Delivering a **Healthy WA**

Cardiovascular Clinical Network

Draft for Discussion

CARDIOVASCULAR CLINICAL NETWORK

1.0 INTRODUCTION

Clinical networking has been recommended by the Health Reform Implementation Taskforce as a means of providing *"a new focus across all clinical disciplines toward prevention of illness and injury and maintenance of health".*

Networking aims to improve the delivery of health services through coordination and integration of health and health related services, whilst utilizing principles of cooperation and partnerships between health care providers and key enabling stakeholders.

Clinical networks are a means to providing a new focus across all disciplines towards prevention of illness and injury and maintenance of health.

This document highlights the potential benefits of a cardiovascular clinical network. It is not, however, prescriptive about the nature and form or about who should be included in them. Those issues are at the discretion of members of the network.

2.0 BACKGROUND

The development of the new clinical networks will be informed by the aims, recommendations and strategic objectives articulated in the following key documents:

- Report of the Health Reform Committee (Reid Review)
- WA Clinical Services Framework 2005-2015 (CSF)
- Clinical Services Consultation 2005 documents
- The Chronic Disease Framework for WA 2005-2010 (Soon to be launched)
- The WA Ambulatory Care Framework 2005 (To be announced)
- National Service Improvement Framework for Heart, Stroke and Vascular Disease, Department of Health and Ageing
- A Business Case for the Western Australian Heartcare Strategy 2003-2006. The Steering Committee of the Medical and Scientific Advisory Panel of Western Australian Division of the National Health Foundation of Australia.

Existing Standing Committees/Working Parties

- National Heart Foundation (WA) Cardiovascular Health Program Committee. DoH Population Health Representative

- National Heart Stroke Vascular Health Jurisdictional Contacts Group: DoH WA Clinical Development Branch representative

- DOHA: Primary Care Collaboratives focusing on CHD Dr D Coid, South Metropolitan Area Health Service.

Issues identified by the Reid Review

- Fragmentation of the health system between the primary care sector (GP, Pharmacist, Allied Health Professional, Community Health Nurse) and the public hospital system
- Poor coordination and communication between primary care and acute care leading to avoidable admissions, adverse events and poor patient outcomes
- Lack of strategic policy focus on health promotion and early intervention
- 80% of admissions to tertiary hospitals are for secondary care
- Concentration of hospital beds in large tertiary hospitals
- Barriers to patients accessing the system (culturally, geographically, socio-economically). This is particularly relevant to the health needs of the Aboriginal and Torres Strait Islander community.

Recommendations of the Reid Review

- Integrated approach to health promotion programme for cardiovascular disease (Rec 2)
- Evidence based clinical guidelines should be developed and implemented, focusing in the first instance on the needs of patients with chronic and complex conditions (Rec 17)
- Cardiothoracic services should operate as an integrated service, reporting to a single head of department with common management and audit protocols and integrated on-call rosters. This approach should be reviewed once the Southern Tertiary Hospital is operational (Rec 34).

Considerations identified by CSF consultation

- The need for a greater focus on workforce planning
- The role of training and research
- The importance of participation from clinicians and staff in decision making and planning processes
- The need for greater integration of the health care system across the state
- The need for a more defined continuum of care across levels of care within many disciplines
- The need for work on appropriate models of care for specific clinical programs
- The importance of the private and non-government sector in health care provision.

Specific Considerations in the CSF

- Service redesign for cardiothoracic surgery to two Adult Units at Fiona Stanley and SCGH by 2015/16

- Expand service delivery for routine cardiology services to General Hospitals at Joondalup, Swan, Armadale and Rockingham in the medium term by 2015/16

- Commence thoracic surgery services at Joondalup Health Services in the medium term.

3.0 ESTABLISHING A CARDIOVASCULAR CLINICAL NETWORK

The aim of the Cardiovascular Clinical Network is to facilitate a collaborative and partnership approach to service provision across the continuum of care in order to improve access to consistent and high quality services across the state, maximise the efficiency of resource use and minimise health costs through prevention and early intervention.

Establishment of the Cardiovascular Clinical Network will be based on the following principles:

- Engaging clinical leaders and key stakeholders in state-wide planning, policy and clinical reforms
- Focusing on the patient and the community by increasing participation, partnerships, communication and responsibility
- Improving patient care in terms of quality, access, appropriateness and integration
- Providing a focus on improving and promoting links between country and metropolitan health services
- Driving an increased focus on the provision of co-ordinated population health strategies
- Facilitating the alignment of strategic and operational functions of the health system
- Promoting continuous improvement in all services and clinical practices by developing and advising on the implementation of:
    1) Evidence based practice standards and protocols
    2) Referral and support structures between and within health services with an emphasis on clinical management and partnerships
- Ensuring accountability and reporting arrangements for the network are clearly defined and the networks' operation and dealings with all stakeholders are transparent.

4.0 STRUCTURE

The Cardiovascular Network includes four clinical and service related groups (SRGs) Cardiology, Interventional Cardiology, Cardiothoracic Surgery and General Medicine. The cardiac and vascular conditions included within the scope of the network are based upon the major disease categories for the diagnosis related groups for cardiovascular and vascular disease and treatment.

Cardiovascular disease remains a significant burden for the WA health system with approximately 5000 people being admitted to WA public hospitals each year following an acute coronary syndrome. There is much evidence that the impact of cardiovascular disease is high preventable. Improvements in treatments have reduced mortality, however there remains significant opportunities to improve health outcomes for patients with established cardiovascular and vascular disease.

The network will offer the opportunity to partnership with health professionals, primary, secondary and tertiary level care, the community, consumers and support organisations to develop the strategies and initiatives necessary to increase the awareness of prevention of CVD in identified disadvantaged groups such as Aboriginals and Torres Strait Islanders, improve the outcomes after acute vascular events and the management and treatment of patients with chronic cardiovascular and vascular conditions

5.0 MEMBERSHIP

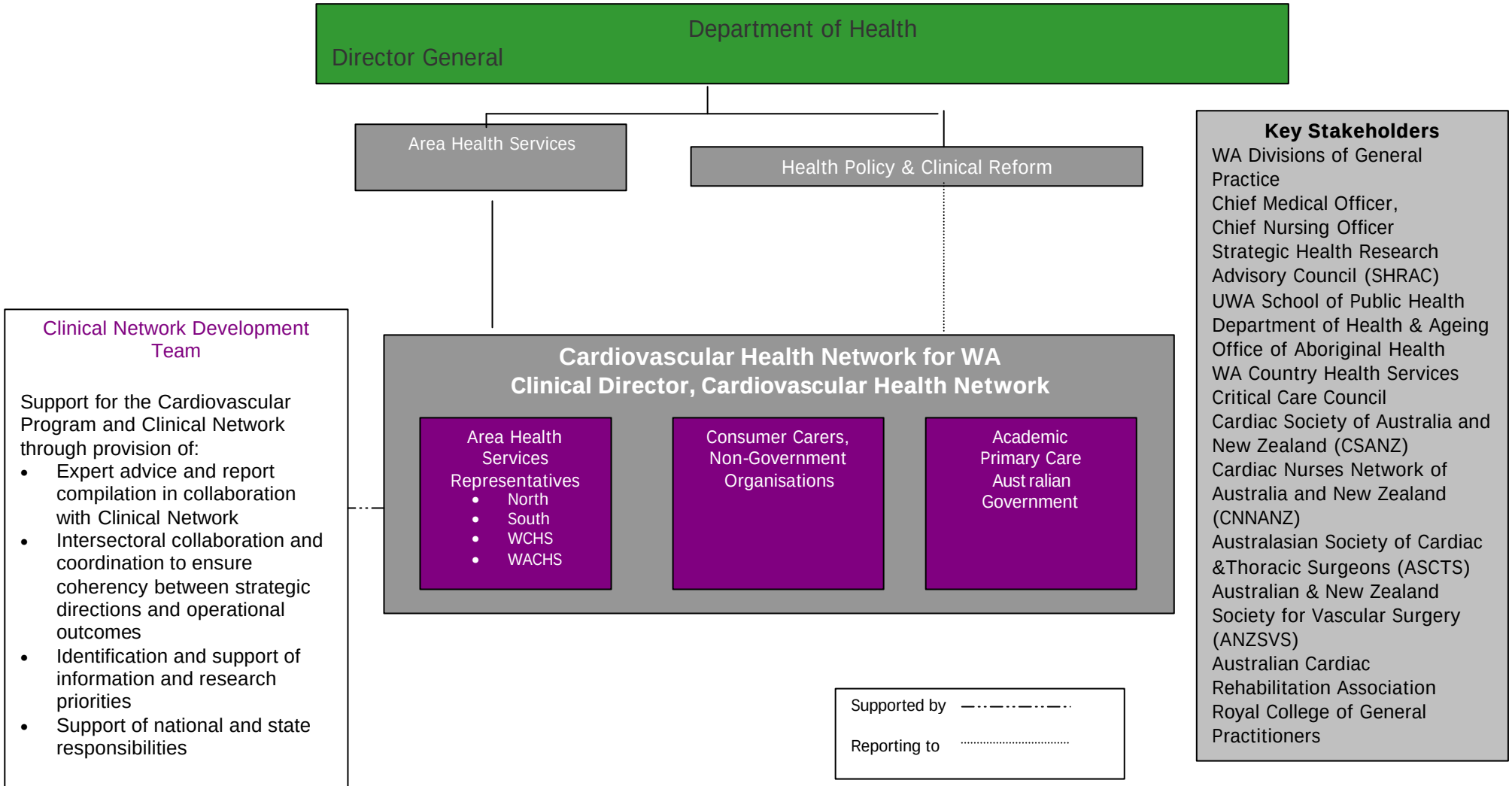
Membership of the cardiovascular health network will be multi sectoral, multi-disciplinary, time limited and include representation from consumer organisations. This could be a large number of individuals. Not all will be active members in the sense of attending meetings on a regular basis. However, it is critical that all members are supportive of the network's principles and expected outcomes.

Core membership should include representatives of:

- Patients and carers;
- Clinicians;
- Specialists;
- Area Health Services;
- Primary Care Team;
- Allied Health;
- GP Divisions;
- Relevant Non-Government Organisations

See Diagram 1 for an example of stakeholders and core-group membership

Diagram 1: Cardiovascular Clinical Network Structure



6.0 CHARTER OF RESPONSIBILITY

All clinical networks will have six major functions including the **planning** of services based upon the needs of the population and changes in the health system, particularly in respect to changing technologies and demographic profiles; developing **policy** that supports the changing needs of the population and fosters innovation in our system; defining meaningful **performance measures**, setting targets and monitoring outcomes for patients and services; developing **protocols** to ensure efficiency, effectiveness and safety in the services we deliver; investing in **people,** providing opportunities to develop skills and knowledge; fostering leadership and advising on future workforce planning which will subsequently influence the **priorities** on how resources are allocated across the system.

Planning	**Policy**	**Protocol**	**Performance**	**People/ Partnerships**	**Priorities**
• Placing emphasis on illness prevention strategies and maintenance of health; • Providing advice on the direction on where and how cardiovascular health services should be delivered; • Providing advice on an integrated model for the provision of clinical services; • Providing advice on gaps in facility requirements and equipment for effective and efficient service delivery.	• Making recommendations to ensure provision and delivery of care for women is patient-centred; • Providing advice and support in the development of policies that support integration of services through partnerships and collaborations across organisations and service providers state-wide; • Promoting the development of mechanisms to share organisational resources to facilitate networked services (e.g. resource sharing arrangements and staff involvement in the network	• Ensuring that recommended models of care are based on research and best practice; • Developing common policy, standards and protocols based on best evidence to achieve consistency in service provision; • Facilitating the development and supporting the application of agreed clinical pathways on the provision and delivery of care at the health service or local level	• Supporting the use of information systems with common IT Infrastructure, • Supporting the development of mechanisms that demonstrate co-ordination and service integration of clinical management of patients across the continuum of care of prevention, detection, treatment, acute, sub-acute and continuing management;	• Engaging key stakeholders and networking of clinical expertise to share and support best practice in the provision of care and service delivery; • Ensuring membership of the network is truly multi-sectoral and multi-disciplinary and time limited; • Collaborating with existing established networks at the national, local and regional level;	(To be determined with reference to the CSF)

7.0 DELIVERABLES – 2005-2006

Planning	Policy	Protocol	Performance	People/ Partnerships	Priorities
• Review existing plans for Cardiovascular Disease	• Develop a State Plan for Cardiovascular Disease	• Evaluate and align State context with the National Service Improvement Framework for Heart and Vascular Disease			• Evaluate impact for service delivery in expanding cardiology services at secondary hospitals

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Department of Health