

Home is where the heart is

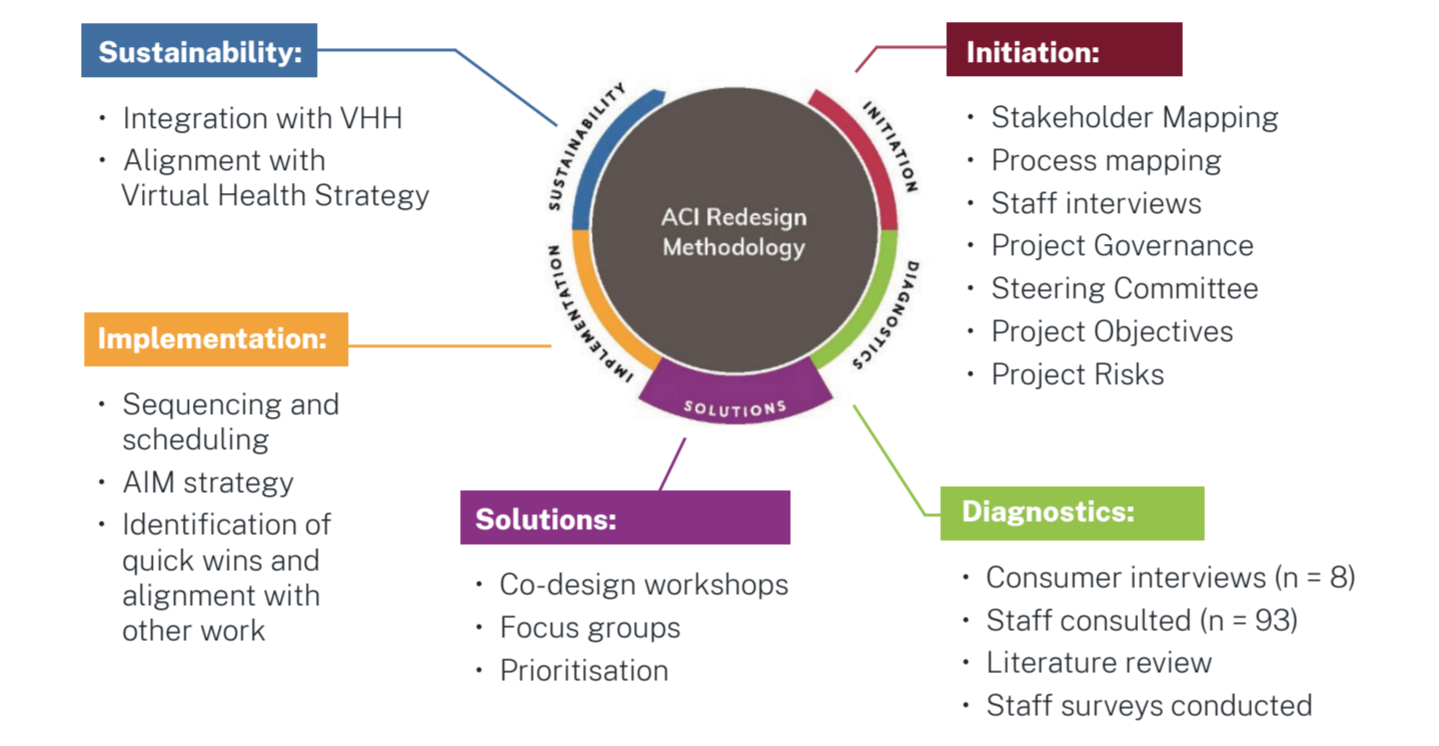
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Objectives

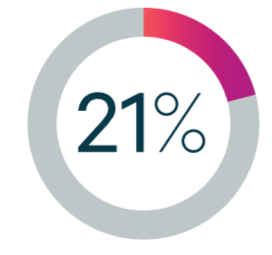


Method

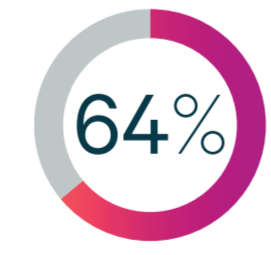


Diagnostics

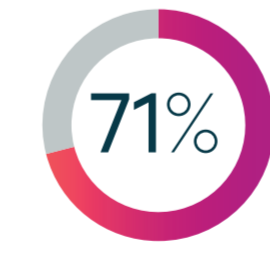
A local study on RPM in heart failure patients identified that at 6 months, there was a **reduction in all-cause, unplanned readmissions**, with a total of 21 readmissions in the intervention arm and 41 readmissions in the control arm. This suggests RPM is effective in supporting the management of chronic conditions for patients who can access it



21% of staff surveyed reported that they **did not understand** the possibilities that RPM might offer their services



64% of staff surveyed reported that they **did understand** RPM but **were not currently using it**



71% of staff surveyed reported that they were **not aware of the processes** for implementing RPM



Consultation identified that staff had a varied understanding of what RPM is



Consumers want access to RPM



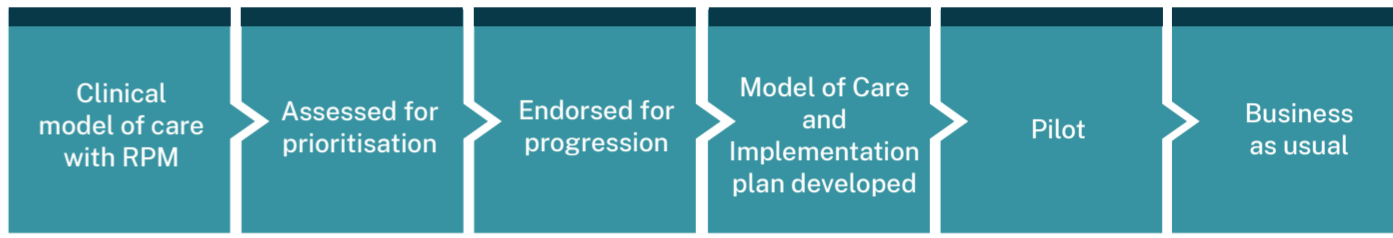
There is no streamlined process for accessing RPM

Solutions & Implementation

- 4 Four key solutions were identified
- 1 Development of a framework to guide clinicians
 - 2 Development of Governance to support implementation of RPM
 - 3 Development of a Community of Practice (CoP)
 - 4 Development of a Communications Strategy

The project is still undergoing implementation. Concurrent to the project occurring, SESLHD have invested in a Virtual Health Hub (VHH). Two of the proposed solutions will be carried forward by the VHH (Communication strategy and Community of Practice) to ensure alignment with the *SESLHD Virtual Health Strategy 2022-2024*.

High Level RPM Framework



Sustaining the change

The work of this redesign will be embedded in the operational elements of the VHH - forming part of the business-as-usual function. This will ensure sustainability. Recognition of the change process associated with utilising RPM will be integrated into the medical governance structures at both a district and a site level. This integration will work to build corporate knowledge of the change processes, integral to sustaining this change.



Conclusion

A clear authorising environment is an important element for the successful implementation of any project. Robust governance and strong sponsorship created this authorising environment, and their importance was the most significant lesson learnt from this project. The development of this governance structure works to support sustainable delivery of RPM and is integrated with the Virtual Health Hub as a model for other projects. Aligning solutions with work already underway in the Virtual Health Hub was a mechanism that optimised resources, reduced waste and streamlined processes to ensure sustainability.

Acknowledgements

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Case for Change

The rapid increase in interest in researching and adopting Remote Patient Monitoring (RPM) to enable models of care has overtaken the establishment of robust district wide governance and missed opportunities in co-designing models of care, resulting in variations in approaches, inequity of access, multiple vendors being engaged and waste with some apps being developed but never utilised. Without change, there will be more attempts to deliver RPM across the district, potentially resulting in unsafe and inequitable practices as well as resource waste.



Goal
By December 2024 guide clinicians to adopt best practice when implementing RPM across SESLHD resulting in reduction in waste and increased access for patients