

REPORT

ACI Initiatives August 2017



Collaboration. Innovation. Better Healthcare.

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this through:

- *service redesign and evaluation* – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- *specialist advice on healthcare innovation* – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- *initiatives including Guidelines and Models of Care* – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- *implementation support* – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- *knowledge sharing* – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- *continuous capability building* – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A key priority for the ACI is identifying unwarranted variation in clinical practice. ACI teams work in partnership with healthcare providers to develop mechanisms aimed at reducing unwarranted variation and improving clinical practice and patient care.

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Foreword

The Agency for Clinical Innovation (ACI) supports the delivery of high quality healthcare in New South Wales by promoting innovations through clinical guidelines development, healthcare service redesign, implementation of new models of care and capacity-building activities. Additionally, the ACI supports the assessment of quality in healthcare by leading programme evaluations, conducting clinical audits and supporting local assessment of processes and outcomes of care. To achieve these goals, the ACI has a range of ongoing programs and more specific initiatives.

This report provides brief summaries of 20 ACI initiatives that have made significant progress between February 2017 and now. These initiatives come from teams of expert clinicians, consumers and managers who share a common goal of making a difference to patient care.

With all initiatives, an area of need is identified, and a case for change is built. Initiatives are developed through open consultation, data analysis, evaluation, review and refinement, undertaken by our Clinical Networks, Taskforces and Institutes. These initiatives are implemented with the support and assistance of local health district (LHD) teams.

Over the past six months, the ACI has made significant progress in the implementation of the National Surgical Quality Improvement Program (NSQIP) in pilot sites, progressing the implementation of the Trauma Outcomes Registry and Quality Evaluation (TORQUE) database as well as in the standardisation of the way level 4 adult intensive care services are organised across the state.

Other key achievements relate to the sharing and showcasing of innovative work and initiatives aimed at improving patient experience through the Patient Experience Symposium that was held in May and the first Quality Improvement Collaboration (QuIC) statewide forum in June, which provided opportunities for teams working on reducing unwarranted clinical variations to celebrate successes, learn about challenges and share ideas for quality improvement projects.

I would like to thank all those working within and with the ACI for their dedication to supporting these initiatives.



Jean-Frederic Levesque, MD PhD FRCPC

Acting Chief Executive
Agency for Clinical Innovation

Introduction

The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW. Our goal is to be recognised as the leader in the NSW health system for delivering innovative models of patient care.

We provide a range of services to healthcare providers including:

- service redesign and evaluation
- specialist advice on healthcare innovation
- initiatives including models of care, guidelines and frameworks
- implementation support
- knowledge sharing
- continuous capability building.

Visit the [Innovation Exchange](#) to learn more about local innovation and improvement projects from across the NSW health system.

Visit the [Excellence and Innovation in Healthcare portal](#) to learn more about ACI and Clinical Excellence Commission initiatives.

Glossary

ACI	Agency for Clinical Innovation
AQL	Acceptable quality limit
BMT	Blood and marrow transplant
CEC	Clinical Excellence Commission
HETI	Health Education and Training Institute
IT	Information technology
JMO	Junior medical officer
LBVC	Leading Better Value Care
LHD	Local health district
MFC	My Food Choice
NDIS	National Disability Insurance Scheme
NSQHS	National Safety and Quality Healthcare Standards
NSQIP	National Surgical Quality Improvement Program
PCMH	Patient-centred medical home
PDSA	Plan-do-study-act
PEACE	Patient experience and consumer engagement
QuIC	Quality Improvement Collaboration
TORQUE	Trauma outcomes registry and quality evaluation

NSW pilot program to improve surgical quality extended

Strategic initiative

Align work programs with local health districts and other service providers to work together on agreed priority programs.

Aim

- To assess the quality of surgical programs in order to avoid preventable complications after surgery.

Benefits

- Patient outcomes will be improved, with fewer patients suffering from post-surgical complications and reduced postoperative mortality.
- Patients will need shorter hospital stays and their satisfaction will increase.
- The reputation of the health services will increase.
- Robust reporting on patient outcomes which can be used by surgeons for quality improvement.



Summary

The ACI NSQIP pilot aims to help NSW participate in the American College of Surgeons National Surgical Quality Improvement Program (ACS NSQIP). The ACI leads the NSW NSQIP Collaborative, working with hospitals to facilitate implementation of the program and supporting surgical clinical reviewers and surgeon champions.

The ACI Surgical Services Taskforce is supporting the expansion of the NSQIP pilot in NSW. Three new hospitals – Prince of Wales Hospital and the two hospitals within the Sydney Children’s Hospital Network – will join Westmead, Nepean, Port Macquarie and Coffs Harbour hospitals in the NSW Health collaborative in 2017.

Background

Surgical complications are difficult for hospitals to track, and the data needed to analyse and rectify problem areas is not always available. Data from the ACS NSQIP program helps the hospital to identify and focus on preventable complications of surgery.

The ACS NSQIP currently helps hundreds of hospitals across the United States measure the quality of their surgical programs, significantly improving surgical outcomes for patients.

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Tool to detect vision defects in stroke patients

Strategic initiative

Enhance and progress the ACI's strategy for reducing unwarranted clinical variation.

Aim

- To develop a screening tool and associated training to help clinicians who are not eye specialists identify pre-existing and recently acquired vision problems in patients who have recently had a stroke, and determine appropriate treatment.

Benefits

- Vision can be screened at the bedside, and by clinicians who are not eye specialists.
- Vision problems in stroke patients will be identified in a timely manner so these conditions can be managed during the early stages of the patients' recovery from stroke.

Summary

The vision-screening tool, comprising a mini questionnaire and a simple vision test, was developed for non-ophthalmic clinicians to use with patients who had recently had a stroke. It determines current and newly acquired ocular conditions in response to some straightforward questions and guided observations.

A screening tool was required to avoid mismanagement of undetected eye conditions in the early stages of a patient's recovery from stroke.

The tool, developed and tested by the ACI Orthoptic Standing Committee, was validated in a study conducted with the University of Technology Sydney and the Northern Sydney LHD.

The vision-screening tool has now been endorsed by the NSW Health State Forms Management Committee and is available for use in NSW public hospitals.

During the evaluation of the tool, it became clear that specific eye health education was required for stroke staff to ensure that patients were not unnecessarily referred to specialist services. Thus, implementation of the tool includes the development of an eLearning module. An education session led by an orthoptist has also been held, in conjunction with the ACI Stroke Network.

Background

A study commissioned by the ACI Ophthalmology Network showed that 86% of the patients admitted to hospital following a stroke had a vision problem, either as a consequence of the stroke or from a pre-existing condition.

A recommendation of the report was to develop a vision-screening tool that non-ophthalmic clinicians could use to ensure that stroke patients had prompt access to vision care.

QUESTION	Yes	No	ACTION
ASK if the patient:			
Have ever had their eyes tested?	<input type="checkbox"/>	<input type="checkbox"/>	Yes Date of last eye test: ___/___/___ with: ___
Had an eye problem before the stroke? (Such as: glaucoma, cataracts, macular degeneration or eye changes due to diabetes)	<input type="checkbox"/>	<input type="checkbox"/>	Yes list known eye conditions: _____
Routinely uses eye drops?	<input type="checkbox"/>	<input type="checkbox"/>	Yes List eye drops & use. Record in medical record:
Wears glasses (or contact lenses)? If so what for? (tick one or both)	<input type="checkbox"/>	<input type="checkbox"/>	Yes Use appropriate glasses

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Eye emergency app usability improvement

Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

- To assist point of care assessment of eye emergencies in emergency departments.
- To update the app to improve usability and to comply with operating system updates.

Benefits

- The app provides a quick and simple guide to recognising important signs and symptoms that help in determining treatment and management options, including triaging patients to appropriate care in the health system.
- A filter allows fast searching in paediatric patients.
- A diagnostic tree that prompts the clinician to ask the patient specific questions assists in identifying potential diagnoses and provides links for patient education.
- Links to videos help emergency department staff understand specific eye examinations.

Summary

The Eye Emergency Manual app is designed for use by all medical and nursing staff in emergency departments across NSW. It is a quick and simple guide to recognising signs and symptoms of common eye conditions, and appropriate management responses.

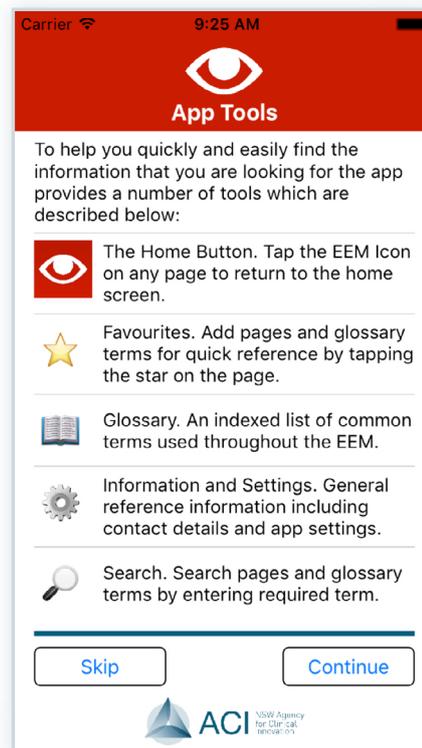
The app gives clinicians a number of ways to interact; it can be used at point of care and as a resource for patient and clinician education. The pages include web links to other relevant sites; for example, criteria for referral to public ophthalmology clinics, videos to enhance understanding of specific ophthalmic procedures and an extended glossary to give easy access to definitions within a page.

Additional ocular drug information is also available through a link to the Sydney Eye Hospital Pharmacopoeia app, which provides reference information for medications used in ophthalmic practice.

The app is the result of collaboration between the ACI Ophthalmology Network, ophthalmologists, emergency department clinicians and orthoptists. This project was predominantly managed 'virtually', facilitating input from rural clinicians and allowing all clinicians to provide input at a time that suited them (within the set timeframe).

Background

The app is based on the *Eye emergency manual*, which was first released in 2007. The manual is a group of guidelines based on the consensus opinion of the expert working group; the guidelines have not undergone formal evidence-based clinical practice guideline development. A renewed working group was established in 2016 to review the content of the app.



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Collecting data to evaluate and improve outcomes of severe injury

Strategic initiative

Develop an approach for defining and collecting health outcomes and an assessment of value-based healthcare.

Aim

- To implement a statewide registry of clinical outcomes of trauma that can be used to monitor and research the quality of trauma care and burden of severe injury in NSW.

Benefits

- The NSW Trauma Outcomes Registry and Quality Evaluation (TORQUE) database will provide valuable information on patient-reported outcomes and experience of care delivered to severely injured patients, and their health and wellbeing in the community after discharge from hospital.
- The data collected will enable targeted interventions to improve the quality of the trauma system and reduce the heavy burden of severe injury in NSW.



Summary

The current trauma registry does not collect meaningful data on patient outcomes, which makes it difficult to evaluate the trauma system beyond the hospitalisation phase. Understanding how many trauma patients return to work or study, and their subsequent use of healthcare, is important for evaluating trends in the cost and burden of injury. Similarly, understanding the patients' experience of the trauma system, such as their transport to and between hospitals, acute care interventions and recovery on the ward, will help identify and correct any system-related problems in patient care. TORQUE will ensure the health system is better aligned to the needs of trauma patients across NSW.

Background

Severe injury remains one of the leading causes of morbidity and mortality around the world. Each year, the NSW trauma system treats around 4000 severely injured patients. The NSW Institute of Trauma and Injury Management, within the ACI, plays a central role in this system by coordinating and supporting networks of trauma care and monitoring overall activity, outcomes and quality of care delivered by trauma services across the state. This is currently achieved using a secure online statewide trauma registry established in 2009, which collects basic demographic and clinical information, such as mechanism of injury, vital signs, procedures, intensive care unit, length of stay in hospital and in-hospital outcomes. A recent review of the NSW trauma system, [Trauma Patient Outcome Evaluation](#), identified the need for a registry of data on clinical quality and outcomes, including healthcare use and patient-reported outcomes and experiences after discharge from hospital, to be collected as part of routine monitoring of the quality of care delivered by the NSW trauma system.

There is currently no standardised statewide process by which to collect and monitor post-discharge health outcomes, and no systematic means of evaluating trauma patients' experience of care in NSW. It is anticipated that the new registry interface will be designed to enable data linkages between services, allow trauma services to easily extract the data required to run quality improvement projects, and accommodate regular updates to data fields and outcome measures.

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Intensive care service model

Strategic initiative

Enhance and progress the ACI's strategy for reducing unwarranted clinical variation.

Aim

- To standardise the way level 4 adult intensive care services are delivered, used and networked within a local health district or region to improve the access and delivery of care to critically ill patients in rural, regional and smaller metropolitan hospitals across NSW.

Benefits

- Critically ill NSW patients will receive safe care within their community where clinically appropriate.
- Local health district intensive care resources will be used efficiently.
- Planning and coordination of care for critically ill patients will improve.

Summary

The ACI and Intensive Care NSW (ICNSW) have partnered with 11 local health districts to implement the *Intensive care service model: NSW level 4 adult intensive care units*.

Statewide implementation of the model is a necessary and complex process, requiring an innovative strategy to prepare local health districts for change, break down cultural barriers to change and build capability of local teams to lead change in a continuous improvement cycle. The ACI has committed to supporting the 14 sites over two 18-month phases.

Phase 1

Jan 2016

Bathurst, Bega, Broken Hill, Dubbo, Grafton, Griffith, Goulburn, Kempsey, Shoalhaven

Phase 2

Sept 2016

Armidale, Fairfield, Maitland, Ryde, Wyong

Over the past 18 months, the ACI has worked with the phase one sites, helping the local teams to carry out the three phases of implementation (plan, assess and operationalise). Many of the sites have shown significant improvements in the way care is coordinated and delivered to the critically ill patient, and have a clear action plan outlining their priorities for the next 12 to 18 months. Over the next six months, the ACI will provide ad hoc advice to those local teams and offer on-site support in assessing progress and planning for continuous improvement.

The second phase commenced in September 2016. The ACI has helped those local teams to plan and assess the project, and will continue to provide assistance in the operationalise phase.

At two and three years after the beginning of implementation, the Intensive Care NSW network will help the 14 sites repeat their self-assessments against the Level 4 Intensive Care Service model standards. The results will let the local teams evaluate their progress, and will inform future local continuous improvement planning and statewide evaluation. The de-identified results of these self-assessments will be shared across all sites.



Background

In response to substantial variation in the delivery of care across level 3 and 4 adult intensive care units in NSW, the intensive care service model was developed in 2013–14 to support the standardisation of intensive care services across the state. The model incorporates standards of care for the critically ill patient, including national quality and professional standards, NSW Ministry of Health policies and guidelines, and other programs designed to improve the delivery of care to patients.

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Supporting and implementing initiatives for better value care

Strategic initiative

Align work programs with our Pillar partners to demonstrate a coordinated approach to delivery of programs in the local health districts.

Aim

- To implement the Leading Better Value Care Program to achieve better health for patients, a better experience of receiving and delivering care, and a better use of the financial resources invested by NSW Health.

Benefits

- Interventions and models of care that have been demonstrated to be effective but are not currently adopted everywhere will be expanded.
- The eight identified initiatives, addressing conditions such as diabetes, musculoskeletal problems, renal failure, chronic pulmonary diseases, chronic heart failure and falls in hospitals, will support better value healthcare.



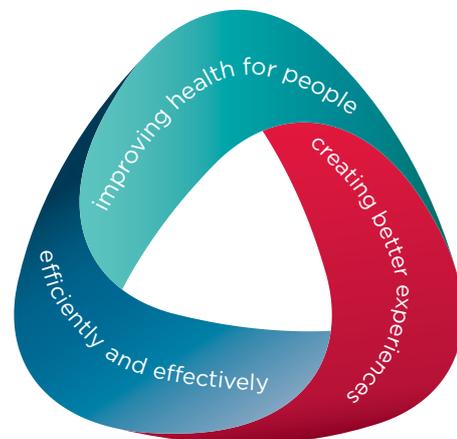
Summary

The Leading Better Value Care (LBVC) Program, led by NSW Health, aims to measure the value of healthcare in terms of health outcomes for patients, the quality of experience for patients and staff, and the efficiency and cost-effectiveness of healthcare delivery, rather than the volume of services provided.

Eight clinical initiatives have been selected as providing opportunities for better value healthcare, and will lead the implementation of the program. These areas are diabetes high-risk foot services, diabetes in-hospital insulin management, osteoporotic refracture prevention, osteoarthritis management, chronic obstructive pulmonary disease management, chronic heart failure management, falls in hospitals and renal supportive care.

Monitoring and evaluation plans have been developed for each of the eight initiatives, and the ACI and the Clinical Excellence Commission are establishing a systematic process to monitor implementation. The data collected will allow evaluation of the impact of initiative implementation on outcomes and the experience of patients and staff, as well as on use of services and costs, to demonstrate improved value to the system.

The LBVC Program eight clinical initiatives are being rolled out in NSW in 2017–18, and a second tranche of initiatives will be implemented from 2018–19 onwards. The ACI health economics and evaluation team has been working closely with Surgery, Anaesthesia and Critical Care and Primary Care and Chronic Services portfolios to prepare submissions for potential projects for the second tranche.



Background

The ACI health economics and evaluation team has worked with the Ministry of Health's LBVC team, and managers and project officers of the ACI Acute Care and Musculoskeletal Networks, to prepare for implementation of LBVC initiatives in the eight areas.

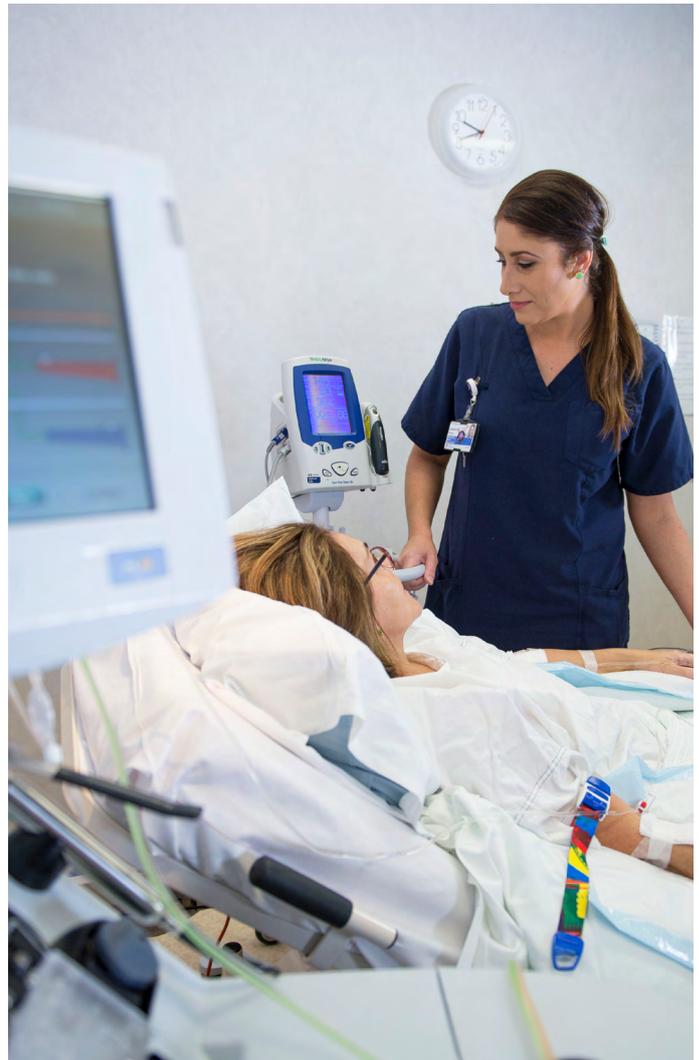
This has been achieved by:

- using models of care developed by ACI clinicians to provide an evidence-based solution
- demonstrating the potential economic value of improving health outcomes by undertaking health economics modelling to provide a comparative analysis of the system benefits of implementation versus not implementing change.

The ACI and the Clinical Excellence Commission will also lead the evaluation of the eight initiatives to ensure that local health districts and central agencies learn from early interventions and make the necessary adjustments along the way. The evaluation will also allow an overall assessment of the impact of the LBVC Program that will guide future policy and funding decisions.

For this purpose, the health economics and evaluation team have worked with Networks and clinicians to develop monitoring and evaluation plans for each of the LBVC initiatives including articulating the program logic, devising key evaluation questions and planning measurement of data. As articulated in the Ministry of Health's LBVC measurement alignment framework, the ACI is responsible for collating and reporting the quarterly monitoring measures identified in the monitoring and evaluation plans. Work has commenced on identifying the process required for data collection and an appropriate reporting mechanism.

The health economics and evaluation team is also in the process of designing and undertaking baseline evaluation reports for each of the initiatives. This includes establishing baseline measures against each of the Institute for Healthcare Improvement Triple Aim domains: improving the health of the public (health outcomes), providing efficient and effective care, and improving the experience of care relative to cost.



**LEADING BETTER
VALUE CARE**

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A collaborative approach to living well in Multipurpose Services

Strategic initiative

Develop strategies to identify new models to broaden clinical engagement.

Aim

- To help staff in Multipurpose Services (MPS) provide care for aged care residents as appropriate to people living in their home rather than as patients in hospital.

Benefits

- Staff are supported in providing individualised care and a person-centred culture for residents.
- Regularly collection and analysis of data identifies areas needing improvement, which are prioritised to prompt and guide staff in changes in care delivery for residents.
- MPS teams will share lessons learnt as they adapt, implement and monitor small-scale changes relevant to the eight principles of care, and the most successful strategies for improving quality of life will be identified, described and disseminated across the other MPS sites.

Summary

ACI are facilitating a collaborative approach to helping the multipurpose services teams to adopt the *Living well in Multipurpose Services (MPS) principles of care*. This support involves (over a 12 month period) a series of:

- three workshops (known as learning sets), focused on building knowledge about aged care while exploring networking opportunities between sites and framing priorities for the action periods

- three action periods, where teams test and monitor small-scale changes through plan-do-study-act (PDSA) cycles that are constantly tailored to meet the individual needs of residents in care
- weekly phone calls; coaching, problem solving and supporting site leads
- regular communities of practice; focussed on networking, topics of interest and sharing lessons learnt.

The collaborative is currently in the second action period.

Teams can upload their PDSAs to a collaborative portal in order to share learning across facilities; to date, more than 350 PDSA cycles have been uploaded. Over the first two action periods, MPS teams have made steady improvements to principles regarding comprehensive assessment and care planning, the provision of a homelike environment, recreational and leisure activities, and a positive dining experience. Over half the participating facilities are shifting focus towards implementing the principles of expertise in aged care, and keeping their residents informed and involved. Greatest improvements were seen in implementation of the dining and recreation principles, which increased by 13 and 6 percentage points, respectively.

Background

Multipurpose Services are healthcare facilities in rural towns that provide a combination of health services including residential aged care. They are accredited against the National Safety and Quality Healthcare Standards, whereas residential aged care facilities are accredited against aged care standards. Throughout 2017, the ACI is supporting 25 Multipurpose Services to work with their residents to improve their quality of life. Tools have been developed to comprehensively measure residents' quality of life covering the areas of respect for rights as an individual, informed and involved residents, comprehensive assessment and care planning, homelike environment, recreational and leisure activities, dining experience, multidisciplinary services and expertise in aged care.

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Junior medical officer forum

Strategic initiative

Continue to build local capability in redesign, innovation and sustained improvement.
Develop and implement programs to promote exchange of knowledge and shared learning.

Aim

- To share the work being done in some NSW hospitals to include junior medical officers (JMOs) in quality and safety projects, and to showcase some of the outcomes.
- To provide practical skills and information about initiating action to improve quality and safety, and applying a number of relevant tools.

Benefits

- JMOs recognise the importance of improving care delivery, and gain awareness of quality and safety improvement governance and structures in the local health districts.
- JMOs recognise the important contribution they can make to improving quality and safety in their workplace, and learn how to get involved.
- JMOs build skills for solving workplace problems using an improvement methodology.
- The workforce becomes engaged in future service improvement.



Summary

The 2017 JMO Quality and Safety Forum brought together JMOs and medical students in a one-day workshop. The day provided an opportunity for JMOs to hear from senior medical leaders, who shared their passion and experience in improving care, and from other JMOs who had started up their own quality and safety programs within local health districts. Strategies were shared on how to develop a JMO quality and safety committee, who to link to in order to effect change, and the benefits to patients, organisations and the JMOs themselves of JMOs participating in such a committee. During the workshop, JMOs identified workplace quality and safety problems, and applied some improvement tools to work through solutions to these problems in a structured manner. The evaluations from the day were very positive. At the conclusion of the day, JMOs expressed a strong desire for a mechanism for continued engagement and support which is being planned. Early planning is underway for another JMO quality and safety forum to be held in late 2017.

Background

JMOs play a key role in delivering frontline health services around the clock. These junior staff can be exposed to suboptimal clinical situations and care processes, yet often they lack the ability, time and influence to make changes. At the same time, many quality and safety initiatives being implemented within hospitals require JMOs to change their practices, yet they are rarely involved in determining how to do this.

In 2015, a JMO Quality and Safety Showcase was organised by emerging JMO leaders, in collaboration with ACI, the Clinical Excellence Commission and the Health Education and Training Institute (HETI). Since that forum, a growing number of hospitals and local health districts have embraced the enthusiasm and engagement of JMOs in quality and safety, and formally linked them into clinical governance structures and processes.

The 2017 forum was organised by a number of JMO representatives, supported by ACI's clinical lead and the Centre for Healthcare Redesign, along with HETI and CEC representatives.

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Patient experience symposium – bringing people together

Strategic initiative

Develop and implement programs to promote exchange of knowledge and shared learning.

Aim

- To share and showcase innovative work and initiatives aimed at improving patient experience.

Benefits

- Consumers, clinicians, managers and experts can share ideas and innovations and build relationships and communication to create a supportive network.
- NSW Health Pillar partners build stronger relationships, which will improve patient outcomes and experience of care.
- Lessons learnt from ground-up innovation of locally led models of care are shared, building the capability of the healthcare system for sustained improvements.
- Consumers and clinicians build stronger partnerships, supporting ongoing development of work.

Summary

The Patient Experience Symposium was held in May 2017 at the Sydney Masonic Centre. The symposium was an opportunity for NSW Health staff and consumers to hear from leading experts and share innovations in improving patient experience across NSW Health.

The symposium was jointly held by the ACI, the CEC, HETI, the Bureau of Health Information, Cancer Institute NSW, eHealth NSW, Health Consumers NSW, and the Mental Health Branch and the Health and Social Policy Branch at the Ministry of Health.

The 2017 symposium was attended by more than 550 people, and approximately 110 people joined via live streaming. The attendees included clinicians and managers from NSW Health, and consumers and consumer groups from within the health system. The 2017 symposium hashtag #PEXS2017 made over 5 million impressions with a total of 2,892 tweets, averaging 13 tweets an hour in the week surrounding the symposium.

The 2017 keynote speakers included Jason A. Wolf, President of The Beryl Institute (USA), which founded the annual International Patient Experience Week, and Tim Blake, engaged patient and carer and Managing Director at Semantic Consulting. The symposium program committee considered the feedback from 2017 and agreed to hold the two-day symposium annually. The cost of the symposium will be reviewed and may increase to accommodate a larger venue.

Background

The ACI has established the patient experience and consumer engagement (PEACE) team within the Clinical Program Design and Implementation portfolio to promote meaningful engagement and consumer-led redesign of healthcare at the ACI.

The PEACE team supports the ACI's Networks, Taskforces and Institutes to capture consumer input and harness direct patient, carer and staff experiences to inform ACI activities, with the goal of guiding transformational change across the health system.

Patient experience and consumer engagement are crucial to developing person-centred care and ensuring that we have a complete perspective of how our health systems and processes are working and interacting. This in turn provides valuable insight into what we can do to design, plan and evaluate improved and innovative healthcare systems.



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Improving day hospital rehabilitation services with a co-design approach

Strategic initiative

Develop and implement programs to promote exchange of knowledge and shared learning.

Aim

- To improve services provided for people receiving day rehabilitation.

Benefits

- The working partnership between consumers, carers and healthcare workers delivers person-centred and sustained healthcare improvement.
- Consumers, carers and healthcare workers develop stronger relationships and enhanced communication.
- Access to rehabilitation services is improved.
- Consumers and care providers have greater awareness of referral pathways.

Summary

The Rankin Park Rehabilitation Centre is based in Newcastle, within the Hunter New England LHD. The centre is a rehabilitation unit comprising outpatient services, inpatient wards and an ambulatory service providing day rehabilitation. The day rehabilitation service runs programs for specific patient groups, including people with Parkinson's disease and people at risk of falls.

The co-design project began in 2016 with consumers, carers and clinicians working together to improve the services provided by the Rankin Park Rehabilitation Centre. Workshops with representatives of each stakeholder group were held on each of the core components of co-design, including:

- engaging consumers, carers and healthcare workers
- capturing experiences and outcomes
- understanding goals and perspectives
- improving systems and processes.

The co-design process identified a number of opportunities for improvement, including the way information about the service is provided. The Rankin Park Rehabilitation Centre does not currently have a webpage and the available brochures are out of date. That makes it difficult for people to find information on the services and programs available and how to access them.

The workshop on improving systems, held in April 2017, identified service information as a key priority area and a 'quick win' that could be addressed. It was agreed that the lack of service information available to both consumers and health professionals would be addressed by developing webpage content, revising the current service brochures and creating a video.

The workshop participants co-designed the content of these new resources, and the ACI engaged consultancy services to develop prototypes. The resources will be simple, informative and easy to navigate, making the content easily accessible to the public and health professionals.

Background

The People Receiving Day Hospital Rehabilitation Project is one of five co-design projects currently being supported by the ACI to improve healthcare in NSW. The co-design project forms part of the ACI's broader strategic initiative to implement a model for consumer co-design.

Co-design brings consumers, families and staff together to improve health services. Giving people an equal voice as active partners in healthcare improvement leads to better outcomes for all. Co-design is recognised internationally, and within Australia, as an essential component of innovation and improvement in healthcare. The increasing number of publications illustrates the potential of co-design methodology.

The outcomes and lessons learnt from the five current co-design projects were presented at the 2017 Patient Experience Symposium. The ACI Co-design Building Capability Strategy is being evaluated with the aim of publishing the results in a journal article. In addition, a co-design quick reference card infographic and toolkit is being developed to further support the uptake of co-design methodology in healthcare improvements across the state.

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Supporting a new model of food service delivery

Strategic initiative

Align work programs with local health districts and other service providers to work together on agreed priority programs.

Respond to changes in policy and mode of service delivery.

Aim

- To provide clinical support to LHDs and Networks to enhance HealthShare NSW's implementation of the My Food Choice (MFC) food service delivery model.

Benefits

- The My Food Choice model, and its impact on clinical services, will be better understood.
- Practical tools and resources for implementing the model, which can be adapted to suit local needs, will be developed.
- The My Food Choice model will be implemented in a way that considers the local clinical perspective and patient needs.
- By capturing and sharing lessons from early implementation sites, duplication across the health system will be reduced.

Summary

Working collaboratively with the HealthShare MFC project team, the initiative team:

- conducted a baseline survey that determined knowledge, needs and attitudes relating to the MFC model
- established a community of interest for clinicians
- developed an online toolkit, aligned to the phases of MFC implementation, for clinicians
- hosted forums on MFC for dietitians, dietitian assistants, nurses and speech pathologists
- produced a fact sheet outlining model and the project

- gave presentations on the clinical impact of MFC to the following groups:
 - Essentials of Care Nursing Leaders Forum
 - LHD Executive Director of Nursing and Midwifery Forum
 - LHD Chief Executive Meeting
 - Dietitians Association of Australia – Food Service Interest Group
- enhanced the menu management IT system to meet clinical needs
- developed a short video about MFC, including the roles of the clinicians.

Evaluation results and feedback from these activities demonstrated improvements in knowledge, awareness and timely resolution of implementation issues. The project highlighted the need for ongoing clinical engagement using a variety of methods.

ACI will continue to collaborate with HealthShare throughout implementation of MFC.

Background

HealthShare NSW is implementing the MFC food service delivery model into hospitals across NSW, which has a significant impact on clinical services. The new model requires a redesign of the workforce, especially within nutrition and dietetics departments that have a dietitian assistant workforce. Early implementation hospitals identified a need for clinical support to assist with implementation of the model.



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Navigating the healthcare neighbourhood

Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

- To build knowledge and awareness and increase capacity for the development of healthcare neighbourhoods.

Benefits

- The healthcare system will be better integrated.
- Healthcare costs will reduce in the long term.
- Unnecessary emergency department visits and hospitalisations will be reduced.
- Healthcare staff and clinicians will be more satisfied in their jobs.



Summary

A healthcare neighbourhood is the network of services and clinicians that a patient-centred medical home (PCMH) operates in and integrates with. A patient-centred medical home is a general practice or Aboriginal medical service that has adopted the PCMH model, which focuses on delivering person-centred care.

To support the development of healthcare neighbourhoods, the ACI developed the [Navigating the Healthcare Neighbourhood](#) website, which went live to the public in March 2017. The website explores the patient-centred medical home model and expands on the role of the healthcare neighbourhood in supporting the model. An online community of interest commenced in June 2017.

The website and community of interest are part of a broader capability strategy for the healthcare neighbourhood work of the ACI, which also includes:

- a social media presence
- podcasts
- events and webinars
- an education program.

Background

In Australia, the PCMH model is publicly supported by the Australian Medical Association, the Royal Australian College of General Practitioners and others. Within NSW, many primary health networks are running PCMH transformation programs with general practices, and three primary health networks have been selected to take part in the Commonwealth Health Care Homes trials that are examining alternative funding arrangements to support the medical home model.

ACI has identified an opportunity to support the public health system to take advantage of this transformation in primary care to increase collaboration and integration across the healthcare system.

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Improving healthcare delivery to people with intellectual disability

Strategic initiative

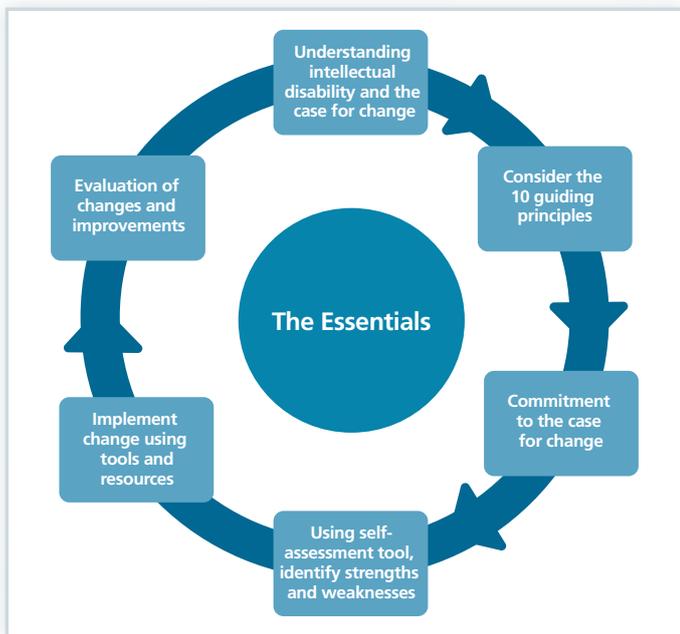
Develop strategies to identify new models to broaden clinical engagement.

Aim

- To build the capability of NSW Health to deliver effective services to people with intellectual disability.
- To guide local health districts in delivering health services to people with intellectual disability.

Benefits

- Local health districts will improve their capability to deliver services to people with an intellectual disability.
- People with intellectual disability will have better health outcomes and a more positive healthcare experience.
- Reduce cost and waste to the system.



Summary

The Essentials is a resource and website designed to guide local health districts in delivering health services to people with intellectual disability. It particularly recognises the importance of patient (and carer) related health outcomes as well as their experience of healthcare.

The Essentials is full of useful information, tools, interviews, videos, references and external links. It was developed by the Intellectual Disability Network. This timely and practical resource:

- helps local health districts use self-assessment tools to identify areas for improvement in delivering healthcare to people with intellectual disability
- gathers resources to support inclusive service delivery in one place
- highlights the experiences and outcomes of people with intellectual disability
- showcases current initiatives.

The Essentials is aligned to the NSW Health *Disability inclusion action plan 2016–2019* and health policy PD2017_001 *Responding to needs of people with disability during hospitalisation*.

Background

People with intellectual disability have poorer health outcomes than the general population. Age-specific mortality rates from a range of health problems are higher among people with intellectual disability than the general population because the former's health problems are often undiagnosed or poorly managed.

A 2013–14 survey of NSW local health districts by the Intellectual Disability Network showed that 42% of LHD disability action plans did not include support for people with intellectual disability, and 95% of LHDs had no routine support services and adjustments available.

Health staff interviewed were keen to provide better care but sought support and guidance. The Essentials resource and website was developed in response to this feedback, guided by the experiences of people with intellectual disability and their carers.

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Tools to aid clinical identification of end of life

Strategic initiative

Enhance and progress the ACI's strategy for reducing unwarranted clinical variation.

Aim

- To undertake to identify and review tools to aid the clinical identification of end of life.

Benefits

- The populations with whom, and the settings in which, clinical assessment tools could be used for identifying patients at risk of dying within 12 months have been identified.
- The barriers and enablers to successful implementation of these tools have been articulated.
- The relevance and potential applicability of the tools to the NSW context are better understood.

Summary

The review identified a broad range of tools that can assist in the clinical determination of patients at risk of dying within 12 months, including some designed to initiate an end-of-life discussion with the patient and their carer or family. However, there is considerable scope for interested stakeholders in NSW to develop, validate and implement a number of the identified tools with a view to having them more widely applied in non-palliative care settings than is currently the case.

Background

The ACI Palliative Care Network commissioned an evidence check to identify and review tools designed to aid the clinical identification of end of life. The evidence check, a rapid review of existing research and evidence, was brokered by the Sax Institute and carried out by Health Policy Analysis. While the evidence check did not specifically focus on palliative care, much of the reviewed literature deals with palliative care in some context. The World Health Organization defines palliative care as:

'an approach that improves the quality of life of patients and their families facing the problem associated with life-threatening illness, through the prevention and relief of suffering by means of **early identification** [our emphasis] and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual'.¹

It is generally accepted that clinicians and patients need a better understanding of the signs of approaching end of life. It is reported that few tools are available to help this process and even fewer are integrated into the usual care models in primary or acute settings. This evidence check was commissioned to determine the range of tools available and their applicability to NSW settings.



¹ <http://www.who.int/cancer/palliative/definition/en/>

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Providing clinical advice on the NDIS in NSW

Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

- To bring a clinical perspective to key statewide issues and support the delivery and improvement of the National Disability Insurance Scheme (NDIS) in NSW.

Benefits

- The NDIS Clinical Advisory Group can advise the NSW Ministry of Health about systemic issues arising from the reform of the disability sector and propose solutions that may be implemented.
- The group can advise about resources that may support clinicians and health services to work effectively with the NDIS reforms.
- Issues facing clinical clusters that extend beyond the boundaries of local health districts and boundaries of NDIS regions will be identified.
- Key NDIS policies and procedures will be disseminated and socialised.

Summary

The NSW NDIS Clinical Advisory Group will work with key NSW Ministry of Health committees to enhance and uphold the effective alignment of care, support and health services for consumers of NDIS services in NSW.

Initial meetings will be organised around the following themes: terms of reference and assessment criteria; the protocol for access to mainstream services for people with disability; issues relating to provider status; monitoring and evaluation; quality and safeguards; review and discuss future status of Clinical Advisory Group.

The NDIS Clinical Advisory Group will include two nominees from each of the following ACI Networks, Institutes or Taskforces: Aged Health; Brain Injury; Burns; Drug and Alcohol; Chronic Care for Aboriginal People; Intellectual Disability; Mental Health; Neurodegenerative and Neuromuscular; Nutrition; Palliative Care; Rehabilitation; Respiratory; Rural Health; Spinal Cord Injury; Stroke; Transition; and Trauma.

Background

The NDIS is a new way of funding individualised support for people with permanent and significant disability and their families and carers. The NDIS focuses on eligible people, rather than programs or services. The scheme provides information, referrals and personal plans; and funds support (where necessary) for care and access to community services and activities.



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Home dialysis app

Strategic initiative

Align work programs with local health districts and other service providers to work together on agreed priority programs.

Aim

- To extend the take-up across NSW of a home haemodialysis smart phone app, My Home Hemo.

Benefits

- Patients on home haemodialysis can take control of their own treatments in their home environments.
- Patients will feel more confident in, and connected to, their clinical staff.
- Problems related to home haemodialysis can be detected more promptly, which could reduce presentations to emergency departments.

Summary

Patients undertaking home haemodialysis typically write their parameters in a log book, which is only reviewed at a face-to-face consultation with either the home haemodialysis nursing staff or the patient's nephrologist.

The My Home Hemo app lets patients digitally record data related to their home haemodialysis, using their own mobile Android or Apple device. Thus, patient data is available in real time, with the full patient history, to the staff at the patient's renal unit. This lets staff monitor patient progress and contact patients as required.

In partnership with the app developers, Nepean Blue Mountains LHD, and with funding and implementation support from ACI, My Home Hemo will be enhanced then rolled out across the state.

Background

The My Home Hemo app has been developed over the past four years as an initiative of the Nepean Telehealth Technology Centre, NBMLHD, in collaboration with Western Renal Services and the Faculty of Engineering and Information Technology, The University of Sydney.

In a three-month trial at Western Renal Services, 74 patients used My Home Hemo with the following results.

- The number of patient reviews increased by 270%.
- 14 hours of combined nursing and patient times were saved by replacing home or clinic visits with digital communications.
- Patients expressed improved confidence in their care and felt connected and involved.

My Home Hemo has been continuously refined and improved; a trial at a secondary site resulted in positive outcomes. Currently it is used in the Western Renal Services and with a small number of patients in South Western Sydney LHD.



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Sharing healthcare outcomes to reduce unwarranted variation

Strategic initiative

Enhance and progress ACI's strategy for reducing unwarranted clinical variation.

Aim

- To hold a forum to share learning opportunities for teams across NSW engaged in investigating clinical variation in outcomes for patients with chronic heart failure and chronic obstructive pulmonary disease.

Benefits

- Sharing quality improvement successes and challenges across the state will hasten reductions in variation in patient outcomes.
- Linking teams across NSW will result in sustained system change.

Summary

As part of the Leading Better Value Care initiative, teams across NSW are working with the ACI to investigate and reduce unwarranted variation in outcomes for patients attending NSW public hospitals with acute exacerbations of chronic heart failure and chronic obstructive pulmonary disease. The Quality Improvement Collaboration (QuIC) forum provides opportunities for these teams to celebrate successes, learn about challenges and share ideas for quality improvement projects. By hosting and moderating this forum, the ACI is able to link teams working on similar projects, expedite the sharing of ideas and help break down barriers to quality improvement. The forum provides multiple opportunities for collaboration. It includes face-to-face meetings and is supported by an online space where teams are encouraged to share quality improvement projects. The QuIC forum will also provide monthly webinars on topics that the team at ACI has identified as important shared learning activities. Workshops will also be arranged for formal learning activities, such as change management. Twice-yearly statewide forums will bring together all participants for a celebration of successes and networking opportunities.

The QuIC forum is an essential element in the Leading Better Value Care initiative, the success of which will rely on the rapid implementation of quality improvement projects to address the variation in patient outcomes seen across NSW hospitals. The ultimate goal of the QuIC forum is to provide ongoing shared learning to ensure that changes in clinical practice are sustained and patient outcomes are improved.

Background

Unwarranted clinical variation is an ongoing barrier to providing safe and effective care for patients. The Investigating Clinical Variation in Acute Care project has been designed in response to identified variation in outcomes for patients with chronic obstructive pulmonary disease and chronic heart failure across the NSW health system.

In 2017 the NSW Bureau for Health Information released an Insight Series report that detailed variation in mortality and returns to acute care for a range of conditions. In anticipation of this report, and as part of the Ministry of Health's Leading Better Value Care initiative, the ACI worked with clinical networks and local teams to build a robust approach to investigating clinical variation. This initiative will allow individual hospital sites to investigate the care they provide in detail, identify areas for change and provide support for implementation and change management.



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A forum to promote environmental cleaning standards in blood and marrow transplant

Strategic initiative

Develop and implement programs to promote exchange of knowledge and shared learning
Align work programs with our Pillar partners to demonstrate a coordinated approach to delivery of programs in the local health districts.

Aim

- To hold a forum to support the implementation and development of the *NSW Environmental cleaning policy directive in blood and marrow transplant*.

Benefits

- Clinicians could interact and network with other individuals who are genuinely concerned about infection prevention and control.
- The forum provided a space for new ideas and additional information regarding environmental cleaning, including practical solutions on how challenges have been overcome.
- Participants were updated on the cleaning policy directive and audit tool, and received clarification of the audit process and how internal practices can be improved.

Summary

The ACI Blood and Marrow Transplant (BMT) Network held a one-day forum in June 2017 that brought together groups and individuals who have been involved in the BMT Environmental Cleaning Project, and who share an interest in the importance of hospital cleanliness and the role of cleaning staff. A diverse group attended, including cleaners, nurses, environmental services, NSW Pillar partners and commercial cleaning providers.

The BMT Network provided a summary of the key achievements of the project and an analysis of the audit results over the last four years, highlighting themes and further recommendations.

The Clinical Excellence Commission's Healthcare Associated Infections Program presented the *NSW Environmental cleaning policy directive PD2012_061* and provided insight into the future revision of the policy. The CEC provided case studies on hospital-acquired infections and possible cleaning solutions.

Health Infrastructure provided an overview of current capital works in NSW and the impact of design on the cleaning and resources.

Central Coast LHD, St Vincent's Health Network, Sydney LHD, South Western Sydney LHD and Hunter New England LHD provided updates on their environmental cleaning programs and innovations in practice. This was supported by presentations and discussions on the evolution in technology that will affect cleaning in the coming years.

Background

The NSW Environmental Cleaning Policy, which was released in 2012, highlighted blood and marrow transplant units as functional areas of extreme risk, and recommended a 90% acceptable quality limit (AQL) for environmental cleanliness.

In 2013, the Blood and Marrow Transplant Network began the BMT Environmental Cleaning Project, aiming to improve environmental cleanliness, review training and education of environmental services, and pilot an environmental cleaning audit tool developed by the CEC.

An external auditor has now conducted five rounds of external environmental cleaning audits using an outcome-based approach. In the first round of audits, conducted in September 2013, none of the 15 units achieved the 90% AQL. Large improvements occurred in 2014 with standardised internal auditing and the development of cleaning matrices. In recent audit rounds, 80% of units have met or exceeded the 90% AQL, and no unit has dropped below the original baseline. Training of internal auditors and cleaning has occurred as part of the project and some initial patient experience surveys.

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Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

- To provide blood and marrow transplant patients with a tool to promote better vaccination compliance and improve patient outcomes.

Benefits

- Patients will better understand their vaccination requirements, and collaborate more easily with clinical staff on vaccination after a blood and/or marrow transplant.
- Compliance with the BMT Network and national vaccination recommendations will improve.
- Record keeping of current and past vaccines will improve.

Summary

The loss of immunity to infection is a function of both the intensive chemotherapy that predates blood and marrow transplantation and the immunosuppression that follows. Vaccine-preventable diseases can cause significant morbidity and mortality in transplant patients. Transplant patients can also potentially spread vaccine-preventable diseases to other vulnerable people such as infants, the elderly or other hospitalised patients.

The uptake of vaccines post-transplant represents a challenge at a local, state and national level. The Vax2Date app provides a user-friendly interface that schedules vaccinations in line with the *Australian immunisation handbook*. The app lets patients enter and record their vaccinations using their own mobile Android or Apple device, and maintains a real-time vaccination history.

Background

The Vax2Date app has been developed over the past two years as an initiative of the BMT Network, in collaboration with key immunisation clinicians across the local health districts. Creation of the app was driven by the reduced uptake of vaccinations demonstrated in the Sydney Post-Bone Marrow Transplant Survey, and the importance of reducing vaccination preventable disease. The survey looked at patients who had a transplant over a 12-year period (2000–2012). Four hundred and twenty-eight BMT recipients gave a response on their vaccination status. Of these, 31.8% were fully vaccinated, 7.2% were unvaccinated; 57.9% were partially vaccinated and 3.0% were unsure as to their vaccination status.

The Vax2Date app is aligned to be used with the *BMT Network vaccination guidelines* and *Vaccination record* which provide additional clinical information to treating clinicians. The guidelines, vaccination record and now the app provide a comprehensive suite of tools for the clinician and patient, and will promote better vaccination compliance and patient outcomes.



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8 ways of learning about Aboriginal respiratory care

Strategic initiative

Ensure all ACI projects and activities seek to close the gap in health outcomes for Aboriginal people and improve the health outcomes of other priority populations.

Aim

- To engage with Aboriginal health services to understand their respiratory needs, and co-design and run an Aboriginal Respiratory Care workshop.

Benefits

- The 17 participating NSW Aboriginal health services have developed a level of trust in the ACI Respiratory Network, which has already lead to interest in future cooperation from the Aboriginal service managers.
- The workshops were based on the '8 Ways of Learning' method, and the participants increased their knowledge, skills and competence.

Summary

The Respiratory Network collaborated with the Aboriginal Health and Medical Research Council of NSW and the chronic care for Aboriginal people team to carry out the Respiratory Service Planning Survey across Aboriginal health services (Aboriginal community controlled health services and Aboriginal health services in local health districts and primary health networks) in NSW. Seventeen services completed the survey, which provided valuable information on existing respiratory services, workforce needs and service development priorities.

The services were invited to partner with the Respiratory Network to co-design and deliver an Aboriginal Respiratory Care workshop tailored to the needs of their local area. All 17 services accepted this invitation and worked with the Respiratory Network on the learning objectives, planning and evaluation measures via teleconference links over six months.

Six Aboriginal Respiratory Care workshops were held, in Terrigal, Wagga Wagga, Wollongong, Ballina, Dubbo and Redfern, between March and June 2017. Each two-day

workshop had a maximum of 12 participants and focused on asthma, chronic obstructive pulmonary disease, pneumonia and chronic lung sickness (bronchiectasis). The Aboriginal Respiratory Care workshops primarily targeted Aboriginal Health workers, using the 8 Ways of Learning philosophy and educational method, which preliminary evaluation results indicates was effective.

Fifty-nine staff working in Aboriginal health completed a workshop, of which 41 were Aboriginal Health workers. The co-design process and the workshops are being evaluated from the perspective of both service managers and participants. Preliminary results show increases in knowledge, skills and confidence in the majority of participants.

Background

The Respiratory Network has undertaken a series of initiatives to engage with Aboriginal people to improve Aboriginal respiratory health in NSW, including:

- holding the 2013 Improving Aboriginal Respiratory Health Forum
- in 2014-15, evaluating Queensland Indigenous Respiratory Care Program Aboriginal consumer resources
- in 2015-16, revising graphic images in the Indigenous Respiratory Outreach Care Program resources to make them appropriate for use in Aboriginal communities in NSW.



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