



**ACI** NSW Agency  
for Clinical  
Innovation

NSW  
SSCIS

NSW State Spinal Cord Injury Service

Friday 18<sup>th</sup> September 2015

# SSCIS Forum 2015 - Working together to meet future challenges

**James Middleton** | Director | State Spinal Cord Injury Service

**Louise Kelly** | Co-Chair | State Spinal Cord Injury Service

**Collaboration.  
Innovation.  
Better Healthcare.**

# Aims of Forum

- *Promote and strengthen state-wide SCI network through interactions and shared planning activity*
- Build on SSCIS Forum 2014, considering where should be going now in context of *changing health and disability environments*
- Collectively identify current strengths, as well as key issues, future challenges and *opportunities for system redesign*
- Develop a shared vision (“*blueprint*”)!

# Forum 2014 Evaluation: Most valued

- Networking, opportunity to collaborate, connect, interact, being heard/recognised about what we thought and would like to see change
- Thought provoking presentations, hearing about the big picture & issues affecting other groups in similar or different way
- Being updated about SSCIS, experience with NDIS, new developments/initiatives of LTCSA
- Thinking about service improvements
- Discussing issues/workshopping with a range of people

# Forum 2014 Evaluation: Suggestions

- More/longer workshops, brainstorming, collaboration, discussion of priorities
- More solution focussed, identify key problem areas, set goals and develop action plan
- Facilitators at each table, rotate tables after each session, regroup with same discipline/interest group for final session
- Follow up day/annual “mini ANZSCoS” Forum with updates, hot topic presentations, showcase what works
- How can public sector interface more with private and not-for-profit sectors

# The Healthcare Environment

- National Health Reform agreement/Federal budget
  - Activity Based Funding
  - Structure and Governance of NSW Health
  - Service Agreements
  - Future approach to statewide (supra-LHD) services
  - Integrated Care Program
  - Intersection between Health and NDIS
  - Medicare Locals / Future of Primary Health Networks
  - Consumer Engagement
  - eHealth
- Nigel Lyons(ACI), *SSCIS Forum, August 2014*

# Changing Disability Environment

The NDIS “... a new way of providing community linking & individualised support for PWD, their families and carers”.

To promote independence & full social/economic participation

- Power shift to person with disability (build capacity to exercise choice & control)
- Need to engage stakeholders
- Improved cross agency partnerships
- Focus on health and wellbeing
- Philanthropy investing in social impact

Eugene McGarrell (FACS), *SSCIS Forum, August 2014*

# Embracing change

“NDIS and NIS amounts to significant, generational change in access to services and supports to people with a disability. We all need to make sure that the change also **enables choice and control, reduces system fragmentation, integrates service delivery and focuses on outcomes.**”

Don Ferguson (LTCSA), *SSCIS Forum, August 2014*

# Health System Problems

- Fragmented care (working in silos)
  - Episodic focus
  - Inefficient use of financial/human resources
  - Growing pressures on health system
- ↪ ***Integrated Care*** to provide person-centred, seamless, effective and efficient care
- ↪ ***Collective impact*** through common agenda, networks / partnerships, shared data & outcomes, mutually reinforcing activities, better communication, supporting infrastructure



# Integrated Care

- Means different things to different people - combination of processes, methods & tools that facilitate integrated care  
“The patient’s perspective is at the heart of any discussion about integrated care. Achieving integrated care requires those involved with planning and providing services to **‘impose the patient’s perspective as the organising principle of service delivery’**” (Shaw et al, 2011, after Lloyd and Wait, 2005)
- May be judged as successful if contributes to: (1) better care experiences; (2) improved care outcomes; (3) care delivered more cost-effectively.



# Key Issues (next 2 years)

- **Transition** (accommodation, equipment, services, rehab); also **Paediatric to Adult Transition**
- Extra **SCI-specific Outpatient services**
- **Interagency/Coordinated Govt Approach** to Service Provision (eg. Housing/EnableNSW to resolve delays)
- **Integration across Continuum / Patient Journey**
- **Equity** (viz. non-compensable, NTSCI, paediatrics)
- **PI Prevention & Management MoC**
- **Nursing Home clients** (advocacy staff/better care, equipment) support older persons with SCI

# Key Issues (next 2 years)

- **Telehealth/Greater use of technology** (PI, rural clients, clinical services & virtual follow up)
- **Data / Outcomes** (clinical, process & service outputs)
- **Ongoing Education** (for clinicians) / Carer Training
- **Accessible client information/media, care pathways**
- **Psychosocial resources/support** for self management, staff, NDIS/LTCSS
- **Research** (PI post-surgery, service delivery/outcomes)
- **National Strategy** (tied to NDIS/NIIS, Housing, Health)

# Key Priorities

- Forum stimulated opportunities to identify priorities for the key issues
  - Education and capacity building voted to be highest priority
  - Transition and special populations
  - Education and workforce development
  - Navigating the system
  - Networked services
  - Communication
  - Data and outcomes



## Membership

### Spinal Cord Injury Services:

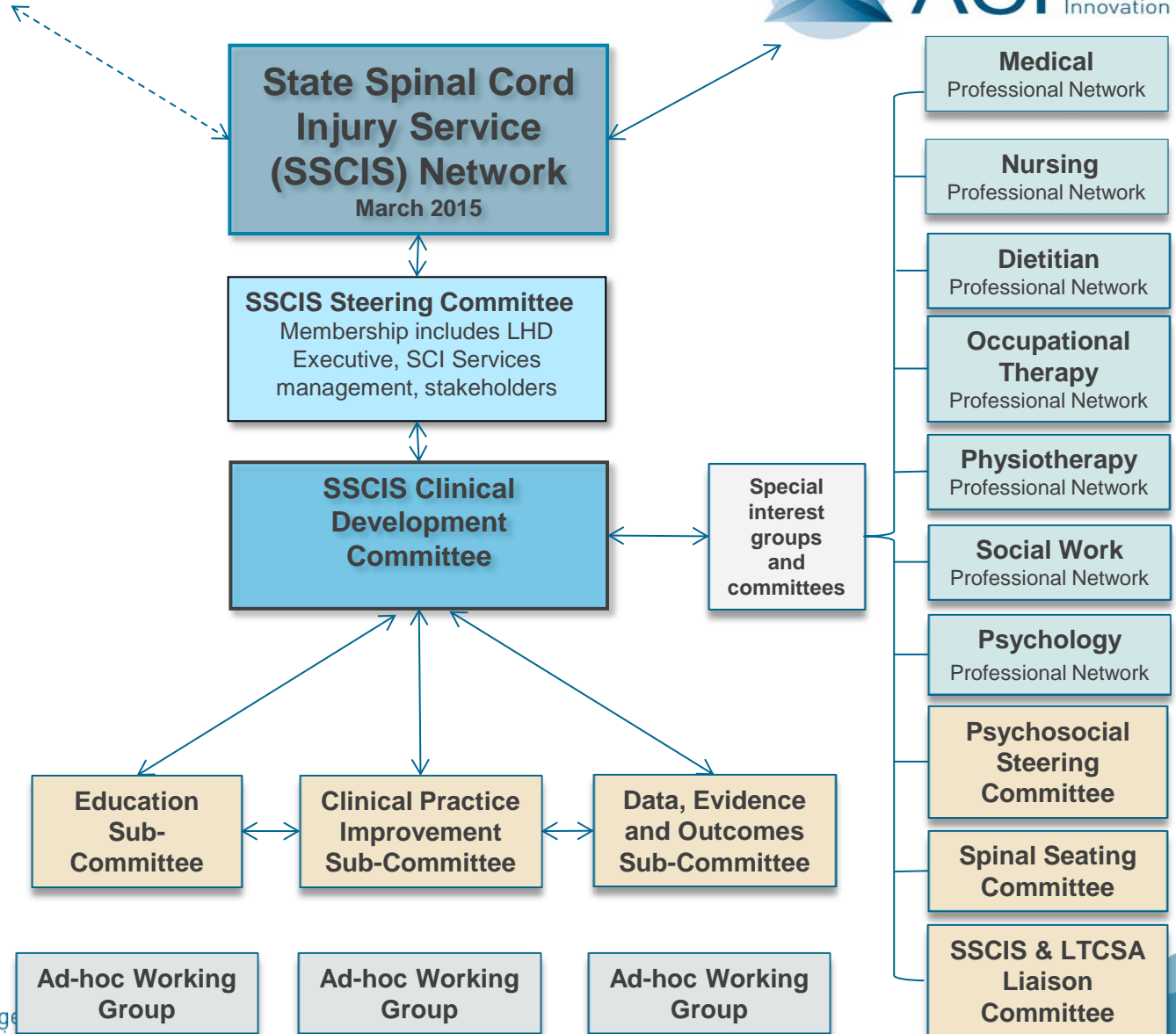
- Royal North Shore Hospital
- Prince of Wales Hospital
- Royal Rehab
- Hunter Spinal Cord Injury Service
- Spinal Outreach Service
- Rural Spinal Cord Injury Service
- Children's Hospital Westmead
- Sydney Children's Hospital
- Northcott Paediatric Spinal Outreach Service
- Others interested &/or involved in the care, support and management of people with a SCI

### External Stakeholders

- ParaQuad NSW
- Spinal Cord Injuries Australia (SCIA)
- Lifetime Care Support Authority
- Enable NSW
- Northcott Disability Services
- ANZSCIN
- NDIS

### National and International Links

- ANZSCoS
- ISCOS



# CDC Sub-Committees

- **Education**
  - Focus on non specialist clinicians
  - Reviewing current educational resources
- **Clinical Practice Improvement**
  - Guidelines for non specialist hospitals:
    - Acute traumatic management
    - Non traumatic management
    - Established patient management
- **Data, Evidence and Outcomes**

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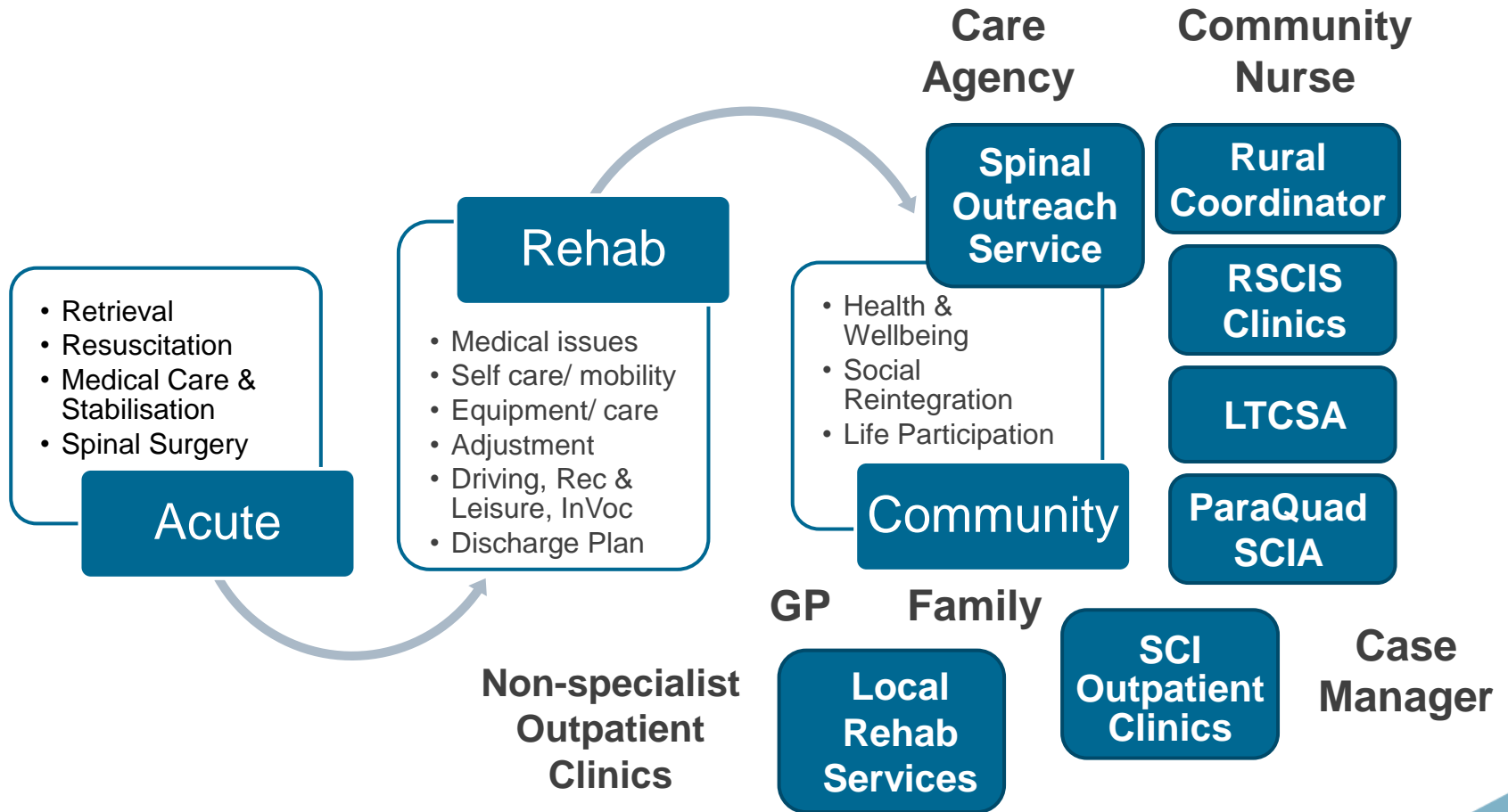
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# Improving Care Transitions





From a  
fragmented set of  
health and social  
care services ...

Social  
Worker

Attendant  
Carer

Case  
Manager

Family &  
Friends

Advocate

Employer

Community  
Nurse

Hospital  
OT

Urologist

GP

Peer Support  
Officer

Rehabilitation  
Specialist

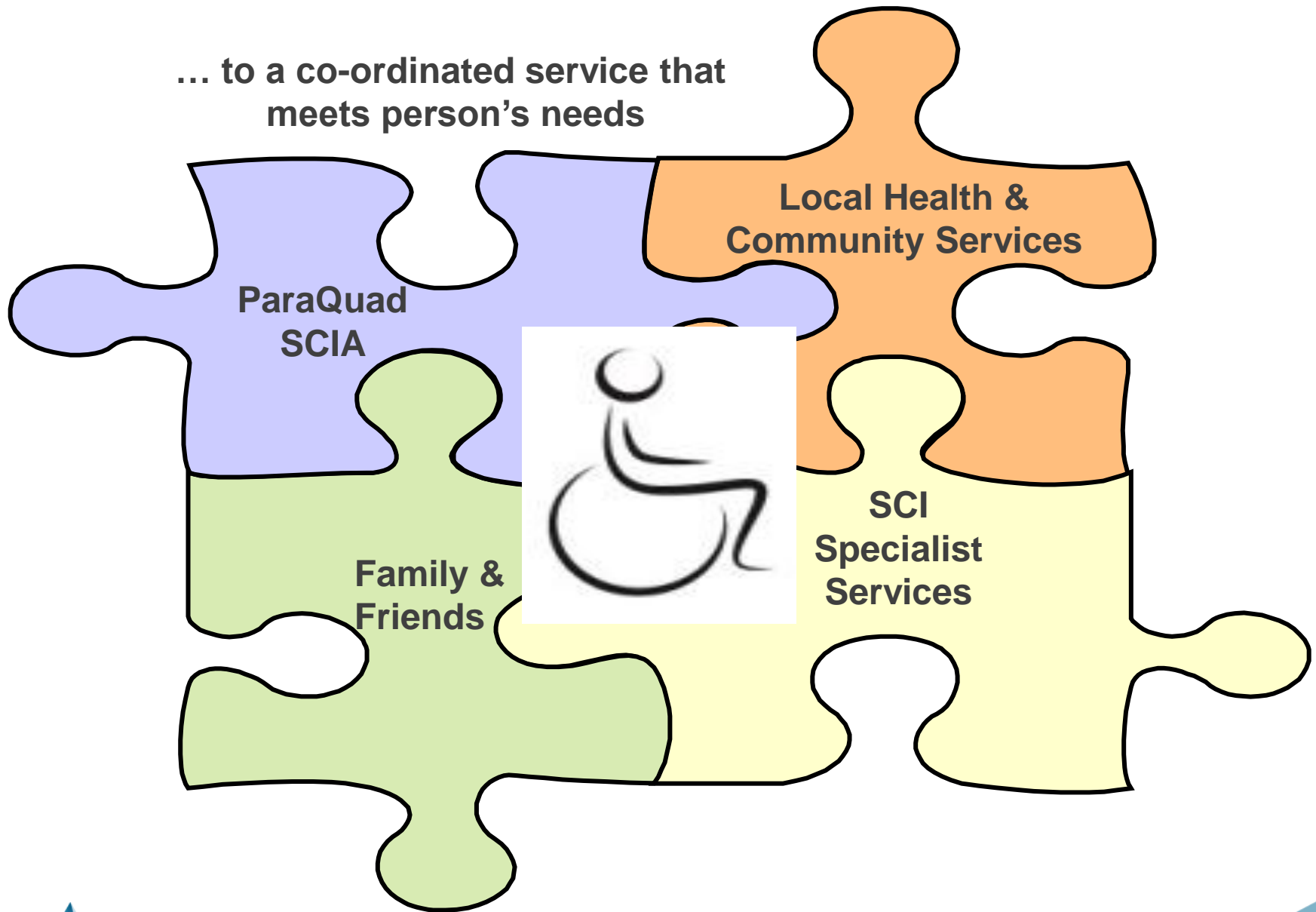


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... to a co-ordinated service that meets person's needs



# 'Blueprint' of Future Services

- Person-centred
- Integrated and connected
- Right care in the right place at the right time
- Streamlined - access, flow, effectiveness and efficiency
- Intersectoral collaboration
- Strong partnerships and co-design
- Organisational flexibility
- Innovative practices
- Financially sustainable

# What Future Services Look Like

Driver of integration	Description
Information and other infrastructure	Design, develop and roll-out infrastructure required by providers to be able to deliver integrated care, including supporting IT & e-health as well as administration and other infrastructure
Collaboration framework & workforce	Develop methods & plans that non-financially motivate providers to collaborate and provide integrated care and allow for flexible workforce (e.g., update workforce models/roles, devise shared targets/KPIs)
Patient focus	Provide care in a personalised and patient centred way (e.g., enable patients to take responsibility for their own care, support shared decision making, build convenient care, close to the community)
Outcomes monitoring & feedback	Routinely track and feedback on care outcomes, including patient experience, patient outcomes, quality of care, efficiency and cost
Funding models & incentives	Develop financing models and incentives to support the collaboration of different providers and the delivery of care in an integrated way (e.g., create new funding models, link incentives to outcomes)
Prevention focus	Screen population, manage people at high risk, provide care proactively to prevent worsening of health status and provide health education both to consumers and providers
Connect health & social care	Design includes a social component, linking different care types (health, social, aged, family support), organise care proactive for vulnerable populations, reflect wider determinants
Clinical practice	Develop innovative practices to provide better, more integrated care (e.g., clinical pathways & protocols,, strategically expand/relocate services)
Governance, provider links & commissioning	Design high level links and governance structures across providers to allow for integrated care (e.g., joint decision making, communication models, enhance leadership and build commissioning capabilities)
Care coordination	Build care coordination methods to provide care in a seamless way across different providers/types of care (e.g., central entry point, care navigation and care planning, discharge management)