

<b>To</b>	<b>Agency for Clinical Innovation Board</b>
<b>From</b>	Nigel Lyons, Chief Executive
<b>Date</b>	5 <sup>th</sup> February 2016
<b>Subject</b>	2 <sup>nd</sup> 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 thirty five (35) deliverables due for completion in Q2:

- 20 (57%) have been completed
- 14 (40%) have progressed but not completed within the quarter.
- 1 (3%) has not progressed as a result in a change in planning based on feedback from LHDs on project.

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

Strategic Initiative	Operational Action/Deliverable
<b>Focus Area: Our Clinicians, patients, health care partners &amp; community</b>	
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
<b>Focus Area: Our Processes: Effective Partnerships</b>	
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
	Work with pillar partners and LHDs on appropriate diagnostics projects - Design strategy for system acceptance
<b>Focus Area: Our Processes: Operational Agility</b>	
Respond to changes in policy and mode of service delivery	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
	Create internal capacity to respond to internal Acute Care/ACI and external priorities
<b>Focus Area: Our Processes: Leading System Improvement</b>	
Develop an approach for defining and collecting health outcomes and an	Implement outcomes from the ICHOM Measuring Outcomes Forum and Workshop
	Develop ACI Outcome Measurement Program
	Commence collaboration activities with ICHOM

assessment of value-based healthcare	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)
	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"> <li>Service improvement strategies tested</li> </ul>
	Progress audit processes and reporting for Acute Stroke Care: <ul style="list-style-type: none"> <li>Complete face to face feedback of 30 sites audited across NSW hospitals</li> </ul>
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
<b>Focus Area: Our consumers, clinicians and staff: An inspiring place to work and innovation</b>	
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
	Review orientation/induction program to align with and reflect current strategic direction and priorities
	Scope organisation workforce plan
Implement and evaluate the Reward and Recognition Program	Implement 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
Implement Marketing and Communications Plan	Agree 3 year plan which describes key objectives and activities for 15/16
<b>Focus Area: Our Resources: Our Financial Resources</b>	
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**

Strategic Initiative	Operational Action/Deliverable	
<b>Focus Area: Our Clinicians, patients, health care partners &amp; community</b>		
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	Chief Executive
	<p><b>Q1:</b> Cultural Competency Strategy developed in consultation with the National Cultural Competency Centre (NCCC), University of Sydney. Implementation to commence in Q3.</p> <p><b>Q2 update:</b> 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>	
	Implement Aboriginal respiratory care project	Acute Care
<p><b>Q2 update:</b> 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>		
<b>Focus Area: Our Processes: Effective Partnerships</b>		
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.	PCCS
	<p><b>Q2:</b> 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>	
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	Corp Services
	<p><b>Q2:</b> 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>	
Align work programs with our Pillar partners to demonstrate a co-ordinated approach to delivery of programs in the LHDs	Design strategy for working with health system partners (pillar partners and LHDs) appropriate diagnostics projects in Q4	Acute Care
	<p><b>Q1:</b> 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><b>Q2 update:</b> 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>	
<b>Focus Area: Our Processes: Leading System Improvement</b>		
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><b>Q1:</b> 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><b>Q2 update:</b> 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><b>Q1:</b> Progress but not completed. Plans are in place to hold this meeting in Q3.</p> <p><b>Q2 update:</b> This meeting is planned to be held in Q3.</p>	
	Identification of the underlying reasons for cost/ALOS variation in TURP, appendicectomy, lap cholecystectomy and inguinal herniorrhaphy procedures	SACC
	<p><b>Q2:</b> 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>	
	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><b>Q2:</b> Trauma Outcomes evaluation stage 2 is underway. The data from CATE that will support trauma care provision will be received in Q3</p>		
Progress development of standardised audit tools and processes for Community Acquire Pneumonia:	Acute Care	
<ul style="list-style-type: none"> <li>Service improvement strategies tested</li> </ul>		

	<p><b>Q2:</b> 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.</p> <p>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>				
	<table border="1"> <tr> <td> <p><b>Progress audit processes and reporting for Acute Stroke Care:</b></p> <ul style="list-style-type: none"> <li>Complete face to face feedback of 30 sites audited across NSW hospitals</li> </ul> </td> <td>Acute Care</td> </tr> </table>	<p><b>Progress audit processes and reporting for Acute Stroke Care:</b></p> <ul style="list-style-type: none"> <li>Complete face to face feedback of 30 sites audited across NSW hospitals</li> </ul>	Acute Care		
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	<p><b>Q2:</b> Face to face feedback sessions completed at 23 sites. Feedback sessions to be completed at the remaining 7 sites during January/February 2016.</p> <p>ACI will be hosting the <i>Stroke Reducing Unwarranted Clinical Variation Forum</i> on Thursday 28 April 2016.</p>				
<p><b>Focus Area: Our consumers, clinicians and staff: An inspiring place to work and innovation</b></p>					
Utilize the Performance and Professional Development Framework to identify and further develop capability, foster career progression and promote workforce planning	<table border="1"> <tr> <td>Scope organisation workforce plan</td> <td>Corp Services</td> </tr> </table> <p><b>Q2:</b> Strategic HR Manager in the process of being recruited. This will be their remit to complete this work in Q3.</p>	Scope organisation workforce plan	Corp Services		
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Implement and evaluate the Reward and Recognition Program	<table border="1"> <tr> <td>Implement Program</td> <td>Chief Executive</td> </tr> </table> <p><b>Q1:</b> 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:</p> <ul style="list-style-type: none"> <li>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</li> <li>Recognition of loyalty and commitment deferred to commence in 2016.</li> </ul> <p><b>Q2 update:</b> 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.</p>	Implement Program	Chief Executive		
Implement Program	Chief Executive				
Develop and implement programs to promote exchange of knowledge and share learning	<table border="1"> <tr> <td>Develop a program to establish implementation support (scholarship) positions in Local Health Districts.</td> <td>Clinical Program Design and Implementation</td> </tr> </table> <p><b>Q1:</b> 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.</p> <p><b>Q2 update:</b> see below</p> <table border="1"> <tr> <td>Develop position descriptions and training curriculum</td> <td>Clinical Program Design and Implementation</td> </tr> </table> <p><b>Q2:</b> No progress. Initiative is not progressing as per feedback from Options paper at Connect Forum.</p>	Develop a program to establish implementation support (scholarship) positions in Local Health Districts.	Clinical Program Design and Implementation	Develop position descriptions and training curriculum	Clinical Program Design and Implementation
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