ACI NSW Agency for Clinical Innovation

ACI Centre for Healthcare Redesign

Surgery Redesign Training Program: Evaluation Recommendation Action Plan

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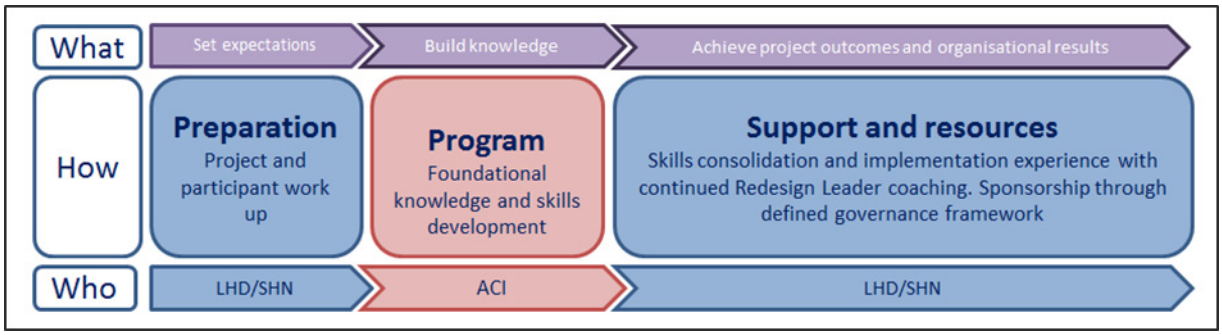
1. Background and Recommendations

Recommendations for Program improvement were offered by stakeholders throughout the evaluation. These recommendations were added to suggestions raised by a representative group of stakeholders at a solutions workshop held in December 2013. These recommendations focus on five main areas:

1. Improvements in the structure, content and delivery of the Program
2. Defining the governance, accountability and reporting structures for the Program at ACI and LHD/SHNs
3. Outline a robust process of participant and project selection and preparation
4. Proactive promotion of the Program in LHD/SHNs using the three part model outlining what, how and who (see diagram below)
5. Continuous improvement of the Program to align with the needs of LHD/SHNs through regular evaluation of participant experience, skills and project outcomes.



2. Actions in Response to Recommendations

Introduction

In light of the recommendations and following further discussion with stakeholders the following Actions will be taken in response to the evaluation recommendations, with the aim to strengthen the program and outcomes.

2.1 Refine structure, content and delivery

2.1.1 Structure

The Surgery Redesign Training Program will be held annually, in May or June. Notification will be extended out to 2-3 months prior to the program, by way of correspondence to Chief Executives, and Redesign Leaders. Programs will also be advertised on the ACI website.

The 5 day structure has been reviewed and following consideration of the feedback, it will at this stage remain. It is likely the programs will adopt a major theme, such as Operating Theatre Efficiency, or Fractured Hip Management – and align with strategic health priorities.

Options to include videoconferencing, webinars and sharing platforms will be explored for upcoming programs.

Options to formally recognise the project and learning components of the program are being explored in 2014 with the relevant stakeholder – e.g. College of Surgeons, Australian Health Practitioners Regulation Agency.

2.1.2 Content

Accelerating Implementation Methodology:

The value of participants learning and applying change management skills early in project management has been recognised. Additionally the benefit of the group learning these skills in a cohort setting (with similar projects) is acknowledged. AIM content will continue to be included in the initial training, with the focus on application of specific elements of AIM throughout the project to manage change.

Reinforcement of AIM principles of change management will need to be undertaken at the local level to realise the benefits of applying the learned tools and tactics. The CHR is working with the local health services to build AIM capability and capacity.

Methodology and Writing Skills

The approach to teaching project management and redesign methodology will be streamlined. Constructing and presenting A3 reports will also be included. The `presenting your results' report writing module on GEM will be included as core content.

2.1.3 Delivery

Specific modules on GEM will be recommended as core content.

There is support for Redesign Leaders and past participants to present at the SRTP, according to availability.

2.2 Define governance, accountability and reporting structures

2.2.1 Governance and accountability within the lead agency

The Centre for Healthcare Redesign (CHR) will own the core content on Project Management, Redesign Methodology and Accelerating Implementation Methodology, and will carry responsibility for designing the program in relation to these elements.

Resources such as program information booklets, application forms, and key messages for Redesign Training Programs will be developed in generic formats.

The ACI Surgical Services Taskforce in partnership with the Ministry of Health will own the subject matter expertise in relation to the specific focus of the program projects and will carry responsibility for these elements. The SST will be responsible for program enrolment, program logistics including venue and catering.

The SRTP will be a standing agenda item on SST meetings.

The services (CHR and SST) will work collaboratively to deliver the program.

It is expected this model can be replicated to allow CHR to collaborate with other services to deliver short redesign training programs. To this end an organiser's resource manual will be developed.

2.2.2 Governance and accountability within LHD/SHNs

Information to assist LHD and SHN program participants to complete the project and implement a workplace improvement, by delivering a project will be included in the resources being developed for the program. These include:

- A Program Information Booklet for Participants
- A Program Information Sheet for Sponsors
- An enhanced application process
- Targeted communication describing the Redesign Training Programs for the Health Services

The listed resources will include key messages / recommendations for LHDs/ SHNs on ACI learning of project success factors, and will be based on the conceptual Model for Understanding Success in Quality (MUSIQ). (Kaplan, Provost, Froehle & Margolis 2012). These factors include:

- embedding project reporting into local executive structures
- ensuring sponsorship is actively supporting each project, and includes a form of senior medical sponsorship or clinical leadership.
- early consultation and involvement of the Redesign and Innovation leaders, with a plan for ongoing involvement
- selection of well scoped and priority projects with appropriate underpinning resources
- robust project team selection –individuals selected according to; motivation, ability to undertake the project (time and fundamental skills), ability to influence the implementation, and subject matter expertise. Considerations for the team include; role diversity, decision making processes, workable group norms and a set tenure.

2.2.3 Participant / Team preparation guidelines are to be included in the information booklet and invitational letter.

Preparation of the participant before attending the Program training days is expected to maximise the benefits of the training and increase the likelihood of the transfer of skills and project success.

Preparation should include:

- Meeting with the Redesign Leader, project sponsor and local previous participants prior to attending the Program to discuss expectations, resources, deliverables and timeframes, underpinned by the completion of specific GEM e-learning modules.
- Early team formation, with agreed ways of working and clear project role expectations, as well as agreed capability and decision making support systems to enhance project success.

2.3 Active Program promotion

ACI will re-brand the program – moving away from `short school' to the Surgery Redesign Training Program, to reduce confusion with the Redesign Diploma Program. The communication will articulate how the ACI program is aimed at building fundamental skills and knowledge and offers direct access to the state level quality improvement / innovation culture for Surgery. The requirements which need to be added, at the local level, to realise the benefits from an implemented improvement will be included in the previously mentioned documents. This is depicted in Figure 1, clearly demonstrating the pathway to achieving project outcomes, and how the SRTP fits into the project lifecycle.

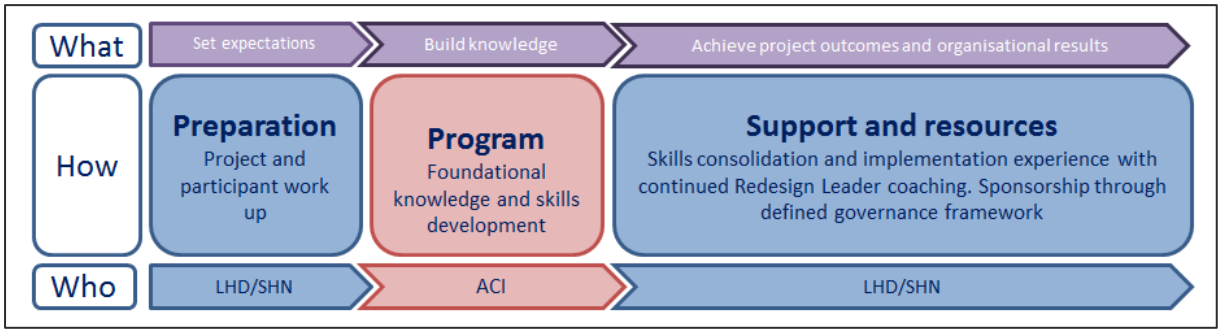


Figure 1: Diagram outlining the inputs, requirements and expected outputs of the Program

2.4 Evaluation

The program evaluation process will be reviewed to inform the impact of the actions on the participant, sponsor, organisational and Redesign and Innovation Leader experience and the project impact to inform further refinement and improvement. .

3. References

Kaplan, H.C., Provost, L.P., Froehle, C.M. & Margoli, P.A.(2012). Model for Understanding Success in Quality (MUSIQ); building a theory of context in healthcare quality improvement. British Medical Journal of Quality and Safety, 21, 13-20.