



ACI NSW Agency
for Clinical
Innovation

Operational Plan 2014-2015



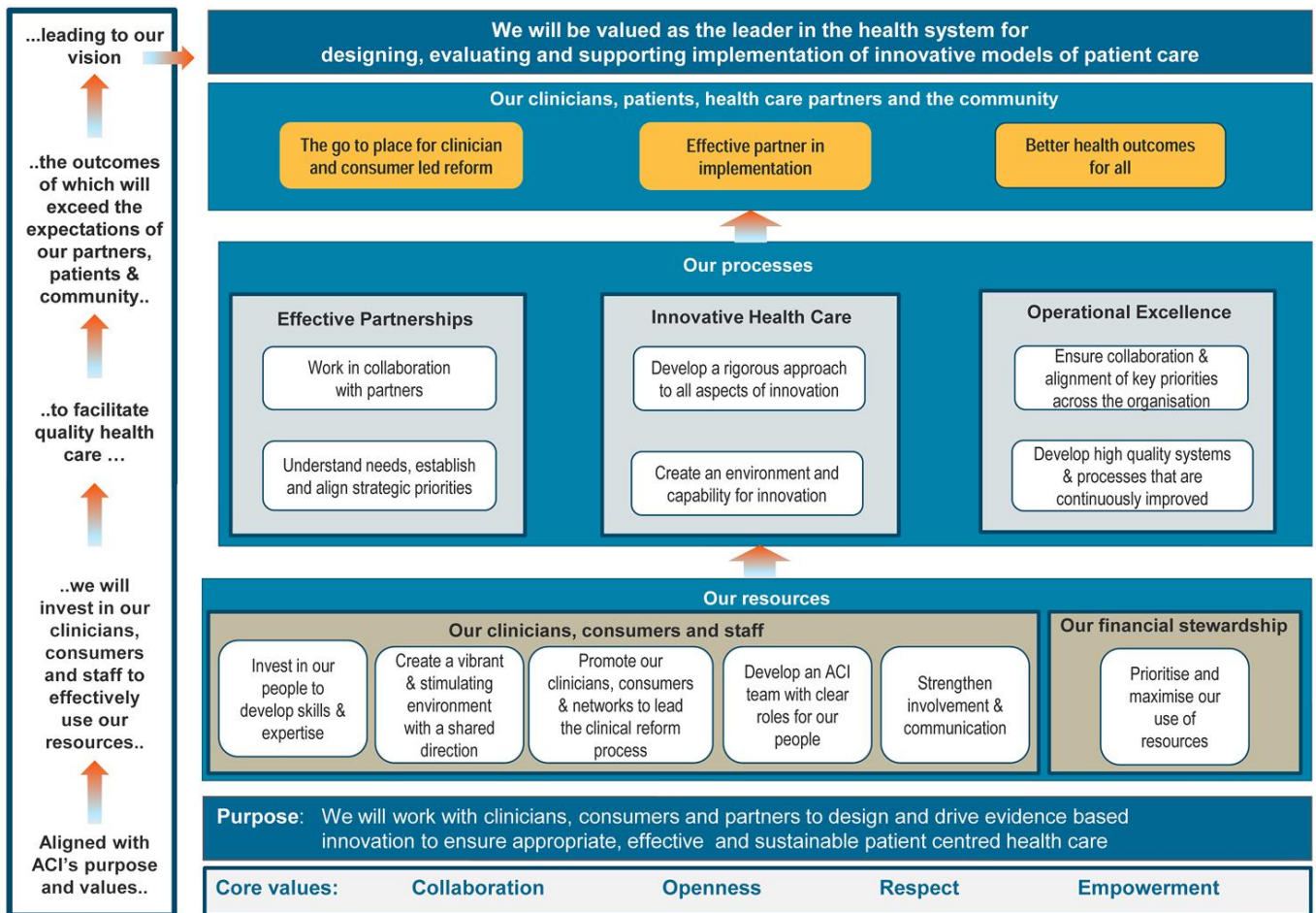
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GLOSSARY

AC	Acute Care
CI Lead	Clinical Lead
CE	Chief Executive
CPDI	Clinical Program Design and Implementation
CS	Corporate Services
EESC	Engagement, Executive Support and Communications
PCCS	Primary Care and Chronic Services
SACC	Surgery, Anaesthesia and Critical Care

ACI Strategy Map 2012-2015



Focus Area One: Our clinicians, patients, health care partners and the community

Objective	Destination Statements	Measures
The go to place for clinician and consumer led reform	Our leadership in identifying and delivering improved outcomes for patients through innovation is recognised locally and nationally by clinicians, consumers and managers who are eager to work with us to improve health care.	<ol style="list-style-type: none"> 1. Healthcare provider awareness & recognition 2. Website usage 3. Healthcare providers contacting ACI for support
Effective partner in implementation	We have developed a strong alliance with LHDs and other health care providers and there is a high level of satisfaction from these partners in working with us on improving the delivery of their health care programs.	<ol style="list-style-type: none"> 4. Partnership satisfaction (1)
Better health outcomes for all	Working with our clinicians, patients and health care partners we contribute to improving the health of the population and the experience of care and in doing so, share accountability for health outcomes, quality and cost of care. We are committed to equity of access for all people.	<ol style="list-style-type: none"> 5. Clinical return on investment 6. Number of new models of care, clinical pathways & guidelines adopted

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and 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"> • Commence implementation • Implementation in ten sites 	PCCS	Q1 Q4
	<ul style="list-style-type: none"> • 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 	PCCS	Q1 Q3
	<ul style="list-style-type: none"> • Deliver a Musculoskeletal Service in three primary health locations 	PCCS	Q1
	Implementation of system-wide assessment of unwarranted clinical variation in acute myocardial infarction <ul style="list-style-type: none"> • Tools completed for statewide audit 	AC	Q2

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
	<ul style="list-style-type: none"> Commence local audit and reporting to hospitals Implementation of improvement strategies developed locally in response to audit results 		Q3 Q4
	Implementation of pilot site assessment of tools to assess unwarranted clinical variation in pneumonia <ul style="list-style-type: none"> Tools developed for pilot site assessment Audit tools modified for statewide implementation Implementation planning for state wide audit 	AC	Q2 Q3 Q4
	Implementation of system wide assessment of unwarranted clinical variation in stroke <ul style="list-style-type: none"> Commence local Audit and reporting to hospitals in selected sites Local improvement strategies developed Ongoing audit and local improvement strategies developed as additional sites identified 	AC	Q1 Q2 Q4
	Working with Ministry of Health, HealthShare and Northern Sydney Local Health District to implement Medical Imaging Business Model <ul style="list-style-type: none"> Implementation Plan completed Evaluation commenced 	AC	Q1 Q4
	In partnership with Whole of Hospital Program, implement Criteria Led Discharge <ul style="list-style-type: none"> Implementation Commence evaluation 	AC	Q1 Q4
	In partnership with Whole of Hospital Program, implement Clinical Management plans <ul style="list-style-type: none"> Implementation Base line data collected for evaluation 	AC	Q2 Q4
	Develop clear communications about the role and work of ACI and its achievements	<ul style="list-style-type: none"> Develop social media content plan for Twitter, Facebook Review and implement greater linkages between and ease of access to ACI's existing e-newsletters Develop clear guidelines for communicating the launch and/or progress of ACI initiatives 	EESC
<ul style="list-style-type: none"> 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 		EESC	Q1
<ul style="list-style-type: none"> Deliver six graphic presentations per annum 			Q4

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Review and evaluate partnerships annually	<ul style="list-style-type: none"> Review mechanisms used to evaluate partnerships 	CE	Q4
Measure and monitor impact on health outcomes	Develop a model for measuring health outcomes aligned with international standards <ul style="list-style-type: none"> Review of international standards and consortiums Discussion report on application of international standard in NSW Health system for consultation review in ACI Forums (Co-chairs/LHD Connect) 	CI Lead	Q2 Q4
	<ul style="list-style-type: none"> Finalise implementation of database and data governance recommendations, including Factsheets/Data Custodian Arrangements 	CPDI	Q2
	<ul style="list-style-type: none"> Identify new areas of focus using the ABF Portal for unwarranted clinical variation (LoS and cost variation) 	CPDI	Q4
	Evaluation of State Cardiac Reperfusion Program <ul style="list-style-type: none"> Complete Evaluation Plan Evaluation Report 	AC	Q1 Q3
	Evaluation of State Stroke Reperfusion Program <ul style="list-style-type: none"> Complete Evaluation Plan Evaluation Report 	AC	Q1 Q2
	Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities	<ul style="list-style-type: none"> Implement the ACI Working Effectively with Aboriginal Communities Framework by providing education and tools to staff for consultation and engagement with Aboriginal communities 	PCCS

Focus Area Two - Our processes: effective partnerships

Objective	Destination Statements	Measures
Work in collaboration with partners	We have established working relationships with our partners based on shared goals, clearly agreed responsibilities and identified outcomes	7. Partnership satisfaction (2)
Understand needs, establish and align strategic priorities	We have mechanisms in place for engaging with LHDs and other health partners to adopt and work together on programs identified as important within the local and statewide context	8. Partnership satisfaction (3) 9. % Service Compact items with Ministry of Health met% 10. Agreed priorities with other partners met

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Clarify roles and align work programs with the Ministry of Health and other supporting agencies (eg CEC, BHI, HETI, Cancer Institute, NSW Kids and Families)	<ul style="list-style-type: none"> Establish two new networks: Mental Health and Drug and Alcohol 	PCCS	Q2
	<ul style="list-style-type: none"> Support Whole of Hospital and Integrated Care strategies by implementing an agreed work plan with the Ministry of Health. 	PCCS	Q1
	<ul style="list-style-type: none"> Finalise Palliative Care/EOL model of care and develop implementation strategy in partnership with CEC and Ministry of Health 	PCCS	Q1
Establish mechanisms for determining priorities & working with: LHDs Clinical service networks and other health care providers eg Medicare Locals, Consumer Groups	Finalise a Support Package for the Integrated Aged Health Framework in Local Health Districts. Support package may include: <ul style="list-style-type: none"> Bundled/related Models of Care for implementation Self- assessment tools Toolkit Communication tools Roadmaps Role Delineation Frameworks (where relevant) Redesign support HEET analysis and support Online education and implementation resources HETI support Evaluation Frameworks 	PCCS	Q2

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
	<ul style="list-style-type: none"> Evaluate the use of ACI/CEC Excellence and Innovation in Healthcare portal by Local Health Districts 	EESC	Q3
Work with clinicians, consumers and partners (e.g. Local Health District Clinical Councils, Medicare Locals, AMS) on prioritised work programs	<ul style="list-style-type: none"> Commence implementation of Integrated Aged Health Framework in a minimum of three Local Health Districts/Medicare Locals 	PCCS	Q3
	<ul style="list-style-type: none"> In partnership with AH&MRC finalise Aboriginal Chronic Disease Framework 	PCCS	Q3
	<ul style="list-style-type: none"> 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 	PCCS	Q3
	<ul style="list-style-type: none"> Partner with Medicare Locals, Residential Aged Care Facilities (RACF), Rural Health and Aged Health Networks to develop training resources and implementation tools to support the statewide uptake of risk assessment processes and responses for RACF residents who require urgent medical attention 	PCCS	Q3
	<p>Trauma Patient Outcome Evaluation Pre Hospital (Phase 1):</p> <ul style="list-style-type: none"> Steering Committee appointed and external consultants engaged Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres. <p>In-Hospital (Phase 2):</p> <ul style="list-style-type: none"> Steering Committee appointed and external consultants engaged Data collation and analysis completed. Collection of qualitative data from selected major regional and rural trauma centres. 	SACC	Q1 Q2 Q3 Q4
	<p>Minimum Standards for Management of Hip Fracture in the Older Person</p> <ul style="list-style-type: none"> Formative Evaluation in six hospitals completed STARS software provided to fractured hip surgery hospitals Summative Evaluation completed 	SACC	Q1 Q3 Q4

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
	Operating Theatre Efficiency <ul style="list-style-type: none"> • Completion of Guideline booklet • Implementation Plan designed • Implementation supported in selected hospitals 	SACC	Q1 Q2 Q4
	High Dependency Unit MoC <ul style="list-style-type: none"> • Finalise and endorsement of MoC / plan of launch of the MoC across NSW • Develop related resources and operationalize implementation plan • Formative Evaluation 	SACC	Q1 Q3 Q4
	<ul style="list-style-type: none"> • Clinical Services Plan Review at Central Coast Local Health District 	CI Lead	Q1
	<ul style="list-style-type: none"> • Explore Clinical Pathways for top five common diseases to reduce unwarranted clinical variation 	CPDI	Q2

Focus Area Two - Our processes: innovative health care

Objective	Destination Statements	Measures
Develop a rigorous approach to all aspects of innovation	We apply best practice standards and governance to all stages of our projects which follow the health innovation lifecycle comprising innovation, analysis, evaluation, adoption, optimisation and disinvestment.	11. Innovation and capability score 12. % redesign School projects successfully implemented
Create an environment and capability for innovation	We have a strategic framework in place that provides a forum for innovative thinking to promote evidence-based, cost effective, safe, high quality innovations in health care in addition to offering the tools and support clinicians need to develop and implement models of care.	13. % Compliance with the innovation framework for the development of MoC

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Define "innovation" and clarify and communicate ACI's role in innovation in the health care system	<ul style="list-style-type: none"> Develop and launch new multimedia resources outlining the ACI's approach to innovation in the health care system 	EESC	Q1
Develop a clear framework for each component of the innovation cycle			
Facilitate and support the implementation of innovation with health care providers	<ul style="list-style-type: none"> Develop Implementation Plan for Renal Supportive Care model of care 	AC	Q2
	Implement recommendations from the evaluation of the Medical Assessment Unit model of care <ul style="list-style-type: none"> Implement recommendations Commence evaluation 	AC	Q2 Q4
	<ul style="list-style-type: none"> Finalise evaluation and economic analysis of Rehabilitation model of care outcomes and promote to Local Health Districts 	PCCS	Q2
	<ul style="list-style-type: none"> Convene a Multipurpose Service (MPS) reference group in collaboration with Health Infrastructure and rural Chief Executives to develop a model of care 	CPDI	Q4
	Service Delivery Model for Chronic Eye Disease <ul style="list-style-type: none"> Steering Committee established and draft plan formulated Review of international models and literature 	SACC	Q2 Q2

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
	<ul style="list-style-type: none"> Develop solution design and implementation plan 		Q4
	Service Delivery Model for Cataracts <ul style="list-style-type: none"> Steering Committee established and draft plan formulated Review of international models and literature Develop solution design and implementation plan 	SACC	Q2 Q2 Q4
	Advance and develop the use of Telehealth in the delivery of burns care <ul style="list-style-type: none"> Establish a Steering Committee to review existing use of Telehealth including gap analysis across the tertiary burn services Analysis of current practices and gaps Solution design including implementation plan for Telehealth in burns care 	SACC	Q2 Q3 Q4
	Nurse Delegated Emergency Care Initiative (NDEC) (Phase 2) <ul style="list-style-type: none"> Articulate evaluation method Determine data plan and minimum data set Develop evaluation tools Commence implementation of evaluation 	SACC	Q1 Q2 Q3 Q4
Develop a prioritisation framework for innovation	Qualitative evaluation of use of Prioritisation Framework (Making Choices) by ACI Networks in 2014	CI Lead	Q3
Develop the innovation skills and capability of our health care partners	Develop pilot, evaluate and administer the Clinical Innovation Program to support scale up of local innovation projects (Stream 2)	CPDI	Q2
	Innovation Exchange (formally ARCHI) <ul style="list-style-type: none"> Development, ongoing support and promotion of the 'Innovation Exchange' on the ACI Website 	EESC	Q1
	Implement the Knowledge Management approach for the ACI <ul style="list-style-type: none"> Source and edit content for the Innovation Exchange on the ACI Website Develop and evaluate knowledge sharing activities within three networks 	CPDI	Q1 Q3
	<ul style="list-style-type: none"> Create and pilot JMO Redesign rotation Explore opportunities to build redesign skills for junior nurses and allied health staff with existing programs 	CPDI	Q3 Q4
	<ul style="list-style-type: none"> Transfer GEM e-learning system to HETI 	CPDI	Q4

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Facilitate high quality translational research within the health system	<ul style="list-style-type: none"> Develop, pilot , evaluate and manage Clinical Innovation Program to fast-track implementation of ACI models (Stream 1) 	CPDI	Q3
	<ul style="list-style-type: none"> Conduct research to identify success factors for Large System Change in implementation of two Models of Care 	CPDI	Q4

Focus Area Two - Our processes: operational excellence

Objective	Destination Statements	Measures
Ensure collaboration & alignment of key priorities across the organisation	Our clinical networks and teams are aligned with our strategic priorities and are collaborating on projects of common interest.	14. % Clinical network projects aligned to ACI strategic and operational plans 15. % Cross clinical network project collaboration
Develop high quality systems & processes that are continuously improved	Governance, structures and processes are in place across the ACI and clinical networks ensuring that we are working together to deliver coordinated, consistent high quality services.	16. Staff satisfaction with operational effectiveness

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Develop and implement robust systems and processes to support our activities (eg prioritisation, data governance, economics, alignment, evaluation)	<p>Develop a Critical Care Data Registry linking health data bases internal and external to ACI</p> <ul style="list-style-type: none"> Establish a Strategic Planning Reference Group Systematic approach to linking data across internal and external databases established 	CPDI (SACC/PCCS)	Q1 Q4
Work with our clinical networks to determine priorities	<ul style="list-style-type: none"> Hold Respiratory Network Forum to establish Work Plan priorities for 2014-2016 utilizing the 'Making Choices Framework' 	AC	Q3
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	<ul style="list-style-type: none"> Develop and Implement the combined Patient Experience/ Consumer Engagement Framework 	CPDI	Q2
	<ul style="list-style-type: none"> Design, test and deliver new network website module(s) that enable and promote continuous input and feedback from consumers, clinicians and partners 	EESC	Q2
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"> Support development of local implementation and education plans 	AC (SACC/CPDI)	Q1

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
	<ul style="list-style-type: none"> Evaluation plan completed and baseline data collected Evaluation commenced 		Q2 Q4
	<ul style="list-style-type: none"> Cross network collaboration to revise the NSW Rehabilitation for Chronic Disease Guidelines 	PCCS(AC)	Q2
	<ul style="list-style-type: none"> 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 	PCCS	Q1
	<ul style="list-style-type: none"> Establish networks between major metropolitan and regional Local Health Districts for service collaboration in the delivery of care for complex cancers 	SACC	Q1
	<ul style="list-style-type: none"> Implement recommendations for service collaboration between major metropolitan and regional Local Health Districts from the formal evaluation of the Trauma Service Review 	SACC	Q2

Focus Area Three - Our clinicians, consumers and staff

Objective	Destination Statements	Measures
Invest in our people to develop skills & expertise	We have systems in place to support our clinicians, managers and staff to develop their skills and expertise in order to optimise their participation and performance in all levels of the organisation.	17. Staff and clinical network satisfaction
Create a vibrant & stimulating environment with a shared direction	Our clinical networks and staff identify with the ACI's values, purpose and vision and in doing so find the ACI a creative workplace with an inclusive and empowering culture.	18. ACI culture and climate score
Promote our clinicians, consumers and networks to lead the clinical reform process	Our clinicians, consumers and clinical networks are well resourced with the tools and capacity to preserve and support their critical role in the design and implementation of innovative healthcare.	19. Clinical network effectiveness score
Develop an ACI team with clear roles for our people	We have structures and processes in place which empower our people to work in collaboration on projects with clearly identified responsibilities.	20. % Staff with annual performance development review
Strengthen involvement & communication	We have structures and two way communications systems in place to actively involve our staff, clinical network clinicians and consumers. Central to our communication is effective sharing of knowledge encouraging participation in our health reform activities.	21. ACI staff engagement 22. Number of clinician and consumer network members actively involved 23. ACI staff and clinical network member satisfaction with communication

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Acknowledge & build on existing capability and implement a consistent approach to ongoing professional development	<ul style="list-style-type: none"> Implement Professional Development Framework for ACI staff in all portfolios Evaluate effectiveness of implementation and commitment of managers and staff to Professional Development Framework 	CE	Q1 Q3

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Acknowledge personal and professional contributions to the organisation	<ul style="list-style-type: none"> Establish a Recognition Program for staff to acknowledge and celebrate success 	CE	Q3
Involve staff and clinical networks in key decisions	<ul style="list-style-type: none"> Hold two Co-Chair Forums as a mechanism for strengthening clinical engagement 	CE	Q1 Q3
Develop agreed behaviours to support and promote ACI core values	<ul style="list-style-type: none"> 12 month evaluation of implementation of ACI Values and Behaviour Charter 	CE	Q3
Involve clinical networks in the design and implementation of the innovation cycle	<ul style="list-style-type: none"> Review of ACI's approach to disinvestment in the Innovation Cycle with networks 	CE	Q3
Develop and implement a communications strategy centred on broadening and strengthening existing engagement	<ul style="list-style-type: none"> Launch and promote the redesigned ACI website Trial and support Twitter usage at ACI meetings and events Launch an umbrella campaign 'Get Involved' 	EESC	Q1 Q2 Q3
Increase and broaden clinician and consumer representation to support the ACI strategy	<ul style="list-style-type: none"> Develop tools to support two Experience Based Co-Design Projects Implement two Experience Based Co-Design Projects 	CPDI	Q2 Q4
	<ul style="list-style-type: none"> Evaluate the Neurodegenerative and Neuromuscular Working Party as a complementary mechanism for clinical engagement to the traditional network model 	CPDI	Q3

Focus Area Three - Our resources: our financial stewardship

Objective	Destination Statements	Measures
Prioritise and maximise our use of resources	Systems are in place which ensure that our resources are allocated to meet identified needs, in accordance with agreed priorities, and utilised for maximum benefit	24. Net cost of services (NCOS)

Strategic Initiatives July 2012 - June 2015	Operational Actions: 2014/15	Director Responsible	Timeframe
Fully develop the organisational structure and map financial systems to structure	<ul style="list-style-type: none"> Strengthen and monitor performance indicators around Healthshare and ehealth 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 	CS	Q2 Q2 Q3 Q2
Develop robust and transparent systems for prioritisation and utilisation of our resources			