

To	Agency for Clinical Innovation Board
From	Nigel Lyons, Chief Executive
Date	12 th April 2015
Subject	3 rd Quarter Report for Operational Plan Initiatives 2015/16

- There are a total of seventy two (72) operational actions/deliverables in the 2015/16 Operational Plan. Of the fifty two (52) deliverables due for completion in Q3:
 - 31 (60%) have been completed
 - 18 (35%) have progressed but not completed within the quarter.
 - 3 (5%) has not progressed as a result in a change in planning based on feedback from LHDs on project.

A summary of the status of each of the initiatives is provided in Table 1 below.

- Initiatives not completed in the deliverable quarter are reported until completion. A brief update on each initiative is shown in Table 2 below (page 3).

It is noted that of the:

- 18 initiatives not completed in the designated quarter, seven have now been completed
- 3 initiatives not progress in the designated quarter, one has now been completed.

Table 1: Summary Report of Progress for 2015/16 Operational Plan Q3 Initiatives

Strategic Initiative	Operational Action/Deliverable
Focus Area: Our Clinicians, patients, health care partners & community	
Review and evaluate partnerships through a rolling cycle	Review relationship with pillar partners/MoH , LHDs and external bodies
Ensure ACI projects and activities seek to close the gap in health outcomes for Aboriginal people and improve the health outcomes of other priority populations	Develop and implement the cultural competence strategy
	Identify 2 cross portfolio projects to close the gap in terms of health outcomes (cardiac project already in place+ a big system issue)
	Implement Aboriginal respiratory care project
Focus Area: Our Processes: Effective Partnerships	
Establish relationships and work programs with Primary Health Networks	Draft a Memorandum of Understanding with PHN Leadership Group to support an ACI/PHN Work Program.
	Finalise CDMP Good Practice Guidelines to support alignment of Program with Integrated Care.
Work in partnership with e-Health to provide clinical leadership and expertise to inform the ICT agenda and activities	Develop ACI ICT Strategy for implementation
	EMR2 build for Fractured Hip inpatients, renal, respiratory and stroke, cardiac
Align work programs with our Pillar partners to demonstrate a co-ordinated approach to delivery of programs in the LHDs	Implement an agreed program with CEC on EOL for LHDs
	Ensure our approach to data analytics aligns with MoH and relevant pillar partners
	Work with pillar partners and LHDs on appropriate diagnostics projects -Design strategy for system acceptance
Align work programs with LHDs and other providers to work together on agreed priority programs	Align D&A Network work plan with services priorities identified by LHD

Focus Area:		Our Processes: Operational Agility	
Respond to changes in policy and mode of service delivery	Develop tools and resources for commissioning the delivery of models of care (integrated care/pal care/ chronic disease)		
	Finalise a risk stratification handbook to support LHDs and PHNs to develop risk stratification and patient selection procedures.		
	Finalise decision support tool for community health services		
Implement a comprehensive strategy for organisational agility designed to make time, space and resources available for rapid responses to changing system needs	Reflect feedback from staff on activities to deliver on strategic plan themes		
	Review model for resource allocation to support organisational agility		
	Create internal capacity to respond to internal Acute Care/ACI and external priorities		
Focus Area:		Our Processes: Leading System Improvement	
Develop an approach for defining and collecting health outcomes and an assessment of value-based healthcare	Implement outcomes from the ICHOM Measuring Outcomes Forum and Workshop		
	Develop ACI Outcome Measurement Program		
	Commence collaboration activities with ICHOM		
	Implement Patient Reported Measures (PROMs) into 4 LHDs as part of integrated care strategy		
	Undertake data linkage through CHeRL using ACI datasets to establish the Critical Care, Acute, Trauma and Emergency (CATE) Public Health Registry in order to assess the outcomes for specified populations of patients receiving these specialist services		
Enhance and progress the ACI's strategy for reducing unwarranted clinical variation	Follow up to choosing wisely campaign in Network (Co chairs forum - July)		
	Host a meeting to reflect on what we have learnt to date in reducing unwarranted clinical variation (RUCV)		
	Support LHDs directly on RUCV activities that are a priority for them		
	Identification of the underlying reasons for cost/ALOS variation in TURP, appendicectomy, lap cholecystectomy and inguinal herniorrhaphy procedures		
	Optimise the NSW Trauma System to ensure a minimal standard of excellence in patient care is provided consistently with a minimal variation in care provision irrespective of injury location (TPOE2)		
	Progress development of standardised audit tools and processes for Community Acquire Pneumonia: <ul style="list-style-type: none"> Service improvement strategies tested 		
	Progress audit processes and reporting for Acute Stroke Care: <ul style="list-style-type: none"> Complete face to face feedback of 30 sites audited across NSW hospitals Complete improvement plans based on audit reports 		
Promote and undertake research in large system change	Translate lessons from large system change research into how ACI works with LHDs to implement change		
Implement a model for consumer co-design	Undertake a further in-depth co-design project with a clinical network		
Continue to build local capability in redesign, innovation and sustained improvement	CHR school to explore links to other pillar capability programs		
	Planning innovation fund capability development		
Focus Area:		Our consumers, clinicians and staff: An inspiring place to work and innovation	
Utilize the Performance and Professional Development Framework (PPDF) to identify and further develop capability, foster career progression and promote workforce planning	Implementation of electronic on line performance system to support PPDF		
	Assess PPDF to determine capability and driving professional development		
	Review orientation/induction program to align with and reflect current strategic direction and priorities		
	Scope organisation workforce plan		
Develop strategies to identify new models to broaden clinical engagement	Develop workforce plan for implementation across the ACI		
	Create and trial a JMO and junior clinician redesign development program		
	Scope primary health clinician engagement strategy with PHNs and other peak bodies		
Implement and evaluate the Reward and Recognition Program	Clinical portfolios to create linkages between ACI networks and LHD discipline networks		
	Implement Program		
	Evaluate Program		
Develop and implement programs to promote exchange of knowledge and share learning	Develop a program to establish implementation support (scholarship) positions in Local Health Districts.		
	Develop position descriptions and training curriculum		
	Recruit and support implementation support positions		

	Establish and support knowledge management processes for sharing learnings from across 3 ACI projects/Networks
	Share learnings from ACI evaluations and improve the evaluation commissioning and support process
Implement the Marketing & Communications Plan	Agree 3 year plan which describes key objectives and activities for 15/16
Focus Area:	Our Resources: Our Financial Resources
Develop and align planning cycle and business processes	Document budget and planning cycle workflow. Implement and imbed the process across the organisation

Table 2: Status Report on Initiatives Not Completed Within the Quarter

Initiatives not completed in the deliverable quarter are tracked until completion. A brief update on each initiative is shown below.

Strategic Initiative	Operational Action/Deliverable	
Focus Area:	Our Clinicians, patients, health care partners & community	
Ensure ACI projects and activities seek to close the gap in health outcomes for Aboriginal people and improve the health outcomes of other priority populations	<p>Develop and implement the cultural competence strategy</p> <p>Chief Executive</p> <p>Q1: Cultural Competency Strategy developed in consultation with the National Cultural Competency Centre (NCCC), University of Sydney. Implementation to commence in Q3.</p> <p>Q2 update: A program has commenced with the NCCC with approx. 15 staff members being trained as Cultural Competency mentors working with the NCCC team. An Aboriginal artist has been commissioned to work with staff to produce an art piece to be displayed in the ACI.</p>	
	<p>Implement Aboriginal respiratory care project</p> <p>Acute Care</p> <p>Q2 update: IROC have provided ACI with permission to amend resources to be reflective of the NSW Aboriginal population. A working party to be formed to guide the project including: the identification of which resources and images need to be changed, approval of final resources and the development of a plan for circulation of the resources. Working party membership to include representatives from AHMRC, Centre for Aboriginal health and previous ACI IROC resources evaluation committee.</p> <p>Q3 update: Additional copyright approvals were required which has delayed the project. Final approvals are now progressing. An Aboriginal led design company has been engaged to produce revised NSW appropriate images. Printing of resources will commence in late April.</p>	
	Focus Area:	Our Processes: Effective Partnerships
	Establish relationships and work programs with Primary Health Networks	<p>Draft a Memorandum of Understanding with PHN Leadership Group to support an ACI/PHN Work Program.</p> <p>Primary and Chronic Care</p> <p>Q2: Discussions commenced with PHN CE state coordinator. MOU delayed because of PHN CEs group has focussed activity on start up activities in the establishment of new PHNs.</p> <p>Q3 update: MOU drafted for discussion at next PHN CEs meeting. Anticipated finalisation Q4.</p>
Work in partnership with e-Health to provide clinical leadership and expertise to inform the ICT agenda and activities	<p>Develop ACI ICT Strategy for implementation</p> <p>Corp Services</p> <p>Q2: Current applications and processes are being identified and documented to be reviewed as part of development of the ICT strategy. A strategic roadmap will be developed showing the current situation and providing medium and long term solutions.</p> <p>Q3 update: The ACI ICT strategic plan has been developed in consultation with the ACI Executive Team and eHealth Strategy Team.</p>	
Align work programs with our Pillar partners to demonstrate a co-ordinated approach to delivery of programs in the LHDs	<p>Design strategy for working with health system partners (pillar partners and LHDs) appropriate diagnostics projects in Q4</p> <p>Acute Care</p> <p>Q1: Brief to joint CEC/ACI Chief Executives to seek approval to collaborate with eHealth, LHDs, referrers and other stakeholders. Webinar held with key stakeholders and developer to view a Clinical Decision Support tool with for piloting in 2-3 sites in NSW. Collaborating with the CEC in the formation of a working party to oversee the design and running of the pilot.</p> <p>Q2 update: CEC project lead. Working party formed to progress piloting of the tool and date for initial planning meeting scheduled for 18/11/16. Unfortunately meeting cancelled due to illness, awaiting confirmation of next working party meeting date. It is anticipated that a project plan will be developed by the Working Party.</p> <p>Q3 update: CEC are now the lead for this work and are in discussions with the Ministry of Health (Business Assets and Services Branch) regarding possible procurement of a Clinical Decision Support tool. ACI Radiology Network is providing advice on the approach.</p>	

Focus Area:		Our Processes: Operational Agility	
Implement a comprehensive strategy for organisational agility designed to make time, space and resources to respond rapidly to changing system needs	Review model for resource allocation to support organisational agility	Corporate Services	
	<p>Q3: update Strategic HR Manager recruited in Q3 and will complete this work in Q4.</p>		
Focus Area:		Our Processes: Leading System Improvement	
Enhance and progress the ACI's strategy for reducing unwarranted clinical variation	Follow up to choosing wisely campaign in Network (Co chairs forum - July)	Chief Executive	
	<p>Q1: ACI Executive met with NPS MedicineWise Australia, a NFP organisation supported by the Federal government and working with the professional colleges with a remit to improving outcomes by reducing waste. ACI to explore working with this group through the Acute Care Taskforce.</p> <p>Q2 update: Choosing Wisely campaign is to be included into the UCV Taskforce activities.</p>		
	Host a meeting to reflect on what we have learnt to date in reducing unwarranted clinical variation (RUCV)	Clinical Program Design and Implementation	
	<p>Q1: Progress but not completed. Plans are in place to hold this meeting in Q3. Q2 update: This meeting is planned to be held in Q3.</p> <p>Q3 update: Significant work has been undertaken with LHDs, including: Hip Fracture Standards including Formative Evaluation and development of STARS, Stroke, Pneumonia and Prostatectomy. Work is ongoing as new projects commence - eg Hysterectomy and Child Birth, areas identified in the Atlas of Variation.</p>		
	Identification of the underlying reasons for cost/ALOS variation in TURP, appendicectomy, lap cholecystectomy and inguinal herniorrhaphy procedures	SACC	
	<p>Q2: Completed the TURP component and other components underway. There is no further assessment of appendicectomy or inguinal herniorrhaphy procedures being undertaken. Additional work by the HEET team to identify variation in cost and LOS for non-cancer hysterectomy has commenced. Engaged key clinician and identified code set for initial investigation.</p> <p>Q3 update: Responses to the TURP component are completed and will be tabled at the next UCVT meeting. There is no further assessment of appendicectomy, lap Cholecystectomy or inguinal herniorrhaphy procedures being undertaken by SST.</p>		
	Optimise the NSW Trauma System to ensure a minimal standard of excellence in patient care is provided consistently with a minimal variation in care provision irrespective of injury location (TPOE2)	SACC	
	<p>Q2: Trauma Outcomes evaluation stage 2 is underway. The data from CATE that will support trauma care provision will be received in Q3. Q3 update: Due to the ambulance data feed to CATE being prolonged due to their internal processes, the trauma data from CATE is not available as yet. It is anticipated that it may be received in Q4.</p>		
	Progress development of standardised audit tools and processes for Community Acquire Pneumonia:	Acute Care	
	<ul style="list-style-type: none"> Service improvement strategies tested 		
<p>Q2: Pilot audit data presented to clinicians at Hunter England LHD 16.10.15 and Liverpool 18.12.15 with further presentations at the ACI Respiratory Forum on 27 November 2015. Interviews to assess the usability of the tool in progress. Meeting scheduled with clinical leads to advise final amendment to audit tool prior to publication on ACI website. Further liaison with pilot sites to identify and share service improvement strategies.</p> <p>Q3 Update: Feedback on improvement strategies from the pilot sites will be made to the Unwarranted Clinical Variation Taskforce on Tuesday April 5. Implementation tool kit developed to support local audit processes.</p>			
Progress audit processes and reporting for Acute Stroke Care:	Acute Care		
<ul style="list-style-type: none"> Complete face to face feedback of 30 sites audited across NSW hospitals 			
<p>Q2: Face to face feedback sessions completed at 23 sites. Feedback sessions to be completed at the remaining 7 sites during January/February 2016. ACI will be hosting the <i>Stroke Reducing Unwarranted Clinical Variation Forum</i> on Thursday 28 April 2016.</p> <p>Q3 update: Delays in agreeing to the final feedback meetings has occurred due to staff leave. Face to face feedback has now been completed for 25/30 sites. Delay in these feedback meetings have occurred due to challenges in coordinating diaries and arranging common meeting times for local clinicians and managers across LHDs and ACI.</p>			

Focus Area:	Our consumers, clinicians and staff: An inspiring place to work and innovation	
Utilize the Performance and Professional Development Framework to identify and further develop capability, foster career progression and promote workforce planning	Scope organisation workforce plan	Corp Services
	Q2: Strategic HR Manager in the process of being recruited. This will be their remit to complete this work in Q3.	
	Q3 update: Progress but not completed. Strategic HR Manager recruited in Q3 and will complete this work in Q4	
	Develop workforce plan for implementation across the ACI	Corporate Services
	Q3: No progress will be completed by the Strategic HR Manager in 2016-17.	
	Assess PPDF to determine capability and driving professional development	Chief Executive
Q3 update: The online system, Cognology was implemented in Q1 and regular fortnightly reporting was provided to the Executive throughout Q3 on progress with signing off Performance Objectives for 2015/16 and midyear formal feedback discussions. As a result it is too early to undertake an assessment of the PPDF's approach to capability development. This has been deferred for 2015/16 and could be considered for inclusion in the Ops Plan 2016/17.		
Develop strategies to identify new models to broaden clinical engagement	Create and trial a JMO and junior clinician redesign development program	Clinical Program Design and Implementation
	Q3: Progress but not completed. A paper was prepared for the executive for funding to implement this program. It was not supported. A statewide recommendations paper is under development from a cross pillar collaborative project.	
Implement and evaluate the Reward and Recognition Program	Implement Program	Chief Executive
	Q1: The implementation plan has been documented and the process endorsed by the Directors, however the program has not been implemented. Initial deliverables are as follows: <ul style="list-style-type: none"> Quarterly award to recognise and connect staff with ACI values and behaviours to be launched during Oct with the first award to be presented at the Staff Forum on 24th Nov, and Recognition of loyalty and commitment deferred to commence in 2016. 	
	Q2 update: Reward and Recognition Award was initiated in Q2 with first nominations and announcements made at Staff Forum in November. Next phase to acknowledge service is well advanced.	
	Evaluate Program	Chief Executive
Q3: A survey of all staff to evaluate the Reward and Recognition Program commenced in Q3. The report will be available in Q4		
Develop and implement programs to promote exchange of knowledge and share learning	Develop a program to establish implementation support (scholarship) positions in Local Health Districts.	Clinical Program Design and Implementation
	Q1: Progress but not completed. An options paper was prepared and the decision was made to take the concept to the LHD Connect Forum in Q2 to test it and ensure that it meets the LHD's needs.	
	Q2 and 3 update: see below	
	Develop position descriptions and training curriculum	Clinical Program Design and Implementation
Q2: Initiative is not progressing as per feedback from Options paper at LHD Connect Forum.		
Q3 update: Strategy has been revised to transfer ACI's skills and knowledge by working with individual LHDs on priorities of their choosing. This change in focus is a key component in the ACI's revised strategy in Q3 2016 to be an effective partner in the NSW health system		
Develop strategies to identify new models to broaden clinical engagement	Establish and support knowledge management processes for sharing learnings from across 3 ACI projects/Networks	Clinical Program Design and Implementation
	Q3: Progressed but not completed. Participation and provision of Knowledge management expertise on two projects ACI projects (Minimum Standards for the Management of Hip Fractures and Intensive Care Implementation Team (INCITE)). The Third project to be selected from projects in Unwarranted Clinical Variation.	