

21 March 2024

Mr Gerard Hayes
General Secretary
Health Services Union NSW/ACT/QLD
Locked Bag 3
AUSTRALIA SQUARE NSW 1215

Re: Joint statement on behalf of the Improving Paediatric Pathology Services Across NSW Project Steering Committee

Dear Mr Hayes

Further to our earlier correspondence about this project, we advise that we have considered the Collated Priority Working Group Recommendations and Report and now share the Steering Committee's response to the Report and plans for next steps.

We would first like to acknowledge that the scope of this project has evolved over time. Originally conceived as a feasibility study for a statewide paediatric pathology service, potential future governance models were also raised by staff during the consultation phase. However, it became increasingly clear that a focus on future governance models would distract from working towards improved outcomes and enhanced paediatric pathology services more generally. Our primary focus is, and should continue to be, delivering the best services possible for our patients, their families and carers, and the clinicians who rely on our diagnostic expertise. We are no longer considering future governance models as part of this project, and this is why we agreed to reshape the scope of the project, which is reflected its updated name, *Improving Paediatric Pathology Services Across NSW*.

We remain committed to the project aims of delivering coordinated, sustainable, patient-centred paediatric pathology services for NSW children, young people and their families to:

- improve health outcomes and experiences of care for patients and their families regardless of where they are accessing paediatric pathology services
- respond to increasing demand for specialist paediatric pathology services and deliver models of care (and services) that respond to the changing health landscape
- leverage advances in enabling technology and standardisation of service delivery across the state
- address challenges routinely faced with recruitment and retention of experienced staff
- streamline referral pathways, enhance connections between paediatric pathology specialists and referring clinicians and continue to facilitate close collaborative relationships between diagnostic and clinical services.

The Report is the culmination of more than six months work of the eight (8) Priority Working Groups (Access, Collections, Communication, Process, Research, Technology, Testing and Workforce). They were established to develop implementations plans to respond to the short, medium and longer term priorities identified by staff and stakeholders during the consultation and prioritisation phases of this project. Members were identified through an Expression of Interest

process and comprised SCHN and NSWHP staff who volunteered their time, together with clinical referrers who also contributed their expertise and participated in several working groups.

The Priority Working Group implementation plans were consolidated into a single report which contains a total of 62 recommendations, where similar recommendations were combined and then grouped according to the key themes that emerged. Of note, there was a high degree of alignment between the Priority Working Groups and their recommendations.

It is clear that the Priority Working Groups were an effective model for collaboration between SCHN and NSWHP. Ongoing collaboration has also emerged as a key theme and recommendation in the Report as has sharing learnings and outcomes between the organisations for improved outcomes. Thank you for your ongoing interest and the participation of the Health Services Union in this project.

Of the 62 recommendations, the Steering Committee has either endorsed or endorsed in principle 54 recommendations, which will enhance the delivery of paediatric pathology services across NSW into the future. Several of the recommendations are already underway and the findings and outcomes will be shared across both organisations; others will be progressed by a Paediatric Pathology Community of Practice which will oversee their implementation including further scoping and investigation as required.

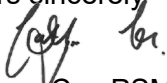
A further six recommendations were either noted as already occurring through, or dependent on, the Fusion and Single Digital Patient Record programs (3), outside the scope of the project (2) or were for noting only (1). Only two recommendations were not supported; this is because NSWHP and SCHN already provide the testing required for patient populations we service and specialised testing centres support the major tertiary children's hospitals.

A full list of recommendations and the Steering Committee response is available below.

SCHN and NSWHP will establish a Paediatric Pathology Community of Practice to progress the recommendations where indicated. This group will also act as a conduit for findings and outcomes in respect of recommendations that are already being progressed by either SCHN or NSWHP.

We will now formally bring this consultation phase of the project to a close. Following endorsement of the Report, SCHN and NSWHP will continue to work collaboratively to ensure the very best paediatric pathology services for children and young people across NSW now and into the future. We will continue to provide periodic updates to staff, and the HSU, regarding the implementation of the recommendations and the work of the Paediatric Pathology Community of Practice. We will have a further USCC on the Project to discuss the appropriate channels for further consultation and discussions with the HSU and the organisations as this work progresses.

Yours sincerely



Cathryn Cox PSM
Chief Executive
Sydney Children's Hospitals Network



Vanessa Janissen
Chief Executive
NSW Health Pathology

Appendices

1. Steering Committee Responses to the Report
2. Collated Priority Working Group Recommendations and Report

Steering Committee Response to the Collated Priority Working Group Recommendations and Report - Improving Paediatric Pathology Services Across NSW Project

A summary of the Steering Committee response to the *Collated Priority Working Group Recommendations and Report (the Report)* is outlined below. For ease, some recommendations have been summarised, however, the full recommendations are available in the Report.

No	Recommendation	Steering Committee Response
1.	Establish a paediatric pathology community of practice comprising staff from SCHN and NSWHP operations (clinical, scientific and technical), pre-analytical services. human resources. strategic communications. business development	Support.
2.	Undertake a comprehensive mapping exercise to: <ul style="list-style-type: none"> Document and maintain a statewide profile of paediatric pathology services and expertise available across NSW Build a comprehensive paediatric patient profile Use this information to explore whether we have the right mix of paediatric pathology tests in the right locations 	Support in principle. This will form part of the diagnostic process for the Single Digital Patient Record (SDPR) program, and an assessment of the data will be undertaken when SDPR diagnostics have been completed.
3.	Explore the feasibility of including all CHWP paediatric pathology tests in the Statewide NSWHP Test Catalogue (the Test Catalogue)	Support.
4.	Develop an AI enabled search/inquiry tool for the Test Catalogue to support clinicians seeking specific advice	Noted. It is too early to make significant modifications to the Test Catalogue until it is understood how SW Laboratory Information System being developed using EPIC will influence its look, feel and functionality.
5.	Identify ways to promote and increase awareness of the Test Catalogue with clinical referrers	Support. Refer to the Paediatric Community of Practice to implement.
6.	Explore the establishment of a Statewide Customer Service Centre for public pathology across NSW including paediatric pathology	Support in principle. Refer to the Paediatric Community of Practice to determine the scope, scale and resource requirements of the work required
7.	Undertake a further analysis of NSWHP collection centres providing paediatric services to confirm service offerings including days, times, ages supported, specialist services, Aboriginal Torres Strait Islander staffing, together with languages read and spoken, services available for non-English speaking background, LGBTQIA+ support and any specialised testing performed	Support. Refer to the NSWHP Collections Collaborative to consider and prioritise in its work plans.
8.	Identify opportunities and sites for extended operating hours (out of school hours, weekends), dedicated paediatric days and times	Support. Each organisation will consider how to best implement this recommendation in their collection centres
9.	Develop or identify referral options for alternative pathways for children with additional needs	Support. This work is already underway in SCHN and NSWHP will leverage its findings and outcomes

10.	Assess existing concierge models for application to the collections environment and the viability of collections booking system	Support. Refer to the NSWHP Collections Collaborative to consider and prioritise in its work plans.
11.	Develop a model of care for paediatric home collections services	Support in principle. NSWHP has developed a draft Home Collections Model of Care. Refer to the Paediatric Community of Practice to consider implementation including applicability in a SCHN context.
12.	Collaborate and advocate on fit-for-purpose collection centres and review current collection centre standards to ensure where possible, commitment to best practice child and family friendly functional design	Support.
13.	Explore the feasibility of paediatric collections in community health centres being established in new population centres and outpatient settings	Support in principle. Refer to the Paediatric Community of Practice to explore how best to expand paediatric collections based on need, demographic changes and demand.
14.	Explore having dedicate paediatric collection centres close to specialist paediatric hospitals and areas of high clinical demand	
15.	Standardise policies and procedures for training and competency assessment including positive skills training and on-the-job training and support	Support. NSWHP is already undertaking this work and will share the findings and outcomes with SCHN
16.	Establish a technical training team for training and competency assessment	
17.	Establish a collector exchange program to build paediatric skills	
18.	Review, mitigate the risks (where possible) and control WHS risk associated with paediatric collections	Support. Both organisations will explore how best to implement these recommendations and share any learnings and knowledge.
19.	Explore other pathways to recognise paediatric collection expertise e.g. training roles. mentoring, access to in-service opportunities	
20.	Develop a communication strategy to enhance awareness of public paediatric pathology services for clinicians, patients and their families	Support. Refer to the Paediatric Community of Practice to implement.
21.	Review and update online paediatric pathology content on the SCHN and NSWHP websites	
22.	Improve availability of online and in centre informational resources including print and video resources to better support patients and their families attending for collections	Support. SCHN is already undertaking this work and will share the findings and outcomes with NSWHP.
23.	Explore sharing of analytics/low code automation resources with CHWP	Support in principle. SCHN and NSWHP will leverage the work of the Fusion program to improve data and analytics capabilities.
24.	Explore existing and potential options for patient feedback for patients and stakeholders both anonymously or with their details to ensure a response.	Support. Both organisations already have established patient feedback and engagement mechanisms in place.
25.	Establish an online mechanism for families and carers to register their interest to participate in consumer engagement activities including service planning	
26.	Agree to providing a summary of recommendations of the Improving Paediatric Pathology Services to relevant consumer groups	Support. SCHN will share a summary with the SCHN Family Advisory Council.
27.	Recommend that NSWHP and CHWP schedule ongoing meetings with the Child Health Network Leads to embed endorsed recommendations as relevant	Support. Refer to the Paediatric Community of Practice to implement.

28.	Align the CHWP Lab with the Fusion build and expansion of integration points	Support in principle. SCHN and NSWHP support greater alignment and integration in the context of the Fusion planned work.
29.	Standardise reference ranges and use QC and analyser equipment appropriate for paediatrics	Support. Reference ranges for paediatrics are already being harmonised for paediatrics through the Fusion Program.
30.	Reconciliation of CHWP and NSWHP patients	Noted. This is already occurring through the SDPR program.
31.	Identify what paediatric research is being undertaken across SCHN and NSWHP to better understand collaboration and interests as well as barriers to performing research	Support in principle. SCHN will establish a Paediatric Research Community of Practice (with NSWHP representatives) to explore these recommendations.
32.	Undertake a review to understand what resources are required to translate tests from research to diagnostics with respect to equipment, staffing, training etc	
33.	Develop a clear pathway for research translation a funding model after review of interstate/international models and NSW Health policies and an approval process for transitioning research only tests to NATA approved diagnostic tests	
34.	Develop a shared research strategy and facilities for paediatric pathology	
35.	Support better understand research governance requirements, staff to pursue research opportunities in paediatric pathology including small grants programs and fellowship programs, young investor scheme, funding to attend research conferences and the allocation of staff time for research including provision of backfill	
36.	Organise a research forum to showcase paediatric research being conducted at SCHN and NSWHP	
37.	Consider establishment of research specific positions and staff provided the opportunity to rotate through this role and gain research experience	
38.	Undertake a comprehensive discovery/ risk assessment of current (disparate) processes for result delivery and explore opportunities to develop an interim approach to reporting and result notification while the Fusion Program is being rolled out across the state	Noted. Enhancing result notification and reporting is critical contributor to service improvement and is already part of the Fusion Program's development and build.
39.	Establish a consistent position regarding the release of paediatric results across both NSWHP and CHWP to families	Support. Refer to the Paediatric Community of Practice to explore developing an agreed position regarding release of paediatric results.
40.	As relevant, update release of results policies and procedures to reflect the interim result and report notification processes and the use of modern technology for result and report distribution	
41.	Advocate for or the enhancement and statewide rollout of PathWorks including to CHWP	Support. This is a key strategic priority for NSWHP and will share the findings and outcomes with SCHN
42.	Undertake workforce planning including: <ul style="list-style-type: none"> Collection and analysis of workforce information and data across both organisations 	Support in principle as amended by the Advisory Committee and subject to further investigation about resourcing and phasing

	<ul style="list-style-type: none"> • Capability mapping, capability gap analysis (current and future state capability needs) • Undertake high level business process analysis • Assess the opportunities and impact of new technologies (including the implementation of Fusion) on capability • Review functions between paediatric and non-paediatric pathology positions and identify differences/gaps • Sufficient staffing of technical and scientific staff to ensure safe workloads for staffs - including but not limited to absences arising from leave and to ensure staffing level of paediatric services is sufficient to meet required clinical care of patients. • Identify and construct clear pathways and develop skills matrix to measure gaps • Develop standard competencies for pathologists • Conduct a training needs analysis for paediatric pathology - identify where training is being provided • Develop and embed a training function to support paediatric pathologists and scientists • Consider opportunity for intern training rotation in pathology/ paediatric pathology • Develop a strategy for succession planning. 	
43.	Review paediatric collections staffing levels, reporting lines, training and education, and relevant operating systems to ensure alignment with service delivery outcomes.	Support. NSWHP is already undertaking this work and will share the findings and outcomes with SCHN.
44.	Review of areas of expertise of laboratory staff in paediatric testing and consider opportunities to train adult laboratorians in paediatric testing	Not supported. SCHN and NSWHP laboratory staff are trained to provide the testing required for patient population they service.
45.	Review and define priority tests including what tests can remain at all labs versus tests that need to be referred to specialised or centralised paediatric pathology labs	Support. This is already occurring through the Fusion program as part of the development of a SW Laboratory Information Management Service.
46.	Explore the establishment of one (or more) paediatric centres of expertise for highly special testing	Not supported. Both SCHN and NSWHP already provide highly specialised paediatric testing as required.
47.	Develop statewide referral pathways for specialised paediatric pathology tests, which includes pathways that support access to more than one referral lab to improve turnaround times	Support. The NSWHP Test Catalogue informs the movement tests and following the inclusion of CHWP tests will provide a single source of truth for all testing across NSW.
48.	Build on existing processes and explore opportunities to increase collaboration between the two services regarding the introduction of new tests	Support. Refer to the Paediatric Community of Practice to implement.

49.	Recommend to HETI and the NSWHP Point of Care Testing Team (POCT) that online and face to face training for nursing and ward staff currently using POCT be enhanced	Outside the scope of this project.
50.	Note the importance of: <ul style="list-style-type: none"> Health planning data informing future service delivery plans Early pathology involvement in Health Infrastructure NSW new hospital builds and/or refurbishments The design of new pathology collections facilities to include safe spaces for children 	Noted.
51.	Make representations to the Ministry of Health to engage with award reform that support the removal of structural impediments in the relevant awards that impact on recruitment and retention of Pathology workers	Support in principle. There are existing processes regarding award reform and these issues should be referred by NSWHP and SCHN through their relevant award reform working parties.
52.	Note award reform is already under discussion and recommend that recognition of experienced collectors and the work that collectors perform be considered as part of this process	
53.	Develop targeted strategies to: <ul style="list-style-type: none"> Standardise and streamline attraction, selection and onboarding processes in line with contemporary practices Support staff retention through multiple initiatives e.g. recognition and acknowledgement of expertise, career development opportunities and pathways, and ongoing learning. 	Outside the scope of this project.
54.	Advocate for a dedicated CHWP Central Specimen Reception/ Send away Service	Support. SCHN is already exploring a single specimen reception for CHWP.
55.	Review existing courier routes and explore enhancements	Support. NSWHP routinely explores courier routes, and this work will continue in preparation for Fusion. SCHN will be included in courier reviews as they arise.
56.	Identify capacity and request that the feasibility of drone technology be explored to support remote and under served areas including the rapid delivery of pathology specimens and supplies	Support in principle. NSWHP is in the early stages of scoping the feasibility of drones. SCHN will be able to leverage the findings and outcomes.
57.	Identify what MDTs are associated with the three Children's Hospitals and exploring opportunities for greater paediatric pathology involvement	Support. Refer to the Paediatric Community of Practice to explore implementation of this recommendation, leveraging existing work in NSWHP and SCHN
58.	Consider exploring a charge for MDTs to make paediatric pathology participation in MDTs more sustainable	
59.	Provide CHWP with access to NSWHP procurement/pricing tenders and share vendor resources	Support. NSWHP and SCHN are already working together around procurement and pricing.
60.	Invite CHWP representatives to join the NSWHP Procurement Planning Committee	

61.	Undertake a comprehensive discovery of current specimen management and transfer processes for paediatric pathology specimens requiring specialist testing at each site	Support. This is already occurring through the Fusion program to support the development of a Statewide Laboratory Information Management Service.
62.	Establish uniform processes for the transfer of paediatric pathology specimens between NSWHP and CHWP	Support. This is already occurring through the Fusion program and could be further informed by the Paediatric Community of Practice.

Improving paediatric pathology services across NSW Project

COLLATED PRIORITY WORKING GROUP RECOMMEDATIONS AND REPORT TO THE STEERING COMMITTEE

DECEMBER 2023



ABOUT THE PROJECT



- Sydney Children's Hospitals Network (SCHN) and NSW Health Pathology (NSWHP) are committed to delivering the highest quality, most efficient and reliable public paediatric pathology services for children, young people and their families across NSW.
- In September 2022, SCHN and NSWHP commenced a joint project to explore how we can work together to improve the way we deliver paediatric pathology services across NSW and make best use of our highly skilled staff, modern diagnostic technologies and support services.
- More than 15 consultation sessions were held with staff and stakeholders in 2022 exploring opportunities to enhance and improve paediatric pathology services.
- Feedback from more than 500 staff and stakeholders highlighted that there was strong support for providing dynamic, child-centred paediatric pathology services, where patient outcomes drive the priorities, to ensure timely diagnosis and appropriate clinical care for NSW children and young people.
- The Consultation Report prioritised the improvements and service gaps based on what staff and stakeholders said mattered most, from which short, medium and longer-term priorities have been identified.

ABOUT THE PRIORITY WORKING GROUPS



- Eight Priority Working Groups were established to progress the short medium and longer term priorities identified through staff and stakeholder consultation and feedback.
- The Priority Working Groups included the following key domains for improvement:
 - Access
 - Collections
 - Communications
 - Process
 - Research
 - Technology
 - Testing
 - Workforce
- The Priority Working Group membership comprised SCHN and NSWHP staff selected via an Expression of Interest (EOI) process.
- More than 70 SCHN and NSWHP staff responded to the EOI and participation was assessed according to the following principles:
 - Ensuring a mix of medical, scientific and technical voices and expertise from different disciplines and locations
 - Broad representation from SCHN, NSWHP and clinician referrers
 - Ability to bring wider frames of reference to the discussion and contribute to a diversity of views.
- Following this process, more than 65 staff were allocated across eight Priority Working Groups.

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- The Priority Working Groups commenced in late May with two on-line sessions led by the Shaping Futures Team from the then Department of Premier and Cabinet in May 2023.
 - These sessions explored design thinking, innovative service responses and options to help future proof the delivery of paediatric pathology services.
 - Between June and November 2023, the Priority Working Groups led by Co-Chairs from SCHN and NSWHP were tasked with developing an implementation plan with responsibilities, timeframes and deliverables.
 - This included:
 - Reviewing each priority in detail and identifying next steps including further analysis required, the need for expert advice and opportunities to improve patient, staff and stakeholder outcomes and experiences
 - Undertaking further analysis/actions with support from the Co-Chairs and the Project Team member allocated to that Priority Working Group
 - Seeking and incorporating advice from the Advisory Group.
 - Each of the Priority Working Groups developed recommendations about how to improve the delivery of paediatric pathology services across NSW. The implementation plans are attached at **Appendix A**.



THE ADVISORY GROUP



- The Advisory Group was established to review the implementation plans and recommendations of the Priority Working Groups.
- The Advisory Group comprised:
 - Clinical Leads SCHN and NSWHP
 - Project Leads SCHN and NSWHP
 - Chief Scientist NSWHP
 - Representatives from SCHN and NSWHP
 - Clinical Operations
 - Human Resources
 - Finance
 - Clinical and Corporate Governance
 - Information and Communication Technology
 - HSU nominations from SCHN.
- The Advisory Group was tasked with reviewing whether the proposed Priority Working Group recommendations:
 - Would achieve or contribute to improved paediatric pathology services across NSW
 - Are operationally, technically and/or financially feasible.
 - Whether they present challenges, barriers or risks to implementation and/or dependencies that the Steering Committee should consider as part of its deliberations.
- Two Advisory Group meetings were held on:
 - 31 October 2023
 - 28 November 2024to allow for each of the Priority Working Groups to present their findings.

RECOMMENDATIONS



- The Priority Working Groups made a total of 74 recommendations for how paediatric pathology service delivery could be improved across NSW.
- While there was overlap in the recommendations, it did highlight alignment between the different groups around what areas required focus.
- The Priority Working Group process also delivered non-tangible benefits including:
 - Improved collaboration between the two organisations
 - A greater sense of where improvement opportunities lie, and/or areas for future collaboration.
- Following the Advisory Group review, the Project Team prioritised the recommendations. Several key themes emerged including:
 - Improving understanding and documentation of each organisation's paediatric service/testing/ staffing profile
 - Opportunities for new and improved service models and staff training particularly in collections
 - Improved service integration
 - A collaborative/shared approach to paediatric research
 - Improved processes for result notification and report delivery as Fusion is being rolled out
 - Training and education for paediatric staff including collectors
 - Opportunities to improve patient, staff and consumer engagement.

RECOMMENDATIONS

Similar recommendations identified in more than one Priority Working Group have been consolidated, resulting in a total of 62 recommendations.

HEADLINE RECOMMENDATIONS

Paediatric Pathology Community of Practice

1. Establish a paediatric pathology community of practice comprising staff from SCHN and NSWHP operations (clinical, scientific and technical), pre-analytical services, human resources, strategic communications, business development etc to:
 - Establish and formalise open communication pathways between the services
 - Build and/or enhance the knowledge of paediatric pathology services in existing customer liaison officers, business development managers and call centre staff in SCHN and NSWHP
 - Work with the project leads tasked with implementing the endorsed recommendations and identify opportunities to promote service enhancements
 - Develop a process to review and collate family and carer feedback received via compliments and complaints, IMS+ reports etc for report back quarterly to the SCHN or NSWHP executive on how the feedback has informed the delivery of paediatric services and quality improvement.
 - Make recommendations on how best to engage with clinicians to enhance transition pathways and

the continuum of care for patients at key milestones

- Oversee the implementation the recommendations endorsed by the Steering Committee.

Advice to the Steering Committee

- The value of collaboration between SCHN and NSWHP was raised by several Priority Working Groups including in relation to accessing paediatric pathology services, collections, service and patient profile mapping, new tests, research and technology. Interagency working groups bringing together the right capability and skills, were seen as the appropriate mechanism to lead the implementation of the recommendations.

The Advisory Group also identified enhanced collaboration as an important consequence of the *Improving Paediatric Pathology Services Across NSW* Project.

- It is important, given the investment in undertaking this project, that a mechanism is established to progress or further develop the recommendations endorsed by the Steering Committee.

Recommendation: Support the establishment of a Paediatric Pathology Community of Practice and task it with overseeing the implementation of the recommendations including monitoring and oversight.

RECOMMENDATIONS

Service and Patient Profile

2. Undertake a comprehensive mapping exercise to:
 - Document and maintain a statewide profile of paediatric pathology services and expertise available across NSW including service capability and demands for each laboratory covering volume current and projected, referral network etc.
 - Build a comprehensive paediatric patient profile e.g. geographic distribution, testing demand and complexity and explore collaboration with the ACI, Children Health Care Networks and LHDs
 - Use this information to explore whether we have the right mix of paediatric pathology tests in the right location e.g. what locations should offer specialist paediatric tests and centres of excellence etc.

Advice to the Steering Committee

- Feedback from the Priority Working Groups that came through strongly was the need for a comprehensive mapping exercise to understand not only paediatric pathology capability and expertise across NSW, but also the ongoing alignment of paediatric testing expertise with the needs of the paediatric population including demand for specialist testing and emerging paediatric populations requiring close to home collections and testing services.
- This work is critical to strategic planning including clinical service planning, and will help to shape how and where services need to be

provided based on current and future demand.

Recommendation: Support noting this work will need to be properly resourced and the potential for oversight from the Paediatric Pathology Community of Practice (Recommendation 1) if endorsed.

This work should be aligned with SCHN and NSWHP strategy e.g. NSWHP's Creating labs of the future (Pathology 2035) and the mapping of paediatric services to the service capability framework which is scheduled to occur in early 2024.

Statewide Test Catalogue

3. Explore the feasibility of including all CHWP paediatric pathology tests in the Statewide NSWHP Test Catalogue (the Test Catalogue) together with:
 - Information about expected turnaround times so that clinicians/ families understand how long a test will take to be completed and reported.
 - Up-to-date paediatric pathology contact details for clinicians/ laboratories, including rural and regional staff to follow up specific paediatric pathology advice
4. Develop an AI enabled search/ inquiry tool for the Test Catalogue e.g. a chat bot, to support clinicians seeking specific advice e.g. tubes, volumes, key contacts etc.
5. Identify ways to promote and increase awareness of the Test Catalogue with clinical referrers.

RECOMMENDATIONS

Test Catalogue (cont)

including exploring opportunities through the SDPR/Fusion build and roll-out.

Advice to the Steering Committee:

- Every Priority Working Group recommended a single Test Catalogue for all tests performed by CHWP and NSWHP.
- This will provide a comprehensive view of all public pathology testing across NSW and a single 'source of truth' for clinicians.
- Providing more detailed information about turnaround times (TATs) and/or time to report will help to manage expectations about about how long a test will take to be completed and reported.
- Similarly including clinical and scientific key contacts (as is currently the case) will provide a mechanism for clinicians to access paediatric pathology testing information and/or specialist expertise.
- It is important to note that while some CHWP paediatric tests are already captured in the Test Catalogue it is only those tests that NSWHP does not perform in-house.
- Additionally, collating and inputting the testing information in the Test Catalogue and ensuring its currency will have resource implications for CHWP. There may also be licensing, and IT resource implications.
- The clinician survey undertaken by

the Access Priority Working Group also identified that 64% of respondents (n=69) were either not aware of the Test Catalogue or were aware of it but has not used it. While the response rate was low, it highlights an issue with the level of awareness about the Test Catalogue and clinician access to the valuable collections, testing and other information it provides.

Recommendation: Support Recommendations 3 and 5, noting that CHWP will need to identify resources for development and ongoing maintenance to support inclusion of its tests in the Test Catalogue. There will also be resource implications for the NSWHP Pre and Post Analytics and DevOps Teams that would need to be factored in.

Delay the further development of Test Catalogue including the use of AI pending the outcome of Recommendation 3.



RECOMMENDATIONS

Statewide Customer Service Centre

6. Explore the establishment of a Statewide Customer Service Centre for public pathology across NSW including paediatric pathology to provide clinicians, patients and their families with:
 - Information and links to collection centres including location, services offered, operating hours and testing requirements
 - Bookings/scheduling of testing
 - Fact/information sheets for patients, or clinicians to give out to patients
 - Advice on referral pathways for specialist tests
 - Support for result notification and result delivery.

Advice to the Steering Committee

- Providing a centralised resource for clinicians and patients to access pathology and testing advice, would

be a significant enhancement to the delivery of pathology services across NSW. It would help to address the current challenges of ad hoc, variable information and processes and provide a one stop shop for both patients, their families and clinicians seeking information paediatric pathology collections and testing in NSW.

- However, it would have significant resource implications, and in the case of paediatric pathology, requires considerable work (highlighted in the recommendations) to better understand the current service, patient and testing profile.

Recommendation: Note that recommendation 6 is dependent on resources and funding. Review once service, testing and collections profile has been mapped.



RECOMMENDATIONS

COLLECTIONS

Service Models

7. Undertake a further analysis of NSWHP collection centres providing paediatric services to confirm service offerings including days, times, ages supported, specialist services, Aboriginal Torres Strait Islander staffing, together with languages read and spoken, services available for non-English speaking background e.g. interpreter services, signs or information in other languages) and LGBTQIA+ support and any specialised testing performed.

Advice to the Steering Committee

- Both SCHN and NSWHP have undertaken reviews of their collection services and have recommended improvements.
- NSWHP Blood Collections – Statewide Service Review was undertaken in 2022 to better understand the current NSWHP collections landscape including differences between metropolitan and rural and regional services and address widespread challenges related to recruitment, staff retention and efficient onboarding practices.
- Although the NSWHP review, did not specifically include a paediatric pathology focus, providing more detailed information about paediatric collections services will assist patients and families to access testing closer to home with trained paediatric collectors. It should be noted, however, that the data will require ongoing maintenance to ensure currency.

Recommendation: Support and task the NSWHP Director of Pre and Post Analytics to incorporate this work into the implementation of recommendations of the NSWHP Collections Review.

8. Identify opportunities and sites for extended operating hours (out of school hours, weekends), dedicated paediatric days and times.
9. Develop or identify referral options for alternative pathways for children with additional needs.
10. Assess existing concierge models for application to the collections environment and the viability of collections booking system, in the first instance for paediatric pathology to ensure the availability of trained specialist paediatric pathology staff.
11. Develop a model of care for paediatric home collection services.
12. Collaborate and advocate for fit-for-purpose collection centres and review current collection centre standards to ensure where possible, commitment to best practice child and family friendly functional design.

Advice to the Steering Committee

- Paediatric collections have unique challenges due to their smaller veins and excess of subcutaneous fat, and cognitive and behavioural issues e.g. lack of maturity or understanding about why blood collection is important to their health, anxiety and fear, and physical and mental disabilities.

RECOMMENDATIONS

Collections (cont.)

- Adding to the complexity is managing the expectations of the patients/carers with increasing numbers of patients with additional needs being referred to the public system due to its expertise.
- As pathology services can often be one of the first experiences with the healthcare system following birth, they have the potential to be a formative experience that can impact a child's (and their families) trust and engagement with future care.
- Effective service delivery also relies on the availability of collections centres that cater to paediatric patients including those with special needs and provide not only trained paediatric collectors but also child and family centred amenities, access and other supports that facilitates a 'positive' experience of blood collection.

Recommendation: In principle support for Recommendations 8-12, and request that the NSWHP and SCHN Pre and Post Analytics Team work together leveraging the NSWHP Collections Review and Project Levi (a SCHN project focused on the collections experience) implementation plans to progress these initiatives.

13. Explore the feasibility of paediatric pathology collections in:
 - Community health centres being established in new population centres
 - Outpatient settings.

14. Explore having dedicated paediatric collection centres close to specialist paediatric hospitals and areas of high clinical demand.

Advice to the Steering Committee

- Recommendations 13 and 14 will be informed by the outcomes of Recommendations 2 and 7 around paediatric services, testing and collection profile and should be deferred for consideration once this work has been finalised.

Recommendation: Defer until Recommendation 2 and 7 have been finalised.

Training & Competency Assessment

15. Standardise policies and procedures for training and competency assessment including positive skills training (customer service and child life therapy) and on-the-job training and support.
16. Establish a technical training team for training and competency assessment.
17. Establish a collector exchange program to build paediatric skills.

Advice to the Steering Committee

- The NSWHP Collections Review identified that NSWHP collections services were largely siloed and relied on local policies, procedures and routines. This has led to disparity in the delivery of training and education programs and has resulted in variation in collection techniques.
- Additionally, while technical skills

RECOMMENDATIONS

Collections (cont.)

are assessed as part of competency assessments, there are no dedicated training programs for soft skills including Child Life Therapy training to assist collectors in their role e.g. managing difficult conversations, diffusing escalating situations or distraction techniques/ diversionary actions to help support the collection process.

- NSWHP has appointed a Statewide Collections Manager to work with the Director of Pre and Post Analytics and lead the implementation of the recommendation of the NSWHP Collections review. This includes standardising training and competency assessment, which could be extended to SCHN.
- Exploring a collector exchange program will also assist collectors to build their paediatric collection expertise in centres where there is more access to paediatric collections and support from experienced collectors.

Recommendation: Support, noting that working is already underway on Recommendation 15 and recommend that NSWHP and SCHN Pre and Post Analytics Team work together to progress these initiatives.

Workforce

18. Review, mitigate (where possible) and control WHS risks associated with paediatric collections.

19. Explore other pathways to recognise paediatric collection expertise e.g. training roles, mentoring, access to in-service opportunities.

Advice to the Steering Committee

- Ensuring the work health and safety of collectors is critical and paediatric collections bring a range of challenges unlike adult collections.
- Separate to award discussions which are being led by Ministry, SCHN and NSWHP should explore other avenues to recognise paediatric pathology expertise.

Recommendation: Support and recommend that the SCHN and NSWHP Pre Analytics teams work with People and Culture teams to explore these initiatives in more detail. This may include a review of WHS risks to determine whether a WHS assessment is required.



RECOMMENDATIONS

COMMUNICATIONS

Communications Strategy

20. Develop a communication strategy to enhance awareness of public paediatric pathology services for clinicians, patients and their families and:
- Support greater SCHN/NSWHP interdepartmental understanding of paediatric services
 - Showcase paediatric pathology expertise with internal and external partners via social media, existing channels and/or local networking e.g. clinical grand rounds, Morbidity and Mortality meetings, childrens' services meetings, come and ask or Q&A sessions e.g. genetics.

Communications Collateral

21. Review and update online paediatric pathology content on the SCHN and NSWHP websites including:
- The location and availability of collection centres that perform paediatric and neonatal collections
 - Improving the information available for clinicians e.g. through the "Find a service"
 - Providing easy access to website links for staff to access Research Governance and Ethics teams.
22. Improve availability of online and in-centre informational resources including print and video resources to better support patients and their families attending for collections.

Advice to the Steering Committee:

- This work will help to showcase paediatric pathology expertise within and outside of SCHN and NSWHP.
- Recommendations 20 and 21 are dependent on the recommendations around mapping of paediatric of SCHN and NSWHP's service profile but have the potential to be low cost and deliver benefits to patients, their families, staff and stakeholders.

Recommendation: Support and note where relevant, dependencies on Service Mapping recommendations.

DATA AND ANALYTICS

23. Explore sharing of analytics /low code automation resources with CHWP.

Advice to the Steering Committee

- This is an important recommendation that will assist with benchmarking paediatric pathology services across NSW. However, NSWHP data and analytics resources are already at capacity and will require resources and/or funding.

Recommendation: Explore the resources and/or funding needed to give effect to this recommendation.

RECOMMENDATIONS

CONSUMER AND STAKEHOLDER ENGAGEMENT

24. Explore existing and potential options for patient feedback e.g. via the SCHN and NSWHP websites for patients and stakeholders both anonymously or with their details to ensure a response.

Advice to the Steering Committee:

- Encouraging feedback about our services is an important way to identify what is working well and what is not as well as informing how we can improve the way services are delivered. Ensuring accessible avenues for feedback is critical to this process

Recommendation: Support

25. Establish an online mechanism for families and carers to register their interest to participate in consumer engagement activities including service planning.

26. Agree to provide the endorsed outcomes and recommendations of the Improving Paediatric Pathology Services Across NSW to the SCHN Family Advisory Council and NSWHP Consumer Engagement Working Party and ask them to promote the inclusion of paediatric patients, their families and carers voices in service planning and design.

27. Recommend that NSWHP and CHWP schedule ongoing meetings with the Child Health Network Leads to embed endorsed recommendations as relevant.

Advice to the Steering Committee

- Both SCHN and NSWHP are committed to enhancing consumer and community experiences and facilitating genuine partnerships with the people who rely on our services.
- It is important that we engage with consumers on a number of levels:
 - Individual - Embedding caring, consistent, dignified and person-centred service delivery for all healthcare consumers and their families and carers
 - Service - Incorporating consumer experience and perspectives and creating opportunities for consumer and community engagement and participation in the design and implementation of new services, service innovation and enhancements
 - Organisational - Ensuring governance oversight and support for consumer engagement across NSWHP including incorporating consumer and community engagement in project development, design, resourcing and budgets
- These recommendations embrace consumer engagement and participation in service and organisational level changes.

Recommendation: Support but for Recommendation 26, key messages should be provided rather than the outcomes and recommendations as proposed.

RECOMMENDATIONS

INTEGRATION - FUSION ALIGNMENT

28. Align the CHWP Lab with the Fusion build and expansion of integration points between

- CHWP and RPA to Liverpool (same Cerner instance)
- CHWP to NSWHP East to fully bi directional ordering and resulting
- Expanding CHWP and NSWHP West AP and genetics via lab network.

29. Standardise reference ranges and use QC and analyser equipment appropriate for paediatrics.

30. Reconciliation of CHWP and NSWHP patients.

Advice to the Steering Committee:

- NSW Health is progressing a Single Digital Patient Record for every patient across NSW which includes NSWHP's Fusion Program. Work is already underway to streamline patient data and standardise processes ahead of a new statewide Laboratory Information Management System currently being developed. To avoid unnecessary duplication with the comprehensive development work that has already and will continue to occur and diversion of critical resources, these recommendations should be forwarded to the Fusion Team for consideration.

Recommendation: Refer recommendations 28 - 30 to the Fusion Team for consideration and action as appropriate.



RECOMMENDATIONS

RESEARCH

Research Profile

31. Identify what paediatric research is being undertaken across SCHN and NSWHP via an email or a survey to better understand collaboration and interests as well as barriers to performing research.

Advice to the Steering Committee:

- It is important to not only develop comprehensive understanding of current paediatric pathology research but also showcase and celebrate our research achievement. However, emails and survey typically do not yield detailed results.

Recommendation: Support for the collection of this information by existing research officers as part of business as usual activity. Survey and email options are not recommended although could be used as the basis of more direct investigation.

Research Translation

32. Undertake a review to understand what resources are required to translate tests from research to diagnostics with respect to equipment, staffing, training etc.

33. Develop a clear pathway for research translation, including:

- A funding model after review of interstate/ international models and NSW Health policies
- Approval process for transitioning research only tests to NATA approved diagnostic tests.

Advice to the Steering Committee:

- While the translation of research is critical to the development of new tests and treatment options for patients, this work is part of the existing remit of the NSWHP and SCHN Research Offices.

The Advisory Group recommended encouraging staff participation in the Medical Services Advisory Committee.

Recommendation: Support within existing resources.

Research Collaboration

34. Develop a shared research strategy and facilities for paediatric pathology has been completed.

Advice to the Steering Committee:

- This is a longer term goal that is dependent on research that is being undertaken. This should be delayed until the comprehensive review of research.

Recommendation: Delay pending the review of Recommendation 31.

Research Investment

35. Support:

- Better understanding of research governance requirements, share easy access to information, access to education and support programs provided by Research Governance and Ethics team/s (including external staff)
- Staff to pursue research opportunities in paediatric pathology including small grants

RECOMMENDATIONS

Research Investment (cont.)

and fellowship program, young investor schemes and funding to attend research conferences

- The allocation of staff time for research including provision of backfill.

36. Organise a research forum to showcase paediatric research being conducted at SCHN and NSWHP to provide opportunities for networking and enhanced collaboration opportunities between research and diagnostic labs.

37. Consider the establishment of research specific positions and provide staff the opportunity to rotate through these roles and gain research experience.

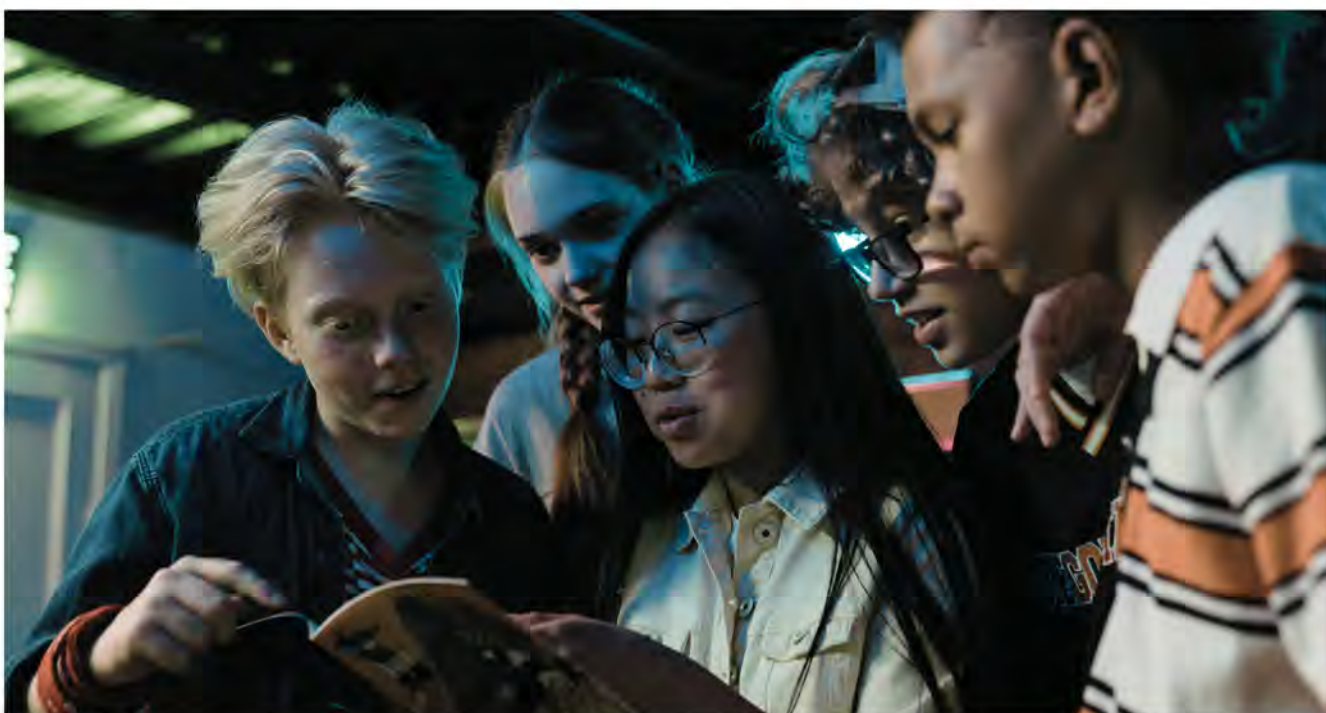
Advice to the Steering Committee

- Opportunities for collaboration

between research and diagnostic labs is critical to support research translation but require funding. Given the current challenging fiscal environment, grants programs and virtual forums and/or attendance at conferences should be explored.

- NSWHP already runs a bi-annual research forum and this could provide a vehicle for a paediatric research focused forum.
- Dedicated research positions are also important but the movement of staff in and of these roles can lead to non-productive time as a new person is trained. To be effective and deliver research benefits, it is estimated that a period of two years is required.

Recommendation: Support in principle but need to confirm source of funding.



RECOMMENDATIONS

RESULT NOTIFICATION AND REPORT RELEASE

38. Undertake a comprehensive discovery/ risk assessment of current (disparate) processes for result delivery and explore opportunities to develop an interim approach to reporting and result notification while the Fusion Program is being rolled out across the state. This should include:
- Streamlining processes for notifying sendaway results (e.g. escalating critical results) to clinicians to minimise delays, including cases referred between NSWHP and CHWP
 - Providing clinicians and families with information about turnaround times to report
 - Using automation to upload results and reports sent away for testing to reduce the use of fax and double handling/data entry
 - The feasibility of Kiteworks as statewide interim option to support encrypted email transmission of results and/or improving clinician results delivery via HL7 feeds
 - Streamlining the process for on-sending reports to new clinicians /treating specialists.
39. Establish a consistent position regarding the release of paediatric results across both NSWHP and CHWP to families and safely align the release of results through My Health Record, ensuring that sensitive results and results requiring interpretation are not released or released only after they have been explained by a clinician.
40. As relevant based on the findings of Recommendation 38 and 39, update release of results policies and procedures to reflect any changes to result and report notification processes and the use of modern technology for result and report distribution.
41. Advocate for or the enhancement and statewide rollout of PathWorks including to CHWP.

Advice to the Steering Committee

- With the disparate Laboratory Information Systems (LIS) feeding into multiple electronic Medical Records, it can be difficult for referring clinicians and treating doctors to access patient results, particularly where a specimen is transferred between LIS systems, requiring manual data entry and potential delays.
- Having one Laboratory Information Management System for NSW will dramatically improve result notification and reduce the need for manual data entry and result notification. However, the Fusion Program is not due to be rolled out across the state for some years.
- In the interim, SCHN and NSWHP rely on outdated technology to provide results and reports e.g. faxes, which are out of step with the use of other technologies including email, SMS, portals etc across a range of industries, including those where confidentiality and privacy is critical.
- There is some work already

RECOMMENDATIONS

Result Notification and Report Release (cont.)

underway to explore how result notification and report delivery can be improved and it is proposed that this work be incorporated.

- NSWHP has developed PathWorks, a mobile result app, which provides clinicians with secure, easy and portable access to patients results via their tablet or mobile phone.
- Although PathWorks has had a limited roll out to date, further expansion has been planned and prioritised in the NSWHP refreshed Strategic Plan and provides an option for the timely and portable notification of results and reports.
- NSWHP has developed a Release of Results Policy which guides staff about the appropriate release of results to both clinicians and patients.
- In practice, there is variation in the way results are released to patients, with staff often taking a more conservative approach.
- SCHN, on the other hand, does not typically release results direct to

patients. They are provided via the referring clinician and are uploaded to My Health Record.

- The benefits of a single approach to result notification for paediatric patients include:
 - Providing consumer access to their results while maintaining privacy and security
 - Ensuring that the release of health information is appropriate, and consumers have access to further information and support depending on the nature of the test results
 - Ensuring staff have clear guidance about who to release result to, what types of results can be released, in what form and safeguards must be followed.

Recommendation: Support recommendations 38 - 40 and request that Pre and Post Analytical and operations staff undertake this work, noting the need to prioritise these against the implementation of others tasked to these groups.

Note that recommendation 41 is being progressed through NSWHP. The inclusion of CHWP results requires further development and resource commitment from SCHN.



RECOMMENDATIONS

STAFFING

Staffing Profile

42. Undertake workforce planning including:
- Collection and analysis of workforce information and data across both organisations
 - Capability mapping and capability gap analysis (current and future capability needs)
 - Undertake high level business process analysis
 - Assess the opportunities and impact of new technologies (including the implementation of Fusion) on capability
 - Review functions between paediatric and non-paediatric pathology positions and identify differences/gaps
 - Sufficient staffing of technical and scientific staff to ensure safe workloads for staffs including but not limited to absences arising from leave and to ensure staffing level of paediatric services is sufficient to meet required clinical care of patients
 - Identify and construct clear pathways and develop a skills matrix to measure gaps
 - Develop standard competencies for pathologists
 - Conduct a training needs analysis for paediatric pathology and identify where training is being provided
 - Develop and embed a training function to support paediatric pathologists and scientists
 - Consider opportunities for intern training rotation in pathology/ paediatric pathology
 - Develop a strategy for succession planning.



43. Review paediatric collections staffing levels, reporting lines, training & education, and relevant operating systems to ensure alignment with service delivery outcomes.
44. Review of areas of expertise of laboratory staff in paediatric testing and consider opportunities to train adult laboratorians in paediatric testing.

Advice to the Steering Committee:

- While critical to understand the staffing numbers, capabilities and support workforce planning, this is an extensive body of work that require different skill sets as well as balancing the workload against other priorities and resource constraints.

The Advisory Group recommended that the work be sequenced as three (3) streams of work: Workforce, Capability including training and Business Process with some amendment (see over).

RECOMMENDATIONS

Staffing (cont.)

- NSWHP is progressing several strategic programs including *Creating Labs of the Future* which will require a workforce strategy and it would be good to align that work with Recommendations 42 and 43. Once this work is complete, NSWHP and SCHN will be in a better position to progress Recommendation 44 and explore upskilling of pathologists across all patient age levels.

Recommendation: Support and ask the Directors People and Culture to explore Recommendations 42 and 43 in light of existing and with the proposed phasing and amendments recommended by the Advisory Group.

Defer Recommendation 44 until this work has occurred.

More detailed Advisory Group advice in relation to Recommendation 42

Phase	Workforce	Business Process	Capability
Current State	Collection and analysis of workforce information and data across both organisations Review functions between defined paediatric and non-paediatric pathology positions and identify differences /gaps	Undertake high level business process analysis (current process mapping)	Current state capability mapping
Future State	Assess the opportunities and impact of new technologies (including the implementation of Fusion) on workforce	Assess the opportunities and impact of new technologies (including the implementation of Fusion) across business processes	Assess the opportunities and impact of new technologies (including the implementation of Fusion) on capability Conduct a training needs analysis for paediatric pathology and identify where training is being provided versus where it needs to be provided
Gap Analysis	Dependent on what is identified through the current and future state analysis		
Design	Consider opportunity for intern training rotation in pathology/ paediatric pathology Design any workforce implications arising from the gap analysis	Design any process implications arising from the gap analysis	Identify and construct clear pathways and develop skills matrix to measure gaps Develop and embed a training function to support paediatric pathologists and scientists
Implement	Implement initiatives from the design phase		

RECOMMENDATIONS

TESTING

Specialised Testing Centres

45. Review and define priority tests including what tests can remain at all labs versus tests that need to be referred to specialised or centralised paediatric pathology labs.
46. Explore the establishment of one (or more) paediatric centres of expertise for highly special testing.
47. Develop statewide referral pathways for specialised paediatric pathology tests, which includes pathways that support access to more than one referral lab to improve turnaround times.

Advice to the Steering Committee

- With a better understanding of the pediatric service demand and testing profiles across NSW, together with opportunities emerging through evolving science and technology, SCHN and NSWHP will be better placed to respond future service needs.

Recommendation: In principle support subject to completion of service, staffing, testing and collections profile mapping (see Recommendation 2 above).

48. Build on existing processes and explore opportunities to increase collaboration between the two services regarding the introduction of new tests including:
 - Sharing of information
 - Flexibility to respond to clinical needs
 - Analytical capacity and

- diagnostic speciality
- Volume of the test
- Workforce expertise
- The testing configuration across the locations offering paediatric pathology.
- An agreed number of locations undertaking specialist testing, which addresses TAT's, geographical location, population demographics and population growth.
- Determining the cost of reagents and any Medicare rebates available and undertaking all the necessary regulatory requirements e.g. NATA accreditation before being signed off.

Advice to the Steering Committee

- Encourages closer collaboration between SCHN and NSWHP regarding the introduction of new tests.

Recommendation: Support and refer to the Paediatric Pathology Community of Practice (Recommendation 1) for action.



RECOMMENDATIONS

TRAINING

49. Recommend to HETI and the NSWHP Point of Care Testing Team (POCT) that online and face to face training for nursing and ward staff currently using POCT be enhanced.

Advice to the Steering Committee:

- While it would be beneficial, this is outside the remit of this project.

Recommendation: Note and refer to the NSWHP POCT team for consideration.

FOR NOTING

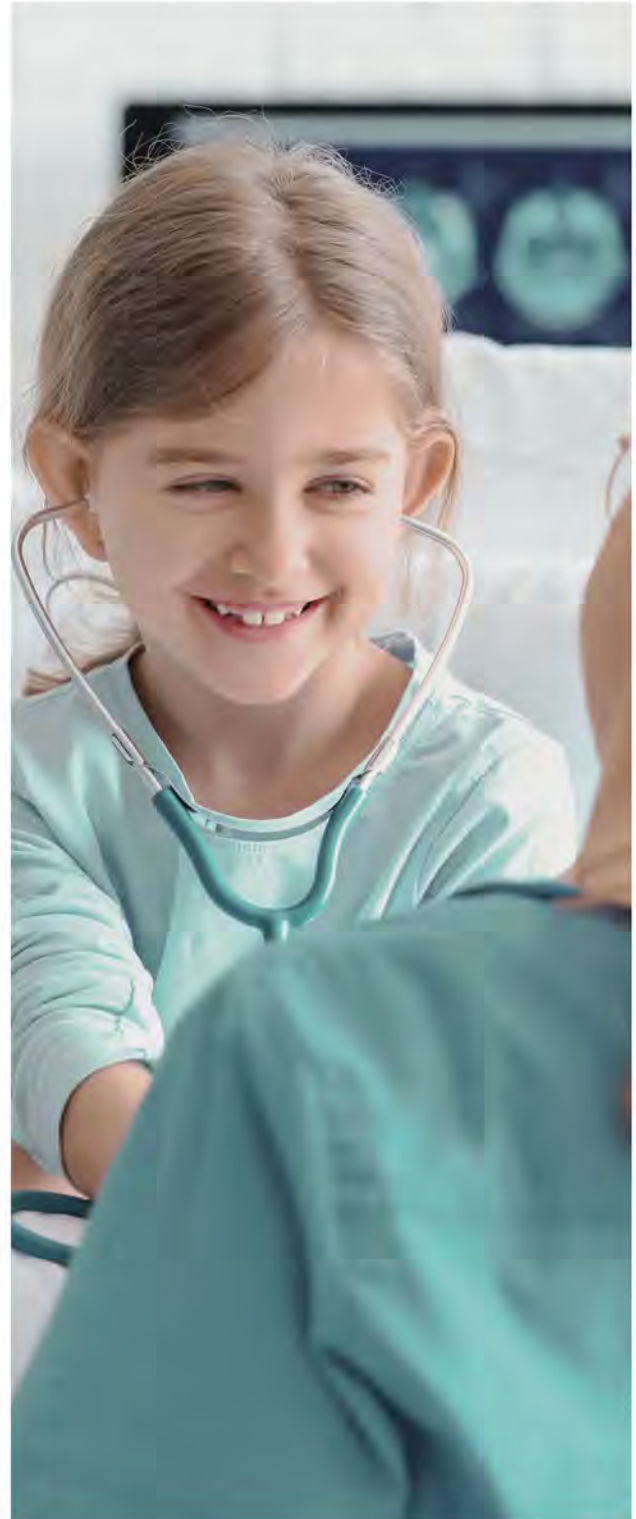
50. The Access Priority Working Group noted the importance of:

- Health planning data informing future service delivery plans.
- Early pathology involvement in Health Infrastructure NSW new hospital builds and/or refurbishments.
- The design of new pathology collections facilities to include safe spaces for children.

Advice to the Steering Committee:

- For noting and consideration as relevant.

Recommendation: Note.



RECOMMENDATIONS



WORK ALREADY UNDERWAY

Award Reform

51. Make representations to the Ministry of Health to engage with award reform, that support the removal of structural impediments in the relevant awards that impact on recruitment and retention of Pathology workers, including but not limited to:

- Transition between and within Award classifications
- Qualifications
- Experience levels
- Credentialling pathways

52. Note award reform is already under discussion and recommend that recognition of experienced collectors and the work that collectors perform be considered as part of this process

53. Develop targeted strategies to:

- Standardise and streamline attraction, selection and onboarding processes in line with contemporary practices
- Support staff retention through multiple initiatives e.g. recognition and acknowledgment of expertise, career development opportunities and pathways, and ongoing learning.

Advice to the Steering Committee:

- Award reform is being led by the Ministry of Health. There are established pathways for agencies to contribute to these discussions and it is not proposed that SCHN and NSWHP explore award reform separately from this process.
- Recruitment policy and procedure is led by NSW Health and is outside the remit of this Project. NSW Health is leading a state-wide initiative to improve recruitment practices.

Recommendation: Refer to the SCHN and NSWHP Working Parties on Award Reform for inclusion in any recommendations to Ministry.

Central Specimen Reception

54. Advocate for a dedicated CHWP Central Specimen Reception/ Sendaway Service.

Advice to the Steering Committee:

- CHWP are already exploring a Central Specimen Reception to improve management of specimens being received. This will free up individual Departments from needing to manage specimens.

Recommendation: Note that this work is already underway.

Couriers

55. Review existing courier routes and explore enhancements including:
- Adding an additional Monday to Friday courier route to Sydney from rural/regional areas e.g. Dubbo to minimise testing delay
 - Reducing the movement of specimens through hubs which adds additional time and delays

RECOMMENDATIONS

for testing

- Better utilisation of existing referral couriers to Westmead to on-send to other Sydney Hospitals for testing.

Advice to the Steering Committee

- In NSWHP, courier routes are routinely reviewed to ensure the efficient and effective movement of specimens across NSW. The use of telematics supports this analysis. A further review is scheduled to occur in early 2024.

Recommendation: Refer to NSWHP Logistics Teams for action as appropriate.

Drones

56. Identify capacity and request that the feasibility of drone technology be explored to support remote and under-served areas including the rapid delivery of pathology specimens and supplies

Advice to the Steering Committee

- NSWHP is already exploring options to leverage drone technology. However, unlike third world country examples of its use, airspace in Australia is more highly regulated.
- The use of drones also has significant cost implications. Drones will help to facilitate the timely movement of specimens particularly in hard to reach areas or areas cut off by natural disasters, and in doing so, maintain service delivery.

Recommendation: Connect with existing NSWHP projects to explore the feasibility of drones.

Subject to this work, develop a business case for approval/endorsement through the appropriate channels.

Multi-Disciplinary Team Meetings

57. Identify what MDTs are associated with the three Children's Hospitals and explore opportunities for greater paediatric pathology involvement.
58. Consider exploring a charge for MDTs to make paediatric pathology participation in MDTs more sustainable.

Advice to the Steering Committee

- While pathways for accessing paediatric expertise are more established in children's hospitals are well established, the Access Priority Working Group survey identified that access was more difficult for rural and regional clinicians.
- Further work is required to better understand the extent of the problem and identify options to support participation and engagement in MDTs from rural and regional areas.



RECOMMENDATIONS

- Additionally, while there are Medicare charges that can be applied to MDTs meeting, there are a number of requirements to qualify and the rebate is insufficient to cover pathologists working up a case. An alternative is to explore non-MBS charging, noting that as CHWP is internal to SCHN, this may not be appropriate.
- This should not preclude NSWHP from exploring non-MBS charges for MDT participation and attendance to recognise and reflect the substantial increase in workload in pathologist time.

Recommendation: Support further investigation into access to MDT for rural and regional clinicians and the identification of options to support improved engagement.

Support NSWHP exploring non-MBS charges for pathologist attendance at MDTs.

Procurement

59. Provide CHWP with access to NSWHP procurement/pricing tenders and share vendor resources for better pricing and faster rollouts, improved efficiency and resource utilisation and to remove unnecessary duplication.
60. Invite CHWP representatives to join the NSWHP Procurement Planning Committee.

Advice to the Steering Committee

- Collaboration already exists between SCHN and NSWHP

around procurement and tenders and CHWP is able to access to procurement/pricing tenders and vendor resources.

Recommendation: Refer to Procurement Teams for action as appropriate.

Specimen Referral and Management

61. Undertake a comprehensive discovery of current specimen management and transfer processes for paediatric pathology specimens requiring specialist testing.
62. Establish uniform processes for the transfer of paediatric pathology specimens between NSWHP and CHWP including exploring the role of automation and Artificial Intelligence in improving specimen management.

Advice to the Steering Committee

- With the roll out of the Fusion Program, specimen referral and management is already underway.
- It is not recommended that this work be duplicated.

Recommendation: Refer to Fusion team for alignment.

Note work underway in SCHN regarding a Central Specimen Reception.



PROJECT TIMELINE

TASK	START DATE	END DATE
FINALISE THE PRIORITY WORKING GROUP REPORT	DEC 2023	DEC 2023
STEERING COMMITTEE REVIEW Review and/or endorsement of the Priority Working Group Report and recommendations	DEC 2023	FEB/MAR 2024
STAFF AND STAKEHOLDER COMMUNICATIONS Update on project process and next steps	FEB 2024	EARLY MAR 2024
CONFIRM RESOURCES AND COMMENCE IMPLEMENTATION	MAR 2024	ONGOING

APPENDIX A: PRIORITY WORKING GROUP IMPLEMENTATION PLANS

ACCESS

Priorities

Short-term	Medium-term	Longer-term
<ul style="list-style-type: none"> Document what paediatric pathology services are provided where & how to access specialist advice & support Seek feedback from referrers on access gaps & assess opportunities for improvement Enhance MDT models to share paediatric pathology expertise with clinicians Consider population trends & future service planning emerging needs 	<ul style="list-style-type: none"> Develop collaborative models to enhance access to paediatric pathology expertise e.g. forums for complex case discussions, virtual networks for sharing information & expertise 	<ul style="list-style-type: none"> Develop funding models that support equity of access to paediatric pathology services across NSW

Recommendations – Short Term

That the Steering Committee:

- Support the Priority Working Group recommendations which help document a comprehensive profile of paediatric pathology services across NSW:
 - Collections** – Enhance the information currently available on the NSWHP website regarding specialist neonatal & paediatric collection services e.g. days, times, ages supported, specialist services, ATSI & CALD staffing & any specialised testing.
 - Collections** – Identify % of paediatric patients have access to paediatric collection services within 100 km distance from home.
 - Process** – Undertake mapping exercise to develop a statewide profile of paediatric pathology services/expertise in NSW.
 - Process** – Using current pathology data build a comprehensive paediatric patient profile e.g. geographic distribution, testing demand & complexity.
 - Testing** – Assess service capability & demands for each laboratory including review of service profile, volume, referral network, projections for future paediatric testing needs.
 - Workforce** – Undertake collection & analysis of workforce information & data in both NSWHP & CHWP including capability mapping.
- Request that this work be undertaken in connection with the mapping of paediatric services to the service capability framework, which is scheduled to occur in early 2024 & is informed by Bureau of Health Information & Health Infrastructure NSW data & insights.
- Establish a working group comprised of NSWHP & CHWP operational & pre & post analytical staff to:
 - Use the information collected (1. above) to explore whether NSW has the right mix of paediatric pathology tests in the right location e.g. what locations should offer specialist paediatric tests e.g. establishing centres of excellence.
 - Develop statewide referral pathways for specialised paediatric pathology tests, which includes pathways that support access to more than one referral lab to improve turnaround times (TATs)
 - Explore the feasibility of including all CHWP pathology tests in the NSWHP Test Catalogue (Test Catalogue), together with improved information about expected turnaround times and/or time to report to manage clinician & family expectations around TATs.
 - Explore how to make information about minimum volume & tube types & locations where paediatric pathology testing is performed more accessible/explicit in the Test Catalogue

2nd-3rd
quarter
2024

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Collections, Process, Testing & Workforce

ACCESS

Priorities

Short-term	Medium-term	Longer-term
<ul style="list-style-type: none"> Document what paediatric pathology services are provided where & how to access specialist advice & support Seek feedback from referrers on access gaps & assess opportunities for improvement Enhance MDT models to share paediatric pathology expertise with clinicians Consider population trends & future service planning emerging needs 	<ul style="list-style-type: none"> Develop collaborative models to enhance access to paediatric pathology expertise e.g. forums for complex case discussions, virtual networks for sharing information & expertise 	<ul style="list-style-type: none"> Develop funding models that support equity of access to paediatric pathology services across NSW

Recommendations – Short Term	
<ul style="list-style-type: none"> e. Include up-to-date paediatric pathology contact details for clinicians/ laboratories, particularly rural & regional clinicians, to follow up specific paediatric pathology advice. f. Building on 2e. above, develop an AI enabled search/inquiry tool for the Test Catalogue e.g. a chat bot, to support clinicians seeking specific advice e.g. tubes, volumes, key contacts etc. g. Identify ways to promote & increase awareness of the Test Catalogue with clinical referrers. h. Explore the feasibility of specialist paediatric collections services in outpatient settings. i. Assess the viability of collections booking system, in the first instance for paediatric pathology, to ensure the availability of trained specialist paediatric pathology staff. 	
<ul style="list-style-type: none"> 4. Task NSWHP & CHWP logistics staff to review existing courier routes & explore enhancements including: <ul style="list-style-type: none"> a. Adding an additional Monday to Friday courier route to Sydney from rural/regional areas e.g. Dubbo to minimise testing delay. b. Reducing the movement of specimens through hubs which adds additional time & delays for testing. c. Better utilisation of existing referral couriers to Westmead to on-send to other Sydney Hospitals for testing. 	2 nd quarter 2024
<ul style="list-style-type: none"> 5. Support the following Priority Working Group recommendations to improve paediatric collections, testing turnaround times & access to results & reports. <ul style="list-style-type: none"> • Collections – Standardise training & competency assessment including positive skills training, on-the-job training & support to improve collection technique & the quality of samples. <i>The Access Priority Working Group recommends that this includes online modules through HETI & face to face training.</i> • Collections – Establish a collector exchange program to build paediatric skills particularly for staff in rural & regional areas. <i>The Access Priority Working Group recommends that links should also be explored with the Aboriginal Community Controlled Health Services.</i> • Collections – Develop/identify referral options for alternative pathways for children with additional needs. • Collections – Identify opportunities & sites for extended operating hours (out of school hours, weekends), dedicated paediatric days & times to minimise loss of school & work time. • Process – Advocate for the enhancement & statewide rollout of PathWorks including to CHWP. • Process – Establish a joint working party to develop an interim approach to reporting & result notification while the Fusion Program is being rolled out across the state. 	

Estimated impact on improving patient experience	H M L
Estimated impact on improving parent/carer experience	H M L
Estimated impact on improving staff experience	H M L
Implementation snapshot for the recommendations:	
Indicative cost to implement & maintain	\$ \$\$ \$\$\$
Level of effort (resources) required to implement	H M L
When could solutions be implemented	Now 6-12M 12+M
Dependencies or alignment to other groups	• Collections & Process

ACCESS

Priorities

Short-term	Medium-term	Longer-term
<ul style="list-style-type: none"> Document what paediatric pathology services are provided where & how to access specialist advice & support Seek feedback from referrers on access gaps & assess opportunities for improvement Enhance MDT models to share paediatric pathology expertise with clinicians Consider population trends & future service planning emerging needs 	<ul style="list-style-type: none"> Develop collaborative models to enhance access to paediatric pathology expertise e.g. forums for complex case discussions, virtual networks for sharing information & expertise 	<ul style="list-style-type: none"> Develop funding models that support equity of access to paediatric pathology services across NSW

Recommendations – Short Term

- Consider exploring a charge for MDTs to make paediatric pathology participation in Multidisciplinary meetings (MDTs) more sustainable.
- Task the Working Group with identifying what MDTs are associated with the three Children's Hospitals & exploring opportunities for greater paediatric pathology involvement.

Recommendations – Medium

That the Steering Committee:

- Task the Working Group with:
 - Explore opportunities to deliver paediatric pathology focussed online/statewide education sessions via the ACI to provide access to paediatric pathology expertise across different disciplines.
 - Improve the information available on both the SCHN & NSWHP websites e.g. through the "Find a service" & promote as a way for clinicians to access paediatric pathology advice.
 - Promote the importance of local paediatric pathology experts networking within their own hospitals to explore options for involvement in clinical grand rounds (e.g. during COVID, microbiology staff participated in grand rounds at JHH/JHCH), Morbidity & Mortality meetings, children's services meetings & come & ask or Q&A sessions e.g. for genetics.
- Recommend that NSWHP & CHWP schedule ongoing meetings with the Child Health Network Leads to embed the Steering Committee endorsed recommendations of this Project.

Recommendations – Long

Although the issue of funding models has not been explored, the Access Priority Working Group noted the importance of:

- Health planning data informing future service delivery plans.
- Early pathology involvement in Health Infrastructure NSW new hospital builds and/or refurbishments.
- The design of new pathology collections facilities to include safe spaces for children.

The Steering Committee:

- Consider whether to explore opportunities for a paediatric pathology presence in community health centres being established in new population centres.

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Communications

COLLECTIONS

Priorities

Short-term

- Undertake a statewide review of the location, amenity & accessibility (e.g. operating hours), specialist services (sedation), staffing, training & other requirements for paediatric collections

Medium-term

- Based on findings & approvals, progress the recommendations of the review (including address to specialist services)
- Develop a train the trainer model for paediatric collections
- Expand paediatric collection expertise to public health collection facilities across NSW
- Consider opportunities for enhancing collections at other Local Health Districts

Longer-term

- NSWHP and CHWP are the preferred providers of paediatric collections in NSW for referrers
- Children across NSW are in close proximity to collection facilities where there are trained staff for paediatric collections with timely & easy access to results

Recommendations – Short Term

That the Steering Committee agree to establish a group comprising of Director, Pre and Post Analytics, Statewide Collections Manager NSWHP and Clinical Program Director Diagnostics, Operations Manager Pathology and Pre Analytical Services Manager SCHN to jointly progress the following **short and medium term** recommendations (noting that additional resources may be required), and drawing in specialist advice as required:

Experience	People (staff)	Operations	Service Model
1. Improve availability of online & in-centre informational resources including print & video resources to better support patients & their families attending for collections.	2. Review workforce resources & structures & develop a workforce modelling tool to ensure realistic workloads 3. Review & mitigate WHS risks associated with paediatric collections	4. Undertake a further analysis of NSWHP collection centres providing paediatric services to confirm service offerings including days, times, ages supported, specialist services, ATSI & CALD staffing & any specialised testing performed.	

Estimated impact on improving **patient** experience



Estimated impact on improving **parent/carer** experience



Estimated impact on improving **staff** experience



Implementation snapshot for the recommendations:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Communications Group

COLLECTIONS

Priorities

Short-term

- Undertake a statewide review of the location, amenity & accessibility (e.g. operating hours), specialist services (sedation), staffing, training & other requirements for paediatric collections

Medium-term

- Based on findings & approvals, progress the recommendations of the review (including address to specialist services)
- Develop a train the trainer model for paediatric collections
- Expand paediatric collection expertise to public health collection facilities across NSW
- Consider opportunities for enhancing collections at other LHDs

Longer-term

- NSWHP and CHWP are the preferred providers of paediatric collections in NSW for referrers
- Children across NSW are in close proximity to collection facilities where there are trained staff for paediatric collections with timely & easy access to results

Recommendations - Medium Term

Experience

- Identify percentage or paediatric patients have access to paediatric collection services within a specified distance from home e.g. 100km
- Assess existing concierge models for application to the collections environment

People (staff)

- Develop targeted strategies to:
 - standardise & streamline recruitment
 - support staff retention including career pathways & remuneration of expertise.
- Note award reform is already under discussion & recommend that recognition of experienced collectors and the work that collectors perform be considered as part of this process
- Explore other pathways to recognise paediatric collection expertise e.g. training roles, mentoring, access to in-service opportunities
- Standardise policies & procedures for training & competency assessment including positive skills training & on-the-job training & support
- Establish a support, collector exchange program to build paediatric skills.
- Establish a team of technical training team for training & competency assessment

Operations

- Identify opportunities & sites for extended operating hours (out of school hours, weekends), dedicated paediatric days & times
- Collaborate & advocate for fit-for-purpose collection centres & review current collection centre standards to ensure where possible, commitment to best practice child & family friendly functional design.

Service Model

- Develop or identify referral options for alternative pathways for children with additional needs.
- Develop a model of care for paediatric home collection services

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Communications Group

COLLECTIONS

Priorities

Short-term

- Undertake a statewide review of the location, amenity & accessibility (e.g. operating hours), specialist services (sedation), staffing, training & other requirements for paediatric collections

Medium-term

- Based on findings & approvals, progress the recommendations of the review (including address to specialist services)
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- Expand paediatric collection expertise to public health collection facilities across NSW
- Consider opportunities for enhancing collections at other Local Health Districts

Longer-term

- NSWHP and CHWP are the preferred providers of paediatric collections in NSW for referrers
- Children across NSW are in close proximity to collection facilities where there are trained staff for paediatric collections with timely & easy access to results

Recommendations – Longer Term

It is the view of the Collections Priority Working Group that the implementation of the recommendations relating to the short and medium term priorities will directly impact the longer-term priorities identified as part of the Improving Paediatric Pathology Services Across NSW Project as outline above.

COMMUNICATIONS

Priorities

Short-term

- Enhance awareness of public paediatric pathology services in NSW for clinicians, patients & their families
- Provide clarity e.g., tools for clinical referrers about the services that are currently provided, together with awareness about how to access specialist advice & support
- Improve customer service & support for paediatric pathology services

Medium-term

- Explore opportunities to:
- Engage with clinicians to enhance transition pathways & the continuum of care for patients at key milestones
 - Provide patient (family) access to pathology results particularly for complex cases

Longer-term

- Customers are engaged & feedback is embedded in service planning with a focus on quality improvement

Recommendations – Short to Medium

That the Steering Committee:

1. Request that representatives of SCHN and NSWHP Communications Teams develop & implement a comprehensive communication plan (*building on existing audience mapping & horizon scanning work*) to enhance awareness of public paediatric pathology services in NSW for clinicians, patients & their families:
 - Facilitate & support greater SCHN & NSWHP interdepartmental understanding of paediatric services.
 - Review and update online paediatric pathology content & other collateral available on the SCHN & NSWHP websites including the location & availability of collection centres that perform paediatric & neonatal collections.
 - Establish an online mechanism for families and carers to register their interest to participate in consumer engagement activities including service planning.
 - Showcase paediatric pathology expertise with internal & external partners via social media & other channels.
 - Explore opportunities to promote paediatric pathology expertise through existing channels e.g. grand rounds.
 - Explore existing & potential options for patient feedback e.g., via the SCHN & NSWHP websites for patients & stakeholders to provide feedback both anonymously or with their details to ensure a response
 - Promote initiatives developed by the Priority Working Groups and endorsed by the Steering Committee. *This may be dependent on the timing and roll out of endorsed initiatives.*
2. Agree to establish a paediatric pathology services community of practice which incorporates clinical, scientific, technical, comms, business development and management representatives as well as consumers (young people, families & carers of paediatric patients) to:
 - Establish and formalise open communication pathways between the services
 - Build and/or enhance the knowledge of paediatric pathology services in existing customer liaison officers, business development managers and call centre staff in both SCHN & NSWHP.

Short to Medium Recommendation Analysis

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- All Priority Working Groups

COMMUNICATIONS

Recommendations – Short to Medium continued

- Work with the Project Team responsible for implementing the endorsed recommendations of the Priority Working Groups and identify opportunities to promote service enhancements
 - Develop a process to review and collate family and carer feedback received via compliments and complaints, IMS+ reports and other feedback for dissemination to relevant teams for report back quarterly to the SCHN or NSWHP executive on how the feedback has informed the delivery of paediatric services and quality improvement.
 - Support efforts to improve access to paediatric pathology results from both SCHN and NSWHP via My Health Record. *NB: This will need to align to the work of the Single Digital Patient Record and the Fusion Program to improve access to patient results, and recommendations of the Process Priority Working Group to improve the release of results.*
 - Make recommendations on how best to engage with clinicians to enhance transition pathways & the continuum of care for patients at key milestones.
3. Ask the Director, Pre and Post Analytics (NSHWP) and Director Operations (SCHN) to explore the feasibility of including CHWP paediatric pathology tests in the NSWHP Test Catalogue so that there is a single source of truth for all public pathology tests across NSW. *Note: Will require resources to maintain the currency of the Test Catalogue.*
 4. Agree to provide the endorsed outcomes and recommendations of the Improving Paediatric Pathology Services Across NSW to the SCHN Family Advisory Council and NSWHP Consumer Engagement Working Party and ask them to promote the inclusion of paediatric patients, their families and carers voices in service planning and design.

Recommendations – Longer Term

5. Explore the establishment of Statewide Customer Service Centre for pathology (but including paediatric pathology) with information and links to where to get advice and testing for clinicians but also patients and their families.

Longer Term Recommendation Analysis

Estimated impact on improving patient experience



Estimated impact on improving parent/carers experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Access, Process and Technology

PROCESS

Priorities

Short-term

- Explore opportunities to improve processes across the testing lifecycle e.g. automation, workflow efficiencies & areas we can add value
- Collaborate to ensure paediatric pathology perspectives are considered in service changes/enhancements
- Statewide collaboration for equipment & service tenders that impact paediatric pathology

Medium-term

- Develop & formalise referral & escalation pathways
- Streamline processes for the introduction of new tests to support paediatric patients
- Explore opportunities for the greater use of technology to support paediatric care e.g. POCT to support streamlined patient collections

Longer-term

- Embed a culture of continuous improvement within services that empower staff

Recommendations – Short Term (NB: Some recommendations for short term priorities will take longer than 6-12 months & have been italicised)

That the Steering Committee:

Result Notification & Report Release

1. Advocate for or the enhancement & statewide rollout of PathWorks including to CHWP.
2. Establish a joint working party comprising Director, Pre & Post Analytics NSWHP & the Director, Operations SCHN & others as required to develop an interim approach to reporting & result notification while the Fusion Program is being rolled out across the state, with a focus on improving **result notification, report delivery & notification** to families that results are available.
3. The Working Party should:
 - Undertake a comprehensive discovery/risk assessment of current (disparate) processes for result delivery & explore opportunities:
 - Streamlining processes for notifying sendaway results (e.g. escalating critical results) to the clinician to minimise delays, including cases referred between NSWHP & CHWP.
 - Providing clinicians & families with information about TATs to report
 - Using automation to upload results & reports sent away for testing to reduce the use of fax & double handling/data entry
 - The feasibility of Kiteworks as statewide interim option to support encrypted email transmission of results and/or improving clinician results delivery via HL7 feeds
 - Streamlining the process for on-sending reports to new clinicians/treating specialists
 - *[As relevant]* Update relevant release of results policies & procedures to:
 - Reflect streamlined result & report notification processes & the use of modern technology for result & report distribution
 - Establish a consistent position regarding the release of paediatric results across both NSWHP & CHWP to families & safely align the release of results through My Health Record, ensuring that sensitive results & results requiring interpretation are not released or released only after they have been explained by a clinician

ASAP

3rd quarter, 2024

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Communications Group

PROCESS

Priorities

Short-term

- Explore opportunities to improve processes across the testing lifecycle e.g. automation, workflow efficiencies & areas we can add value
- Collaborate to ensure paediatric pathology perspectives are considered in service changes/ enhancements
- Statewide collaboration for equipment & service tenders that impact paediatric pathology

Medium-term

- Develop & formalise referral & escalation pathways
- Streamline processes for the introduction of new tests to support paediatric patients
- Explore opportunities for the greater use of technology to support paediatric care e.g. POCT to support streamlined patient collections

Longer-term

- Embed a culture of continuous improvement within services that empower staff

Recommendations – Short Term (NB: Some recommendations for short term priorities will take longer than 6-12 months & have been italicised)

NSWHP Statewide Test Catalogue

4. Ask the Director, Pre & Post Analytics (NSHWP) & Director Operations (SCHN) to explore the feasibility of including all CHWP paediatric pathology tests in the NSWHP Test Catalogue, together with information about expected turnaround times & time to report so that clinicians/ families understand how long a test will take to be completed & reported.

1st quarter, 2024

Specimen Management

5. Advocate for a dedicated CHWP Central Specimen Reception/Sendaway Service
6. Ask the joint working party (Recommendation 2) to:
 - Undertake a comprehensive discovery of current specimen management & transfer processes for paediatric pathology specimens requiring specialist testing at each site.
 - *Establish uniform processes for the transfer of paediatric pathology specimens between NSWHP & CHWP including exploring the role of automation & AI in improving specimen management.*

2nd, 3rd quarter, 2024

1st quarter, 2025 (Fusion aligned)

Statewide View of Pathology Services

7. Establish & task a project implementation team to:
 - Undertake a mapping exercise to document & maintain a statewide profile of paediatric pathology services & expertise available across NSW.
 - *Use NSWHP data & insights to build a comprehensive paediatric patient profile e.g. geographic distribution, testing demand & complexity, & explore collaboration with the ACI, Children Health Care Networks & LHDs.*
 - *Use this information to consider whether we have the right mix of paediatric pathology tests in the right location e.g. what locations should offer specialist paediatric tests, centres of excellence etc.*

2nd quarter, 2024

Tender processes

8. Ask the project implementation team to build on the collaboration between NSWHP & CWHP around equipment & services tenders, formalise the process to improve efficiency, share learnings, resource utilisation & remove unnecessary duplication.

1st quarter, 2024

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Access, Communication, Testing, Technology

PROCESS

Priorities

Short-term

- Explore opportunities to improve processes across the testing lifecycle e.g. automation, workflow efficiencies & areas we can add value
- Collaborate to ensure paediatric pathology perspectives are considered in service changes/enhancements
- Statewide collaboration for equipment & service tenders that impact paediatric pathology

Medium-term

- Develop & formalise referral & escalation pathways
- Streamline processes for the introduction of new tests to support paediatric patients
- Explore opportunities for the greater use of technology to support paediatric care e.g. POCT to support streamlined patient collections

Longer-term

- Embed a culture of continuous improvement within services that empower staff

Recommendations – Medium Term

That the Steering Committee task the project implementation team to:

Statewide Customer Service Centre

9. Explore the establishment of a Statewide Customer Service Centre for public pathology across NSW including paediatric pathology to provide clinicians, patients & their families with:
 - Information & links to collection centres including location, services offered, operating hours & testing requirements.
 - Bookings/scheduling testing
 - Fact sheets/information sheets for patients or clinicians to give out to patients
 - Referral pathways for specialist tests
 - Support for result notification & result delivery.

New Tests

10. Build on existing processes & explore opportunities to increase collaboration between the two services regarding the introduction of new tests including:
 - Sharing of information
 - Flexibility to respond to clinical needs
 - Analytical capacity & diagnostic speciality
 - Volume of the test
 - Workforce expertise
 - The testing configuration across the locations offering paediatric pathology.
 - An agreed number of locations undertaking specialist testing, which addresses TAT's, geographical location, population demographics & population growth.
 - Determining the cost of reagents & any Medicare rebates available & undertaking all the necessary regulatory requirements e.g. NATA accreditation before being signed off.

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Access, Communication, Testing, Technology

PROCESS

Priorities

Short-term

- Explore opportunities to improve processes across the testing lifecycle e.g. automation, workflow efficiencies & areas we can add value
- Collaborate to ensure paediatric pathology perspectives are considered in service changes/enhancements
- Statewide collaboration for equipment & service tenders that impact paediatric pathology

Medium-term

- Develop & formalise referral & escalation pathways
- Streamline processes for the introduction of new tests to support paediatric patients
- Explore opportunities for the greater use of technology to support paediatric care e.g. POCT to support streamlined patient collections

Longer-term

- Embed a culture of continuous improvement within services that empower staff

Recommendations – Medium Term

That the Steering Committee:

Enhanced Collector Skill & Expertise

11. Recommend to HETI & the NSWHP POCT Team that online & face to face training for nursing & ward staff currently using POCT be enhanced.
12. Endorse the inclusion of a recommendation in the Collections Priority Working Group Implementation Plan to explore opportunities to enhance the capacity of current & new collectors to undertake specialised paediatric collections in regional, rural & remote locations using POCT & increasing their knowledge & capability to make judgment decision around patient care e.g. volume of blood to take to ensure specialised tests can be successfully performed.

Use of Drones

13. Identify capacity and request that the feasibility of drone technology be explored to support remote and under-served areas including the rapid delivery of pathology specimens and supplies.

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Access, Communication, Testing, Technology

RESEARCH

Priorities

Short-term

- Explore opportunities to encourage and facilitate research within paediatric pathology services
- Showcase SCHN/NSWHP research collaboration and engagement

Medium-term

- Support staff to pursue research opportunities in paediatric pathology
- Identify and gain an understanding of research governance requirements and processes to support research collaboration
- Enhance capacity for translational diagnostics (bringing tests from the research lab into the diagnostic arena)

Longer-term

- Embed research within paediatric pathology services so that it becomes part of what we do every day
- Develop a system that support embedding research and development in services for translational diagnostics

Short-term solutions

Understand what research is currently being done at each organisation – options include email out to staff requesting publication list or develop a survey to identify researchers and understand collaboration/interests and identify barriers to performing research (survey questions drafted)

Responsibility

SCHN/NSWHP Research Offices

Support staff to pursue research opportunities in paediatric pathology including small grants programs and fellowship program, young investor scheme, funding to attend research conferences. Support allocation of staff time for research including provision of backfill.

For discussion as requires financial support

Organise a research forum to showcase paediatric research being conducted at SCHN and NSWHP to provide opportunities for networking and enhanced collaboration opportunities between research and diagnostic labs (which is needed for enhanced research translation)

SCHN/NSWHP Research Offices

Provide easy access to website links for staff to access Research Governance and Ethics teams within NSWHP and SCHN

SCHN/NSWHP Research Offices

Medium-term solutions

Consider establishment of research specific positions e.g. of a research role and staff provided the opportunity to rotate through this role and gain research experience

Support our staff to better understand research governance requirements – share easy access to information, access to education and support programs provided by Research Governance and Ethics team/s (including external staff)

Undertake a review to understand what resources are required to translate tests from research to diagnostics with respect to equipment, staffing, training etc

Longer-term solutions

Shared research strategy and facilities for paediatric pathology

To develop a clear pathway for research translation, including a funding model, after review of interstate/ international models and NSW Health policies

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot – short-term solutions:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- SCHN/NSWHP Research Office collaboration

TECHNOLOGY

Priorities

Short-term	Medium-term	Longer-term
<ul style="list-style-type: none"> Improve integration and access to results and electronic test ordering Incorporate paediatric perspectives in statewide processes for assessing new technology 	<ul style="list-style-type: none"> Ensure the paediatric perspective is considered for implementation of the statewide LIMS Consider standardisation of systems (where appropriate) Use data analytics to support: <ul style="list-style-type: none"> Clinical decision making Identification of emerging trends Operational decision making Research 	<ul style="list-style-type: none"> Maximise interoperability between systems and platforms

Short Term Solutions	Responsibility (proposed)
Procurement – CHWP access to NSWHP procurement/pricing tenders and share vendor resources for better pricing and faster rollouts	NSWHP - Julie Hill, Simon Winter CHW - Jodie Schuster, Angus McDowell, Flair Bahadory
CHWP representative join the NSWHP Procurement Planning Committee – alignment and partnerships	NSWHP – Julie Hill, Martin Canova CHWP - Angus McDowell, Flair Bahadory
Add CHWP to the NSWHP SWTC (Statewide Test Catalogue) and alignment of same order/tests	NSWHP - Hui Germon, Judy Kempton-Webb, Brad Carter CHW - Jodie Schuster, Angus McDowell, Flair Bahadory

Medium Term Solutions
Expansion of integration points (need to consider impact/alignment/requirements with FUSION) <ul style="list-style-type: none"> CHW> RPA could this be extended to Liverpool (same Cerner instance) with minimal effort? CHW>NSWHP East could this be extended from orders out results in to full bi directional? CHW>NSWHP WEST AP and genetics could this be expanded via lab network?
Sharing of analytics resources – could NSWHP share analytics/low code resources with CHWP?

Longer Term Solutions
Alignment of the CHWP Lab with FUSION build (need to consider impact/alignment/requirements)
Reconciliation of CHWP and NSWHP patients

Other considerations
Opportunities to improve collaboration, share platforms and data analytics

Estimated impact on improving patient experience

H M L

Estimated impact on improving parent/carer experience

H M L

Estimated impact on improving staff experience

H M L

Implementation snapshot – short-term solutions:

Indicative cost to implement and maintain

\$ \$\$ \$\$\$

Level of effort (resources) required to implement

H M L

When could solutions be implemented

Now 6-12M 12+M

Dependencies or alignment to other groups

- FUSION
- Testing Group
- Process Group

TESTING

Priorities

Short-term

- Extend the NSWHP Test Catalogue to include all tests available at CHWP
- Provide referrers access to the test catalogue regarding the most appropriate testing pathways for their patients together with advice about volumes in tubes, transport requirements etc

Medium-term

- Harmonise paediatric reference ranges across NSW
- Ensure that testing for paediatric patients meets service requirements
- Review the NSW Paediatric Service Capability Framework to progress inclusion of paediatric pathology services

Longer-term

- Capacity to generate & verify paediatric reference ranges as new platforms & instruments are developed
- Continuous review of testing capabilities & platforms to inform strategic consideration of how & where we are testing
- Establish partnerships to enhance access to the latest testing & technology that supports diagnostics for children & younger people closer to home

Short-term solutions

Short-term solutions	Responsibility
Establish one statewide testing catalogue – consolidate paediatric testing availability within the NSWHP test catalogue & those of CHW & SCHN	Fusion
Assess service capability & demands for each laboratory including review of service demographics, volume, referral network, projections for paediatric testing into the future e.g. NSWHP business analytics	Specialised Paediatric Pathology CoP
Review & define priority tests – what tests can remain at all labs versus need to be referred to specialised paediatric pathology lab/s with expected turnaround times	CoP
Analysis of Paediatric Testing laboratories testing profile, population/service requirements with regular review	CoP
Regular review of scope of testing for NATA accredited & research only tests on a regular basis	CoP
Reference ranges are standardised – establish a Committee to oversee standardisation of reference ranges & use of appropriate QC & analyser equipment to ensure they are appropriate for paediatrics	Fusion

Medium-term solutions

- Explore one paediatric centre of expertise for highly special testing – not routine as these will be required in all pathology laboratories. Identify which tests would qualify for centralisation
- Review of areas of expertise of laboratory staff in paediatric testing & consider opportunities to train adult laboratorians in paediatric testing
- Explore delivering dedicated paediatric collection centres close to specialist paediatric hospitals & areas of high clinical demand e.g. CHW, SCH, SWS, JHCH
- Establish a framework & approval process for transitioning research only tests to NATA approved diagnostic tests

Longer-term solutions

- Ongoing analysis & alignment of paediatric testing with paediatric population requirements
- **Other considerations** – Harmonise reference ranges & align pathology testing will require external consultation with paediatric physicians, LHDS & other relevant MOH entities

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot – short-term solutions:

Indicative cost to implement & maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Fusion
- Alignment with the other Working Groups

WORKFORCE

Priorities

Short-term

- Gather workforce data and analyse to consider where there are gaps and opportunities for future enhancement e.g. training pathways
- Undertake an audit of staff paediatric pathology skills

Medium-term

- Develop sustainable workforce models to support service needs – training and development, succession planning and career pathways
- Work with education providers to ensure paediatric pathology is an area of specialisation
- Invest in staff with specialised paediatric pathology expertise
- Consider paediatric pathology scope of practice/designation

Longer-term

- Ensure a workforce with sustainable paediatric pathology expertise

Recommendations

Steering Committee establish a workforce project resource/team to undertake workforce planning functions including:

- collection and analysis of workforce information and data across both organisations
- capability mapping, capability gap analysis (current and future state capability needs)
- undertake high level business process analysis
- to assess the opportunities and impact of new technologies (including the implementation of Fusion)
- review functions between paediatric and non-paediatric pathology positions and identify differences/gaps
- sufficient staffing of technical and scientific staff to ensure safe workloads for staffs - including but not limited to absences arising from leave, and to ensure staffing level of paediatric services is sufficient to meet required clinical care of patients.
- identify and construct clear pathways and develop skills matrix to measure gaps
- develop standard competencies for pathologists
- conduct a training needs analysis for paediatric pathology- identify where training is being provided
- develop and embed a training function to support paediatric pathologists and scientists
- consider opportunity for intern training rotation in pathology/paediatric pathology
- develop a strategy for succession planning

Steering Committee make representations to the Ministry of Health to engage with award reform, that support the removal of structural impediments in the relevant awards that impact on recruitment and retention of Pathology workers, including but not limited to:

- transition between and within Award classifications
- qualifications
- experience levels
- credentialing pathways

Estimated impact on improving patient experience



Estimated impact on improving parent/carer experience



Estimated impact on improving staff experience



Implementation snapshot for the recommendations:

Indicative cost to implement and maintain



Level of effort (resources) required to implement



When could solutions be implemented



Dependencies or alignment to other groups

- Communications Group