

# PERFORMANCE

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# The Directions

## DIRECTION 1:

### Keeping people healthy

- 1.1 Reduce smoking rates and the adverse effects of tobacco
- 1.2 Address drug misuse
- 1.3 Tackle overweight and obesity rates
- 1.4 Promote responsible alcohol consumption
- 1.5 Help people manage their own health

## DIRECTION 2:

### Providing world-class clinical care

- 2.1 Move beyond the emergency department to create a better connected health system
- 2.2 Develop and implement new models of care to meet changing needs and address unwarranted clinical variation
- 2.3 Drive better performance via partnerships with clinicians and managers
- 2.4 Maintain a continued focus on quality and safety
- 2.5 Listen to patients

## DIRECTION 3:

### Delivering truly integrated care

- 3.1 Empower patients to be partners in their care
- 3.2 Support strategic, targeted investments in new models of integrated care
- 3.3 Invest in enablers to inform and support delivery of the integrated care strategy
- 3.4 Strengthen partnerships with the primary and community care sectors for a seamless care experience
- 3.5 Align financial incentives and performance
- 3.6 Monitor, evaluate and seek feedback to guide improvement
- 3.7 Scale up, roll out and embed successful programs across NSW

# Keeping people healthy

Prevention is critical to keeping people healthy and out of hospital. Prevention and screening strategies need to be constantly monitored, reviewed and refined to make sure they continue to deliver real results as health issues change.

Smoking remains the leading cause of preventable disease and death in NSW. One in two adults is overweight or obese and the one in four exhibit risky levels of alcohol consumption. These are serious issues for both individuals and the wider community.

Aboriginal people, socio-economically disadvantaged people and those living in rural and remote locations experience much poorer health than the rest of the NSW population.

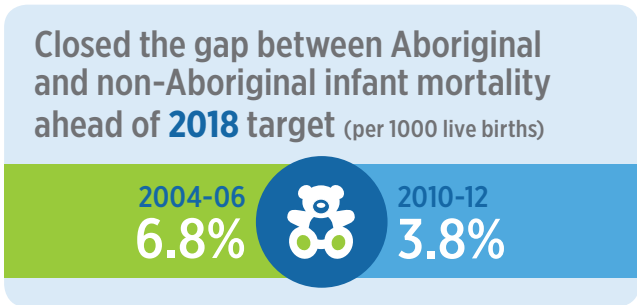
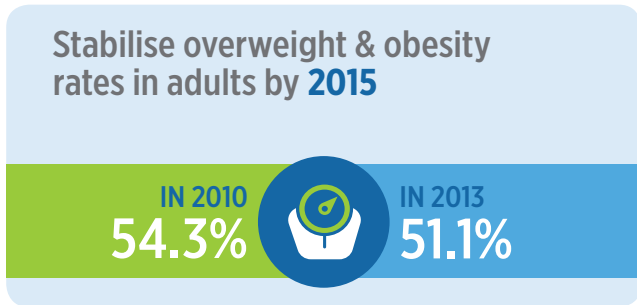
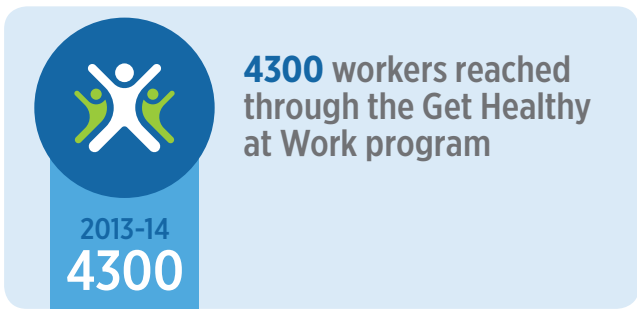
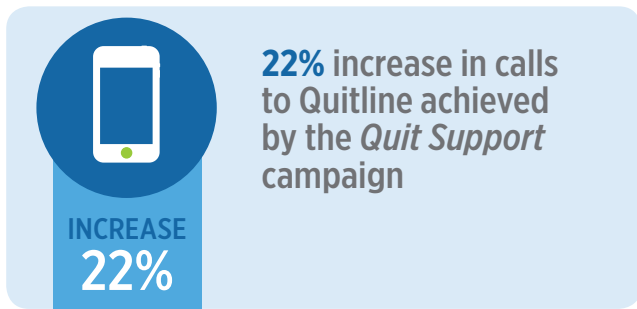
Developing and implementing health promotion and disease prevention strategies to help people stay healthy and better manage their health and well-being is core business for NSW Health.

Working with other Government agencies, NSW Health is focused on implementing initiatives that will make a difference to the health of the people of NSW, not only in the short term, but into the future.

Developed centrally, but implemented and adapted locally, core initiatives include:

- reducing smoking rates and the adverse effect of tobacco
- tackling overweight and obesity rates
- promoting the responsible consumption of alcohol
- addressing drug misuse
- helping people manage their own health through screening programs, immunisation programs and community and consumer education.

## Highlights



## 1.1 Reducing smoking rates and the adverse effect of tobacco

Tobacco smoking is a major cause of preventable ill health and death in Australia, accounting for around 5500 deaths and 46,000 hospitalisations a year. It is a major risk factor for coronary heart disease, stroke, peripheral vascular disease, cancer and a variety of other diseases and conditions.

Australia has one of the most comprehensive tobacco control policies and programs in the world. The aim of the tobacco control programs in NSW is to contribute to a continuing reduction of smoking prevalence rates in the community.

In 2013, the NSW Adult Population Health Survey estimated that 16.4 per cent of adults aged 16 years and over were current smokers in NSW. Over the period 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent.

The NSW Tobacco Strategy 2012-2017 outlines the NSW Health approach to reducing smoking rates. The Strategy includes regulation, quit support, community education, a focus on population groups with high smoking prevalence and working with partners on prevention.

**95% retailer compliance with sales to minors' provisions in the Public Health (Tobacco) Act 2008**

To motivate and support smokers to stop via the Quitline, the Cancer Institute NSW implemented six anti-smoking advertising campaigns including Break the Chain, Quit Support, Voice Within, Terrie, Never Give Up Giving Up and Willpower. The Institute also implemented a number of strategies to enhance the NSW Quitline to provide services that are more culturally appropriate to

Aboriginal communities as part of the Aboriginal Quitline Enhancement Project (funded by the Commonwealth). The Institute implemented a campaign promoting awareness of lung-cancer symptoms in the general population, as well as the Arabic, Chinese and Vietnamese communities entitled Listen Out for Lung Cancer. The Cancer Institute NSW was also awarded six Evidence to Practice Grants aimed at promoting smoking cessation in Aboriginal and culturally and linguistically diverse communities.

Focused on reducing exposure to second-hand smoke in outdoor areas ahead of the introduction of smoke-free dining legislation in 2015, the NSW Ministry of Health undertook education activities in 2013 and a public notice campaign in 2014 to support community awareness of smoking bans in public outdoor areas following important reforms to the Smoke-free Environment Act 2000. The campaign targeted areas where extra support was required to achieve compliance, including smoke-free public transport areas – rail platforms, bus stops, taxi ranks, ferry wharves and designated spectator areas of sports grounds. Awareness of the changes to the Act concerning outdoor public areas has played a critical part of achieving compliance with these smoking bans. Ongoing compliance and enforcement activity of smoke-free legislation demonstrates that compliance with outdoor smoking bans is high, at approximately 98 per cent.

Approximately 76 per cent of adults in custody in NSW identify as current smokers. Of these, 85 per cent expressed a desire to quit according to the 2009 Inmate Health Survey. Partnering with Corrective Services NSW to establish smoke-free correctional facilities and providing quit support to inmates and staff, the Justice Health & Forensic Mental Health Network continued to provide quit support to custodial patients and staff. Over the last 12 months the Network has developed a model of care to address risk minimisation and smoking cessation of custodial patients, including an eight week course of 21mg nicotine replacement therapy patches and dissemination of their 'Trash the Ash' resource, which has been translated into the five most commonly spoken languages amongst the NSW custodial population.

The NSW Ministry of Health is also currently reviewing its smoke-free workplace policy and will release an updated NSW Health Smoke-free Healthcare Policy in the next financial year. The Policy provides for staff to access free nicotine replacement therapy for at least 4 weeks of the year as well as smoking cessation program support.

## 1.2 Tackling overweight and obesity rates

Australia is experiencing unprecedented levels of overweight and obesity and NSW is no exception. In 2011, 52.6 per cent of NSW adults were overweight or obese and in 2010, 22.8 per cent of children were overweight or obese.

The NSW Healthy Eating and Active Living Strategy 2013–2018 is a whole of government approach to reduce the impact of overweight, obesity and chronic disease. To progress this Strategy, NSW has been working with the Commonwealth and other jurisdictions to support the voluntary Health Star Rating front-of-pack labelling system. This labelling tool on packaged foods in supermarkets is expected to start appearing in the market in 2014 and aims to make it easier for consumers to identify healthier food choices.

Rollout of the NSW Healthy Children Initiative has continued to have high population reach. Program adoption rates are contributing to obesity prevention and treatment with the Live Life Well at School program reaching over 76 per cent of all primary schools; the Munch and Move program extending its reach to 82 per cent of all centre-based child care services; and the Go4Fun program reaching over 3800 children and their families.

The Healthy Workers' Initiative, in partnership with Workcover NSW, launched the Get Healthy at Work program in 2014. Over 150 businesses have registered for the Program and a further 18 businesses participated in the developmental stages. The Program has reached approximately 4300 workers, with 1000 of these having received a Brief Health Check. The Brief Health Check consists of some quick questions and a waist measurement. It helps assess an individual's risk of type 2 diabetes and heart disease, and to start them thinking about some changes they could make to improve their health.

**4300 workers reached through the Get Healthy at Work program**

In 2014, thirty communities are involved in the Knockout Health Challenge. In 2013, approximately 900 people from 20 Aboriginal communities across NSW participated, achieving a combined weight loss of more than 1 tonne.

The Get Healthy Service continues to be improved with enhancements made for Aboriginal people and those at risk of Type 2 diabetes. A module for pregnant women is currently in development. More than 50 per cent of participants who completed the six month Get Healthy Service coaching program lost between 2.5 per cent and 10 per cent of their original body weight.

### 1.3 Promoting the responsible consumption of alcohol

Excessive alcohol consumption is one of the main preventable public health problems in Australia. Over the last 10 years in NSW (2004 to 2013) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 33.3 per cent to 26.6 per cent. The target is to reduce total risk drinking to below 25 per cent of the adult population by 2015.

To encourage local communities to lead responses to local alcohol issues the NSW Ministry of Health provided funding to the Australian Red Cross to deliver the Save a Mate program. This program provides information and education to young people to prevent, identify and respond to alcohol and drug overdose.

A new partnership was established between the NSW Ministry of Health and the Australian Drug Foundation to deliver alcohol misuse prevention, education and harm minimisation activities to local communities across NSW. There are currently 68 active Community Drug Action Teams in NSW supported by the Australian Drug Foundation.

The 'Stay Strong and Healthy – It's Worth It' Facebook page was launched in July 2012 to raise awareness among Aboriginal pregnant women, their partners and families of the risks of drug and alcohol consumption during pregnancy, as well as the potential challenges of dealing with a mental illness at this time. This site has continued to engage the audience with weekly posts generating more than 14,000 visits in 2013-14.

The majority of people entering custody in NSW have high levels of drug and alcohol use and dependence, with 31 per cent of inmates identified as alcohol dependent and 58 per cent drinking at hazardous/harmful levels according to the 2009 Inmate Health Survey.

Contributing to whole of government strategies and programs to address alcohol misuse, the Justice Health & Forensic Mental Health Network provide an

extensive range of health services and programs including the Connections Program that provides patients with a history of drug and alcohol use with integrated health services through comprehensive pre-release assessments and care planning, as well as post-release assistance to improve health outcomes, reduce factors associated with re-offending and support patients in their transition back into the community.

### 1.4 Addressing drug misuse

Illicit drug use continues to be an issue in Australia. According to the 2013 National Drug Strategy Household Survey, about eight million (42 per cent) of people in Australia aged 14 years or older had used an illicit drug at some time in their lives and 15 per cent had used an illicit drug in the previous 12 months.

The majority of people entering custody in NSW have high levels of drug and alcohol use and dependence, with 44 per cent of respondents in the 2009 Inmate Health Survey reporting daily illicit drug use in the year prior to incarceration. Strong evidence exists that treatment significantly reduces the morbidity, mortality and social harms associated with drug and alcohol use. Additionally, evidence suggests that custodial patients who continue treatment post release have lower levels of re-offending.

To contribute to whole of government strategies and programs to address drug related issues, the Justice Health & Forensic Mental Health Network provides an extensive range of health services which address drug related issues ranging from treatment to prevention for patients in contact with the NSW criminal justice and forensic mental health systems.

NSW Health continues to build a comprehensive range of treatment and withdrawal management services including the 24/7 Family Drug Support's 1300 Helpline which provides information, support and referral to families in crisis due to drug and alcohol issues; the NSW Drug and Alcohol Specialist Advisory Service that provides 24/7 specialist telephone services to doctors, nurses and other health professionals across the State on the diagnosis and management of clients presenting with immediate drug and alcohol issues; and the Alcohol and Drug Information Service which provides a confidential telephone information, education, crisis counselling and referral service 24/7 to the people of NSW whose lives have been impacted by the use of alcohol and/or drugs.

To encourage and support local communities to lead responses to local drug issues, the NSW Ministry of Health provides funding to programs such as Life Education NSW to deliver drug and alcohol education to 325,000 school children per annum throughout NSW, empowering them to make safe and healthy lifestyle choices through curriculum-based education for pre-school, primary school and secondary school students. Life Education NSW also provides teacher in-service sessions, along with parent information sessions and family forums.

**100% of patients on entry to correctional centres were assessed for withdrawal issues**

**7784 patients in custody were treated for detoxification**

**325,000 school children receive drug and health education through Life Education NSW each year**

## 1.5 Helping people manage their own health through screening programs, immunisation programs and community and consumer education

Potentially preventable hospitalisations are those conditions for which hospitalisation is considered potentially avoidable through preventive care and early disease management usually delivered in an ambulatory care setting such as primary health care (for example by general practitioners or community health centres). Key measures include immunisation rates, maternal and newborn health and falls prevention.

In NSW between 1992-93 and 2009-10, rates for all potentially preventable hospitalisations fluctuated but the overall change was negligible. Between 2009-10 and 2010-11, the rates for all potentially preventable hospitalisations decreased by around 7 per cent. This was due to a significant change in coding standards for diabetes which is a substantial contributor to total preventable hospitalisations. Rates have been stable since this time.

The Aboriginal Maternal and Infant Health Strategy aims to improve the health of Aboriginal women during pregnancy and decrease perinatal morbidity and mortality by providing support for Aboriginal women during pregnancy. The NSW Aboriginal Maternal and Infant Health Services and Building Strong Foundations for Aboriginal Children, Families and Communities program are key NSW Government commitments to Closing the Gap in Aboriginal health.

There are 45 Aboriginal Maternal and Infant Health Services across NSW. Midwives and Aboriginal health workers provide antenatal and postnatal care, from as early as possible after conception, up to eight weeks postpartum. Smooth transition of care of the newborn and family to child and family health services also ensures continuity of care for the child up until school age. NSW Health has implemented the Building Strong Foundations for Aboriginal Children, Families and Communities in 15 locations to provide primary early childhood healthcare for families up until the child goes to school.

The Quit for New Life program has been rolled out across the State. This program delivers smoking cessation care to mothers of Aboriginal babies during their pregnancy and provides cessation support to their family members who smoke. The program also facilitates changes in clinical practices in Aboriginal Maternal and Infant Health Services to enhance the provision of routine smoking cessation care.

The Cancer Institute NSW manages a number of early detection screening programs and initiatives that help to identify cancer in its early stages, including BreastScreen NSW. In 2013-14, a project was initiated to provide access to online bookings for BreastScreen NSW; the BreastScreen NSW Radiographer Workforce Strategy was published; and the Reason to Screen campaign was delivered through public relations and social media, to increase the uptake of breast screening.

A program of research was also undertaken with consumers and general practitioners to understand the barriers and enablers to participation in bowel cancer screening that exist in NSW.

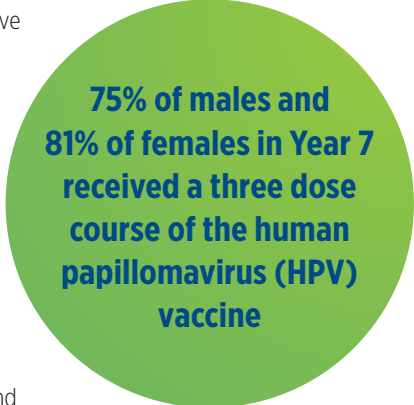
The *Public Health Amendment (Vaccination of Children Attending Child Care Facilities) Act 2013* came into force on 1 January 2014. This Act requires child care facilities to obtain documentation of the immunisation status of children as a condition of their enrolment. Implementation of these provisions included development and distribution of an Immunisation Enrolment Toolkit, parent brochure and advice on the NSW Health website.

Immunisation programs for adolescents were supported through the successful rollout of the human papillomavirus (HPV) vaccine to include males in Year 7 (females in Year 7 have received the vaccine since 2008) with a time limited catch up program for males in Year 9. Approximately 75 per cent of males and 81 per cent of females in Year 7 received a three dose course of vaccine.

The Safer Use of Medicines through Better Communication program aims to improve consumer access to information about medicines and their understanding on safe use. During 2013-14 the NSW Clinical Excellence Commission, the NSW Multicultural Health Communications Service and the National Prescribing Service (Medicine Wise) collaborated to develop the program which targets culturally and linguistically diverse patients.

The NSW HIV Strategy 2012- 2015: A New Era aims to significantly drive down the number of new HIV infections in NSW by increasing testing, treatment and safe sex practises. NSW has significantly improved access to and uptake of services for HIV prevention, testing and treatment with increases both overall in NSW, and among high risk populations. Approximately 90 per cent of people living with HIV who attend public sexual health services are on antiretroviral treatment.

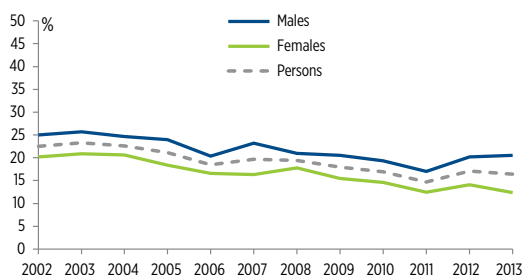
Access to sterile injecting equipment is a proven, cost effective way to prevent hepatitis C and HIV transmission. In 2013-14, there was a four per cent increase in distribution of sterile injecting equipment distributed via the public Needle and Syringe Program and the private pharmacy Needle and Syringe Program. The total number of public and private Needle and Syringe Program outlets in NSW has increased from 1029 to 1151. In addition, a two year pilot project commenced in December 2013 which will assess peer distribution as a way to improve access to sterile injecting equipment, and in doing so reduce the transmission of blood borne viruses.



**75% of males and 81% of females in Year 7 received a three dose course of the human papillomavirus (HPV) vaccine**

## Key indicators

### Current (daily or occasional) smoking in adults aged 16 years and over, NSW, 2002-2013

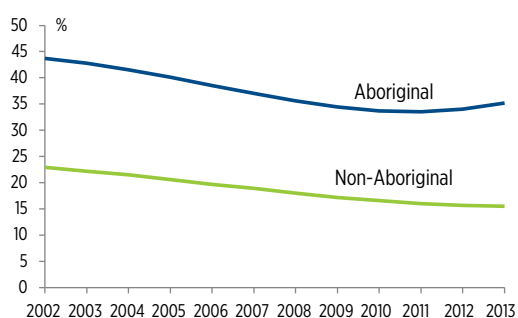


Source: NSW Population Health Survey, Centre for Epidemiology and Evidence

#### Interpretation

In 2013, the rate of daily or occasional smoking in adults aged 16 years and over in NSW was 16.4 per cent (males 20.5 per cent and females 12.4 per cent). Over the period 2002 to 2011, the rate of current smoking significantly declined from 22.5 per cent to 14.7 per cent. In 2012, the rate of current smoking was 17.1 per cent. The 2012 prevalence estimate reflects an improvement in the representativeness of the survey sample. In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people and males in the survey sample. Both of these groups have relatively higher smoking rates, leading to a higher overall reported rate of current smoking. The rate for 2013 has stabilised.

### Current (daily or occasional) smoking in Aboriginal adults aged 16 years and over, NSW, 2002-2013



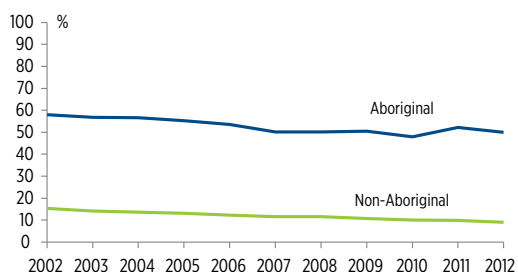
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

#### Interpretation

In 2013, the rate of daily or occasional smoking in people aged 16 years and over in NSW was 36.8 per cent for Aboriginal people and 15.6 per cent for non-Aboriginal people. Aboriginal people were more than twice as likely to smoke than non-Aboriginal people. Between 2002 and 2013 there has been an overall decline in the proportion of Aboriginal adults who were current smokers, however there are large error margins around the figures for each year due to the small number of Aboriginal people in the sample.

The 2012 prevalence estimate reflects an improvement in the representativeness of the NSW Population Health Survey sample. In 2012 mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and Aboriginal people in the survey sample.

### Smoking during pregnancy by mother's Aboriginality, NSW, 2002-2012

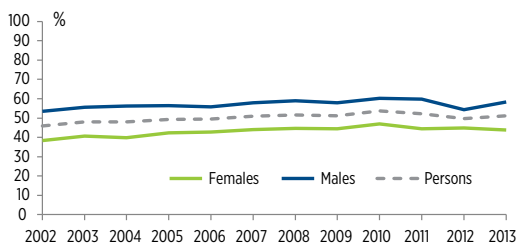


Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

#### Interpretation

In NSW in 2012, the percentage of women who reported smoking during pregnancy was 50 per cent for Aboriginal women and nine per cent for non-Aboriginal women. Aboriginal women are over five times more likely to report smoking during pregnancy than non-Aboriginal women. Between 2002 and 2012, there was a significant decrease in the proportion of Aboriginal women who reported smoking during pregnancy, from 58 per cent in 2002. An increase in the reported rates of smoking during pregnancy in Aboriginal women from 2010 (48 per cent) to 2011 (52 per cent) may be partly due to a change in 2011 in the question used to collect data on smoking during pregnancy. In 2012, there was a slight decline among Aboriginal mothers compared with 2011.

## Overweight or obesity in adults aged 16 years and over, NSW, 2002-2013



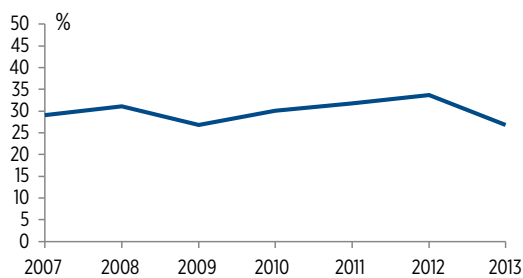
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

### Interpretation

In 2013, the rate of overweight and obesity in adults aged 16 years and over in NSW was 51.1 per cent (males 58.3 per cent and females 43.9 per cent). In NSW, over the seven years between 2002 and 2008, the rate of overweight or obesity in the population increased significantly from 46.0 per cent to 51.7 per cent. Since 2008 however, the rate has remained stable.

In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and of people born overseas in the survey sample.

## Overweight or obesity in children aged 5 to 16 years, NSW, 2007-2013



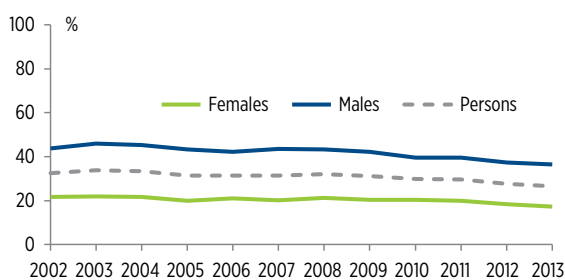
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

### Interpretation

In 2013, the rate of overweight and obesity in children aged 5-16 years in NSW was 26.8 per cent compared to 33.7 per cent in 2012. This decline was statistically significant and may be an early indication of improvement. Ongoing monitoring is required to confirm whether the difference reflects random fluctuation in a stable trend or the beginning of a downward trend.

In 2012, mobile phones were included in the survey methods for the first time and this increased the number of younger people, males and of people born overseas in the survey sample.

## Alcohol consumption at levels posing a lifetime risk to health, adults aged 16 years and over, NSW, 2002-2013



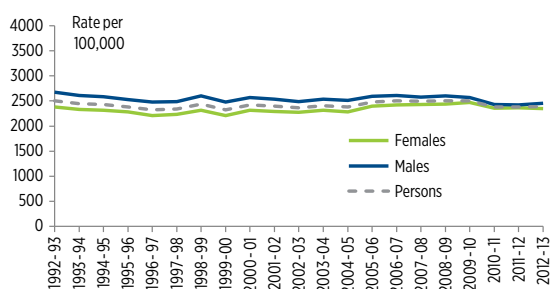
Source: NSW Population Health Survey, Centre for Epidemiology and Evidence.

### Interpretation

In 2013, the NSW Population Health Survey estimated that 26.6 per cent of adults aged 16 years and over (36.4 per cent of men and 17.3 per cent of women) consumed more than two standard alcoholic drinks on a day when they drank alcohol. Over the last 10 years in NSW (2004 to 2013) the rate of alcohol consumption at levels that pose a health risk over a lifetime significantly decreased from 33.3 per cent to 26.6 per cent (The NSW Adult Population Health Survey).



## Potentially preventable hospitalisations by sex, NSW, 1992-93 to 2012-13

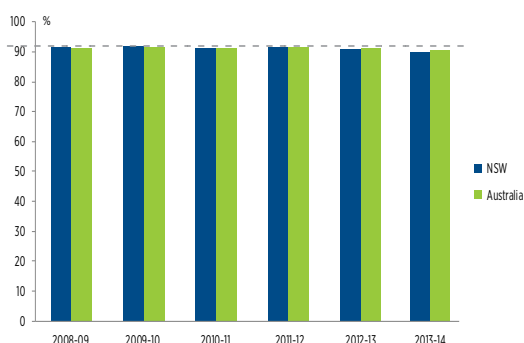


### Interpretation

Rates of potentially preventable hospitalisations are consistently higher in males compared with females over time. The decline in rates between 2009-10 and 2010-11 was associated with a change in the coding of diabetes complications, which was an important cause of potentially preventable hospitalisations. Rates have been stable since this time.

Source: Admitted Patient Data Collection and population estimates, Centre for Epidemiology and Evidence

## Children fully immunised at one year, NSW and National, 2008-09 to 2013-14

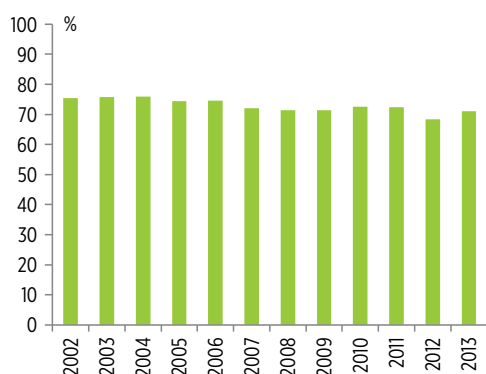


### Interpretation

The Australian Childhood Immunisation Register was established in 1996. Data from the Register provides information on the immunisation status of all children less than seven years of age. Aggregated data for the year 2013-14 indicate that 90 per cent of children were fully immunised at one year of age. This is consistent with the national average of 90 per cent. From December 2013, the definition of fully immunised at one year of age includes receipt of pneumococcal vaccine. This may account for the slight decrease in coverage between 2012-13 and 2013-14.

Source: Australian Childhood Immunisation Register

## Adults aged 65 years and over vaccinated against influenza in the last 12 months, NSW, 2002-2013

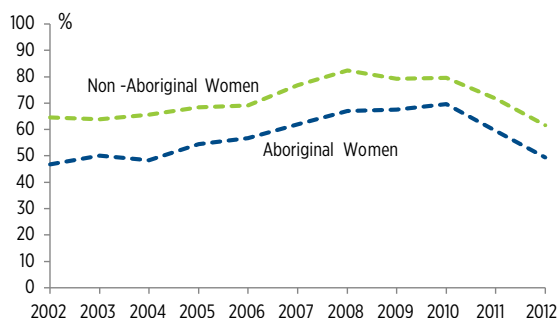


### Interpretation

The percentage of adults aged 65 years and over vaccinated against influenza during the previous 12 months has remained relatively stable in the last five years to 2013.

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

## First antenatal before 14 weeks by Aboriginal and non-Aboriginal Mothers, NSW, 2002-2012



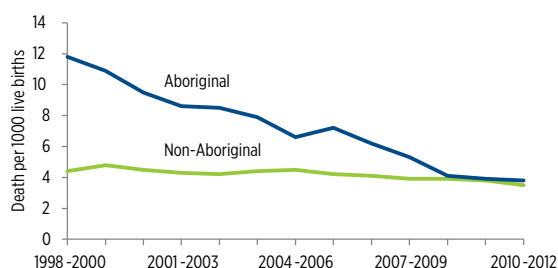
Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

### Interpretation

In NSW in 2012, 51 per cent of Aboriginal mothers attended their first comprehensive visit for antenatal care before 14 weeks pregnancy, compared to 62 per cent of non-Aboriginal mothers. There was an increasing trend in visits for both Aboriginal and non-Aboriginal mothers between 2002 and 2010.

In 2011 a new question about antenatal care was introduced. This question more specifically captures the first comprehensive antenatal visit rather than any visit by mothers who commenced antenatal care before 14 weeks gestation to reflect policy requirements relating to appropriate service delivery. On this basis data from 2011 onwards is not able to be compared with previous years.

## Infant deaths by Aboriginality, NSW, 1998-2000 to 2010-2012

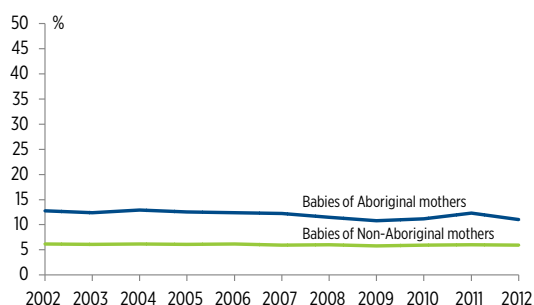


Source: Australian Bureau of Statistics.

### Interpretation

In the period 2010-2012, the infant mortality rate (death of a live-born baby within the first year of life) in NSW was 3.8 deaths per 1000 live births for Aboriginal infants, compared with 3.5 deaths per 1000 live births for non-Aboriginal infants. The Aboriginal infant mortality rate is only slightly higher than the non-Aboriginal rate. There has been a significant decrease in the Aboriginal infant mortality rate in the last ten years, and a significant decrease in the gap between Aboriginal and non-Aboriginal infants in the last five years.

## Low Birth Weight Babies born to Aboriginal and non-Aboriginal Mothers, NSW, 2002-2012

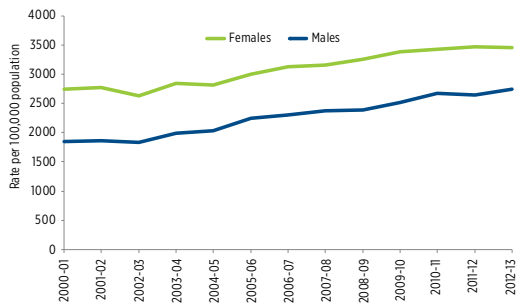


Source: NSW Perinatal Data Collection, Centre for Epidemiology and Evidence.

### Interpretation

Low birth-weight babies (weighing less than 2500 grams at birth) are at greater risk of poor health outcomes including disability and death. In NSW in 2012, 11 per cent of babies born to Aboriginal mothers were of low birth weight, compared to 6 per cent of babies born to non-Aboriginal mothers. Babies of Aboriginal mothers are almost twice as likely to be of low birth-weight than babies of non-Aboriginal mothers. Between 2002 and 2012 the rate of low birth-weight babies born to Aboriginal mothers has remained stable.

## Fall-related injury overnight stay hospitalisations by sex, persons aged 65 years and over, NSW 2000-01 to 2012-13



### Interpretation

This indicator represents the total burden of serious fall-related injury on the hospital system following falls in the community.

Rates of hospitalisations due to a fall among older people have been increasing for the last 20 years. This increase may be due to either: an increase in the incidence of falls in the community resulting in an injury; or may be due to more people returning to hospital for rehabilitation or other care following an injury from a previous fall.

Source: Admitted Patient Data Collection, Centre for Epidemiology and Evidence.

# Providing world-class clinical care

NSW Health is improving performance standards and continuing to focus on quality control to deliver better patient care. Hospitals are a core part of the NSW Health system with the priority being to provide high quality, patient centred clinical care ‘first time, every time’.

The way healthcare services are delivered throughout the NSW Health system is changing. Increasingly, acute hospitals are not a stand-alone service but part of an extensive health and medical network, designed to serve the diverse and growing needs of the NSW community. That means working with clinicians and managers to develop and implement new models of care to better meet patient needs – not just within hospital walls, but also beyond them.

To accelerate change, innovation is being driven through locally led, centrally facilitated initiatives that can be scaled up, rolled out and embedded system-wide. With a focus on flexibility, these programs can be tailored to meet the needs of local communities.

The NSW Health system has been restructured to put decision-making closer to the patient. In creating a 21st century health system, clinicians and managers are being empowered to help transform the way patient care is provided.

Key priorities include:


- moving beyond the emergency department to create a better connected health system
- developing and implementing new models of care to meet changing needs and address unwarranted clinical variation
- driving better performance via partnerships with clinicians and managers
- maintaining a continued focus on quality and safety
- listening to patients.

## Highlights




**Improved patient experience in NSW public hospitals** with 91% of patients rating overall care as ‘very good’ or ‘good’ in 2013

**91%**



**100%** of the most seriously ill patients in NSW emergency departments were treated within the nationally recognised benchmark of **2 minutes**


**2 MIN**  
**100%**



**123,447** less days spent waiting for elective surgery compared to 2011-12

**2013-14**

**11,485** additional elective surgery patients admitted to hospital for their surgery within the clinically appropriate timeframe



<b>2010</b>	<b>89.3%</b>	<b>2013-14</b>	<b>97.1%</b>
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## 2.1 Moving beyond the emergency department to create a better connected health system

Improved connectivity of the patient journey through a hospital and back into the community, means improved patient-centred services. This connectivity frees up emergency departments and hospital wards for patients with the most pressing needs, while achieving better outcomes for all patients.

NSW continues to build on the success of the Whole of Hospital Program to reflect a system-wide approach that emphasises integrated care. The Program had expanded to 44 sites by August 2014, increasing from 21 sites at the end of 2013. In the first half of 2014, NSW Health achieved an overall improvement in the time a patient spends in the emergency department before discharge against the National Emergency Access Target benchmark of four hours. Between January and June 2014, there were 75.9 per cent of patients admitted, referred or discharged within four hours, compared to 70.6 per cent between July to December

2013. This result is a reflection of the success of the Whole of Hospital Program and its approach of 'locally owned and centrally supported', which remains the cornerstone of the Program.

The 'Whole of Hospital' approach transitioned towards a 'Whole of Health' approach in 2014 to reflect the focus on integrated care. This new approach takes into account not only what happens within our hospitals,

but also the impact of hospital avoidance and post hospital care programs. Internal NSW Ministry of Health partnerships and those with NSW Ambulance have been expanded to support this initiative.

The NSW ComPacks Program continues to grow since its inception as a pilot project in 2003 with an initial 10 referral hospitals. The ComPacks Program was developed for patients in NSW public hospitals who require immediate access to case management and a combination of community services to safely return home from their stay in hospital. During 2013-14 there were in excess of 16,000 care packages made available to patients.

Medical engagement remains a priority area in the Whole of Hospital Program. The Program has provided the opportunity for six sites to take part in the Medical Engagement Survey. This is a comprehensive survey tool, with roots in the United Kingdom National Health Service, which measures the levels of engagement of doctors and then offers support for improvement areas identified. The Medical Engagement Survey is underway at Westmead, Gosford, Royal North Shore, Coffs Harbour and Prince of Wales hospitals, as well as Southern NSW Local Health District.

To help clinicians and managers better coordinate patient flow through emergency departments and hospitals, NSW Health has further developed and refined the Patient Flow Portal and in particular the Electronic Journey Board. Each local health district held workshops on the Board with feedback from around 380 clinicians assisting development. There are plans to embed the

Patient Flow Portal as the primary system for managing patient flow and care coordination.

The Reform Plan for NSW Ambulance aims to better integrate NSW Ambulance within the broader NSW Health system to ensure the provision of world-class emergency medical care.

Twenty five of the 34 reforms contained in the Plan have been implemented with the remaining nine on track for completion by their target dates.

The Reform Plan for Aeromedical (Rotary Wing) Retrieval Services in NSW is assisting to foster integration across the health system through the delivery of enhanced helicopter retrieval services. The new Network will deliver high quality clinical care faster and safer than ever before.

New specifications developed by independent aviation and aeromedical retrieval experts will enable faster patient care, reduced retrieval times, and include the requirement for 24 hour base operation, seven days a week, as well as require a team of doctor and paramedic or doctor and nurse to be available for every flight. Current and potential suppliers of these services were invited to tender for the new Network in December 2013 and the final suppliers of helicopter retrieval services will be announced at the end of 2014.

As part of this Plan, Newcastle Helicopter Base has already transitioned to a doctor/paramedic model with a dedicated retrieval ambulance for all primary retrievals from 12 March 2014; and Orange Helicopter Base operating hours have increased to provide 24 hour coverage for the region from 28 March 2014.

NSW Ambulance has improved its ability to reach patients in emergency and/or urgent need by introducing a new Triple Zero (000) triage system to ensure patients who need an emergency ambulance get one faster. This resulted in a reduction of over 122,000 emergency 'lights and sirens' responses since implementation in March 2013 (as at February 2014).

## 2.2 Developing and implementing new models of care to meet changing needs and address unwarranted clinical variation

Clinical variation occurs across all disciplines and practices and can arise due to a range of valid reasons. Unwarranted clinical variation is variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance. In October 2012, the Agency for Clinical Innovation formed a statewide taskforce to work with clinicians, managers and other stakeholders to oversee the development of a system-wide strategy to reduce unwarranted clinical variation.

The Taskforce comprises clinicians from many disciplines; data experts (including representatives from the Bureau of Health Information and the Sax Institute), the NSW Ministry of Health (including the Chief Nursing and Midwifery Officer), Clinical



**16,000 care packages made available through the ComPacks Program**



**Improved timeliness of transfer of care by 5.7%**

Excellence Commission, Cancer Institute NSW and two local health district Chief Executives.

The Taskforce identified four key areas: stroke; acute myocardial infarction; hip fracture; and low volume, complex cancer surgeries (pancreas and oesophagus) to focus their evaluation and to develop and introduce new models of care. NSW health services aim to ensure patients with similar diagnoses do not get treated differently when there is no clinical reason for this to happen.

The NSW Stroke Reperfusion Project aims to shorten the patient journey from onset of acute stroke symptoms to an Acute Stroke Thrombolysis service for definitive treatment. The Project has been implemented in 20 Acute Thrombolytic Centres across 11 local health districts including sites in rural NSW. This project trains paramedics in the application of the

Face, Arm, Speech and Time (FAST) stroke assessment tool; and to define, locate and govern permanently operating stroke units in hospitals that offer thrombolytic therapy.

The State Cardiac Reperfusion Strategy aims to improve care for all patients in NSW with an acute coronary syndrome. The strategy endeavors to reduce the time from symptom onset to reperfusion for all patients in NSW with acute segment elevation myocardial

infarction. Implementation of this strategy is due for completion by the end of 2014. Local health districts have implemented a range of strategies, tailored to their local resources including the Pre-Hospital Assessment for Primary Angioplasty and Paramedic Administered Pre-Hospital Thrombolysis.

The Rehabilitation Model of Care has been implemented in at least one care setting in eight local health districts across NSW and implementation is at the planning stage for a further four local health districts.

The Agency for Clinical Innovation is overseeing the implementation of four projects to reduce unwarranted clinical variation in mortality and patient outcomes in the areas of hip fracture, stroke, acute myocardial infarctions and the provision of low volume cancer surgeries. Further work is planned to address variation in 'efficiency' (variation in length of stay and cost) as well as variation in appropriateness of care and intervention. Work has also commenced to address variation in the care and treatment of pneumonia.

To provide support to those facing end of life decisions or requiring access to palliative care, the Agency for Clinical Innovation Palliative Care Network has developed the online resource Palliative and End of Life Care: A Blueprint for Improvement. The Blueprint contains ten essential components that foster earlier end of life conversations, goal planning and enhanced options to be cared for at home.

A series of new community palliative care services have also been introduced across NSW to offer patients, families and carers improved choice about their care at the end of life. These services include new packages of home support services to be rapidly mobilised for patients who wish to be supported at home in their last days of life; expanded paediatric palliative care

services working with local clinicians to provide a supportive clinical team for children who are dying and their families; and expanded support for palliative care volunteer services across NSW.

The Advance Planning for Quality Care at End of Life: Action Plan 2013-2018 is being progressed following its launch in July 2013, with the development of an End of Life Decisions, the Law and Clinical Practice: Information for NSW Health Professionals online resource commenced for NSW Health clinicians, general practitioners, legal and health professional bodies and aged care providers.

### 2.3 Driving better performance via partnerships with clinicians and managers

NSW Health is harnessing the expertise of clinicians and managers across the system to look at where it is appropriate to standardise care to improve the safety and quality of care provided to patients, using data and evidence as their guide.

Throughout 2013-14, the NSW Ministry of Health continued to develop strong working relationships with local health districts, speciality health networks and pillar Chief Executives and their Boards to ensure the NSW Health Performance Framework was clearly understood, implemented and monitored. Significant work has been undertaken this year to ensure the 2014-15 Service Agreement process is completed with greater transparency, timeliness and coordination within the NSW Ministry of Health.

Local health districts and speciality health networks were also supported to better utilise Activity Based Funding in budget setting and purchasing decisions, including an emphasis on increased devolution to individual hospitals and service units. To enable this, the Activity Based Management

Portal was developed. The Portal is an interactive, online business intelligence reporting platform that collates cost data annually from local health district and speciality health network returns and standardises it to be interrogated by Chief Executives, clinicians, management and user groups within the NSW Ministry of Health and pillar organisations. To support funding reform the statewide Clinical Champions Meeting provided an opportunity for local clinicians to share innovative approaches to local implementation of Activity Based Funding.

Continuing to foster clinical engagement and clinical champions to drive improvements to patient care, the Agency for Clinical Innovation has established a forum for senior executive managers and lead clinicians from local health districts and speciality health networks, implemented an Agency for Clinical Innovation Co-Chairs Forum and established an Agency for Clinical Innovation General Practitioner Advisory Group.

**20 Acute Thrombolytic Centres across 11 local health districts have implemented the Stroke Reperfusion Project**

**6000 individuals engaged across the health network by the Agency for Clinical Innovation**

## 2.4 Maintaining a continued focus on quality and safety

NSW performs well against national targets for clinical service access, comparing favourably with other states and territories. Even with over 2.65 million emergency attendances during 2013-14 and growing demand, patient access to and from emergency departments has improved. More elective surgery is also being performed with 97.1 per cent of patients receiving their surgery within clinically recommended timeframes in 2013-14. There has also been noticeable improvement in the proportion of surgeries completed on time across all urgency categories.

Accreditation to the National Safety and Quality Health Service Standards commenced on 1 January 2013 with hospitals progressively undergoing assessment against the Standards from that date. In 2013-14 there were 48.1 per cent of hospitals successfully accredited against the new National Safety and Quality Health Service Standards, 27.6 per cent had their initial assessment and are awaiting final accreditation results and 24.3 per cent will undergo their initial assessment during 2014-15.

**Cardiac arrest rate declined with 1200 fewer cardiac arrests than expected over the past four years**

The Clinical Excellence Commission continues to support signature safety programs and develop new initiatives to improve the quality and safety of healthcare in NSW through their Patient Safety Program. Since the Between the Flags Program was introduced, the cardiac arrest rate has declined by over 30 per cent, which is an

estimated 1200 fewer cardiac arrests than expected over the last four years.

NSW Health continues to develop programs to reduce infection rates in hospitals. Staphylococcus aureus, a bacterium that commonly colonises human skin and mucosa, is among the most common of community and healthcare associated sepsis. NSW Health has continued to report low levels of infection consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days. Infections reported now include both those that are Methicillin resistant (Methicillin-resistant Staphylococcus aureus) and those that are Methicillin sensitive (Methicillin-sensitive Staphylococcus aureus).

NSW Hand Hygiene rates continue to improve and NSW continues to have the highest hand hygiene rates in Australia. In November 2013, the Peripheral Intravenous Cannula (PIVC) Insertion and Post Insertion Care in Adult Patients GL 2013\_013 guideline was released. This guideline outlines insertion and post insertion care and is aimed at reducing Staphylococcus aureus bacteraemia infection rates beyond 2014.

## 2.5 Listening to patients

Patient experience data is playing an increasingly prominent role in determining performance of healthcare services in NSW and the Commonwealth, with the availability of reliable and accurate data an important tool for healthcare organisations to measure and evaluate their performance.

Working together to strengthen partnerships with patients, families and carers in a collaborative way is one of the drivers of the Essentials of Care Program. Currently there are over 700 teams engaged in the Program across NSW. Created as a nursing and midwifery initiative, Essentials of Care has been expanded into teams outside of acute care and nursing. Medical imaging, radiography and allied health such as occupational therapists, dieticians, social workers and pharmacy departments are also implementing the Program in their areas of work.

An example of a locally driven initiative which builds on the success of the Essentials of Care Program is the introduction of the Sensory Garden in the Acacia Unit at Cumberland Hospital which has significantly reduced the rates of agitation and aggression among patients. The Sensory Garden provides a safe comfortable, relaxed, calm and tranquil environment for patients and staff.

The Clinical Excellence Commission's In Safe Hands Program provides a platform for building and sustaining efficient and effective healthcare teams within a complex healthcare environment. Orange Health Service, which was a pilot site for the Program, received the 2013 Minister for Health and Minister for Research Award for Innovation. Responses from staff in the Orange Health Service Acute Medical Unit have been overwhelmingly supportive of the Program and its impact which includes improvements in transfers of care and improved patient satisfaction.

Fifteen units attended the In Safe Hands residential school held at Orange in June 2013. Thirteen of the units have since implemented the In Safe Hands Program. The In Safe Hands team has supported several hospitals in implementing the Program across metropolitan, regional and rural sites. A number of local health districts are utilising In Safe Hands as a method to improve teamwork and communication between members of healthcare teams across all their facilities.

The NSW Patient Survey Program is the largest scale collection of patient experiences in Australia, mailing almost a quarter of a million surveys a year to recent patients. The Bureau of Health Information took over management of the Program on behalf of the NSW Ministry of Health in 2012. During 2013-14, four separate surveys of NSW health services were undertaken to better understand patients' experiences of admitted patient care, paediatrics, emergency departments and outpatient clinics.

**700 teams across NSW engaged in the Essentials of Care program**

The Bureau of Health Information publicly released a range of survey results through its internet portal, Healthcare Observer. Bureau of Health Information has also published more detailed investigations in report format, such as the Patient perspectives: Mental health services in NSW public facilities reports (community service and inpatients), released in October 2013.

In 2013, ninety one per cent of patients in NSW rated their overall care received as 'very good' or 'good' compared to 70 per cent (rated as 'very good or 'excellent') in 2012. These results, from the NSW Patient Survey Program continue to provide NSW Health with key metrics to inform and direct improvements to patient care.



**21% increase in the number of patients rating care as very good or good**

To increase the capacity for patients to provide immediate feedback about their care by embedding real-time patient feedback and Patient Reported Outcome Measures into local systems, the Bureau of Health Information is working with other pillars to understand the role of Patient Reported Outcome Measures in NSW with the first cross-organisational meeting planned for September 2014. The

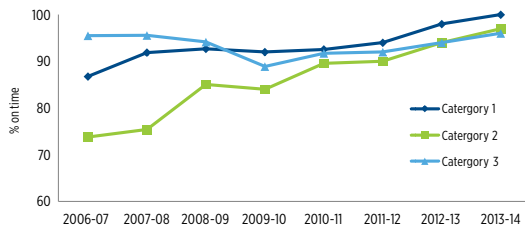
NSW Patient Survey Program is well placed to develop and refine questionnaires for Patient Reported Outcome Measures in NSW and has the mechanism in place to sample and deliver these to patients.

The Survey Program is also working toward inclusion of outcomes of patient care in questionnaires. The Bureau of Health Information is in the process of developing a suite of outcome questions that can provide hospitals with a better understanding of patient outcomes after discharge. When possible, the Bureau's reports include measures of outcome such as in the October 2013 Community Mental Health Experiences report.



## Key indicators

### NSW Hospital Performance National Elective Surgery Targets



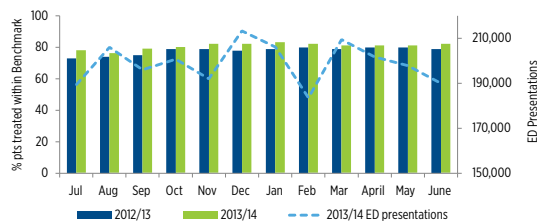
Source: Waiting List Collection Online System, NSW Ministry of Health.

#### Interpretation

There were 216,675 elective surgical cases performed in 2013-14, an increase of 1.344 per cent or an extra 2876 cases performed compared to 2012-13 when there was 213,799 elective surgical cases performed. As at June 2014, 97.1 per cent of elective surgery patients were admitted to hospital for their surgery within the clinically appropriate timeframe. This is an overall improvement of 1.1 per cent compared to the same period last year.

In each of the three clinical categories, NSW hospitals continued their impressive performance. Category 1 patients are required to be admitted within 30 days. Category 2 patients are required to be admitted within 90 days. Category 3 patients are required to be admitted within 365 days.

### All Triage Categories Percentage Treated within benchmark



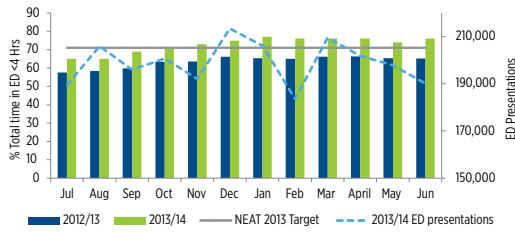
Source: Emergency Department Information System.

#### Interpretation

There were 2,656,302 emergency department attendances in 2013-14, an increase of 2.9 per cent compared to 2012-13. Year to date, there was also an 8.9 per cent increase in hospital admissions from our emergency departments compared to the same period last year. Patients presenting to our emergency departments are classified or triaged into one of five triage categories in accordance with the Australasian Triage Scale. A triage system is the essential structure by which all incoming emergency patients are prioritised using a standard rating scale. The purpose of a triage system is to ensure that the level of emergency care provided is commensurate with clinical criteria.

Despite increasing attendances to our hospital emergency departments, NSW hospitals continue to perform extremely well in all triage categories. In fact, NSW hospitals on a year to date basis exceeded the benchmark in all five triage categories. NSW emergency departments always give priority to those patients who may experience a life threatening illness and continue to treat 100 per cent of the most seriously ill patients (Triage One) patients within the nationally recognised benchmark of 2 minutes.

## NEAT – Percentage of patients with treatment completion time in the emergency department < or = to 4 hours.



Source: Emergency Department Information System.

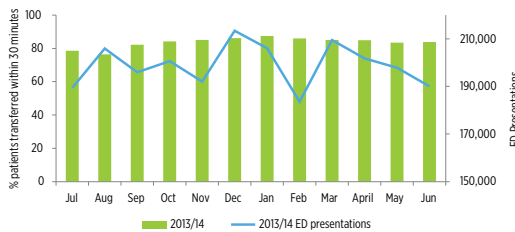
### Interpretation

The 2013 calendar year target for National Emergency Access Target (NEAT) was 71 per cent. This target was increased to 81 per cent for the 2014 calendar year. The target measures the percentage of emergency department patients admitted, referred or discharged within four hours of presentation.

Performance for the period July 2013 to December 2013 was 70.6 per cent, meeting the established target.

For the period January 2014 to June 2014, NEAT performance was 75.9 per cent significantly a 9 per cent improvement compared to the same period last year.

## Ambulance to Emergency Department Transfer of Care

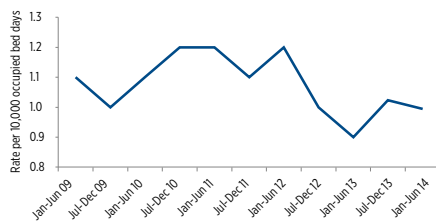


Source: 1 Transfer of Care Reporting System and 2 NSW Health Information Exchange.

### Interpretation

As at June 2014, Transfer of Care Performance Year to Date was 83.5 per cent. In the previous year the figure was 79 per cent. The NSW Ambulance Service and emergency department staff have continued to adopt new initiatives which has seen a 5.7 per cent increase in performance compared to the same period last year. The aspirational target for Transfer of Care is 90 per cent.

## Staphylococcus aureus bloodstream infections



Source: NSW Healthcare Associated Infection Data Collection. New definition commenced July 2010.

### Interpretation

The data for Staphylococcus aureus bacteraemia infection rates from July 2011 are based on a revised national definition which differs from the NSW definition used prior to that date. This revised surveillance definition means in some cases it is more difficult to determine if these infections were associated with performance of a particular hospital.

Infections reported now include both those that are Methicillin resistant (MRSA) and those that are Methicillin sensitive (MSSA). Using the revised national definition, reported rates in NSW are comparable to those in other Australian states and internationally, with the NSW rate consistently below the Council of Australian Governments agreed benchmark of 2.0 per 10,000 bed days.

# Delivering truly integrated care

Delivering the right care, in the right place, at the right time relies on a connected health system that is organised around the needs of the patient. A system that patients and their carers can easily navigate, and one that leads to improved healthcare experiences and outcomes.

Integrated care involves the provision of seamless, effective and efficient care for an individual, across different providers and funding streams. It ranges from prevention and early intervention through to end of life, across physical and mental health, in partnership with the individual, their carers and family. The challenge is to deliver this systematically and sustainably across the health system to those who need it most – people with complex, chronic conditions.

To meet this challenge, NSW is transforming the health system through:

- empowering patients to be partners in their care
- supporting strategic, targeted investments in new models of integrated care
- investing in enablers to inform and support delivery of the integrated care strategy
- strengthening partnerships with the primary and community care sectors for a seamless care experience
- aligning financial incentives and performance
- scaling up, rolling out and embedding successful initiatives across NSW.

## Highlights



INVESTED  
**\$120 M**

**\$120 million** over four years being invested to support models of integrated care through the **NSW Integrated Care Strategy**



**THREE**

**Three** Integrated Care Demonstrators established and a new **Planning and Innovation Fund** operating



ENROLLED  
**48,425**

**48,425** people enrolled in the **NSW Chronic Disease Management Program**



**500**

**500** Authorised Care Plans recorded through **NSW Ambulance**

### 3.1 Empowering patients to be partners in their care

NSW Health is empowering patients to be partners in their care in a range of ways, from the provision of information and a range of programs to assist people in having a greater say in their healthcare and to feedback their experiences, through to designing models of care that incorporate and support self-management.

A number of strategies and initiatives have been developed and implemented to help patients and their carers navigate the health system. The Clinical Excellence Commission *Partnering with Patients* program supports local health districts and speciality networks to include patients and family as care team members. It includes the TOP 5 initiative, which is an approach to engage with carers to gain information that personalises care. It formalises personal information gathered from the carer through a four step process which is then available to every member of the team who will interact with the patient. These steps are:

- Talk to the carer
- Obtain the information
- Personalise the care
- 5 strategies developed

The *REACH* program empowers patients and families to escalate care if they are concerned about the condition of the patient by first encouraging engagement with the treating clinicians at the bedside and the *In Safe Hands* program is supported by 10 functions that enable teams to become a cohesive unit placing patients at the centre of care.

Local initiatives under the NSW Health Integrated Care Strategy focus on creating more connected and patient-centred health services including establishing patients, their families and carers as key partners in the planning and delivery of their care.

**TOP 5 Initiative is being implemented and evaluated in 15 public hospitals in NSW**

The NSW Chronic Disease Management Program, *Connecting Care in The Community*, includes a strong focus on self-management and health coaching support. The Agency for Clinical Innovation is improving access to information on the Program through the translation of the Program brochure into 15 community languages including Arabic, Assyrian, Chinese, Croatian, Greek, Hindi, Italian, Khmer, Korean, Macedonian, Serbian, Spanish, Thai, Turkish and Vietnamese. These brochures are available on both the Agency for Clinical Innovation and the Multicultural Health and Communication Service websites.

NSW Health is also investing in new technologies that help patients and their carers to better manage and monitor their care outside the hospital setting. Investment by eHealth NSW in clinical systems such as HealthNet, a clinical portal which integrates with the Personally Controlled Electronic Health Record, provides a unified picture of a patient's health information that is available to both patients and providers and allows discharge summaries to be sent to a patient's nominated general practitioner.

The implementation of HealthNet is being fast tracked under the NSW Integrated Care Strategy and it will be fully rolled out across NSW by the end of 2014-15. The Strategy also includes the development of systems to routinely capture Patient Reported Outcomes Measures and patient experience in real time to ensure we understand and act on patient experience and outcomes.

### 3.2 Supporting strategic, targeted investments in new models of integrated care

The NSW Health Integrated Care Strategy aims to transform how we deliver care with connected service provision across different providers (both within NSW Health and more widely) and a greater emphasis on community-based services that better support people with long-term conditions. The Government's \$120 million commitment to this Strategy over four years will support the development, testing and scaling of new, innovative locally-led models of integrated care across the State. This investment is primarily directed to local health districts and speciality networks to progress their ideas and strategies for integrated care locally commencing with the establishment of three integrated care Demonstrators and a Planning and Innovation Fund in 2013-14.

The three Demonstrators – Western NSW, Central Coast and Western Sydney – represent rural, regional and metropolitan parts of NSW and have been selected to develop and test system-wide approaches to integrating care.

Local health districts are expected to work in partnership with Medicare Locals/primary health networks, community and primary care providers, aged care providers and the not-for-profit and private sectors. Together they have a responsibility to share their approaches and learnings and help scale and transfer good practice across the State. Each Demonstrator now has a local strategy and high level implementation plan in place for their populations, aiming to establish better connections across health providers and design services and pathways around the needs of the patient.

This investment provides additional impetus to these districts to help to drive innovation and transformation towards a more integrated health system, building on existing integrated care plans and initiatives and setting the scene for locally led integrated care initiatives across NSW.

In parallel, the Integrated Care Planning and Innovation Fund will support discrete local initiatives in a particular area that contribute to the cumulative transformation of the NSW health care system. Local health districts and speciality networks in NSW that are not already funded as integrated care Demonstrators have the opportunity to bid for funds to support their initiatives. To be successful applications must be developed in partnership with primary care or other health, aged care or community service providers, including non-government organisations and the private sector as appropriate.


**\$1.8 million being invested to establish two LikeMind trial sites**

During 2013-14, NSW Health also undertook a multi-staged tender to identify a non-government organisation to lead the pilot of a new integrated mental health service. The successful organisation, Uniting Care Mental Health, will lead a consortium of co-located government and non-government service providers, enabling a more efficient and cooperative use of resources whilst supporting an integrated approach to pathways of care for adult consumers of mental health services.

Another mental health initiative, LikeMind, aims to provide access to integrated services for adult mental health consumers across four core streams of service: mental health, alcohol and other drugs, primary care and social recovery and vocational services. A three year pilot is being undertaken in two sites in the Penrith and Western Sydney local government areas and surrounding region.

The pilot service brings together existing community and allied public, private and non-government health organisations and related services in an accessible, engaging, co-located community space.

This new model of service access aims to increase consumer and carer choice, reduce the red tape and waiting times of community-based mental health services and provide the opportunity for workforce skills exchange and agency capacity building.



### HealtheNet live across four local health districts and The Sydney Children's Hospital Network

### 3.3 Investing in enablers to inform and support delivery of the integrated care strategy

To complement local initiatives under the NSW Integrated Care Strategy, NSW Health is investing in improved information infrastructure and tools to 'enable' integrated care across the State, building local capacity for local health districts and including improved information systems; patient experience and outcomes; and measurement and risk stratification approaches. This work is being led by eHealth NSW and the Agency for Clinical Innovation, together with the NSW Ministry of Health.

Robust and complete patient information is a key enabler of integrated care. To assist patients and clinicians to make the best decisions in a timely way with immediately accessible clinical and patient information, HealtheNet will support data linkages between State and Commonwealth funded services by interfacing with the Commonwealth Personally Controlled Electronic Health Record. This enables the sharing of patient information across public hospitals and allows primary care providers to access information with patient consent. HealtheNet is now live across four local health districts and The Sydney Children's Hospitals Network and will be deployed statewide by the end of March 2015.

Other eHealth investments in infrastructure, such as the Health Wide Area Network will improve security and performance, critical to the delivery of telehealth and clinical solutions such as Electronic Medications Management which are an important part of an integrated care environment.

The ability to understand population needs, identify those individuals at risk of hospitalisation or deterioration and provide targeted interventions is a critical part of the integrated care fabric. The Agency for Clinical Innovation has been working with the integrated care Demonstrator sites to identify and test risk stratification tools that may be used in their emerging integrated care models, and this will continue into 2014-15.

The NSW Ministry of Health is also developing a monitoring and evaluation framework to guide learning, adjustments and improvement over the course of the Integrated Care Strategy investment.

### 3.4 Strengthening partnerships with the primary and community care sectors for a seamless care experience

Building relationships and partnerships with primary and community care sectors to support service improvement and the development of a more seamless care experience has been a major focus across NSW Health in 2013-14.

To promote local health pathways that standardise and simplify referral and links for general practitioners, hospitals and community health providers, the Agency for Clinical Innovation has undertaken several initiatives. The Agency has partnered with Central Coast Medicare Local to develop a Primary Health based *Chronic Pain Management Program*. The Program is trialling and evaluating a number of interventions and will seek to embed pain management in routine primary healthcare practice.

The Agency for Clinical Innovation is also supporting implementation at three sites and evaluation at four sites, of *HealthPathways*. This Program helps local services review and clarify their patient pathways between primary and specialist care and share the information on a reference website for health professionals. This process is aimed at improving patient management, assessment and referral through streamlined links between primary and secondary care clinicians and providing clear information for referrers. The four sites have each formed a local partnership between acute, primary and community care to implement *HealthPathways* and have developed around 400 pathways between them.

The Agency has also partnered with four Medicare Locals and local health districts to develop, implement and evaluate the delivery of musculoskeletal models of care for refracture prevention, chronic care for people with osteoarthritis, and helping people newly diagnosed with low back pain to implement self-management strategies that will deter the problem from becoming chronic. Each will embed a process of care that ensures the patient cohort is provided with interventions in primary care settings with general practitioner leadership and there are smooth transition processes across all care settings – acute, primary, community, within and outside the NSW health system.

The Agency for Clinical Innovation NSW Chronic Disease Management Program, *Connecting Care in the Community*, supports people with chronic disease (diabetes, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease and hypertension) to better manage their condition in order to improve their health and quality of life, prevent complications and reduce potentially preventable hospitalisations.

The Program promotes the delivery of coordinated, person-centred care for people with chronic disease across healthcare providers and care settings. It specifically focuses on improving continuity of care by linking primary healthcare (including general practitioners and Aboriginal Medical Services) to community health, rehabilitation and specialist disease services. The total number of people enrolled in the Program for 2013-14 was 48,425, representing 101 per cent of the annual target.

The Justice Health & Forensic Mental Health Network approach to integrated care encompasses both acute and non-acute settings and focuses on assisting a highly vulnerable patient group to access the health system, both internal and external to the Network. This includes diverting adults and young people with mental illness from custody to community-based mental health services, ensuring transition of care as custodial patients move through the correctional and juvenile justice system, particularly for Aboriginal patients and those with chronic disease, drug and alcohol issues and/or mental illness, and supporting a seamless transfer of care for custodial and forensic patients within exiting Justice Health & Forensic Mental Health Network services.

**1273 patients assessed by the Aboriginal Chronic Care Program – 34 per cent increase compared to 2012-13**

In 2013-14, there were 1273 patients assessed by the Aboriginal Chronic Care Program (34 per cent increase compared to 2012-13), which provides systematic screening, health education, health promotion and early intervention strategies for Aboriginal patients in custody, and 13.8 per cent of all Justice Health

& Forensic Mental Health Network patients were enrolled in the *Care Navigation Support Program*, which ensures a smooth patient journey for those with chronic disease and/or complex health needs by connecting and coordinating care from entry to exit from the custodial system and thereafter.

To foster partnerships between NSW Ambulance and primary care organisations to develop strategies that consider alternative referral pathways outside the traditional model of transport to emergency departments, NSW Ambulance implemented a number of initiatives during 2013-14. Palliative and end of life care Authorised Care Plans were introduced to enable clinical protocols for individual patients (such as patients with particular conditions, chronic care or palliative needs) to be developed by their general practitioner or medical specialist in partnership with NSW Ambulance. NSW Ambulance has over 500 authorised care plans that have been recorded; currently 250 active plans are registered.

A collaborative six month proof of concept between NSW Ambulance and Central Coast NSW Medicare Local also enabled intensive care paramedics to deliver non-emergency department appropriate care options such as referring identified low acuity patients to their regular general practitioner. An evaluation of the concept has shown that:

- 83 patient referrals were attempted, with 82 successful referrals made
- most referrals were made for the same day or the following day

- referrals were primarily directed to the patient's own general practitioner
- 83 per cent of patients were transported by private vehicle, not by ambulance
- single paramedic responders attended a high proportion of cases and were successful in avoiding the need for a second vehicle for patient transport.

NSW Ambulance also provided extended care paramedic responses to residential aged care facilities as part of the Aged Care Emergency pilot in the Hunter New England Local Health District. NSW Ambulance is working with other facilities identified as high NSW Ambulance users to provide information about options for patients who would present as non-life threatening including linking to other established local health district aged care triage services.

Finally, local integrated care initiatives funded under the Integrated Care Strategy have been developed and are being implemented in partnership with Medicare Locals and involve collaboration between hospital, specialist, primary and community care providers.

### 3.5 Aligning financial incentives and performance

Financial and non-financial incentives that encourage partnerships between providers and the delivery of integrated care are a key component of successful integrated care models. Local initiatives under the Integrated Care Strategy will include the development and testing of new, locally derived funding models in low-risk environments. NSW has held discussions with the Commonwealth on opportunities to partner on funding models that support integrated care and expects to progress this further in 2014-15.

NSW is also continuing its discussion with the Commonwealth on sharing data in relation to planning, service provision across the primary and acute sectors, as well as measuring outcomes. NSW Health continues to take a leadership role in this through established structures including the Council of Australian Governments Health Council, Australian Health Ministers Advisory Committee and the Hospitals Principal Committee.

Better sharing of data is a NSW Health priority as it is an opportunity to improve service delivery coordination and develop a comprehensive picture of individual patient journeys. It will also contribute to improved joint planning and shared funding initiatives between the primary and acute sectors, increasing efficiencies and delivering better health outcomes for local populations by providing more care in the community.

There are also opportunities to use the NSW Health Activity Based Funding model to support integrated care and encourage care in alternative settings. In 2013-14, the Activity Based Funding Taskforce worked closely with the Commonwealth and state governments to develop accurate classifications and improve pricing and funding mechanisms for the future

**NSW is leading in seeking access to Commonwealth data for better patient care**

sustainability of health funding in NSW, particularly around non-acute and mental health services which are critical for integrated care and growth in community-based services.

### 3.6 Scaling up, rolling out and embedding successful programs across NSW

Under the NSW Integrated Care Strategy, three integrated care Demonstrators, Western NSW, Central Coast and Western Sydney have been selected to develop and test system-wide approaches to integrated care, complemented by initiatives funded under the Planning and Innovation Fund. While these initiatives are still in their early stages, they will create an important learning and knowledge base, allowing good elements to be continued, scaled and transferred, while other aspects can be modified and improved.

To meet obligations around transferability and scalability, the Demonstrators have been asked to develop approaches that will transfer the successful learnings from their initiatives to other local health districts. Other local health districts will have the opportunity to be involved in peer review of the Demonstrators and to learn from the approaches they have taken, both informally and through formal evaluation. The NSW Ministry of

Health will support this process through developing a robust monitoring and evaluation framework, the design of which is underway and coordinating communication, knowledge sharing and capacity building.

The NSW Ministry of Health and Agency for Clinical Innovation are working on a range of communication and knowledge sharing initiatives together with capacity building for local health districts and their partners to support successful design, implementation and sustainability of integrated care initiatives which will be further developed in 2014-15. Clinical leadership is a key success factor for NSW in delivering integrated care. Reflecting this, in April 2014 the Ministry held an Integrated Care Clinical Leadership Academy with Dr Jack Cochran, Executive Director of Kaiser Permanente's clinical arm. The two-day Academy was attended by over 50 clinicians and managers from across the State. It aimed at explaining integrated care, its importance and the critical role of clinical leadership in achieving it.



**Clinical leadership  
academy held  
in April 2014**

# The Strategies

## STRATEGY 1:

### Supporting and developing our workforce

- 1.1 Improve workplace culture
- 1.2 Ensure our workforce has the right people, with the right skills, in the right place
- 1.3 Support and inspire our workforce

## STRATEGY 2:

### Supporting and harnessing research and innovation

- 2.1 Invest in research
- 2.2 Build system-wide capacity to turn information and evidence into policy and practice
- 2.3 Share new ideas
- 2.4 Foster translation and innovation from research
- 2.5 Build globally relevant research capacity

## STRATEGY 3:

### Enabling eHealth

- 3.1 Invest in clinical systems
- 3.2 Invest in business systems
- 3.3 Invest in infrastructure
- 3.4 Strengthen eHealth governance – to create a contemporary, responsive and world-class eHealth system in NSW
- 3.5 Refresh the eHealth vision to set a clear direction for the future

## STRATEGY 4:

### Designing and building future-focused infrastructure

- 3.1 Deliver the NSW Government's committed major investments for the next five years
- 4.2 Better plan capital requirements based on service needs
- 4.3 Grow partnerships in developing health facilities and equipment
- 4.4 Look to non-capital solutions to deliver care



# Supporting and developing our workforce

Investing in the NSW Health workforce and respecting and valuing the contributions of the staff and many others who volunteer their services is key to delivering high quality patient-centred models of care now, and into the future.

The *Health Professionals Workforce Plan 2012-2022* outlines how all NSW health organisations plan to recruit, train, educate and innovate over the next decade while the Health Education and Training Institute helps to drive skills and leadership development across the state. With a continued focus on the NSW Health CORE values of *Collaboration, Openness, Respect and Empowerment*, local health districts and specialty health networks will improve local workforce planning on staff levels and skill mix, with initiatives targeting regional and rural communities.

To help strengthen and support the workforce funding of \$9 million was provided in 2013-14 to support strategies within the *Health Professionals Workforce Plan*. Already the number of doctors and nurses has been increased, particularly in rural and remote areas with a range of other initiatives to:

- improve workplace culture
- ensure our workforce has the right people, with the right skills, in the right place
- support and inspire our workforce.

## Highlights



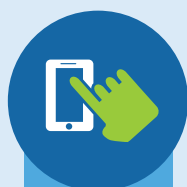
RECRUITED  
**4600**

**4600 increase** in nurses and midwives (headcount) recruited since **March 2011**



INCREASE  
**50%**

**50%** increase in NSW **Rural Generalist Program** positions for GPs in training to gain advanced skills suitable for rural practice



STAFF  
SURVEY  
RESULTS

**\$4 million** invested in response to **YourSay** staff survey to improve workplace culture



**40,144**

**40,144** NSW Health staff completed **Respecting the Difference** HETI online cultural training to support improved care for indigenous people

## 1.1 Improve workplace culture

The *NSW Health Workplace Culture Framework* outlines the characteristics of a healthy and compassionate workplace culture. The Framework is supported by a Code of Conduct which together underpins a workplace that embodies the NSW

Health CORE values of *Collaboration, Openness, Respect and Empowerment*.

**7% increase in staff participation in the 2013 YourSay survey compared to 2011**

In March 2013, NSW Health undertook the second system-wide Health Workplace Survey, YourSay. Results released in September 2013 showed an improvement in both engagement and workplace culture across NSW Health. More than \$4 million was invested in culture change initiatives in public health

organisations in 2013-14 and the majority of health organisations reported improvements in their workplaces with plans to use results to evaluate culture change action plans going forward.

In May 2014, the NSW Ministry of Health Nursing and Midwifery Office launched *Small Acts of Kindness*. This five minute film supports a compassionate and caring culture and acts as a reminder to staff that small acts of kindness can make all the difference to patients and their families, particularly as most come into contact with the health system during traumatic or challenging stages of their lives. The film has been positively adopted and promulgated by staff.

NSW Health organisations continue to implement local strategies to reduce any incidents of bullying and unacceptable behaviour. Anti-bullying management advisors develop strategies to improve communication and provide support and coaching to managers on effective complaints management processes. The Anti-Bullying Advice Line provides employees with independent, confidential advice and information on the process for resolving complaints.

The number of reported bullying complaints in 2013-14 was 131. This represents 0.12 per cent of the total full time equivalent staff in the health system (June 2013 FTE) and is a reduction on the previous year.

The planned 2015 YourSay survey will provide NSW Health with the opportunity to further improve workplace culture by measuring progress and identifying areas for action.

## 1.2 Ensure our workforce has the right people, with the right skills, in the right place

Healthcare professionals need to be trained in careers that support the health system, be located where service delivery is required and be supported across the breadth of their careers to maintain skills that remain relevant to community needs.

The annual NSW Health junior medical officer recruitment campaign in July 2013 was successful in recruiting over 3300 junior medical officers who started in the 2014 clinical year.

The campaign involved 50,955 applications across the range of recognised medical specialities in Australia, including endocrinology, haematology, medical oncology, general medicine and paediatrics.

A record 959 medical intern training positions in NSW were recruited to for 2014, an increase of 109 since 2012. NSW also funded a further five intern positions in the ACT intern training network for NSW university medical graduates. This represents an annual investment in the order of \$105 million to train the next generation of doctors.

A key challenge is continuing to develop the health professional workforce while addressing workforce maldistribution so that the right health professionals are available where, and when, they are needed. The Rural Preferential Recruitment Scheme allows doctors to spend the majority of their first two years training in a rural location. Eighty two interns commenced their prevocational training under this Scheme in 2014.

In response to a need identified in rural communities for a structured training program that linked trainee career aspirations with rural training and future career opportunities, the Rural Generalist Training Program was established. Rural generalist trainees undertake the majority of their general practice training in rural and remote areas in NSW. Advanced skills training is also focused in regional and rural areas. In 2014, the number of Program placements doubled from 15 to 30 with two additional rural and regional local health districts included, bringing the total to nine districts.

NSW Health also funded a further 17 new specialist medical training positions across a range of specialties according to local workforce need.

The Government has a 2.6 per cent target for employment of Aboriginal staff in the NSW Health workforce by 2015. The NSW Ministry of Health's *Good Health – Great Jobs Aboriginal Workforce Strategic Framework 2011 – 2015* requires all health services to report progress towards the 2.6 per cent target on a six monthly basis with the expectation that services exceed this target.

In 2011, NSW Health introduced the *Building Capacity of the Aboriginal Medical Workforce Program*. The Program offers Aboriginal medical graduates a recruitment pathway from medical school to a prevocational trainee position in NSW Health. In 2013-14, there were 20 applications reviewed with 11 applicants allocated to a 2014 position.

To continue to grow the Aboriginal workforce and enhance cultural understanding to ensure safe and culturally appropriate healthcare for Aboriginal people, the *NSW Aboriginal Population Health Training Initiative* is a three year training program which combines part-time Master of Public Health studies with a series of work placements in the population health services areas of NSW Health. Since 2011, there have been nine trainees across three cohorts. In 2013-14, three trainees from the first cohort successfully completed the program and gained population health related positions within NSW Health. Three new trainees commenced the program in 2013-14 and an expression of interest was conducted for four new traineeship positions.

The *NSW Aboriginal Nursing and Midwifery Cadetship Program* currently has 65 cadets enrolled including 42 undertaking a Bachelor of Nursing, four undertaking a Bachelor of Midwifery and 19 undertaking Assistant in Nursing to Enrolled Nursing transition.

This year also saw the completion of a comprehensive independent evaluation of the *NSW Aboriginal Mental Health Workforce Training Program* which provides training to support employment of Aboriginal people as mental health professionals in NSW local health district mental health services. The Program built on the success of the (former) *Far West Aboriginal Mental Health Worker Development Program* and provides Aboriginal people with a three year traineeship comprising an

undergraduate degree in mental health, workplace training and clinical placements. As at August 2014, there were 34 trainees in the Program.

Enrolled nurses are a critical and valued part of the nursing workforce. This year, the NSW Government awarded a further 300 Diploma of Enrolled Nursing scholarships in collaboration with the Department of

Education and Communities. These scholarships support enrolled nurses who will be working in the NSW public health system.

In 2014, more than 1800 graduate nurses and midwives gained employment in the NSW health system. A metropolitan/rural exchange was also introduced offering six months employment during the first year of practice in both metropolitan and rural or regional hospitals. This exchange provides a wide range of experience for newly graduated registered nurses and midwives and increases employment in rural settings.

A new initiative in 2014 links rural undergraduate scholarships to employment of new graduate nurses or midwives in hard to fill rural or remote locations. Ten of these scholarships will now be available each year.

The *Allied Health Assistant Framework* provides guidance to allied health professionals to safely and effectively supervise and delegate tasks to allied health assistants. Launched in August 2013, an interactive online training program has been developed in conjunction with the Health Education and Training Institute to support implementation of the Framework.

### 1.3 Support and inspire our workforce

By the end of the financial year, more than 90,000 NSW Health staff were able to access HETI Online, a new integrated Learning Management System. This initiative was established in collaboration between the Health Education and Training Institute, HealthShare NSW, eHealth NSW and many other stakeholders and has seen 78 learning modules developed.

The Health Education and Training Institute has also released the HETI App. The App provides key education and training content and resources for mobile device users across platforms. Other professional development initiatives included the NSW Health Leadership Program piloted in six sites with two sites holding their first workshops in May and June, and a third in July 2014.

The Master of Clinical Medicine (Leadership & Management), which supports the development of the hospitalist role, graduated its first cohort of students and enrolled a third cohort of students.

Recognition of excellence is key to inspiring the workforce. During 2013-14 a range of Awards were held which celebrated the workforce and the work of many volunteers and partners of NSW Health.

The inaugural *NSW Nursing and Midwifery Excellence Awards* were held at Parliament House in September 2013. The Awards recognise the invaluable contribution made by nurses and midwives to the NSW public health system. Congratulations to the following winners:

Excellence in Nursing and Midwifery Award	Winner
Excellence in Nursing – Registered Nurse	Billie McHutchison, Campbelltown Hospital
Excellence in Midwifery – Registered Midwife	Kate Dove, Campbelltown Hospital and Frances Guy, Mid North Coast Local Health District
Excellence in Nursing – Enrolled Nurse	Angela Hand, Children's Hospital at Westmead
Excellence in Nursing – Assistant in Nursing	Jocelyn Leyshan, Westmead Hospital
Excellence in Leadership	Melissa Cumming, Far West Local Health District
Excellence in Education, Research and Innovation	Scott Brunero, Prince of Wales Hospital
Excellence in Aboriginal and Torres Strait Islander Health Care	Karen Griffin, Wagga Wagga Base Hospital
Excellence in Partnerships with Patients, Families and Carers	Jocelyn McLean, Royal Prince Alfred Hospital
Excellence in Team Clinical Practice	Malabar Midwifery Service, Royal Hospital for Women
Judith Meppem Lifetime Achievement Award	Kaye Spence, Children's Hospital at Westmead

In October 2013 the 15th Annual NSW Health Awards and Innovation Symposium were held at Darling Harbour. Western NSW Local Health District (In Safe Hands – Structured Interdisciplinary Bedside Rounds) was awarded The Minister for Health and Minister for Medical Research Peak Award for Excellence, Nepean Blue Mountains Local Health District (Implementing an Assertive Community Treatment Team) was awarded for The Minister for Mental Health Award for Excellence in the Provision of Mental Health and Hunter New England (Good for Kids, Good for Life: Childhood Obesity Prevention) received the Secretary's Peak Award for Integrated Care.

Around 1000 clinicians, academics, consumers and partners came together to look at better ways of delivering healthcare by showcasing innovation from across NSW Health. In addition to the many innovations, the work of many NSW Health organisations was recognised through the NSW Health Awards including:

NSW Health Award	Winner
Patients as partners	Billie McHutchison, Campbelltown Hospital
Frequent User Management, NSW Ambulance	Kate Dove, Campbelltown Hospital and Frances Guy, Mid North Coast Local Health District
Integrated health care	Bug Attack – St George Hospital Fight Back: Confronting Resistance, South Eastern Sydney
Local solutions	Southcare Geriatric Flying Squad, South Eastern Sydney
Healthy living	Good for Kids, Good for Life: Childhood Obesity Prevention, Hunter New England
Building partnerships	Optimising Health and Learning in Refugee Students, Sydney Children's Hospitals Network
Collaborative team	Setting the Standard: A Patient Journey at Royal North Shore Hospital, Northern Sydney
Harry Collins Award	Innovations for MRSA Control in a NICU Population, Western Sydney
Volunteer of the year	Peggy Roberts, South Eastern Sydney
Staff member of the year	Wendy Robinson, Western NSW
Collaborative leader of the year	Dr Gabriel Shannon, Western NSW

Providing opportunities for collaboration of health professionals across the health system, the Agency for Clinical Innovation is redesigning and incorporating the Australian Resource Centre for Healthcare Innovations website with its own website to create an Innovation Exchange for the health system. The Innovation Exchange will provide a single, collaborative online forum to share and promote local innovation and improvement projects and resources from all healthcare organisations across NSW. The Agency for Clinical Innovation also established a new Rural Health Network to focus on supporting clinical networks across metropolitan and rural services.

NSW Health is committed to providing a safe environment for workers, patients and visitors at NSW Health facilities. It develops policies and provides information to assist public health organisations meet work health and safety legislative obligations.

Policy Directive PD2013\_050 *Work Health and Safety Better Practice Procedures* provides a comprehensive framework for the development of a work health and safety management system consistent with legislative requirements. Guideline GL2013\_011 *Work Health and Safety – Other Workers Engagement* was published to assist managers and supervisors in NSW Health to fulfil their obligations when engaging contractors, sub-contractors, volunteers and others.

A range of information sheets about work health and safety in the NSW Health context were also issued to provide additional guidance. They dealt with the identification, management, control and safe removal of asbestos and the safe use of glutaraldehyde.

A diverse workforce, free of discrimination and reflective of the NSW community, is more innovative, effective and better able to deliver quality services. Equity and diversity builds positive workplaces and supports all employees.

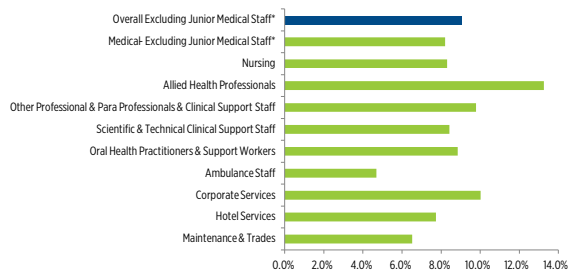
In 2013-14, the NSW Ministry of Health held a range of activities to celebrate and support equity and diversity including: commemoration of National Aborigines and Islanders Day Observance Committee (NAIDOC) week with a focus on the progress achieved by NSW Health to improve the health outcomes of Aboriginal people in NSW; and National Sorry Day was commemorated on Monday 26 May in 2014, providing an opportunity for staff to take time to reflect “that an apology does not change the past but some restitution can help to regain dignity and self-esteem”(National Sorry Day Committee).



**23% increase in nominations for the 2014 Excellence in Nursing and Midwifery Awards compared to 2013**

## Key indicators

### Non-Casual Staff Turnover Rate by Treasury Group June 2014



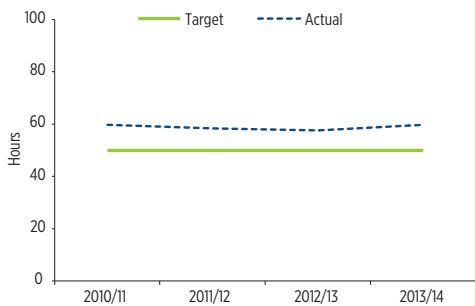
#### Interpretation

The desired outcome is to reduce turnover rates within acceptable limits to increase staff stability.

Human resources represent the largest single cost component for health services. Factors influencing staff turnover include remuneration and recognition, employer/employee relations and practices, workplace culture and organisational structure. Monitoring turnover rates over time will enable the identification of areas of concern and development of strategies to reduce turnover.

Source: NSW Ministry of Health Health Information Exchange -Premier's Workforce Profile Data Collection. Note: JMOs of their first two years are on a term contract. Excludes Third Schedule Facilities and "Other" Treasury group. Health System Average inclusive of all Health Services, NSW Ministry of Health, Health Pillars, Health Support Services, Justice Health & Forensic Mental Health, NSW Health Pathology, and NSW Ambulance.

### Sick leave – annual average per Full Time Equivalent (hours)



#### Interpretation

The desired outcome is to reduce the amount of paid sick leave taken by staff.

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.

Source: NSW Ministry of Health Health Information Exchange. Note: Excludes Third Schedule Facilities. Average inclusive of all Health Districts, NSW Ministry of Health, Health Pillars, Health Support Services, Justice Health & Forensic Mental Health, NSW Health Pathology, and NSW Ambulance.

### Aboriginal staff as a proportion of total (per cent) against target



#### Interpretation

There has been an increase in the proportion of the NSW Aboriginal health workforce, from 1.9 per cent to 2.1 per cent of the total NSW Health workforce for 2013-14 using the Public Service Commission estimated Equal Employment Opportunity data reports.

Source: Public Service Commission EEO Report. Note: NSW Public Health System. Excludes Third Schedule Facilities

## STRATEGY 2:

# Supporting and harnessing research and innovation

Healthcare in NSW will only advance if we continue to pursue cutting edge medical and health research and innovation. NSW Health will continue to consolidate and extend research and innovation efforts to drive innovation in the way healthcare is provided.

NSW Health is supporting our best and brightest minds to pursue cutting edge, world-class health and medical research. There is a focus on providing clinicians, managers and policy makers with the tools they need to translate research outcomes into innovative policy and practice to create healthier communities and deliver better patient care.

Every NSW Health staff member and every organisation has a responsibility to support and harness ordinary and extraordinary research and innovation. At a State level the Office of Health and Medical Research; the Cancer Institute NSW, the NSW Clinical Excellence Commission and the Agency for Clinical Innovation help to set direction and support engagement with clinicians and managers in promoting quality and safety in patient care

and in development of new approaches to care.

Facilitating better use of research expertise, assets and data including record linkage and large scale cohort studies will assist in building a robust evidence base and provide NSW with a competitive advantage in health and medical research.

Initiatives to support and harness research and innovation include:

- investing in research
- building system-wide capacity to turn information and evidence into policy and practice
- fostering translation and innovation from research
- building globally relevant research capacity
- sharing new ideas.

## Highlights



ALLOCATED  
**\$1.6 M**

**\$1.6 million** allocated to the **Health and Medical Research Hubs** in 2013-14



**1122**

**1122** new patients enrolled in **Cancer Institute NSW supported** portfolio-compliant clinical trials



TRIALS  
**308**

**308** interventional clinical trials were open to recruitment across **Cancer Institute NSW supported sites** (up from 292 in 2012)



**\$10.3 M**

**\$10.3 million** committed to five medical device projects through the **Medical Devices Fund**

## 2.1 Investing in research

In addition to the estimated \$200 million annually that the NSW Government spends on health and medical research, the

Government established the Office for Health and Medical Research and committed an additional \$70 million over

four years to fund new initiatives. The Office drives a coordinated approach on research and oversees the implementation of the *NSW Health and Medical Research Strategic Plan*.

The *Medical Research Support Program* provides funding towards infrastructure costs of the leading medical research institutes in NSW to support size, scale and excellence. The current four

year program commenced in 2012 and supports 11 independent institutes. In 2013-14, \$34 million was distributed which makes the Program the largest government fund of its kind in Australia. In this period, an additional six institutes entered a transition program to help them address independence and governance requirements and meet funding eligibility criteria.

The Medical Devices Fund provides support to individuals, companies and public and private hospitals, medical research institutes and universities to take local innovation to market and increase uptake of NSW medical devices by the health system. For the first round of the program, \$10.3 million was committed to five projects. The fund recipients were Elastagen Pty Ltd, Endoluminal Sciences Pty Ltd, HEARworks Pty Ltd, mobilIFE Pty Ltd and Saluda Medical Pty Ltd.

Fellowships in Medical Devices are being provided to build capacity in developing and commercialising medical devices. The Postdoctoral Fellowship Program was developed in partnership with the California Institute for Quantitative Biosciences, a consortium of leading US institutes in the field of medical device development and commercialisation. Program participants will be provided with practical training on how ideas are generated, products developed and clinical value assessed. They will also learn about intellectual property management, reimbursement policies and how to negotiate regulatory pathways. Phase one of the Program is a three month accelerated training program, delivered by ATP Innovations, for a group of up to 20 candidates. Phase two includes sending up to two candidates from this cohort to participate in the Rosenman Institute's Scholar Program for two years. An allocation of \$400,000 was made to establish this program.

To facilitate the translation of research evidence into policy and practice, NSW Health is providing \$1.8 million per annum for five years (2013 to 2018) to the Sax Institute. The funds are being used to build and maintain research assets that include *The 45 and Up Study*, the *Study of Environment on Aboriginal Resilience and Child Health*, *Hospital Alliance for Research Collaboration* and the NSW/ACT *Population Health Research Network*.

To assist in driving translation of research into better health service delivery, three new Translational Cancer Research Centres were funded by the Cancer Institute NSW (now a total of seven in NSW) to ensure more rapid translation of evidence

into policy and practice. In 2013, there were 84 collaborative initiatives undertaken across these centres to support the translation of evidence into practice.

## 2.2 Building system-wide capacity to turn information and evidence into policy and practice

Building system-wide capacity to turn information and evidence into policy and practice requires strategy and investment in initiatives across a range of areas.

Health Statistics NSW is a web-based online reporting tool for a broad range of population health indicators used for planning, policy development and performance monitoring within the health system and for information to the public. In 2013-14, Health Statistics NSW increased data releases to a fortnightly basis to improve the currency of data for key performance indicators and increased the volume of indicators for users across a range of topics and data sources to meet the needs of a larger group of users.

The Centre for Health Record Linkage links multiple sources of data and maintains a record linkage system that protects privacy. Linked health data is used across NSW Health, other Government Agencies and the Academic sector. The Centre for Health Record Linkage has almost 100 million records in its main data linkage system making it the largest dedicated data linkage centre in Australia. A new linkage process was implemented in 2013-14 that saw a significant reduction in the time to link hospital data from one year to less than six weeks. It has also linked more than 100 additional datasets on request. Other recent activities include entering into data sharing arrangements with a number of key NSW Government Agencies and facilitating data linkage across jurisdictions.

The NSW Population Health Survey entered its 12th year of continuous collection and continues to provide exclusive information on a range of key performance indicators. The NSW Population Health Survey continues to be a platform for empowering evidence-based policy through the collection of data on a range of topics including alcohol-related harm, HIV testing, overweight and obesity and smoking. The Survey interviewed approximately 15,000 people in NSW by telephone during 2013-14.

In 2013-14, NSW Health supported the Public Health Officer and the Biostatistical Officer Training Programs. The Training Programs offer three-years of workplace based training within NSW Health with a supervised learning experience for people who have completed postgraduate studies in public health or statistics and are committed to a career in public health. Trainees work across a range of workplace settings in population health. The Public Health Officer Training Program is recognised training for medical graduates seeking Fellowship of the Australasian Faculty of Public Health Medicine of the Royal Australasian College of Physicians.

**\$208 million in additional research funding leveraged by Cancer Institute NSW Translational Cancer Research Program grant holders since 2011**

**\$750,000 invested in two projects through the Bioinformatics Collaborative Grants Program competitive grants process**

Four Aboriginal Population Health Trainees successfully completed a Master of Public Health as part of the NSW Aboriginal Population Health Training Initiative.

Eleven Trainee Biostatisticians on the *NSW Bio-statistical Officer Training Program* completed three years of supervised work-based learning and were awarded a Master of Biostatistics through the University of Sydney.

The *Bioinformatics Collaborative Grants Program* provides support for projects that can demonstrate the benefit of data linkage across different research areas to improve the way treatments are developed and targeted to patient needs. An allocation of \$750,000 was made to two projects through a competitive grants process.

In 2013-14, \$70,000 was contributed in partnership with the Cancer Institute NSW and the NSW Chief Scientist to the NSW Premier's Awards for the outstanding cancer research award, *Big Data, Big Impact*.

NSW Health also invested in priority driven research centres including: the Physical Activity, Nutrition and Obesity Research Group at the University of Sydney, the Research Program for HIV, STIs and Viral Hepatitis at the University of NSW and The Australian Prevention Partnership Centre. In 2013-14, investment in these priority driven research centres totalled \$1.17 million.

## 2.3 Sharing new ideas

Innovation and sharing of ideas is key to delivering world-class healthcare. The more innovative and collaborative our system becomes, the better the quality of care.

The 2013 NSW Health Innovation Symposium featured 63 presentations on ground-breaking health initiatives that harness new ideas, new technologies and new approaches to the delivery of patient care.

Innovation and new thinking is evident in all NSW Health organisations from the State level through to acute care in hospital settings, to community health networks across NSW. Embracing innovation increases the strength of the organisation and real advances are being made through the collaboration of healthcare professionals and consumers, carers, the workforce, the broader community and non-government providers. The result is both an improvement in outcomes for patients and how work is done.

**The Minister for Health and Minister for Medical Research Peak Award for Excellence awarded to Western NSW Local Health District for their In Safe Hands initiative**

The 15th Annual NSW Health Awards were held on 11 October 2013. The annual awards ceremony is one of the most important events in the NSW Health calendar. It showcases the excellent work being done throughout the NSW public health system. Thirty eight finalists were selected from 149 entrants including those providing direct care and those that support direct care through development of policy, management and clinical or corporate services.

Each year the Premier's Awards for Public Service are held to recognise outstanding performance and excellence in the delivery of public services. In 2013, HealthShare NSW was awarded the Premier's Public Sector Improving Performance

and Accountability Award for their *Enterprise Imaging Repository project*. The *Enterprise Imaging Repository* is a centralised store that allows digital radiology images and reports to be shared across public hospitals in NSW. This not only provides clinicians with a more comprehensive picture of the patient's condition and medical history, but assists the clinician to make a faster and more accurate diagnosis and treatment plan, leading to better patient outcomes.

In 2014, NSW Health nominated 16 initiatives. Congratulations to all teams and individual who were chosen as finalists for 2014:

- *Packaging Accessibility Project: enable better nutrition* (HealthShare NSW) for the Premier's Public Service Delivery Quality Customer Service Award
- *Break and Enter: Working together in breaking down the barriers to accessing quality clinical training in JH&FMHN secure environments* (Justice Health & Forensic Mental Health Network) for the Premier's Public Service Improving Performance and Accountability Award
- *Quality in Acute Stroke Care Implementation Project* (Agency for Clinical Innovation) for the Premier's Public Service Improving Performance and Accountability Award
- Sydney Sexual Health Centre with ACON for the Premier's Partnership Award
- *Jenny Hart, Clerical Manager, Emergency Department Westmead Hospital* (Western Sydney Local Health District Health) for the Premier's Award for Individual Excellence and Achievement
- *Carolyn Murray, Manager NSW STI Programs Unit, Sydney Sexual Health Centre* (South Easter Sydney Local Health District) for the Premier's Award for Individual Excellence and Achievement.

An *Excellence and Innovation in Healthcare Portal* was formally launched in June 2014. The Portal enables clinicians, managers and the community to keep up to date on healthcare improvement initiatives being undertaken by the Agency for Clinical Innovation and the Clinical Excellence Commission. The Portal provides 'at a glance' detail on over 100 initiatives including rural and Aboriginal health initiatives.

## 2.4 Fostering translation and innovation from research

To establish NSW leadership in clinical trials, the Office for Health and Medical Research is developing a clinical research network strategy and has provided \$685,000 in funding to five clinical networks to facilitate their engagement with the strategy.

In 2013-14, funding of \$125,000 was also allocated to support the Australian Advanced Treatment Centre, an early phase clinical trials facility in NSW which aims to accelerate research translation.

To promote NSW health and medical research internationally, \$50,000 was provided to seven NSW organisations to assist them to showcase and promote specialty health and medical research products, services and clinical trials at BIO 2014, the international biotechnology convention in San Diego.

**10 Cooperative Clinical Trial Grants awarded to support the efficient conduct of high quality cooperative group cancer trials in NSW**



The Cancer Institute NSW is continuing to develop a 'Portfolio' of clinical trials to identify high quality, well-designed, industry-independent interventional clinical trials. This acts as a mechanism for prioritising resource utilisation across supported sites. Across these sites in 2013, there were 308 interventional trials open to recruitment (up from 292 in 2012), including 112 portfolio-compliant trials.

A total of 1986 new patients were enrolled in these trials; of which 1122 were to the portfolio-compliant trials.

Secure Analytics for Population Health Research and Intelligence (SAPHaRI) is a platform that enables users within the NSW Health system to discover information through the exploration of data. Recent developments to SAPHaRI have improved usability, speed, security and scalability. These improvements included enhancement of the population data warehouse infrastructure to provide geocoded data to more people in local health networks, new analytic tools embedded to enable easier access to data and systems have been streamlined to provide access to linked data in a significantly reduced time.

In line with the NSW Government Evaluation Framework (2013), the NSW Ministry of Health supported the rigorous evaluation of key programs such as the Healthy Children Initiative, Get Healthy at Work (Healthy Workers Initiative) and the Chronic Disease Management Program – Connecting Care in the Community.

The Australian Prevention Partnership Centre is a national initiative focused on researching and developing systems approaches to prevent lifestyle-related chronic disease in Australia. The initiative is jointly supported by NSW Health, the NHMRC, the Australian Government Department of Health, ACT Health, HCF and the HCF Research Foundation to the value of \$22.6 million over five years. The work plan includes evaluations of key NSW Health statewide programs.

## 2.5 Building globally relevant research capacity

Quality medical research and development has the potential to transform the delivery of healthcare for patients. Australia's own cochlear implant, for example, has enriched the lives of many hearing-impaired people around the world. It is important that NSW can contribute to the discovery and application of new treatments and diagnostic techniques and devices that improve care and prevention as well as contributing to health reform.

The NSW Health and Medical Research Hub Strategy promotes research collaboration and translation within and across hubs. The Strategy outlines a statewide approach to setting priorities for research infrastructure, improving research governance and provides platforms for driving local and system-wide research and translation initiatives. In 2013-14, \$1.6 million was allocated to the hubs to develop strategic plans, create and revise governance processes to develop performance measures for collaboration and translation. Research hubs comprise geographically proximate local health districts, medical research institutes, universities, primary healthcare providers and private and public organisations (including biotechnology firms, the pharmaceutical industry and philanthropic organisations).

The *Bioinformatics (Genomics) Training Program* has been developed to provide training to researchers, clinicians, health professionals and academics with various levels of skill in

bioinformatics. The training is targeted at those who have an existing project that requires the use of bioinformatics. In 2013-14, funding of \$250,000 was provided as the first in three annual allocations to the Program.

The Population Health and Health Services Research Support Program provided \$2.76 million in 2013-14 to NSW research organisations to increase the generation of high quality and internationally recognised population health and health services research in NSW that address NSW Health priorities and encourages the adoption of research findings in health policies, programs and services. Recipients under the program use part of their funding for capacity building initiatives such as research fellowships, hosting international experts and embedding researchers into policy environments.

As part of the *Breaking the Cycle of Heart Disease* campaign, \$2 million was allocated to the Victor Chang Cardiac Research Institute to fund key research programs in organ transplantation, congenital heart disease, epigenetics (how genes behave), molecular cardiology and stem cell biology.

The *Neurological Conditions Translational Research Grants Program* provided grants for projects that promoted translational research into spinal cord injuries and neurological conditions. A \$25,000 allocation was made to the final project under this program.

To support research infrastructure, thirty four research grants have been awarded since 2011 to further enhance equipment and infrastructure platforms across NSW including: 13 full-time equivalent positions currently funded by the Cancer Institute NSW to support research infrastructure; 199 research studies supported via funded infrastructure in 2013; \$14 million directly leveraged in co-funding from other sources to support the infrastructure; and \$31 million leveraged by grant-holders in the period 2011-2013 to support cancer research in the State.

To build research assets and maximise their use, the *NSW Biobanking Framework* has been developed in collaboration with the Cancer Institute NSW and NSW Health Pathology to support biobanking in NSW. The Framework includes improving the way biobanking services are delivered, improving data linkage between biobanks, and streamlining regulatory processes associated with the collection and storage of biospecimens and data.

The *Medical Research Commercialisation Fund* is a collaborative venture that invests in early stage development and commercialisation opportunities originating from medical research institutes and allied research hospitals in Australia. In 2013-14, \$300,000 was provided to assist the Fund to work with NSW institutes and public hospitals to increase the State's capacity to progress research to the commercialisation stage.

To improve research ethics and governance, the first phase of reviewing ethics and governance preapproval processes has been undertaken and a reform framework developed to address delays in the current approval processes.



**199 research studies  
were supported via  
funded infrastructure  
in 2013**

# Enabling eHealth

Technology is rapidly transforming everyday life and healthcare is no exception. NSW Health continues to harness technology to improve patient care with value for money healthcare solutions.


Information and communication technology-led investments in clinical care, business services and smart infrastructure are already reshaping the way healthcare is being delivered. As a result, NSW now has one of the most advanced eHealth systems in the country. For clinicians this means streamlined medical care like electronic patient records and digital imaging, while for patients it means better coordination of care no matter where they seek care or live, as well as more control over their own health information and treatment.

As demand shifts from acute to chronic care – and from hospital to community – the eHealth agenda continues to move forward so that technology helps advance healthcare and connectivity.

The *Blueprint for eHealth in NSW* which was released in December 2013, provides the vision for technology-led improvements in healthcare for patients. The Blueprint sets out the next steps in harnessing technology to improve the quality, efficiency and safety of healthcare for patients including:


- investing in clinical systems
- investing in business systems
- investing in infrastructure
- strengthening eHealth governance
- refreshing the eHealth vision to set clear directions for the future.

## Highlights




**23,000** clinicians log on to access electronic medical records

EVERYDAY




**17,000** appointments are booked electronically

EVERYDAY



**212,000** charts are opened electronically

EVERYDAY



**136,000** tests are ordered electronically

EVERYDAY

### 3.1 Investing in clinical systems

eHealth helps doctors, nurses, allied health clinicians and managers provide safe, quality care that supports patients to control their own healthcare.

To support clinical systems, investment in the integration of the Community Health and Outpatient Care system with the electronic Medical Record is occurring. This will improve functionality of records for community health and outpatient care services.

Reporting specifications are currently being developed to enable data extraction for the integration of Child Protection Counselling Service data collection and reporting requirements to enable integration into the child youth and family Community Health Outpatient Care stream.

Phase two of the electronic Medical Record upgrade has also commenced. This project is extending the foundation of the electronic Medical Record, its functionality and its reach, by upgrading existing hardware and software and introducing clinical documentation to inpatient settings.

Another key clinical systems initiative, Electronic Medication Management, is delivering an electronic system designed to support doctors, nurses and pharmacists to record, prescribe, order, check, reconcile, dispense and record the administration of medicines.

**Phase two of the electronic Medical Record Upgrade commenced**

The Intensive Care Clinical Information System is being transformed to improve integration of this system through a suite of online and digital systems.

The development of Version 2 ObstetriX (electronic Maternity Clinical Information System) is also underway. The development phase is expected to be completed by the end of 2014, with proposed implementation across 14 local health districts scheduled to commence in early 2015.

### 3.2 Investing in business systems

eHealth corporate or business applications help managers and clinicians plan and run the health system effectively and efficiently.

During the year, the rollout of StaffLink, a consolidated e-business solution, across NSW Health was largely finalised. This new system is delivering a single statewide payroll and human resource system gateway for 140,000 public health employees. As a unified source of workforce information, Stafflink will facilitate better planning and staff management.

The Statewide Rostering Program is implementing a modern, fit-for-purpose rostering software solution. The new system will allow managers to more effectively match the availability and skill levels of staff to the needs of patients. The new system will also link to payroll and human resource systems.

NSW Health is also in the planning stages for instigating an Asset and Facilities Management Performance Improvement Program. The Program will see an Asset and Facilities Management System integrated into existing systems to manage and report on asset portfolios and asset life cycles.

The upgrade of the NSW Health food management IT system, CBORD, is an essential foundation for the introduction of statewide nutrition standards and has now been implemented across 60 per cent of the state, enabling enhanced reporting and resource control. The rollout is scheduled for completion in December 2015.

HealthShare NSW was also the first public health organisation in Australia to trial mobile menu entry which takes patients' meal orders at the bedside, increasing patient food consumption and reducing food waste. This software will be further trialled in 2014-15, as part of the proposed Food Service Delivery Model.

### 3.3 Investing in infrastructure

eHealth infrastructure includes hardware, software, facilities and services that support and enable eHealth.

Investing in infrastructure upgrades to ensure equal access to high speed broadband across the health system, eHealth NSW is delivering the Health Wide Area Network statewide. This network will support remote access, multimedia applications and services, data exchange, voice and video services.

To streamline the NSW Health Data Centre for efficient and reliable information technology infrastructure support, eHealth NSW has moved its clinical and corporate information and communication technology applications from a lower performance Tier 1 to a high performance Tier 3 data centre environment. NSW Health is one of the anchor tenants in the Whole of Government Data Centres.

**eBlue Book App trialled in South Western Sydney Local Health District**

### 3.4 Strengthening eHealth governance

Achieving a contemporary, responsive and world-class eHealth system in NSW requires new forms of governance, planning and enterprise architecture.

To create a dedicated organisation within NSW Health to guide eHealth planning, strategy, program implementation and operations, eHealth NSW was established as a functional entity in May 2014 and as legal entity on 1 July 2014.

The establishment of an eHealth Executive Council has also been undertaken to provide statewide strategic direction and support to eHealth NSW. The Council is chaired by the Secretary, NSW Health and includes senior representation from the NSW Ministry of Health, pillars and local health districts. The inaugural meeting was held on 29 November 2013.

Additionally, to foster clinician engagement and ensure that clinical eHealth programs align clinical practice and informatics, eHealth NSW has appointed a Chief Clinical Information Officer.

### 3.5 Refresh the eHealth vision to set a clear direction for the future

In 2014, planning commenced for a new eHealth Strategic Plan to:

- guide information and communication technology investment for the next five years for new statewide eHealth initiatives
- consolidate and expand existing eHealth programs
- outline new arrangements in governance, privacy, and capacity-building
- articulate eHealth benefits for consumers and clinicians
- measure and report on eHealth performance.

The eHealth strategic plan will provide a clear roadmap to guide investment in eHealth and to build capacity across the state through the development and implementation of new statewide eHealth initiatives.



**\$400 million  
being invested over  
five years**

## STRATEGY 4:

# Designing and building future-focused infrastructure

NSW Health facilities are valued at \$19 billion, including over 225 public hospitals, 280 community health centres, 226 ambulance stations.

A significant investment in developing new and upgraded facilities across the State is currently underway, with over \$4 billion committed over the next four years.

Thinking differently about how to maintain, develop and manage all these assets, means establishing healthcare precincts with public and private services, encouraging integrated services delivery models for multipurpose facilities and continuing to develop demand management strategies to respond to growth.

A major construction and upgrade program is underway across both urban and regional NSW. To ensure the design and building of infrastructure is future focused NSW Health will:

- deliver on the NSW Government committed major investments for the next five years
- use our devolved service delivery model to plan capital requirements including local alignment of service needs
- grow partnerships in developing health facilities and equipment
- look to non-capital solutions to deliver care.

## Highlights



BILLION  
**\$1.29**

**\$1.29 billion** expenditure in Capital Works Program for **2013-14**



MILLION  
**\$497**

**14 major works** completed with a combined value of **\$497 million**



**100**

**100** capital works projects completed across NSW



**300**

**300** organisations received grants through the NSW Health NGO Grants Program to deliver a range of services

#### 4.1 Deliver the NSW Government's committed major investments for the next five years

NSW Health has a range of facilities, from large scale hospitals with the capacity to meet the most critical medical and surgical needs, to multipurpose services providing a range of

health services to rural and regional communities. The NSW Health

forward capital program will respond to the NSW State Plan to provide world class clinical services with timely access and effective infrastructure. Over the next four years, over \$4 billion will be spent to enable this with planning on a number of projects already underway.

**\$80.25 million  
Lismore Base  
Hospital Stage 3A  
redevelopment  
commenced**

The Capital Works Program total expenditure for NSW Health in 2013-14 was \$1.29 billion with over 100 capital works projects completed across NSW. Key activity undertaken included:

- Requests for Proposals sought to build and operate the Northern Beaches Hospital. The \$12 million 26-bed inpatient Beachside Rehabilitation Unit at Mona Vale Hospital was opened to patients
- planning for the new Maitland Hospital
- a new 50-bed mental health unit opened as the first phase of the \$282.1 million redevelopment of the Wagga Wagga Health Service. The opening was a milestone for the community, providing an increase of 30 beds, including 10 acute beds and a new 20 bed sub-acute unit to provide rehabilitation services for mental health consumers in the region for the first time
- as part of the Stage 1 Expansion of Blacktown Hospital, a new multistorey car park was built; a Sub-Acute Mental Health Unit (Melaleuca) was built; and the current hospital building is being refurbished. Work on the new Clinical Services Building continues and is expected to open in early 2016. Mount Druitt Hospital has a refurbished main entrance; expanded Oral Health Unit; a new Emergency Department Urgent Care Centre; and a Sub-Acute Rehabilitation Unit
- commencement of the \$80.25 million Lismore Base Hospital Stage 3A redevelopment of a Clinical Procedures Block.

#### 4.2 Better plan capital requirements based on service needs

Health Infrastructure is working closely with local health districts to ensure the facilities built are in direct response to specific health service requirements in the area. The development of clinical services plans underpins the planning process for any project and are the focal point to ensure the infrastructure is designed to meet service needs.

#### 4.3 Grow partnerships in developing health facilities and equipment

NSW Health has a long history of partnering with non-government organisations to deliver health services across NSW. In 2013-14, NSW Health (including local health districts) provided grants to over 300 organisations through the NSW Health NGO Grants Program for a range of services including Aboriginal health, drug and alcohol, mental health, AIDS and infectious disease, oral health, kids and families and chronic illness disease.

Under the NSW Service Plan for People with Eating Disorders 2013-2018 launched in September 2013, the Government has committed additional funding of \$15.2 million over five years to improve access to care for people suffering illnesses such as anorexia and bulimia nervosa. The NSW Ministry of Health is investing to improve tertiary services to treat severely medically compromised patients and to ensure people with eating disorders have access to early intervention services in the community.

The Service Plan flags the establishment of a pilot Child and Adolescent Day Program, delivered by The Sydney Children's Hospital Network in partnership with the Butterfly Foundation, the leading Eating Disorders advocacy organisation and expansion in the number of specialist adult eating disorder tertiary beds (statewide) for adults with eating disorders. This Service Plan requires local health districts to network across public and private providers (both primary care and specialist care options) with support from specialist tertiary hubs which will increase access to inpatient and community-based treatment, build the ability of clinicians to treat those with eating disorders and support the ability of people with eating disorders in regional communities to get earlier and more effective treatment.

The NSW Government is also entering into a partnership with a private hospital operator to design, build, operate and maintain the new Northern Beaches Hospital. Funding will be guaranteed for public patient services through a long term contract between the Northern Sydney Local Health District and the hospital operator.

**\$15.2 million over five  
years to improve access  
to care for people  
suffering with eating  
disorders**

#### 4.4 Look to non-capital solutions to deliver care

eHealth NSW supports the NSW Information and Communication Technology Strategy and is exploring options to deliver programs as a service. eHealth NSW is currently investigating different operating models to support integrated care, such as Software as a Service, Platform as a Service and Infrastructure as a Service. 'As a service' offerings may have the potential to deliver solutions that are more agile, flexible and efficient.