Performance

Image // Blacktown Hospital

Performance

Content

How We Compare

The health of the people of NSW compares favourably with the population of other Australian States and Territories and other countries across the globe, and continues to improve.

While many factors influence these outcomes, the contribution of the NSW health system plays a substantial part. The sustained momentum of system redesign is leading to improvements in the quality and efficiency of the public health system in NSW. This allows the system to respond to the continuing pressures of increased demand, population growth and population ageing.

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

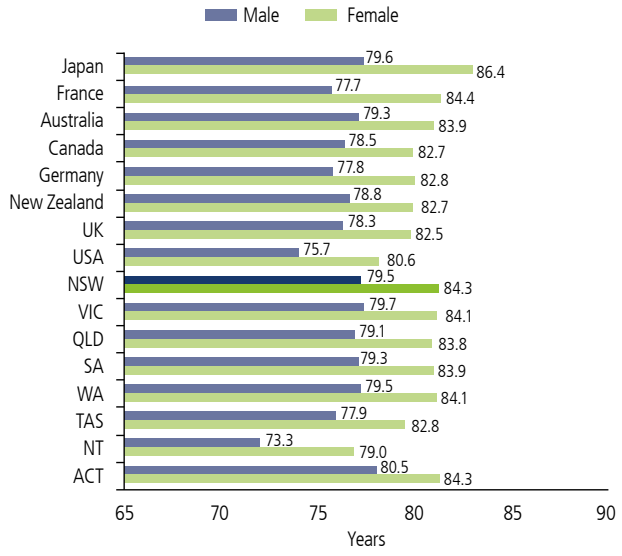
The NSW population exceeds seven million and accounts for 32.4% of the total Australian population, making it equivalent to that of Hong Kong. Our residents are however distributed across over 800,000 square kilometres. Such disparities between population size, density and dispersion highlight the difficulties 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 is used internationally as an indicator that reflects 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 for males and females, 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 (2009)



Source: OECD Health Data 2011, Paris June 2011 and ABS Deaths, Australia 3302.0, Australia 2011.

The life expectancy at birth continues to increase for both males and females. For those born in 2009, NSW was fractionally higher than the national average at 79.5 years

for males and 84.3 years for females. This is comparable to Switzerland, which is ranked 4th in the *United Nations (UN) World Population Prospects Report (2005 – 2010)* based on life expectancy measures. Australia ranked 5th is the UN report results.

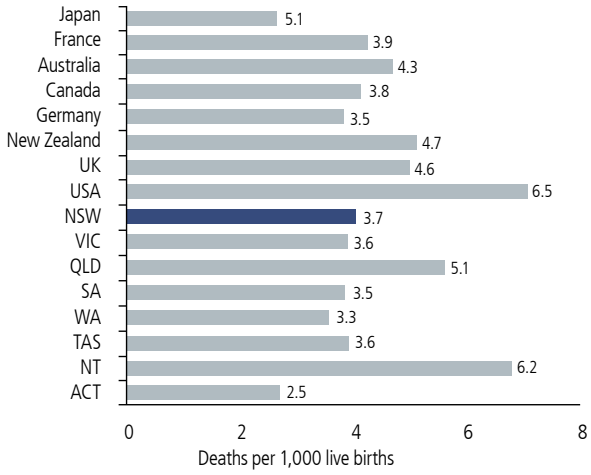
Life expectancy, together with mortality rates, and other health indicators such as communicable diseases, social factors and genetic makeup all contribute to the overall life duration.

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 population health and is often used in understanding an area's state of health development. In the past, infant mortality claimed a large percentage of children born, but 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, 2009

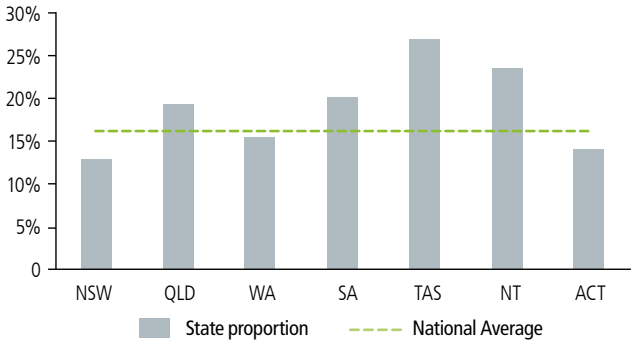


Source: OECD Health Data 2011, Paris 2011 and ABS Causes of Death 3101.0, Australia 2011.

The infant mortality rate has shown declining trend in NSW and across Australia over the past five years. For 2009-10 the NSW rate was 3.7 infant deaths per 1,000 live births (see Chart 2), slightly lower than the overall result for Australia, and is a 20% reduction on the result in 2004-05.

Smoking during pregnancy is a known risk factor associated with poor perinatal outcomes. The latest publication of Australian mothers and babies released in November 2010 reports that NSW had the lowest rate of mothers reporting smoking during pregnancy, with 12.8%, more than 3% lower than the national average (16.2%).

Chart 3: Percentage of Mothers Reporting Smoking Tobacco during Pregnancy Australian States and Territories, 2008



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

Death Rates

The standardised death rates for NSW for 2009 are the same as the national average for both males and females at 6.9 and 4.7 per 1,000 standard populations respectively (see Table 1). This represents a significant improvement over the past 10 years since 1999, when the standardised death rates were 8.9 and 5.7 for males and females respectively. The standardised death rate for all persons has been reduced to 5.7 deaths per 1,000 persons for NSW, the same as the national result in 2009.

Table 1: Standardised Death Rates per 1,000 People, 1999 and 2009

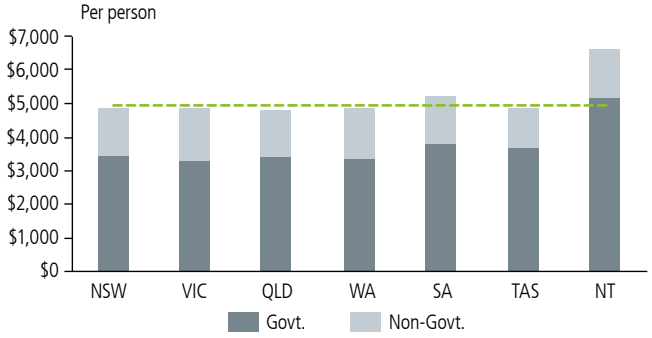
	1999		2009	
State / Territory	Male	Female	Male	Female
NSW	9.0	5.7	6.9	4.7
VIC	8.6	5.5	6.9	4.7
QLD	9.0	5.9	7.0	4.8
SA	8.6	5.4	7.0	4.8
WA	8.7	5.5	6.7	4.7
TAS	9.8	6.4	8.0	5.7
NT	10.7	8.9	9.6	6.4
ACT	7.9	5.5	6.2	4.7
AUSTRALIA	**8.9**	**5.7**	**6.9**	**4.7**

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 3.2% per annum, however health has had a higher expenditure growth of 5.4% per annum over the same period resulting in an increase in the health to GDP ratio during the period[1]. Between 1998-99 and 2008-09, Australia's expenditure on health in real terms (after adjustment for inflation), grew from 7.8% of total GDP to 9.0%. A comparison of the average dollar spent on health per capita (recurrent) shows minor variation between States and Territories (see Chart 4).

Chart 4: Recurrent Health Expenditure per capita by Funding Source, States and Territories 2008-09



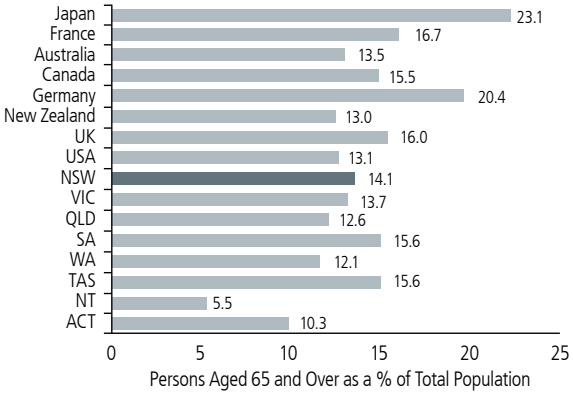
Source: AIHW Health Expenditure Australia 2008-09, December 2010.
Notes: Includes funding provided by the Australian, State/Territory and local governments and from major non-government sources only. Excludes expenditure on high level residential aged care. ACT data is included with NSW.

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

Older Population

As individuals get older, their likelihood of deteriorating health status increases 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 on the available health resources. NSW has a higher proportion of its population aged 65 and over than the national average, at 14.1% compared to 13.5% nationally. Recent population trends show that this age group is rapidly increasing as a proportion of the total population in Australia, growing from 13.0% in 2006 up to 13.5% in 2010. Despite this increase, the relative proportion of older persons in Australia is still well below that in a number of other countries, as shown in Chart 5.

Chart 5: Proportion of Total Population Aged 65 and Over 2010



Source: OECD Health Data 2011, Paris 2011; ABS, Australian Demographic Statistics, 3101.0, Australia 2010.

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 complimented 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 may serve a much smaller but more geographically spread population. The geographical and demographic make-up of a State or Territory will be reflected in its hospital types and activity.

NSW has the largest number of hospitals of any State or Territory and also has the greatest number of hospital beds, reflecting its higher population. NSW has a higher provision of public hospital beds per head of population than the national average, however this in part reflects the relatively low provision of services by the private sector in this State. Overall the number of beds across both sectors in NSW is slightly below the national provision.

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 45%

1 AIHW, *Health Expenditure Australia 2008-09*, 2010, pp. 9.

of the total national non-admitted patient services. This in part is attributed to policies that aim to provide the right care to people in the right place. For example, many clinical services previously requiring admission to hospital are now being provided in alternative settings. This is not only better for the patient, but a more appropriate use of health resources.

NSW provided slightly more elective surgery than the national average, at 27.6 admissions per 1,000, just above the national provision of 27.5. This reflects the targeted activity undertaken in this area to reduce the number of people with extended waiting time for surgery. The proportion of elective surgery provided within clinically recommended times is the second highest of all States and Territories at 87%, compared to 84% nationally. The proportion of elective surgery patients waiting more than 365 days at 4.9% is above the national result of 3.5%, however this is a substantial decrease from the 6.9% waiting more than 365 days in 2004-05.

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 2009-10. 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.

Summary

NSW has the largest population of any State or Territory in Australia and provides the largest public health system in Australia to service the health needs of that population. The State continues to perform on par, and often above the national average, compared with the overall Australian health system performance and can also claim international recognition for its health system.

Excellent results have been achieved through the success of a multitude of different initiatives, particularly in recent years and the efforts of the staff providing and managing those services. Resources continue to be directed towards enhancing the health of the community in strategies focused on illness prevention, mental health and Indigenous health to name just a few. The State's achievements compared with international results are particularly significant in light of the growing demand for health services and continual population pressures experienced in this State.

Table 2: Selected Activity and Performance Measures by State and Territory, 2009-10*

ACTIVITY MEASURE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	AUS
Public Acute and Psychiatric hospital beds per 1,000 population	2.7	2.4	2.5	2.4	3.0	2.7	2.6	3.1	2.6
Total public and private hospital beds per 1,000 population	3.7	3.8	3.9	3.9	4.4	4.6	3.7	3.6	3.8
Total public hospital admissions per 1,000 population	204.3	248.8	204.8	222.8	217.3	188.0	263.6	486.8	221.4
Emergency Department presentations (000s)	2,443	1,592	1,578	823	555	159	107	133	7,390
% Emergency Department presentations seen 'on time'	75	72	66	64	67	63	63	56	70
% Emergency Department presentations ending in admission	27	33	23	23	30	21	24	26	27
Surgical admissions from the elective waiting list (000s)	199	156	114	61	44	17	10	9	610
Surgical admissions from the waiting list per 1,000 population	27.6	28.3	25.4	27.0	27.1	32.9	27.6	41.7	27.5
% Elective Surgical admissions waiting more than 365 days	4.9	2.8	2.5	1.5	1.1	8.7	9.5	5.7	3.5
% Planned Surgical admissions admitted 'on time'	87	83	80	87	90	69	65	70	84
Non-admitted patient care individual occasions of service (000s)**	18,974	6,341	9,500	4,098	1,619	630	550	370	42,081

* Caution is needed in comparing activity data due to the differences between States and Territories in the coverage of data captured, particularly in the case of emergency department and surgical waiting list numbers. ** January to June 2010. *** 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 services. Sources: AIHW, *Australian Hospital Statistics 2009-10*, June 2011. AIHW, *Australian Hospital Statistics 2009-10*: Emergency department care and elective surgery waiting times, Nov, 2010. Department of Health and Ageing, *The Elective Surgery Waiting List Reduction Pla*n, January to June 2010.

Goal 1 // Keep People Healthy

Reduce Smoking Rates

NSW Health achievements during 2010-11 in relation to reducing smoking rates included:

- Partnering with the Cancer Council NSW to provide cessation training to community service organisations working with disadvantaged communities in NSW. A total of $808,000 was allocated to 55 training sessions involving 100 organisations and approximately 700 staff.
- Implementation of a Smoke-free mental health project providing support for NSW Health mental health professionals to promote and support cessation among mental health consumers.
- Development of the Quit for New Life Program to provide intensive smoking cessation support for Aboriginal women during and following pregnancy. The program will commence in 2011-12.
- Continued funding of $1.2 million has supported the NSW SmokeCheck project since 2007-08. This project aims to address the prevalence of smoking in Aboriginal communities by facilitating delivery of brief smoking cessation interventions with Aboriginal consumers. In phase 2,549 participants completed training in tobacco control with nearly half of participants identifying as Aboriginal.
- Development and delivery of accredited tobacco cessation training through the Aboriginal Health College.
- Establishment of the inaugural Aboriginal Health and Medical Research Council Tobacco Resistance and Control Symposium in June 2011.
- Ongoing enforcement of *Smoke Free Environments Act and Public Health (Tobacco) Act* through Public Health Units, including more than 600 sales to minors controlled purchase operations.
- Regulation of display, promotion and sale of tobacco products and Tobacco Retailer Notification Scheme covering more than 8,500 tobacco retailers at more than 13,000 premises in NSW. More than 2,500 inspections of premises for compliance with legislation were conducted across NSW.
- *Strategic Directions for Tobacco Control in NSW 2011-2016* discussion paper released for public consultation in November 2010. There were 802 submissions from community members, industry, non-government organisations and health services.

Reduce Overweight and Obesity Rates

NSW Health achievements during 2010-11 in relation to reducing overweight and obesity rates included:

- Development of the NSW Healthy Children Implementation Plan following review of evidence and consultation with key stakeholders. The Healthy Children Initiative is part of the National Partnership Agreement on Preventive Health which brings more than $100 million to NSW over 2009-10 to 2014-15. The initiative will roll-out evidence based early childhood and school nutrition and physical activity programs across NSW to achieve increases in fruit and vegetable consumption and physical activity and reductions in overweight and obesity among children between 5 and 16 years of age.
- Participation of over 1,200 long day care services and 192 government primary schools in healthy eating and physical activity programs.
- Delivery of more than 100 Targeted Family Nutrition and Physical Activity (Go4Fun®) programs across NSW, reaching over 900 children and their families with an intensive program supporting healthy lifestyles in families with an overweight or obese child.
- Completion of the Schools Physical Activity and Nutrition Survey 2010 in 101 schools across NSW with more than 8,000 students between Kindergarten and Year 10 participating. The survey measured participant height and weight, dietary intake information and fundamental movement skills through physical measures and participant and proxy surveys.
- Provision of chronic disease risk factor reduction coaching in a free, six-month personalised coaching program as part of the NSW Get Healthy Information and Coaching Service. During 2010-11 more than 8,000 contacts were made to the Get Healthy Information and Coaching Service with approximately 1,400 requests for information and 1,700 requests for coaching.

Immunisation

As a result of childhood immunisation programs during 2010-11 the Department:

- Maintained high immunisation coverage rates of children at 1 year of age (91%) and two years of age (92.4%).
- Maintained high immunisation coverage rates of Aboriginal children fully immunised at 12 months of age (86%) and two years of age (91.8%).

- Implemented a vaccination strategy targeting provision of free whooping cough vaccine to new parents, grandparents and adults who regularly care for infants.
- Continued to implement routine adolescent school-based vaccination services and introduced comprehensive protocols for school-based immunisation programs.
- Released Policy Directive 2011_005 *Occupational assessment, screening and vaccination against specified infectious diseases*.
- Managed the NSW Vaccine Centre ensuring the effective distribution of vaccines to NSW immunisation providers.

Preventing Falls Among Older People

NSW Health achievements during 2010-11 in relation to preventing falls among older people included:

- The *NSW Health Policy for Prevention of Falls and Harm from Falls among Older People: 2011-2015* was released on 30 May 2011. The Policy describes future and ongoing actions that NSW Health, including the NSW Department of Health, Local Hospital Networks, the Ambulance Service of NSW, and Clinical Excellence Commission, will undertake to support prevention of falls and fall-related harm among older people. The policy includes actions in three key domains - health promotion, NSW Health clinical services and NSW Health residential aged care services.
- Delivery of the evidence-based falls prevention program, *Stepping On*, which was designed to assist older people self-manage falls risks and establish a regular habit of balance and strength exercise. In 2010-11, Stepping On reached 1,958 older at risk people, with 127 programs held in diverse NSW locations.
- Support for the *Otago Home Based Exercise Program*, a home-based, individually tailored strength and balance retraining program shown to reduce falls among frail older people. From program roll-out in February 2011, there has been an average of 13 new referrals each week. At the end of June 2011, 147 clients had commenced on the program.
- Launch of the *Active and Healthy* website, an innovative online directory of physical activity providers which incorporate evidence based falls prevention training in their programs, in February 2011. Approximately 10,000 visitors viewed www.activeandhealthy.nsw.gov.au between its release in early February and June 2011.
- The NSW Falls Prevention Network's 2011 annual forum on translating research into practice was attended by 325 professionals from hospitals, community services, residential aged care, health promotion, local government and consumer representative.
- Ongoing support for implementation of the Australian Commission on Safety and Quality in Health Care falls prevention best practice guidelines in NSW Health clinical settings.

Preventing Injury

Development of the Aboriginal Injury and Safety Prevention Demonstration Grants Program and call for expressions of interest undertaken during the reporting period. The program will provide $6.5 million for evidence-based programs improving Aboriginal health outcomes by preventing injury.

Statewide Infant Screening Hearing

The SWISH program screens over 99% of babies born in NSW for congenital sensorineural hearing loss. In 2010-11 the program purchased new screening equipment for the SWISH program following an open tender process (at a cost of $3.5 million). A range of consumer resources were developed or revised to inform parents about the program including:

- development of an antenatal DVD in 13 languages
- revision of brochures for parents during screening and referral in 26 languages
- development of brochures to inform partners of the need for referral to diagnostic audiology in 26 languages
- further translations of the *Hearing loss and Your Baby: the Next Step* resource for parents of infants diagnosed with hearing loss in 12 languages
- development of a DVD about how to communicate with babies who have been diagnosed with a hearing loss in 12 languages.

Aboriginal Maternal and Infant Health Service

The Aboriginal Maternal and Infant Health Service (AMIHS) involves midwives working together with Aboriginal Health Education Officers in small teams to provide culturally sensitive, women centred care for Aboriginal women, based on primary care principles and provided in partnership with Aboriginal people. The services build on universal maternity services that are available in NSW while adding an innovative approach to make services more accessible and appropriate for Aboriginal women.

The 33 AMIHS programs, delivering services in over 50 locations across the State, increased the opportunity for Aboriginal women to access culturally appropriate antenatal care early. Through the Closing the Gap initiative additional secondary mental health and drug and alcohol services are being established in selected AMIHS sites.

The Training and Support Unit for Aboriginal mothers, babies and children (TSU) has been established in the Clinical Education and Training Institute – Rural Division to provide training and support to AMIHS as well as the early childhood program Building Strong Foundations for Aboriginal Children, Families and Communities (BSF).

Cross Agency Risk Assessment and Management – Domestic and Family Violence

NSW Health has been working with the NSW Police Force, Department of Attorney General and Justice, Department of Family and Community Services (Community Services) and non-government agencies to develop a Framework to identify and assess prospective risk of domestic and family violence to individuals and families and co-ordinate interventions to manage and/or reduce this risk. The Framework is predicated on developing common understandings of risk factors, risk levels, and management of risk, sharing information between agencies, and workforce development. A three-month trial of the Framework was undertaken and an independent evaluation was conducted on the implementation issues. An options paper is currently being developed on the way forward for this project.

Statewide Eyesight Preschooler Screening (StEPS) program

The Statewide Eyesight Preschooler Screening (StEPS) program is an initiative of the NSW Health and is a free vision screening program for all four year old children in NSW. The StEPS program actively identifies and targets 4 year old children in NSW by offering the program in preschools/child care centres and Child and Family Health Services throughout NSW.

In the 2010 calendar year approximately 94% of children were offered the StEPS program and 66,000 children accessed the program and received a free vision screen. As a result of the program, more than 4,000 children were identified with a possible vision problem and referred to an eye health professional for a full diagnostic vision assessment and treatment where applicable. Over 1,500 of these children were identified with a significant vision loss and referred as requiring a high priority assessment and treatment.

Review of NSW Health Counselling Services

A *Final Report on the Review of NSW Health Counselling Services: Child Protection Counselling Services; Sexual Assault Services; Child Protection Units; Domestic and Family Violence services mapping* was completed in February 2011 and is available on the NSW Health website. The need for a review in this area was the subject of three whole of government cross-agency plans: *Interagency Plan To Tackle Child Sexual Assault in Aboriginal Communities 2006-2011* (ACSA); *Keep Them Safe: a shared approach to Child Wellbeing 2009-2010*; and *Stop the Violence End the Silence Domestic and Family Violence Plan 2010-2015*.

The review report found that all Child Protection Counselling Services, Sexual Assault Services and Child Protection Units were delivering counselling services that are based on sound theoretical principles and good empirical evidence. The Review also provided a draft performance monitoring and reporting framework for the 17 Child Protection Counselling Services and the counselling functions of 52 Sexual Assault Services.

The report was distributed to the Chief Executives of the Local Health Networks and the Department of Health commenced implementation action in collaboration with the Health Service and key interagency partners.

Prenatal Reporting Guidelines

During 2010-11, NSW Health in collaboration with the Department of Family and Community Services, Community Services progressed the Statewide implementation of new prenatal reporting arrangements where there is risk of significant harm to an unborn child. The NSW Health Prenatal Reporting Guidelines issued in June 2011 provide guidance to health workers for reporting such risk and on engaging vulnerable pregnant women who may be the subject of an Unborn Child High Risk Birth Alert issued by the Department of Family and Community Services in necessary health care services and other supports.

Under the SAFE START model NSW Health worked to ensure that the health-related needs of vulnerable pregnant women and unborn children were met. Efforts included provision of psychosocial assessment and depression screening for women expecting or caring for an infant and linking mothers, infants and families at risk of adverse physical and mental health outcomes to a network of supports and health related services.

Child Wellbeing Units

The Health Child Wellbeing Units (CWUs) are now a well established part of the NSW Health system and provide mandatory reporters from the NSW health workforce with assistance in applying the new reporting threshold of 'risk of significant harm'. They also help to build cases of cumulative risk by communicating with CWUs in other government agencies. When concerns are below the statutory threshold, CWUs assist mandatory reporters to decide how best to assist children and families, from within their agencies capabilities, as well as from other services.

The Health CWU received over 8,000 inbound calls in 2010-11 with the most frequent reason being the report of concern for a child /young person from a mandatory reporter and advice on action required. The CWU model was evaluated in early 2011 and was found to have successfully established alternative reporting pathways for child protection concerns.

Sustaining NSW Families

The NSW Health sustained health home visiting program now known as *Sustaining NSW Families* (SNF) aims to improve the health, developmental, and wellbeing outcomes of infants and children, and to support and strengthen the capacity of parents to provide a safe and nurturing environment for their children. The target group for this intervention is socially and economically disadvantaged families with a particular focus on women with high levels of antenatal depression and the program is currently operating across five sites in NSW.

In order to compare the various service models, an evaluation is being developed to assist in defining the client group who will most benefit from this service. The evaluation has been extended until 2014.

Universal Health Home Visiting

The Families NSW Strategy is the NSW Government's whole of government prevention and early intervention strategy for families with children aged 0-8 years of age. The Families NSW Strategy is based on a population level approach to care. In NSW the strategy is jointly implemented by NSW Ministry of Health, the Department of Education and Communities (DEC), Human Services – Family and Community Services (FaCS), Housing NSW and Ageing Disability and Home Care (ADHC) as well as local government and community organisations. Universal Health Home Visiting (UHHV) is one program under the Families NSW Strategy.

The purpose of the UHHV is to enhance access to postnatal child and families services by providing all families with the opportunity to receive their first postnatal health service by a Child and Family Health Nurse within their home environment.

Local Health Networks continued to review local data collection systems and facilitate the timely transfer of birth information between Maternity and Child Health Services to improve transition of care between these services in the perinatal period.

Goal 1 // Performance Indicators

Reduced Smoking

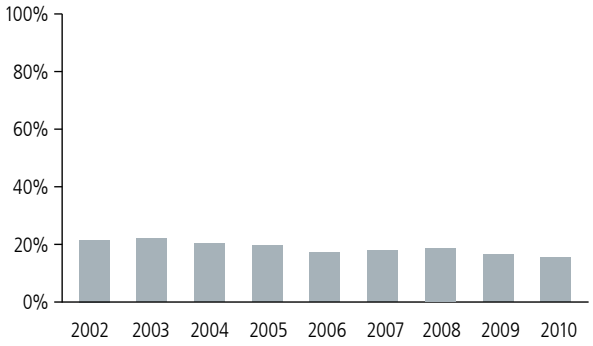
Desired Outcome

Reduce the proportion of 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 in the general population.

Current (Daily or Occasional) Smoking in Adults Aged 16 Years and Over, NSW

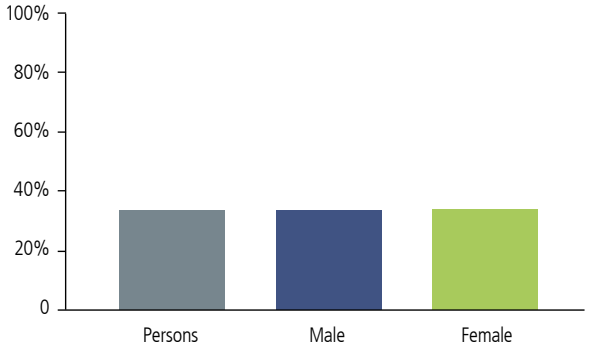


Source: NSW Population Health Survey, Centre for Epidemiology and Research

Interpretation

Since 2009, there has been no significant change in the proportion of adults aged 16 years and over who were current (daily or occasional) smokers. Between 1997 and 2010, there has been a significant decrease in the proportion of adults aged 16 years and over who were current smokers (24.0% to 15.8%). The decrease has been significant in males and females, and in rural-regional and metropolitan health districts.

Current (daily or occasional) smoking in adults aged 16 years and over, NSW



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

Interpretation

In 2006-2009, 33.9% of Aboriginal adults aged 16 years and over were current (daily or occasional) smokers. There was no significant difference between males and females, or between urban and rural health areas. Between 2002–2005 and 2006-2009, there has been a significant decrease in the proportion of Aboriginal adults who were current smokers (41.2% to 33.%). Between 1997-1998 and 2006-2009, there has been no significant change in the proportion of Aboriginal adults aged 16 years and over who were current (daily or occasional) smokers; however, there has been a significant decrease in Aboriginal females (44.2% to 34.2%) and in urban health areas (45.8% to 30.%).

Related Policies and Programs

- SmokeCheck.
- Smoking cessation training programs.

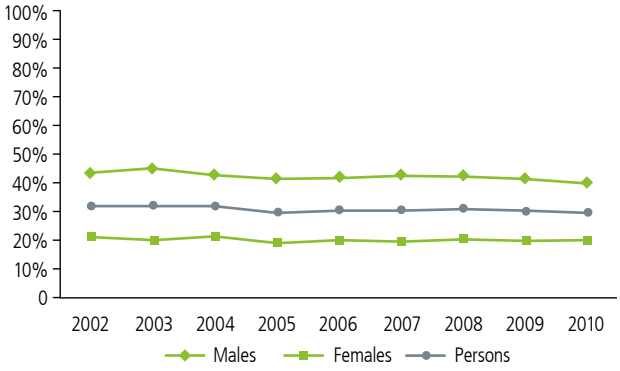
Risk Drinking

Introduction

Excessive alcohol consumption has adverse health consequences and contributes to aggressive behaviour, family disruption, and reduced productivity. While higher levels of consumption are associated with higher levels of harm, high rates of harm have been found among low-to-moderate drinkers on the occasions they drink to intoxication.

In February 2009, the *2001 Australian Alcohol Guidelines* were replaced with the *Australian Guidelines to Reduce Health Risks from Drinking Alcohol*, which are based on modelling of the lifetime risk of harm from drinking. The indicator of the proportion of adults who consume more than two standard drinks on a day when they consume alcohol is based on the 2009 guideline for lifetime risk of harm from drinking alcohol. The State Plan target is to reduce total risk drinking to below 25% of the adult population by 2012.

More than 2 standard drinks on a day when consuming alcohol by year, adults aged 16 years and over, NSW, 2002-2010



Source: New South Wales Population Health Survey 2010 (HOIST). Centre for Epidemiology and Research, NSW Department of Health.

Interpretation

In 2010, 29.9% of adults aged 16 years and over consumed more than two standard drinks on a day when consuming alcohol.

- A significantly higher proportion of males (40.2%) consumed more than two standard drinks a day, compared with females (19.9%).
- Among males, the proportion decreased with age (from 53.3% in those 16-24 years to 14.4% in those 75 years and over).
- Among females, the proportion decreased with age (from 42.5% in those 16-24 years to 2.0% in those 75 years and over).

Since 2002, there has been a significant decrease in the proportion of adults aged 16 years and over who consumed more than two standard drinks on a day when consuming alcohol (32.1% to 29.9%). The decrease has also been significant in rural-regional health districts.

Overweight and Obesity

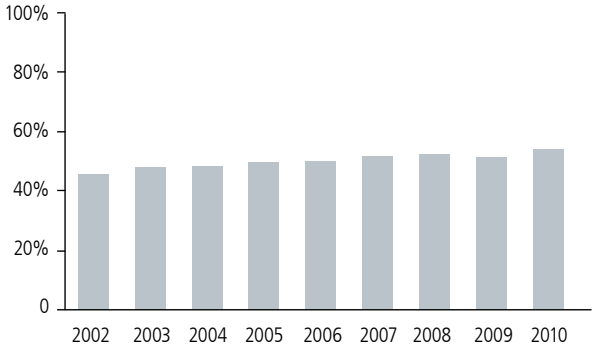
Desired Outcome

Prevent further increase 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 or obesity in adults aged 16 years and over, NSW



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

Interpretation

Since 2009, there has been a significant increase in the proportion of adults aged 16 years and over who were either overweight or obese based on self-reported height and weight (51.6% to 54.3%). The increase was significant in females. Between 1997 and 2010, there has been a significant increase in the proportion of adults who were overweight or obese based on self reported height and weight (41.8% to 54.3%). The increase has been significant in males and females, and in rural-regional and metropolitan health districts.

Related Policies and Programs

- Get Healthy Information and Coaching Service.

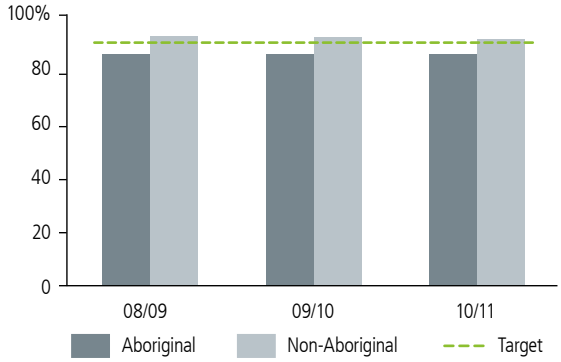
Children Fully Immunised at One Year

Desired Outcome

Reduce illness and death from vaccine preventable diseases in children.

Context

NSW continues to achieve high levels of vaccination coverage, above or consistent with the national average for this age group.



Source: Australian Childhood Immunisation Register

Interpretation

The Australian Childhood Immunisation Register records information on the immunisation status of all children less than seven years of age. NSW continues to achieve high levels of vaccination coverage for this age group, and at the end of June 2011, 91% of non-Aboriginal children and 86% of Aboriginal children, aged one year were fully immunised. Immunisation coverage among Aboriginal children in this age group continues to be below that for non-Aboriginal children but is consistent with the national average. NSW Health continues to conduct culturally appropriate initiatives that target areas of low coverage and immunisation of Aboriginal children.

It is acknowledged that this data may underestimate actual vaccination rates by around 3% due to children being vaccinated late or delays by service providers forwarding information to the Register. The NSW target has been set at >90%.

Related Policies and Programs

- NSW Immunisation Schedule.
- Australian Childhood Immunisation Register.
- National Partnership Agreement on Essential Vaccines.
- National Health Care Agreement.

Adult Immunisation

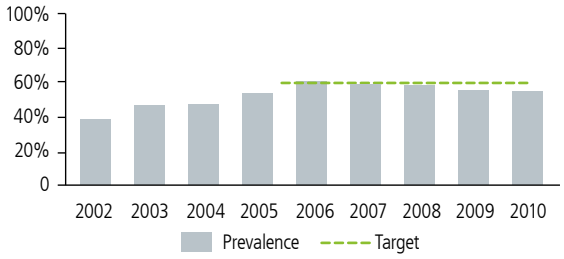
Desired Outcome

Reduced illness and death from vaccine preventable diseases in adults.

Context

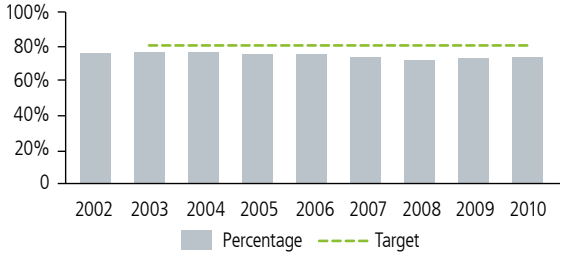
Vaccination against influenza and pneumococcal disease is recommended by the National Health and Medical Research Council (NHMRC) and is provided free of charge to persons at high risk of contracting these diseases. NSW health actively promotes influenza and pneumococcal vaccination of adults through direct communication with general practitioners and aged care facilities.

Adults aged 65 years and over vaccinated against pneumococcal disease in the last 5 years, NSW



Source: NSW Health Survey, Centre for Epidemiology and Research

Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW



Source: NSW Health Survey, Centre for Epidemiology and Research

Interpretation

In adults aged 65 years and over, there has been a significant increase in the proportion of those who were vaccinated against influenza in the last 12 months, from 57.1 in 1997 to 72.7% in 2010.

Similarly, in adults aged 65 years and over, there has been a significant increase in the proportion of those who were vaccinated against pneumococcal disease in the last five years, from 38.6 in 2002 to 54.8% in 2010.

Related Policies and Programs

- NSW Immunisation Schedule.
- National Health Care Agreement.

Fall Injury Hospitalisations

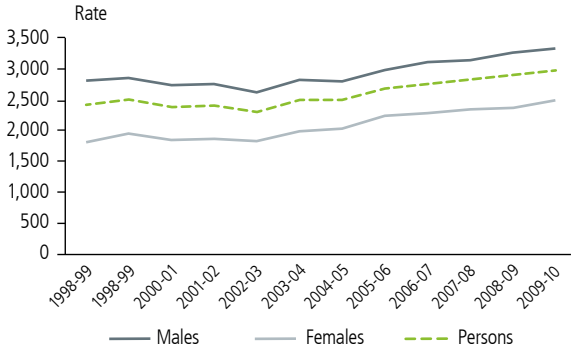
Desired Outcome

Reduce injuries and hospitalisations from fall related injury among 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, impaired vision, chronic illness and medication use. Over one quarter of people aged 65 years and over living in the community report falling at least once in a year and many fall more than once.

Fall-related injury overnight stay hospitalisations by sex, persons aged 65 years and over, NSW 1998-99 to 2009-10



Source: NSW Admitted Patient Data Collection and ABS population estimates (HOIST), Centre for Epidemiology and Research, NSW Department of Health.
Note: Hospital separations were classified using ICD-10-AM. Rates were age adjusted using the Australian Population as at 30 June 2001.

Interpretation

Age-standardised rates of hospitalisations for falls among older people have been increasing for more than 10 years. The rate of hospitalisation for falls is greater for females than for males.

Related Policies and Programs

- NSW Health Policy for Prevention of Falls and Harm from Falls among Older People: 2011-2015.
- Stepping On.
- Otago Home Based Exercise Program.
- Staying Active and On Your Feet booklet.
- Active and Healthy website.
- Support for implementation of the Australian Commission on Safety and Quality in Health Care falls prevention best practice guidelines in NSW Health clinical settings.

Antenatal Visits – Births where the First Maternal Visit was Before 20 Weeks Gestation

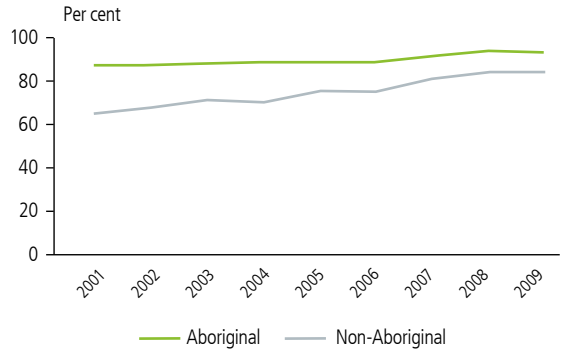
Desired Outcome

Improved health of mothers and babies.

Context

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

Antenatal Visits – Births where the 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. However, the percentage for Aboriginal mothers remains below that for non-Aboriginal mothers, although the gap is narrowing.

Related Policies and Programs

- The Maternity Towards Normal Birth in NSW provides the NSW policy for maternity services.
- The Maternal and Perinatal Health Priority Taskforce and NSW Health support the continued development of a range of models of care including midwifery continuity models of care.
- Early Pregnancy care improvements include the expansion of public antenatal care across NSW including increased access in over 45 rural and regional towns.
- The NSW Aboriginal Maternal and Infant Health Service (AMIHS) is a primary health care strategy to improve perinatal mortality and morbidity provided by midwives and Aboriginal Health Workers. In 2006 the evaluation of the program demonstrated marked improvement in access to antenatal care by Aboriginal mothers in the program areas. The service has expanded with 33 AMIHS services providing care in 50 sites Statewide.

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

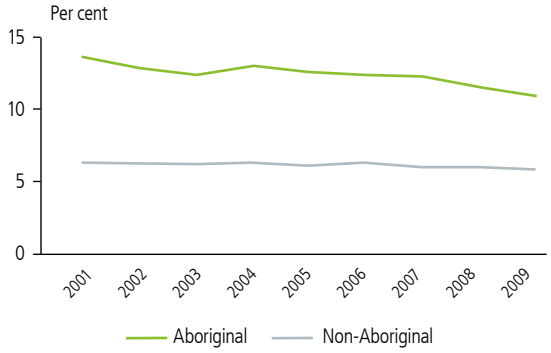
Desired Outcome

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 – Births with Birth Weight Less Than 2,500g (%)



Source: Midwives Data Collection (HOIST).

Interpretation

The rates for low birth weight babies are relatively stable, the exception being babies of Aboriginal mothers, which has dropped slightly. However birth weight remains lower 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.
- Smoking in pregnancy is a risk factor for low birth weight babies. Under the National Partnership for Indigenous Health, the Quit for New Life project provides a targeted smoking cessation program to families who attend Aboriginal Maternal and Infant Health Service programs and Building Strong Foundations for Aboriginal Children, Families and Communities programs.

Connecting Care (Severe Chronic Disease Management) Program

NSW Health is implementing the *Connecting Care Program* to better connect the care and support of people with chronic diseases who have been hospitalised, or are at risk of hospitalisation, due to their chronic diseases.

The NSW General Practice Council, General Practice NSW and the NSW Agency for Clinical Innovation are key partners in the development and implementation of Connecting Care.

Connecting Care commenced operations in May 2010. The program targets the 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 and self management support – namely diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension.

Connecting Care builds on the population-based model for integrated primary health care in NSW (HealthOne NSW) and the lessons learnt in its implementation over the last five years. HealthOne NSW brings together Commonwealth-subsidised general practice and State-funded specialist and community health care services to deliver integrated, multidisciplinary team care with people in the community.

Connecting Care aims to reduce the progression and complications of chronic disease, improve the quality of life of people with chronic diseases and support their carers and families; as well as reduce unplanned and potentially preventable admissions to hospitals and improve the health systems capacity to respond to the needs of people with chronic diseases.

The Program provides:

- Care co-ordination to those people who are unable to negotiate the service system due to their complex care and support needs or whose chronic diseases impact on their capacity to function independently in the community.
- Self management support to inform and motivate people to take control of their health.

During 2010-11 over 10,600 people were enrolled in the Connecting Care Program across NSW. This exceeded the enrolment target for the first year of activity by 4,000 patients.

A public tender to engage organisations to provide coaching and related self management support activities was finalised in 2010-11. These self management supports included:

- web-based health coaching systems
- self-management coaching services
- training in self-management support
- remote telemonitoring of chronic disease conditions.

New funding was provided to Local Health Networks to purchase these self management supports and has led to the establishment of telephone based coaching services in many NSW Local Health Networks.

Partnerships between General Practice and Local Health Networks are crucial to the success of the program. NSW Health has funded General Practice NSW to support General Practice to participate in the program. One key tool developed by General Practice NSW was *A Guide to Understanding and Working with General Practice in NSW*. This guide was distributed to every NSW Health Network and was designed to support collaborative work between Local Health Networks and General Practice. In addition NSW Health supported the development of NSW General Practice Service Directory to assist identification of services as part of the Connecting Care Program.

During 2010-11 evaluation of the Connecting Care Program commenced with the engagement of the George Institute to lead a consortium that will determine the impact of the program over the next two years.

The evaluation of the Walgan Tilly (Chronic Care for Aboriginal People) Project was also finalised in 2010-11. The evaluation found that Walgan Tilly has been a valuable initiative in developing the accessibility and appropriateness of Aboriginal Chronic Care services in NSW. One of the key actions arising from the evaluation is increased collaboration between the Walgan Tilly and Connecting Care Programs.

In November 2010 the *Chronic Care for Aboriginal People Model of Care* was launched. The Model of Care is an accessible document that brings all the evidence of what works well for Aboriginal people into a package of how to deliver services to Aboriginal people with or at risk of developing a chronic disease. This Model of Care guides the roll-out of new programs, such as *Connecting Care*, to Aboriginal communities.

The *Connecting Care* program funded the Agency for Clinical Innovation Cardiac Network to revise the Clinical Framework for Heart Failure, develop a Heart Failure Pathway and provide rural clinical education.

The Asthma Foundation was also funded to identify the best way of delivering information to people at risk of repeat hospitalisations due to asthma.

Maternity Services

The *Towards Normal Birth* policy provides direction to NSW maternity services regarding actions to increase the vaginal birth rate in NSW. The Maternity Support Network, comprised of five Midwifery Clinical Nurse Consultants, provides training to maternity services across NSW and supports the development of strategies to implement the steps outlined in the policy to provide woman centred labour and birth care.

Joint Investigation Response Team

The Joint Investigation Response Team (JIRT) is a partnership between NSW Police Force, Department of Family and Community Services (Community Services) and NSW Health which links risk assessment, protective interventions and medical and therapeutic care with the criminal investigation and prosecution system to provide the best outcomes for children. NSW Health has committed to building its role as a partner in the Joint Investigation Response Team partnership through the development of a specialist workforce. In 2010-11 $2.3 million was allocated recurrently for 17 JIRT Health positions to complement existing Sexual Assault Service and Child Protection Counselling staff and improve co-ordination and training.

Child Abuse and Sexual Assault Forensic and Medical

The purpose of this project is to enhance the capacity to provide high quality, timely and accessible forensic and medical services for victims of sexual assault and child abuse. This involves initiatives that focus on professional development, education, remuneration and professional support networks to retain forensic medical examiners. Parallel to this project, a model has been developed to address concerns about the distances some victims are required to travel to access a forensic and medical response.

Youth Health

The *NSW Youth Health Policy 2011 – 2016: healthy bodies, healthy minds, vibrant futures* was released in this reporting year. This policy provides the NSW health system with a fresh approach to providing health services for young people aged between 12 – 24. It is guided by the best evidence available and provides the strategic framework for the provision of health services for young people in NSW over the next five years.

Women's Health

The NSW Women's Health Plan 2009-2011 is currently being implemented. To date, key performance indicators have been developed to monitor and report on achievements in women's health and the Evaluation of the NSW Female Genital Mutilation (FGM) Education program has been completed. Two rural women's health projects have commenced with Lismore and District Women's Health Centre and Waminda - the South Coast Women's Health and Welfare Aboriginal Corporation and NSW Health sponsored the 6th National Women's Health Conference in 2010.

Achievements and Events in Disability

NSW Health initiated the following innovative programs in 2010-11 to improve services for consumers with a disability:

- In January 2011, NSW Health funded a specialist multi disciplinary team for people with Intellectual Disability living in rural and regional NSW. The pilot project focuses on people with Intellectual disability who have complex or chronic health conditions in the Illawarra Shoalhaven region. The Pilot seeks to improve existing health care services through video consultations, training of health professionals and support for local health and disability infrastructure. This pilot project is hosted by South East Sydney Local Health Network (SESLHN). The project receives ongoing support and monitoring from NSW Health. Two new pilot sites are being considered for development based on the SESLHN model.
- NSW Health funded the Agency for Clinical Innovation (ACI) to establish a network for Intellectual Disability (ID Network) made up of professionals, clinicians, non-government agencies, carers and consumers. The ID Network aims to improve primary and specialist care for people with an intellectual disability.

- NSW Health supported the development of a suite of local Acquired Brain Injury (ABI) directories, client information sharing, data management, collaborative assessment and intake processes in regional and rural areas. NSW Health improved equity and access for people with an ABI in the community through ensuring that referral pathways to access local ABI services are established.

The NSW Dementia Services Framework, 2010 – 2015

In September 2010, NSW Health released the NSW Dementia Services Framework 2010 – 2015 in consultation and partnership with Ageing, Disability and Home Care (ADHC). The framework sets the direction for quality dementia care in NSW along the dementia service pathway from community awareness to palliative care. The implementation plan arising from the framework has been informed by key experts from primary health, specialist health services, community support services, research and Alzheimer's NSW.

In March 2011, $1.2 million was allocated to Local Health Networks for the establishment of eight new community dementia clinical nurse consultant positions. These positions will support general practitioners, practice nurses and other health professionals to adopt an early intervention focus that enables timely diagnosis, information and link to carer support services for people living with dementia and their carers.

Carers Legislation

NSW Health worked with Ageing, Disability and Home Care, Department of Family and Community Services (ADHC) to implement the *NSW Carers Recognition Act 2010* across NSW public sector and human services agencies. The Minister for Ageing and Disability Services has the lead responsibility for implementation of the Act.

The NSW Carers Recognition Act recognises the role and contribution of carers to our community and to the people they care for and seeks to increase awareness of this contribution. The Act requires public service agencies to:

- have an understanding of the NSW Carers Charter
- consult with carers on significant policy issues impacting on carers
- have due regard to the needs of staff with caring responsibilities in the development of human resources policies.

As a human service agency NSW Health ensured that our agency reflected the principles of the NSW Carers Charter and will continue to build on the strategies already in place to meet our responsibilities under this important legislation.

Family Referral Services

Family Referral Services (FRS) are a key initiative under the whole of Government *Keep Them Safe Action Plan*, implemented by NSW Health.

Family Referral Services assist children and young people who do not meet the statutory threshold for child protection intervention but would benefit from accessing support to address current problems and prevent escalation. FRS provide information and link vulnerable children young people and their families to a range of support services in their local areas.

The FRS were piloted in three sites for 12 months from May 2010 – April 2011. The independent evaluation report on the pilots has found that the FRS is contributing to the vision that '*children, young people and their families have access to appropriate local services that support their health, wellbeing and development*'. The FRS was expanded to include two more regions in June 2011 as part of continued Statewide roll-out.

Engagement of General Practice in Keep Them Safe Reforms

NSW Health collaborated with General Practice NSW (GP NSW) on initiatives to better support general practitioners and practice nurses in their frontline role in responding to the protection and wellbeing of vulnerable children, young people and their families in NSW and engage them in the reforms arising from the Report of the Special Commission of Inquiry into Child Protection in NSW.

Between October 2010 and June 2011, GP NSW in conjunction with NSW Health delivered 10 sessions of *Keep Them Safe* (KTS) training to eight divisions of General Practice across three Family Referral Services regions (Western NSW, Hunter Central Coast and New England North West). GP NSW has acknowledged the contribution of Health Service staff (child protection trainers and child wellbeing co-ordinators) as facilitators of the sessions.

In June 2011, NSW Health extended its contract with GP NSW to roll-out the KTS training to other regions in the by June 2012.

Statewide and Selected Specialty Services

Statewide and Selected Specialty Services (SSS) require highly trained clinical staff and support services, in addition, the volume of activity is such that outcomes are improved when they are provided at facilities that frequently provide these services.

In order to ensure NSW continues to provide access to high quality specialist services for the people of NSW, Selected Specialty and Statewide Service Plans were developed for both Blood and Marrow Transplantation (BMT) and Spinal Cord Injury.

Implementation of these plans has commenced with the provision of additional acute and sub-acute beds for spinal cord injury services, and a new BMT service developed at Liverpool Hospital for people requiring the most complex forms of blood and marrow transplantation. This Statewide approach to highly specialised care ensures that the health care people need is provided in a safe and efficient manner into the future in order to optimise outcomes.

Telehealth Support for the NSW Statewide Complex Epilepsy Service

The NSW Statewide Complex Epilepsy Service (SCES) networks assist the Sydney Children's Hospital Network (Randwick and Westmead), the Royal Prince Alfred Hospital, Prince of Wales Hospital and Westmead Hospital.

During 2010-11, a collaboration with Australia's Academic and Research Network (AARNet) and investment from NSW Health enabled clinical meetings to be held across the sites using high quality video electroencephalography data in real time. This allowed peers to collaborate on the management of complex cases.

Multi Purpose Services in NSW

The Multi Purpose Services (MPS) model of service delivery is aimed at providing sustainable health and aged care services to rural and remote communities by integrating acute, high and low aged care services.

MPSs play an increasingly important role in delivering health care to rural and remote populations. By June 2011, there were 52 operation MPSs across NSW with more in planning. In 2010-11, construction was completed on three new MPSs in rural NSW and all sites were within the Greater Western Area Health Service. Eugowra MPS, constructed at a cost of $7.72 million, was completed in July 2010.

Coonamble, an MPS/HealthOne was completed in August 2010 for a total cost of $15.28 million. Balranald MPS, constructed at a cost of $14.9 million, was completed in September 2010. Eugowra and Balranald were established as part of the National Health Reforms agenda through COAG, with $19.9miilion in capital funding provided towards their redevelopment.

Inpatient Service Planning

In 2010, the Department's service planning tool for sub-acute services, Sub-acute Inpatient Activity Model (SiAM 2010), was updated.

Demands for sub-acute care are driven by a number of factors, including population ageing and the increasing chronic nature of illnesses and SiAM 2010 includes palliative care, maintenance, psycho geriatric (older persons' mental health services) and rehabilitation services and provides medium to long-term projections of sub-acute inpatient services.

SiAM 2010 is a computer based interactive planning tool which is now available for use by all Local Health Networks. SiAM 2010 will assist the new Local Health Networks in updating their local clinical service planning, to better reflect the local population needs for these inpatient services.

Goal 2 // Performance Indicators

Off Stretcher Time < 30 Minutes

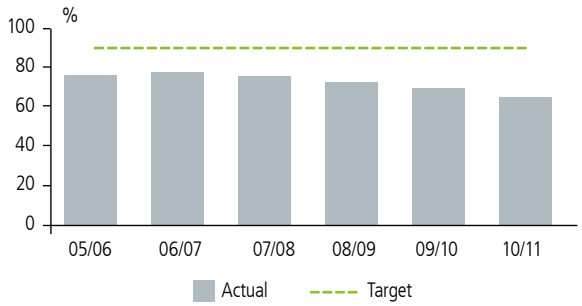
Desired Outcome

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 a key dimension of emergency care. Better co-ordination between ambulance services and emergency departments allows patients to receive treatment sooner. However, delays in hospitals impact on Ambulance operational efficiency.

Off Stretcher time - transfer of care to the Emergency Department < 30 minutes from ambulance arrival (%) NSW



Source: Ambulance Service of NSW CAD System.

Interpretation

The time taken for the transfer of patients arriving by ambulances to Emergency Departments has been a challenge. In 2010-11 the percentage of ambulance patients transferred within 30 minutes in NSW was 65%. In the same year Ambulance transports increased by 1.5% 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 a threshold of the number of ambulances each hospital can expect to receive based on community demand.

Hospitals are working 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. Patient flow units are 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 freeing up beds for newly arrived patients.

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.

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

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.

Emergency Department Triage Times – Cases Treated within Benchmark Times

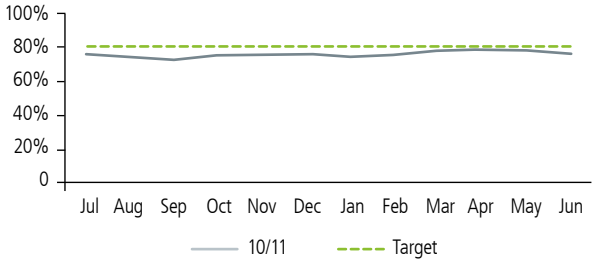
Desired Outcome

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

Context

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

Emergency Department - All triage categories treated within Australian College of Emergency Medicine (ACEM) benchmark times (%)



Source: Emergency Department Information System.

Interpretation

Emergency Department attendances were stable at around two million in 2010-11. Admissions through the Emergency Department were up 6.5% to 468,471 over the same period. The ACEM benchmark was achieved in the case of 76% of all patients attending an ED.

Emergency Departments always give priority to the most life threatening case. NSW hospitals continue to treat 100% of the most seriously ill (Triage 1) patients within the National Benchmark of two minutes.

For those patients classified as triage category 2 or 'imminently life threatening' the performance in treating patients within 10 minutes in 2010-11 was three 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 2011 has been a challenge with 71% of patients seen within target time, below the 75% benchmark set by the ACEM.

In 2010-11 73% of Triage 4 or 'potentially serious' patients had treatment commenced within 60 minutes, above 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 have been 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.

A trial of urgent care centres commenced in late 2010.

Emergency Admission Performance – Patients Transferred to an Inpatient Bed within Eight Hours

Desired Outcome

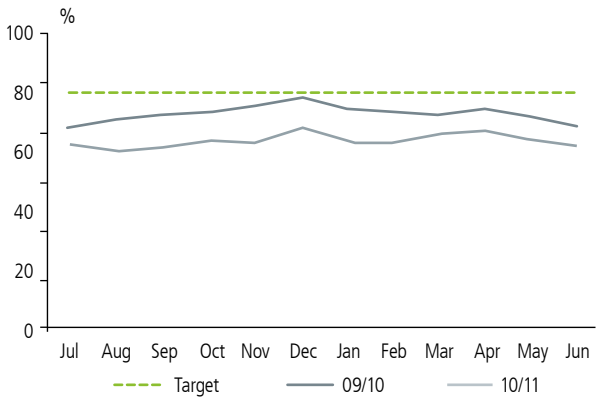
Timely admission from the emergency department for those patients who require inpatient treatment, resulting in improved patient satisfaction and better availability of services for other patients.

Context

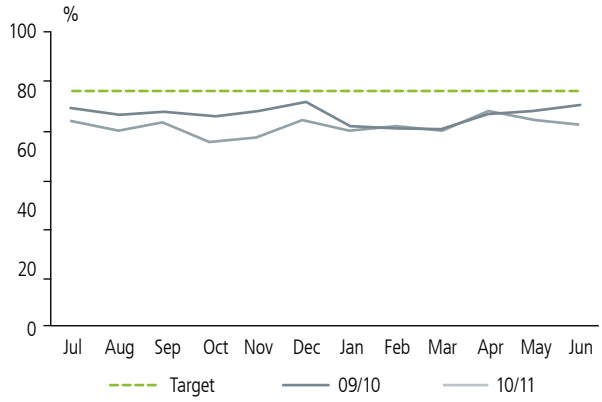
Patient satisfaction is improved with reduced waiting time for admission from the emergency department to a hospital ward, intensive care unit bed or operating theatre. Also, emergency department services are freed up for other patients.

Emergency Admission Performance, Patients Transferred to an Inpatient Bed within Eight Hours (%)

Overall



Mental Health



Source: Emergency Department Information System.

Interpretation

Emergency Admission Performance (EAP) has been a challenge in 2010-11. The percentage of patients who were admitted to a ward or unit bed in less than eight hours from arriving in an Emergency Department was 64%, and was consistently lower than in 2009-10 throughout the year.

EAP for patients being treated for a mental health condition was 68% in 2010-11.

The challenges in relation to EAP are being addressed through careful planning and support particularly the EAP Diagnostic which has been completed in the 15 most challenged hospitals. The Diagnostic outlines priorities for strategy development and each hospital has developed Recovery Plans to improve EAP performance. 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 the Rehabilitation for Chronic Disease Policy.

Related Policies and Programs

NSW Health is working with the LHNs 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.

Psychiatric Emergency Care Centres provide a place where patients presenting at the emergency department with a mental health condition can be provided with more timely and co-ordinated care by specialist psychiatric staff. Funding has been provided for 12 centres throughout the greater metropolitan Sydney area, providing 56 new mental health beds.

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, and the commencement of urgent care centres, are further strategies NSW Health is undertaking to ensure that the burden on our EDs is reduced.

Planned Surgery Patients

Desired Outcome

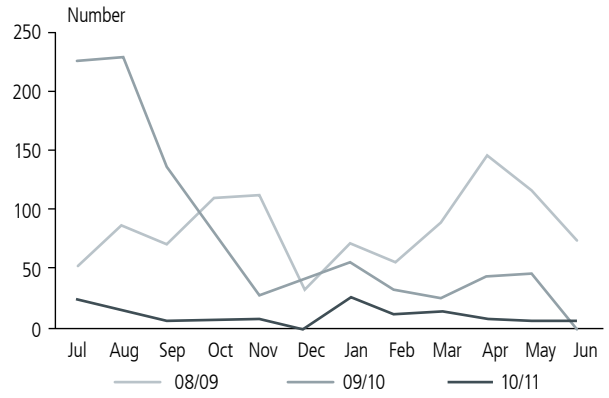
Timely treatment of booked surgical patients, resulting in improved clinical outcomes, quality of life and convenience for patients.

Context

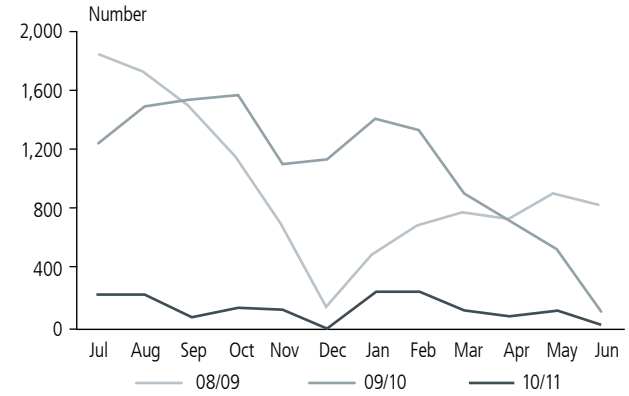
Long wait and overdue patients are those who have not received treatment within the recommended timeframes. The numbers and proportions of long wait and overdue patients represent measures of hospital performance in the provision of elective care. Better management of hospital services helps patients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

Ready for Care Patients Waiting (Number)

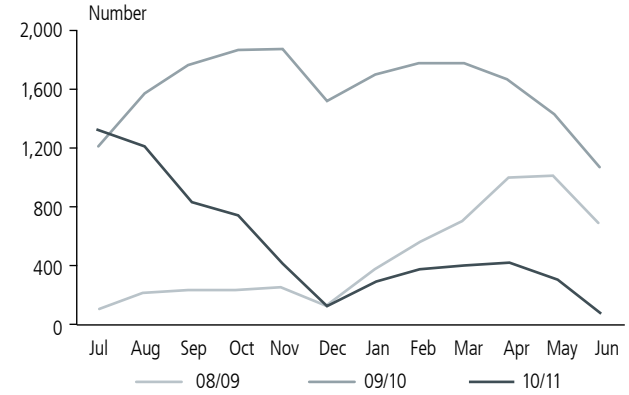
Urgency Category 1 > 30 days



Urgency Category 2 > 90 days



All Urgency Categories 3 >12 months



Source: Waiting List Collection Online System.

Interpretation

At the end of June 2011 there was only 6 Category 1 patients overdue, a significant reduction compared to 74 at the end of July 2009.

The number of Category 2 overdue patients on the waiting list had decreased to 43 compared to 839 in June 2009.

The total number of Category 3 patents was 96 in June 2011, a significant improvement from June 2010 when the number was 1,063.

Related Policies and Programs

- Clinical Services Redesign Program.
- Predictable Surgery Program.
- The Surgery Access Line.
- Waiting Time and Elective Patient Management Policy (March 2009).
- Emergency Surgery Guidelines (June 2009).
- Extended Day Only Admission Policy (July 2011).
- Surgical Activity During Christmas New Year Period Policy (November 2006).

The Waiting Time and Elective Patient Management Policy provides Local Health Networks and Networks direction on: appropriate categorisation of patients, treating patients 'in turn' according to their clinical priority category, 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 Emergency Surgery Guidelines aim to provide predictable access for emergency surgery cases, thereby reducing the displacement of elective surgery due to emergency surgery demand.

The Extended Day Only Admission policy provides Local Health Networks with certainty in providing access for surgical patients who are day only or overnight admission. The policy provides direction on the diagnosis related groups that should be routinely considered as an extended day only admission.

Mental Health Patients staying in Emergency Department > 24 hours

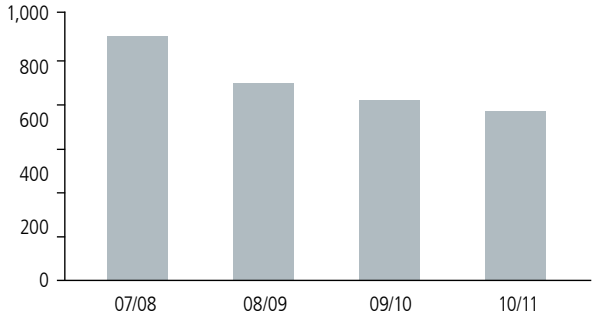
Desired outcome

Improved patient satisfaction and availability of services with reduced waiting time for admission to acute patient care in a Mental Health unit from the emergency department and to improve the availability of emergency department services for other patients.

Context

Timely admission to a hospital bed, for those emergency department patients who require inpatient treatment, contributes to patient comfort and improves the availability of emergency department services for other patients and improved outcomes.

Mental Health Patients staying in ED > 24 hours (number) 2009-10



Source: Emergency Department Information System.

Interpretation

A total of 628 mental health patients spent over 24 hours in ED in 2010-11, this is a 31% decrease compared to 2007-08.

Related Policies and Programs

- Clinical Services Redesign Program.

Implementation of patient flow models of care for mental health patients has resulted in a decline in the number of mental health patients requiring to stay long hours in the Emergency Department.

Additionally the development of responsive Acute Community Mental Health Teams has resulted in patients being referred to alternative treatment locations.

The ongoing development of Psychiatric Emergency Care Centres in major metropolitan hospitals as an alternative model of care for mental health patients has been effective in providing the right care in the right place. Similarly the implementation of Rural Mental Health Emergency Care service models across rural and regional hospital emergency departments has improved timeliness to mental health assessment and co-ordination of care.

It must be noted that there are instances where it is more appropriate to treat mental health patients within an Emergency Department setting until they are medically stable.

Mental Health Acute Post-Discharge Community Care

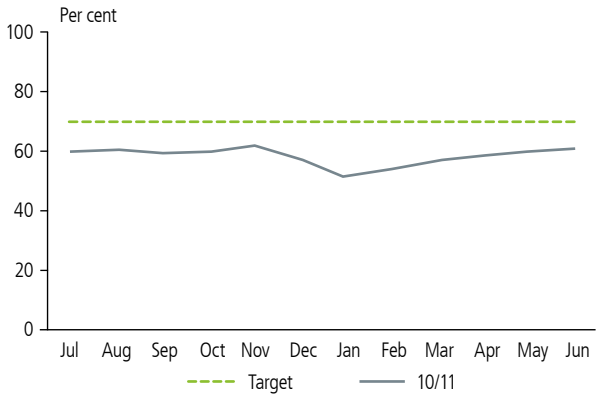
Desired Outcome

Increase patient safety in the immediate post-discharge period and reduce the need for early readmission.

Context

The majority of people with chronic and recurring mental illness are cared for in the community. Continuity of care (follow up and support by professionals and peers) in the community settings for psychiatric patients discharged from a hospital leads to an improvement in symptoms severity, readmission rate, level of functioning and patient assessed quality of life. Early and consistent follow up in the community reduces suicide among hospital discharged mental health patients with high suicide risk and history of self-harm.

Mental Health Acute Post-Discharge Community Care - Follow Up within Seven Days (%)



Source: NSW Health Information Exchange (Inpatient and Mental Health Ambulatory Collections).

Interpretation

This indicator uses the State Unique Patient Identifier (SUPI) to link an acute mental health separation to community contacts for the same person. It is dependent on the level of SUPI coverage in both inpatient and ambulatory data collections.

Data over a period of 12 months (April 2010 – March 2011) show that 51% - 61% of separations from acute mental health care were followed by a recorded community mental health contact within seven days. Decline in the rate of follow-up from October 2010

onwards may partly be due to continuing issues of ambulatory data extract process from local systems at Hunter New England Local Health Network.

Related Policies and Programs

- The Community Mental Health Strategy 2007-2012 (NSW): From prevention and early intervention to recovery describes the model for community mental health services in NSW. The Strategy renews a focus on community mental health and highlights a reform of mental health services to strengthen and develop the capacity of the mental health workforce (public and NGO) and key service partners, GPs, other primary health care services and other government agencies.

Mental Health Ambulatory Contacts

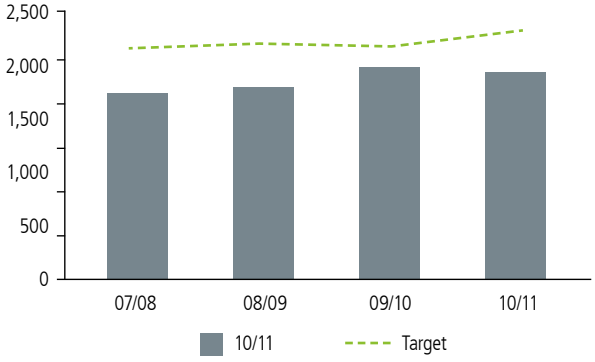
Desired Outcome

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 Health Information Exchange(Mental Health Ambulatory 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 since 2007-08 although interpretation of these data needs to be treated with caution. Ambulatory contact data continue to be uploaded from Local Health Networks for several months after the close of a reporting period, and data for 2010-11 will therefore not be finalised until late 2011. Therefore the number of contacts presented here are under-reported.

Related Policies and Programs

Major investment in Acute, Non-Acute and community based specialist mental health services and community rehabilitation services.

Initiatives such as the Housing and Accommodation Support Initiative (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.

Goal 3 // Deliver High Quality Services

Ensuring High Quality Care

The NSW Government successfully implemented the NSW Patient Safety and Clinical Quality Program to deliver healthcare which strengthens the health system and improves patient outcomes.

Between the Flags

NSW Health continued implementation of the *Between the Flags* (BTF) program in collaboration with the NSW Clinical Excellence Commission to improve recognition and response to the clinical deterioration of patients. Standardised systems have been introduced across every NSW hospital to facilitate early recognition of warning signs of clinical deterioration.

These include a standard observation chart for adults with five age-specific charts for children. Charts have been supplemented by e-learning and face to face training for clinical staff. To date over 47,000 front line clinicians provided with awareness training; more than 20,000 have completed the e-learning (DETECT) training package and more than 10,500 have completed face to face training. From July 2010 all Local Health Networks have been required to report monthly against two key performance indicators associated with implementation of the BTF program. These are:

- Rapid response calls per 1,000 separations.
- Cardio-respiratory arrests per 1,000 separations.

These, along with other performance indicators, are reviewed at performance framework meetings between the Department and the executive of Local Health Network.

Reducing Healthcare Associated Infections

The Healthcare Associated Infection (HAI) program comprises five key initiatives. These are:

- hand hygiene
- adherence to precautions to prevent the spread of infections in hospitals
- effective use of cleaning programs; correct use of antibiotics
- adherence to evidence based guidelines in intensive care units.

During 2010-11 the NSW Department of Health:

- incorporated a much stronger focus on infection rates as part of performance reviews with Local Health Networks
- instigated a new escalation methodology where the Chair of the HAI Expert Advisory Committee and the Department met separately with individual LHN executive and infection prevention and control staff where monthly performance could be improved
- developed a draft Healthcare Associated Infection Strategy following a workshop of over 80 clinicians, managers and consumers with wide LHN consultation
- engaged in a national point prevalence survey to look for an emerging strain of *Clostridium Difficile* which had caused serious morbidity in the United Kingdom and other countries. While one LHN retrospective study found 22 patients over the preceding four years, no additional NSW patients were identified in this national study
- released a factsheet on *Clostridium Difficile* with commencement of mandatory monitoring.

The above initiatives were supported by the NSW Health *Infection Monitoring Program* which 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 www.health.nsw.gov.au under Hospitals.

As part of the point prevalence survey for *Clostridium Difficile* NSW commenced mandatory reporting of this infection from October 2010.

The annual number of Central Line Associated Bacteraemia infections in intensive care units reported for 2010-11 also fell with 27% less infections reported compared to 2009-10. The rate of infection also decreased from 1.22 to 0.7 per 1,000 line days for the same period. A targeted intensive care unit program conducted by the NSW Clinical Excellence Commission enabled implementation of a Central Line Insertion Record which provided clinicians with a checklist to monitor compliance with evidence based practice in this area.

During 2010-11 the total number of the most serious bloodstream infection (*Staphylococcus Aureus*) remained at or below that in 2009-10 despite significant increases in the number of patients treated. The Council of Australian Governments set a benchmark upper limit of two infections per 10,000 occupied bed days. While there remained a number of individual facilities that breached this benchmark at different times during the year, NSW continued to perform well below this benchmark at a State level.

Rates of hand hygiene have been said to impact on *Staphylococcus aureus* infections. In addition to the monitoring and escalation program, audits of hand hygiene have been a focus for 2010-11. These 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 has the lead for training hand hygiene auditors as part of a 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 400 Gold Standard Assessors and approximately 800 ward auditors have been trained to undertake audits across NSW since NSW joined the National Hand Hygiene Initiative in September 2008. The attrition rate (people no longer working in roles in which auditing is one of their responsibilities) is estimated to be approximately 20%. Data for June 2011 from 182 hospitals across 102,000 opportunities for hand hygiene shows NSW compliance with hand hygiene at 74.7%, above the national average of 71.3%. There has been a sustained increase in hand hygiene compliance across all health care worker groups over time with the combined rate of hand hygiene compliance increasing by 13% since April 2010.

Maintaining a clean environment is important for good infection prevention and control. As part of continuing to improve in this area, NSW Health through its Environmental Cleaning Working Party conducted wide consultation on a new Environmental Cleaning Policy Directive. The Directive is nearing completion and will detail best practice guidelines for all aspects of environmental cleaning in healthcare facilities. The Policy is planned for release in 2011-12.

NSW Health Procedure Safety Checklist

The NSW Department of Health has undertaken work to adapt and implement the World Health Organisation (WHO) Surgical Safety Checklist for all procedures undertaken in NSW Health facilities. The NSW Health Procedure Safety Checklist aims to reduce adverse incidents related to procedures by reinforcing safe practices and fostering improved communication and teamwork between clinical disciplines. A group of medical, nursing and allied clinicians including representatives of the Surgical Services Taskforce, the NSW Clinical Excellence Commission, Chief Obstetrician and Chief Paediatrician are currently finalising the checklist for implementation in 2011-12. The outcome should see a reduction of incorrect procedures in all areas including radiology.

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. NSW continues to work collaboratively with local and national groups to improve this process with review of current framework finalised for consideration.

High Risk Medicines

In December 2010, following wide consultation on continuing patient safety issues with venous thromboembolism (VTE), the Department facilitated development and issue of a Statewide Policy Directive on VTE prophylaxis. The policy drew on evidence developed by the National Health and Medical Research Council (NHMRC) and outlined that each and every patient in NSW facilities needed to be risk assessed for VTE as well as highlighting preferred approaches. As the NHMRC advice was not definitive on what patients should be given as treatment, the Department has asked that the CEC and the ACI work with surgical and medical specialists to agree best practice in this area and develop guidelines in 2011-12.

During this year the Department also reviewed policy on use of high risk medicines such as Potassium, Vincristine and Anticoagulation, as these medicines have a low safety margin and if misused are likely to cause patient harm. A High-Risk Medicines policy is nearing finalisation for issue in early 2011-12. The policy will promote and support the safe and quality use of high risk medicines and raise awareness of the potential harmful effects of 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 which continues today. During 2010-11 a Standardised Paediatric Observation Chart was implemented supplementing the Standardised Adult General Observation as part of the Between the Flags program. Further charts are being developed by the NSW Clinical Excellence Commission for maternity care. Having the same charts used in all hospitals makes it easier for staff to record patient observations and track them over time. There are also colour-coded triggers in BTF charts to identify early warning signs in patients whose clinical condition is deteriorating and prompt early review by an appropriate clinical team.

Nursing and Midwifery Office

Strategic projects of the Nursing and Midwifery Office during 2010-11 included Statewide initiatives such as *Essentials of Care* and *Take the Lead* and the development of resources for wards and units such as *Ways of Working*. Quality patient care by a highly trained nursing and midwifery workforce is the underpinning philosophy for all work undertaken by the Nursing and Midwifery Office.

Essentials of Care

Essentials of Care engages nursing, midwifery and other clinical staff with a focus on improving the experience of the patient and achieving cultural change in the workplace to ensure the provision of high quality patient care. *Essentials of Care* aligns with the CORE values of Collaboration, Openness, Empowerment and Respect.

The roll-out of the *Essentials of Care* Program continued across Local Health Networks in 2010-11. At the end of the year 543 wards/units were engaged in *Essentials of Care*, which represents significant expansion of the program.

In wards/units that had implemented *Essentials of Care* there was evidence of:

- fewer complaints from patients and families
- better communication with patients and families and between the clinical team
- improved accuracy in the completion of documentation.

The first *Essentials of Care* Showcase was held on 8 June 2011 which allowed units and teams involved in the program to share the work they have undertaken and improvements they have been able to make. The Showcase was opened by the Minister for Health and Minister for Medical Research, the Hon. Jillian Skinner and attended by around 350 nurses, midwives and allied health professionals.

Take the Lead

Take the Lead is another initiative which is supporting improved workplace cultures in the NSW health system by empowering Nurse/Midwifery Unit Managers (N/MUMs) in their leadership and ultimately leading to better patient care.

The emphasis is on practical changes that N/MUMs can make in their own work environments to improve patient safety and reliability of care, patient experience, staff wellbeing, efficiency of care delivery and leadership.

To date a total of 1,957 N/MUMs have completed at least one of the program's education modules, which represents a majority of N/MUMs in NSW public hospitals.

An evaluation of *Take the Lead* conducted by the University of NSW indicated that the program had contributed to skills development of N/MUMs, thereby enabling and empowering them to make changes in their workplace. Overall there were indications of improved communication. Where N/MUMs were able to transfer their learning from *Take the Lead* effectively there was evidence of improvements in finances, staff satisfaction and morale and patient care.

The major recommendation is that *Take the Lead* develops in line with the N/MUMs and be subject to continuous improvement.

Monitoring Patient Safety and Quality

In order to reduce 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

Local Health Network (LHNs) provide monthly infection control data for eight indicators to the Department of Health. From October 2010, Clostridium difficile was added as an additional mandatory indicator due to emergence of a new strain in Victoria.

All indicators are publicly reported by State on the NSW Health website at www.health.nsw.gov.au/hospitals/hai/index.asp. Data by hospital for Staphylococcus aureus is also published at http://www.health.nsw.gov.au/hospitals/search.asp.

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, the IIMS was established to ensure that the highest quality of care and safety is provided in the State's hospitals.

NSW 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 NSW Clinical Excellence Commission then publishes a six monthly analysis of all IIMS reported incidents. In May 2011, the Department held a major workshop for over 100 staff to review current approaches to categorising and managing incidents and determine how the new Incident Management Policy should be changed. Emergency and other specialist clinicians, consumers, patient safety officers, Directors of Clinical Governance and complaints managers joined the NSW Agency for Clinical Innovation and the NSW Clinical Excellence Commission's patient safety team at the workshop.

During 2010-11 there was detailed discussion on options to upgrade the IIMS electronic system. Following extensive stakeholder consultation, a decision was taken to develop a business case in 2011-12 to support a more comprehensive system. The new system needs to take account of the roll out of electronic medication management systems and the electronic medical record. Minor changes are planned for the existing system in 2011-12, to facilitate its use and effectiveness.

To review how better systems could be established for complaints management, a Forum was held for complaints staff from across NSW. The group considered models for complaints management and strategies required to achieve best practice. The programme featured presentations by the Healthcare Complaints Commission, the Deputy NSW Ombudsman, consumer representatives and complaints handling staff from NSW Health facilities. Forum participants defined the key elements of a best practice model for the complaints management process and the strategies required to achieve it. The group recommended that the Forum be held annually to facilitate networking and education for leaders in complaints management and to enable the sharing of new ideas and perspectives.

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. During 2010-11 The Clinical Excellence Commission worked with the Department and Directors of Clinical Governance on a new system for management of Death Review and a final report for implementation is expected in 2011-12.

National Performance Indicators

During the year NSW Health worked with the Australian Institute of Health and Welfare and other States and Territories to agree on a national performance indicator for Staphylococcus Aureus bloodstream infections for public reporting.

NSW also worked with the Australian Commission on Safety and Quality in Health Care on the development of National Core Hospital-based Outcome indicators such as unplanned readmissions within 28 days, an indicator that can signal a problem with the quality of care.

Supervision for Safety

Statewide principles for supervision for safety were developed following wide consultation. NSW Health engaged with experts and key stakeholders from within the NSW Health system to develop these principles which focus on keeping our care environments safe for patients and safe for learning through practice. An action plan for implementation of these principles throughout the health system is currently being developed.

Clinical Pharmacy Model

During 2010-11 a working group including pharmacists, other clinicians, managers and consumers developed a discussion paper on *Safe Medication Management in NSW Facilities: A Team Approach*. The paper includes review of priority setting for medication review and suggests a new way of doing business based on the perspective of the patient. Following consultation the Department has met with Clinical Networks to ensure proposed processes are well supported by nurses and doctors in particular given their pivotal role in medication prescribing and administration. A Policy is expected in 2011-12.

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 Local Health District 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 2010-11 a Safety Alert was published which arose from incidents where staff confused MORphine with HYDROmorphine, a drug that is five times more potent than morphine. The alert drew attention to the confusion between the look alike, sound alike names and the complexity of the branding and dosing of available forms of medicine. Health Services were instructed to review storage, prescribing and administration practices to reduce the potential for these errors. In addition four Safety Notices were published relating to maternal sepsis; autonomic dysreflexia; epidural anaesthetic solutions and HYDRO morphine.

Health services were also advised during the year of 14 specific medicine and device recalls from the Therapeutic Goods Administration requiring their urgent attention.

Regulation

The Clinical Safety, Quality and Governance Branch is responsible for inspecting premises for the purposes of licensing or authorising activity under a number of Acts. The Department monitors and ensures compliance with licensing standards under the:

- *Poisons and Therapeutics Goods Act 2006* (and related Regulations)
- *Private Health Facilities Act 2007* (and related Regulations)
- *Assisted Reproductive Technology Act 2007.*

Poisons and Therapeutic Goods

The *Poisons and Therapeutic Goods Act 2006* sets out restrictions on the prescription and supply of drugs and poisons to:

- ensure that medicines and poisons are appropriately available to the public
- minimise harm from the use of medicines and poisons in the community
- promote the quality use of medicines.

Under this legislation premises, including methadone clinics and wholesale scheduled medicine distributors, are inspected for such things as security, cleanliness, stock handling and control, customer authority verification, and record-keeping procedures. 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. Over 600 wholesale suppliers and manufacturers, clinics or retailers had licenses issued or renewed during the 2010-11 year.

Authorities are also issued by NSW Health to doctors to prescribe drugs of addiction. There are three distinct types of authorities. These are:

- authorities to prescribe opioids for pain
- authorities to prescribe methadone or buprenorphine as part of the NSW Opioid Treatment Program
- 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.

Including the Opioid Treatment Program, the Department processed over 20,000 requests to issue or amend authorities for these drugs of addiction.

Investigations and public alerts during 2010-11 included:

- The theft of large quantities of pseudoephedrine hydrochloride powder and codeine phosphate powder from a licensed contract pharmaceutical manufacturer prompted an urgent review of the security measures in place at the facility and changed licence conditions to prevent any further thefts.
- During 2010-11, 32 drug authorities were withdrawn under the provisions of the Poisons and Therapeutic Goods Act after doctors, nurses, dentists, pharmacists and Ambulance Service paramedics had admitted to the misappropriation and self-administration of drugs of addiction or restricted substances for non-medical purposes (or inappropriate prescribing).
- Separate to this five health professionals were referred to the Health Care Complaints Commission or to the relevant registration authority and 10 letters were issued, warning of breaches to the Poisons and Therapeutic Goods legislation.
- Investigations with NSW Police into the alleged illegal supply of prescription medicines by some community pharmacists to address diversion of anabolic-androgenic steroids, benzodiazepines, schedule 8 opioids and erectile dysfunction medicines to the illicit market. Investigations are ongoing.
- Hair smoothing/straightening treatments recalled by a NSW supplier after the products were found to contain excessive levels of 'free' formaldehyde.
- Working with the NSW Food Authority to alert consumers that three brands of imported coffee and chocolate, marketed and labelled as 'slimming foods' had been recalled from sale after they were found to contain the undeclared drug sibutramine, a prescription medication not available in Australia and not permitted in foods.

Changes to the Act/Regulations during the period included addition of seven synthetic cannabinoids to Schedule 1 of the *Drug Misuse and Trafficking Act 1985* to make them (and their chemical analogues) Prohibited Drugs. For information on these changes go the NSW Health website News section and the Synthetic Cannabinoids Drug and Alcohol Factsheet under Publications and Resources at www.health.nsw.gov.au.

To ensure appropriate and timely treatment for the community, paramedics employed by private sector organisations were authorised to possess and administer a range of pharmaceuticals in the course of emergency treatment in a pre-hospital setting. Such authorities under the provisions of the Poisons and Therapeutic Goods Act are subject to substantial conditions to ensure standards are at least equivalent to that of Ambulance Service of NSW paramedics.

NSW also contributed to the development of the National Pharmaceutical Drug Misuse Strategy and work of the Advisory Committee on Medicines Scheduling and Advisory Committee on Chemicals Scheduling. Public notices inviting comments and final decisions from this committee are published by the Therapeutic Goods Administration website at www.tga.gov.au.

Private Health Facilities

Under the *Private Health Facilities Act 2007* (and related Regulations), private facilities and day procedure centres are reviewed through onsite visits, paper audits, telephone and/or written contact to ensure compliance. The type of audit conducted may be routine or focus on a particular area. After each audit a report is sent to the facility that may ask for improvements to be made. Facilities are monitored to ensure follow up on the progress of these improvements.

Over 130 inspections were conducted during the period, including inspections of 11 newly licensed facilities and 23 licensed facilities which had altered premises. There are currently 85 licensed private hospitals, comprising 7,154 beds, and 89 licensed day procedure centres.

On 1 March 2010, the *Private Health Facilities Act 2007* and the *Private Health Facilities Regulation 2010* commenced, replacing the *Private Hospitals and Day Procedure Centres Act 1988* and related regulations. The classes of licence now include Anaesthesia class, Interventional Neuroradiology class, Radiotherapy class and Rapid Opioid Detoxification class as well as Gastrointestinal endoscopy class. The Regulation provides for licensing of all gastrointestinal endoscopy, defined as 'the use of a flexible endoscope with an internal lumen for the passage of an instrument to examine the upper or lower gastrointestinal tract'. Advice was provided from the Department to gastroenterologists via direct stream fax and to the Medical Board reminding doctors of the changes to the legislation with regard to the *Private Health Facilities Regulation 2010*, noting the Regulation sets out changes for Gastrointestinal endoscopy licensing requirements and provides licensing standards for eighteen classes of facilities.

During 2010-11 there were a number of instances where prescribed services were found to be provided on unlicensed premises. Health practitioners at six facilities were advised to cease providing prescribed services at unlicensed premises, the Medical Council of NSW was notified of a possible breach of the Act by six medical practitioners, and the Psychology Council of NSW was notified of a possible breach of the Act by a registered psychologist.

A Private Health Facilities Advisory Committee was instituted under Part 6 of the new Act, to provide advice to the Minister for Health and the Director-General of the Department of Health on the effective operation of the Act, proposed regulations, and any other matter in respect of private health facilities that is referred to the Committee by the Minister or the Director-General.

The Committee met quarterly from December 2010, and has considered various issues, including the regulatory requirements for anaesthesia class facilities, incident management and the reporting of adverse events by licensed private facilities.

Assisted Reproductive Technology

NSW Health is the authority for the registration of Assisted Reproductive Technology (ART) providers under the *Assisted Reproductive Technology Act 2007*. The ART Act regulates assisted reproductive technology treatment carried out in NSW. It also established a central register which holds information on donors and allows donor conceived adults to access information on donors. The central register only operates in respect of persons conceived after 1 January 2010 with details of surrogacy arrangements now also to be entered on the central register following the commencement of the *Surrogacy Act 2010*, on 2 March 2011.

A voluntary component of the register was also established. This enables donors pre 1 January 2010 to register and provide information about themselves and give consent to release of information to donor offspring.

Following commencement of the Act, the previous Health Minister met with ART providers and members of the Donor Conception Support Group (DCSG) to facilitate engagement in the policy process. During 2010-11 the Department met with consumers and ART providers on four further occasions to improve the Assisted Reproductive Technology process for the NSW Health Central Register. All issues to do with Central Register matching and authentication processes, policy and

content for website were the subject of extensive consultation with all stakeholders including ART Providers and the members of the DCSG. Significant work went into gaining agreement between the DCSG and the ART providers on how the voluntary component of the Central Register works and how privacy concerns can be allayed.

The Department continues to liaise with ART providers and donor conception groups to ensure a supportive process.

The Assisted Reproductive Technology (ART) process for the NSW Health Central Register has been finalised with a new website available at www.health.nsw.gov.au\art.

eHealth and ICT Strategy

Information and Communications Technology (ICT) is an enabler of safe, efficient and patient-centred care. The people of NSW are increasingly able to expect that their healthcare staff can securely access and share relevant clinical information where and when it is needed for patient care.

The eHealth and ICT Strategy Branch (eHICT) leads and co-ordinates the approach to ICT strategy and planning across NSW. It is vital for achieving the health reform necessary to cope with the ageing population, increasing rates of chronic disease and exponential growth in medical knowledge.

eHICT has strong partnerships with State and National eHealth entities and keeps NSW Health engaged with wider eHealth policy, direction and agenda.

NSW now has one of the largest electronic medical record (eMR) systems in Australia. With the foundation elements now largely in place, planning has commenced for the next phase of the eMR, including commencement of an Electronic Medications Management system and replacement of Intensive Care systems. A new payroll system and a state of the art rostering and HR support system is also being rolled out, together with the ongoing refresh and enhancement of our underlying IT infrastructure and networks.

ED Access Website

Development of a website, www.emergencywait.com, with up-to-date information on Emergency Department (ED) activity and wait times. To be launched in July 2011, the site enables the public to search for hospitals of interest and view the:

- number of patients currently waiting to be seen at that hospital's ED
- important relevant contextual information, such as the usual number of patients arriving at the ED for that period of the day
- information on local GP/after hours medical centres and alternatives to the ED.

FirstNet Review

eHICT facilitated an independent review of the Emergency Department component of the Electronic Medical Record known as Cerner FirstNet. The consulting group consulted widely and completed a 'fit-for-purpose' review.

Governance Structure

eHICT established a robust governance framework to guide the branch's strategic function. The eHealth and ICT Strategy Council was inaugurated in 2011 and comprises a mix of NSW Health clinicians, managers, external ICT strategy professionals and consumers. The Council is supported by a Clinical Advisory Group and a Corporate Systems Advisory Group.

ICT Strategy Review

In conjunction with ICT Strategy Council, eHICT has begun a review of its 10-year ICT strategic plan that was supported by Commissioner Garling in his 2008 report on Acute Care in NSW Public Hospitals. The Strategy remains sound in principle but aspects are being revisited and refreshed as is appropriate in light of developments in technology and the national eHealth agenda. A core theme of the strategy will be to get an expanded range of major clinical, corporate and infrastructure programs in place across NSW Health.

National eHealth Agenda

NSW Health was nominated a lead implementation site for the Personally Controlled Electronic Health Record. Lessons learned from pilot sites inform the development of a secure system of records that will enhance care co-ordination and continuity and improve medication management.

Our active participation means national standards and solutions can be incorporated into NSW Health's ICT Forward Plan while maintaining its alignment with national reform agenda.

Through our involvement with the broader Australian eHealth agenda we contribute to the foundation of national infrastructure and ultimately benefit from an electronically interoperable health care system.

Rural Connectivity

Telehealth Supports Rural Service Delivery

During the year, NSW Health established a telehealth 'videoconferencing (VC) bridge', to provide greater interconnectivity between different facilities and Local Health Networks, and provide for greater expansion of the telehealth network.

One of the biggest impediments to expansion of the current reach is the fact that different facilities are not easily able to 'talk' to each other via video. The VC Bridge will 'bridge' the gap.

In concert with the VC Bridge implementation, is the development of a Statewide video strategy, which will provide a roadmap for achieving the 'goal state', i.e. increased access for patient's closer to home and better use of technology, with a greater range of specialities being catered for. The strategy promotes an integrated view, to incorporate existing technologies and allow the LHNs to align on a common strategy in order to maximise delivery of health services via telehealth, both now and into the future.

The Upgrade And Extension Of The Telehealth Network In Rural NSW

In the past 12 months rural sites in NSW were prioritised for extension and refresh of the telehealth network, with more than 36 sites selected, representing a significant expansion of the NSW telehealth system, in addition to a commitment from NSW Health of over $590,000.

Goal 3 // Performance Indicators

Unplanned / Unexpected Readmissions within 28 Days of Separation

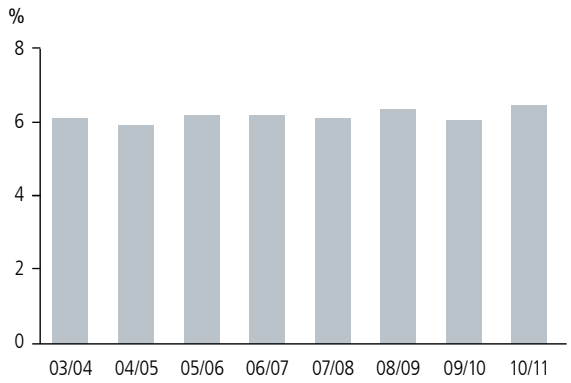
Desired Outcome

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

Context

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

Unplanned/unexpected readmissions within 28 days of separation – all admissions (%)



Source: HIE

Interpretation

Statewide the annual readmission rate has been consistent over the period 2003-04 to 2010-11 with the annual readmission rate varying between 6.0 % and 6.5%. The rate for 2010-11 was 6.5%.

Related Policies and Programs

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

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

In 2008, the NSW Health implemented the Connecting Care (Severe Chronic Disease Management) Program. This Program aims to improve the quality of life of older people with chronic and complex conditions and their carers and families; and to prevent unplanned and avoidable hospital admissions. It achieves this by co-ordinating

a Statewide chronic disease management approach to five major chronic diseases (Chronic Obstructive Pulmonary Disease, Coronary Artery Disease, Diabetes, Hypertension, Congestive Heart Failure) that are recognised as having a major impact on the burden of disease in NSW.

Emergency Re-presentations to Emergency Department within 48 Hours

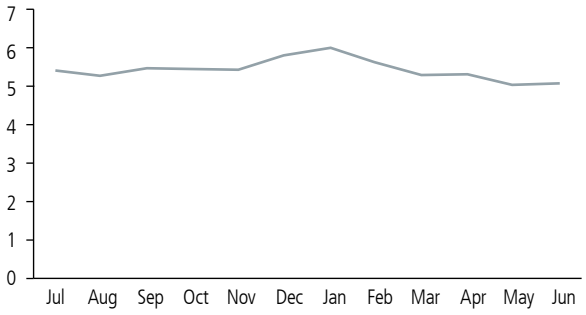
Desired Outcome

Improved quality and safety of treatment, with reduced unplanned events.

Context

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

Emergency Representations to Emergency Department Within 48 hours (%)



Source: Emergency Department Information System.

Interpretation

The proportion of emergency re-presentations has fluctuated around 5% over 2010-11.

Related Policies and Programs

- Sustainable Access Program.
- Clinical Services Redesign Program.

Mental Health Readmission within 28 Days

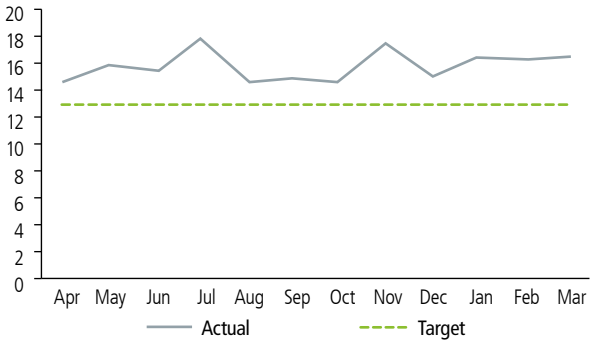
Desired Outcome

Improved mental health and well-being through effective inpatient care and adequate and proper post-discharge follow up in the community.

Context

Readmission to Hospital within 28 days of discharge has become one of the most widely used Key Performance Indicators in Australian health care. Within mental health care, 28 Day Readmission is reported in all Australian jurisdictions. The Australian national mental health KPI set includes the indicator in the domains of effectiveness and continuity, stating 'high levels of readmissions within a short timeframe are widely regarded as reflecting deficiencies in inpatient treatment and/or follow-up care and point to inadequacies in the functioning of the overall system'. (*Key Performance Indicators for Australian Public Mental Health Services (2005). Australian Govt, Canberra. P 46*)

Mental Health Readmission within 28 days (%)



Source: State Health Information Exchange(Inpatient Collection).

Interpretation

This indicator uses the State Unique Patient Identifier (SUPI) to measure the rate of readmission to any NSW mental health facility following an acute or non-acute mental health overnight separation.

Notwithstanding the monthly fluctuations (between 15% and 18% across the period) and two peaks (July and November 2010), on average 16% of persons discharged from mental health inpatient care were readmitted to a mental health facility within 28 days between April 2010 to March 2011.

Related Policies and Programs

NSW Health is investing in a broad spectrum of services necessary to support an effective acute and non-acute bed sector and to ensure it can deliver a comprehensive range of mental health services in NSW. The continuum of care for people with mental illness includes prevention; early intervention; and treatment and community support.

ICU Central Line Associated Bloodstream Infections

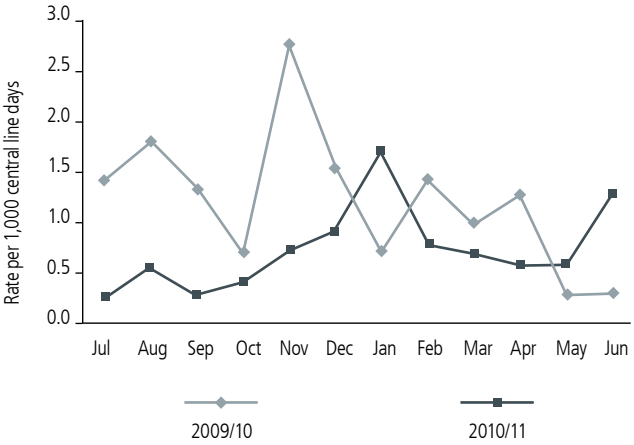
Desired Outcome

Reduction in Intensive Care Unit (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 (per 1,000 Line Days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 1.1.

Interpretation

The number of infections reported between July 2010 and June 2011 fell by 27% when compared to the period July 2009 - June 2010. The rate of infection per 1,000 line days has also decreased from 1.22 to 0.7 for the same period.

Ongoing surveillance of the number of infections continues. Inclusion of this measure in performance framework meetings between the NSW Health Department and the executive of Local Health Network allows discussion and evaluation of strategies implemented to reduce the incidence of infection.

Related Policies and Programs

The goal of the NSW Healthcare Associated Infections Prevention Program is to prevent every patient from acquiring a healthcare associated infection or multi-resistant organism colonisation during all stages of their care and treatment. NSW Health provided additional recurrent resources to Local Health Network for improved infection control activity to support key prevention strategies. These strategies include: hand hygiene, correct antibiotic usage, adherence to contact precautions, effective environmental cleaning programs in healthcare facilities; and adherence to Intensive Care Unit central venous catheter insertion guideline.

A Central Venous Access Device (CVAD) and Post Insertion Care Policy Directive is planned for release in 2011-12 which sets out the requirements for the safe insertion and post insertion care of CVADs. The purpose of this policy is to minimise complications from the insertion, management and access of CVADs and to reduce central line associated bloodstream infections for NSW Health facilities.

Relevant policies and reports include:

- 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.
- Further information about the NSW Healthcare Associated Infections Prevention Program can be found at www.health.nsw.gov.au/quality/hai/.

Staphylococcus Aureus Bloodstream Infections

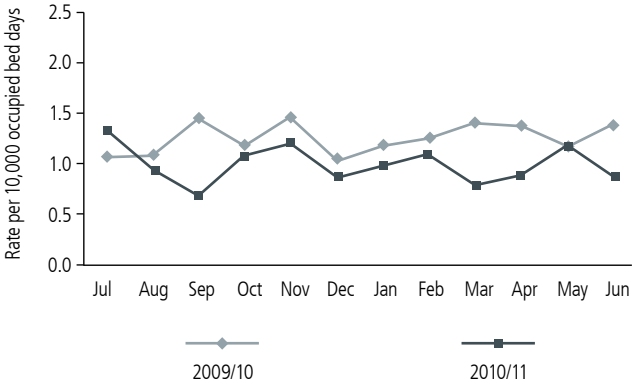
Desired Outcome

Reduction in the number of Staphylococcus aureus bloodstream infections (SA-BSI).

Context

Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common and more serious causes of community and healthcare associated sepsis. There is emerging evidence that many healthcare associated methicillin-sensitive Staphylococcus aureus (MSSA) and methicillin resistant Staphylococcus aureus (MRSA) infections are preventable through effective infection prevention and control.

Staphylococcus Aureus Bloodstream Infections (SABSI) - (per 10,000 bed days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 2.1 and CI 2.2

Interpretation

Infection rates during 2010-11 have remained at or below those in 2009–10. The Council of Australian Governments has set a benchmark upper limit of two infections per 10,000 occupied bed days. NSW continued to perform well below this benchmark in both periods. Some individual smaller facilities register a higher infection rate due to the low number of patients (denominator).

Ongoing surveillance of the number of infections continues. Inclusion of this measure in monthly performance framework meetings between the NSW Health Department and the executive of Local Health Network allows discussion and evaluation of strategies implemented to reduce the incidence of infection.

Related Policies and Programs

- See Related Policies and Programs for ICU Central Line Associated Bloodstream Infections.

Clostridium Difficile Infections

Desired Outcome

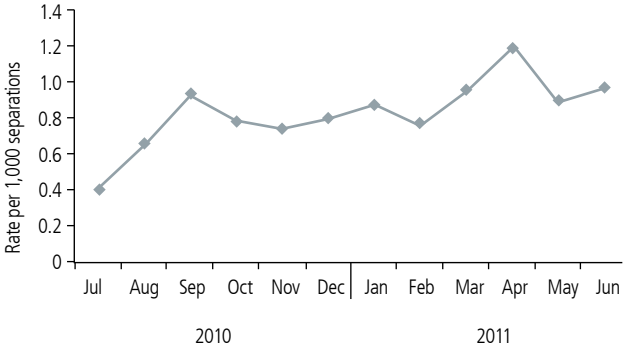
Monitoring of the number of Clostridium Difficile infections with early identification of serious strains.

Context

Clostridium Difficile can be found in stool specimens of many healthy children under the age of one year and some adults.

Where this becomes an infection is usually after a course of antibiotics that have caused other normal protective bacteria in the gut to be overwhelmed. This makes Clostridium Difficile a common cause of antibiotic-associated diarrhoea which can be associated with community or hospital onset. More serious strains of this infection have caused significant problems in patients in the United Kingdom and other countries.

Clostridium Difficile Infections(CDI) – (per 10,000 bed days)



Source: NSW Health Healthcare Associated Infection Data Collection, 1 January 2009 to 30 June 2011 extracted on 26 August 2011. This data is defined in Clinical indicator CI 16.

Interpretation

CDI became a mandatory reporting HAI indicator in October 2010 so comparison cannot yet be made between 2010 and 2011 data.

This infection is a common cause of community diarrhoea and while a moving rate, it has remained constant across NSW since mandatory collection commenced. Ongoing monitoring of incidence is maintained through review

by the NSW Health Department and executives of the Local Health Network. Strategies to minimise the number of infections are subject to ongoing implementation and evaluation at monthly performance framework meetings.

Related Policies and Programs

See Related Policies and Programs for ICU Central Line Associated Bloodstream Infections

Patient Experience Following Treatment

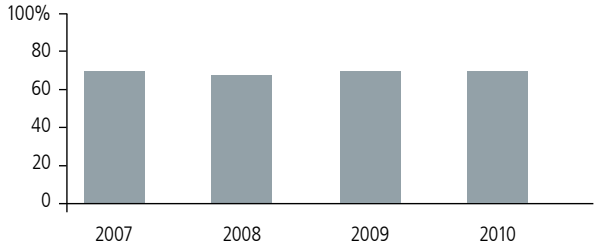
Desired Outcome

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 67,000 patients responded to the survey in 2010. 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 – Overall Care Received Very Good or Excellent) (%)



Source: NSW Health Patient Survey 2008, 2009.

Interpretation

All patients surveyed were asked to rate their overall experience on a scale of 'excellent' through 'poor'. In 2010, seven out of 10 patients surveyed reported that the care they received was either 'excellent' (34%) or 'very good' (34%). One-fifth (21%) rated their care as 'good' and 10% reported that the care they had received was either 'fair' (7%) or 'poor' (3%). The proportion of Overnight Inpatients, Outpatients, Mental Health Inpatients and Community Health patients who rated their 'Overall Care' as 'excellent' or 'very good' was significantly higher in 2010 when compared to 2007.

In 2010, four out of every five Community Health patients surveyed in 2010 (82%) reported that the care they received was either 'excellent' (45%) or 'very good' (37%).

Of the inpatient groups, three quarters of Paediatric Inpatients (76%) and Same Day Inpatients (74%) reported that their care was 'excellent' or 'very good'. Fewer Adult Rehabilitation (70%) and Overnight Inpatients (68%) felt this way.

Two-thirds (66%) of the Hospital Outpatients surveyed reported that the care received was 'excellent' or 'very good'. Over half (58%) who were treated as Non-Admitted Emergency patients felt this way.

Those who received mental health services were least positive about their experience, with just over half (51%) of the Mental Health Outpatients surveyed and just under half (49%) of Mental Health Inpatients surveyed reporting that the care they received was either 'excellent' or 'very good'. The proportion of Mental Health Inpatients who said they would definitely recommend the service to family or friends was higher in 2010 when compared to 2007.

Related Policies and Programs

- Clinical Service Redesign Program.

Goal 4 // Manage Health Services Well

National Health Reforms

National health reform aims to improve health outcomes for all Australians. The road to national health reform is challenging. In recent years there have been a number of key national developments, the National Health Care Agreement 2008, the Report of the National Health and Hospitals Reform Commission 2009, the National Health and Hospitals Network Agreement 2010, and the Heads of Agreement on National Health Reform in February 2011.

NSW Health has made a significant contribution to all these developments and continues to do so. Throughout 2010-11 NSW has been at the forefront of the development of strategies for major reform of the Australian health system.

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. States and Territories have also collaborated in the national health reform process through the work of the Council for the Australian Federation.

In February 2011 COAG endorsed a Heads of Agreement on National Health Reform. This included a commitment to sign a new National Health Reform Agreement during 2011 which would implement these high level commitments, which included:

- Agreement on devolving operational hospital management to local health networks.
- Commonwealth guarantees concerning growth funding for public hospitals.
- Establishment of a national funding pool for hospital services and a national health funding body to pool Commonwealth and State funding for Local Hospital Networks.
- The introduction of a fair and efficient price for hospital services and an accelerated national approach to Activity Based Funding (ABF) for hospital services to better link to 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 – the independent hospital pricing authority.
- Establishment of a national health performance authority, and new national standards for public hospital services.
- Major reforms to primary health care.
- Consolidating policy and funding responsibility for primary health care and aged care services under the Commonwealth Government.

Accordingly, during 2010-11 significant Department of Health work and resources were devoted to the development of a new National Health Reform Agreement by August 2011. At a State level, the Department worked closely with the NSW Department of Premier and Cabinet, Treasury, and Ageing, Disability and Home Care on national health reform policy and planning.

At a national level, NSW Health worked closely with all jurisdictions in developing, implementing, and reviewing national health reform proposals. The Department was extensively involved in national health reform negotiations, national committees and national workshops. In addition, bilateral negotiations with the Commonwealth Department of Health and Ageing, Treasury and Prime Minister and Cabinet were undertaken throughout the year.

National Partnership on Improving Public Hospital Services

The NSW Government will receive up to $1.066 billion in extra health funding from the Commonwealth, primarily in the four years between 2010-11 and 2013-14 to ensure that NSW residents can access elective surgery and emergency department treatments at public hospitals in a timely manner, and to improve access to acute and sub-acute inpatient care.

NSW implementation plans to access this funding were approved by the Commonwealth Government during 2010-11.

The Rural Health Minor Works Program

- The Rural Health Minor Works Program (RHMWP) aims to assist rural health services to fund smaller scale projects which address an identified service need, are of demonstrable benefit to the community, and align with the District Healthcare Services Plans and asset strategic planning. This includes projects such as emergency department upgrades, improvements to consulting suites in small rural hospitals, refurbishments of wards, staff accommodation upgrades, and relocation of services to improve patient and staff amenity and access.
- In 2010, $2 million was allocated across the four formal rural area health services. These projects focused on upgrade and refurbishment of Emergency Departments at Goulburn, new outpatient area at Tweed, Imaging support capacity at Port Macquarie and new staff accommodation at Coolah and Manilla.

- As part of the 2011-12 Federal Budget in May 2011, 63 regional Health and Hospitals Fund (HHF) grants worth $1.33 billion nationally over five years, were announced as supported by the HHF Advisory Board. This budget announcement confirmed Commonwealth contributions included for capital projects under the Region Priority Round HHF for five NSW Health Applications as being: Port Macquarie Expansion $96.0 million, Tamworth Stage 2 Redevelopment $120.0 million, Bega redevelopment $160.1 million, Dubbo Base Hospital $7.1 million and Wagga Wagga Redevelopment $55.1 million. Implementation Plans are the formal agreement between NSW Health and the Commonwealth Department of Ageing and confirm reporting requirements and payment schedule. Delivery of these projects will be undertaken by NSW Health Infrastructure in consultation and collaboration with staff from the relevant Local Health Network.

Medical Workforce

NSW Health undertook a number of recruitment strategies to attract doctors from overseas to vacancies that could not be filled within Australia, including:

- The Panel of Overseas Recruitment Agencies assisted NSW Health in recruiting overseas trained doctors by ensuring that all recruitment agencies on the panel have appropriate quality assurance mechanisms and are cost effective. The Panel assisted in the recruitment of 82 medical practitioners during 2010-11.
- The Area of Need Program program provides international medical graduates with a registration pathway that assists with the supply of doctors and the provision of specialist and general practitioner services to locations in NSW where there is a workforce shortage and therefore limited access to services. Over 188 Area of Need positions were filled by international medical graduates under the Program.

Thirty Medical Locum Agencies have been successful in being registered on the NSW Health Register of Medical Locum Agencies, which sets standards of quality assurance for agencies that assist in providing services to cover short term medical vacancies within NSW public hospitals.

NSW Health continued its marketing strategies using its successful Live + Work brand, career microsite and attendance at nine national and international career fairs and events, with a particular emphasis on Emergency Medicine and Psychiatry.

The Annual Junior Medical Officer bulk recruitment process has been successfully conducted, with 37,239 applications being received for 4,018 positions.

Intern training – 2010-11

NSW Local Health Networks established a record 770 intern training positions for commencement in the 2011 clinical year. Offers for training positions were made to all medical graduates who applied for intern training in NSW. This included all domestic graduates from NSW and interstate universities (Commonwealth Supported Places and Domestic Full Fee Paying), Australian Medical Council graduates, and International Full Fee paying students who applied for intern training positions in NSW. There were 764 positions filled via the intern allocation process undertaken by the Clinical Education and Training Institute, with six vacancies remaining once all applicants commenced their positions on 10 January 2011.

Rural Preferential Recruitment 2010-11

The Rural Preferential Recruitment (RPR) Scheme allows doctors to spend the majority of their first two years training in a rural location. The RPR Scheme is co-ordinated by the Clinical Education and Training Institute as part of the overall intern allocation process. The RPR Scheme is open to all guaranteed applicants (Australian Citizens/Permanent Residents in a Commonwealth Supported Place (CSP) and domestic full fee paying graduates from a NSW university) and graduates from an interstate or New Zealand university who undertook Year 12 studies in NSW. The RPR scheme is a merit selection process, and occurs prior to the main allocation rounds. Applicants who were not successful in the RPR process are still eligible to gain an allocation through the main round. Following a modest start of 15 graduates in 2007, the RPR Scheme recruited 56 junior doctors to rural prevocational training positions in 2011.

Regional Preferential Recruitment 2010-11

Regional Preferential Allocation was piloted in 2011. The Regional Preferential Allocation program facilitates the priority filling of regional hospital positions and enables regional university medical graduates to continue their prevocational training in a regional area. Under this program, medical graduates spend the majority of their two years of prevocational training in a regional hospital setting. There were 73 trainee doctors allocated across the Gosford-Wyong, Hunter New England and Wollongong prevocational networks. These Networks include the Gosford District Hospital. Wyong Hospital, Shell Harbour Hospital, Shoal Haven District Memorial Hospital, Bulli Hospital, Wollongong Hospital, Belmont District Hospital, Calvary Mater Newcastle, The Mater Hospital, The Maitland Hospital, Manning Rural Referral Hospital, Tamworth Rural Referral Hospital and the Royal Newcastle Centre.

NSW General Practitioner Procedural Training Program

With recurrent funding of $3.5 million, the NSW General Practitioner Procedural Training Program provides opportunities for GP/GP Registrars to gain experience in procedural general practice that will equip them to practise in rural areas. Up to 30 procedural training posts have been established in rural NSW in the five specialities of anaesthetics, obstetrics, emergency medicine, surgery and mental health. Since the Program's inception in 2003, 285 full-time, part-time and flexible training positions have been taken up by GPs and GP trainees across these five specialties. NSW rural hospitals providing GP procedural training to date include Armidale, Bathurst, Bega, Broken Hill, Coffs Harbour, Dubbo, Goulburn, Griffith, Lismore, Manning, Maitland, Moruya, Murwillumbah, Orange, Port Macquarie, Shoalhaven, Tamworth, Tweed Heads and Wagga Wagga.

Emergency Department Workforce Planning Process

In 2010-11 the roll-out of the *Emergency Department Workforce Analysis Tool* commenced with workshops facilitated by Department of Health staff in 46 NSW emergency departments. The tool was developed by the Emergency Department Workforce Reference Group following a research project in 2009 to provide evidence based and multidisciplinary principles and guidelines for staffing and skill mix in emergency departments.
The report produced from the workshop provides strategies for use by local management for tailoring the skill mix to the particular circumstances of the emergency department. The tool and the *Emergency Department Workforce Research Project Report* are available on the NSW Health website Publications page.

Health Workforce

Healthcare Assistant Initiative

The Healthcare Assistant Initiative continued in 2010–11 to support the development of a improved ways of working to provide patient care, where healthcare assistants such as Assistants in Nursing (AINs) and Allied Health Assistants (AHAs) support the work of health professionals. The Initiative promoted better utilisation of skills within the professional workforce with the provision of care based on team members' scope of practice and level of competence.

A resource for health services employing AINs in acute care environments was published, titled *Assistants in Nursing working in the acute care environment*. The resource includes information on processes to assess and evaluate the incorporation of AINs into clinical environments, an overview of the education and development of AINs, the components establishing the scope of practice of an AIN; and delegation and supervision guidelines. The resource is available on the NSW Health website under Health Professionals' Training. A major element of this initiative also involved providing opportunities to gain a nationally recognised qualification for Assistants in Nursing in acute care through a joint training initiative between Local Health Networks, training providers, NSW Department of Education and Training and co-ordinated by the Department of Health.

Eight Healthcare Assistant Co-ordinator positions were created in health services to co-ordinate workforce redesign initiatives, in particular the promotion of assistant roles in allied health (AHA) and to foster understanding of training and employment opportunities for AHAs. Participation by existing AHAs to undertake the Certificate IV Allied Health Assistance qualification continues particularly in rural health services. A further 25 rural AHAs embarked on the training course for the Certificate IV with a combination of recognition of prior training and studies at TAFE NSW. The NSW Rural Allied Health Assistant Project Evaluation 1st Interim Report was released in December 2010. The report findings identified broad acceptance of the role of qualified rural AHAs and noted that these workers achieved the most impact in improving access to allied health service in multidisciplinary community health and services for elderly patients.

Graduate Health Management Program (GHMP)

In 2011, 41 trainees participated in the Australasian College of Health Service Management Graduate Health Management Program. This comprised 23 first year trainees who commenced in February 2011, with 18 trainees continuing into their second year including three aboriginal trainees. The GHMP is funded by NSW Health to develop health system managers through a combination of work placement and formal postgraduate studies in health management. All trainees who graduated from the 2009-10 Program have secured employment in health management roles.

VET in Schools Program

Since 2007, NSW Health has been offering the VET In Schools program which combines nationally recognised training with practical work experience to give high schools students a taste of careers in health.

The program has a number of models, which enable Year 11 and 12 students to complete Vocational and Education and Training (VET) qualifications in nursing and allied health alongside their Higher School Certificate. Since the start of 2011 a new Human Services Industry Curriculum Framework enables students to study these qualifications as part of their HSC and with an optional exam to count towards their Australian Tertiary Admissions Index. In 2011, 728 students participated in the program in NSW, more than double the initial 2007 intake.

Productivity Places Program

NSW Health has worked with the Department of Education and Training to secure priority access to qualifications under the national Productivity Places and Strategic Skills Programs, to meet needs of the existing health workforce and to target priority qualifications towards job seekers looking for careers in health. Over the period ending December 2010, a total of 1,820 qualifications were taken up by NSW Health services.

Aboriginal Workforce

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.

For the pilot project NADA managed and implemented three undergraduate traineeships leading to a tertiary qualification for Aboriginal people working in the non-government drug and alcohol sector. 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.

In working toward achieving the National Partnership Agreement on Closing the Gap of Indigenous Health Outcomes, NSW Health is increasing the proportion of tertiary qualified Aboriginal drug and alcohol professionals through 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.

Also an Aboriginal Drug and Alcohol Traineeship Co-ordinator to support the trainees while they undertake their work placements and studies has been funded in Northern Sydney Central Coast Local Health Network.

Aboriginal Mental Health Worker Training Program

The NSW *Aboriginal Mental Health and Wellbeing Policy 2006-2010* identifies the need to strengthen the Aboriginal mental health workforce. The Aboriginal Mental Health Worker 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 and seven of these either remain in NSW Health's employment or are working in 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. A the end of June 2011 there were 47 traineeship positions across NSW.

An additional 10 Aboriginal Mental Health Worker positions were funded and have been rolled out into the Aboriginal Community Controlled Health Services. This brings to 24 the number of Aboriginal Mental Health Workers in the Aboriginal Community Controlled Health Services funded by NSW Health. Service Development Reporting received from the funded Aboriginal Community Controlled Health Services indicates that by June 2011 most were successful in recruiting an Aboriginal Mental Health Worker.

NSW Department of Health Aboriginal Allied Health Cadetships

The NSW Department of Health Aboriginal Allied Health Cadetship Program was introduced for second semester 2010 and offers opportunities to Aboriginal students undertaking the final three years full-time study in an approved undergraduate allied health course. The cadetship provides financial support while studying and the Cadets are employed in a NSW public health organisation. At the end of June 2011 four allied health cadets in university programs are participating in the initiative. Upon successful completion of their university studies and professional registration or membership being granted, the new graduate will be offered ongoing employment.

Nursing and Midwifery Workforce

Nursing Re-connect

The Nursing Re-connect initiative attracts nurse and midwives who have been out of the workforce for less than five years 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%. The program commenced in 2002 and at June 2010, 2060 nurses and midwives have been employed in the public health system through the Nursing Re-connect initiative – 1,330 in the metropolitan area, 740 in rural and regional areas and 163 mental health positions.

Retaining Existing Workforce

There were a number of initiatives funded to retain and enhance the skills of nurses and midwives working in the NSW public health system.

Over $3.4 million was provided for 1,449 scholarships for nurses and midwives employed in facilities across NSW.

2010-11 marked the second year of the Judith Meppem Scholarships which provided another four nurses with the opportunity to undertake study tours to observe and learn about innovation and best practice in nursing and/or midwifery and apply their increased knowledge in the NSW public health system.

Nurse/midwife study leave received $6 million, allowing positions to be 'backfilled'. Funding of more than $14 million was provided for initiatives such as support for new general and midwifery graduates and ongoing clinical skill development, including *Essentials of Care*, take the lead and *Ways of Working* projects.

Aboriginal Nursing and Midwifery Strategy

A priority for the Nursing and Midwifery Office is the continued growth of the Aboriginal nursing and midwifery workforce.

The Cadetship program is funded by NSW Health and the Commonwealth Department of Education Employment and Workplace Relations (DEEWR) and aims to increase the trained Aboriginal workforce at Diploma and Degree levels.

Aboriginal students studying Bachelors of Nursing or Midwifery, or Diplomas of Enrolled Nursing are employed at their local hospital while studying full time. The cadetship offers a study allowance while the students are studying and during the long summer breaks provides a paid three month work experience placement in their field of study. At the completion of the cadetship, an offer of ongoing employment is made.

At June 2011, there were 53 cadets in NSW.

During the year, the DVD *Your mob, My mob, Our mob* to promote employment opportunities in the NSW public health system for Aboriginal people, and has been widely distributed.

Ways of Working

The Nursing and Midwifery Office commenced the *Ways of Working* (WOW) Project in mid 2010 to explore the ways that nurses organise their clinical work and to develop a framework and guidelines to support a collaborative nursing model. These collaborative approaches will help to build future nurses' skills and capacities.

The objectives of *WOW* are:

- improved patient outcomes
- more efficient use of nursing resources
- improved communication between staff
- Improved support for staff new to an area of practice
- Improved capacity to effectively utilise different skills within the nursing team.

A *WOW Resource* has been developed to assist Nurse Unit Managers and interested nurses in the implementation of a collaborative nursing model on their wards and units.

The *WOW Resource* contains educational material, tools, guidelines for implementation and a film – *Making it Real*. *Making it Real* showcases nurses working in a collaborative nursing model across the course of a shift.

Birthrate Plus

Birthrate Plus has been adopted by NSW Health and the NSW Nurses Association as the recognised tool to measure and ensure reasonable workloads for midwives in public maternity services to meet requirements in the Nurses and Midwives Award.

At year end roll-out was underway across maternity services, focusing on education of local services to implement and embed the tool to ensure long term sustainability.

Centralised Applications for Postgraduate Student Midwives (CAPSM)

CAPSM is now in its second year and provides a single point of application for the recruitment of postgraduate student midwives into maternity services for the clinical component of their midwifery training.

All operational aspects of recruitment remain with Local Health Networks.

CAPSM provides data regarding student midwifery education opportunities and gaps in NSW to inform workforce planning.

Goal 4 // 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.

Non-Casual Staff Turnover Rate by Treasury Group

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

Data required for this indicator has been derived from the State Health Information Exchange.

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 geographical areas attract overseas nurses working on short-term contracts.

Interpretation

In 2010-11 the estimated average staff turnover for non-casual staff employed within the health system was 8.9% (7.2% when excluding Junior Medical Officers).

With the creation of Local Health Networks and Health Reform Transition Offices from January 2011 only six months of data is available for those organisations so reporting of this indicator is restricted to award groupings.

Related Policies and Programs

- Flexible work policies.
- Family Friendly work policies.

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. Since 2007, there have been significant increases in professional staff across the NSW public health system as outlined in the table below.

Professional staff numbers

	JUNE 2007	JUNE 2008	JUNE 2009	JUNE 2010	JUNE 2011	INCREASE OVER 2007 (%)
Salaried Medical	7,318	7,866	8,140	8,524	8,938	22.1%
Nursing	38,101	39,043	39,142	39,352	40,303	5.8%
Allied Health	7,387	7,487	7,936	8,088	8,677	17.5%

Interpretation

Since 2007, there have been significant increases in professional staff across the NSW public health system as outlined above.

Clinical staff as a proportion of all NSW Health staff has continued to rise from 71.8% in 2007 to 72.6% in 2011.

Related Policies and Programs

- Flexible work policies.
- Family Friendly work policies.

Clinical Staff

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

Desired outcome

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

Context

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

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.

Clinical staff

	JUN 07	JUN 08	JUN 09	JUN 10	JUN 11
Medical, nursing, allied health, other health professionals, scientific and technical staff, oral health practitioners and ambulance clinicians as a proportion of all staff %	71.8 %	72.0 %	72.2 %	72.4 %	72.6%

Source: Health Information Exchange (HIE) and Health Service local data.

Interpretation

From June 2007 to June 2011, the percentage of 'clinical staff', as a proportion of total staff increased from 71.8% to 72.6% with an additional 6,364 health professionals working in the public health system. From June 2010 to June 2011 the NSW public health system employed an additional 414 medical practitioners. This increase reflects the ongoing commitment of NSW Health and its Health Services to direct resources to front line staff to meet strong growth in demand.

Related Policies and Programs

- 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)

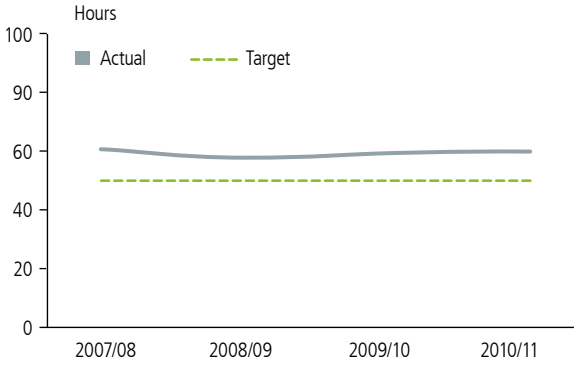
Desired outcome

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.

Sick Leave – Annual Average Per FTE (Hours)



Source: State Health Information Exchange (HIE).
Note: Excludes Third Schedule Facilities. Health System Average inclusive of all Area Health Services, Health Support Services and Ambulance Service of NSW.

Interpretation

There has been a reduction in sick leave from 2007–08 to 2010-11. The trend over the last four years has been downwards. This forms the baseline for sector-wide improvements going forward.

Related Policies and Programs

Sick leave reduction targets, based on whole-of-government targets set by Premier's Department, have been included in the Health Service Performance Agreements, with the Department providing regular reports on progress against targets. Policy directive Sick Leave Management (PD2009_050) promotes an active approach to sick leave management and requires the development and implementation of strategies and procedures for the effective and sensitive management of sick leave absences by staff.

Workplace Injuries

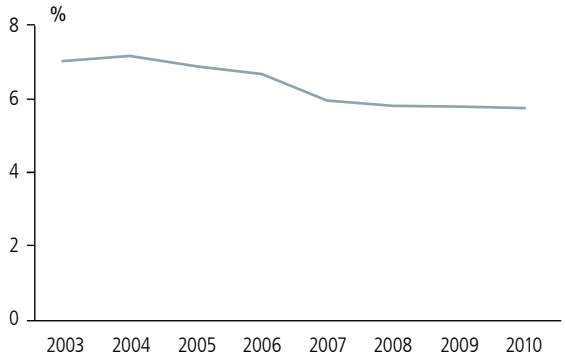
Desired Outcome

Minimising workplace injuries as far as possible.

Context

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

Workplace Injuries



Source: Treasury Managed Fund via WorkCover NSW.

Interpretation

NSW Health continued to manage risks associated with NSW Health workplaces. Workplace injuries have been stable.

Related Policies and Programs

- Injury Management and Return to Work.
- Occupational Health Safety and Injury Management Profile.
- Protecting People and Property: NSW Health security risk management policy and Procedures (the Security Manual).
- Workplace Health and Safety Better Practice Guide.
- Zero Tolerance to Violence Policy and Procedures.

Aboriginal Staff as a Proportion of Total (%)

Desired Outcome

To meet and exceed the Government's policy of 2.6% representation of Aboriginal staff in the NSW Health workforce.

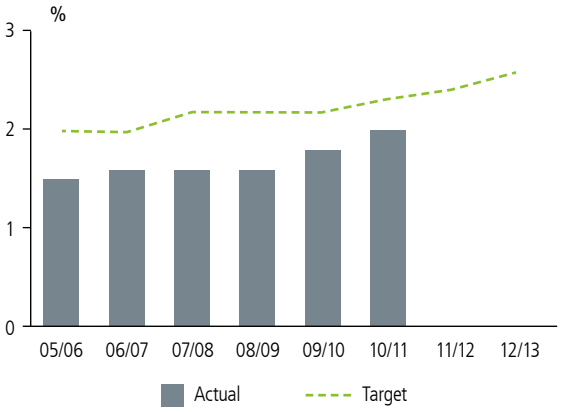
Context

NSW Health is committed to 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 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.

Aboriginal staff as a proportion of total (%)



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

Interpretation

There has been an increase of 33% in Aboriginal staff from 2005-06 to 2010-11. This increase in Aboriginal staff is the result of better representation in the growth of the NSW Health Workforce. This demonstrates that NSW Health is undertaking better recruitment, training and career development for Aboriginal People.

Related Policies and Programs

Good Health – Great Jobs, the NSW Health Aboriginal Workforce strategic Framework for 2011-2015 contains a range of actions to deliver a 2.6% Aboriginal health workforce by 2015. Key outcomes of the Framework include:

- Employ and retain Aboriginal health workforce employees through the implementation of specifically designed Aboriginal identified and/or target recruitment and retention processes.
- Ensure the Aboriginal workforce has access to ongoing professional development, education and training and clear career pathways.
- Provide leadership and innovation to ensure the continuing growth and development of the NSW Aboriginal health workforce.
- Map the NSW Health Aboriginal workforce by occupation, salary level, location and classification to ensure workforce distribution matched community needs.
- Provide employment to Aboriginal university graduates in health professions.
- Maximise the number of staff who have complete the *Respecting the Difference: Aboriginal Cultural Training for NSW Health*.