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Statewide Cardiology Clinical Network Steering Committee

MINUTES

(✓= in attendance, **AP** = apology, **AB** = absent, EA= Expert Advisor)

Name	Role	19/10/20	16/11/20**	1/3/21
Dr Phil Tideman	Clinical Lead	✓	✓	✓
Prof John Beltrame,	Member	AP	✓	✓
Dr Margaret Arstall	Member	✓		AP
Theresa Tucker	Member	✓		✓
Dr David Senior	Member	✓	✓	✓
Dr Carmine Depasquale	Member	✓	✓	✓
Prof. Robyn Clark	Member	✓	✓	✓
Dr Alex Brown	Member	AP		AB
Dr Andrew Kelly	Member	✓		AB
Dr Cynthia Papendick	Member	✓	✓	✓
Dr Marie Ludlow	Member	✓	✓	✓
Dr Alam Ferdous	Member	AP		✓
Dianna Lynch	Member	✓		✓
Dr Derek Chew	Member	AP		✓
Dr Andrew McGavigan (SA)	Expert Advisor	AP	✓	N/A
Dr Michael Worthington(SA)	Expert Advisor	✓	AP	✓
A/Prof Jayme Bennetts (SA)	Expert Advisor	✓	✓	✓
Denise Nitschke	Expert Advisor	AP		AB
Dr Jeroen Hendricks (SA)	Expert Advisor	✓	✓	✓
Natalie Hincksman (SA)	Expert Advisor	AP		AB
Ms Rosy Tirimacco (SA)	Expert Advisor	✓	✓	AP
Katie Billing (CEIH)	Executive Dir, Clinical Partnerships	AP		✓
Heather Jury (CEIH)	Network Advisor, CEIH		✓	✓
Sarina Kondapuram (CEIH)	CEIH (Minutes)	✓		✓

**Note: 16/11/20 attendance may not be complete due to technical difficulties.

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Agenda item	Discussion	Action / Decision	Responsibility / Timing
1.	**Welcome and apologies.** Apologies noted in above table.		
2.	**Minutes from previous meeting** (16/11/20) Accepted with the following amendments: • Clarification that cardiac rehab and the data and information subcommittees are two distinct groups. • Correction of attendance list as much as possible and footnoting that the attendance list may not be complete.	Action: Sarina/Heather to make amendments to November minutes to reflect the corrections identified.	Prior to next meeting in April.
3.	**Action log** The Action Log from the previous year is being archived as the SCCN will have a refreshed focus in 2021 (as discussed under item 4 work plan / RASCI). Derek Chew will be standing down from Steering Committee due to commencing as CEIH Commissioner. A replacement will be nominated based on EOIs from previous round. PT proposed Matthew Worthley (RAH) as the replacement. Proposal supported by Steering Committee. Derek also noted he's looking forward to recommendations from the Steering Committee in what should be delivered, and noted interest in Real Time Registries and leveraging EMRs more effectively. (PT noted an example of this kind of work with HTSA cardiac implanted devices).	Decision: Steering Co endorsed proposal to invite Matthew Worthley as Derek Chew's replacement. Action: PT to formally invite Matthew Worthley to replace Derek Chew on Steering Committee.	Prior to next meeting in April.
4.	**Work Plan / RASCI for 2021** PT discussed the re-focussing of the SCCN work priorities. The original intention was to complete a comprehensive cardiac services plan by mid-2022, but there is a need to take a different approach to ensure the SCCN's work is achievable and in alignment with broader system strategic priorities. It was noted that a cardiac services plan	Decision: Steering Co endorsed the priority projects as presented in the RASCI workplan.	

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	can't be developed without the DHW commissioning and planning areas leading it, and engagement via SPIIC. KB gave a brief overview of SPIIC (Strategic Planning Infrastructure and Investment Committee). It is a Tier 2 governance committee, one of only a few centralised governance structures, and is the overarching governance body for system planning. CEIH is trying to assist Networks engage with SPIIC early. In terms of CEIH involvement, the CEIH is keen and willing to partner with the network to achieve an output or impact. It would be useful to be very clear on the 1-2 things the Steering Group want CEIH to become involved with, where the CEIH project delivery assistance would help to make things happen. The RASCI framework was included with meeting papers. PT explained to members how the RASCI (Responsible, Accountable, Supported, Consulted and Informed) framework operates as a means of understanding and prioritising what work the network wants to achieve and is able to achieve. The key priority projects listed in the RASCI were discussed for endorsement by the Steering Committee: • **Aboriginal Cardiovascular Health and Disease** PT summarised his conversations with Alex Brown that there has been a lot of work over the last 10 years about what needs to be delivered. The stumbling block is the amount of players/stakeholders involved in the delivery of cardiac care to Aboriginal communities. Next step will be to get stakeholders around the table at the same time to agree who will provide what, and commit to providing services – an implementation plan. • **Cardiac Outreach-** Cardiac outreach services strategy is a high priority and will be required to address Aboriginal cardiovascular health and disease. Encompasses non-invasive cardiac investigations including imaging (echo and cardiac CT) and consulting.		

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	• **Paediatric cardiology-** Paediatric cardiology is not proposed to have its own project but rather ensure engagement with the existing Project Board for the Women's, Children's and Youth Plan. It is understood that currently this plan does not have a cardiac component identified. Andrew Kelly has been contacted to ensure those that sit on the Project Board (understood to be Nigel Stewart, Gavin Wheaton, Steve Holmes) will incorporate expertise around paediatric cardiac services, given there is a proposed national Model of Care that needs to be factored in. RC noted that nursing workforce was not identified and there are significant workforce needs, lack of qualified nurses, issues with nurse to patient ratios and there is a critical need to address issues. PT said nursing is not on the RASCI workplan as yet because the cardiac nursing sub-committee has not brought any project recommendations to the Steering Committee to endorse. PT explained that through the sub-committees the intention is for issues and priority areas to be identified and the sub-committee chairs bring these priorities and recommendations back to the Steering Committee to endorse that outcomes-based work is required to be done. From there, the CEIH may be able to provide additional project resources to drive the work. Timeframes are dynamic (e.g. if nursing came to the Steering Committee in 6 months with issues and evidence and proposed solutions, then it can be discussed and endorsed. It is not required to wait a further 12 months). PT explained that the sub-committees are intended to form the basis of the future Communities of Practice. PT gave an example of Adult Congenital Heart Disease sub-committee undertaking work to develop an endorsed Model of Care. This is resourced from within the sub-committee, not by CEIH. However if the ACHD sub-committee come back to the Steering Committee and recommend that a piece of work needs to be done to implement the MoC, the Steering Committee could then review this proposal and if endorsed would then propose the project to CEIH who could possibly add resourcing or value.		

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	KB noted that the work on the RASCI framework is about addressing and meeting the Network vision and mission statements that the Steering Committee developed and agreed during 2020. It is important to frame any proposed project or work into the agreed Network vision and mission statements and link pieces of work to what the group has said it will achieve. CEIH is happy to work with the Network but wants to understand exactly where the Network wants to partner with CEIH in delivering projects. JB observed that a lot of the proposed priorities have already been done by the previous network and didn't progress or result in change. PT noted that a lot of work has been done in the Aboriginal space but we have faced stumbling blocks due to the number of stakeholders, and our role now is to try to remove those stumbling blocks so the work can be implemented. The ACHD MoC has not progressed and needs to be either endorsed by the ACHD sub-committee or updated to progress it, but ensuring this time adequate engagement takes place with DHW/SPIIC to ensure it aligns strategically. The further projects listed in the RASCI were discussed: • **TAVI Model of Care-** There exists nationally accepted guidelines about applying TAVI to lower risk patients, however we haven't been able to get it approved by the individual LHNs as a result of only consumable cost being considered rather than global cost. As a Clinical Network we are in a position to provide expertise to say this is what should be happening and this is what should be commissioned and we need to work with DHW to get this in place. • **Stocktake of cardiac facilities/beds/workforce by LHN** We need to understand what resources we have. • **Cardiac Rehab** Operating in the background. SCCN will provide expertise/consultancy advice to DHW who will be responsible for preparing a cardiac rehab strategy for SA.		

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	• **Data Fellows Health Translation SA - Audit of cardiac implantable devices** ○ JB advised this is driven through Health Translation SA. Concept was to obtain administrative data and monitor implantable devices, to go on and set up a monitoring system for them using the administrative datasets. Rosanna Tavella has not been able to progress this audit to date. It is an important key priority. Aligns to Derek's real-time registry focus. ○ PT notes we need to identify where solve the stumbling block Rosanna has in progressing this piece of work. ○ JB queried how the CEIH can assist in setting up a registry. ○ Derek responded that we need to be clear are we monitoring for monitoring purposes, or are we publishing data, as one of the hold ups is ethics approval. Need to separate the purpose of reporting & quality improvement vs academic (publishing) aspects. Would like to move to being able to define coding specifications for the monitoring of data that we would embed in the system, noting that this will need to be done through EDI area (Michelle McKinnon's area). We can be working on what the specification is, and feeding that to the EDI area to implement. ○ JB says it's quality and safety, tied in with a national problem that these devices are not monitored. ○ KB - an example of how CEIH and SCCN would work together on this, we could be starting the conversation now with DHW. Alerting them that this is the problem we want to solve, these are the actions we will take, and asking strategic questions (e.g through CNEG) about when the EDI area will have capacity and be ready to partner with us. PT asked the Steering Committee if there was endorsement around the prioritisation of the project areas identified in the RASCI. Endorsed. PT also noted that work has commenced on the development of the Network Communications Strategy.		

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5. **Sub-committees & Working Group Updates**

Sub-Committee	Convenor	Chair
Adult Congenital Heart Disease	**Patrick Disney**	**TBC**
PT advised they have not met.		
Cardiac Genetics	**Kathryn Waddell-Smith**	**TBC**
PT advised they have not met.		
Cardiac Nursing	**Robyn Clark**	**TBC**
Robyn advised they have not met and are in the process of organising the group to meet.		
Cardiac Structural Intervention	**TBC**	**TBC**
Appointment of new convenor required given Derek Chew is stepping down for his new role as CEIH Commissioner. High priority to appoint given the TAVI MoC piece of work needing leadership through this group.		
Cardiothoracic Surgery	**Jayme Bennetts & Michael Worthington**	**TBC**
Have had a meeting. Jayme and Michael advised the subgroup is large. There was discussion around creating additional sub-committees in order to include all those interested while still making the main sub-group manageable. PT's view as Clinical Lead is that the sub-groups should be inclusive to whoever wants to be involved, as they are the Communities of Practice of the future. Guidance about what could be discussed/direction of the sub-groups was included in PT's letter. PT also clarified people are able to sit on more than one sub-committee if they like as they are intended to be open forums, working towards collegial, durable and professional communities of practice. JB query re how is the Chair chosen with such a large group – PT's suggestion is to let the group know there is a meeting where a vote will take place, or electronic, if you want to vote attend the meeting.		

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	Heart Failure	**Carmine Depasquale**	**TBC**
	Carmine advised the group has had an electronic vote to select a chair. Carmine was chosen as chair. Currently arranging a first meeting.		
	EP & CEID	**TBC**	**TBC**
	A new convenor is required. PT said he will convene a meeting in order to select the chair.		
	Cardiac Rehab	**Rosy Tirimacco**	**TBC**
	No update provided as Rosy was an apology.		
	Data & Information	**John Beltrame**	**TBC**
	No update provided as John left the Steering Group meeting early.		
	KB noted that if there are convenors who are not clear on what is required of them, to contact Phil or Heather Jury before the next meeting. No need to wait for Steering Committee meetings to discuss.		
6.	**SA Heart Foundation Proposal** Marie provided a summary of the Heart Health Resources proposal that is currently under negotiation between Heart Foundation and DHW for further funding beyond June 2021. Steering Committee views were sought and there was a consensus that all were happy to support the Heart Foundation's approach as outlined and consider it a quality initiative.		Decision: Steering Co support HF's approach. Action: PT/HJ to respond to DHW confirming the SCCN position on the Heart Foundation resources proposal.
7.	**Correspondence** SAAS Cardiac Guidelines Review – SAAS requested input, PT has offered SAAS to review or delegate to other Steering Committee members to review. Currently awaiting SAAS to send it.		

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	WCHN chest pain guideline – A minor issue with WCH requesting guidance and PT will respond directly. SA Formulary Committee review of the formulary request for medicines for pulmonary arterial hypertension - noted. DHW request for input on the National Strategic Action Plan for Heart Disease and Stroke – PT has responded to the request noting it aligns with SCCN vision. DHW request for advice on the Commissioning submission regarding an advanced HF/LVAD program – PT discussed with Steering Group. It was agreed that the submission aligns with what is needed and that the SCCN would like to be consulted and guide on how it will be implemented. Lighthouse Hospital Project – report circulated and noted.	Action: PT/HJ to respond to DHW confirming the SCCN position on the commissioning submission regarding advance HF/LVAD program	
8.	**Any other business** None noted.		
	Next Meeting 19 April 2021 via Zoom.		

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