REPORT

Initiatives Update

February 2018

NSW GOVERNMENT

AGENCY FOR CLINICAL INNOVATION

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

- *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 priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

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Glossary

ACI	Agency for Clinical Innovation
ACE	Alcohol and Drug Cognitive Enhancement
AIM	Accelerated Implementation Methodology
AOD	Alcohol and other drug
AuSCR	Australian Stroke Clinical Registry
BMT	Blood and marrow transplant
CEC	Clinical Excellence Commission
CHF	Chronic heart failure
COPD	Chronic obstructive pulmonary disease
ED	Emergency department
HEMS	Helicopter Emergency Medical Services
IIMS	Incident Information Management System
ICT	Information and communication technology
ICNSW	Intensive Care NSW
JMO	Junior medical officer
LBVC	Leading Better Value Care
LHD	Local health district
LTFU	Long term follow up
MPS	Multipurpose Services
NDIS	National Disability Insurance Scheme
NELA	National Emergency Laparotomy Audit
NSQHC	National Safety and Quality in Healthcare
NSQIP	National Surgical Quality Improvement Program
PDSA	Plan, Do, Study, Act
PEACE	Patient Experience and Consumer Engagement
PREMs	Patient Reported Experience Measures
PROMs	Patient Reported Outcome Measures
PRM	Patient Reported Measures
QoL	Quality of life
RCAs	Root Cause Analyses
SCI	Spinal cord injury
SHN	Speciality Health Network
SSCIS	State Spinal Cord Injury Service

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.

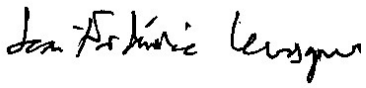
This report provides brief summaries of 20 ACI initiatives that have made significant progress between August 2017 and now. These initiatives come from teams of expert clinicians, consumers and managers who share a common goal of making a difference to patient care.

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 done significant work on the Leading Better Value Care (LBVC) program Tranche 1 initiatives. LBVC is working 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.

Other key achievements relate to supporting healthcare professionals to deliver high quality care in NSW, particularly junior medical staff, nurses and specialist clinicians. Utilising technological solutions, such as clinical decision support apps and a system to securely capture, store and safely share clinical images, will further support our goal to deliver excellent healthcare.

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



Dr Jean-Frederic Levesque, MD PhD FRCPC

Chief Executive

Agency for Clinical Innovation

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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 and
- continuous capability building.

Visit the Innovation Exchange to learn more about local innovation and improvement projects from across the NSW Health system. www.aci.health.nsw.gov.au/ie

Visit the Excellence and Innovation in Healthcare portal to learn more about ACI and Clinical Excellence Commission (CEC) initiatives. www.eih.health.nsw.gov.au

Building capability for paediatric clinicians

Strategic initiative

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

Aim

To hold a workshop for paediatric clinical nurse consultants to build knowledge and skills in change management and implementation planning.

Benefits

- Sessions provided practical information about enhancing knowledge and skills in change management and implementation planning, specifically regarding paediatric clinical practice guideline implementation.
- The workshop was an excellent opportunity for clinicians to network with colleagues and work together to generate new ideas.
- Participants with new skills reported feeling empowered to implement change projects in their hospitals.

Summary

The ACI Paediatric Network hosted a workshop to support key paediatric clinicians to build knowledge and skills in change management and implementation planning.

Fifty clinicians from LHDs across NSW attended the workshop from 13-15 November 2017. In addition to paediatric clinical nurse consultants, participants included clinicians from emergency departments, neonatology, paediatric wards, nurse education and allied health. Some colleagues from the ACT were also in attendance.

The program featured clinical experts who presented on leadership in a change management environment from medical and nursing perspectives. Sessions highlighted learnings from what went well and, importantly, from what did not go so well and how that experience can inform future behaviours. Speakers also provided an overview of the fundamentals of change management and implementation science, such as knowing your environment, looking at the end user, communication and changing behaviour.

Overall, participants' workshop evaluations were extremely positive. A number of clinicians – some of whom had considerable experience – admitted that they were initially doubtful of gaining much value from attending the workshop. However, after the sessions, most of the clinicians said they felt invigorated, with a renewed enthusiasm for implementing change in their local health districts.

Background

The Paediatric Network was established at the ACI in mid-2017. The role of the network includes to provide guidance to the NSW Health system on standardisation of paediatric care, establishing new models of care, clinical guidelines and running forums to bring clinicians and consumers together.

LHD paediatric clinical nurse consultants have a particularly important leadership role in supporting the implementation of clinical practice policies and guidelines in NSW public hospitals.

The workshop leveraged skills and knowledge from the ACI Centre for Healthcare Redesign and the Implementation teams.

A key outcome of the workshop was the establishment of a new statewide Basecamp site for sharing the Plan, Do, Study, Act (PDSA) cycles. Projects have been established in areas of statewide and locally identified priorities. These include nurse-initiated weaning off bronchodilators in patients with asthma using controlled guidelines; resuscitation code response management for 16-17 year olds on the ward; sepsis management; and paediatric ward leadership group values, beliefs and cultural empowerment.

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Leading Better Value Care – Audit, feedback and improvement

Strategic initiatives

1. Enhance and progress the ACI's strategy for reducing unwarranted clinical variation.
2. Align work programs with local health districts and other service providers to work together on agreed priority programs.

Aim

To work with LHDs to investigate clinical variation in chronic heart failure (CHF), chronic obstructive pulmonary disease (COPD) and diabetes by conducting a partnership audit, leading a data feedback session and supporting sites to develop and implement quality improvement initiatives.

Benefits

- The program partners with sites to undertake a baseline audit against NSW care bundles and identification of improvement opportunities.
- It supports implementation, with capacity to assist with improvement projects and redesign.

Summary

As part of the Leading Better Value Care program, 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 CHF, COPD and diabetes.

Clinical audit is a quality improvement process aimed at improving patient care and outcomes. The audit involves a systematic review of care against explicit criteria and the implementation of change when standards of care are not met. Clinical audit is one of the most significant methods to understand the quality of service offered by a healthcare organisation.

Following partnership audits, the ACI team performs in-depth data analysis and triangulation with administrative and patient reported data (where applicable) and presents the results during a feedback session at each site. This then forms the basis to identify improvement opportunities from the analysis and allows local teams to work in partnership with the ACI to develop improvement plans.

Background

Unwarranted clinical variation is an ongoing barrier to providing safe and effective care for patients. In 2017 the NSW Bureau for Health Information released an Insight Series report that detailed variation in patient 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 program, the ACI worked with clinical networks and local teams to build a robust approach to investigating clinical variation. This initiative allows 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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Blood and Marrow Transplants (BMT)

Strategic initiatives

1. Implement a model for consumer co-design.
2. Develop and implement programs to promote exchange of knowledge and shared learning.

Aim

- To harness the experience of consumers, families and clinicians to identify clinical and quality of life improvements for people who have received a blood or marrow transplant.
- To collaborate with participants to workshop and prioritise key themes.
- To produce recommendations that inform the design of hospital- and state-based improvements.

Benefits

- The workshop strengthened partnerships between consumers, families and clinicians.
- This will lead to the creation of clinical services that better meet the needs of the users and providers of the BMT service.
- Improvements to long term follow up (LTFU) care can be identified by consumers and clinicians.

Summary

The LTFU co-design workshop, held in November 2017, brought together a diverse range of patients, clinicians and non-government organisations. The workshop was the culmination of focus groups at two large allogeneic BMT programs, one paediatric program and eight patient interviews.

Co-design methodology was used to identify and understand key emotions and themes from the focus groups and interviews. These themes were discussed and prioritised by the participants and refined into health service recommendations. The recommendations were then categorised into short, medium and long term goals. ACI will now provide a comprehensive report to hospitals of the BMT Network and work with the BMT programs on an agreed work plan.

Background

Clinical advancement in BMT has resulted in an increase of the number of long-term survivors. The original disease and treatment, however, pose an increased risk of late effects on all systems of the body. The collective impact of these complications is profound, with BMT survivors experiencing significantly lower life expectancy compared with someone who has not been transplanted and the majority living with at least one chronic complication. As a result, survivors face significant levels of unemployment, relationship difficulties, financial hardship and social isolation.

A coordinated approach across many clinical teams is required. The allogeneic BMT programs of NSW have attempted to address the patient needs locally with noted variation of service delivery.

The co-design project aimed to utilise the expertise of patients, families and clinicians to prioritise key themes and establish recommendations that will lead to sustainable improvement in service delivery and patient experience.

This workshop was a joint project with the BMT and Patient Experience and Consumer Engagement (PEACE) teams.

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Diabetes point-of-care decision support app

Strategic initiatives

1. Enhance and progress the ACI's strategy for reducing unwarranted clinical variation.
2. Align work programs with local health districts and other service providers to work together on agreed priority programs.
3. Develop and implement programs to promote exchange of knowledge and shared learning.

Aim

Enhance the clinical decision making skills of junior medical officers and nursing staff responsible for managing the insulin requirements of patients with diabetes in hospital.

Benefits

- The diabetes management workforce will be more knowledgeable and confident, particularly regarding insulin management.
- A reduction in insulin errors will increase patient safety.
- The app promotes a standardised approach to insulin management and reduction in clinical variation.
- Optimised glycaemic control improves patient outcomes and experience.

Summary

The clinical decision support app Thinksulin is a point-of-care tool that provides information and decision support on blood glucose level targets, hypoglycaemia management, blood glucose monitoring, basal-bolus calculations, and charting and reviewing doses.

Although the app's target audience is junior medical officers and nursing staff who do not have specialist skills/knowledge in diabetes management, it could be used by any clinician responsible for the prescription and administration of insulin in a hospital setting.

Thinksulin is one component of a capability building program to build knowledge and confidence in the management diabetes for the clinicians responsible for the prescription and administration of insulin. The program aims to improve outcomes and experience of hospitalisation, reduce complications secondary to mismanagement of insulin and therefore reduce length of stay.

Background

People with diabetes are frequently admitted to hospital for treatment of conditions other than the diabetes. Therefore, the bulk of care is often the responsibility of clinicians (including junior medical officers and nursing staff) who do not specialise in diabetes management.

As insulin is a high-risk medication[1], it is critical that it is safely administered. Therefore, the ACI Endocrine Network's *NSW Subcutaneous Insulin Prescribing Chart* aims to enable standardisation of insulin management across the state. A 2015 evaluation of the chart in four LHDs showed a 'lack of awareness and understanding about components of current best practice in the management of people with diabetes outside of specialist endocrinology units', suggesting that best practice diabetes management is not occurring in NSW hospitals[2]. Thinksulin aims to address this knowledge gap.

1 Clinical Excellence Commission, Medication Safety and Quality: High Risk Medications. Available at: http://cec.health.nsw.gov.au/patient-safety-programs/medication-safety/high-risk-medicines. Accessed (16 January 2016).

2 O'Connell Advisory (2015), Agency for Clinical Innovation Evaluation of the Subcutaneous Insulin Prescribing Chart in Four Local Health Districts, Final Report.

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Developing an approach to statewide data collection in stroke care

Strategic initiative

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

Aim

To implement a registry for the collection of stroke clinical data and outcomes.

To use the data to monitor and benchmark the quality of stroke care and provide online live reports on performance to inform local quality improvement work.

Benefits

- The registry database will provide valuable information to LHDs on performance against a range of best practice clinical processes and patient reported post hospital discharge outcomes.
- The data collected will enable participating sites to target intervention to improve the quality of stroke care provision in NSW.

Summary

The current stroke data collection system does not provide meaningful data on stroke severity, patient outcomes and adherence to best practice guidelines. It is paper-based, using multiple forms and decentralised databases and spreadsheets. Data entry is duplicated across forms and crude outcome measures are used. The database is unable to account for stroke severity, and long-term patient reported outcomes, such as quality of life, are unavailable.

A new, user-friendly registry is needed to standardise data collection and enable data linkages between stroke services and data extraction. In response to this issue, the Australian Stroke Clinical Registry (AuSCR) database has been established.

Implementing AuSCR will help the system assess the performance of Acute Thrombolytic Centres against clinical standards and benchmark centres against each other. This will assist sites to target specific areas for improvement and correct system-related problems. AuSCR will also allow services to easily extract data required to run quality improvement projects.

AuSCR will begin in up to 19 sites, with data collection commencing 1 February 2018.

Background

Stroke remains one of Australia's biggest killers and a leading cause of disability. NSW provides care for approximately 17,237 patients[3] per year.

Data collection, analysis and benchmarking underpin the ability of services to improve stroke care. This is currently achieved through a variety of disconnected systems. The current data collection programs provide limited capacity to benchmark across sites (statewide and within Australia). In NSW there is currently no standardised statewide process by which to collect and monitor post-discharge health outcomes for stroke patients. This has been time consuming and costly, as manual patient file audits must be used to assess and understand clinical care.

It is anticipated that AuSCR will enable data linkages between services and allow stroke services to easily extract the data required to run quality improvement projects.

3 Foundation S. Stroke in Australia No postcode untouched 2014 July 2014. Report No.

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Developing a guide to support consumer enablement

Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

To develop an online guide which gives healthcare providers evidence and tools to deliver care that supports consumers, families and communities in the daily management of their own healthcare.

Benefits

- The online guide will give healthcare, social care and community support providers access to a comprehensive guide to approaches, evidence and resources to use in supporting consumers to become more enabled.
- Higher enablement means consumers are more involved in their care, adopt of healthier behaviours, and have increased confidence and skills to manage their healthcare and navigate the health system.
- Increasing consumer enablement leads to better healthcare outcomes and experiences for consumers, more effective use of healthcare resources, and higher job satisfaction for healthcare providers.

Summary

The draft consumer enablement guide has been informed by an evidence check and input from more than 300 consumers, carers and service providers who shared their insights and provided input on the design of the resource. We used an iterative prototyping process to achieve statewide buy-in and design a consumer-centred document.

This document will inform the development of an online resource. Further consultation on the concept and content is scheduled to commence shortly. Website design will be determined based on feedback received during consultation, with additional input from the ACI communications and web services teams.

The revised *National Safety and Quality Health Standards. Partnering with Consumers, Standard 2* (released in November 2017) highlights an increased focus on health literacy, shared planning and care.

Background

The ACI Chronic Care Network has sponsored the development of a consumer enablement resource in partnership with consumers, the NSW Ministry of Health, other NSW Health Pillar agencies, Health Consumers NSW, Local Health Districts and Primary Health Networks.

Consumer enablement is the extent to which health consumers understand their health conditions and have the confidence, skills and knowledge to manage their own health and wellbeing. Enablement is also influenced by the way health services are delivered and the environment. Increasing a person's involvement in their own care can foster better health, offer opportunities for self-management and avoid unnecessary treatment.

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New framework for rehabilitation for chronic conditions

Strategic initiatives

1. Respond to changes in policy and mode of service delivery.
1. 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 implement the new Rehabilitation for Chronic Conditions Framework to replace the previous Rehabilitation for Chronic Disease Policy and Guidelines (2006), and to develop resources to support the new framework.

Benefits

- The Rehabilitation for Chronic Conditions Framework supports improved access to rehabilitation for chronic conditions, leading to:
  - improved functional exercise capacity, self-management and quality of life for people with chronic conditions
  - decreased use of acute healthcare services
  - reduced burden of disease in NSW.

Summary

The Rehabilitation for Chronic Conditions Framework was released on 13 October 2017. The Framework:

- responds to changes in the service delivery context and reflects the latest therapeutic interventions
- promotes adoption of a uniform approach to rehabilitation in the context of chronic conditions in NSW
- addresses service gaps for people with chronic conditions and supports more inclusive and accessible rehabilitation programs.

Key consideration has been given to the need for inclusive and accessible services for Aboriginal people, culturally and linguistically diverse people, rural and remote communities, and those with lived experience of mental illness.

The framework can be applied in a range of settings and implementation is expected to contribute to reduced burden of disease and injury in NSW; and improvements to functional ability and quality of life for people with chronic diseases.

The framework and supporting resources are available from the chronic care web page.

Background

The Rehabilitation for Chronic Conditions Framework was developed in response to a request from the Ministry of Health to review the Rehabilitation for Chronic Disease Guidelines. It was identified that there was a need for:

- a more flexible definition of rehabilitation, particularly rehabilitation prevention for those at risk of chronic diseases
- options for people with one or more chronic conditions that may be excluded from or be unable to access condition-specific rehabilitation.

Wide-ranging consultation identified what was needed to reflect changes in the rehabilitation service context in NSW, including:

- an integrated rehabilitation focus
- use of technology, settings of care, service context and needs of specific community groups
- findings and evidence from disease-specific frameworks
- latest evidence in therapeutic exercise
- behaviour change methodologies and self-management support strategies.

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Cognitive impairment in an alcohol and other drug population

Strategic initiative

Develop strategies to identify new models to broaden clinical engagement.

Aim

To develop a suite of front-line, user friendly resources to screen for, identify and address cognitive impairment in an alcohol and other drug (AOD) population.

Benefits

The program will:

- increase staff and consumer knowledge of cognitive impairment in an AOD setting.
- increase staff skills to identify and respond appropriately to cognitive impairment.
- increase service capacity to accommodate and actively respond to consumers.
- The program will allow consumers to work towards improving their cognitive capacity, particularly in executive function; completion of treatment; capacity to set and attain goals; overall outcomes (e.g. mental health, quality of life).

Summary

The ACI will work to develop a suite of evidence based, front-line resources to identify and address cognitive impairment, and test a cognitive remediation intervention to demonstrate effectiveness and feasibility of scaling up and implementing the intervention in AOD treatment settings in NSW. This will be known as the Alcohol and Drug Cognitive Enhancement (ACE) program.

A three-phase approach is being implemented:

Phase 1 – Provide introductory resources and establish a community of interest

- Establish an online community of interest
- Provide a web resource including an introductory video, a drug and alcohol cognitive impairment screening tool that can be administered at the point of entry, and brief psychosocial intervention for staff and consumers including information about cognitive impairment and strategies for responding to impairment.

Phase 2 – Proof of concept and feasibility

The ACI will work to scale up a previously trialled cognitive remediation intervention for its implementation and evaluation across a number of AOD services in NSW.

Two trials will be conducted in 2018:

- a randomised controlled trial of a cognitive remediation intervention in residential AOD treatment services
- a feasibility study of a cognitive remediation intervention in AOD treatment outpatient services.

Phase 3 – Implementation

- Finalise the ACE program tools based on the results of Phase 2, including: a package of training videos, manuals and resources for staff and consumers and data collection and outcome measurement tools.
- Statewide implementation of the Cognitive Remediation program across AOD services in NSW.

Background

It has become increasingly recognised that cognitive impairment is highly prevalent among people accessing drug and alcohol services (up to 80%) and is a major barrier to good treatment outcomes. However, there are currently few intervention options available for this population.

Although cognitive remediation has been shown to be effective at improving cognitive functioning in acquired brain injury and psychiatric populations, little research has examined its benefits in an AOD treatment population.

Preliminary research has demonstrated that the treatment effects of cognitive remediation in an AOD population are at least as strong as those in other populations. As such, it is important to identify risk for cognitive impairment at the point of entry into drug and alcohol services and implement a cognitive remediation intervention to ensure that individuals gain the most from their treatment.

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Supporting healthcare delivery for people with spinal cord injury

Strategic initiative

Develop strategies to identify new models to broaden clinical engagement.

Aim

To support best practice care in the NSW health system by meeting the lifelong needs of people with spinal cord injury (SCI), as outlined in the Framework for a model of care for children, young people and adults with Spinal Cord Injury (SCI) for NSW.

Benefits

The Framework for a Model of Care for Children, Young People and Adults with Spinal Cord Injury (SCI) for NSW can be used to inform and guide effective planning and delivery of supra LHD specialist SCI services, development of service level agreements, purchasing and investment decision-making, and measurement of improvement.

Summary

The Framework for a Model of Care for Children, Young People and Adults with Spinal Cord Injury (SCI) for NSW describes the current state of services for people with SCI, presenting key challenges and the case for change. It outlines the vision, essential components and ideal state of care for people with SCI in NSW, including a roadmap for improvement to ensure services can deliver the right care, in the right place, at the right time, by the right team. The Framework also highlights the important role of other government and non-government services in supporting the lifelong needs of people with SCI, and can be used to further develop cross-sector collaboration and communication.

Due to their specialised function and statewide remit, specialist SCI services in NSW are classified as supra LHD services. Operating supra LHD services across multiple LHDs and SHNs presents significant complexities for coordination and continuity of care. ACI is the Clinical Lead for the SSCIS, providing expert clinical advice, proactively identifying emerging issues and collaborating with key NSW Health stakeholders to address priorities for this clinical population.

Background

The NSW State Spinal Cord Injury Service (SSCIS) provides a network of supra LHD services responsible for the management of people who have sustained a traumatic or non-traumatic SCI.

The two acute adult Spinal Cord Injury Units (SCIUs) in NSW treat approximately 130 new cases per year, 77% being traumatic SCIs. However, it is estimated that there are 291-361 new SCI cases in NSW per year. The likelihood not all people with SCI have access to specialised care highlights considerable unmet needs for people with non-traumatic SCI.

Children and young people under 18 years who have a SCI as a result of trauma or non-trauma receive inpatient care at one of the two children's hospitals in Sydney. The John Hunter Children's Hospital provides inpatient acute and rehabilitation for children with non-traumatic spinal cord injury. Most SCI in children is non-traumatic (66%), including due to tumours and transverse myelitis.

Services for people with SCI are delivered in the context of a number of transformational reforms, such as the National Disability Insurance Scheme (NDIS) and My Aged Care program. Initiatives such as the Leading Better Value Care program demonstrate NSW Health's commitment to measuring value based on health outcomes rather than a volume-based approach. Additionally, the activity-based funding system for all health services does not fully accommodate the complex nature of the SCI services provided.

The NSW Health *Selected Specialty and Statewide Service Plan (number 8): Spinal Cord Injury (2010)* expired in 2016, meaning there is no forward plan to guide the delivery of supra LHD specialist SCI services to address the identified challenges.

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A model of practice for specialist aged health services delivery

Strategic initiative

Respond to changes in policy and mode of service delivery.

Aim

To develop a model of best practice for NSW Health to deliver specialist aged health services, with the aims of improving the care of older people.

Benefits

- Older people in the community can rely on primary care as their primary medical care providers.
- The model integrates patient assessment, referral and follow-up across multiple services and settings.
- This optimises the role and expertise of service partners and how they deliver care to the older person.
- Potentially preventable hospital admissions and re-admissions are reduced by providing more services in the community and the home in a timely fashion when it is safe and appropriate to do so.

Summary

The NSW Health Aged Health Services Model is intended to guide and support service delivery and planning. The document presents an ideal model for NSW Health to deliver aged health services, with the aim of improving the care of older people. This practical tool demonstrates the current and ideal aged health service requirements for care of the older person, and is accompanied by a decision support tool assisting in identification of the impact on patient care, service and the aged health system.

The models of care include services across inpatient, outpatient and community settings, with an emphasis on transition. The older person's hospital pathway is a non-linear journey involving comprehensive care provision across the health pathway. Service is delivered through the progression of frailty across key stages in the older person's health journey.

A number of focus groups were undertaken with geriatricians across NSW. Eight principles defining the shared vision for NSW Health aged health services were developed. These principles should guide the development and delivery of services to support best practice and patient-centred approaches.

Background

Currently NSW Health delivers a range of Commonwealth-funded aged care services in NSW. The Commonwealth Government is in the process of reforming the structure and delivery of aged care services to deliver a more integrated and person-centred system in the future.

NSW Health commissioned PricewaterhouseCoopers to undertake a comprehensive and rigorous review of state owned and run aged care services which will inform the development of a formal position on the future role of NSW Health as a provider of Commonwealth-funded aged care services.

The NSW Health Aged Health Services Model was initiated by a group of senior geriatricians following the identification of risks to service delivery following this review and potential reform of this structure.

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Integrated surgical care for older people

Strategic initiative

Align work programs with LHDs and other service providers to work together on agreed priority programs.

Aim

To explore how to improve outcomes following surgery for older people and those with complex comorbidities, from referral and pre-admission processes through to follow-up care in the community and support services at home.

Benefits

- Consultation identified existing care models in use and barriers to integration of care across different aspects of the patient journey.
- Unique and innovative models of care and clinical pathways will be shared to promote better integration of services and improved patient outcomes.
- Further assessment of the information provides an opportunity to consider broader, cross-network activities to influence improvements in care.

Summary

As part of the Integrated Surgical Care for Older People project, clinical, administrative and management teams at eight NSW hospitals were consulted on the coordination and delivery of surgical care for older, complex patients. Considerations included:

- the appropriateness of surgical interventions and non-beneficial surgery
- managing patient experience and expectations, particularly communication with family and carers
- deconditioning of patients between referral and admission
- management of post-operative delirium
- optimising pre-admission and post-operative recovery pathways
- variation in management of high-care patients in critical care services
- discharge planning, including home and aged health support assistance
- integration with primary and community care.

The ACI is currently working to consolidate the information gathered to date into a report on current practices in NSW. The next steps will be to map Integrated Surgical Care priorities against existing programs and initiatives and consider broader, cross-network activities to further influence improvements in care.

Background

The Integrated Surgical Care for Older People project is investigating how surgical care is planned and delivered for older, complex and comorbid patients in NSW hospitals.

Exploration of how surgical care for older people is currently planned and managed in eight hospitals across NSW identified a number of innovative care models currently in use and barriers to integration of care across different aspects of the patient journey. This provided opportunity to review the current application of existing toolkits, frameworks and clinical decision support tools in NSW hospitals.

The Integrated Surgical Care Forum was also held on 24 November 2017, bringing together health professionals from across NSW. The forum drew on themes identified through these consultations to discuss some of the challenges and solutions to delivering an integrated and coordinated approach to the management of care for older people having surgery in NSW.

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Supporting quality improvement in surgery

Strategic initiative

Align work programs with LHDs and other service providers to work together on agreed priority programs.

Aim

To promote knowledge sharing, mentorship and networking between sites participating in the National Surgical Quality Improvement Program (NSQIP) in partnership with the ACI.

Benefits

- The NSQIP Collaborative supports communication and knowledge sharing for participants and contributes to the ongoing development of the NSW NSQIP program for surgical quality improvement.
- The Collaborative provides an opportunity for participants to benchmark local results, validate program experiences and share quality improvement initiatives.

Summary

NSW NSQIP surgical champions, surgical clinical reviewers and the ACI project team created a group, known as the Collaborative, to promote knowledge sharing, mentorship and networking through the NSW NSQIP.

In October 2017, the NSW NSQIP Collaborative brought together surgical champions and surgical clinical reviewers from across NSW for a half-day annual meeting. This provided an opportunity for participants to consider data results to date, the overarching alignment of the NSQIP with existing quality and safety programs in NSW, including National Emergency Laparotomy Audit (NELA) and patient reported measures. There was a presentation on the ongoing work to compare NSQIP data against hospital administrative data sets. Hospital representatives also provided an update on their local surgical quality improvement projects and quality initiatives.

Opportunities to benchmark results, validate local experiences and share learnings are valuable engagement drivers for participants, contributing to the ongoing enthusiasm for, and promotion of, the NSQIP in NSW hospitals.

Background

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

With six participating hospitals to date, and a planned phased expansion of the program in coming years, the NSQIP Collaborative is an important support and learning tool for participants. The Collaborative provides an avenue for sites to confirm and validate their results with peer hospitals; identifying where opportunities for improvement are and how sites are approaching initiatives to enhance surgical performance.

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Secure Image System

Strategic initiatives

Work in partnership with eHealth NSW to provide clinical leadership and expertise to inform the information and communication technology (ICT) agenda and activities.

Align work programs with LHDs and other service providers to work together on agreed priority programs.

Aim

To provide healthcare workers with a system to securely capture, store and safely share clinical images used in the assessment and care planning of patients.

Benefits

- A consistent approach will be used when staff member seek patient consent to use clinical images, and in communications about use and access to images.
- The system will provide a convenient web and mobile accessible solution for authorised clinicians to safely and securely capture, store and share clinical images.
- Integrating storage and management of clinical images into a single repository will allow linkage to other patient information.

Summary

The ACI and eHealth are working together to design and build a system to address the current ad hoc, insecure processes of capturing, storing and forwarding clinical photographs. This project is known as the Secure Image System.

The design phase is underway to develop a mobile and web-based app that can securely capture, share and store clinical photographs. Time limitations will be in place for temporary local device storage.

Consultation with clinicians from NSW burn services will ensure practical clinical functionality and allow an opportunity for the app to be piloted. The aim is to have a minimal viable product available for access by all NSW Health authorised health care workers by 30 June 2018.

Future development for this project will include linking images to the patient electronic medical record and health care worker access from outside NSW Health employees.

Background

Currently, the capture and sharing of images by NSW Health staff, especially in relation to clinical assessment/ management, is an ad hoc process. Images are often used in clinician assessment, for instance to view wounds, manage patient care or transfer patients between teams.

Staff across NSW Health often take and send photos using their personal smartphones or digital cameras. These photos are often stored on the smartphone or camera with inadequate security, rather than in patients' electronic medical records. Images may be sent to a referral hospital or co-worker via email or other public messaging service and stored in a network share drive, personal hard drive, USB stick or computer.

This is a major security and privacy risk for NSW Health.

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‘Code Crimson’ pathway for life-threatening traumatic haemorrhage

Strategic initiative

Align work programs with LHDs and other service providers to work together on agreed priority programs.

Aim

To support clinicians to triage patients with life-threatening traumatic haemorrhage and to facilitate timely access to definitive intervention, including an operating theatre or interventional radiology suite.

Benefits

- The ‘Code Crimson’ pathway will improve current management of haemodynamically unstable trauma patients experiencing haemorrhage who, despite pre-hospital interventions, are very unlikely to benefit from prolonged time spent in Emergency Department resuscitation areas. A process for expediting transfer to definitive intervention in the Operating Theatre or Interventional Radiology Suite may be lifesaving in such cases.
- Activation of trauma ‘Code Crimson’ will notify receiving trauma hospitals prior to patient arrival, so they can better mobilise hospital resources.

Summary

Small subsets of severely injured trauma patients require time-critical surgical or interventional radiological procedures to arrest life-threatening non-compressible haemorrhage following blunt or penetrating trauma.

Designated trauma centres in NSW have a range of policies, procedures, guidelines and facilities for the management of patients with exsanguinating haemorrhage. Inconsistent application of these policies, procedures and guidelines (especially after hours) may contribute to delays to definitive surgical or interventional radiological procedures.

A clinical guideline was developed, with an aim to standardise the:

- pre-hospital identification of a trauma ‘Code Crimson’
- activation of a trauma ‘Code Crimson’ pathway by pre-hospital medical retrieval teams and the subsequent notification to a receiving trauma centre
- institute trauma centres procedures following activation of a trauma ‘Code Crimson’ pathway.

Background

A range of Incident Information Management System (IIMS) case reports, Root Cause Analyses (RCAs) and sentinel event investigations have identified that intra-hospital delays to definitive intervention continue to occur. These delays directly impact survival in the small subset of patients with uncontrolled non-compressible haemorrhage.

Emergency department (ED) diversion is a technique used in trauma management around the world to streamline access to definitive intervention. Contemporary military trauma systems and the Helicopter Emergency Medical Services (HEMS) in Europe and the United Kingdom practice ED diversion when the patient would benefit from immediate transfer to the operating theatre or interventional radiology suite. This is appropriate in cases of life-threatening haemorrhage and isolated severe brain injury.

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Reducing ICU Exit Block – a study

Strategic initiatives

1. Promote and undertake research in large system changes.
2. Align work programs with LHDs and other service providers to work together on agreed priority programs.

Aim

To answer the question: Do strategies to reduce exit block and after-hours discharge of patients from intensive care units (ICU) affect timely access to intensive care beds for critically ill patients, length of stay, adverse events, patient experience and mortality?

Benefits

- The study will identify effective strategies to reduce ICU exit block and examine the impact on hospital patient flow, emergency department exit block, patient mortality and length of stay.
- The study will build capacity in participating sites to design and implement locally relevant and data-driven strategies to improve timely access to care.
- The roll-out will improve patient flow in other NSW hospitals with ICUs.

Summary

Intensive Care NSW (ICNSW) is managing a project funded through an ACI research grant awarded to Central Coast LHD to identify successful strategies to reduce ICU exit block. The ACI ICNSW is managing the study, which will work with site project teams to use data to design and evaluate local strategies to reduce ICU exit block, and evaluate the impact on other key performance targets such as emergency department waiting times and elective surgery. The project will be aligned with the Ministry Patient Flow Collaborative that includes three of the four sites in this study.

LHDs are establishing site project teams, including project investigators, site project officers, ICU and acute hospital clinicians and patient flow managers. Diagnostic information will be drawn from existing ICU and hospital data sources, staff surveys and interviews. Sites will also need to map current patient flow processes and data sources. The baseline data will be used to identify local issues and processes affecting patient flow and ICU exit block. A Plan, Do, Study, Act (PDSA) framework will be used to design, implement and monitor a suite of strategies aimed at reducing ICU exit block and improving site patient flow. Analyses of changes in patient outcomes, ICU activity and an economic evaluation will be undertaken.

An ethics application is being prepared for submission in early 2018.

Background

The ICNSW study is a project involving ICUs, LHDs and the ACI working collaboratively to address system-wide issues affecting patient flow. It is funded through an ACI research grant, with in-kind support provided by the ACI Intensive Care NSW, Ministry of Health, and participating LHDs. There are four hospital sites including Liverpool, Nepean, Wyong and Gosford. Researchers from the Hunter Medical Research Institute will support the project and complete the economic and statistical analyses.

Patient flow is a complex organisational issue. Strategies to improve patient flow need to be responsive to local activity, systems and processes. This project will use research and quality improvement methodologies to address patient flow through ICU, and potentially other hospital departments. This will support implementation and sustainability of effective interventions to improve patient flow in participating sites and ultimately in other NSW hospitals.

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Multipurpose Services

Strategic initiative

Our clinicians, patients, healthcare partners and the community: valued partner in improving healthcare.

Aim

To use 'Collaborative Plus' methodology to support staff in providing individualised person-centred care and improving quality of life for residents who live in Multipurpose Services (MPS), not as patients in hospital, but as people living in their home.

Benefits

- Provision of MPS staff capability training and support through structured workshops, periods of on-the-ground implementation activity, weekly coaching support and ongoing access to the MPS Toolkit.
- More than 470 Plan, Do, Study, Act (PDSA) cycles were completed, documented and shared on the PDSA Portal, with about half scaled to business as usual and now available to all MPS sites across NSW.
- The *Living Well in MPS: Principles of care* resource is now embedded in the revised National Safety and Quality in Healthcare (NSQHC) documentation, to support staff in meeting standard 5: comprehensive care planning.

Summary

Over the course of 2017, twenty-five MPS teams were supported using 'Collaborative Plus' methodology to implement the principles of care outlined in the ACI's *Living Well in MPS: Principles of care* document. A 'Collaborative Plus' methodology was undertaken, which involved the pure collaborative methodology with additional implementation supports such as weekly coaching (regarding content, action plans, staff engagement, resistance etc.), site visits, communities of practice, data collection and reporting and other methods of creating networks between participating sites and other statewide partners.

PDSA cycles were used across eight principles to achieve small-scale improvements, share experiences and accelerate successful strategies.

A comprehensive evaluation strategy included both process measures and a 10-point numerical scale of standardised and validated outcome measures. Residents reported a 0.5 point improvement in their quality of life (QoL), with staff reporting similar improvement. There were also significant improvements in relationships between residents and staff, resident independence and physical wellbeing. This reflects a cultural shift across all facilities.

The final statewide evaluation demonstrated an average improvement of 20-40% across all eight principles of care. Principles with the greatest achievement were recreation and leisure, positive dining experience and homelike environment, with most sites integrating community activities with residential living to maintain connectivity and meaningful relationships. Uptake of person-centred care practices, especially by involving residents and their families in decision-making, choice and control through case conferencing and care based on lifestyle and daily routines has been widespread.

A complete evaluation report on outcomes across NSW is expected in March 2018, in addition to a review of the methodology undertaken.

Background

MPS are unique healthcare facilities providing rural communities with emergency, acute, community-based and residential aged care services, with staff providing care across all areas simultaneously. There are currently 60 MPS facilities operating across rural NSW, with more in the planning stage.

In 2014, a NSQHS consultancy identified issues not being assessed for residential aged care services in MPS facilities. These gaps were provision of a home-like environment; the role of the person in their own care; cognitive impairment; hydration and nutrition; and leisure activities and lifestyle.

In 2016, the ACI developed Living Well in *MPS: Principles of care and complementary self-assessment and resource guides* to support staff to implement the principles and improve care.

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Updating Redesign Methodology

Strategic initiatives

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

Aim

To provide an updated Redesign methodology that is in line with contemporary evidence in service improvement science.

Improve accessibility of Redesign methodology through a central repository of tools that supports end users in capability development and project management.

Benefits

- The profile of Redesign Methodology is raised, which assists the standardisation in approach for improvement projects in health.
- The methodology provides easily accessible and user friendly tools that support its use.
- Success of projects is increased through a robust and proven methodology.

Summary

The Redesign Methodology has been updated to guide NSW Health staff though developing and implementing a successful service innovation. Current evidence underpins the flexible and inclusive design, incorporating various improvement methodologies such as Lean, Design Thinking and Accelerated Implementation Methodology (AIM).

The new methodology is adaptable to the needs of the ACI teams and NSW Health staff, offering a scalable approach that supports consistency in practice yet flexibility in use. A set of one-page, easy-to-use guides will be available online for all staff to assist with capability development and project needs. These tools will be user focused with links to further resources and training.

The updated Redesign Methodology will be available for the first time as a complete resource package that supports multiple forms of service improvement work throughout NSW Health. The methodology demonstrates clear alignment with the ACI's focus on health outcomes and co-design.

Background

The Redesign Methodology was developed in 2007 from best evidence on improvement. It has been used in ACI since 2012 and its application in practice and teaching has been adapted over time to remain up to date with emerging evidence.

The infographic and core content have now been formally updated to reflect the changes. In addition to a literature search, extensive consultation was undertaken with end users in the ACI, Pillars and NSW Health frontline staff using a co-design approach to developing the new iteration of the methodology.

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Patient reported measures to improve outcomes and experience

Strategic initiative

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

Aim

To develop and implement Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) that enable patients to provide direct feedback on their health related outcomes and experience to drive improvements and integration of healthcare in NSW.

Benefits

- The program supports more person-centred, coordinated and integrated healthcare.
- Patients have increased involvement in healthcare planning and decision-making, which improves patient and carer satisfaction and experience of healthcare.
- There are improvements in clinical indicators, quality of life and functional ability, access to timely healthcare and identification of patient and carer needs.

Summary

The Patient Reported Measures (PRM) program plays a key role in the NSW Integrated Care and Leading Better Value Care (LBVC) programs. It is aimed at improving outcomes and experience for patients.

Consultation continues across LHDs and Speciality Networks for the progression of PROMs and PREMs to be collected across Integrated Care and each LBVC clinical priority area.

The ACI and eHealth NSW are at the final stages of the procurement process to select a sustainable and scalable information system that can meet the growing needs of NSW Health and facilitate the routine collection, use and reporting of PRMs. The future integrated IT solution should be available from mid-2018.

The formative evaluation of the PRM program is completed and endorsed. Findings will be disseminated in early 2018.

Background

The ACI is responsible for leading the co-design, testing, refining, implementation and evaluation of PRMs.

PRMs are questionnaires that measure patients' perception of their health and healthcare experiences and the impact of conditions and treatment on their health and quality of life. PRMs are a critical component of achieving the NSW Health vision for truly integrated, better value care across the state. The routine collection, measurement and timely reporting of PRMs is a whole-of-health-system transformation.

PRMs are being implemented across a broad range of clinical settings in acute care, outpatients, community-based services and general practice. Direct and timely feedback about patient reported health outcomes and experience of care will help to drive improvement in quality and safety, and to facilitate the integration of health care across NSW.

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Leading Better Value Care program implementation

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 (LBVC) 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.
- Several key initiatives were identified to support better value healthcare, including conditions such as diabetes, musculoskeletal problems, renal failure, chronic pulmonary diseases, chronic heart failure, falls in hospitals and bronchiolitis in children.

Summary

The ACI is progressively rolling out support for LHDs and Speciality Health Networks (SHNs). The majority of LHDs and SHNs have undertaken baseline clinical audits and are at various stages of audit feedback and early redesign activity.

This developing focus from measurement to review, capability development and the early stages of implementation is being supported directly by a variety of methods. These include an online information and peer discussion portal called the LBVC Hub, regular webinars with local LBVC Program Leads, capability development and education sessions.

The monthly program managers' teleconference continues to be well subscribed and has been an invaluable forum for jointly discussing topics such as non-admitted patient data collection and LBVC roadmaps.

As a part of continual improvement, the ACI model of LBVC support is currently under review, with the aim of incorporating learning's from the initial LBVC support work undertaken. The ACI seeks to provide a targeted, flexible and responsive suite of integrated services to support the implementation of the remainder of Tranche 1 clinical initiatives, and the new and incoming Tranche 2 clinical initiatives.

Background

The 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.

The ACI and the Clinical Excellence Commission are involved in supporting the implementation of new models of care under LBVC within LHDs and SHNs.

Eight clinical initiatives were initially identified to be rolled out in 2017-18. These are known as Tranche 1, and include: diabetes high-risk foot services, diabetes in-hospital insulin management, osteoporotic refracture prevention, osteoarthritis management, chronic obstructive pulmonary disease management, chronic heart failure management, renal supportive care and falls in hospitals.

A further three initiatives (Tranche 2) have been selected: hip fracture, bronchiolitis in children and wound management. These will provide further opportunities for better value healthcare and are scheduled to be addressed from 2018-19.

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Review of statewide clinical leadership structures

Aim

To provide evidence based, consensus driven recommendations for statewide clinical leadership structures in the context of strategic plan renewal at the ACI.

Benefits

- Effective clinical leadership structures allow clinicians to identify and respond to statewide issues and priorities.
- Improved collaboration between health system leaders enables the design of shared solutions to improve patient care.

Summary

The ACI has been recognised as a national leader in clinician networks since the inception of the Greater Metropolitan Clinical Taskforce in 2004. Since then the depth and breadth of work at the ACI has evolved to encompass 38 networks, taskforces and institutes that work with clinicians, consumers and managers to design and promote better healthcare for NSW.

The impact of the ACI clinical groups has been well recognised, with many examples of demonstrable improvement in patient outcomes. It is acknowledged, however, that improved consistency in structures and processes may lead to programs of work that are better aligned or more fully address key statewide health priorities.

It is timely for the ACI to review the efficiency and effectiveness of its current model, to remain innovative and to ensure maximal impact of its networks at a time when clinical engagement is recognised as a high priority for NSW Health. To this end, consultation has begun with key NSW health system leaders aimed at identifying which aspects of network function are working well and where there are opportunities for change. This consultation will be completed in conjunction with the ACI strategic review process in the first half of 2018.

Background

The efficient and effective organisation of clinical leaders to both inform and respond to statewide health priorities is a challenge for health departments across Australia and internationally. There are many drivers of clinician engagement, from individual skill development to state-wide processes for communication and collaboration.

Limited evidence exists to describe the 'Science of Networks', with a recognition of several elements that are important to enable network function. To be successful networks must have clarity of purpose, aligned priorities, effective governance structures and management processes. They must be representative, have good communication processes and be led by effective clinical leaders. For real impact and sustainability these networks must exist in an environment with good access to data and adequate resources to support effective implementation.

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