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| <b>To</b>      | <b>Agency for Clinical Innovation Board</b> |
| <b>From</b>    | Nigel Lyons, Chief Executive                |
| <b>Date</b>    | 4 <sup>th</sup> August 2015                 |
| <b>Subject</b> | Annual Report on Operational Plan 2014/15   |

There are a total of one hundred and sixteen (116) initiatives in the 2014/15 Operational Plan.

At year end:

- 80 (69%) initiatives have been completed
- 33 (28.5%) initiatives have progressed but not completed within the quarter
- 3 (2.5%) initiatives have been delayed

**Table 1** below provides a summary of the status of all initiatives at the completion of nominated quarter.

**Table 2** below provides a progress report in subsequent quarters on activity for all initiatives not completed within the nominated quarter.

It is noted that at year end, of the 36 initiatives not completed in the nominated quarter:

- 12 (33%) were completed in subsequent quarters
- 2 (5.5%) are related to the same major initiative which is not proceeding as the focus of the work has changed
- 22 (61%) are still being progressed.

**Table 1: Summary Report of all initiatives for 2014/15 Operational Plan**

| Strategic Initiative   | Operational Action/Deliverable   |
|--|--|
| <b>Focus Area:</b>   | <b>Our Clinicians, patients, health care partners &amp; community</b>  |
| Develop Reputation for delivery by completing projects of significance to partners | Implement and evaluate Care of the Confused Hospitalised Older Person (CHOPS) Program to develop a robust evidence base for interventions and strategies delivered by the Program <ul style="list-style-type: none"> <li>• Commence implementation</li> <li>• Implementation in ten sites</li> </ul> |
|  | Develop an evidence base and quality process for the delivery of chronic pain interventions by continuing to support the implementation of EPPOC (Electronic Persistent Pain Outcome Collaboration) and the dissemination of EPPOC results   |
|  | Evaluation of implementation of the Pain Management Plan   |
|  | Deliver a Musculoskeletal Service in three primary health locations  |
|  | Implementation of system wide assessment of unwarranted clinical variation in acute myocardial infarction <ul style="list-style-type: none"> <li>• Tools completed for statewide audit</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>• Commence local audit and reporting to hospitals</li> <li>• Implementation of improvement strategies developed locally in response to audit results</li> </ul>   |
|  | Implementation of pilot site assessment of tools to assess unwarranted clinical variation in pneumonia <ul style="list-style-type: none"> <li>• Tools developed for pilot site assessment</li> <li>• Audit tools modified for statewide implementation</li> </ul>                                    |
|  | <ul style="list-style-type: none"> <li>• Implementation planning for state wide audit</li> </ul>   |

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|  | <p>Implementation of system wide assessment of unwarranted clinical variation in stroke</p> <ul style="list-style-type: none"> <li>• Commence local Audit and reporting to hospitals in selected sites</li> <li>• Local improvement strategies developed</li> <li>• Ongoing audit and local improvement strategies developed as additional sites identified</li> </ul> <p>Working with Ministry of Health, HealthShare and Northern Sydney Local Health District to implement Medical Imaging Business Model</p> <ul style="list-style-type: none"> <li>• Implementation Plan completed</li> </ul> <ul style="list-style-type: none"> <li>• Evaluation commenced</li> </ul> <p>In partnership with Whole of Hospital Program, implement Criteria Led Discharge</p> <ul style="list-style-type: none"> <li>• Implementation</li> </ul> <ul style="list-style-type: none"> <li>• Commence evaluation</li> </ul> <p>In partnership with Whole of Hospital Program, implement Clinical Management plans</p> <ul style="list-style-type: none"> <li>• Implementation</li> </ul> <ul style="list-style-type: none"> <li>• Baseline data collected for evaluation</li> </ul> |
| Develop clear communications about the role of ACI and achievements  | <p>Develop social media content plan for Twitter, Facebook</p> <p>Review and implement greater linkages between and ease of access to ACI's existing e-newsletters</p> <p>Develop clear guidelines for communicating the launch and/or progress of ACI initiatives</p> <p>Work with Health Economics and Evaluation Team to identify preferred options for presenting complex data to communicate progress of ACI initiatives and results of evaluations</p> <p>Deliver six graphic presentations per annum</p>   |
| Review and evaluate partnerships annually  | <ul style="list-style-type: none"> <li>• Review mechanism used to evaluate partnerships</li> </ul>  |
| Measure and monitor impact on health outcomes  | <p>Develop a model for measuring health outcomes aligned with international standards</p> <ul style="list-style-type: none"> <li>• Review of international standards and consortiums</li> <li>• Discussion report on application of international standard in NSW Health system for consultation review in ACI Forums (Co-Chairs/LHD Connect)</li> </ul> <p>Finalise implementation of database and data governance recommendations, including Factsheets/ Data Custodian Arrangements</p> <p>Identify new areas of focus using the ABF portal for unwarranted clinical variation (LoS and cost variation)</p> <p>Evaluation of State Cardiac Reperfusion Program</p> <ul style="list-style-type: none"> <li>• Complete Evaluation Plan</li> </ul> <ul style="list-style-type: none"> <li>• Evaluation Report</li> </ul> <p>Evaluation of State Stroke Reperfusion Program</p> <ul style="list-style-type: none"> <li>• Complete Evaluation Plan</li> </ul> <ul style="list-style-type: none"> <li>• Evaluation Report</li> </ul>   |
| Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities       | <p>Implement the ACI Working effectively with Aboriginal Communities Framework by providing education and tools to staff for consultation and engagement with Aboriginal communities</p>  |
| <b>Focus Area: Our Processes: Effective Partnerships</b>   |   |
| Clarify roles and align work programs with MoH and other agencies  | <ul style="list-style-type: none"> <li>• Establish two new networks: Mental Health and Drug and Alcohol</li> </ul> <p>Support Whole of Hospital and Integrated Care strategies by implementing an agreed work plan with the Ministry of Health.</p> <p>Finalise Palliative Care/EOL model of care and develop implementation strategy in partnership with CEC and Ministry of Health</p>  |
| Establish mechanisms for determining priorities and working with: LHDs Clinical service networks and other health care providers eg Medicare Locals, Consumer groups | <p>Finalise a Support Package for the Integrated Aged Health Framework in LHDs. Support pack may include: Bundled/related Mocs for implementation; self-assessment tools; toolkit; communication tools, roadmaps; role delineation frameworks; redesign support; HEET analysis and support; online education and implementation resources; HETI support; Evaluation Frameworks</p> <ul style="list-style-type: none"> <li>• Evaluate the use of ACI/CEC Excellence and Innovation in Healthcare portal by Local Health Districts</li> </ul>   |

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| Work with clinicians, consumers & Partners on prioritised work programs  | Commence implementation of Integrated Aged Health Framework in a minimum of three Local Health Districts/Medicare Locals  |
|  | In partnership with AH&MRC finalise Aboriginal Chronic Disease Framework  |
|  | Work with Local Health Districts and Specialty Health Networks to run focus groups with Chronic Disease Management Program (CDMP) participants as part of the CDMP Self-Assessment Quality Improvement Process  |
|  | Partner with Medicare Locals, Residential Aged Care Facilities (RACF), Rural Health and Aged Health Networks to develop training resources and implementation resources and tools to support the statewide uptake of risk assessment processes and responses for RACF residents who require urgent medical attention. |
|  | Trauma Patient Outcome Evaluation<br>Pre Hospital (Phase 1):  |
|  | <ul style="list-style-type: none"> <li>Steering Committee appointed and external consultants engaged</li> <li>Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres</li> </ul>  |
|  | Trauma Patient Outcome Evaluation<br>In-Hospital (Phase 2):   |
|  | <ul style="list-style-type: none"> <li>Steering Committee appointed and external consultants engaged</li> <li>Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres</li> </ul>  |
|  | Minimum Standards for Management of Hip Fracture in the Older Person  |
|  | <ul style="list-style-type: none"> <li>Formative Evaluation in six hospitals completed</li> <li>STARS software provided to fractured hip surgery hospitals</li> <li>Summative evaluation completed</li> </ul>   |
|  | Operating Theatre Efficiency  |
|  | <ul style="list-style-type: none"> <li>Completion of Guideline booklet</li> <li>Implementation Plan designed</li> <li>Implementation supported in selected hospitals</li> </ul>   |
| High Dependency Unit MoC   |   |
| <ul style="list-style-type: none"> <li>Finalisation and endorsement of MoC / plan of launch of the MoC across NSW</li> <li>Develop related resources and operationalize implementation plan</li> <li>Formative evaluation</li> </ul> |   |
| <ul style="list-style-type: none"> <li>Clinical Services Plan Review at Central Coast Local Health District</li> <li>Explore Clinical Pathways for top five common diseases to reduce unwarranted clinical variation</li> </ul>      |   |

| Focus Area:  | Our Processes: Innovative Health Care  |
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| Define "innovation" and clarify and communicate ACI's role in innovation in the health care system   | Develop and launch new multimedia resources outlining the ACI's approach to innovation in the health care system   |
| Facilitate and support implementation of innovation with health care providers   | Develop Implementation Plan for Renal Supportive Care Model of Care  |
|  | Implement recommendations from the evaluation of the Medical Assessment Unit Model of Care   |
|  | <ul style="list-style-type: none"> <li>Implement recommendation</li> <li>Commence evaluations</li> </ul>   |
|  | Finalise evaluation and economic analysis of rehabilitation model of care outcomes and promote to LHDs   |
|  | Convene a Multipurpose Service (MPS) reference group in collaboration with Health Infrastructure and rural Chief Executives to develop a model of care   |
|  | Service Delivery Model for Chronic Eye Disease   |
|  | <ul style="list-style-type: none"> <li>Steering Committee established and draft plan formulated</li> <li>Review of international models and literature</li> <li>Develop solution design and implementation plan</li> </ul> |
|  | Service Delivery Model for Cataracts   |
| <ul style="list-style-type: none"> <li>Steering Committee established and draft plan formulated</li> <li>Review of international models and literature</li> <li>Develop solution design and implementation plan</li> </ul> |  |
| Advance and develop the use of Telehealth in the delivery of burns care  |  |
| <ul style="list-style-type: none"> <li>Establish a Steering Committee to review existing use of Telehealth including gap analysis across the tertiary burns services</li> </ul>  |  |

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|  | <ul style="list-style-type: none"> <li>Analysis of current practices and gaps</li> <li>Solution design including implementation plan for Telehealth in burns care</li> </ul>  |
|  | <p>Nurse Delegated Emergency Care Initiative (NDEC) (Phase 2)</p> <ul style="list-style-type: none"> <li>Articulate evaluation method</li> <li>Determine data plan and minimum data set</li> <li>Develop evaluation tools</li> <li>Commence implementation of evaluation</li> </ul>   |
| Develop a prioritisation framework for innovation  | <ul style="list-style-type: none"> <li>Qualitative evaluation of use of Prioritisation Framework (Making Choices) by ACI Networks in 2014</li> </ul>  |
| Develop the innovation skills and capacity of health care partners   | <p>Implement the Knowledge Management approach for the ACI</p> <ul style="list-style-type: none"> <li>Source and edit content for the Innovation Exchange on the ACI Website</li> <li>Develop and evaluate knowledge sharing activities within three networks</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>Create and pilot RMO redesign rotation</li> </ul>  |
|  | <ul style="list-style-type: none"> <li>Explore opportunities to build redesign skills for junior nurse and allied health staff with existing programs</li> </ul>  |
|  | <p>Innovation Exchange (formally ARCHI)</p> <ul style="list-style-type: none"> <li>Development, ongoing support and promotion of the 'Innovation Exchange' on the ACI Website</li> </ul>  |
|  | <p>Develop, pilot, evaluate and administer the Clinical Innovation Program to support scale up of local innovation projects (Stream 2)</p>  |
|  | <p>Transfer GEM e-learning system to HETI</p>   |
| Facilitate high quality translational research within the health system  | <p>Develop, pilot, evaluate and manage Clinical Innovation Program to fast-track implementation of ACI models (Stream 1)</p>  |
|  | <p>Conduct research to identify success factors for Large System Change in implementation of two Models of Care</p>   |
| <b>Focus Area: Our Processes: Operational Excellence</b>   |   |
| Develop and implement robust systems and processes to support activities (prioritisation, economics, data governance, alignment, evaluation) | <p>Develop a Critical Care Data Registry linking health databases internal and external to ACI</p> <ul style="list-style-type: none"> <li>Establish a Strategic Planning Reference Group</li> <li>Systematic approach to linking data across internal and external databases established</li> </ul>                               |
| Work with our clinical networks to determine priorities  | <p>Hold Respiratory Network Forum to establish Work Plan priorities for 2014-2016 utilizing the 'Making Choices Framework'</p>  |
| Ensure continuous input and feedback mechanisms from consumers, clinicians and partners  | <p>Develop and implement the combined Patient Experience/Consumer Engagement Framework</p>  |
|  | <p>Design, test and deliver new network website module(s) that enable and promote continuous input and feedback from consumers, clinicians and partners</p>   |
| Establish mechanisms to support collaboration across the clinical networks   | <p>Cross network collaboration between Respiratory Network and ICCMU on an approach to guidelines development, implementation and evaluation for pleural drains guidelines and tracheostomy care guidelines</p> <ul style="list-style-type: none"> <li>Support development of local implementation and education plans</li> </ul> |
|  | <ul style="list-style-type: none"> <li>Evaluation plan completed and baseline data collected</li> <li>Evaluation commenced</li> </ul>   |
|  | <p>Cross network collaboration to revise the NSW Rehabilitation for Chronic Diseases Guidelines</p>   |
|  | <p>Establish a Neurodegenerative and Neuromuscular Working Party to provide advice on enhancement of existing models of care to meet the needs of people with neurodegenerative conditions</p>  |
|  | <p>Establish networks between major metropolitan and regional Local Health Districts for service collaboration in the delivery of care for complex cancers</p>  |
|  | <p>Implement recommendations for service collaboration between major metropolitan and regional LHDs from the formal evaluation of the Trauma service Review.</p>  |
| <b>Focus Area: Our Resources: clinicians, consumers and staff</b>  |   |
| Build on existing  | <p>Implement Professional Development Framework for ACI staff in all portfolio</p>  |

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| capability with a consistent approach to ongoing professional development              | Evaluate effectiveness of implementation and commitment of managers and staff to Professional Development Framework                                  |
| Acknowledge personal and professional contributions to the organisation                | Establish a Recognition Program for staff to acknowledge and celebrate success   |
| Involve staff and clinical networks in key decisions                                   | Hold two co-chairs' Forums as a mechanism for strengthening clinical engagement  |
| Develop agreed behaviours to support and promote ACI core values                       | 12 month evaluation of implementation of ACI <i>Value and Behaviour Charter</i>  |
| Involve clinical networks in the design and implementation of the innovation cycle     | Review of ACI's approach to disinvestment in the Innovation Cycle with networks  |
| Develop/implement comms strategy centred clinical engagement                           | Launch and promote the redesigned ACI website  |
|  | Trial and support Twitter usage at ACI meetings and events   |
|  | Launch an umbrella campaign 'Get Involved'   |
| Increase and broaden clinician and consumer representation to support the ACI strategy | Develop tools to support two Experienced Based Co-Design Projects  |
|  | Implement two Experience Based Co-Design Projects  |
|  | Evaluate the Neurodegenerative and Neuromuscular Working Party as a complementary mechanism for clinical engagement to the traditional network model |
| <b>Focus Area:</b>   | <b>Our Resources: Our Financial Resources</b>  |
| Fully develop the organisational structure and map financial systems to structure      | Strengthen and monitor performance indicators around Healthshare and e-health service agreements   |
|  | Finalise implementation of SMRT reporting and SMRT reporting training for all Cost Centre Managers   |
|  | Assess procurement and contracts management reporting system   |
|  | Review Corporate Services functions  |

**Table 2: Progress Report: Initiatives Not Completed Within the Quarter**

| Strategic Initiative  | Operational Action/Deliverable   |                   |
|---|--|-------------------|
| <b>Focus Area:</b>  | <b>Our Clinicians, patients, health care partners &amp; community</b>  |                   |
| Develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and partners  | <b>Implementation of system wide assessment of unwarranted clinical variation in acute myocardial infarction</b> <ul style="list-style-type: none"> <li>Tools completed for statewide audit</li> </ul>   | <b>Acute Care</b> |
|   | <ul style="list-style-type: none"> <li>Commence local audit and reporting to hospitals</li> <li>Implementation</li> </ul>  |                   |
|   | <p><b>Q2:</b> Final reports are to be written for 8 sites where Audits conducted. A summary report is being prepared for the Unwarranted Clinical Variation Taskforce. The Expert Reference Group is participating in the development of minimum data set (MDS) for Acute Coronary Syndrome (ACS) to progress with the eMR ACS build. Re assessment of the audit tool will take place on conclusion of MDS development.</p> <p><b>Q3 update - delayed:</b> In consultation with the Co-Chairs a decision was taken not proceed with this project as there is limited best practice data available in clinical files. An alternate strategy is being developed to collect clinical data within the EMR to facilitate identification of drivers for CV and as such improvements. The new strategy includes:</p> <p>Stage 1:</p> <ul style="list-style-type: none"> <li>Development of data sets for acute coronary syndrome; and</li> <li>Building data sets into the EMR model</li> </ul> <p>Stage 2:</p> <ul style="list-style-type: none"> <li>LHDs to implement model and train staff in data collection</li> <li>Through data analytics report back to clinicians at the coal face</li> </ul> <p><b>Q4 update – delayed:</b> The focus of this work has changed. Project not proceeding and it has now been superseded by the build of the electronic chest pain pathway as a vehicle to collect key data elements to better understand clinical variation, identify gaps in service delivery and develop initiatives to address issues at a local and LHD level.</p> |                   |
|   | <b>Implementation of pilot site assessment of tools to assess UCV in pneumonia</b> <ul style="list-style-type: none"> <li>Implementation planning for state wide audit</li> </ul>  | <b>Acute Care</b> |
|   | <p><b>Q4 report:</b> The pilot audits have been completed at one site. Three sites are part-way through their audits. A further site is awaiting ethics approval. Extensive consultation with the British Thoracic Society regarding implementation and reporting processes. In addition close liaison with the British Thoracic Society has provided evidence based care bundles which will be assess for the NSW health environment as solution sets for improvement strategies.</p>   |                   |
|   | <b>Working with MoH, HealthShare and NSLHD to implement Medical Imaging Business Model – Implementation Plan completed in Q1</b> <ul style="list-style-type: none"> <li>Evaluation commenced</li> </ul>  | <b>Acute Care</b> |
|   | <p><b>Q4 report:</b> Northern Sydney Local Health District implemented the MIDS business model 01/07/15 after four months intensive governance meetings with the Executive Finance team and MIDS Director. Presentations and one-on-one meetings to Clinical Councils and Medical Imaging staff at the five hospitals have been conducted; posters and newsletters have also been distributed. The project has significant support from the Chief Executive. Presentations have been given to Nepean Blue Mountains, Southern NSW Local Health Districts and St Vincent’s Hospital as they are interested in implementing MIDS.</p>  |                   |
|   | <b>In partnership with Whole of Hospital Program, implement Criteria Led Discharge – implementation completed in Q1</b> <ul style="list-style-type: none"> <li>Commence evaluation</li> </ul>  | <b>Acute Care</b> |
|   | <p><b>Q4 report:</b> Sites continue to collect patient and staff experience measures and file audits three months post implementation. Formal evaluation to commence as per evaluation plan.</p>   |                   |
| <b>In partnership with Whole of Hospital Program, implement Clinical Management Plans – implementation completed in Q4</b> <ul style="list-style-type: none"> <li>Baseline data collected for evaluation</li> </ul> | <b>Acute Care</b>  |                   |

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|   | <b>Q4 Report:</b> Two sites interested in commencing Clinical Management Plan work. Key Principles being finalised before loading to website.  |  |
| Review and evaluate partnerships annually   | <b>Review mechanism used to evaluate partnerships</b>  | <b>Chief Exec</b>                                    |
|   | <b>Q4 Report:</b> The Strategy and Planning Lead has drafted a report providing a summary of the mechanisms used to evaluate partnerships in the current strategic plan and proposing some changes to these mechanisms in the Strategic Plan 15-18 reflecting maturing of the ACI's partnerships. This paper will be used as the basis for discussion by the Executive Team.   |  |
| Measure and monitor impact on health outcomes   | <b>Evaluation of State Cardiac Reperfusion Program</b><br>• <b>Complete Evaluation Plan</b>  | <b>Acute Care</b>                                    |
|   | <b>Q1:</b> Aspex Consulting met with representatives from Ambulance NSW, clinicians and other key stakeholders and <b>an evaluation plan has been developed</b> . Baseline data will be collected and information on processes and the achievement of key milestones will be included. Phase 1 (PAPA) of the reperfusion strategy will be evaluated and baseline information for evaluation of PHT will also be collected. A request for quote has been actioned to progress with the formative evaluation. LHD Chief Executives have been advised of progression to evaluation and requesting support from LHD/SHN executives and key clinicians in the process.<br><br><b>Q2 update: project completed</b>   |  |
|   | <b>Evaluation of State Stroke Reperfusion Program</b><br>• <b>Evaluation report</b>  | <b>Acute Care</b>                                    |
|   | <b>Q2:</b> Draft report has been reviewed internally; Executive Summary is now being prepared for the report prior to proceeding to the ACI Executive.<br><br><b>Q3 update: project completed:</b> LHDs are assessing their individual report components in April. Draft report for ACI Executive endorsement in April, Stroke Network is preparing draft responses to the recommendations for review.   |  |
| <b>Focus Area: Our Processes: Effective Partnerships</b>  |  |  |
| Clarify roles and align work programs with MoH and other agencies   | <b>Establish two new networks: Mental Health and Drug and Alcohol</b>  | <b>Primary Care &amp; Chronic Services</b>           |
|   | <b>Q2:</b> Funds were not transferred at start of financial year delaying recruitment. Network Managers have been recruited to commence on 5 <sup>th</sup> January 2015 and Forums to establish Networks will now take place in March 2015.<br><br><b>Q3 update – project completed</b> D&A Network Forum facilitated 19 March. Mental Health Network Forum facilitated 26 March. Co-chairs for both networks appointed. Applications to join networks now being received. Executive Committees will be appointed by end May.  |  |
| Establish mechanisms for determining priorities and working with LHDs, clinical service networks and other healthcare providers | <b>Evaluate the use of ACI/CEC Excellence and Innovation Portal by LHDs</b>  | <b>Engagement, Communications &amp; Exec Support</b> |
|   | <b>Q3:</b> A three stage evaluation plan has commenced.<br><b>Stage 1</b> – was designed to determine understanding of the outcomes of the portal, immediate and long term for both ACI and CEC and the intended audiences through a series of interviews with ACI and CEC stakeholders, evaluation of background materials and website analytics, and identification of the main target audience (as perceived by ACI and CEC). <b>This stage has been completed.</b><br><b>Stage 2</b> - is focused on audience assessment ie determining whether the portal is meeting the needs of its intended audience. A survey questionnaire was tested on 20 March with a senior LHD representative and ACI and CEC staff, and has been issued to the main target audience w/c 23 March, and added to the home page of the EIH portal, and ACI and CEC websites. <b>This stage is underway; and will include discussion at the Connect Forum on 31 March.</b><br><b>Stage 3</b> - is aimed at identifying opportunities and addressing gaps in understanding, and will include interviews and focus groups with key audiences to inform a final report. <b>This stage will commence in April, and a final report and recommendations is expected to be submitted to the ACI and CEC April/May 2015.</b><br><br><b>Q4 - completed</b><br>A final evaluation report was shared with the ACI and CEC Executive in May 2015. The evaluation set out to determine the utility and effectiveness of the current site and identify recommendations for improvement. Several assessments were conducted that included input from Local Health Districts |  |

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|   | <p>(LHDs) and Specialty Networks (SNs).</p> <p>The evaluation confirmed that the portal as originally conceived works well, supported in particular by a rich topic-based landing page, plain language summary format, simple home page search and browse options, relevant search topics, information integrity and an overall responsive site design. Several recommendations have been made to improve the site's governance, orientation and context, promotion, syndication and identity.</p> <p>The report has been considered by the Executives of both the ACI and CEC, and a working party is being convened to consider and implement recommendations in 15-16. The report has been published on the EIH website, and has been shared with ACI/CEC staff and members of the ACI Connect Forum and CEC DCG Forum who had been invited to contribute to evaluation.</p> |  |
| <p>Work with clinicians, consumers &amp; Partners on prioritised work programs</p>  | <p><b>In partnership with AH&amp;MRC finalise Aboriginal Chronic Disease Framework</b></p>  | <p><b>Primary Care &amp; Chronic Services</b></p>      |
|   | <p><b>Q3:</b> Draft document has been completed. Project plan for phase 2 consultation under development</p> <p><b>Q4 update:</b> 2 stage consultation phase is being implemented and final version will be completed for endorsement in September.</p>   |  |
|   | <p><b>Work with Local Health Districts and Specialty Health Networks to run focus groups with Chronic Disease Management Program (CDMP) participants as part of the CDMP Self-Assessment Quality Improvement Process</b></p>  | <p><b>Primary Care &amp; Chronic Services</b></p>      |
|   | <p><b>Q3:</b> Two events planned for Quarter 4. All LHDs have been invited to access ACI resources to support implementation in this operational year. This work will be aligned with CDMP redesign process that is currently being implemented.</p> <p><b>Q4 completed:</b> Focus groups convened in SES and N LHDs. All LHDs now being supported to implement the CDMP Consumer Focus group process.</p>  |  |
|   | <p><b>Partner with Medicare Locals, Residential Aged Care Facilities (RACF), Rural Health and Aged Health Networks to develop training resources and implementation resources and tools to support the statewide uptake of risk assessment processes and responses for RACF residents who require urgent medical attention.</b></p>   | <p><b>Primary Care &amp; Chronic Services</b></p>      |
|   | <p><b>Q3:</b> ACI and Networking NSW are partnering to produce a web page and tool kit to support uptake of risk assessment processes and responses to RACF residents. Content will be finalised by April and webpage established by June.</p> <p><b>Q4 completed:</b> Content finalised. Web page and Tool kit currently being uploaded to ACI Website and Information Exchange.</p>   |  |
|   | <p><b>Trauma Patient Outcome Evaluation In-Hospital (Phase 2)</b></p> <ul style="list-style-type: none"> <li><b>Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres</b></li> </ul>  | <p><b>Surgery, Anaesthesia &amp; Critical Care</b></p> |
| <p><b>Q4:</b></p> <ul style="list-style-type: none"> <li>Working in consultation with HEET for data collation</li> <li>Completed evaluation awaits the introduction and utilisation of CATE (Critical Care, Acute, Trauma and Emergency) Public Health Register that will produce linked data necessary for the evaluation</li> <li>Expected CATE introduction not before Sept 2015</li> </ul>  |   |  |
| <p><b>Minimum Standards for Management of Hip Fracture in the Older Person</b></p> <ul style="list-style-type: none"> <li><b>Formative Evaluation in six hospitals completed</b></li> </ul>   | <p><b>Surgery, Anaesthesia &amp; Critical Care</b></p>  |  |
| <p><b>Q1:</b> Formative evaluation is underway. However, the evaluation has not been completed due to a delay in getting agreement to the evaluation from two of the 6 hospitals. A further delay six has been caused by a longer than expected process in acquiring the licences for the STAR software.</p> <p><b>Q2 update:</b> Agreement for the evaluation has now been agreed by all the hospitals. NSW Health only recently completed a state wide procurement of the Qlik Business Intelligence and data visualisation product – QlikView (STARS). Release of STARS licenses by MoH will occur towards the end of January 2015. The completion of the evaluation cannot occur until these licenses are issued and the hospital data imported into the STARS software.</p> <p><b>Q3 update:</b> STARS software now accessed by the evaluation hospitals. Evaluation data has been</p> |   |  |



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|  | provided by the hospitals and entered on to STARS. Analysis of data underway.<br><b>Q4- completed:</b> Formative evaluation completed and report being tabled at Steering Committee meeting in July.  |  |
| <b>Focus Area:</b> Our Processes: Innovative Healthcare  |   |  |
| Facilitate and support the implementation of innovation with health care providers   | Develop Implementation Plan for Renal Supportive Care Model of Care   | Acute Care                                 |
|  | <b>Q2:</b> ACI has engaged external contractors to assist in preparation of the Implementation and Evaluation Plan. Wide stakeholder consultation currently being undertaken. Report and implementation strategy due the end of January.<br><b>Q3 update - completed:</b> Distribution of the Model of Care, funding distribution and implementation and evaluation plans for LHD/SHN consultation and confirmation of readiness to proceed with implementation send in March 2015. Planned implementation to commence in April with ACI sponsored workshop for clinical leads form LHDs. |  |
|  | Implement recommendations from the evaluation of the Medical Assessment Unit Model of Care – completed in Q2<br>• Commence evaluations  | Acute Care                                 |
|  | <b>Q4:</b> Sixteen self-assessments returned. Follow-up email sent for further assessments to be returned by 15/07/15. An evaluation plan to be developed for formal evaluation in 12 months.   |  |
|  | Finalise evaluation and economic analysis of rehabilitation model of care outcomes and promote to LHDs  | Primary Care & Chronic Services            |
| <b>Q2:</b> Evaluation report from external contractors is substantially completed but has been delayed. Evaluation and economic analysis will be finalised in Q3.<br><b>Q3 update:</b> Evaluation report received however data limitations have resulted in lack of clear and attributable benefit. Steering Committee currently working with HEET team to determine validity of assumptions on which future modelling will be based. Once assumptions agreed, modelling will proceed and follow-up evaluation undertaken aligning with time frames suggested in Evaluation Plan.<br><b>Q 4 Update:</b> Final report received in June. Rehabilitation Executive is currently determining how to utilise the document to promote the Rehabilitation Model of Care. In particular network is seeking to focus on implementation of Day Rehabilitation model under the Model of Care. |   |  |
| Develop a prioritisation framework for innovation  | Qualitative evaluation of use of Prioritisation Framework (Making Choices) by ACI Networks in 2014  | Clinical Lead                              |
|  | <b>Q3:</b> Survey of networks completed, responses analysed and report written. Report currently being reviewed by HEET. Once finalised findings will be presented back to network managers for discussion at Journal Club. Evaluation will be completed in Q4.<br><b>Q4 update:</b> Survey findings presented to a meeting of network managers who provided feedback on the survey questions and results. Report is being redrafted to incorporate responses and will be finalised in first quarter 15/16.   |  |
| Develop the innovation skills and capacity of health care partners   | Create and pilot RMO redesign rotation  | Clinical Program Design and Implementation |
|  | <b>Q3:</b> Pilot program completed at SLHD 30/3/15, Summary report currently being compiled. State JMO capability project underway.<br><b>Q4 update Evaluation of Pilot program is complete.</b> This is feeding into a state-wide strategy for increasing JMO involvement in Improvement. RPA has been identified as a potential site for to pilot a rotational position, dependent on funding.  |  |
|  | Transfer GEM-e-learning system to HETI  | Clinical Program Design and Implementation |
| <b>Q4:</b> Delay in completion of transfer due to delayed development of the HETI on line system. Negotiations are currently underway with e-Health to redefine the timelines  |   |  |
| <b>Focus Area:</b> Our Processes: Operational Excellence   |   |  |

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| Work with our clinical networks to determine priorities                                 | <p><b>Hold Respiratory Network Forum to establish Work Plan priorities for 2014-2016 utilizing the 'Making Choices Framework'</b></p>  | <b>Acute Care</b>                                    |
|   | <p><b>Q3:</b> The Respiratory Executive has deferred the Network Forum to better coincide with completion of current implementation activities. Planning for the Forum to proceed in 2nd Quarter 2015/16 at which time key pieces of work can be presented to all network members of current activities in an effort to engage the membership</p> <p><b>Q4:</b> Planning for the Forum to proceed in Q2 2015/16 at which time key pieces of work can be presented to all network members of current activities in an effort to engage the membership.</p>  |  |
| Ensure continuous input and feedback mechanisms from consumers, clinicians and partners | <p><b>Develop and implement the combined Patient Experience/Consumer Engagement Framework</b></p>  | <b>Clinical Program Design and Implementation</b>    |
|   | <p><b>Q2:</b> Draft Final Patient Experience/Consumer Engagement Framework complete pending ACI approval process. Going to Executive meeting for endorsement in early 2015.</p> <p><b>Q3 update: completed</b></p>   |  |
|   | <p>Design, test and deliver new network website module(s) that enable and promote continuous input and feedback from consumers, clinicians and partners</p>  | <b>Engagement, Communications &amp; Exec Support</b> |
|   | <p><b>Q2:</b> New network modules have been developed in the redesigned ACI website tailored to individual network needs. A discussion paper on collaboration option requirements will be confirmed with portfolios before implementing sustainable solutions to address the main organisational needs. We are expanding the use of online consultation/feedback forms to collect and collate feedback data on draft documents, and expanding access to the discussion platform for groups requiring a system for small group collaboration.</p> <p><b>Q3 update - completed:</b><br/>New network modules will continue to be tailored to meet individual network needs to strengthen involvement and communication. A discussion paper on collaboration option requirements has been confirmed with portfolios. Executive has agreed to scope Sharepoint as a potential solution to support online collaboration. In the interim, EESC will promote awareness and usage of immediately available options to support online collaboration. A guide for staff will be created that outlines the tools/resources that are currently available.</p> |  |
| Establish mechanisms to support collaboration across the clinical networks              | <p><b>Cross network collaboration between Respiratory Network and ICCMU on an approach to guidelines development, implementation and evaluation for pleural drains guidelines and tracheostomy care guidelines</b></p> <ul style="list-style-type: none"> <li>Evaluation plan completed and baseline data collected</li> </ul>   | <b>Acute Care</b>                                    |
|   | <p><b>Q2:</b> Evaluation Plans for Tracheostomy &amp; Pleural Drain Guideline implementation approved and preparation of RFQ and contracts with HEET team has commenced. Data specification finalised for the final baseline data analysis for tracheostomy length of stay within clinical specialties by LHD. Consultation with HEET team for pleural drain baseline data specifications commenced.</p> <p><b>Q3 update:</b> External Contractors appointed to undertake development of the evaluation plan, completion expected in June 2015. Formal external evaluation to proceed in 2016</p> <p><b>Q4 update:</b> Evaluation plan and measures completed for Tracheostomy. Baseline data for Pleural Drain has been extracted for analysis.</p>   |  |
|   | <p><b>Cross network collaboration between Respiratory Network and ICCMU on an approach to guidelines development, implementation and evaluation for pleural drains guidelines and tracheostomy care guidelines</b></p> <ul style="list-style-type: none"> <li>Evaluation commenced</li> </ul>  | <b>Acute Care</b>                                    |
|   | <p><b>Q4:</b> Evaluation plan, measures and tools for tracheostomy and pleural drains developed in consultation with an external contractor. Tracheostomy guideline implementation has been in collaboration with the ICCMU and has been selected as a Treasury 'road-map' with projected savings identified. State-wide evaluation commenced.</p>   |  |
|   | <p><b>Establish networks between major metropolitan and regional Local Health Districts for service collaboration in the delivery of care for complex cancers</b></p>  | <b>Surgery, Anaesthesia &amp; Critical Care</b>      |

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|   | <p><b>Q1:</b> Evaluation of the applications completed by ACI. Working parties have been established to progress MDT and pathways for care. Implementation will proceed in early 2015.</p> <p><b>Q2 update:</b> ACI has completed its requirements and further decisions regarding implementation is with the MoH.</p> <p><b>Q3 updated:</b> ACI has completed its requirements and further decisions regarding implementation is with the MoH.</p> <p><b>Q4: as in Q3</b></p>  |   |
| <b>Focus Area:</b>  | <b>Our Processes: Operational Excellence</b>  |   |
| Build on existing capability with a consistent approach to ongoing professional development | <p>Evaluate effectiveness of implementation and commitment of managers and staff to Professional Development Framework</p> <p><b>Q3:</b> Survey completed and evaluation report being drafted. Evaluation will be completed in Q4.</p> <p><b>Q4 - completed:</b><br/>Evaluation completed and report presented to the Chief Executive</p>   | <b>Chief Exec</b>   |
| Develop agreed behaviours to support and promote ACI core values                            | <p>12 month evaluation of implementation of ACI <i>Value and Behaviour Charter</i></p> <p><b>Q3:</b> Evaluation of the implementation of ACI's Value and Behaviour Charter has been included in the NSW Health YourSay Work Culture survey which runs from 30<sup>th</sup> March 2015 to 24<sup>th</sup> April 2015. Baseline information is available from the YourSay survey conducted in 2013. Evaluation will be completed in Q4.</p> <p><b>Q4 update:</b> Evaluation has been aligned with the publication of the YourSay survey results. It is anticipated this will occur in Q1 15/16.</p>   | <b>Chief Exec</b>   |
| Involve clinical networks in the design and implementation of the innovation cycle          | <p>Review of ACI's approach to disinvestment in the Innovation Cycle with networks</p> <p><b>Q3:</b> Dr Bob McDonald, external Consultant, has commenced a review of the ACI's approach to disinvestment. Report will be completed in Q4.</p> <p><b>Q4 - completed:</b> McDonald Report on ACI's approach to disinvestment in the Innovation Cycle was presented to the ACI Executive on 25<sup>th</sup> May 2015. The Executive endorsed the McDonald Review noting that the ACI had a key role to play in taking a more strategic approach and considered role in disinvestment in the NSW healthcare system. A six step strategy for the next six months was developed by the Executive as the next steps.</p>   | <b>Chief Exec</b>   |
| Develop/implement comms strategy centred clinical engagement                                | <p>Launch an umbrella campaign 'Get Involved'</p> <p><b>Q3:</b> An outline project plan was agreed by Executive in December 2014. An RFQ was issued in February inviting submissions by mid-March. An agency has been appointed and a contract will be signed shortly. EESC is undertaking research with staff to better understand organisational needs and to inform campaign messages and materials. Campaign planning and the development of materials will continue until end Q1 next financial year, with a launch expected Q2 and activities planned throughout 2015-2016.</p> <p><b>Q4 Update – in progress</b><br/>Areas of focus have been identified following consultation with portfolios, and the umbrella campaign will be designed to add value to planned activities in 15-16. Materials will be developed for focus group testing July-August 15, with campaign launch in Q2 of 15-16.</p>  | <b>Engagement, Communications &amp; Exec Support</b>  |
| Increase and broaden clinician and consumer representation to support the ACI strategy      | <p>Implement two Experienced Based Co-Design Projects</p> <p><b>Q4:</b> Implement one Experience Based Co-Design Project - Hospitalisation of Persons with Intellectual Disability Co-design project is in progress. Data capture complete, coaching continues, co-design event for solution design postponed due to staffing changes. Planned for August 2015.</p> <p>Evaluate the Neurodegenerative and Neuromuscular Working Party as a complementary mechanism for clinical engagement to the traditional network model</p> <p><b>Q3:</b> Given the Working Party's processes have not run their full course, evaluation at this point in time would be premature, but should be feasible in Q4. (The Working Party has produced its diagnostic report and had its first Solutions Workshop on 5 March, with a follow-up meeting to discuss the proposed solutions on 2 April).</p> <p><b>Q4 update:</b> The Working Party's solutions document is currently (July 2015) being drafted and is</p> | <p><b>Clinical Program Design and Implementation</b></p> <p><b>Clinical Program Design and Implementation</b></p> |

expected to be tabled and discussed at its 13 August meeting. The overall Working Party process has not yet concluded and firm conclusions about its overall effectiveness are therefore at this stage not feasible.

**Focus Area:**

**Our Resources: Our Financial Resources**

**Assess procurement and contracts management reporting system**

**Corporate Services**

Fully develop the organisational structure and map financial systems to structure

**Q3 Progress.** Audit review complete. Recommendation to implement a centralised contract management system that notes contract details, Purchase order details, financial commitments, payment schedules and timing of deliverables. Recommendation accepted and schedule and reporting will be available from April 2015.

**Q4 update Complete.** Contracts database/spreadsheet established. Details regarding the vendor, the time period, nature and costs of contract recorded. All contracts given reference number and stored electronically. Monthly reporting of current contracts and commitments incorporated into Portfolio financial management meetings commencing July 2015