NSW Health

Emergency Department Taskforce

Terms of Reference

Background

More than 3 million people attend NSW public hospital emergency departments (EDs) each year. In the last 10 years, ED attendances have grown by 19.2% compared to the NSW population growth of 12.6% over the same period. Hospitals and EDs are under significant pressure, treating more patients with higher acuity and complex needs than ever before who require more time and resources for care (triage categories 1, 2 and 3). A large proportion of lower acuity ED presentations account for almost half of all ED presentations (triage categories 4 and 5). There are also challenges accessing primary and alternative care services in the community.

NSW Health aims to ensure patients receive the right care in the right place at the right time, through strategies designed to ease pressure on EDs by enhancing models of care and adapting workforce models to improve timely access to treatment across 7 days, creating inpatient capacity through early and supported discharge from hospital where clinically appropriate and reducing potentially avoidable ED attendances.

Purpose

The purpose of the Emergency Department (ED) Taskforce is to provide assurance to the Secretary, NSW Health, that health care organisations providing emergency care services in NSW have a streamlined and strategic approach to delivering timely care, efficiency and clinical effectiveness to ensure the best quality care is provided to the people of NSW.

This Taskforce will build on existing emergency care committees and programs, recognising previous reviews and programs of work **(Appendix A).**

Specific Functions and Responsibilities

The ED Taskforce is the final authorising body for statewide strategic direction, performance improvement and planning for system wide emergency department care in NSW.

Other primary duties and responsibilities include:

- Reviewing and improving key indicators that inform emergency performance from a whole of system approach to ensure patients receive timely safe treatment.

- Prioritising identified improvements for emergency care in NSW.

- Providing advice to Local Health Districts and Specialty Health Networks on strategies to improve timely access to emergency care and improve patient experience.

- Partnering with clinical groups to:

    - enhance models of care and adapt workforce models including capability to improve timely access to treatment across 7 days

    - create inpatient capacity through early and supported discharge from hospital where clinically appropriate

    - reduce unnecessary ED attendances

    - improve patient and staff experiences and wellbeing in emergency departments.

- Enhancing state-wide collaboration and providing cohesive leadership for emergency care in NSW.
- Providing a forum for agencies and health services to discuss and align strategic directions and policy in emergency care.
- Facilitate sharing of emergency care outcomes and improvement learnings across the NSW health system.
- Maintaining and managing an up-to-date register of risks for emergency care in NSW.
- Establishing time-limited subcommittees for emerging issues.
- Allocating key actions or projects of interest to specific organisations for action, to be reported back to the committee at milestones.
- Consider sustainable and long-term improvements able to be implemented across the NSW health system.

Subcommittees

For emergent issues, it may be necessary to establish a time (or meeting) limited subcommittee. In the event a subcommittee is required, the secretariat and meeting logistics will be allocated to a lead member organisation i.e., Ministry of Health, Agency for Clinical Innovation etc.

Membership

- Dr Trevor Chan, Clinical Director, Emergency Care Institute, Agency for Clinical Innovation (Co-Chair)
- Mr Matthew Daly, Deputy Secretary, System Sustainability and Performance Division, NSW Ministry of Health (Co-Chair)
- Dr Daniel Stewart, Director of Emergency Medicine, Dubbo Hospital, Western NSW Local Health District
- Dr Tom Harwood, Director of Emergency Medicine, Royal North Shore Hospital, Northern Sydney Local Health District
- Mr Scott Mclachlan, Chief Executive, Central Coast Local Health District
- Ms Christine Stephens, Executive Director of Nursing and Midwifery, Murrumbidgee Local Health District
- Ms Margaret Martin, Executive Director Clinical Operations, Illawarra Shoalhaven Local Health District
- Ms Jenny Martin, General Manager, Belmont Hospital, Hunter New England Local Health District
- Dr Sinead Ni Bhraonain, Clinical Director, Demand Management Unit, Sydney Local Health District
- Ms Margaret Murphy, Emergency Department Clinical Nurse Consultant, Western Sydney Local Health District
- Ms Kirsty Glanville, Director Aboriginal Health, Northern NSW Local Health District
- Mr Matthew Jennings, Director Allied Health, South Western Sydney Local Health District
- Ms Antoinette Borg, After Hours Nurse Manager, St George Hospital, South Eastern Sydney Local Health District
- Ms Kahlia Liston, Clinical Nurse Consultant, Emergency and Critical Care, Broken Hill Hospital, Far West Local Health District
- Mr David Dutton, Executive Director Clinical Operations, NSW Ambulance.

Ministry of Health Ex Officio:

- Ms Joanne Edwards, Executive Director, System Management Branch, NSW Ministry of Health
- Mr Justin Gardiner, Executive Director, System Performance Support Branch, NSW Ministry of Health
- Dr Amith Shetty, Clinical Director, System Sustainability and Performance Division, NSW Ministry of Health
- Ms Kylie Smith, Manager, Emergency Care Institute, Agency for Clinical Innovation.

Specialist Advisors:

- Ms Nerida Bell, Principal Policy Officer, System Sustainability and Performance Division, NSW Ministry of Health
- Dr Mary McCaskill, Director Medical Services and Clinical Governance, Sydney Children's Hospitals Network
- Dr Walid Jammal, General Practitioner
- Dr Murray Wright, Chief Psychiatrist, NSW Ministry of Health

Responsibilities:

- Attend 75% of the meetings, either face to face or via teleconferencing
- Inform the Taskforce's Chairs or Secretariat if unable to attend meetings
- Review material as requested prior to meetings or due dates
- Disseminate information/communications to staff members as required
- Seek and present the views of the staff/group members they represent.

Other Participants

The Chair(s) may invite other individuals or groups to present to, or observe, meetings. Where agreed by the Chair(s), members may invite guests to attend meetings to provide expert advice and support to a specific topic raised. Guests may include accompanying staff and staff may be invited to support the recording of discussion and implementation of session outcomes.

Quorum

The quorum will be a minimum of half the total membership plus one (more than 50%). In the absence of a quorum the meeting may be rescheduled to the earliest suitable date or may continue at the Chair's discretion with all actions to be ratified at a subsequent committee meeting. Proxies are included in the determination of a quorum.

Secretariat

Secretariat support will be provided by System Management Branch, NSW Ministry of Health. Responsibilities of the Secretariat include:

- Preparing the agenda in consultation with the Chair(s) and coordinating the circulation of papers
- Preparing a meeting schedule
- Recording and maintaining meeting proceedings
- Distributing meeting actions within 14 days of a meeting
- The Secretariat may be contacted at: moh-systemmanagementbranch@health.nsw.gov.au

Frequency of Meetings

The ED Taskforce will meet on monthly basis or more frequently as required. The meeting location will be at the Ministry of Health, St Leonards or via Teams (videoconference).

Reporting Relationships

Secretary,
NSW Health

Emergency Department
Taskforce

APPENDIX A

Existing Emergency Care Committees

Existing emergency care committees and related areas of work were considered in defining the scope of the Emergency Department Taskforce.

There may be existing committees that have a set of key functions which should not be replicated. In other instances, work may require the collaborative efforts of both existing committees and the Emergency Department Taskforce.

Related committees and areas of work for consideration include:

Agency for Clinical Innovation

- Emergency Care Institute Executive Committee, and other sub committees including but not limited to:
  - Emergency Care Clinical Advisory Committee
  - Emergency Care Information Systems and Technology Advisory Committee
  - Emergency Care Research and Innovation Advisory Committee
  - Rural and Regional Emergency Advisory Group.
- Models of Care and clinical tools
- Emergency care assessment and treatment (ECAT) program.

Ministry of Health

- Performance management - System Management Branch
- Performance Reporting – System Information and Analytics Branch
- Policy development, e.g., ED Triage Policy - System Purchasing Branch
- Hospital performance support – System Performance Support Branch
- Service Agreements - System Purchasing Branch
- Purchasing negotiations - System Purchasing Branch
- Funding arrangements - Finance Branch.