

Emergency Care Improvement and Innovation Clinical Network

The *Emergency Care Improvement and Innovation Network (clinical network)* supports sustainable improvements and innovation for the delivery of accessible, appropriate, efficient and effective emergency care across the Victorian health system. The key objective of the *clinical network* is to lead innovation and ongoing improvements in the delivery of emergency care in Victoria's public hospitals.

The *clinical network* aims to:

- foster communication and collaboration between health services and the department
- provide leadership and transparency in the development and implementation of innovation
- provide analysis and advice to assist emergency departments (EDs) design and deliver innovation and system improvements
- inform health policy for the delivery of consistent, efficient and effective emergency care across the Victorian health system.

The *clinical network* is not an alternative to operational or local health service management structures or accountability, nor does it have accountability for direct service provision. Rather the mandate of the *clinical network* is to support organisations to collaborate on and participate in sustainable improvements and innovation within the scope of the network.

Principles

Activities of the *clinical network* will be based on the following principles:

- Collaboration: Undertake activities that require **collaboration and participation** across a range of stakeholders and health service organisations
- Governance: Demonstrate **clear accountability and reporting arrangements** for individual members and the network as a whole
- Business planning: Develop a **work-plan** that addresses key priority areas
- Information sharing: Demonstrate a commitment to implementing **clinical best practice** and evidence-based research
- Value for money: Focus on initiatives that will maximise **efficiency and cost effectiveness** of service delivery
- Equity: Implement activities that will be of maximum **value to the majority** of consumers
- Sustainability: Focus on activities that will achieve **sustainable** change within and between health services
- Quality: Undertake regular performance monitoring and **quality improvement** activities within the network to improve the efficiency and effectiveness of network operations
- Consumer focused: Implement activities designed to enhance **patient centred care** and promote seamless provision of services across the care continuum

Emergency Care Clinical Network Steering Committee

The *clinical network* steering committee is an expert group to guide and support the *clinical network*. The *clinical network* steering committee will consult widely with a range of recognised experts when developing projects to assist health services implement sustainable improvements to emergency access and the delivery of emergency care.

Purpose

This *clinical network* steering committee will:

- collaborate with health services and the department to set strategic goals and determine priorities
- advise on the development and implementation of access and clinical care improvement initiatives
- review and monitor progress of projects and make decisions on direction/modification
- oversee program quality assurance
- provide a communications conduit to health services, the department and other key stakeholders

Organisational arrangements

The department will establish the *clinical network* steering committee. It will include representation from Victorian health service emergency departments.

The chair of the *clinical network* steering committee will be accountable to the department and will communicate through the Access and Metropolitan Performance Branch. The *clinical network* steering committee will report to the Director, Access and Metropolitan Performance and the department on its business and achievements.

Clinical Network Steering Committee Membership

The Director, Access and Metropolitan Performance will endorse the membership of the *clinical network* steering committee. Membership will be selected based on the mix of skills and capacity required to ensure activities are relevant and useful to the sector. Members, along with invited individuals who possess specific expertise may be co-opted to join specific project reference groups as needs arise.

Membership of the *clinical network* steering committee will include individuals with clinical and/or management experience with specific knowledge, skills and experience required for the *clinical network* to achieve its outcomes.

Steering committee composition

The Steering Committee will comprise 12 members representing metropolitan, regional and rural health services, and a Chair as follows:

- Network Chair/Clinical Lead (1)
- Emergency Nurses (2)
- College of Emergency Nursing Australasia (Vic.) Representative (1)
- Emergency Physicians (2)
- Australasian College of Emergency Medicine (Vic.) Representative (1)
- Primary Care (Collocated clinic) (1)
- Allied Health (1)
- Ambulance Paramedic (1)
- Researcher/Academic (1)
- Health service executive (1)
- Consumer Representative (1)
- Department of Human Services (1).

Membership Appointment

The Chair will be appointed by The Director, Access and Metropolitan Performance.

Health services and organisations will be requested to nominate candidates who are considered experts in their field and who have the support of their employer to attend meetings (where

applicable). Members are required to attend at least 75 per cent of meetings during each year and make a significant contribution to the committee. Proxies on behalf of an absent member are not permitted.

Chairperson

A part-time chair of the *clinical network* will be appointed through an advertised process to provide senior clinical leadership. The Chairperson will initially be appointed for a term of office of two years.

Length of membership

The chair and members are appointed for an initial period of two years. The Chair and members may be re-appointed for a subsequent term at the discretion of the Director, Access and Metropolitan Performance. Nominations will be sought for new member appointments to fill vacant steering committee positions.

Quorum

Seven or more members meeting together or via teleconferencing facilities shall constitute a quorum.

Frequency of meetings

Meetings will be held a minimum of four times a year. Mechanisms will be established to facilitate ongoing communication between meetings.

Committee support

Initially, the department will provide secretariat support to the clinical network steering committee.

Terms of Reference

The Terms of Reference will remain in operation for a twelve-month period and then be subject to review.

- Develop and manage a program of initiatives to support improvements and innovation in emergency access and delivery of clinical care across Victorian health services.
- Establish mechanisms to support communication and collaboration between emergency departments across existing organisational boundaries.
- Advise the Department of Human Services on actions to improve the delivery of appropriate, efficient, effective and quality emergency care in Victoria.
- Collaborate with stakeholders and other related bodies that influence emergency care such as Consultative Councils, Department of Human Services Advisory Committees, health services and clinicians in fostering quality improvement in the delivery of emergency care across Victoria's health services.
- Advise on issues affecting the access and delivery of clinical care that cross existing organisational boundaries.
- Where appropriate, review the effectiveness of actions taken to respond to emergency care issues identified by experts and clinicians, and recommend best practice approaches for dissemination.
- Advise on the most effective ways to involve consumers in health care provision, deliver patient-focussed, timely and effective emergency care, and provide an enhanced patient experience.

Deliverables in the first twelve months

The network will be reviewed after 12 months to identify the achievements and outcomes with a view to deciding the continued operation and viability of the network and to prioritise the work plan for the following 12 month period.

- Implement a program structure
- Establish mechanisms for network communication
- Identify priority activities for system improvements and innovation in emergency access and delivery of clinical care
- Develop a work-plan to address key priority activities
- Establish mechanisms to support, develop and maintain appropriate skills for network representatives to achieve network objectives

Interface

Professional organisations

The *clinical network* steering committee will consult with clinical colleges and other professional clinical organisations to ensure appropriate additional input from the medical, nursing and allied health professions.

Advisory Committees

The *clinical network* will complement existing Government and departmental advisory committee's such as the Emergency Access Reference Committee (EARC) and the State Trauma Committee (STC).

Clinical Networks

To be successful, network function must be consistent with and embedded in system wide strategic improvement plans. Development of the *clinical network* will occur in alignment with the departmental strategic vision for clinical networks in Victoria.