Service Delivery

Information Management
and electronic service delivery

The Strategic Information Management (SIM) Branch manages the NSW Health Information and Communications Technology (ICT) Strategy and in conjunction with Health Support Services is accountable its implementation. The integrated suite of clinical and corporate information solutions enhances patient safety and improves quality of care.

During 2009–10 the SIM Branch has overseen an ambitious ICT Portfolio, continuing the implementation of a number of core Statewide programs and commencing a number of significant new corporate, clinical and infrastructure initiatives. These programs ensure the portfolio is well placed to support continuous improvement in the delivery of healthcare and, importantly, the continuum of care as patients move between hospital and community facilities.

Key Achievements

National eHealth Agenda

NSW Health is actively represented at a Commonwealth level through our membership on the National e-Health Transition Authority (NeHTA) Board and reference groups. This involvement ensures national standards and solutions are integrated into NSW Health's future ICT Portfolio and our plans are aligned with the national reform agenda.

During 2009–10 SIM contributed to the development of the business case for the Personally Controlled Electronic Health Record (PCEHR) – the first component of which was funded as part of the Federal health reforms.

SIM also established collaboration projects with NeHTA to enable the use of Healthcare identifiers in future NSW ICT initiatives – starting with the Statewide Medical Imaging archive. Taking a lead role in these projects establishes important foundations for all of NSW Health's ICT programs and will ultimately enable secure messaging of clinical information between providers across care settings.

Clinical Systems Strategy

Electronic Medical Record (eMR) – Hospital based

The Electronic Medical Record (eMR) is a multi-stage project to progressively capture key clinical information electronically and provide this information at the point of care to health professionals treating their patients. In 2009–10 the baseline

was extended to 49 hospitals across the State. The eMR improves communication between clinicians by better tracking patients and providing reliable information about a patient's current care and medical history.

The baseline eMR is an active record which will be added to at each hospital visit and will eventually be fully integrated to support the flow of information across all health care settings.

Phase I of the Program has been delivered in South East Sydney Illawarra, North Coast and Sydney West Area Health Services and is currently being implemented in Greater Southern and Greater Western Area Health Services. Implementation plans have been finalised for North Sydney Central Coast Area Health Service to complete this phase of the program.

While Phase I of the eMR program delivered a significant component of information that clinicians consider to be important for patient care, consultation planning has commenced for Phase II which will further build on the foundation eMR to enhance and expand clinical documentation, decision support and electronic Medications Management to deliver greater benefits to the health system.

Electronic Medical Record (eMR) – Community Health and Outpatient Care

More than 20 million community health and outpatient care services are delivered annually, which accounts for 20% of NSW Health's expenditure. Last year NSW Treasury agreed to fund an Electronic Medical Record for Community Health which will link a network of services delivered by GPs, community health and hospital outpatient clinics. This record will progressively be linked to the hospital eMR to support quality of care and a seamless flow of information between care settings.

During the year SIM has co-ordinated the planning of the eMR for Community Health through collaboration with community healthcare workers and clinicians. The initial development and liaison will identify core needs and priorities to build a system that will support a multi-discipline clinical network and integrated patient care plans.

Medical Imaging

NSW Health is currently rolling out a Statewide integrated digital imaging and radiology information system. The Picture Archive and Communication System and Radiology

Information System (PACS/RIS) are integrated systems that allow diagnostic images such as X-rays, MRI ultrasounds and CT scans to be captured, transmitted and stored digitally. The integrated PAC/RIS program supports simultaneous viewing of medical images, along with the report to requesting clinicians, in hospital wards and departments via a PACS web browser, regardless of where they are located or where the test was conducted. During 2009–10 the program completed the establishment of all major Area Health Service hubs and integrated this information into the eMR. The focus of 2010–11 will be to complete all remaining sites and commence the implementation of a Statewide image archive providing appropriate credentialed clinicians access to images regardless of where they originated.

From a clinical portfolio perspective in 2009–10 the SIM branch also worked with the Health Service Performance Improvement (HSPI) Branch to establish a Statewide Endoscopy Information System and planned the upgrade of patient flow systems – including the State 'Bed Board' and capacity and planning tools.

Corporate Systems Strategy

In addition to SIM's continued role in the development of the Statewide Human Resources (HR) / Payroll application, two new major corporate programs were established in 2009–10, Rostering and Patient Billing.

ICT Infrastructure Strategy

The SIM branch established the framework for a series of investments in ICT Infrastructure in 2009–10. The program will ensure that NSW Health's telecommunications networks, data centres and server infrastructure are secure, scalable and reliable and provide optimal support for clinicians and NSW Health staff using our ICT applications and devices.

The program will also provide the link between NSW Health and State and Commonwealth initiatives such as the NSW Whole of Government data centre initiative and the National Broadband Network.

Phase 1 of the program involved a significant upgrade of all routing and switching infrastructure across the State, creating additional capacity in the Cumberland data centre for new programs of work such as the Statewide rostering

program and the progression of Active Directory projects in all Area Health Services to enable a consistent clinician experience.

Rostering

The Rostering Program will provide Automated Rostering that helps ensure the right resources are in the right place at the right time to provide appropriate care and treatment. It involves the development and implementation of three components:

- Defining and delivering best practice rostering processes
- The installation of a contemporary electronic rostering system
- A significant change management and training program.

In 2009–10, SIM and Health Support Services worked with the Area Health Services to complete the procurement phase for the program – obtaining the software solution and services to assist with implementation.

Patient Billing

The Patient Billing solution will maximise the Health revenue stream and support work processes in the areas of invoicing, debtor management and account reconciliation. The system also integrates patient billing with clinical orders and patient administrative and financial systems.

In 2009–10 procurement and development of the PowerBilling and Revenue Collection (PBRC) software was completed and plans for implementation in 2010–11 finalised.

Future ICT Capital Program

In 2009–10 SIM also commenced the development of four major ICT business cases in line with Caring Together recommendations and the ICT Capital Strategic Investment Plan. At year end, documentation was being prepared to enable programs for Electronic Medications Management, the second phase of the Electronic Medical Record – including Intensive Care, the next phase of the Infrastructure Program and the final components of the Corporate Systems strategy. Successful business cases will be funded from July 2011.

Waste Reduction

And purchasing policy

Sustainability

In 2009–10 NSW Health continued its proactive implementation to Sustainability Strategy. Initiatives for the year included:

Fleet Management

- Continued reduction of fuel consumption and CO2 emissions by actively managing fleet vehicles and usage and exceeding NSW Government cleaner fleet targets.

Water and Energy (including Facilities Management)

- Continued implementation of water action plans by each Area Health Service
- Initiated a $2.5 million Hospital Sustainability Initiative with Sydney Water upgrading water equipment in the metropolitan area with funds to be spent by June 2012
- Completed the NABERS (National Australian Built Environment Rating System) for hospitals performance benchmarks
- Investigation into co-generation projects where viable
- Replacement of coal / oil fired boilers with high efficiency gas, lighting upgrades, control upgrades
- Development of information management system for reporting energy, gas and water usage and reduction strategies.

Waste Reduction and Purchasing Policy (WRAPP)

In 2009 the Department of Environment Climate Change and Water provided NSW Health with Statewide audit results on procurement of paper and toners and waste management of paper, toners and computers.

The audit results provide NSW Health with a Statewide baseline. The next WRAPP report is due in 2011 and NSW Health WRAPP Policy to support the next reporting cycle was being finalised at year end.

Water reduction and purchasing

NSW Health is committed to better waste management practices and waste friendly purchasing in all our offices. NSW Health achieved the following recycling results:

Paper

NSW Health purchased 8,704 tonnes of paper for all offices Statewide of which 3,638 tonnes contained a recycled component that is 41.8% of the total consumed.

Waste Paper/Cardboard and Packaging

A total of 7,540 tonnes of paper and cardboard were recycled across NSW Health Statewide, achieving a 71% recycle rate.

Computer and IT Equipment

IT equipment (computer equipment and accessories) were recycled where possible, with dangerous or hazardous material recovered so that no harmful components went to landfill.

Toner Cartridges

The use of toner cartridges was 57,157 Statewide and 51.2% of these were recycled.

Purchasing

NSW Health purchases stationery items made from either recycled material or items that are easily recyclable. During the year, NSW Health donated reusable stationery items to the University of NSW.

Procurement

Significant Achievements 2009–10

- Formation of a Procurement Business Unit with Health Support Services through the transfer of functions and staff from the Department of Health and the Department of Services, Technology and Administration to take over the management of all Statewide Health contracts
- Gained interim goods and services procurement accreditation to allow the NSW Health system to carry out procurement without referencing the Department of Services, Technology and Administration

- Renewal of eight Statewide health contracts with an emphasis on working with Area Health Services on implementation issues and centralisation of equipment purchases through the new procurement unit allowing better leverage of NSW Health's buying power

- Commenced roll-out of the Statewide IV pumps contract requiring the replacement of the entire IV pump fleet of over 10,000 pumps over a 12 month period.

- The Strategic Procurement Program resulted in avoided costs of $8.7 million in 2009–10 from initiatives such as aggregation of equipment procurement, renewal of medical supply contracts and improved purchasing of existing contracts, bringing the total procurement cost avoidance over the three years from 2007-08 to $52.6 million.

Priorities for 2010–11

- Finalise the procurement model to ensure procurement is standardised and best practice across the NSW Health system

- Ensure that procurement policies, processes, tools and systems are further developed to support the procurement model and the achievement of full procurement accreditation

- Complete development of NSW Health Procurement Portal as the principal web-based tool for accessing all such policies and practise tools

- Extend the proportion of goods and service expenditure currently under Statewide contracts through the identification of areas where there are significant benefits from establishment of Statewide Contracts

- Conclude major tender for diagnostic equipment and consumable in Pathology Services

- Finalise the procurement process for pharmaceuticals and develop proposals for further changes to the management of the pharmaceutical supply chain.

Table 1: 2009 Audit results for whole of Health procurement of paper and toners

PROCUREMENT					
Paper A4, A4, print (reams)	Recycled paper A4, A4, print (reams)	% of recycled paper used	Qty Toners purchased	Qty Recycled toners	% of Recycled toners used
959,439	400,977	41.8%	61,990	11,758	19.0%

Table 2: 2009 Audit results for whole of Health waste management

WASTE											
Paper Waste (Tonnes)	Paper Recycled (Tonnes)	% Of Recycled Toners Used	Packaging Disposed (Tonnes)	Packaging Recycled (Tonnes)	% Of Packaging Recycled	(Cart-ridges) Toners Disposed	(Cart-ridges) Toners Recycled	% Of Toners Recycled	(Unit No.) Comp-uters To Landfill	(Unit No.) Com-puters Recycled	% Of Com-puters Recycled
6,727.8	4,517.6	67.2%	4,264.9	3,022.4	70.9%	37,811	19,346	51.2%	16,022	4,246	26.5%

Shared Services

Program

Health Support Services

Health Support Services (HSS) is a diverse and unique Statewide organisation of 5,700 employees, established in 2007 in response to the need for a shared services program in NSW Health.

The mission of Health Support Services is to provide common shared services across corporate, technology and disability services to NSW Health customers in an innovative, efficient and cost effective manner.

HSS's extensive Statewide services include implementing the latest IT health information systems, providing payroll and accounts payable functions, supporting patient care through food and linen services and assisting people with a disability to live and participate in the community.

Throughout 2009–10 Health Support Services made good progress with implementing recommendations relating to food, linen, warehousing and ICT programs. These reforms placed Health Support Services in a strong position to continue providing support to Area Health Services as they transition towards Local Health Networks.

At 30 June 2010 the shared services transition program, including Food, Linen, Logistics and Warehousing, Enable NSW, payroll, recruitment, finance and procurement was 80% complete.

Significant achievements 2009–10

Some of the benefits realised in 2009–10 under the shared services model included:

- Payroll – standardisation of fortnightly pay cycle for 112,000 employees across the State enabled greater uniformity and efficiency.

- Finance – the move to one financial management information system (Statewide Management Reporting Tool – SMRT), combined with standardised accounting practices and reporting periods, has resulted in improved data consistency and quality.

- Procurement – through demand consolidation, product standardisation, more effective negotiating practices and centralised purchasing, Health Support Services has been able to capture substantial savings in a number of areas. A centralised procurement process for major medical equipment has delivered over $6 million in cash savings and will continue to grow in the coming years.

- Food Services – has seen improved efficiencies through food production unit consolidation and process improvements.

- Linen Services – system improvements were implemented to assist Area Health Services with linen usage minimisation strategies.

- Warehousing – a centralised program is being implemented consolidating 17 warehouses down to five distribution centres to provide economies in distribution and saving $3 million in real estate and distribution costs.

Information and Communication Technology (ICT) Program

Health Support Services has overseen one of the most ambitious technology programs in Australia with the implementation of a number of core Statewide programs and commencing a number of significant new corporate, clinical and infrastructure initiatives.

This ensured Health Support Services was well placed to support continuous improvement in the delivery of healthcare and, importantly, the continuum of care as patients move between hospital and community facilities. Programs included:

- Electronic medical records
- Medical imaging
- Corporate IT system – Human Resources Information System
- Statewide Service Desk
- E-Recruit
- JMO Recruit
- Statewide Management Reporting Tool (SMRT)
- Patient Billing
- Community Health
- Rostering
- Asset Management
- Business Information
- Pharmacy.

Highlights throughout 2009–10 included:

- Business Information – the Business Information program entered its third year in delivering two main streams of work including Decision Support Tools such as the Patient Flow Portal and implementing the new Enterprise Data Warehouse to replace the Health Information Exchange.

- Pharmacy Reform – in 2009–10 planning commenced for the Pharmacy Reform program to improve hospital pharmacies for better patient outcomes. The Garling Report made a number of recommendations to improve pharmaceutical practices in NSW public hospitals. In response the Pharmacy Reform Program commenced four interrelated work streams including iPharmacy, supply chain, procurement and contract renewal and funding models.

- Data Centre Program – supporting these critical projects, the Data Centre Program involves the establishment of three main technology centres for health services (Liverpool, Cumberland and Newcastle) and the amalgamation of their existing hosting services to provide the hub for all future Statewide systems. While this work was effectively completed by early 2009 the continued demand on the data centre services has required ongoing investment in all three major facilities throughout 2009 and into 2010. Health Support Services continues to participate as a major partner in the NSW Government Data Centre Reform strategy that is expected to deliver significant relief in respect of quality and cost effective data centre services by mid 2011.

In the continued roll-out of the ICT Capital program, further efficiencies included:

- Electronic Medical Record – almost 70,000 clinicians were trained to use this new system that replaces paper documentation for electronic orders, results, theatre and emergency department documentation. Benefits included improved communications about the patient, reduced cost of duplicate ordering and printing results.

- Medical Imaging – this program replaces physical films with digital images providing doctors throughout the hospital with immediate access to the image. Benefits included faster diagnosis of patients and cost reduction from not printing film.

- Rostering Centre of Excellence – during the year the Rostering Centre of Excellence was established and software implementation and consultations across the State planned. This followed one of the Garling Report recommendations that called for the establishment of better rostering processes and the implementation of a Statewide rostering system that is more patient-focused and provides a safer work environment for staff.

- Statewide Service Desk (SWSD) – the IT help desk support for Area Health Services, is the first point of contact for IT support for more than 120,000 NSW Health employees. SWSD handled an average of 30,000 enquiries each month and in 2009–10 the SWSD reached a milestone of half a million tickets processed.

- Human Resources Information System (HRIS) – planning for the implementation of the HRIS continued into 2009–10, to replace the current outdated Supero systems. This new system has been used extensively with health services around the world, and continues to undergo rigorous testing to ensure NSW Health business requirements are met. The new payroll system offers a number of benefits to staff and managers including a self-service function to view pay and leave details on line.

- EnableNSW – assisted 15,000 people with a disability with essential respiratory, mobility, self-care and communication-assisting technology assisting them to live at home with their families. The 2009–10 Budget saw a significant funding boost for EnableNSW that will ensure a further reduction in waiting times for people living with a disability including more specialised power wheelchairs, better access for adults and children with severe communication impairments to vital speech generating devices and more basic equipment that helps people cared for at home, such as specialised shower chairs, continence aids and special lifting devices. The waiting lists for Area Health Services that have already transitioned to EnableNSW have decreased, indicating that management of waiting lists can be solved with these improved efficiencies.

Knowledge Sharing

The Clinical Information Access Program (CIAP) and the Australian Resource Centre for Healthcare Innovations (ARCHI) are world class knowledge sharing tools for all NSW Health staff. Information at clinician fingertips, decision support material at the bedside and the promotion of best practice and innovation around the State are the best examples of how technology supports excellent patient care.

In 2009–10 CIAP and ARCHI launched a marketing campaign including site visits in every Area Health Service to provide targeted education for clinical staff. These activities are now an integral part of an ongoing marketing and education strategy and have received excellent feedback from users. CIAP implemented a Statewide authentication model to improve access and now has over 11,000 individuals registered for external access to CIAP. ARCHI currently has over 1,500 projects available for users to share and adopt lessons learned in the health system.

CIAP and ARCHI received over 5 million hits per month highlighting the value that these services provide NSW Health staff.

Operations

Food Services

Health Support Services Food Services catered for six Area Health Services with a budget of more than $148 million per year. On average Health Support Services served almost 61,000 meals every day across most public hospitals in NSW, a total of 22 million meals for the year.

Difficulty in opening patient meals is thought to be a contributing factor to patient malnutrition in hospitals and action was recommended in the Garling Report. Work commenced in 2009–10 towards implementing changes to hospital food packaging as part of HSS food services reforms, making meals more accessible for all patients.

Linen Services

Following a formal consultation process in 2009, there is now an agreed Statewide standard organisational structure for all Linen Services management and staff. This has led to the establishment of:

- Linen Resource Management Division that administers linen stocks on a Statewide basis and provides customer service management supported by the latest Linen IT system
- Quality Assurance team to introduce ISO accreditation
- Business improvement line to address efficiency and consistency across all Linen Services
- New Statewide pricing model
- Energy efficiency programs such as the water reduction strategy at the HSS Linen Service, Orange.

Service Centre Parramatta (SCP)

The Service Centre Parramatta provided transactional corporate services for a range of Area Health Services and agencies. In 2009–10 the SCP supported the transition of a range of services including warehousing at Westmead, Orange and Wagga Wagga, sundry debtor processing for the Greater Western Area Health Service (GWAHS) and the Greater Southern Area Health Service (GSAHS), Visiting Medical Officer (VMO) processing for GSAHS and employee services and payroll services for Sydney South West Area Health Service (SSWAHS).

Service Centre Newcastle

The Service Centre Newcastle transitioned recruitment and employee services for Northern Sydney Central Coast Area Health Service (NSCCAHS), finance and payroll services, procurement and logistics for South Eastern Sydney Illawarra Area Health Service (SESIAHS), V Money services for North Coast Area Health Service (NCAHS) and NSCCAHS and Sutherland and Cardiff Warehouse inventory.

Priorities for 2010–11

As Health Support Services continues on its mission to provide efficient, effective and innovative shared services to the NSW health system, our challenge will be to continually review and expand those services and operations in a way that benefits the delivery of front-line clinical services in NSW.

Health Support Services will remain focused on customer need as the basis for all shared services delivered to NSW Health and will continue to build strong relationships with Area Health Services and other organisations that benefit from those services.

In 2010–11, Health Support Services will continue its program of reforms to bring savings and efficiencies to the NSW Health system and to provide vital, ongoing support as the health system moves to Local Health Networks in 2011. Planned projects include:

- A new Statewide payroll system is being implemented providing a single source for all payroll information including a unique identification for every employee.

- A new rostering system will be implemented replacing a number of legacy applications. The new system will optimise the rosters for clinicians and highlight unsafe working hours, as detailed in the Garling Report.

- New patient flow monitoring system is being implemented to assist in proactively managing patient flow from emergency through to discharge of care. This will reduce the delays in emergency admissions and reduce length of stay.

- A new revenue system is being implemented consolidating all patient bills and facilitating electronic transfer to health funds. This will encourage patients to use their health funds and generate revenue for hospitals.

- The food services reform program is aimed at streamlining the production, quality, choice, packaging and delivery of food to patients. This initiative will deliver improved nutritional standards, improved patient satisfaction and reduced cost of meals per bed day.

Significant Committees

Governance Committees

Senior Executive Advisory Board

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

The key meeting of NSW Health Chief Executives and the Department's Management Board, the Senior Executive Advisory Board is responsible for:

- Providing advice to the Management Board on system-wide matters including budget management, major strategies and policies
- Statewide planning, direction setting and guidance of NSW Health
- Providing leadership on Statewide health issues, including population and community health and health promotion
- Improving executive communication within the NSW health system
- Ensuring that all health care services work collaboratively to deliver equitable and effective integrated services to the NSW community.

Department of Health Management Board

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

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

Finance, Risk and Performance Management Committee

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

Advises the Director-General, Minister for Health and the Budget Committee of Cabinet of the financial, risk and performance management of NSW Health.

Area Health Services and Statutory Health Corporations are also required to establish their own Finance Committee as a condition of subsidy.

Risk Management and Audit Committee

Chair: Jon Isaacs (Independent Chair)
Responsible Branch: Internal Audit

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

Area Health Services and Statutory Health Corporations are also required to establish their own Audit Committee as a condition of subsidy.

Reportable Incident Review Committee

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

Examines and monitors serious clinical adverse events reported to the Department via Reportable Incident Briefs and ensures appropriate action is taken. Identifies issues relating to morbidity and mortality that may have Statewide implications and provides advice on policy development to effect health care system improvement.

Independent Monitoring Panel

Chair: John Walsh, PricewaterhouseCoopers

The Independent Monitoring Panel monitors the progress of the implementation of the Caring Together: The Health Action Plan for NSW.

Independent Community and Clinicians Expert Advisory Council

Chair: Dr Michael Keating

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

NSW Health Care Advisory Council

Co-Chair: Hon Ian Sinclair AC
Co-Chair: Prof Judith Whitworth AC
Responsible Branch: Primary Health and Community Partnerships

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

Health Priority Taskforces

The Health Priority Taskforces (HPTs) are part of the reporting structure for the NSW Health Care Advisory Council. HPTs provide advice to the Director-General and the Minister for Health on policy directions and service improvements for high priority areas in the NSW Health System.

The operation and function of many HPTs is now being managed within the reforms outlined in Caring Together: The NSW Health Action Plan, the establishment of the Agency for Clinical Innovation and NSW Kids. As a result in 2010 the Health Priority Taskforces were decommissioned and Chairs of these advisory committees are no longer members of the Health Care Advisory Council.

Aboriginal and Population Health Priority Task Force

Co-Chairs: Ms Sandra Bailey and Professor Louise Baur
Responsible Branch: Aboriginal Health

This taskforce provides strategic advice to the Director-General of the Department of Health on matters relating to Aboriginal and population health in NSW.

Children and Young People's Health Priority Taskforce

Co-Chairs: Professor Graham Vimpani and Irene Hancock
Responsible Branch: Statewide Services Development

This taskforce is a relatively new group. Its future activities will include providing leadership across child and young people's health services and strategic advice to the Minister and NSW Health. Last meeting was December 2009.

Chronic, Aged and Community Health Priority Taskforce

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

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

This Taskforce completed its work and formally came to an end in February 2010. Caring Together led to a restructuring of the Health Care Advisory Council, to which the Taskforce reported, as well as other changes in consultation mechanisms across NSW Health.

Maternal and Perinatal Health Priority Taskforce

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

This taskforce provides direction and leadership for NSW maternal and perinatal services to ensure they reflect best national and international standards.

Critical Care Health Priority Taskforce

Co-Chairs: Dr Tony Burrell and Barbara Daly
Responsible Branch: Statewide Services Development

The Critical Care Health Priority Taskforce provides direction and leadership for NSW critical care services to ensure they achieve highly integrated services which reflect best national and international critical care standards. This taskforce also advises the Department on the co-ordination, planning and development of critical care services at a Statewide level and on strategic directions for models of care and the implications of planning initiatives. In addition, it monitors and evaluates clinical effectiveness and outcome measures, resource utilisation and current research trends in relation to critical care service delivery and provides support and guidance to clinicians and Area Health Services in regard to critical care service management, planning and implementation processes.

Mental Health Priority Taskforce

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

This taskforce provides direction and leadership for the development of integrated mental health services for NSW, reflecting best practice national and international standards. The Mental Health Priority Taskforce also provides advice in relation to strategic planning for NSW mental health services and reviews mental health programs and initiatives to maintain a focus on NSW mental health priorities.

Rural and Remote Health Priority Taskforce

Co-Chairs: Dr Peter Davis and Liz Rummery
Responsible Branch: Statewide Services Development

This taskforce works with rural Area Health Services to monitor the implementation of the recommendations in the NSW Rural Health Report and the NSW Rural Health Plan and to provide advice on rural and remote health issues to the Minister for Health and the Director General. Last meeting was December 2009.

Sustainable Access Health Priority Taskforce

Co-Chairs: Professor Brian McCaughan
Responsible Branch: Health Service Performance Improvement

The Sustainable Access Health Priority Taskforce monitors and provides advice on improving and sustaining access to quality services within the NSW public healthcare system, through a focus on the patient journey. The Surgical Services, Emergency Care, and Acute Care Taskforces report to this HPT. Last meeting was February 2010.

Ministerial Advisory Committees

Ministerial Advisory Committee on Hepatitis

Chairperson: Prof Geoffrey W McCaughan
Responsible Branch: AIDS/Infectious Diseases

This Committee provides the Minister for Health with expert advice on all aspects of the strategic response to blood borne hepatitis (that is, hepatitis B and hepatitis C).

Ministerial Advisory Committee on HIV and Sexually Transmitted Infections

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

The Committee provides the Minister for Health with expert advice on all aspects of the strategic response to HIV and sexually transmitted infections (STIs).

Ministerial Standing Committee on Hearing

Chairperson: Prof Jennie Brand-Miller
Responsible Branch: Primary Health and Community Partnerships

The Ministerial Standing Committee on Hearing provides advice to the Minister for Health on the provision of hearing services and the setting of strategic directions for both government and non-government hearing services in NSW.

NSW General Practice Council

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

The NSW General Practice Council provides expert and strategic advice to the Minister for Health and the Department. The Council also provides formal liaison and consultation mechanisms between NSW Health and general practice, and facilitates the involvement of general practitioners in the development of health policies and initiatives aimed at improving the health of people in NSW.

Maternal and Perinatal Committee

Chairperson: Prof. William A Walters
Responsible Branch: Primary Health and Community Partnerships

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

Ministerial Taskforce on Emergency Care

Co Chair: Rod Bishop
Co Chair: Catherine Foster-Curry
Responsible Branch: Health Service Performance Improvement

The Ministerial Taskforce on Emergency Care was established in November 2007 to advise the Minister for Health and the Director-General on the key issues of emergency demand and workforce.

Area Health Advisory Councils

Area Health Advisory Councils facilitate the involvement of health service providers, consumers and community members in the development policies, plans and initiatives at the local level. The Councils are established in all Area Health Services.

The Children's Hospital at Westmead also has an advisory council constituted similarly to the Area Health Advisory Councils.

The Ambulance Service Advisory Council advises the Director-General with respect to the provision of Ambulance Services, as required under the *Health Services Act 1997.*

Other Committees

The Reportable Incident Review Committee

The Reportable Incident Review Committee (RIRC) is responsible for monitoring and analysis of information reported to NSW Department of Health relating to serious clinical incidents to identify issues that may have Statewide implications. The Committee provides strategic direction, advice on policy development to support continuing improvement in the safety and quality of health care, and ensures appropriate action is taken about serious clinical incidents in New South Wales.

In July 2006, the Committee became a privileged committee authorised by the NSW Minister for Health under section 23 of the Health Administration Act 1982 to conduct research and investigations into morbidity and mortality in NSW relating to serious clinical incidents reported via Reportable Incident Briefs within NSW.

The RIRC is in its sixth operational year and is an integral part of the NSW Health Patient Safety and Clinical Quality Program. It supports and monitors the safe delivery of patient care through the analysis of serious clinical incidents and recommends risk reduction strategies to prevent such incidents reoccurring.

The Statewide Medication Strategy Co-ordination Committee

Reporting to the Director-General, the Statewide Medication Strategy Co-ordination Committee (SMSCC) is responsible for the strategic co-ordination of activities being undertaken by NSW Health to deliver safe, effective and cost efficient use of medications across NSW Health. The Committee will achieve this by:

- providing a co-ordination point for actions being undertaken by the Medication Safety Expert Advisory Committee, the Clinical Pharmacy Model Committee and the Pharmacy Reform Program.
- developing and updating a NSW Health Medication Management Forward Plan
- supporting and informing the development of an electronic medication management IT business case for submission to NSW Treasury as part of the NSW Health ICT strategy
- developing a communication strategy in conjunction with Health Media and Communications to ensure that NSW Health staff and external stakeholders are informed and engaged in the Forward Plan.

The Medication Safety Expert Advisory Committee

In April 2009, the Medication Safety Expert Advisory Committee replaced the Medication Safety Advisory Committee.

The Committee is to provide strategic direction for medication safety in NSW and engage the wider healthcare workforce within NSW to affect change in medications management, improving medication safety.

The Committee is responsible for advising the NSW Department of Health on:

- Medication safety risk management and performance measurement
- Medication safety policy and guideline requirements including development implementation and evaluation into NSW Department of Health facilities

- Tools and resources to support medication safety initiatives (including information technology)
- Development of Quality use of medicines guidelines and implementation
- Statewide implementation of National medicine-related initiatives
- Issues or incidents requiring the development and release of Safety Alert Broadcast System (SABS) information

The Healthcare Associated Infections (HAI) Steering Committee

The HAI Steering Committee is responsible for the strategic direction for Healthcare Associated Infections (HAI) prevention and control in NSW by ensuring that Health Services implement policies, guidelines and initiatives to prevent and control the acquisition of HAI, and monitor and report on their performance.

The Committee takes an overarching strategic role and specifically will:

- Set, and provide ongoing review of the strategic direction for the prevention and control of HAI
- Determine policies, guidelines and other initiatives required to ensure the strategic direction for HAI can be met
- Determine how policies, guidelines and other initiatives are implemented and monitored across the NSW Health system
- Review the performance of Health Services to ensure implementation and monitoring of policies, guidelines and other initiatives occurs
- Recommend corrective action to improve performance of Health Services

- Advise the Management Board and the Senior Executive Advisory Board on measures to prevent and control the acquisition of HAI

- Consider national directions from the Australian Health Ministers' Conference (AHMC), Australian Health Ministers' Advisory Council (AHMAC), Australian Commission on Safety and Quality in Health Care, and other jurisdictions in its decision making.

- The HAI Steering Committee was reconstituted during 2010 and the new Committee held its first meeting in May 2010.

- Three Sub-Committees report to the Committee and provide expert technical advice on HAI; environmental hygiene (cleaning); disinfection and sterilisation of instruments and equipment.

Healthcare Associated Infections (HAI) Expert Advisory Sub-Committee

This sub-committee is responsible for providing expert advice to the HAI Steering Committee on new and emerging HAI problems, the technical content of policies, guidelines and other initiatives; HAI indicators and audit data; current infection control best practice; and implementation, monitoring and sustainability of policies, guidelines and other initiatives.

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