

# IMPLEMENTATION

The objective of the OACCP is to improve the coordination of care and the inter-disciplinary, conservative management of individuals with OA. It is expected individuals participating in the program will develop or enhance their strategies to manage pain, as well as improve their functional status and quality of life.

During the life of the pilot project, and possibly beyond, the ACI will be available centrally for consultation and support on the implementation and evaluation of the OACCP, and provision of a central location for data collection, analysis and reporting. Each site initiating the OACCP as a pilot project in 2011 / 2012 will report to the ACI standardised indicators for the evaluation of the program components and the participant outcomes. Ongoing identification of improvements to the care of people with OA, as well as modifications to the model of care, will be part of the evaluation process of the pilot project.

Each site will be required to work closely with the ACI Musculoskeletal Network to facilitate the best possible outcomes of this service enhancement.

## Year 1

- Finalise the OACCP model of care document including consultation across the Musculoskeletal Network, the health system across NSW, and consumers through Arthritis NSW and the ACI Consumer Network
- Develop overarching position description for the MSK Coordinator role
- Develop and adopt dynamic and flexible policy and procedures to guide implementation of the model at a local level – OACCP Site Manual
- Install an electronic data collection process to capture relevant outcome data and generate reports on key performance and clinical indicators
- Collaborate with pilot sites and their LHD to guide an implementation plan which is representative of the specific needs of each particular site
- Commence regular reporting to the Health Services Performance Improvement Branch, NSW Ministry of Health and LHD on the outcomes of the sites involved in the OACCP pilot project

- Aim to enrol 300 participants at each site by the end of the financial year 2011/12
- Follow up more than 2,500 participants for at least six months; some will have 12 months of follow-up.

## Year 2

- Ongoing review, support and service or project adjustment as necessary
- Continue regular reporting to the Health Services Performance Improvement Branch, NSW Ministry of Health, and all sites implementing the OACCP
- Make reports available on the ACI MSK Network web pages
- Complete a comprehensive report on the outcomes of the eight pilot sites and any comparative non-intervention sites that may contribute to the data collection.

## Site personnel resource allocation

It is anticipated the MSK Coordinator at each site would be able to see 10 new people each week by the end of a set-up phase of approximately 3 months, during which participant numbers per week would gradually increase. This would then enable maintenance of follow-ups at 3, 6 and 12 months for existing participants. This figure is factored on an estimate that each individual assessment takes up to one and a half hours to complete, and the assessment includes assistance by other members of the multidisciplinary team to undertake parts of the assessment. Data entry and other non-clinical aspects of the OACCP will ideally be supported by a clinical support officer.