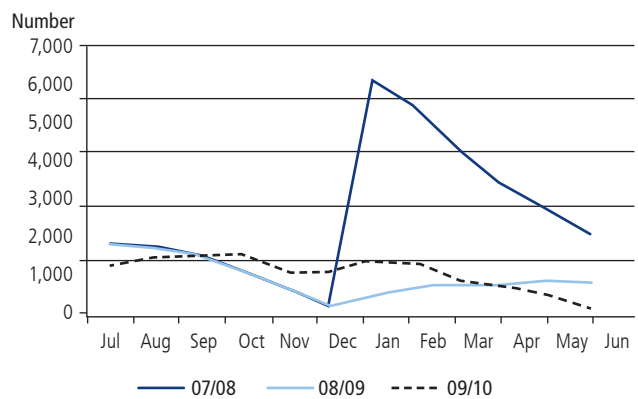
patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients avoid the experience of excessive waits for booked treatment. Improved quality of life may be achieved more quickly, as well as patient satisfaction and community confidence in the health system.

Ready for Care Patients Waiting (Number)

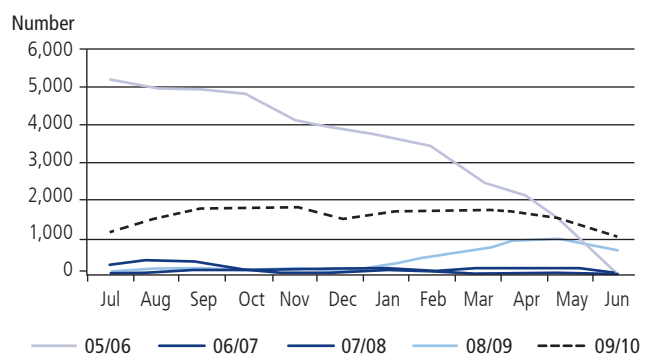
Urgency Category 1 > 30 days



Urgency Category 2 > 90 days



All Urgency Categories > 12 months



Source: Waiting List Collection On Line System

Interpretation

At the end of June 2010 there was only one Category 1 patient overdue, a significant reduction compared to 4,260 at the end of July 2005,

The number of Category 2 overdue patients on the waiting list had decreased to 135 compared to 2,075 in June 2008, a reduction of 93%.

The total number of Category 3 patents was 1,063 in June 2010, down from 5,187 June 2005 over the same period. Although the number of patients in this category who were overdue was higher this year than in the past two years measures have been taken under the NSW Health Performance Management Framework to improve performance on this measure.

Related Policies and Programs

- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)
- 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, the use of clinical review in ensuring patients receive timely review and offering of alternative options to ensure patients are treated in a 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 as an extended day only admission.

Cancellations of Planned Surgery on the Date of Surgery (%)

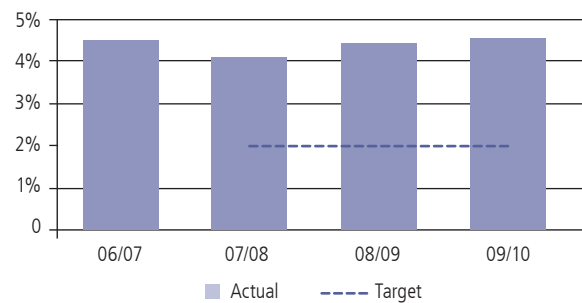
Desired Outcome

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

Context

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

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



Source: Local collection systems

Interpretation

The proportion of cancellations of planned surgery was 4.5% in 2009–10. It has been significantly above the target of 2% introduced in 2007–08 over the past four years. Cancellations on the day of surgery include all patient and facility reasons. The release and roll-out of the Emergency Surgery Guidelines is expected to have a positive effect on Elective Surgery cancellations.

Related Policies and Programs

- Clinical Services Redesign Program
- Predictable Surgery Program
- Waiting Time and Elective Patient Management Policy (March 2006)
- Pre Procedure Preparation Toolkit (December 2007)
- Extended Day Only (EDO) Admission Policy (August 2007)
- Emergency Surgery Guidelines (June 2009).

The Pre Procedure Preparation Toolkit ensures 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.

In June 2009 the Emergency Surgery Guidelines were released. It consists of a set of key principles that ensure emergency surgery demand is addressed without impacting on elective surgery performance. The guidelines are based on consultant surgeon-led models of care. Sufficient daylight operating theatre sessions are made available to meet emergency surgery demand and patients are operated on during daylight hours where clinically appropriate. Benefits include: improved predictability of access to timely surgery; reduced elective surgery cancellations and delays in ED for emergency surgery patients; improved use of emergency theatres, ICU and HDU and radiology and pathology investigations.

Theatre Utilisation for Booked Sessions

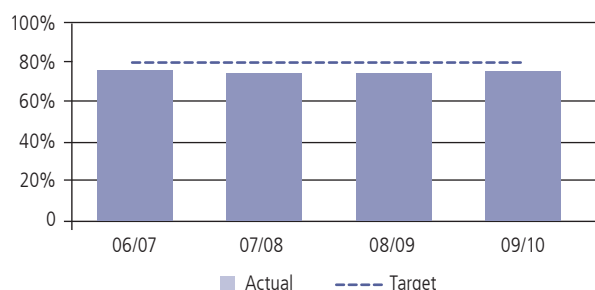
Desired Outcome

Efficient access and throughput for emergency and elective surgery patients and reduction in waiting lists.

Context

In order to estimate operating theatre productivity and efficiency, a number of performance indicators are required. Surgery cannot be performed without a number of support activities, which need to be viewed in combination for a true picture of utilisation to be obtained. Room occupancy during elective session hours is just one of a number of indicators of theatre utilisation.

Theatre Utilisation for Booked Sessions – Time occupied by patients (%)



Source: Local collection systems

Interpretation

Theatre utilisation has been around 75% over the past four years, slightly below the target of 80%.

Related Policies and Programs

- The NSW Predictable Surgery Program
- Extended Day Only (EDO) Admission Policy (2007)
- Pre procedure Preparation Toolkit (2007).

Emergency Admission Performance

Desired Outcome

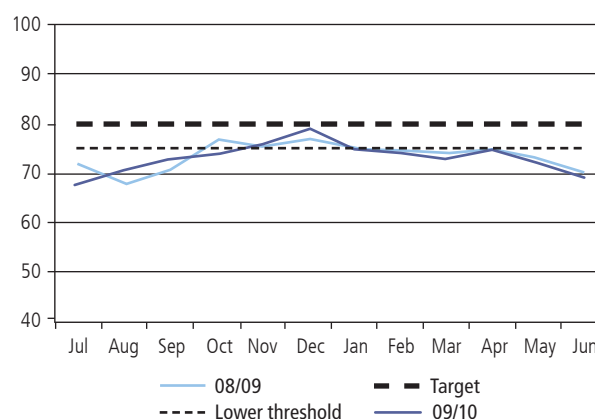
Timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

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

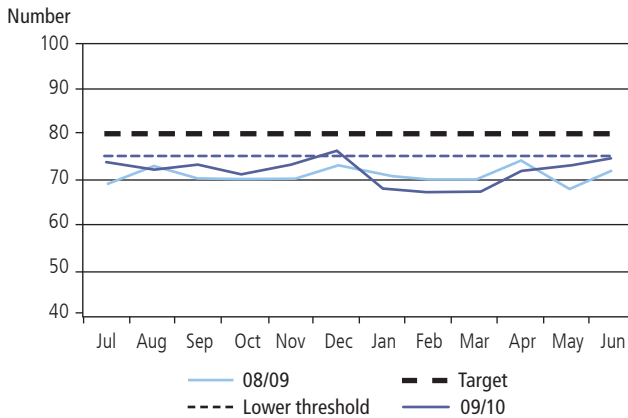
Emergency admission performance, patients transferred to an inpatient bed within eight hours (%)

Overall Number



Source: Emergency Department Information System

Mental Health



Source: Emergency Department Information System

Interpretation

The percentage of patients who waited less than 8 hours in an Emergency Department to get an inpatient hospital bed was 73% in 2009–10. EAP for patients being treated for mental health was 72% in 2009–10, fluctuating around 70% for most of the year.

The challenges in relation to EAP are being addressed through careful planning and the allocation of funding and support for a range of initiatives across NSW health facilities. These include the implementation of Medical Assessment Units at selected facilities, the increase in capacity of community support services, including ComPack, Hospital in the Home and Rehabilitation for Chronic Disease Services.

Related Policies and Programs

NSW Health is working with the AHS to implement a Patient Flow Systems (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 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 for hospitals 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. However 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.

Psychiatric Emergency Care Centres provide a place where mental health patients presenting at Emergency can be provided with better and more co-ordinated care by specialist psychiatric staff. Funding has been provided for nine centres throughout metropolitan Sydney and a further 26 new beds were announced in the new direction for mental health five year funding package.

Medical Assessment Units (MAU) have been implemented within 28 selected facilities. A total of 340 additional beds have been commissioned across NSW in this Model.

MAUs provide rapid access for complex, chronic, non-critical patients to physicians and multi-disciplinary care teams who provide 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 for non-critical care assessment, and those returning for assessment and review following discharge.

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

Each Area Health Service has been funded to create a clinical services redesign unit that utilises business process reengineering methodology to improve health systems and create better patient focused care.

Off Stretcher Time < 30 Minutes

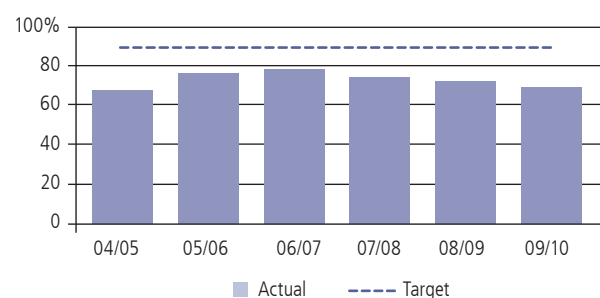
Desired Outcome

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

Context

Timeliness of treatment is an important 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 Ambulance operational efficiency.

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



Source: NSW Ambulance Service, CAD System

Interpretation

The time taken for the transfer of patients arriving by ambulances to Emergency Departments has been a challenge. In 2009–10 the percentage of ambulance patients offloaded within 30 minutes in NSW was 69%. In the same year Ambulance transports increased by 4.2% compared to the previous year.

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 Ambulance Clinical Services Matrix software ensures that hospital destination options for ambulance officers are those hospitals with the 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 by implementing robust demand management plans and by improving patient flow systems through the Clinical Services Redesign Program. Patient flow units have been established in a large number of hospitals to better co-ordinate the logistics of moving patients between the emergency department and the ward or operating theatre, and between hospitals as required, therefore up beds for newly arrived patients.

NSW Health is working with the AHS to implement a Patient Flow Systems (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 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 for hospitals 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. However 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 inpatients beds and the timely offload of ambulances within the emergency department.

Strategic Direction 3

Strengthen primary health and continuing care in the community

Children's Health and Wellbeing

Maternal and Child Health Primary Health Care Policy

The Maternal and Child Health Primary Health Care Policy (PD2010_017) has been issued as one part of the NSW Health/Families NSW *Supporting Families Early* package. The package contains policies and guidelines for the identification and support of vulnerable families from a universal platform of primary health care services. This is through the comprehensive primary care assessment model, SAFE START, and the provision of maternal and child primary health care services including Universal Health Home Visiting. The policy also provides direction for the new sustained health home visiting programs known as Sustaining NSW Families. The package is underpinned by the Families NSW strategy, equity and clinical practice principles that include working in partnership with the family and facilitating the development of the parent-infant relationship.

Keep Them Safe

Child protection is core business for NSW Health. Health workers, along with police and educators, are the largest groups in NSW which respond to child protection concerns.

Following the Special Commission of Inquiry into Child Protection Services in NSW, the Department has been leading implementation of a number of initiatives within NSW Health 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.

The need to respond early and whenever possible to the meet the needs of vulnerable families was a key finding of the Inquiry.

The *Keep Them Safe* implementation process is underway:

- A training and change management strategy for the Health Service has been developed and implemented. A total of 160 KTS Information Sessions were delivered to over 6,500 health workers, including health professionals from child protection counselling, sexual assault, Aboriginal health, adult, child and adolescent mental health, antenatal and maternity, child and family health, domestic violence, drug and alcohol, early childhood, hospital social work, paediatrics and youth health. The training primarily focused on the implications

of the legislative changes, processes for new information exchange provisions and the role of new Area staff recruited as a part of various KTS initiatives.

- Child Wellbeing Units (CWU) have been established in three locations across NSW:
 - Northern CWU – Wallsend
 - Greater Eastern and Southern CWU – North Wollongong
 - Western CWU – Dubbo.

The Child Wellbeing Units are staffed by child protection professionals who provide advice and support to mandatory reporters on how to respond to concerns relating to the safety, welfare and wellbeing of children and young people. This includes support in using the Mandatory Reporter Guide and advice on what action may be taken by reporters in response to all levels of concern. Child Wellbeing Units also record concerns that are below the significant harm threshold to ensure that these children and young people do not 'fall through the gaps'.

- NSW Health, on behalf of the NSW Government, has established via a tendering process three pilot Family Referral Services (formerly Regional Intake and Referral Services). These selected pilots commenced their services in early May in Dubbo, Newcastle and Mount Druitt. Family Referral Services are being piloted over 12 months with a view to the Statewide implementation of the service over four years from 2010–11 to 2013–14.

The aim is to improve access to services for children, young people and families not requiring statutory intervention but otherwise would benefit from accessing specific services to address current problems and prevent escalation. FRS are intended to link vulnerable children, young people in need of assistance, and their families, with the most appropriate available support services in their local areas.

- Completed and published in February 2010 the *Keep Them Safe – Information Exchange* policy statement to introduce new legislative requirements for NSW Health staff in relation to the exchange of information with other human services and justice agencies, to ensure the safety, welfare and wellbeing of children and young people in NSW.
- Completed and published in January 2010 the *Keep Them Safe – Making a Child Protection Report* information bulletin which outlines requirements

as introduced by legislation in the *Children and Young Persons (Care and Protection) Act 1998* under *Keep Them Safe*.

- In 2009–10, continued contribution to and development of the National Out of Home Care Health assessment standard tool, Personal Health record Out of Home Care pages, DoCs/Health MOU on priority access for children in Out of Home Care and Health Assessments, reviews and interventions for Children entering Out of Home Care including Out of Home Care Co-ordinators.
- The State Budget for 2010–11 included supplementation to existing Health KTS funding of \$4.5 million for prevention and early intervention projects. This includes firstly an expansion of the Sustaining NSW Families program (\$2 million per annum) allowing an increase of sites from three to five. Secondly, a newly funded project, Got It! (\$2.5 million per annum), which aims enhance school based mental health early intervention services for children.

NSW Kids

In January 2010, the Premier and Minister for Health released a Discussion Paper in response to Commissioner Garling's recommendations to establish a new public health authority for all children and young peoples' health services (recommendation 9 of Garling).

Instead of a single authority for child and youth health, the Discussion Paper proposed:

- a single authority responsible for the two Sydney Children's Hospitals, and with links to John Hunter Children's Hospital
- the new authority would have a single Advisory Council and would play a role, with John Hunter Children's Hospital in planning services it provides around NSW
- a new Branch in the Department responsible for maternal, perinatal, child and youth health (ages 0 – 22 years) with links to child protection, sexual assault and violence prevention and mental health, drug and alcohol programs and services
- new leadership for children and young peoples' health in all Area Health Services.

A significant number of submissions were received and provided strong advocacy for improvements to health services in NSW. Following Government consideration the Minister announced the NSW Kids strategies in Parliament on 20 May 2010.

The new entity, the Sydney Children's Hospitals Network (Randwick and Westmead), will commence in July 2010.

The intent of the changes is to improve equity in access to universal services across NSW, and provide targeted services where intervention is needed or treatment required.

The new Branch in the Department will be responsible for policy, planning and implementation of the full range of child health services

The Branch will convene newly established Program Councils (comprising AHS child health managers and clinicians) to co-ordinate local program implementation and develop clinical guidelines.

Better Oral Health

NSW continues to support the Better Oral Health in Residential Care Program.

NSW Health is currently developing guidelines to complement the Better Oral Health in Residential Care program, to provide structure for the management of referrals from care facilities for dental care. These guidelines recommend that care facilities follow the Better Oral Health in Residential Care model.

As part of a NSW Oral Health Promotion Demonstration Grant, a *Homeless and At Risk Youth program* has been developed in Sydney West Area Health Service and South Eastern Sydney Illawarra Area Health Service. This program, a partnership between oral health and youth services, is developing youth specific resources and, in Sydney West Area Health Service, a clinical program has been established to provide oral health care. Under the clinical component, oral health assessments are provided on-site at a youth health service and follow up treatment is provided at a designated clinical session at Westmead Centre for Oral Health. Further evaluation of this program is required, but strong uptake of the service has resulted in it becoming core business for Sydney West Area Health Service.

Community Health

Community Health Review

Increasing demands on public health services across NSW, particularly in hospitals, together with emerging health reform developments nationally highlighted the importance of undertaking a review of NSW community health services. The aim was to help determine the future directions for primary health care services in NSW to improve health outcomes and support a more robust and sustainable health care system.

During 2009–10, the Community Health Review informed NSW Health work in relation to primary health care aspects of national health reform, and progress of the *Caring Together Health Action Plan*.

During 2010–11, the Community Health Review will inform NSW Health implementation of national health reforms particularly around primary health care services and engagement with general practice, and the ongoing development of specialist community health services in NSW.

HealthOne NSW Services

The establishment of HealthOne NSW services involves creating new partnerships and shared clinical and corporate arrangements between general practitioners, community health teams and other health and human service providers. The health professionals involved in HealthOne NSW services work together in multidisciplinary teams to provide prevention, early intervention, and continuing, comprehensive primary health care to individuals and communities.

There has now been \$54 million committed to the establishment of HealthOne NSW services in diverse settings across the State. HealthOne NSW services are already operating in Elderslie, Mount Druitt, Rylstone, Blayney, Molong and Rouse Hill. Construction commenced in 2009–10 for HealthOne NSW services at Coonamble, Manilla and Quirindi. Planning is well underway for a further seven HealthOne NSW services.

HealthOne NSW services exemplify the integrated primary health care service models described in the NSW State Plan, as well as health reforms now agreed by the Council of Australian Governments. HealthOne NSW services, providing integrated primary care, aim to facilitate patient access to a range of community-based services in such a way as to ensure a strong and effective continuum of care.

Severe Chronic Disease Management Program

The Severe Chronic Disease Management Program promotes partnerships between Area Health Services and Divisions of General Practice. These partnerships are essential for improved service delivery and resource allocation. In some cases funding has been provided to GP Divisions by their local Area Health Service to undertake care co-ordination of the most complex cases and to support General Practices.

To support these partnerships NSW Health has engaged General Practice NSW to:

- Develop training resources to enable the health system to work better with general practice;
- Promote and delivery that training; and
- Assist Areas to engage with General Practice.

Improve Non-Government Organisation Program Administration

Non-Government Organisation Grant Program review and endorsement of Recommendations Report by Management Board.

In December 2008, NSW Health and NGO Sector representatives agreed to undertake a review of the NGO Program with the aim to deliver the most efficient, effective and responsive NGO Program practicable.

A thorough consultation process has been undertaken as part of the Review. Following the release of the NGO Review Discussion Paper in September 2009, five workshops were held, a number of NGO site visits and a desk top review conducted of key NGO Program documents. A total of 160 representatives participated in the consultation process and 40 submissions were received in response to the Discussion Paper. Feedback from consultations was positive and stakeholders were supportive of reforming the NSW Health NGO Program.

In December 2009, a draft Recommendations Report was prepared and circulated for comment to Area Health Service Chief Executives, NSW Department of Health stakeholders and members of the NGO Program Review Reference Committee. The Committee includes members from a range of peak and other NGOs. There were 24 submissions on the proposed draft recommendations.

The Recommendations Report has now been finalised and endorsed by the NSW Health Management Board. The outcomes sought from this NSW Health NGO Review were:

- Where possible, reduce red tape and improve governance, transparency, efficiency and effectiveness of the NSW Health NGO Program
- NSW Health and the NGO Sector work together to ensure that health funded NGO services provide value for money services and are broadly complementary with NSW Health priorities
- NSW Health and the NGO Sector to strengthen partnerships to improve the health planning and health service delivery across all NSW health services.

After Hours General Practice Program

The Macarthur After Hours General Practice Clinic in Campbelltown is one of a number of after hours GP clinics that has been supported by NSW Health under the After Hours General Practice Program that commenced in 2006.

The Macarthur Clinic aims to improve access to affordable after hours general practice services, take the pressure off the local Emergency Department and enable patients to be treated in the most appropriate setting. The Clinic is co-located with the Campbelltown Hospital Emergency Department and is operated by the Macarthur Division of General Practice. The benefits of this relationship are the shared access to Campbelltown Hospital infrastructure and services, including security services and after-hours access to X-ray facilities, pathology services and the Pharmacy Department.

Sydney West Area Health Service reports that the operation of the Macarthur After Hours GP Clinic has coincided with a substantial reduction (from 50.8% to 34.7%) in the proportion of non-urgent primary care type patients seen in the Emergency Department.

The Clinic also supports the high number of solo local general practitioners (55 of 89 practices) who cannot provide after hours services by sharing patient encounter information to ensure continuity of care. The Clinic maintains bulk billing in a community that has higher than average unemployment rates and public housing, and a large number of people living on low median incomes.

Improved Health for Aboriginal Communities

Drug and Alcohol and Mental Health Services for Pregnant Aboriginal Women and their Families

Work was completed in 2009–10 on development of a service model for provision of drug and alcohol and mental health services for pregnant Aboriginal women and their families. This is part of Element 2 of the Early Childhood Development (IECD) National Partnership Agreement (NPA) for increased access to antenatal care. The key aims of the Mental Health and Drug and Alcohol component of NPA-IECD Element 2 are to improve identification and early intervention for pregnant Aboriginal women with vulnerabilities including mental health and drug and alcohol problems, and to strengthen the structures, procedures and processes that support effective continuum of care between community antenatal care providers, hospitals and community providers following birth.

The program will also strengthen the development of the specialist Aboriginal health workforce through the establishment of traineeships which will be part of the NSW Health Aboriginal Drug and Alcohol Traineeship Program (see below).

The program will also include development of a social marketing campaign to increase the community awareness of these services and raise awareness among the target audience about maternal, infant mental health and drug and alcohol issues.

A toolkit will also be developed to enhance the capacity of workers in drug and alcohol, mental health and maternal and infant health services to respond to the needs of Indigenous pregnant and neonatal women with mental health and drug and alcohol issues.

Aboriginal Drug and Alcohol Traineeship Program

In June 2009, the Minister for Health approved a non-government organisation grant to the NSW Network of Alcohol and Other Drug Agencies (NADA) to manage the 'Non-government Aboriginal Drug and Alcohol Traineeship' pilot project. NSW Health has funded NADA to manage and implement three undergraduate

traineeships for Aboriginal people working in the non-government drug and alcohol sector to gain a tertiary qualification. NADA and NSW Health have partnered with the Aboriginal Health College and the University of Wollongong to deliver the courses through the Aboriginal Health College over the three years of the traineeships. The Trainees will graduate at the end of 2012.

NSW Health is committed to increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through implementing the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes by funding four additional Aboriginal Drug and Alcohol Traineeships in the NSW public drug and alcohol sector and Aboriginal Maternal and Infant Health Services commencing in late 2010.

NSW Health has funded Northern Sydney Central Coast Area Health Service to employ an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the Trainees while they undertake their work placements and studies.

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

The final report by the Aboriginal Health and Medical Research Council of the NSW Health funded project to develop a best practice model to engage and retain Aboriginal defendants in the MERIT program was completed in 2009–10. This will inform future policy and program development. In addition, work was undertaken on the review and development of a new MERIT Operational Manual which will be finalised in 2010. The new Manual will address a number of recommendations contained in the report by the Audit Office on Helping Aboriginal Defendants Through MERIT tabled in August 2009.

Aboriginal Drug and Alcohol Network and Leadership Group

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

ADAN's eighth annual symposium was held in April 2010 and attracted 66 Aboriginal drug and alcohol workers from across NSW. The symposium covered issues relating to policy, access to treatment, research and improving service delivery.

Aboriginal Older People's Mental Health Project

An Aboriginal Older People's Mental Health Project has been conducted in consultation with relevant Aboriginal and main stream services and Aboriginal community groups to inform strategies; to address the mental health needs and social and emotional wellbeing of aboriginal older people.

The project will inform key priorities under the Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005–2015 and related program developments in older people's mental health.

Expand Capacity of Mental Health Services to Respond to the Needs of Aboriginal People

In recognition that Aboriginal people experience levels of distress that are too high and have poor social and emotional wellbeing compared with the non-Aboriginal community, NSW Health has established the Aboriginal Mental Health Workforce Program. The Program aims to build a workforce of Aboriginal mental health workers across NSW to increase the capacity of mental health services to respond to the needs of Aboriginal people. The Program has three components:

1. Aboriginal Mental Health Workforce Training Program – Using a traineeship model the Program provides permanent employment within NSW Health for Aboriginal Mental Health Workers, while they undertake a degree course, clinical placements and on the job training. As of 30 June 2010 there are 45 traineeship positions across NSW. 19 of these positions are directly funded by NSW Health, while a further 26 positions have been converted by Area Health Services from vacant positions Areas were unable to recruit to.
2. Aboriginal Clinical Leadership Program – Six Aboriginal Clinical Leader positions have been established in key Area Health Services across the State. These positions play a significant role in supporting the rapidly emerging Aboriginal Mental Health Workforce, including providing supervision to Trainees in the Training Program. They

also play a vital role in helping to promote service utilisation by Aboriginal people and to ensure the provision of culturally appropriate services to Aboriginal communities.

3. Positions into the Aboriginal Community Controlled Health Services – In recognition that some Aboriginal people only access health services through the ACCHS sector, NSW Health recently released funding to establish an additional 10 Aboriginal Mental Health Worker positions into this sector. This brings to 24 the number of positions funded by NSW Health in this sector.

Housing and Accommodation Support Initiative 5A – Aboriginal HASI

The NSW Government announced funding to further enhance and expand the Housing and Accommodation Support Initiative (HASI) program and to review and scope a service model of this program that is more culturally appropriate for Aboriginal people.

HASI is a partnership program between NSW Health, Housing NSW and the non-government sector. HASI aims to provide appropriate housing combined with clinical and accommodation support to people with a mental illness to enable them to live in the community successfully.

The new model will have a more holistic approach that reflects the complex needs of the individual and their support networks including their family and community. It will also recognise the various social and cultural impacts on the individual's social and emotional wellbeing.

HASI 5A is being rolled out in three stages:

- Stage 1: the development and implementation of two pilot projects in Blacktown and Lismore. Each delivers 10 support packages – a mix of low, medium and high support (commenced early 2009)
- Stage 2: the transfer of 42 existing HASI packages into the HASI 5A stream. Funding top up and brokerage funds is provided by NSW Health (commenced Jan 2010)
- Stage 3: will involve the roll-out of an additional 38 new HASI 5A packages across NSW

Aged Care

Improving the Quality, Timeliness and Consistency of Aged Care Assessment Team Services

The NSW Health Aged Care Assessment and Care Planning Framework was released in March 2010 for use across all NSW Area Health Service aged care services. The Framework was developed with input from an Advisory Group comprising representatives from the Department of Health and each of the Area Health Services.

The Framework is designed to enhance the consistency of documentation and communication between services across the whole continuum of care for older people and those with complex needs.

- Within this context, the Department has continued with a set of ambitious COAG Aged Care Assessment Program (ACAP) structural reforms. Significant achievements this year have included:
- Conduct of the third Statewide NSW ACAP Key Stakeholder Survey of (i) clients and carers and (ii) service providers. This set of three surveys (conducted each year from 2008 to 2010) has provided important information to assist in the reform process. The third survey demonstrated a continuing high satisfaction of clients of 95% and an improving satisfaction of aged care service providers from 66% to 75%.
- Implementation of the NSW ACAP Assessor Accreditation System has commenced in all Area Health Services. This system is designed to improve the consistency and quality of ACAT assessments Statewide.
- Enhancing the e-business capability of all ACATs in NSW. Twenty-three of the 39 ACAT Teams in NSW are now electronically submitting Aged Care Client Record (eACCR) to Medicare Australia. This initiative has improved the payment system for service providers, as well as helping to boost the efficiency of ACATs and upgrade the quality of data collected. Work is underway to develop the computer software to enable the remaining 16 NSW ACAT Teams to submit records electronically.

- A change management process to increase the efficiency of ACATs in NSW occurred in late 2009. This Project standardised NSW ACAT intake, allocation, Delegation and wait list management systems. Evaluation of this project in April 2010 demonstrated a high rate of embedding of revised practices across NSW. Overall there has been a 5.3% improvement in the number of ACAT clients 'seen on time' .

The COAG Long Stay Older Patients (LSOP) program, involving a partnership with the Australian Government Department of Health and Ageing, commenced in 2007–08 and will continue through to 2011/12. LSOP Services in NSW include 46 Aged Care Services in Emergency Team (ASET) services and 38 Acute to Aged-Related Care Service (AARCS). These services are focused on improving the continuity of care and management of older people within the hospital system and at the interface with other services.

A Statewide survey of the AARCS undertaken in 2009 indicated satisfaction with improved discharge planning, comprehensive patient assessment and follow-up, communication and patient advocacy.

Overall these aged care specialist roles have been welcomed within NSW Emergency Departments and Hospital medical wards as valuable in improving education of staff, continuity of care for patients and timely access to service planning at discharge.

Dementia Services Planning

The Department of Health established a Dementia Policy Team at South Eastern Sydney and Illawarra Health (SESIHHS) to provide Statewide leadership in NSW Health dementia policy, planning and service development in dementia care in NSW Health to improve the lives of people with dementia and their carers.

Since establishment the Dementia Policy Team a review of NSW Health's achievements under the *Dementia Action Plan 2007–2009* has commenced and the develop of the Dementia Services Framework and Dementia Services Plan is well underway.

Recurrent funds of \$1.2 million enhancement funds were received for 2010–11 to employ additional community nurses dedicated to dementia care in each Area Health Service. The positions will enhance existing Area Health Service aged care community teams and will link into the existing Dementia/Delirium Acute Nurses network.

NSW Carers Action Plan Implementation

During the reporting year the interagency *NSW Carers Action Plan 2007–2012* continued to be implemented.

The Social Policy Research Centre was commissioned to develop an evaluation framework for the *NSW Carers Action Plan 2007–2012*.

The *Carers Action Plan* evaluation framework provided was very comprehensive. It reflected outcomes-based accountability and is designed to evaluate the *Carers Action Plan* key aims including carer wellbeing. The Carers Evaluation Framework was completed and implementation will commence later in 2010.

Funding was provided to culturally and linguistically diverse non-government organisations and Aboriginal non-government organisations to provide carer support services to hidden carers, working towards achieving priority 2 under the *Carers Action Plan*.

The *NSW Carers Recognition Act 2010* commenced in May 2010. It requires public sector agencies to have an awareness and understanding of the *NSW Carers Charter*. Human service agencies have additional obligations including taking action to reflect the principles and reporting annually on its compliance.

The Act also establish a Ministerial Carers Advisory Council with primary carers the majority of members.

Home and Community Care (HACC) Program

Ageing, Disability and Home Care (ADHC) in the Department of Human Services is the administrator of the HACC Review Agreement between the Commonwealth and the NSW Government, and, works in partnership with NSW Transport and Infrastructure and NSW Health in planning for the needs of the NSW HACC target population.

NSW Health receives over \$70 million pa to provide HACC services such as Nursing, Allied Health and Centre based Day Care for frail older people and people with a disability who would otherwise be prematurely or inappropriately admitted to residential care to live independently in their own home.

This year NSW Health has negotiated Descriptions of Service contracts with ADHC for each service provision in the Area Health Service that details funding and service output.

NSW Transitional Aged Care Program (TACP)

This is a unique interface program successfully supporting older people to have time to rebuild functional capacity after a stay in hospital and time to consider longer term decisions about their living arrangements. The NSW program, jointly funded by the Commonwealth and State, now offers services via 41 TACP services supporting 934 flexible care places in both community and residential settings. Since July 2009 NSW has increased its operational places by 169. During the same period our program has provided services to 3,758 older people with 62% of this group successfully returning to their home, some with a need for ongoing support services.

People with Disabilities

Being a Healthy Woman

In June 2010 *Being a Healthy Woman* was published to help women with intellectual disability learn more about their health. The publication also provides a list of resources on disability for women with intellectual disability, their family members, carers or health care professionals. It can be used as a teaching tool to help women with intellectual disability learn about their health.

Other achievements include:

- Completed an evaluation of the Developmental Disability Health Unit
- Completed the *Service framework to improve the health needs of people with an intellectual disability* and received enhancement funds for intellectual disability
- Finalised *NSW Disability Action Plan* which is available on the NSW Health website and was submitted to the Department of Human Services – Ageing Disability and Home Care and to the Human Rights and Equal Opportunity Commission.

Improved 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, graduate diploma and masters course. This is the only post-graduate mental health program for GPs in Australia:

On 30 April 2010, 11 students graduated from the program:

- Graduate Certificate: eight students
- Graduate Diploma: one student
- Masters: two students

This brings the total masters graduates to four since the inception of the course. There are 18 students enrolled in the Program for 2010.

Development of the Statewide Child and Adolescent Mental Health Services Plan

Funding has been provided for a full time position in Mental Health Drug and Alcohol Office, MH-Kids, for an Aboriginal Child and Adolescent Mental Health and Wellbeing Manager. Work has now commenced on the development and implementation of an Aboriginal Child and Adolescent Mental Health and Wellbeing Plan, beginning with review of relevant literature, policies and plans and the development of a consultation process. This plan will link with the National Strategic Framework for Aboriginal and Islander Health, the National Strategic Framework for Aboriginal and Torres Strait Islander Peoples Mental Health and Social and Emotional Wellbeing 2004–2009, the NSW Aboriginal Mental Health and Wellbeing Policy 2006–2010, the Two Ways Together Families and Communities Action Plan and the NSW Aboriginal Maternal and Infant Health Strategy.

Family and Carer Mental Health Program

The NSW Family and Carer Mental Health Program provides a comprehensive range of supports and services for families and carers of people with a mental illness through strengthening existing partnerships between families and carers, NGOs and Area Mental Health Services. This is achieved through providing education and supervision to clinicians in Area Health Services to increase their skill base in working with families and carers; providing education and training, individual support and advocacy, and peer support for families and carers through the NGO sector; and improving access to mainstream carer support programs for the families and carers of people with a mental illness.

The mental health service is often the first point of contact for a family or carer when a relative or friend experiences an episode of mental illness. Promoting a family and carer friendly environment is the first step in engaging families and carers in the treatment process. Initiatives under the NSW Family and Carer Mental Health Program have targeted attitudinal and practice change within clinical mental health services as the first key plank of this service model.

In 2009–10 a new resource was developed to support mental health clinicians to undertake education with families and carers on mental illness and resilience building. *Connecting With Carers Through Education: A Guide For Mental Health Service Providers (CWCTE)*, is an electronic resource aimed at assisting mental health services to deliver essential education and support to families and carers of people with a mental illness; and to tailor education to context and needs, eg single family, multi family group, community training. The resource is accessible, easy to use and readily updateable, with embedded links in the Clinician Handbook that takes the clinician to slide presentations, video clips, fact sheets and web sites. The resource was developed for use by both AHS staff and NGO staff.

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 developing recovery programs for people with eating disorders, and 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 have been developed. Day programs offer a cost-effective intensive dose of treatment, compared to inpatient services. The Central Coast Day Program and RPA Day Programs commenced services in early 2009–10.

A number of educational and workforce development initiatives have been conducted in 2009–10, focussing on particularly for GPs. An Online Learning program continues to be popular, and a video based extension of this program is currently being developed to provide workforce development for GPs. This is also being extended to other professions including nurses, dieticians and psychologists/counsellors.

Focus on regional workforce development is being planned for 2010–11, with three two-day programs on psychological treatment currently under development. Rural phone support and tele-medicine services continue, hubbed at RPA Hospital (for adults) and Children's Hospital Westmead (for children and Adolescents). An integrated medical/mental health inpatient and community based program has commenced at John Hunter Hospital, Newcastle.

Performance Indicators

Antenatal Visits

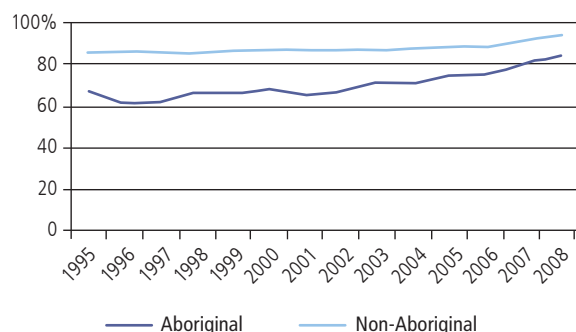
Desired Outcome

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.

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



Source: Midwives Data Collection (HOIST)

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

- Maternity Towards Normal Birth In NSW PD2010_045 provides the policy framework for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care. Maternity_ Early Pregnancy Complications PD2009_058 supports health staff in providing appropriate care to women who are experiencing problems early in their pregnancy.
- Early pregnancy care improvements include the continued provision of public antenatal care services in rural and regional centres in NSW.
- 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 has expanded to over 30 programs across NSW.

Low Birth Weight Babies – Weighing Less than 2,500g

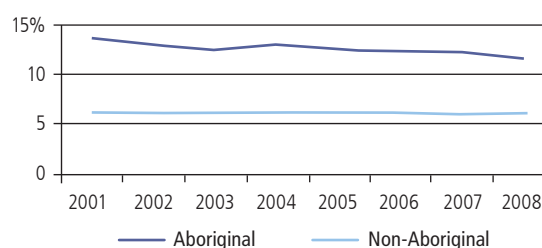
Desired Outcome

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.

Low Birth Weight Babies – Weighing Less than 2,500g (%)



Source: Midwives Data Collection (HOIST)

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.

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

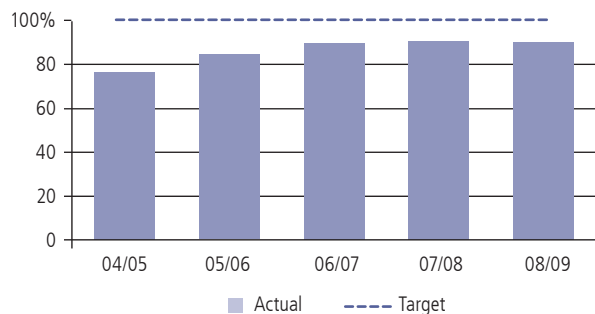
To solve problems in raising children early, before they become entrenched, resulting in the best possible start in life.

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 NSW Postnatal Universal Health Home Visit (UHHV) – Families Offered a Visit (%)



Source: Families First Area Health Service Annual Reports, NSW Admitted Patient Data Collection (HOIST)

Interpretation

Since the start of the Families NSW initiative, over 420,000 families with a new baby have been offered 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 Human Services, (Community Services and Ageing, Disability and Home Care), Education and Training, 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.

The Families NSW Supporting Families Early Package was released in March 2010. This package promotes an integrated approach to the care of women, their infants and families in the perinatal period. The policy consists of three documents:

- Maternal and Child Health Primary Health care Policy PD2010_17
- SAFE START Strategic Policy PD2010_16
- SAFE START Guidelines: Improving Mental Health Outcomes for Parents and Infants GL2010_004

These initiatives are an important contribution to the provision of services that enhance the health of parents and their infants, help to protect against child abuse and neglect, and enhance the wellbeing of the whole community.

Ambulatory Care Sensitive Conditions

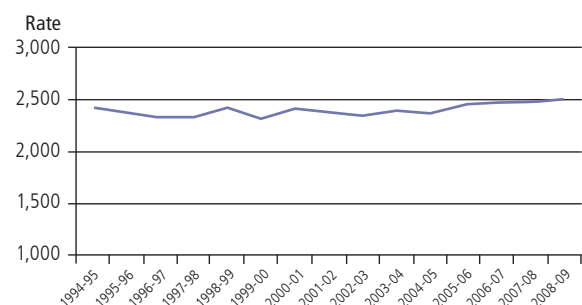
Desired Outcome

Improved health and increased independence for people who can be kept well at home, while reducing unnecessary demand on hospital services.

Context

There are some conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management in ambulatory care settings, for example by general practitioners and community health providers.

Ambulatory Care Sensitive Conditions (age-standardised hospital separation rate of per 100,000 population)



Source: NSW Admitted Patient Data Collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health.

Interpretation

The conditions associated with hospitalisations that fall within the scope of potentially preventable hospital admissions are termed ambulatory care sensitive (ACS) conditions. These cover a complex array of conditions under the following broad headings:

- Vaccine preventable conditions such as tetanus, measles, mumps and rubella.
- Acute conditions such as urinary tract infections, cellulitis and dental conditions.
- Chronic conditions such as congestive heart failure and chronic obstructive pulmonary disease.

In 2008–09, potentially preventable hospitalisations comprised 7.5% of total hospital admissions, which, while below the 8.5% target, represents an increase of 0.1% over the 2006–07 baseline. This increase is entirely due to a change in ICD-10-AM codes and coding practice for 'dehydration and gastroenteritis' which resulted in hospitalisations previously excluded being included. It is not a reflection of increasing hospitalisation overall for these conditions.

Related Policies and Programs

- NSW Immunisation Strategy 2008–2011
- New services across the State to support Acute Community Care
- Increasing the number of people commencing chronic disease rehabilitation
- Walgan Tilly program for Aboriginal people with chronic illness

- Chronic Care for Aboriginal People Model of Care
- Severe Chronic Disease Management Program
- Fluoridation Program
- Early Childhood Oral Health (ECOH) Program.

Sexual Assault Counsellors

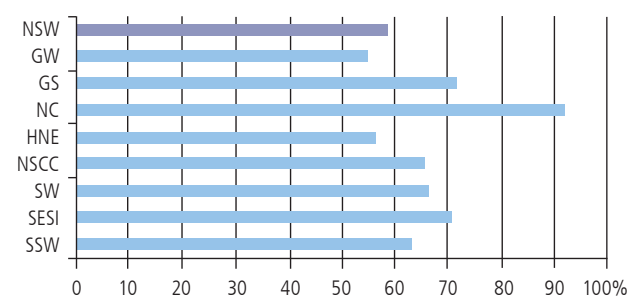
Desired Outcome

To ensure the Sexual Assault Services are adequately staffed to meet population needs.

Context

A number of programs have been initiated that aim to provide a counselling services to victims of sexual assault. These initiatives have been accompanied by the provision of specific funding for Sexual Assault Positions within Sexual Assault Services. It is imperative to the success of these programs that these positions be filled and maintained in order to meet the needs of sexual assault victims and provide culturally responsive services.

Sexual Assault Counsellors– designated positions filled (%)



Source: AHS data for NSW Health sexual assault counsellors

Interpretation

Note that the data covers the period February to April 2010. During this limited time period all AHSs were able to fill over 50% of positions funded, in spite of difficulties in recruiting suitably qualified persons for these positions.

Related Policies and Programs

- Aboriginal Child Sexual Assault Interagency Plan
- Safe Families Program
- Keep Them Safe.

Mental Health Ambulatory Contacts

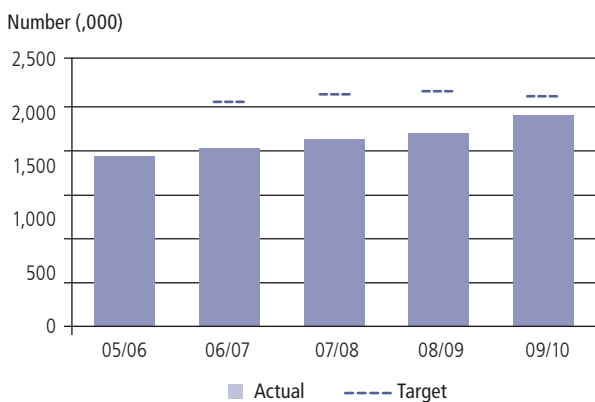
Desired Outcome

Improved mental health and wellbeing. An increase in the number of presentations to mental health services reflects a greater proportion of the population in need of these services gaining access to them.

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 are being implemented spanning the spectrum of care types from acute care to supported accommodation.

Mental Health Ambulatory Contacts (Number '000)



Source: State HIE (MHAMB collection)

Note: Targets are related to the number of ambulatory staff available to deliver service, not to the population need.

Interpretation

There has been an 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 from Areas for several months after the close of a reporting period, and data for 2009–10 will therefore not be finalised until late 2010. Therefore the number of contacts presented here are most likely under-reported.

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 initiatives 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, leading to better outcomes for both patients and their carers.

Strategic Direction 4

Build regional and other partnerships for health

Networks, Forums and Regional Initiatives

Rural Health Service Improved Access

The Rural Health Plan has been the basis for significant improvements in access to services in rural and remote NSW, most recently these have included:

- A four bed acute stroke unit at Coffs Harbour focusing on patient care from admission to the Emergency Department through to rehabilitation and re-integration back into the community. This increased to seven the number of specialised stroke services across rural NSW including four acute stroke units and three stroke services with specialist staff.
- Renal dialysis services have continued to expand with funding for additional dialysis services enabling more patients to be treated closer to home. In 2009–10 an additional four chairs opened at Wagga Wagga; four chairs at Broken Hill; an additional three shifts at Goulburn, an additional three shifts at Forbes; and 10 additional places at Kempsey.
- The Lismore Cardiac Catheterisation Laboratory opened in May 2010 providing public diagnostic cardiology procedures for residents of the North Coast.
- The North Coast Cancer Institute (NCCI), the first public rural radiation oncology treatment service in NSW, which commenced in 2007, has centres at Coffs Harbour and Port Macquarie. A second linear accelerator at Coffs Harbour commenced treatment in November 2009, and a new centre opened at Lismore in May 2010.

Telehealth Unit

The Telehealth Unit is planning the migration of the NSW Health Telehealth network from ISDN to IP to enhance the existing network by improving access and bandwidth quality, reducing the service cost and supporting better integration of the services into the health environment. Preliminary Area infrastructure analysis has recently been undertaken which suggests most of the sites could transition to IP without needing replacement. The Unit is also in the process of formalising the outcomes of several clinical projects that have been occurring in NSW, which, following evaluation, will inform clinical guidelines and service planning for the State. The Connecting Critical

Care/Telehealth Research Project is one of them. The project has been conducted in several critical care units (ICUs and EDs) in rural and metro areas. The project was extended to seven EDs on the North Coast in mid 2009, and uptake has been significant, with more than 34 consultations taking place during the evaluation period.

Area Health Advisory Council Forums

As part of the clinician and community participation framework, two Area Health Advisory Council Forums were held in 2009–10. The Forums provided AHAC Chairs and Area Chief Executives the opportunity to discuss common issues and challenges, which included the Independent Panel's audit progress report on the implementation of *Caring Together*, and the NSW response to the National Health and Hospitals Agreement.

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 2009–10, 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 and 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.

Oral Health Centre at Dubbo

Approximately \$4 million was provided to Charles Sturt University for the joint development of a new Oral Health Centre at Dubbo. Expansion of the Port Macquarie Regional Dental Clinic from three to six dental chairs, at a cost of over \$800,000 was also completed in 2009.

Improve Women's Health

The completion and release of the *NSW Women's Health Plan 2009–2011* was undertaken during 2009–10. The Plan sets short-term objectives to advance women's health priorities and aims to:

- increase access to certain health services and information for targeted populations of disadvantaged women;
- further the health system's understanding and appreciation of the ways sex and gender can influence the health needs of women across the lifespan; and
- establish a baseline of evidence and information that will strengthen the foundations for a future more comprehensive review of policy.

Improve Men's Health

The *NSW Men's Health Plan 2009–2012* was published during the reporting year. The Plan is consistent with the recently released *National Male Health Policy* and builds on achievements made under the NSW men's health policy, *Moving Forward in Men's Health*. The Plan aims to guide the NSW Health system in providing health care, health promotion and information which appropriately addresses the health needs of men and improves their health outcomes.

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 *Mental Health Act (NSW) 2007*, and the principles of the memorandum of understanding for mental health. The State Inter-Departmental Committee for Mental Health has commenced the review and update of the MOU to include the new provisions of the Mental Health Act, and operational developments including guidelines for Police involvement in inter-hospital transports.

The Mental Health and Drug and Alcohol Office (MHDAO) has provided funding over five years to the Ambulance Service of NSW 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 Mental Health Act and the service is on target to complete implementation of the training by June 2011 and to embed the training into its core training of intern paramedics.

An approved mechanical restraint device is being implemented within the ambulance service to assist in transporting patients with disturbed behaviour. The device has been used on 233 occasions since its implementation with good clinical outcomes for patients and no adverse events being reported.

The NSW Police mental health intervention team (MHIT) is a permanent unit within NSW Police Force. An independent evaluation of the MHIT model was conducted by Charles Sturt University over the two year MHIT trial. Their final reports concludes that the NSW Police MHIT model is achieving its main aims including improving awareness of frontline police in dealing with people with mental health issues and reducing injuries to police and mental health consumers. NSW Police has commenced the roll-out of the specialist mental health training with 375 officers having completed the training. NSW Police has committed to 10% of its operational workforce completing the training by 2015. The MHDAO has funded a senior mental health clinician position which sits within the MHIT 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 Farm-Link program, a new primary care-led specialist partnership model across the 16 Murdi Paaki indigenous communities in regional NSW and the Drought Mental Health response for NSW as well workforce learning and development programs in rural practice and in emergency mental health care.

With the limited specialist services available in rural NSW, the CRRMH also supports Early Psychosis practice in rural and remote NSW, including education and workshops, research and organising the biannual Rural Early Psychosis Forum.

Drought Initiatives, Especially Farmers Gatherings and Mental Health First Aid

Recent rain events have assisted some areas of NSW to move from drought to marginal or satisfactory status. Whilst this has provided some hope in these areas, it is anticipated that social and financial recovery from the effects of the prolonged drought will take approximately five years of consistently good rainfall. The continued development and enhancement of resilience in rural communities to address future adverse events remains a priority.

The Drought mental health Assistance PROGRAM (DMHAP) has been in operation since 2006. In 2009–10, DMHAP maintained more than 39 service networks across rural NSW, and has delivered 74 Mental Health First Aid courses as well as providing mental health resources at rural events. These activities ensure high levels of community awareness and accessible and robust pathways to treatment including for people at risk of suicide as a result of rural adversity.

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.

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.

The NSW Children of Parents with a Mental Illness (COPMI) Framework for Mental Health services 2010–2015 was developed by MH-Kids in consultation with a wide range of relevant stakeholders and key partners. This new policy provides strategic directions for the continuing development of Area Mental Health services to better identify the needs of children whose parents have mental health problems and disorders through a family sensitive approach.

Continued Improvements with the Mental Health Non-Government Organisation (NGO) Sector

Over the past 12 months NSW Health has continued to support the mental health NGO sector in NSW.

The Mental Health Co-ordinating Council NSW (MHCC) commenced the administration of the Infrastructure Grants Program (IGP) in 2006. The MHCC is the NSW peak body for mental health NGOs in NSW. The grant program was initially \$2 million and, because of its success, has subsequently received a number of funding enhancements. In May 2010 an additional \$1 million was allocated to the IGP.

In total to date the Minister has approved \$5 million for the IGP and it has been extended to December 2011. The IGP allocates one-off grants to promote the capacity of mental health NGOs to implement service improvement projects and progress towards accreditation with recognised quality standards. It also includes a sub-program, *No NGO Left Behind*, that specifically gives priority to small to medium non-government organisations targeting mental health program/social and emotional wellbeing programs and that had not previously received funding under the IGP and either target high need groups in providing services, for example Aboriginal or Culturally or Linguistically Diverse (CALD) communities, youth, and people with co-existing conditions and/or service rural or remote areas.

As outlined in workforce development section, MHDAO supported NGO workforce development through the NGO professional development scholarship program, providing \$1.56 million over three years to establish five scholarship streams including the Cert IV in mental health providing a minimum staff competency standard for the mental health NGO workforce. In 2009–10 a further \$100,000 was committed to this initiative providing an

additional 20 clinical scholarship places. This is in addition to the \$750,000 NSW Health paid to the three years to the end of the 2009–10 financial year for the establishment of a Learning and Development Unit (LDU) located at the MHCC.

Asylum Seekers Policy Directive

A policy relating to Medicare ineligibility and specified public health services in relation to asylum seekers was released in October 2009. The *PD2009_068 Asylum Seekers – Medicare Ineligible – Provision of Specified Public Health Services* policy applies to a sub-group of community-based asylum seekers, who are persons that come to Australia on study or tourist visas and then apply for refugee status due to fears for their personal safety in their home country. Changes to eligibility for Medicare by the Commonwealth in 2009 led to a reduction in the number of Medicare ineligible asylum seekers in NSW, but left a small number still unable to access Medicare funded health services, or other health services provided for many new arrivals.

Through this Policy, the NSW Government has approved fee waivers for specified public health services to those community based asylum seekers who are Medicare ineligible. The policy provides NSW Health facilities and staff with guidance in implementing the decision, including the identification of Medicare ineligible asylum seekers and description of the public health services to which the waiver applies.

Strategic Direction 5

Make smart choices about the costs and benefits of health services

Funding Management

Creating a Stronger Link Between Inputs, Outputs and Outcomes in Health Care

In 2009–10, NSW Health moved to full implementation of its episode funding model which is designed to achieve a stronger link between hospital funding and agreed patient activity levels. Episode funding is the term used in NSW to describe what is generically called casemix or activity based funding.

The NSW Health episode funding model currently covers the major services provided in the larger public hospitals acute and subacute inpatient care (including surgery), emergency care and intensive care. Smaller NSW hospitals are not yet operating under episode funding arrangements.

In addition to being a budget-setting tool, episode funding also assist with benchmarking and performance management, allowing the number and cost of services provided by a particular hospital during the year to be measured against the activity targets and prices set in the episode funding policy.

As the quality of clinical coding and costing development carried out at service level direct impacts on the quality of information generated and applied, the Department conducted audits of these processes across the State in 2009–10. The resulting information will assist all participating NSW Health operating units to target their business improvement processes.

NSW Health's progressive adoption of episode funding complements initiatives being conducted by the Department under the COAG National Partnership Agreement on Activity Based Funding, and commitments under the National Health and Hospitals Network Agreement. This national effort to consistently apply an activity based funding model across Australia is testimony to its value as a mechanism for more efficient and effective use of resources, greater accountability and in the longer term, quality of patient care services.

Earlier Distribution of Health Budgets

NSW Health advised Health Service Chief Executives of the 2010–11 budget allocations on 8 June 2010, State Budget Day, consistent with recommendation 136 of *Caring Together* – the Government's response to the Garling report. The early release of budgets in 2009–10 and 2010–11 has improved the capacity of hospitals and health facilities to understand resource allocation and plan health service delivery.

Health Technology

Health Technology Assessment Update

The third edition of the Health Technology Assessment Update newsletter was circulated within NSW Health and to the Area Health Services, to health service planners, policy makers and clinicians, to ensure the dissemination of the most recent local and international health technology assessments (HTA). This newsletter provides information on the most recent local and international health technology assessments, focusing on new and emerging health technologies or existing technologies for which there are new applications. HTAs can assist policy makers, health planners and clinicians analyse the medical, social, ethical and economic implications associated with the development, diffusion and use of these health technologies.

Radiotherapy Services

Linear accelerators are used to provide radiotherapy to people with cancer as part of their overall cancer treatment. During 2009–10 linear accelerators at Nepean Cancer Care Centre, Liverpool Cancer Care Centre and Royal North Shore Hospital were replaced, and a new treatment machine installed at the newly opened Lismore Integrated Cancer Care Centre. These services are planned on a Statewide basis to an equitable and efficient distribution of services.

Performance Indicators

Resource Distribution Formula – the Weighted Average Distance from Target Share for all Area Health Services

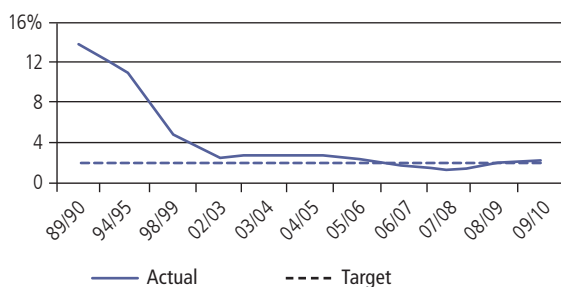
Desired Outcome

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 taken into account in estimating local need include age, sex, mortality and socio-economic indicators.

Resources Distribution Formula – The weighted average distance from target share for all Area Health Services (%)



Source: Inter-Government and Funding Strategies Branch

Interpretation

In 1989–90, Area Health Services were on average 14% away from their resource distribution formula target share. With a greater share of growth funding allocated to historically under-funded population growth areas, the average distance from target share for Area Health Services has declined significantly over time and was 2.2% in 2009–10.

Strategic Direction 6

Build a sustainable health workforce

Medical Workforce

- NSW Health employed an extra 384 FTE doctors in 2009–10 bringing the total medical workforce to a record number of 8524 FTE doctors. This included 665 medical graduates commencing internships in January 2010.
- Recruitment strategies to attract and retain doctors in the past 12 months include:
 - **Country Careers Officers** to support health professionals to relocate and integrate into regional locations are funded in rural Area Health Service.
 - **employer brand** for recruitment including a recruitment marketing strategy for medical practitioners with particular focus on Emergency Medicine, Psychiatry, and Obstetrics and Gynaecology.
 - the **Panel of Overseas Recruitment Agencies** continued to assist Health Services recruit to vacant positions during 2009–10. The Panel provides quality assurance of overseas recruitment agencies used by the NSW public health system, and streamlines and improves overseas recruitment cost-effectiveness.
- NSW Health has progressed development of the **Hospitalist** role for non-specialist doctors working in public health facilities. Hospitalists improve quality and patient safety through co-ordination of medical care, working closely with clinical staff and health service managers.
- In March 2010, the Clinical Education and Training Institute launched the **Hospital Skills Program** which provides a continuing education and professional development framework for non-specialist doctors.

Training in Emergency Department skills for non-specialist doctors is one of the modules that will be relevant to a significant proportion of non-specialist doctors. Other modules have been developed for Aged Care, Mental Health and Core Skills for doctors working in hospitals.

- In 2009–10, NSW Health finalised implementation of a Statewide system to better manage **medical locums and casual medical vacancies** in NSW hospitals.

- The 35 Medical Locum Agencies listed on the NSW Health Register of Medical Locum Agencies have demonstrated compliance with the *NSW Health Standards and Conditions for the Provision of Locum Medical Officers to the NSW Health Services*. Compliance is for three years.
- In 2009–10 NSW Health focused on attracting Emergency Physicians and supporting the training of this workforce. **Training Networks** for Emergency Medicine were developed in 2009–10 for commencement from the January 2011 intake of trainees. Dr Jon Hayman has been appointed the State Chair of the Emergency Medicine Network, and is working with the Clinical Education and Training Institute. The establishment of networked training has been beneficial in enhancing medical recruitment and improving the quality of training for trainees.
- NSW Health is also working to establish a newly funded academic post in Emergency Medicine on the central coast to operate in conjunction with the University of Newcastle. Establishment of the position will increase the profile of teaching and research for the specialty.
- A research project has been completed to guide decisions on getting the right skill mix in Emergency Departments and to develop guidelines and principles for designing Emergency Department staffing profiles. A Workforce Analysis Tool was also developed to guide Emergency Departments in applying the principles and guidelines locally. The project was overseen by the Emergency Department Workforce Reference Group comprising clinicians, industrial representatives and health system managers.

Healthcare Assistant Initiative/AINs

- The **Healthcare Assistant Initiative** was implemented during 2009/10 to support the development of a workforce where the skills mix better supports the work roles and models of care. Working in teams this enables the better utilisation of the highly skilled and qualified health professionals with the provision of care based on team members' scope of practice and level of competence.

- The initial focus has been on the Assistant in Nursing role. An implementation package was also drafted to assist Health Services effectively employ Assistants in Nursing into the acute care nursing skill mix. In the 12 months to June 2010 the Assistants in Nursing workforce increased by 22.2% to 1027 FTE.

A major element of this Initiative also involved providing appropriate training opportunities for **Assistants in Nursing** in acute care with the establishment of an agreed training pathway. Resources to advertise the career pathway and training available are available at <http://www.health.nsw.gov.au/ain>

- Also new roles for **allied health assistants** are being introduced in rural health services allowing patients improved access to community based rehabilitation services locally with remote supervision. These assistants are trained and qualified by accessing the vocational training qualifications at Certificate IV levels.

Allied Health

- NSW Health has implemented a range of initiatives to address shortages in the allied health workforce to reform workforce and improve recruitment.
- NSW Health implemented a project in 2005 to boost **pharmacist intern training** numbers Statewide by providing supernumerary funded training positions. Over 220 full-time equivalent pharmacist interns have been trained Statewide and the number of rural hospital pharmacy training positions increased by over 60%.

As a recruitment strategy, this improved the ability of rural Area Health Services to attract newly registered pharmacists, resulting in an overall vacancy reduction of 4% in the rural pharmacist workforce.

- Due to the success of this initiative, pharmacist intern training positions were incorporated into *Caring Together*. Under *Caring Together* funding for 79 full-time equivalent pharmacist positions was included in the 2009–10 budget. Of the 79 funded positions, 21 full-time equivalent pharmacist intern training positions were funded across Area Health Services.
- The **Rural Allied Health Scholarship** Program provides a range of scholarships to support undergraduates and practising clinicians and the program provided scholarships to 60 students from a rural background in 2009.

Rural clinical placement grants assist with the cost of travel and accommodation for students undertaking clinical experience in rural areas. There were 395 grants awarded in 2009.

Post-graduate scholarships provide clinicians working in rural NSW with financial support to undertake further study. There were 53 scholarships awarded in 2009

Nursing and Midwifery Workforce

Nursing 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%. At June 2009, 1,896 nurses had been employed through this initiative, including 157 mental health positions. Rural area health services have employed 661 nurses through Nursing Re-connect.

Retaining Existing Workforce

There were a number of initiatives funded to retain and enhance the skills of the 43,246 nurses and midwives in the NSW public health system in 2009–10. Over \$3 million was provided for education scholarships to more than 1,700 nurses and midwives employed in facilities across NSW. This year saw the introduction of the inaugural Judith Meppem Scholarships which have provided four nurses with the opportunity to undertake study tours to enhance their knowledge and apply that within the NSW Health System. Nurses/midwife study leave received \$6 million, allowing positions to be 'backfilled'. Funding of \$14 million was provided for initiatives such as support for new general and midwifery graduates and ongoing clinical skill development, including *Essentials of Care* and *Take the Lead* projects.

Overseas Recruitment

In liaison with the Department of Immigration and Citizenship, NaMO co-ordinates visa nominations on behalf of AHSs. While the demand for overseas nurses is relatively low there is a need in particular specialty areas such as mental health and intensive care as well as rural areas. Approximately 250 experienced registered nurses and midwives from overseas commenced employment in NSW public hospitals in 2009–10.

Nurse Practitioners

NSW leads Australia with 154 Nurse Practitioner positions. This includes 100 authorised nurse practitioners and 54 nurses in transitional positions and working towards authorisation by the Nursing and Midwifery Registration Board of Australia. Recruitment continues for Nurse Practitioner roles across the State.

Midwifery Services

Birthrate Plus® is a Midwifery Workforce Planning methodology from the United Kingdom that is used for service planning and identifying baselines for maternity staffing based upon the principles of assessing the needs of women for midwifery care.

NaMO has worked closely with the New South Wales Nurses Association and the authors of Birthrate Plus® to test and adapt the tool to reflect maternity care in NSW. Data collection took place at 20 maternity services over an 18 month period, accounting for 65% of the public hospital births in NSW, to establish that this methodology is suitable for use in NSW maternity services.

The process of the implementation of Birthrate Plus® as a reasonable workloads tool for maternity services in NSW is currently underway.

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.

Through this Committee MHDAO has funded the NGO professional development scholarship program, providing \$1.56 million over three years to establish five scholarship streams including the Certificate IV in mental health that will provide the baseline staff competency standard for the mental health NGO workforce. In 2009–10 a further \$100,000 was committed to this initiative providing an additional 20 clinical scholarship places.

At year end, a mental health education training and support working group was 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.

Training In 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, 50 medical practitioners 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. There are also an additional three online education modules in Addiction Medicine available for medical practitioners to increase their skills (*Prescription Drug Misuse, Alcohol Use Disorder and Opportunistic Intervention*) with another three modules being developed.

Approximately 150 GPs attended workshops titled 'GPs role in preventative medicine – identifying behavioural risk in youth' and 'Aberrant Drug-related Behaviours in Adolescents'. They were presented by addiction medicine specialists in May 2010, 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. Following a tender process the Rural Health Education Foundation (RHEF) has been contracted to continue its development, in line with the recommendations of the pilot courses and run the module later in 2010.

The series of free downloadable online medical lectures has again been revised and there are now 13 available on the University of Sydney Addiction Medicine website <http://www.addiction.med.usyd.edu.au/lectures/index.php>

Early in 2010 representatives from all NSW medical schools met to agree on a set of common objectives for the undergraduate addiction medicine curriculum across NSW and to share resources.

Supporting the Training of Mental Health Nurses

The *Mental Health Nursing – Moving Ahead* project maintains strategies to attract people into mental health nursing, to build a skilled and sustainable nursing workforce and to improve the care provided to clients with mental health illnesses.

Since the Mental Health Connect Program started in April 2005, 157 nurses have been employed.

In 2009–10, 135 mental health nursing scholarships were awarded to Enrolled Nurses and Registered Nurses working in, or seeking to work in, mental health. Overall, 854 scholarships have been funded during the past five years, with provision to continue in 2010–11.

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.

Since 2006, 23 mental health innovation scholarships, valued at \$10,000 each, have been allocated for projects that demonstrate innovative nurse-led models of practice leading to improvements in patient care.

Training for mental health nurses in evidence based psychosocial and psychological interventions have resulted in 187 nurses educated in Cognitive Behavioural Therapy (CBT) and 71 nurses in Adherence Therapy.

Supporting the Training of Rural Psychiatrists

The Rural Psychiatry Training Program is a joint initiative between the NSW Government and the Royal Australian and New Zealand College of Psychiatry. The initiative provides support for training Psychiatric Registrars in rural areas. NSW Health continues to support the Program with an allocation of \$2.1 million in 2009 for three years.

Training Program to Support Family Inclusive Practice to Adult Mental Health Workers

Crossing Bridges NSW (CBNSW) is a training program that has been designed to enhance knowledge, understanding and clinical practice for all staff in mental health services but in particular, targeting adult mental health staff when working with families in which adults with mental illness have responsibility for, live with or have contact with dependent children.

The roll-out of CBNSW training sessions commenced in August 2009. A total of 32 workshops were held in 2009–10. Of the 509 staff who attended, 359 (70%) were staff from adult mental health services. It is reported that almost three quarters of the adult mental health workers who attended the training indicated that over 20% of their clients were parents (this figure also includes parents of adult children).

Supporting Families Early (SFE) Package – SFE and SAFE START Online Training

The *Supporting Families Early* (SFE) package brings together initiatives from NSW Health's Primary Health and Community Partnerships Branch and Mental Health and Drug and Alcohol Office, in order to promote an integrated approach to the care of women, their infants and families in the perinatal period. Three companion documents form the Families NSW *Supporting Families Early* package.

With a more psychosocial focus to their work, primary health care staff, including nurses working in child and family health settings, and midwives, require further training and support in psychosocial assessments and dealing with the outcome of these assessments. An online program introducing the SFE Package and providing SAFE START Assessment and Screening training was made available in February 2010.

Aboriginal Drug and Alcohol Traineeship Program

In June 2009, the Minister for Health approved a non-government organisation grant to the NSW Network of Alcohol and Other Drug Agencies (NADA) to manage the 'Non-government Aboriginal Drug and Alcohol Traineeship' pilot project. NSW Health has funded NADA to manage and implement three undergraduate traineeships for Aboriginal people working in the non-government drug and alcohol sector to gain a tertiary qualification. NADA and NSW Health have partnered with the Aboriginal Health College and the University of Wollongong to deliver the courses through the Aboriginal Health College over the three years of the traineeships. The Trainees will graduate at the end of 2012.

NSW Health is committed to increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through implementing the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes by funding four additional Aboriginal Drug and Alcohol Traineeships in the NSW public drug and alcohol sector and Aboriginal Maternal and Infant Health Services commencing in late 2010.

NSW Health has funded Northern Sydney Central Coast Area Health Service to employ an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the Trainees while they undertake their work placements and studies.

Aboriginal Mental Health Workforce Training Program

The NSW *Aboriginal Mental Health and Wellbeing Policy* identifies the need to strengthen the Aboriginal mental health workforce. The Aboriginal Mental Health Workforce Training Program was initiated in 2007 as a key action to achieve this outcome. Using a traineeship model the Program provides permanent employment for Aboriginal Mental Health Workers within NSW Health, while they undertake a degree course, clinical placements and on the job training.

The end of 2009 saw the first wave of graduates through the three year Program. Of the 10 funded positions rolled out in Phase 1 of the Program, nine graduated, with seven of these either remaining in NSW Health's employment, or moving over to work for an Aboriginal Medical Service. This is a major success in relation to capacity building of mental health services to address the mental health and social and emotional wellbeing of Aboriginal people in NSW.

As of 30 June 2010 there were 45 traineeship positions across NSW. Of these positions, 19 were directly funded by NSW Health, while a further 26 positions were converted by Area Health Services from vacant positions Areas were unable to fill.

Core Competencies for Specialist Mental Health Services for Older People (SMHSOP)

Core competencies for Specialist Mental Health Services for Older People (SMHSOP) clinicians across NSW were endorsed by the NSW Health Mental Health Program Council and distributed to Area Mental Health Services in mid-2009 for implementation. To support implementation, funding has been allocated to the NSW Institute of Psychiatry to develop a training package for managers, team leaders and clinical leaders to guide the use of core competencies in recruitment, clinical supervision, performance review and professional development planning. This project is well underway, in conjunction with a review of the Institute's Older People's

Mental Health postgraduate programs to ensure alignment with the core competencies and the current requirements of SMHSOP clinicians across NSW.

Additional Child Protection Training for Drug and Alcohol Staff

The Mental Health and Drug and Alcohol Office continued the engagement of the Education Centre Against Violence (ECAV) to conduct child protection training in 2009–10 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.

Behavioural and Psychological Symptoms of Dementia (BPSD) Training Project

A 2009 survey of the specialist mental health services for older people (SMHSOP) community workforce by the Older People's Mental Health (OPMH) Policy Unit highlighted that both managers and clinicians ranked BPSD as their highest training priority for SMHSOP staff. In response, a BPSD training project has been conducted by the NSW Dementia Behaviour Management Advisory Service central service in SESIAHS to develop, implement and evaluate a training program for SMHSOP community and acute inpatient clinicians across NSW. This project has been very well received and evaluation of the project is underway.

NSW Drug and Alcohol Workforce Development

The Mental Health and Drug and Alcohol Office (MHDAO) partnered with the Australian Drug Foundation (ADF) and the NSW Network of Alcohol and Other Drug Agencies (NADA) to implement a pilot workforce development project for government and non-government drug and alcohol staff in March 2010. The *Preventing Alcohol Related Harms In Young People: Family Based Interventions* was a half-day seminar and practice paper showcasing the latest best practice initiatives in working with families to reduce alcohol uptake and reduce alcohol related harms.

Over 100 people participated either in person or through tele-health links across NSW. Evaluations from the pilot sought feedback from those participants on other drug and alcohol training needs to drive future workforce development activities.

Aboriginal Workforce

Aboriginal Nurses and Midwives

NSW Health is committed to increasing the number of Aboriginal registered nurses, midwives and enrolled nurses in the NSW public health system. Providing career opportunities for our Aboriginal communities in NSW in the field of nursing and midwifery can have a positive impact on the health and well-being of Aboriginal communities. Aboriginal people will be more likely to access public health services, because they will feel more comfortable and know that there is someone who can provide a more culturally sensitive service.

NSW Health is currently employing 48 Aboriginal student nursing and midwifery cadets. Of these, seven are undergraduate midwifery students, 39 are undergraduate nursing students and two are enrolled nursing students. These cadets are financially supported by a study allowance during their academic studies and assisted with funding to purchase books and equipment.

Oral Health Staff

New State Awards introduced in November 2008 offer higher salaries and clearer career pathways for dental staff. There is some evidence that these are already helping in the recruitment and retention of dentists to rural Areas.

The Graduate Rural Incentive Scheme, offering new graduates \$10,000 in their first year of rural public sector service have been taken up by three to four recent graduates.

Creation of the Graduate Diploma in Dental Therapy at the University of Newcastle that enables dental hygienists to extend their range of skills and to satisfy the criteria required by the Dental Board of NSW to become registered dental therapists. These 'dual qualified' staff are able to use their extended range of skills as part of the dental team with a wider range of clients than can be seen by single registered staff.

Radiotherapy Workforce

Radiotherapy is recognised as one of the more technically complex area of health services delivery. NSW Health, Statewide Services Development Branch, has led nationally in developing a comprehensive suite of strategies to respond to radiotherapy workforce challenges, with measurable improvements in total workforce numbers, vacancy rates, remuneration and clinical experience.

The three main workforce groups are Radiation Therapists (RTs), Radiation Oncology Medical Physicists (ROMPs) and Radiation Oncologists. All three workforce groups have seen expansion in numbers of full time equivalent positions in public sector Radiation Oncology Treatment Centres (ROTCs). Vacancy rates for RTs have remained under 5% since 2006. In 2009–10, the NSW Health Department supported RT Professional Development Year (PDY) positions with funding of up to \$2 million made available to complement Area Health Service and Commonwealth funding. Support of these PDY positions increases the pool of accredited RTs available to work in the new and expanded ROTCs planned for NSW over the next few years.

The most significant achievement for the ROMP workforce has been the increase in the number of accredited ROMPs to over 90% of all permanent ROMP positions. Strategies to support the ROMP workforce have included funding for supernumerary registrar positions; a clinical placement co-ordinator; a scholarship program; Continuing Professional Development grants; and overseas recruitment program; and a chair of medical physics at Sydney University.

Training of registrars in Radiation Oncology and exposing medical students to radiotherapy services and its role in cancer treatment have been key directions for ROs. NSW Health has funded a number of Radiation Oncology Vocational Registrar (ROVR) positions since 2002 and these positions have now been permanently established in Area Health Services.

Performance Indicators

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 in terms of advertising for and training new employees, lost productivity and potentially a decrease in the quality and safety of services and the level of services provided. Factors influencing turnover include: remuneration and recognition, employer/employee relations and practices, workplace culture and organisational restructure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Data required for this indicator comes from the NSW Premier's Workforce Profile (PWP) report. Not all PWP 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. Also, certain geographically areas attract overseas nurses working on short-term contracts

Interpretation

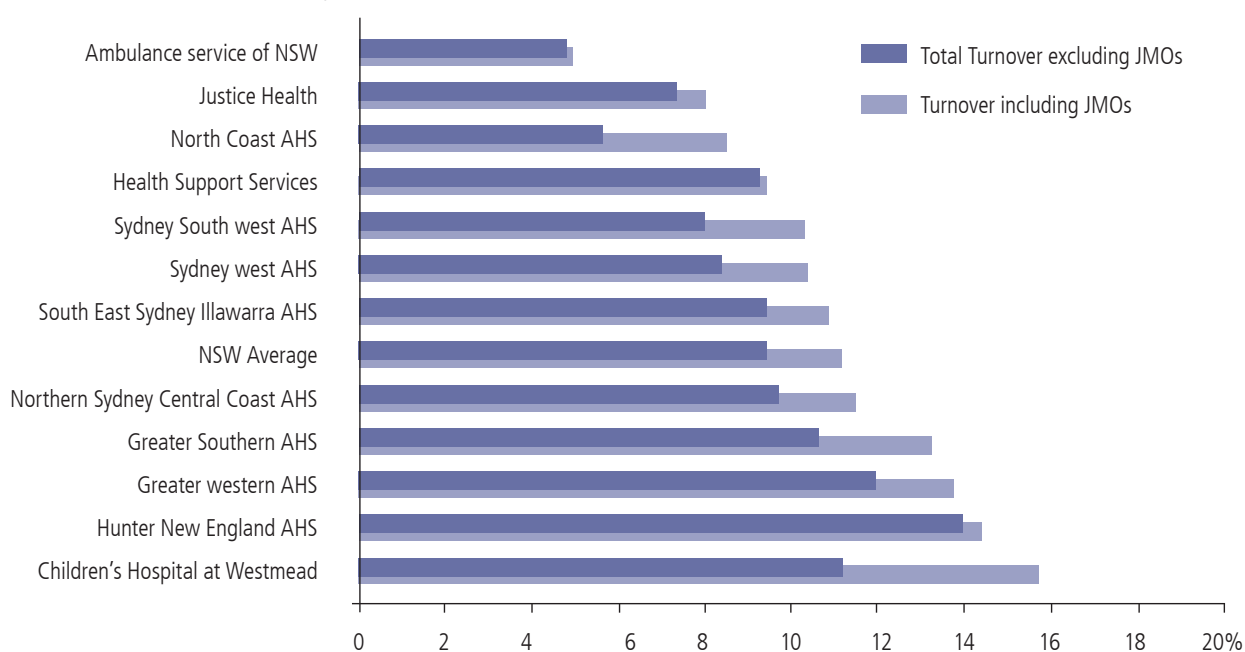
In 2009–10 the average staff turnover for non-casual staff employed within the health system was 11.1% (9.4% when excluding Junior Medical Officers and Trainee Enrolled Nurses). Children's Hospital at Westmead recorded the highest turnover at 15.7% (11.1% when excluding Junior Medical Officers and Trainee Enrolled Nurses).

As noted under context, factors influencing turnover vary considerably between hospitals and Health Services. Health Services with tertiary training facilities have higher turnover of medical and nursing staff.

Related programs and policies

- Flexible work policies
- Family Friendly work policies

Staff Turnover – Permanent staff separation rate (%)



Source: DOH-Health Information Exchange -Premier's Workforce Profile Data Collection. Excludes Third Schedule Facilities, Health System Average inclusive of all Area Health Services, Health Support Services and Ambulance Service of NSW

Professional Staff

Desired Outcome

Addressing the shortfall in the supply of health professionals.

Context

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.

Professional staff numbers

PROFESSIONAL STAFF	Jun 05	Jun 09	Jun 10	Increase over 2005 (%)
Salaried Medical	6,462	8,140	8,524	31.9
Nursing	35,523	39,142	39,352	10.8
Allied Health	6,848	7,963	8,088	18.1
Oral Health	990	1,133	1,106	11.7

Source: Health Information Exchange and Health Service local data

Interpretation

Since 2005, there have been significant increases in professional staff across the NSW public health system as outlined in the table above.

Related programs and policies

- Flexible work policies
- Family Friendly work policies

Clinical staff

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

Clinical Staff numbers

CLINICAL STAFF	Jun 05	Jun 06	Jun 07	Jun 08	Jun 09	Jun 10
Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners and ambulance clinicians as a proportion of all staff %	70.3 %	71.5 %	71.8 %	72.0 %	72.2 %	72.4 %

Source: Health Information Exchange and Health Service local data

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 of 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.

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 service 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 administrative, providing support to front line staff.

Interpretation

From June 2005 to June 2010, the percentage of 'clinical staff', as a proportion of total staff increased from 70.3% to 72.4% with an additional 7,636 health professionals working in the public health system. From June 2009 to June 2010 the NSW public health system employed an additional 384 medical practitioners. These increases reflect the ongoing commitment of NSW Health and its Health Services to direct resources to front line staff to meet strong growth in demand.

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

Related programs and policies

- Continuation of strategies aimed at recruitment and retention of clinical staff within the system
- Continuation of the Shared Services and Corporate Reforms Strategies

Sick Leave – Annual Average per FTE (hours)

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 and reduce possible negative effects on service delivery and on other staff, where replacement staff is not readily available.

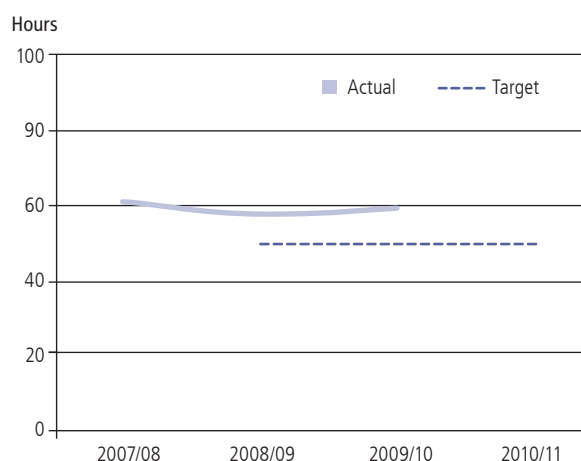
Interpretation

There has been a reduction in sick leave from 2007–08 to 2009–10. The trend over the last three years has been downwards. This forms the baseline for sector-wide improvements going forward.

Related programs and policies

Sick leave reduction targets, based on whole of government targets set by Premier's Department, have been included in the Area Health Service Performance Agreements, with the Department providing regular reports on progress against targets. Policy directive Managing Sick Leave: Policy, Procedures and Eligibility (PD2006_063) provided support to Area Health Services in managing sick leave and meeting the targets.

Sick Leave



Source: DOH-HR – Premier's Workforce Profile Data Collection. Excludes Third Schedule Facilities. Health System Average inclusive of all Area Health Services, Health Support Services and Ambulance Service of NSW

Workplace Injuries

Desired Outcome

Minimising workplace injuries as far as possible.

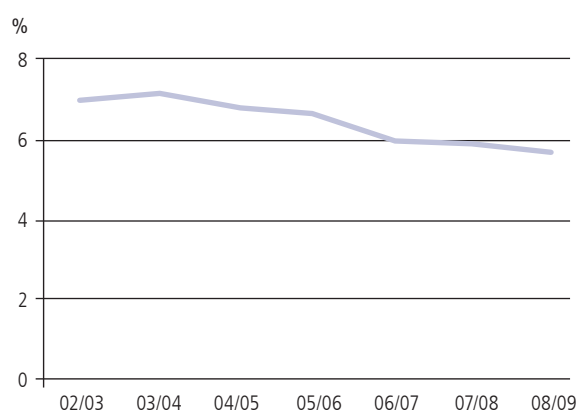
Context

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.

Interpretation

NSW Health is continuing to reduce the incidents of workplace injuries. In the period between December 2002 and June 2009 a 22% reduction in workplace injuries was achieved. This improvement comes on top of already significant decreases between June 1998 and December 2002 where NSW Health achieved an 18% reduction in workplace injuries.

Workplace injuries



Source: Treasury Managed Fund via WorkCover NSW

Aboriginal Staff as a Proportion of Total (%)

Desired Outcome

To meet and exceed the Government’s policy of 2.6% representation of Aboriginal and Torres Strait Islander staff in the NSW Health workforce.

Context

NSW Health is committed towards excellence in the provision of health services to Aboriginal people to assist in closing the health gap and improving the overall health and wellbeing of Aboriginal people.

To achieve this objective, NSW Health 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 in the improvement of Aboriginal health by significantly increasing employment outcomes for Aboriginal people through the development of affirmative action strategies, which focus on recruitment, training and career development.

Interpretation

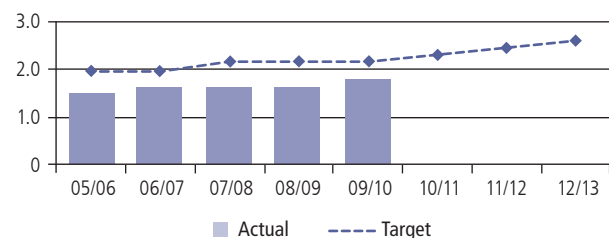
There has been an increase in Aboriginal staff from 2005–06 to 2009–10. This increase in Aboriginal staff is the result of better representation in the growth of NSW Health Workforce. This demonstrates that NSW Health is undertaking better recruitment, training and career development for Aboriginal and Torres Strait Islander People.

Related Programs and Policies

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

- NSW Health Aboriginal Workforce Plan (2010–2015) (2009)
- National Partnership Agreement for Indigenous Economic Participation (2009)
- ‘Making It Our Business’ Improving Aboriginal Employment in the Public Sector 2006–2008

Aboriginal staff as a proportion of total (%)



Source: Premier’s Workforce Profile Data Collection. Excludes Third Schedule Facilities. NSW Health Average inclusive of all Area Health Services, Health Support Services and Ambulance Service of NSW

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.

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.

This was the initial phase in the four year plan for the implementation of a NSW Health wide comprehensive risk management and monitoring system. Public health organisations were required to develop risk registers identifying major risks (both existing and developing), mitigating strategies and they have been providing quarterly reports of the extreme risks to the Department for review. The Department also developed a risk register of extreme risks that was submitted for review.

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 are required to implement and periodically review procedures to verify compliance. Such verifications are reported to the Department quarterly. Since 2008 health services have been complying with the policy and ensuring medical practitioners are complying with conditions placed on their registrations.

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.

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 2009–10 include:

- The development of the Mental Health Services Supporting Plan, a Supporting plan to NSW Health Plan to inform and assist in the planning and co-ordination of the mental health response in the event of a disaster or health emergency.

- Mental health disaster training and development program – a three level program for mental health staff completed in April 2009, with an emphasis on knowledge and clinical skill development in evidence-based interventions for people exposed to major trauma.
- Strategic linkages with other key agencies in key areas of risk such pandemic planning, counter-terrorism planning, and community recovery. This involves identifying mental health roles and responsibilities, providing expertise on mental health impacts and effective response and recovery measures and participation in Statewide exercises to test plans.

Policy Distribution System for NSW Health

In May 2009, the Corporate Governance and 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. During 2009–10 the system for notifying of policies was streamlined with a reinforcement on the need for management to ensure distribution of policies to those who needed to be aware of them as well as implementation of policies.

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.

National Health Reforms

Throughout 2009–10 NSW has been at the forefront of the development of strategies for major reform of the Australian health system with the objective to improve health outcomes for all Australians. This reform process has been led through the Council of Australian Governments (COAG) where all States and Territories and the Commonwealth are represented by their First Ministers.

The National Health and Hospitals Reform Commission (NHHRC) – announced by the Federal ALP Government in February 2008 – was charged with providing advice on practical reforms to the Australian health system which could be implemented in both the short and long term. In November 2008, COAG agreed to overarching reform of Commonwealth State relations and the establishment of a new National Healthcare Agreement (that provides Commonwealth funding for public hospitals) and to fund a number of National Partnerships to progress reform in specified areas.

On 27 July 2009, the Prime Minister released the NHHRC's Final Report: *A Healthier Future for All Australians* that contained 123 recommendations for reform of the Australian system. Following a period of national consultation, the Federal Government released its proposals for national health reform in March 2010, and took these to a specially-convened COAG meeting in April.

At the April 2010 meeting of meeting, agreement was reached by all jurisdictions (except WA) on the contents of a National Health and Hospitals Network Agreement (NHHNA). The NHHNA encompasses major health financing and structural reform and also provides significant additional Commonwealth funding to States and Territories for specified health purposes. Implementation of the NHHNA over the next four years will involve the following initiatives:

- establishing Local Hospital Networks to run hospitals on a day-to-day basis
- pooling Commonwealth and State funding to simplify payments to Local Hospital Networks and ensure full transparency
- accelerating the roll-out of Activity Based Funding (ABF), better linking budgets to activity (with block funding for small rural hospitals that are unsuitable for ABF)
- establishing an independent pricing umpire to set a national efficient price for hospital services
- developing new national standards for hospital and other health services, and
- consolidating policy and funding responsibility for primary health care and aged care services under the Commonwealth Government.

The NSW Government will receive up to \$1.1 billion in extra health funding from the Commonwealth in the four years between 2010–11 and 2013–14 to ensure that NSW residents can access elective surgery and emergency department treatment at public hospitals in a timely manner, and to improve access to acute and subacute inpatient care.

In addition, through the rest of the COAG Reform package the Commonwealth will invest in measures that will provide benefits of about \$1 billion to the people of New South Wales.

NSW Child Dental Health Survey

The NSW Child Dental Health Survey 2007 was published in 2009 and provides the first randomised clinical dental survey of school aged children for more than two decades. Approximately 8,000 school aged children participated in the survey providing valuable planning data for the major variations in child population oral health in NSW. The Report is available at: http://www.health.nsw.gov.au/pubs/2009/pdf/cdhs_2007.pdf.

Aboriginal Oral Health

In collaboration with the Centre of Aboriginal Health and Community Controlled Aboriginal Health Services, an Australian Government Closing the Gap on Indigenous Health NPA was received to establish a Hub and Spoke Aboriginal Oral Health Service out of Sydney Dental Hospital. This program will provide four dental teams to rotate between the Aboriginal Dental Clinic at Sydney Dental Hospital and rural and regional CCAHS in NSW and provide dental care to additional Aboriginal clients referred from the three major urban CCAHS at Redfern, Tharawal and Western Sydney.

Build Capacity to Identify and Respond to Infectious Disease Emergencies

Disease Control

Among the many conditions and outbreaks investigated by NSW Health in 2009–10, two deserve highlighting: the outbreaks of pandemic (H1N1) influenza and pertussis (whooping cough).

The emergence and outbreak of pandemic (H1N1) 2009 influenza in April and May 2009 involved the most intensive public health response of recent years. During the initial response, public health units conducted intensive surveillance for imported cases and applied control measures to delay and slow the spread of the pandemic virus in the community. When it was clear that there was widespread community transmission of the virus, the response then focussed on the early identification and treatment of people with the infection who were most at risk of severe complications from influenza.

As pandemic vaccine became available from September 2009, NSW health collaborated with stakeholders to ensure the rapid distribution of vaccine and the provision of support materials to immunisation providers to ensure safe and effective vaccine administration. By June 2010 NSW Health had distributed over 3.3 million doses of pandemic vaccine and 40.8% of surveyed adults in NSW reported having been vaccinated with pandemic vaccine.

Unpublished serological studies suggest that around 16% of the community were infected with the virus. People aged under 65 years were much more likely to be infected than older people, with up to 35% of those aged 12-17 years old estimated to have been infected. Once the pandemic was established in Australia, testing was only recommended where it would change clinical management or for surveillance purposes.

The outbreak peaked in mid-July, with approximately 1,300 people presenting to emergency departments each week with influenza-like illnesses. In total, 54 people died with confirmed pandemic (H1N1) influenza, although infection may have contributed to other deaths as well. Compared with previous outbreaks of seasonal influenza, pandemic (H1N1) 2009 caused much more illness in people under 60 years of age.

A large outbreak of pertussis which peaked toward the end of 2008 began to decline from March 2009. Public health Units continued to investigate cases throughout the year focussing control efforts on children under five years of age (who are most susceptible to severe disease). These control measures complemented the additional communication and strategies described in Strategic Direction 1 under *Immunisation*.

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