

To: ACI Board

Re: 4th Quarter Report for Operational Plan Initiatives 2013/14

Date: 5th August 2014

Summary

Of the one hundred and eighty one (181) initiatives due for completion in the 2013/14 Operational Plan:

- 140 (77%) were completed within the deliverable quarter
- 36 (20%) have progressed but were not completed within the quarter nominated for delivery. It is noted that nine of these projects were subsequently completed in the following quarter.
- 5 (3%) have not commenced and have been deferred waiting for completion of formative projects.

As shown in Table 1 below, this result compares favourably with completed initiatives in the first year of the Operational Plan (2012/13).

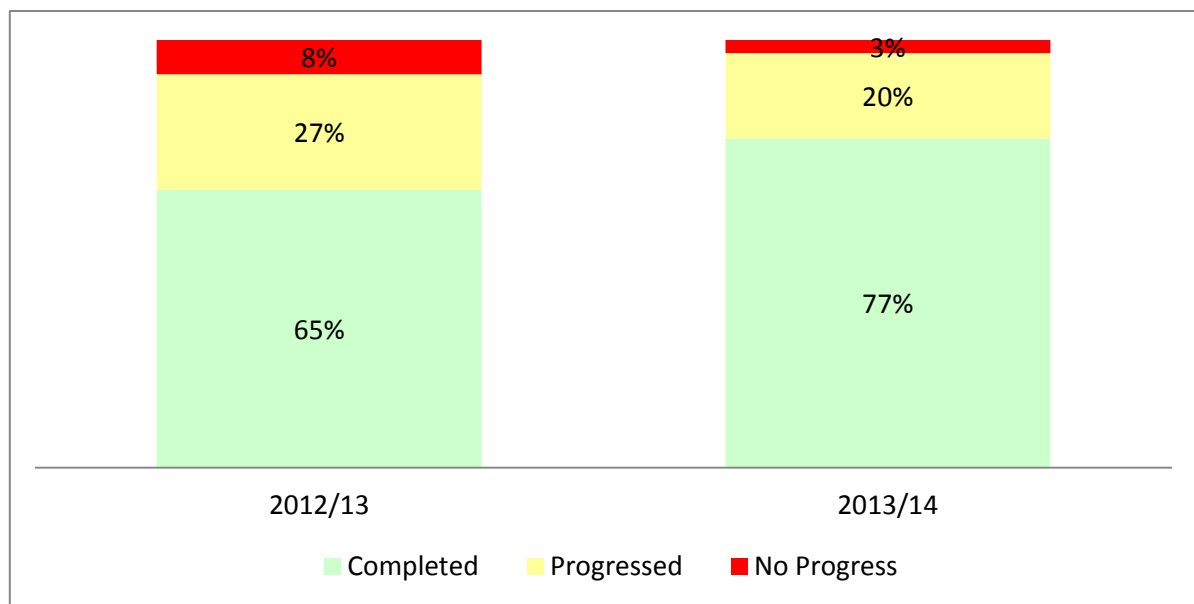


Table 1: Completion of Operational Plan initiatives 2012/13 and 2013/14

Table 2 below lists initiatives reported in the quarter nominated for delivery in the 2013/14 Operational Plan.

A summary report on each operational initiative is *attached*.

Complete

Progress but not completed in Operating Year

No Progress

Table 2: Summary of Initiatives reported in the quarter nominated for delivery in 2013/14 Operation Plan

Strategic Initiative	Operational Action/Deliverable
<p>Focus Area: Our Clinicians, patients, health care partners & community</p>	
<p>Develop Reputation for delivery by completing projects of significance to partners</p>	<p>Finalise and support system-wide adoption of the Rehabilitation Model of Care:</p> <ul style="list-style-type: none"> • Implementation Workshop convened • Implementation Plan finalised • Implementation follow up and support initiatives finalised <p>• Finalise and support system-wide adoption of the integrated Care for Older People with Complex Health Needs Framework</p> <p>• Implementation plan finalised and implementation commenced</p> <p>• Finalise and support system-wide adoption of the Palliative Care and End of Life MoC</p> <p>• Develop implementation plan and commence implementation</p> <p>Finalise establishment of the Rural Health Network:</p> <ul style="list-style-type: none"> • including developing a 2 year work plan, comms strategy and system for alignment of priorities (MoH, ACI, LHDs) • Increase rural involvement with ACI networks (collaboration), raise profile of ACI within rural LHDs (forums, seminars, exhibition booth at events) and undertake a high profile project in conjunction with rural LHDs)
<p>Develop clear communications about the role of ACI and achievements</p>	<ul style="list-style-type: none"> • Identify a revised structure for the ACI website and test with different audiences • Explore different ways to deliver models of care including smart phone apps and multi media resources • Explore new ways to share information across the organisation • Create a map of ACI projects/activities and projected roll out timeline in the LHDs • Establish a schedule to showcase across the health care systems six x ACI projects implemented in the LHDs (one every second month) • Develop an information portal on ACI projects for use by LHDS and key stakeholders
<p>Review and evaluate partnerships annually</p>	<ul style="list-style-type: none"> • Evaluate mechanisms used to review partnership in 2012/13 • Undertake a review of partnership in 2013/14
<p>Measure and monitor impact on health outcomes</p>	<ul style="list-style-type: none"> • Support Quarterly reporting & Evaluation of Chronic Disease Management Program • Undertake evaluation of new models of care to facilitate improved health care, cost efficiency and ultimately, improved health for the community • Establish an annual data analysis, evaluation and economic analysis schedule to guide this work
<p>Demonstrate respect for needs of Aboriginal people in all activities</p>	<p>Implement the Cultural Respect Framework:</p> <ul style="list-style-type: none"> • Develop a program of activity for the ACI focussing on the needs and priorities of Aboriginal people • Commence the Cultural Response training
<p>Focus Area: Our Processes: Effective Partnerships</p>	
<p>Clarify roles and align work programs with MoH and other agencies</p>	<ul style="list-style-type: none"> • Establish a program of regular meetings for the ACI Executive Team to meet with the Executive Teams of each of the Pillars to identify projects with common themes as the basis for working in partnerships <p>Support the provision of data and information to Networks to enhance MoCs and to gain a greater understanding of patient flows by:</p> <ul style="list-style-type: none"> • developing arrangements with Health System Information and Performance Reporting Branch for the provision of non-admitted and sub-acute care data • Maintain and revise ongoing partnerships with the Centre for Epidemiology and Evidence and the Activity Based Taskforce • Work with the CEE to undertake the MBS/PBS and NSW Health Data Collections linkage project to support the system wide (Commonwealth and State) analyses of Health Pathways, chronic care and other priorities • Partner with the NSW MoH to create a Specialist Outpatient Service Policy Framework for NSW
<p>Establish mechanisms for determining priorities and working with LHDs and other</p>	<p>Support the work of the Consumer Council through its workplan</p> <ul style="list-style-type: none"> • Recruit new members with expertise in engaging priority populations <p>• Develop a Consumer Engagement Framework that defines what ACI means by consumer involvement and clarifies mechanisms for working with key partners and stakeholders</p>

Complete

Progress but not completed in Operating Year

No Progress

providers, Medicare Locals, consumers	<ul style="list-style-type: none"> Ensure twice yearly forums are held as a basis for improving partnerships with LHDs
Work with clinicians, consumers & Partners on prioritised work programs	<p>Work with partners on improving the medical in patient journey through the development of Models for Clinical Management Plans and Criteria led discharge:</p> <ul style="list-style-type: none"> Design and document models System-wide consultation and implementation planning Commence implementation at pilot sites
	<ul style="list-style-type: none"> Establish GP Lead Clinician positions and+ Develop a cross portfolio work program that supports ACI's key objectives
	<ul style="list-style-type: none"> Support trial of alternative community patient management process (Central Coast)
	<p>Support trial of alternative community patient management process (Central Coast)</p> <ul style="list-style-type: none"> Develop approach to and oversee evaluation
	<ul style="list-style-type: none"> Lead process to identify ideal configurations of community based health services in partnership with MoH, NSW Kids and Community Health Directors Report on Process
	<ul style="list-style-type: none"> Finalise evaluation of Urgent Care Centres
	<ul style="list-style-type: none"> Partner with the MoH and LHDs to ensure the Statewide Spinal Cord Injury Steering Committee delivers a clear direction
	<ul style="list-style-type: none"> Collaborate with LHDs and Medicare Locals to identify and document innovative models o support the integrated delivery of MSK programs (including OPR and OACCP)
	<ul style="list-style-type: none"> Support HNELHD in evaluating stages 1 and 2 of the Health Pathways project and use results to inform and support evaluation methods for three other sites
	<p>Develop a MoC for the Care and Management of the High Dependency patient:</p> <ul style="list-style-type: none"> Establish a Steering Committee and determine Priorities and suitability
	<ul style="list-style-type: none"> Develop MoC Development Implementation Plan
	<p>Undertake the Clinical component of the ICCIS (Intensive Care Clinical Information System) project:</p> <ul style="list-style-type: none"> IPS (Implementation Study) commences Development of content architecture Inform development of State-based Build
	<p>Drive operating theatre efficiencies (following Audit Office Report) by supporting LHDs in collaboration with MoH to:</p> <ul style="list-style-type: none"> Strengthen operating theatre management by developing operating theatre practice guidelines Developing operating theatre indicators to be used as efficiency measures for benchmarking in hospital operating theatres
	<ul style="list-style-type: none"> Determine potential to free up theatre capacity for elective surgery by identifying and minimising non-surgical procedures in operating theatre
	<ul style="list-style-type: none"> Undertake the NSW Trauma Plan Review and make recommendations for future service planning: Develop scope for review
	<p>Undertake the NSW Trauma Plan Review and make recommendations for future service planning:</p> <ul style="list-style-type: none"> MoH support and agreement
	<ul style="list-style-type: none"> Tender process/planning for review
	<ul style="list-style-type: none"> Undertake Review
	<ul style="list-style-type: none"> Deliver 1st phase of the unwarranted clinical variation strategy Implement 2nd phase projects
	<ul style="list-style-type: none"> Identify one Specialist Outpatient Clinic with inappropriate waiting times and work with th LHD (and NSW MoH) to develop and implement an improvement strategy
<p>Refine implementation methodology for Chronic Care Aboriginal Program (CCAP) and (one Deadly Step and Culture Health Communities) to enable local implementation within two years:</p> <ul style="list-style-type: none"> Finalise stage two implementation plan 	
<ul style="list-style-type: none"> Undertake review of implementation methodology 	
<ul style="list-style-type: none"> NSW Ambulance Reform Plan – Models of care to improve patient flow and transfer of care from the ambulance crew to emergency department staff 	
Focus Area:	Our Processes: Innovative Health Care
Define 'innovation' and clarify and communicate ACI's role in innovation the health care system	<ul style="list-style-type: none"> Partner with LHDs to review and refine innovation cycle

Complete

Progress but not completed in Operating Year

No Progress

Develop a clear framework for each component of the innovation cycle	<p>Define disinvestment and incorporate into ACIs program of work:</p> <ul style="list-style-type: none"> • Develop a Discussion Paper that articulates the suggested approach in the context of incorporating disinvestment into economics/sustainability/prioritization and implementation strategies • Test the methodology in a project
Facilitate and support implementation of innovation with health care providers	<p>Undertake a diagnostic of the Brain Injury Rehabilitation Program (BIRP) Moc</p> <ul style="list-style-type: none"> • Commence solution design <p>Establish (3) pilot sites for the integration of CCAP Programs with the Chronic Disease Management Program and document learnings:</p> <ul style="list-style-type: none"> • Identify pilot sites and partners • Implement pilot projects • Negotiate and support an integrated Medicare Local/LHD project and document learnings (site to be identified) • Develop the Nutrition Standards for Mental Health Inpatients in NSW hospitals • Distribute resources to support implementation • Develop and distribute resources to support the implementation of the MoC for Pressure Injury Prevention and Management in Children and Adults with Spinal Cord injury and Spina Bifida in partnership with the CEC • Implement the Care of the Confused Hospitalised Older Person Program in at least 3 sites <p>Establish a Pain Outcomes Database (EPOCC)</p> <ul style="list-style-type: none"> • Identify and document the system issues that are emerging as young people/ adults have improved survival rates and require services (in adulthood) from LHDs instead of the SCHN – this analysis will be used to inform the development of models to assist the Adult Health System to respond effectively to these conditions. <p>Improve clinical practice and patient outcomes through the implementation of Tracheostomy Clinical Practice Guidelines for Adult Patients in Acute Care Facilities:</p> <ul style="list-style-type: none"> • implementation planning, tools and resources developed for implementation support • Commence LHD implementation and support • LHD implementation site visits <p>Improve access to timely management of patient with Acute Coronary Syndrome through the NSW State Cardiac Reperfusion Strategy (SCRS)</p> <ul style="list-style-type: none"> • Establishment of ECG reading Services across NSW • Design and develop materials for Nurse Administered Thrombolysis • Implementation of Pre-hospital thrombolysis in appropriate LHDs • Commence implementation of Nurse Activated Thrombolysis <p>Improve clinical data collection to monitor patient outcomes through implementation of the Endoscopy Information System:</p> <ul style="list-style-type: none"> • Establish Training and Support Group • Establish Clinical Advisory Group • Support HealthShare EIS system Implementation (33 priority sites implemented) <p>Reduce clinical variation and improve clinical outcomes for acute stroke patients in NSW Hospitals:</p> <ul style="list-style-type: none"> • Clinical Reference Group established and audit tools developed • Site visits completed • Commence implementation of improvement strategies <p>Improving care for patients through the Non Invasive Ventilation Guidelines Implementation:</p> <ul style="list-style-type: none"> • Implementation planning, tools and resources developed for implementation support • Commence LHD implementation support • LHD implementation site visits <p>Improving the quality of care for acute care stroke patients through the Quality in Acute Stroke Care (QASC) Implementation Project:</p> <ul style="list-style-type: none"> • Implementation plan completed • Site training and site support visits completed • Site implementation and data collection

Complete

Progress but not completed in Operating Year

No Progress

	<ul style="list-style-type: none"> Data analysis Report
	<p>Reduce clinical variation and improve care for patients following Acute Myocardial Infarction:</p> <ul style="list-style-type: none"> Clinical Reference Group established and audit tools developed Local Clinician Data Audits completed
	<ul style="list-style-type: none"> Commence implementation of improvement strategies
	<p>Improving clinical practice for patients through Pleural Drains Consensus Guidelines Implementation:</p> <ul style="list-style-type: none"> Implementation planning, tools and resources developed for implementation support Commence LHD implementation support LHD implementation site visits
	<p>Nurse Delegated Emergency Care Initiative (NDEC):</p> <ul style="list-style-type: none"> Working group established and suite of documents endorsed Education/accreditation module developed: audit and evaluation framework reviewed Audits undertaken on first tranche of sites; evaluation first tranche implementation and review and modify MoC package
	<ul style="list-style-type: none"> Second tranche of sites completed
	<p>Develop and implement Minimum Standards for Safe Procedural Sedation Project:</p> <ul style="list-style-type: none"> Develop implementation plan (Phase 1) Commence implementation (Phase 1)
	<ul style="list-style-type: none"> Phase 2 (ED, Burns, BMT) – diagnostic Develop implementation plan (Phase 2) Complete implementation of Phase 1
	<p>Development and implementation of appropriately adapted minimum standards for the management and care of the ortho-geriatric patient diagnosed with a fractured hip:</p> <ul style="list-style-type: none"> The completion of the suite of minimum standard documents Implementation of the minimum standards across NSW hospitals (two phases with NSW public hospitals divided into two groups for efficiency) Group 1 Group 2
	<p>Support MoH in development and implementation of minimum standards for the surgical management and care of rare and complex cancers including the streamlining of surgical sites in NSW for these cancers:</p> <ul style="list-style-type: none"> EOI completed and distributed
	<ul style="list-style-type: none"> Selection process completed
	<ul style="list-style-type: none"> Implementation and report
Develop the innovation skills and capacity of health care partners	<p>Integrate the Improving Staff and Patient Experience (IPSE) methodology into the ACI redesign methodology:</p> <ul style="list-style-type: none"> progress the implementation of the coaching panel for NSW Health in partnership with other pillars Develop a program for IPSE informed by the recommendations arising from the review of program Develop a Patient Experience Framework for the ACI, which incorporates how the elements of patient experience are captured and embedded into ACI MoC (eg patient stories, patient videos, patient surveys and PETS)
	<ul style="list-style-type: none"> Partner with WNSW LHD and CCLHD to undertake a formative evaluation of the Studer programs commencing at both districts and use lessons learned to inform ACI's capability framework for innovation and transformation
	<ul style="list-style-type: none"> Develop and implement the Knowledge Management Approach for ACI: develop a knowledge management approach for ACI and program for implementation Progressively implement the knowledge management approach aligned with the redevelopment of the ACI website and implementation of the social media policy including evaluation
	<p>Increase the effectiveness of the CHR Redesign Capability Development Program by implementing recommendations from external evaluation:</p> <ul style="list-style-type: none"> Develop an implementation plan for the recommendations Implement changes to commence for 2014 program Partner with LHDs/SHNs to build capability development programs to expand the reach of Redesign (eg building Alumni Programs with the Redesign Leaders, develop short programs which may be run locally

Complete

Progress but not completed in Operating Year

No Progress

Facilitate high quality translational research within health system	<p>Ensure that all new research undertaken by the ACI meets the requirements of the Research Framework :</p> <ul style="list-style-type: none"> Finalise ACI Research Framework and communicate to stakeholders Implement agreed processes for approving research, including first round of partnership research Establish processes for managing compliance with the Research Framework
	<ul style="list-style-type: none"> Establish a Fund to support the development of clinical innovation
	<p>Develop and implement a program of research regarding mechanisms for implementing and sustaining change across a complex health system:</p> <ul style="list-style-type: none"> Establish research team and agree research plan Complete literature review to identify mechanisms for health system transformation and validate through interviews
	<ul style="list-style-type: none"> Establish approaches for quantifying successful system transformation and validate through two case studies Agree a framework to assist the development, implementation and evaluation of change initiatives across ACI

Focus Area:	Our Processes: Operational Excellence
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Develop and implement robust systems and processes to support activities (eg prioritisation, economics data governance, alignment, evaluation)	<ul style="list-style-type: none"> Develop roadmaps for potential efficient and effective strategies that can be delivered by LHDs on our projects
	<p>Advance the use of Telehealth in two models of care:</p> <ul style="list-style-type: none"> Raise awareness of how Telehealth can be used to support best practice care Increase utilization of Telehealth by LHDs and assist with implementation
	<p>Develop and implement ACI database standards and governance policies and guidelines:</p> <ul style="list-style-type: none"> Review and evaluate recommendation and feedback from Consultants Review and develop an Action Plan Develop and adopt data collection policy and guideline for ACI
	<p>Develop and implement ACI database standards and governance policies and guidelines:</p> <ul style="list-style-type: none"> Develop a registry of all ACI databases Implement recommendations
	<ul style="list-style-type: none"> Establish database management and data standards working group
	<ul style="list-style-type: none"> Monitor progress of recommendations and commence evaluation
Work with our clinical networks to determine priorities	<ul style="list-style-type: none"> Develop and refine prioritisation model in consultation with network co-chairs
	<ul style="list-style-type: none"> Assess uptake of model across the ACI
	<ul style="list-style-type: none"> Inform the Operational Plan for 2014/15
Ensure continuous input and feedback mechanisms from consumers, clinicians and partners	<p>Support networks, taskforces and institutes to utilize social media:</p> <ul style="list-style-type: none"> Develop training and support package for staff Establish monitoring processes and design and launch pilot ACI twitter, Facebook and Youtube accounts Support staff to develop social media plans for ACI events and project launches
Establish mechanisms to support collaboration across the clinical networks	<ul style="list-style-type: none"> Establish and assess value of microsites to support collaboration across clinical networks to engage different audiences

Focus Area:	Our Resources: clinicians, consumers and staff
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Build on existing capability with a consistent approach to ongoing professional development	<p>Develop and Implement Staff Performance Development Framework:</p> <ul style="list-style-type: none"> Finalise the Performance Management and Professional Development Frameworks Commence implementation and rollout of communication and staff engagement strategy Commence implementation of Framework and commencement of Performance Review Process and review of training and development needs
	<ul style="list-style-type: none"> Commence Evaluation
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

Complete

Progress but not completed in Operating Year

No Progress

Involvement of staff and clinical networks in key decisions	<ul style="list-style-type: none"> Establish a clinical council for the network, taskforce and Institute co-chairs and Clinical Directors to meet in a forum with the Executive team to discuss ACI's major initiatives
Develop & agree on behaviours to support/promote ACI core values	<ul style="list-style-type: none"> Implement recommendations from Values and Behaviours Sessions at Staff Forum
Involvement of clinical networks in the design and implementation of the innovation cycle	<ul style="list-style-type: none"> Assess our current approach to implementation of new MoC to ensure all components of the innovation cycle are supporting improved patient outcomes
Develop/implement comms strategy centred clinical engagement	<ul style="list-style-type: none"> Develop and promote a staff toolkit to build capability in sponsorship and event management
Increase and broaden clinician and consumer representation to support the ACI strategy	<ul style="list-style-type: none"> Develop tools and resources for consumers, staff and clinicians to strengthen consumer involvement
	<ul style="list-style-type: none"> Clinical Networks to broaden and strengthen mechanisms for clinician and consumer involvement in our work program
Focus Area: Our Resources: Our financial Stewardship	
Fully develop organisational structure and map financial systems and structures	<p>Complete and implement the 2nd stage of financial reporting across all Cost Centres and ACI budgets:</p> <ul style="list-style-type: none"> Development of reporting templates that can be downloaded directly from the SMRT reports and allocation of financial delegation SMRT Reporting training for all Cost Centre Managers Implement Quarterly Financial Reporting and mid-year review of existing budgets
	<ul style="list-style-type: none"> Preparation of 2014/2015 Budgets by Cost Centre Managers
	<ul style="list-style-type: none"> Review and evaluation of Reporting
	<p>Develop and implement a Contract Management System:</p> <ul style="list-style-type: none"> Review of existing ACI and Ministry templates and contracts Development of a system/framework for the reporting of ACI contracts and SLA's including the implementation of TRIM Develop a register of contract performance KPIs and monitoring framework
Develop robust and transparent systems for prioritisation and utilisation of resources	<ul style="list-style-type: none"> Internal Audit Review of the System and Framework Review and evaluation of Reporting
	<p>Implement an Enterprise-wide Risk Management framework and procedure:</p> <ul style="list-style-type: none"> Formulate a Risk Management procedure in line with the Ministry Policy and Directive Implement a monitoring and reporting (Governance)
	<ul style="list-style-type: none"> Implement annual workshops to formally review and update the Risk Register
	<p>Develop, implement and test an ACI Business Continuity Plan for any business interruption:</p> <ul style="list-style-type: none"> Review with portfolio directorates and CE the critical functions of the agency that would be impacted on any disruption to the access of resources Review all agency critical suppliers and the impact on them from any business disruption Draft and review a Business Continuity Plan
	<ul style="list-style-type: none"> Undertake a test of the plan to include scenario simulation and full evacuation.

Updated 22.7.14

Complete

Progress but not completed in Operating Year

No Progress

Annual Operational Plan 2013/14

4th Q Implementation Report

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
<i>Our Clinicians, patients, health care partners and the community</i>	Develop a reputation for delivery by focusing on completing strategic projects of significance to ACI and partners	PCCS		Finalise and support system-wide adoption of the Rehabilitation Model of Care: <ul style="list-style-type: none"> Implementation Workshop convened 	Implementation workshop facilitated by PwC was convened for 5 LHDs to progress development of implementation plan. NSW, HNE, NBM, WNSW, MLHD are continuing to refine their implementation plans via regular support teleconferences with ACI.
				<ul style="list-style-type: none"> Implementation Plan finalised 	System wide implementation plan finalised and roadmap in development. Ongoing implementation teleconferences attended by LHD implementation leads. Implementation support offered system-wide, taken up by 5 LHDs. Implementation plans developed and business proposals in development. (Progress across NSW detailed above.)
				<ul style="list-style-type: none"> Implementation follow up and support initiatives finalised 	The Rehabilitation Model of Care has been implemented in at least 1 care setting in 9 LHDs across NSW (ISLHD, NBMLHD, NNSWLHD, NSLHD, SESLHD, SWSLHD, Southern NSWLHD, SVHN, WSLHD). In addition, implementation of the model of care is in planning stage for 4 LHDs, with implementation to occur in 2014/15: (MLHD, HNELHD, Western NSWLHD, Sydney LHD). An Evaluation plan and tools have been commissioned together with a preliminary assessment of value to demonstrate the benefit of implementation. This will inform future implementation plans for LHDs looking to enhance their rehabilitation services. Exemplar road maps for each care setting are in initial development stages, for completion 2014/15.
				Finalise and support system-wide adoption of the Integrated Care for Older People with Complex Health Needs: <ul style="list-style-type: none"> Finalise integrated care for older people with complex health needs framework 	Complete in Q3: Consultation for Draft Framework for integrated care for the older person with complex health needs completed 14/2/14. Final print ready document ready by 7/4/2014. All key stakeholders have supported the draft with minor amendments apart from the Ministry of Health. Still seeking detailed comments from Ministry.
				<ul style="list-style-type: none"> Implementation plan finalised and implementation commenced 	Progress but not complete: Implementation Plan drafted. Negotiating with peak organisations such as AMLA, RACGP and Australian Community Services Association for endorsement of the Framework and support for the implementation plan. Specific projects are being negotiated with the above organisations

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
					to support implementation of concrete initiatives including: a statewide ISBAR Training and Implementation package; and potential demonstration sites for implementation of the package. Q4 Update: Progress not complete: Implementation and evaluation plan required redrafting given MoH integrated Care Strategy and change to Medicare Locals. Plan will be finalised in Q1 2014/15 and implementation commence in Q2 14/15.
				Finalise and support system-wide adoption of the Palliative Care and End of Life Model of Care: <ul style="list-style-type: none"> Finalise Palliative Care and End of Life MoC 	Progress but not complete: Diagnostic Report is finalised and awaiting approval by the ACI Palliative Care Network Executive Committee January 2014. KPMG component of the Diagnostic Report is finalised and incorporated into the Diagnostic Report. The Model for Palliative and End of Life Care Service Provision is due for completion 31 March 2014. Progress is on track. Q4 Update: Model and wire frame for online development presented to Executive for consideration July 2014.
				<ul style="list-style-type: none"> Implementation plan finalised and implementation commenced 	Progress but not complete: Communication with Exec Sponsors, Project Leads, key stakeholders and network members confirms system-wide input and enthusiasm for Model. The Diagnostic Report was completed in February 2014. Timelines and milestones for the Model of Care agreed end of June 2014 deadline. Consequently the development of implementation plan and commencement of implementation has been delayed by three-four months. However the Network Exec and PC&CS Portfolio members have commenced actions to support implementation. This includes a “regional roadshow (in partnership with the Ministry and CEC) to highlight resources under development that will assist LHDs to implement better practices in Pall Care and EOL Care. Network is also holding discussions to commence scoping of potential projects that will support the implementation of the model – including discussions with Residential Aged Care Sector re projects to support greater uptake of Advanced Care Planning. Q4 Update: Model implementation commenced with development of web-based components by stakeholders in August 2014. Other

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status	
		Primary	Shared			
					preliminary activities include the facilitation of Roundtable on end of life terminology (MoH, CEC); Initiation of SHAPE (end of life Conversations) resources in partnership with MoH; Cause of Death Analysis (HEAT Team). Activities per “Essential Element” of the model to be selected using the Prioritisation Framework.	
		CPDI		Finalise establishment of the Rural Health Network: <ul style="list-style-type: none"> Develop two year work plan, comms strategy and system for alignment of priorities (MOH, ACI, LHDs) 	Rural Health Network established. Workplan developed. Three projects currently underway.	
				<ul style="list-style-type: none"> Increase rural involvement with ACI networks (collaboration), raise profile of ACI within rural LHDs (forums, seminars, exhibition booth at events) and undertake a high profile project in conjunction with rural LHDs) 	ACI Innovation Awards introduced at annual rural LHD Health Awards 2014 ACI Innovation Awards x 4 introduced at annual Rural Health and Research Congress Populate and Promote Excellence and Innovation in Healthcare Portal www.eih.health.nsw.gov.au Quarterly Rural Health Network meetings and newsletters RICH Forum conducted and evaluated. Framework for Annual Rural Innovations Changing Healthcare (RICH) Forum created.	
	Develop clear communications about the role and work of the ACI and its achievements	EESC			Identify a revised structure for the ACI website and test with different audiences	Partner and stakeholder research completed. Site redesign concept endorsed by the ACI Executive. Draft information architecture/structure for the ACI website tested with internal audiences and ARCHI, ICCMU, ITIM, ECI, BMT.
					Explore different ways to deliver models of care including smart phone applications and multimedia resources	EESC has developed multimedia resources including audio and combined audio/ppt files and broadcast quality video resources to support announcement and implementation of ACI initiatives. In-house capability to produce and edit videos has been established. ACI has set up an account, to allow it to create and offer smart phone applications; and is developing guidelines to assist staff to understand what initiatives lend themselves to smart phone applications and to contribute to their development. The Eye Emergency Manual is now available as an app on both Android and iOS platforms.
					Explore new ways to share information across the organisation	The EESC has explored options to share information across the organisation including through secure online portals, the intranet

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
					and discussion forums. A revised information architecture for the ACI website will be tested with stakeholders and feedback on online collaboration options, to enable staff to more effectively collaborate with each other and external partners within and outside of NSW Health. The ACI is currently trialling Yammer (internal social media) as an internal communications and lesson sharing platform.
				Create a map of ACI projects/activities and projected roll out timeline in the LHDs	The detail collated on initiatives identified for upload to the portal, has been collated in a spread sheet mapping each to LHD locations where activity has taken place.
				Establish a schedule to showcase across the health care system six ACI projects implemented in the LHDs (one every second month)	A proactive media schedule has been agreed with Executive and is being implemented. This identifies initiatives which lend themselves to media opportunities including the CHR School, the Confused Hospitalised Older Person's website, Minimum Standards for Hip Fracture, Cardiac Reperfusion and the Endoscopy Information System. ACI is also providing LHDs and SHNs with information to support local promotion of collaboration, partnership and engagement with ACI initiatives.
				Develop an information portal on ACI projects for use by LHDs and key stakeholders	The ACI/CEC Excellence and Innovation in Healthcare information portal has been scoped, established and tested by ACI and CEC stakeholders and LHD nominated contacts. The soft launch occurred as planned on 20 January 2014 and a formal launch on 12 June. A communication strategy, content management plan and style guide have been developed, ACI and CEC Content Managers have been identified and content will be updated quarterly into the future. Promotion events will take place throughout 2014-2015 and the portal will be formally evaluated with LHDs in Q3 of 2014-2015.
	Review and evaluate partnerships annually	CE		Evaluate mechanism used to review partnerships in 2012/13	Evaluation mechanisms reviewed with external Consultant who advised that current mechanism of surveying partners twice a year should continue without variation or addition.
				Undertake a review of partnership in 2013/14	Evaluation of LHD partnerships in Nov 13 and May 14 building on baseline data collected in May 13. Partnerships with MoH, Pillars and Medicare Locals planned for July 14 building on baseline data collected in June 13.
	Measure and	PCCS		Support quarterly reporting & evaluation of Chronic Disease Management Program	Process in place for completion and submission of quarterly reports by LHD/SN to ACI and then to MoH.

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
	monitor impact on health outcomes			Undertake evaluation of new models of care to facilitate improved health care, cost efficiency and ultimately, improved health for the community.	3 LHD's are establishing new models either by way of redesign or specific project funding. Each of these have evaluation component built in with reporting milestones to ACI.
				Establish an annual data analysis, evaluation and economic analysis schedule to guide this work	The CDMP Evaluation Schedule for 2013/14 includes process and outcomes and economic analysis. The external evaluation team and ACI Health Economics team have had preliminary discussions as to how these analyses can be replicated/maintained in 2014/15 and forward. A schedule for ongoing continuation of analysis by ACI beyond 13/14 is being finalised.
	Develop a culture within ACI which demonstrates respect for the needs and priorities of Aboriginal people and other priority populations in all ACI activities	PCCS	CE	Implement the Cultural Respect Framework:	Refined strategy based on reflection and feedback from Working Group with the aim of developing a Framework for discussion with staff at Forum on 31 st October and implementation in second q
				<ul style="list-style-type: none"> Develop a program of activity for the ACI focussing on the needs and priorities of Aboriginal people Commence the Cultural Respect training 	<p>Cultural Respect Training has commenced in all ACI Portfolios. PCCS will lead an audit in Q3 to determine uptake.</p> <p>Q3 Audit: Guidelines have been developed to support ACI use of:</p> <ul style="list-style-type: none"> Welcome to Country Acknowledgment of Country protocols Use of the Aboriginal impact Statement Support consultation with key Aboriginal stakeholder groups eg AMAS
Our Processes: Effective Partnerships	Clarify roles and align work programs with MOH and other agencies	CE		Establish a program of regular meetings for the ACI Executive Team to meet with the Executive Teams of each of the Pillars to identify projects with common themes as the basis for working in partnerships	Program of regular meetings of Executive Teams (? Quarterly) have been established with CEC, HETI and BHI. The Executive Team of NSW Kids and Families has only recently been appointed and the CE has suggested establishing meetings later in the year. Meetings with the Cancer Institute are held to discuss shared projects.
		CPDI		Support the provision of data and information to Networks to enhance Models of care and to gain a greater understanding of patient flows by:	Q1 analysis undertaken: <ul style="list-style-type: none"> "Fact of Death" analysis – cost and acute/sub acute utilisation of services for people in their last year of life. (For the P&EoLC NW) Business as usual, utilisation and resource analysis for Tracheostomy (ICCMU); Feeding Tubes (Nutrition Network) Business as usual utilisation and resource analysis (Statewide and selected pilot sites) for implementation Rehabilitation

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
				the provision of Non-admitted and Sub-Acute Care data	<p>Model of Care (rehabilitation network) and commenced preparation of Business proposals for selected sites</p> <ul style="list-style-type: none"> Statewide, LHD and selected hospital sites BaU analysis for Minimum Standards for Hip Fracture Management (Aged Health Network & SACC) Diabetes incidence and prevalence analysis by LHD
				<ul style="list-style-type: none"> Maintain and revise ongoing partnerships with the Centre for Epidemiology and Evidence (CEE) and the Activity Based Funding Taskforce 	<p>A number of strategic issues being progressed with CEE including access a presentation by the ACI to the Roundtable on data-linkage and progression of a number of strategic issues arising from the ACIs data governance review (for example the approach to converting ACI databases to public health registries). Continue to work in partnership with ABFT in a number of areas including:</p> <ul style="list-style-type: none"> analysis of variation in LoS and cost joint ABF/ACI Workshop on Variation (with 170 participants) approach to ICU pricing and sub-acute and non-admitted care pricing methodologies.
				<ul style="list-style-type: none"> Work with the CEE to undertake the MBS/PBS and NSW Health Data Collections linkage project to support the system wide (Commonwealth and State) analyses of Health Pathways, chronic care and other priorities 	<p>ACI presentation to MoH Linked Data Workgroup which confirmed lack of access to Commonwealth MBS data sets. Alternative approaches have been developed where possible at local level using MBS data available through Medicare Locals for Health Pathways. Project developed with Sax Institute for access to linked MBS data for older persons with chronic conditions project.</p>
				Partner with the NSW MoH to create a Specialist Outpatient Service Policy Framework for NSW	<p>Framework under development. Timeframes changed to align with Service Agreement development. Framework will be extensively tested with the Health System in March 2014 with a Policy Directive planned to be released by June 2014</p>

Focus Area	Strategic Initiative	Responsibility Primary Shared		Operational Action	Progress Report/Status
	Establish mechanisms for determining priorities & working with: <ul style="list-style-type: none"> LHDs Clinical Service Other health care providers, eg Medicare locals, Consumers 	EESC		Support the work of the Consumer Council through its workplan: <ul style="list-style-type: none"> Recruit new members with expertise in engaging priority populations 	Following a formal EOI process and interviews in October 2013, six new members have been identified. Individual appointments are being made between now and end of 2014-2015 and will coincide with the progressive retirement of existing Council members. The Council is providing advice to inform development of the ACI Consumer Engagement Framework, the ACI Framework for Working Effectively with Aboriginal People and the ACI Patient and Staff Experience Framework.
				<ul style="list-style-type: none"> Develop a Consumer Engagement Framework that defines what ACI means by consumer involvement and clarifies mechanisms for working with key partners and stakeholders 	The Council is assisting EESC to plan a Consumer Engagement Workshop in March 2014. Discussion at this Workshop and consultation prior to the event on a draft Consumer Engagement Action Plan will inform development of the ACI Consumer Engagement Framework and associated tools and resources for staff. Following discussion it was agreed that the ACI Patient Experience and Consumer Engagement teams should be consolidated into a single Patient Experience and Consumer Engagement (PEACE) team to enable consumer led reform.
		CE		Ensure twice yearly ACI forums are held as a basis for improving partnerships with LHDs	<p>Q2 - LHDs: 2nd ACI Connect Forum with LHDs held on 14th November with strong support from LHDs about the importance of the Forum as a vehicle for exchanging ideas about priorities. Next Forum scheduled for April 2014.</p> <p>Medicare Locals: ACI Exec participates in quarterly meeting of AMLA</p> <p>Consumers: Mechanism for engagement with consumers is being reviewed in 2nd Q led by EESC.</p> <p>Q4 - 3rd ACI Connect Forum held on 6th May was well attended with 21 participants from 17 Local Health Districts and Specialty Health Networks. The focus of the program was twofold: a discussion on ACI Priority Projects with the LHDs/SHNs for the 2014/15 Operating Year; and a workshop on how the ACI can support implementation of new models of care in the LHDs/SHNs. There was strong support from participants to continue to hold two forums a year as a means of strengthening the partnership between ACI and the LHDs/SHNs.</p>

Focus Area	Strategic Initiative	Responsibility Primary Shared		Operational Action	Progress Report/Status
	Work with clinicians, consumers and partners on prioritised work programs	AC		Work with partners on improving the Medical In patient journey through the development of Models for Clinical Management Plans and Criteria led discharge: <ul style="list-style-type: none"> Design and document models 	The Acute Care taskforce working groups on Clinical Management Plans and Criteria Led Discharge have completed documentation of the Models and tested these models at a range of sites across NSW Hospitals. The Models have been circulated to all LHD's and stakeholders for consultation in December 2013.
				<ul style="list-style-type: none"> System-wide Consultation and Implementation Planning 	Consultation for Criteria Led Discharge and Clinical Management Plans concluded in February 2014. The consultation comments were reviewed by the Co-Chairs and sub-working groups in the final week of March. The Acute Care Taskforce Manager working in conjunction with Clinical Program Design and Implementation (CPDI) team will complete the implementation documentation in early April 2014. Implementation planning discussions have commenced with Wollongong, Prince of Wales, Bega and Calvary Mater Hospitals. Liverpool, Campbelltown, St Vincent's Hospitals have made initial enquiries about the implementation approach.
				<ul style="list-style-type: none"> Commence implementation at pilot sites 	The Criteria Led Discharge and Clinical Management Plan pilots have now been completed. The finalised Criteria Led Discharge resource has been approved by ACI Executive and the Acute Care Taskforce Executive. It is being prepared for online publication and communication to all LHD/SHNs. Implementation has commenced at Wollongong, Prince of Wales, Royal Prince Alfred and Lismore Hospitals. The final Clinical Management Plan is due for completion in the next quarter.
		PCCS		Establish GP Lead Clinician positions and	Positions established and appointed on interim basis. Membership remains standing agenda item.
				Develop a cross portfolio work program that supports ACI's key objectives	A workplan to develop an ACI framework for providing person centred team care in partnership with General Practice and Primary Health Care has been supported by GP Lead Clinicians. This framework will support cross portfolio work in relation to effective partnerships with General Practice and Primary Health. A number of tools will be developed to accompany/support the framework. An interim statement has been written to represent ACI position re partnership with primary health. This statement has been included in the MAU Discussion paper and Diabetes Management MoC.

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					Guide to Understanding and Working with General Practice in NSW is being updated.
		PCCS	CPDI	Support trial of alternative community patient management process (Central Coast) <ul style="list-style-type: none"> Develop approach to and oversee evaluation 	Completed in Q2: Contract written awaiting sign off. Transfer of funds to occur at sign off of contract. Completed in 2 nd Q Contract signed off. Funds transferred.
		PCCS		Lead process to identify ideal configurations of community based health services in partnership with MoH, NSW Kids and Community Health Directors	Progress but not Complete: Discussions between MoH, ACI, & Community Health Directors have continued. MoH have taken the lead and developed a project proposal to deliver a discussion paper by end of July 2014 that defines current state of Community Health, considers options and models for future investment and recommends tools to support implementation. ACI will support this work.
				Report on progress	Progress but not Complete: The Sax Institute has been commissioned to undertake an Evidence Check of effective models of community-based health services in use globally, and the principles and requirements of primary and community care partnerships that can best meet the needs of the population, particularly a growing population with long-term diseases, multi-morbidity and complex health and social needs.
		SACC	CPDI	Finalise evaluation of Urgent Care Centres	The evaluation was delayed due to the data from the MOH not being available as required to support the evaluation. The Evaluation Report is in final draft and due within the next week.
		PCCS		Partner with the MOH and LHDs to ensure the Statewide Spinal Cord Injury Steering Committee delivers a clear direction	Steering Committee established. First meeting held 17 Sept and second 3 December.
				Collaborate with LHDs and Medicare Locals to identify and document innovative models to support the integrated delivery of MSK programs (including OPR and OACCP)	Submissions from Medicare Locals and other primary healthcare organisation in collaboration with their LHDs have been finalised and received by ACI. A number of these models will now be resourced and evaluated.

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		CPDI		<p>Support HNELHD in evaluating stage 1 and 2 of the Health Pathways project and use results to inform and support evaluation methods for three other sites</p>	<p>Stage 1 evaluation complete and results disseminated.</p> <p>Stage 2 evaluation plan complete and forwarded to HNELHD Ethics Committee. ACI also has key role in the Pain Pathways Evaluation methods at penultimate draft stage. For Central Coast and Western Sydney and evaluation on schedule to commence. Evaluation approach being developed with Sydney LHD following the recent launch of their pathways program.</p>
		SACC		<p>Develop a MoC for the Care and Management of the High Dependency patient:</p> <ul style="list-style-type: none"> Establish a Steering Committee and determine Priorities and suitability 	<p>Completed in Q2: The Project Officer has commenced. Planning and priorities are being established with the Clinical Director – including an EOI for a steering Committee.</p>
				<ul style="list-style-type: none"> Develop Model of Care 	<p>The Model of Care for the High Dependency patient has been developed by the ICSN working group. Discussions have already commenced regarding its implementation.</p>
				<ul style="list-style-type: none"> Develop Implementation Plan 	<p>Draft Model of Care Implementation Plan completed. CPDI Implementation Team has been engaged.</p>
		SACC		<p>Undertake the Clinical component of the ICCIS (Intensive Care Clinical Information System) project:</p> <ul style="list-style-type: none"> IPS (Implementation Study) commences 	<p>The ICCIS Vendor agreement was ratified and approved by the DG on 12/9/13. The IPS has commenced with associated LHD's.</p>
		SACC		<ul style="list-style-type: none"> Development of content architecture 	<p>The ICCIS working group has been established with subject matter experts. This group will be central to ensuring continued engagement of clinicians during the design and build phase. This group will be responsible for progressing the content and interface development of the content architecture with the Vendor and LHD's. An ICCIS Project Office is expected to start in January 2014 to assist with the coordination of this working group and other aspects of the project.</p>
		SACC		<ul style="list-style-type: none"> Inform development of State-based Build 	<p>ICCIS build plan developed and endorsed by ACI ICCIS WG, Operational Management Group, ICCIS Steering Committee, ICCIS Program Team and Vendor. Build includes 5 x 4 week cycles, clinical group/delegated for each build cycle identified to provide advice to</p>

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
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					ICCIS build team.
		SACC		Drive operating theatre efficiencies (following Audit Office Report) by supporting LHDs, in collaboration with MoH, to: <ul style="list-style-type: none"> Strengthen operating theatre management by developing operating theatre practice guidelines 	Following the Operating Theatre Efficiencies Workshop, four working groups have been established and first meetings are being held in December 2013 with the plan to commence the development of the operating theatre practice guidelines.
				<ul style="list-style-type: none"> Developing operating theatre indicators to be used as efficiency measures for benchmarking in hospital operating theatres 	The Model of Care for the High Dependency patient has been developed by the ICSN working group. Discussions have already commenced regarding its implementation.
				<ul style="list-style-type: none"> Determine potential to free up theatre capacity for elective surgery by identifying and minimising non-surgical procedures in operating theatres 	In collaboration with the MOH, all LHD's were asked to identify those non-surgical procedures which could be performed outside the Operating Suite, where feasible, in order to free up OT capacity for elective surgical procedures – Project completed
		SACC		Undertake the NSW Trauma Plan Review and make recommendations for future service planning: <ul style="list-style-type: none"> Develop scope for review 	Completed in Q3: The Trauma System Review <i>Brief</i> (inclusive of scope) has been enhanced as per the MOH request. The <i>Brief</i> has been returned to the MOH for endorsement.
				<ul style="list-style-type: none"> Tender Process/planning for review 	Following a meeting with the Minister for Health and Medical Research and the DG, the approach to the Trauma Review will now be undertaken in stages and will focus on Trauma Patient Outcomes. This approach will not require a major tender process. Planning for the new approach has begun with the first phase of the review (Adult & Paediatric protocol evaluation) expected to be completed in Q4.
		CPDI		Deliver first phase of the Unwarranted Clinical Variation strategy	Implementation and Formative Evaluation of Minimum Standards for Hip Fracture due to commence. Tender process undertaken for low volume cancers. Work progressing to address variation in Stroke and Next phase projects to be determined by analysis of LoS variation data in ABM portal.

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				<ul style="list-style-type: none"> Implement second phase Unwarranted Clinical Variation projects 	High level analysis of LOS and cost variation undertaken and presented to Taskforce. Hip Fracture Formative Evaluation commencing, analysis from ABM portal to be provided to networks to examine LoS variation and strategies to further investigate and address (if warranted).
		CPDI		Identify one Specialist Outpatient Clinic with inappropriate waiting times and work with the LHD (and NSW MoH) to develop and implement an improvement strategy	External review undertaken of SWSLHD Ophthalmology Clinic (specifically Liverpool) undertaken. A detailed report including recommendations has been provided to the LHD for consideration
		PCCS		Refine implementation methodology for Chronic Care Aboriginal Program (CCAP) and (one Deadly Step and Culture Health Communities) to enable local implementation within two years: <ul style="list-style-type: none"> Finalise stage 2 implementation plan 	Work to refine implementation of these projects is underway. Procurement of software to support ODS has commenced. Pilot of new methodology in one site to occur before the end of 13/14.
				<ul style="list-style-type: none"> Plan review of implementation methodology 	<p>Progress but not complete: One Deadly Step procurement process complete, contract negotiations currently being finalised. Knock-Out Health Challenge 2014, launched in March. Work has commenced to scope support manual for the Challenge.</p> <p>Review of Implementation methodology has not been planned.</p> <p>Knockout Health Challenge is continuing to be implemented for 2014. Meetings have been organised with the Advisory Committee to discuss 2015 plans. Additional meetings with the MoH are in the process of being organised as required to discuss review of Culture Health Communities.</p>

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					<p>Q4 update: 1DS phase two has started through a signed contract and the starting phase of developing software to support the 1DS program with The George Institute (TGI). Further to this, funding has been approved by ACI to roll out 1DS in 12 sites over the next two years in partnership with TGI. CCAP will continue to work in partnership with TGI and other Health services throughout this period of time.</p> <p>1DS contract has been finalised with an evaluation process built into TGI deliverables as per contract arrangements.</p>
				NSW Ambulance Reform Plan – MoCs to improve patient flow and transfer of care from the ambulance crew to emergency department staff	Data from NSW Ambulance is being reviewed and analysed regarding the usage of ARTs prior to the MOH advising all LHDs of the cease date for ARTs. Alternative models of care have been identified.
Our Processes: Innovative Health Care	Define 'innovation' and clarify and communicate ACI's role in innovation in the health care system	Clinical Lead		Partner with LHDs to review and refine innovation cycle	The Innovation Cycle is being used to underpin the Clinical Innovation Program. This Program is being developed in the ACI as a mechanism for supporting and working in partnership with the LHDs on clinical innovation projects at scale and pace. This will provide a working model to review and refine the cycle in the longer term.
	Develop a clear framework for each component of the innovation cycle	CPDI		<p>Define disinvestment and incorporate into ACIs program of work</p> <ul style="list-style-type: none"> Develop a Discussion Paper that articulates the suggested approach in the context of incorporating disinvestment into economics/ sustainability/ prioritisation and implementation strategies Test methodology in a project 	<p>Prioritisation paper titled Making Choices: A framework for prioritisation within ACI Clinical Networks, Taskforces and Institutes published.</p> <p>Disinvestment is already built into the economic/resourcing analyses undertaken by HEAT.</p>
					Disinvestment has been included as a component of the Making Choices Framework developed as a tool for making choices about prioritisation of projects. The application of disinvestment within

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					the Framework will be assessed in the future as part of assessing take-up of the Making Choices Framework.
	Facilitate and support the implementation of innovation with health care providers	PCCS		Undertake a diagnostic of the Brain Injury Rehabilitation Program (BIRP) MoC	Complete: Nexus Consulting is leading a diagnostic of the Brain Injury Rehabilitation Program (BIRP) MoC <ul style="list-style-type: none"> Progressing and project plan accepted <ul style="list-style-type: none"> literature review finalised BIRP/LHD site visits finalised Key stakeholders identified and interviewed Initial steering committee meeting planned for 20 March and workshop involving all LHD nominees and key stakeholders planned for 10 April. Diagnostic report will be finalised to support solution design in Q4.
Undertake a diagnostic of the Brain Injury Rehabilitation Program (BIRP) MoC				Progress but not complete: The Diagnostic Report received from Nexus Consulting is being finalised following current consultation with steering committee and network executive before presenting to the ACI Executive July meeting. The steering committee recommends <ul style="list-style-type: none"> Proceeding to solution design for people with severe traumatic brain injury (TBI) using the Diagnostic Report for the NSW Brain Injury Rehabilitation Program (BIRP) Engaging with the relevant ACI networks (e.g., Rehabilitation, ITIM and ECI) to extend the diagnostic to people with TBI not captured by the current scope of work (i.e. people with TBI over 65 and people with mild and moderate TBI)	
Establish (3) pilot sites for the integration of CCAP Programs with the Chronic Disease Management Program and document learnings:				The CDMP self-assessment tool was piloted in Central Coast and Western NSW. A report on findings has been prepared and presented to the local Steering Committee and is awaiting endorsement. The CDMP self-assessment process is being undertaken in Northern NSW late January 2014. The self-assessment tool has specific components which focus on the delivery of CDMP services to Aboriginal people.	
				<ul style="list-style-type: none"> Identify pilot sites and partners 	

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				<ul style="list-style-type: none"> Implement pilot projects 	<p>Initial discussions held to identify integrated projects for the CCAP and CC teams. Delayed progress due CCAP Manager position being vacant for 3 months.</p> <p>4th Q Update: The readiness of CDMP and CCAP Programs to redesign models to enable more integration is not well advanced. The scoping of the project has found that the intention to integrate is not achievable in the short term. Accordingly this project will not be pursued in this form.</p>
				<p>Negotiate and support an Integrated Medicare Local/LHD project and document learnings (site to be identified).</p>	<p>MNCLHD is undertaking a project in partnership with Northern Medicare Local to integrate the governance and delivery of the Chronic Disease Management Project. This being supported by the Health Pathways systems. Project is being financed and supported by ACI. Learnings are being documented as the project is implemented.</p> <p>Additionally in a number of LHDs a renewed/expansion of existing partnerships is being undertaken. The LHDs of Central Coast, Northern NSW and North Sydney would provide opportunity to document these learnings as well as provide opportunity to evaluate any new models of care resulting from integration.</p> <p>MSK Primary Care Project will be employed to identify at least two sites for implementation.</p>
				<p>Develop the Nutrition Standards for Mental Health Inpatients in NSW Hospitals</p>	<p>The Nutrition Standards for Consumers of Inpatient Mental Health Services in NSW were launched on 15 October 2013.</p>
				<ul style="list-style-type: none"> Distribute resources to support implementation 	<p>Progress but not complete within Quarter: Consultant engaged and 1st draft complete. To be completed within 1st Quarter 2014/15.</p>
				<p>Develop and distribute resources to support the implementation of the Model of Care for Pressure Injury Prevention and Management in Children and Adults with Spinal Cord Injury and Spina Bifida in</p>	<p>Complete: Model of Care was signed off by ACI Executive in early February and 'launched' on the 25th March at the CEC Forum for the launch of the Prevention and Management of Pressure Injuries Policy. A number of care pathways that will support better practice are embedded within the Model. The model also provides direction and advice to Local Health Districts and Medicare Locals in relation to activities</p>

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status		
		Primary	Shared				
				partnership with CEC	that will improve the prevention and management of pressure injuries. Further decision support tools and resources are being scoped to further support implementation of the model.		
				Implement the Care of the Confused Hospitalised Older Persons Program in at least three locations	Completed Q3 Draft <i>Key Principles for the Care of the Confused Hospitalised Older Person</i> completed 17/1/14. EOI to implement in 3 sites Jan 2014. Funds have not been transferred from NH&MRC until Ethics approval received (scheduled Feb 2014).		
				Establish a Pain Outcomes Database (EPOCC)	Completed and currently being piloted with all NSW pain clinics expected to be participating by June 2014.		
				Identify and document the system issues that are emerging as young people/ adults have improved survival rates and require services (in adulthood) from LHDs instead of the SCHN – this analysis will be used to inform the development of models to assist the Adult Health System to respond effectively to these conditions.	System issues have been identified. A proposal is being developed to analyse findings from WSLHD and to collaborate with them around development of models of care for management of young people with chronic conditions and disabilities within their LHD		
		SACC	AC			Improve clinical practice and patient outcomes through implementation of Tracheostomy Clinical Practice Guidelines for Adult Patients in Acute Care Facilities:	A comprehensive implementation has been developed including workshops organised at one metro and three rural sites.
						<ul style="list-style-type: none"> Implementation planning, tools and resources developed for implementation support 	
						<ul style="list-style-type: none"> Commence LHD implementation and support LHD Implementation site visits 	The practice guidelines have been completed and the implementation process has begun across a number of sites in NSW including Coffs Harbour, Wagga and metropolitan Sydney. All LHDs have been visited and implementation has begun in all LHDs. Uptake of the guidelines has been strong.
						Improve access to timely management of patient with Acute Coronary Syndrome	ACS ECG Reading Services established & “live” for most rural & regional LHDs, except Central Coast, Northern NSW & Western NSW.

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		AC		through the NSW State Cardiac Reperfusion Strategy (SCRS): <ul style="list-style-type: none"> Establishment of ECG Reading Services across NSW 	Western NSW planned to commence late January 2014, and Northern NSW to follow in February/March. Murrumbidgee has Clinical Support Model in place however has not agreed to read for paramedics. Engagement and Implementation strategy being discussed with the LHD CE Central Coast has not agreed to read for paramedics as they believe there is no benefit over their current model. Analysis of Central Coast data in progress. Will continue in Q3.
				<ul style="list-style-type: none"> Design and develop materials for Nurse Administered Thrombolysis 	HNELHD & ISLHD have formal accreditation processes in place. FWLHD awaiting sign off of their local model. A state-wide working group of rural critical care CNCs has been convened (Chaired by the Rural Critical Care Taskforce co-chairs). The first meeting has taken place and work is underway to develop a generic curriculum and competencies. Will continue in Q3.
				<ul style="list-style-type: none"> Implementation of Pre Hospital Thrombolysis in appropriate LHDs 	Pre Hospital Thrombolysis now implemented in FW, MNC, HNE, IS, NNSW, SNSW & WNSW. Central Coast LHD have reviewed their reperfusion data and have now agreed to establish a STEMI Reading Service to support the implementation of PHT. Meeting first week in April to finalise model. Formal notification has been sent to Murrumbidgee LHD regarding proceeding with implementation; protocol not supported by lead clinician.
				<ul style="list-style-type: none"> Commence implementation of Nurse Activated Thrombolysis 	Implemented in HNE & IS. FW & WNSW in progress. Supported in SNSW, NNSW & M – Not considered appropriate for CC or MNC due to availability of 24/7 on site medical cover at all hospitals. Program Development Guide completed by working party and now under review by the Rural Critical Care Taskforce to progress.
		AC		Improve clinical data collection to monitor patient outcomes through the implementation of the Endoscopy Information System <ul style="list-style-type: none"> Establish Clinical Advisory Group 	Group met for the first time on 23 September. Terms of reference have been drafted and feedback sought. Nominations for the position of Chair of the group are also being sought. The Director Acute Care, ACI will act as Chair pending Clinician appointment. Group will meet monthly in 2013 and move to quarterly meetings in 2014.

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				<ul style="list-style-type: none"> Establish Training and Support Group 	<p>Group met for the first time on 24 October 2013 and also met in November and December. Terms of Reference have been developed and agreed. The Director, Acute Care, ACI, will act as Chair until mid 2014. The group will continue to meet monthly in 2014.</p>
				<ul style="list-style-type: none"> Support HealthShare EIS System Implementation (33 Priority sites implemented) 	<p>Implementation of the Endoscopy Information System (EIS) has now taken place in 56 sites across NSW. Implementation is now complete.</p> <ul style="list-style-type: none"> Training and support group establishes and meeting regularly Evaluation plan in development
		AC	CPDI	<p>Reduce clinical variation and improve clinical outcomes for acute stroke patients in NSW Hospitals:</p> <ul style="list-style-type: none"> Clinical Reference Group established and audit tools developed 	<p>The Unwarranted Clinical Variation in Ischaemic Stroke Expert Reference Group has completed its program of data review, engagement with LHD's, clinical audit and hospital visits. The program was commenced after the ACI/BHI Clinical Variation workshop was held in April 2013. Six hospitals (Lismore, Bateman's Bay, Wagga, St Vincent's, Manly and Royal Prince Alfred) were chosen to undergo clinical audit utilising a revised ACI stroke network patient outcome focused audit tool. The results of the audit were analysed through the Florey institute (Monash University-Victoria). The Florey Institute has been engaged in the evaluation of the ACI metropolitan and rural stroke services for ten years and thus expedited the production of the results.</p> <p>John Worthington presented the results to the Unwarranted Clinical Variation Taskforce on 3 September with the following recommendations:</p> <ul style="list-style-type: none"> Develop a project team to continue the process of audit and feedback Continue the expansion of the stroke network to engage with those LHD's that do not have organised stroke services Continued engagement with the Bureau of Health Information around the reporting of stroke outcomes in NSW. Improve data collection and performance reporting Further clinical variation workshop in 2014

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					<ul style="list-style-type: none"> around stroke thrombolysis Undertake a further Clinical Variation workshop in 2014
				<ul style="list-style-type: none"> Site visits completed 	<p>All Follow-up site visits completed. Next steps are to: Develop a project team to continue the process of audit and feedback in relation to Unwarranted Clinical Variation and Stroke Thrombolysis</p> <ul style="list-style-type: none"> Face-to-face and contextual reporting of both linked data (30 day mortality) and the ACI process audit results to managers and clinicians by a team from ACI and BHI Agreement in principle for a further workshop re Unwarranted Clinical Variation & statewide audit process
				<ul style="list-style-type: none"> Commence implementation of improvement strategies 	Discussion paper outlining the next steps in the ACI Stroke Clinical Variation Statewide Strategy provided to Director of Acute Care Portfolio for comment.
		AC		<p>Improving care for patients through the Non Invasive Ventilation Guidelines Implementation:</p> <ul style="list-style-type: none"> Implementation planning, tools and resources developed for implementation support 	Progress. Critical Care and Respiratory clinicians have undertaken review and external validation of Non Invasive Ventilation in Acute Facilities Clinical Practice Guideline. The NIV Guideline was released as part of Intensive Care Best Practice Manual in September. Tools and clinical resources to support implementation are being collated. Information and implementation support for non-critical care areas will be offered to LHDs in conjunction with planned workshops and site visits for Tracheostomy and Pleural Drains.
				<ul style="list-style-type: none"> Commence LHD implementation support 	Implementation support has commenced, Guidelines have been published. An introductory Acute Non Invasive Ventilation (NIV) Guideline session has been incorporated into the Tracheostomy Workshop program which has been presented to over 150 clinicians representing thirteen LHDs. The Acute NIV Guideline and clinical tools are available from the ACI website. A one page Acute NIV Guideline summary document has been distributed through ACI Respiratory Network and ICCMU networks. LHDs have been invited to request individual targeted support to implement locally.
				<ul style="list-style-type: none"> LHD Implementation site visits 	Extensive familiarisation of NIV Clinical Practice Guideline to all LHDs with planned presentations to Directors of Operations and General

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
					Managers: Directors of Clinical Governance: Redesign Leaders: Whole of Hospital in April/ May. ACI Networks targeted for specific implementation strategies and support. NIV Guideline, Implementation plan and Evaluation Plan submitted for ACI endorsement. Working with LHD representatives to develop a clinical and process checklist and education package for LHD led implementation.
		AC		Improving the quality of care for acute care stroke patients through the Quality in Acute Stroke Care (QASC) Implementation Project: <ul style="list-style-type: none"> Implementation plan completed 	Implementation plan completed and presented to the QACS Steering committee. Approved. Progress to plan well ahead of schedule. All 36 Stroke Units/ Services in NSW participating in this implementation research. Site training and site support visits in progress. Four of the participating sites had not participated in the National Stroke Foundation acute services audit 2013 in the past. These sites have now completed baseline audits to support QASC implementation research.
				<ul style="list-style-type: none"> Site training and site support visits completed 	Site training and site support visits completed October 2013. Participating sites provided signed consent for NSF/QASC audit process and data evaluation.
				<ul style="list-style-type: none"> Site implementation and data collection 	Sites are currently submitting data through the National Stroke Foundation stroke data audit tool. Information on 950 patients has been submitted. Validation of the submitted data is being undertaken through the project officer (Australian Catholic University-Nursing Research Institute).The timeline for the completion of reporting on the project has been extended to 28 June 2014.
				<ul style="list-style-type: none"> Data analysis report 	Presentation of the state-wide aggregated data results to CE-ACI/Implementation Program Steering Committee members on 3 June 2014. Individual hospital results included in the presentation. Correspondence to LHD CEs of individual hospital results undertaken in mid-June. The final report on the project delivered to the ACI Chief Executive on 26 June 2014 on schedule.
		AC		Reduce clinical variation and improve care for patients following Acute Myocardial Infarction:	The clinical reference group has been established and meets regularly. The audit tool (including universal definitions for AMI) and data dictionary have been agreed. Nine sites have been randomly

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				<ul style="list-style-type: none"> Clinical Reference Group established and audit tools developed 	selected for clinical audits and confirmation letters will be sent to LHDs.
				<ul style="list-style-type: none"> Local Clinician Data Audits completed 	Clinical audits complete and analysis commenced by BHI. Reference group will meet to review data on 14/2/14. Site visits to report on audit results will begin on 18/2/14.
				<ul style="list-style-type: none"> Commence implementation of improvement strategies 	<p>Follow-up site visits are in progress to provide draft audit results and obtain feedback from executives and clinicians at the nine sites. Eight visits have been completed (Canterbury, Shoalhaven, St George, Port Macquarie, Orange, Ryde, Gosford, Ryde and Westmead). The visit to Liverpool Hospital will be scheduled in the next 2 weeks. Each site has been provided with an audit tool and clinicians and managers have provided feedback on the data. The reports will be revised and distributed to each site.</p> <p>The audit tool will be revised based on site feedback. An overarching report will be written and presented to the UCVT.</p>
		AC		<p>Improving clinical practice for patients through Pleural Drains Consensus Guidelines Implementation:</p> <ul style="list-style-type: none"> Implementation planning, tools and resources developed for implementation support 	Extensive consultation with LHDs and ACI Networks has been completed. The Pleural Drains in Adults Consensus Guideline is in the final stages of editing and will be available as an ACI online resource in Oct 2013. A set of clinical tools and resources are being developed to support implementation.
				<ul style="list-style-type: none"> Commence LHD implementation support 	The Pleural Drains in Adults Consensus Guideline and clinical tools are in the process of uploading to ACI website as user select sub sections. An introductory Pleural Drain Guideline session has been incorporated into the Tracheostomy workshops and presented to over 150 clinicians representing 13 LHDs. Planning has commenced with TSANZ (NSW) to create an accompanying set of video clip education tools.
				<ul style="list-style-type: none"> LHD Implementation site visits 	Pleural Drain Guidelines, Implementation Plan endorsed by ACI Executive in March. Familiarisation across LHDs with planned presentations to Director Operations, Directors Clinical Governance, Directors Nursing and Midwifery. ACI Networks targeted for specific

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					implementation strategies and support. Webex education and site visits available at the LHDs request.
		SACC	CPDI	Nurse Delegated Emergency Care Initiative (NDEC): <ul style="list-style-type: none"> Working group established and suite of documents endorsed 	The steering group has been established and the suite of documents endorsed. Local implementation has begun and the 7 selected sites. Q2 actions have begun.
	<ul style="list-style-type: none"> Education / accreditation module developed; audit and evaluation framework reviewed 			This module has been completed and reviewed with education and implementation in progress across the participating rural NSW Health sites.	
	<ul style="list-style-type: none"> Audits undertaken on first tranche of sites; evaluate first tranche implementation and review and modify MoC package 			Audits at first tranche completed. E learning package is being used at all sites. The education and accreditation component of the implementation plan has been delivered to all sites. LHD final approval is being sought for the MoC at 5 sites. To compliment this initiative, the MoC is being developed to link with the Cerner system providing an electronic medical record. Far West LHD have lost a number of key project managers and champions which will delay starting implementation until July 2014. Evaluation of NDEC implementation is underway.	
	<ul style="list-style-type: none"> Second tranche of sites completed 			<p>The NDEC evaluation plan and evaluation findings are being finalised, delayed due to data coding issues at a NSW level.</p> <p>The findings from the Aspex evaluation are awaited to inform phase two NDEC – essentially making any required changes to the NDEC toolkit and making the package available to all to implement locally.</p>	
		SACC		Develop and implement Minimum Standards for Safe Procedural Sedation Project: <ul style="list-style-type: none"> Develop implementation plan (Phase 1) 	Completed in Q2: The implementation plan is under development by the Steering Group. A short delay in this quarter is directly related to key stakeholder leave.
				Completed in Q3: The draft toolkit is completed and has been distributed for comment to each LHD – comments due 28 January	

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				<ul style="list-style-type: none"> Commence implementation (Phase 1) 	2014. The Implementation Plan is currently being completed to align with the toolkit in preparation for implementation in Q3 & 4. In addition, Phase 2 of the diagnostic has been undertaken to assist with achieving the projects overall objectives.
				<ul style="list-style-type: none"> Develop implementation plan (Phase 2) 	The Minimum Standards implementation plan has been completed.(Phase 2)
				<ul style="list-style-type: none"> Complete implementation of Phase 1 	The Minimum Standards have been completed.(Phase 1)
				<ul style="list-style-type: none"> Phase 2 (ED, Burns, BMT) – Diagnostic 	Phase 2 diagnostic is completed. The Minimum Standards, the implementation toolkit and the implementation plan for phase one and phase two is already completed.
		SACC		<p>Development and implementation of appropriately adapted minimum standards for the management and care of the orthogeriatric patient diagnosed with a fractured hip:</p> <ul style="list-style-type: none"> Completion of the suite of minimum standard documents 	The minimum standards are nearing completion with targeted specialty groups to provide feedback. However, a diagnostic phase for the project has commenced with a metropolitan tertiary hospital.
				<ul style="list-style-type: none"> Implementation of the minimum standards across NSW hospitals (two phases with NSW public hospitals divided into two groups for efficiency) 	Group 1: The minimum standards have been completed and implementation has begun across a number of sites in NSW such as Concord, Liverpool, Orange and Westmead.
				<ul style="list-style-type: none"> Group 2 	Group 2: The implementation process has begun across NSW including the completion of the self-assessment tool at all sites. A quarter of the hospitals have been visited, their self assessment reviewed and Standards implemented. The tender for the formative evaluation is underway.
		SACC		<p>Support MoH in development and implementation of minimum standards for the surgical management and care of rare and complex cancers including the streamlining of surgical sites in NSW for</p>	The EOI has been completed and is with the MOH awaiting ratification and approval by the DG.

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				<p>these cancers:</p> <ul style="list-style-type: none"> EOI completed and distributed 	
				<ul style="list-style-type: none"> Selection Process completed 	The formal EOI process has been completed by the MOH and the EIO period has ended and application review by the MOH is in progress.
				<ul style="list-style-type: none"> Implementation and report 	As the re-submission process has been revised and subsequently extended, the evaluation and report will follow.
	Develop the innovation skills and capability of our health care partners	CPDI		<p>Integrate the Improving Staff and Patient Experience (IPSE) methodology into the ACI redesign methodology:</p> <ul style="list-style-type: none"> Progress the implementation of the coaching panel for NSW Health in partnership with other pillars 	<p>Completed in Q4 update NSW Health Coaching Panel pilot is ready to go live:</p> <ul style="list-style-type: none"> 11 external professional coaches have been engaged for 12 months; ACI secure webpage developed; Coaching Information Package completed; Identified programs are CHR Redesign, Fractured Hip and Whole of Hospital Program; Industry Briefing session complete; Planning for the external evaluation is underway.
<ul style="list-style-type: none"> Develop a program for IPSE informed by the recommendations arising from the review of program 				Draft Patient & Staff Experience paper completed for internal review and comments. This project is on track to inform the development of a broader framework for the ACI.	
<ul style="list-style-type: none"> Develop a Patient Experience Framework for the ACI, which incorporates how the elements of patient experience are captured and embedded into ACI MoC (eg patient stories, patient videos, patient surveys and PETS) 				Future development of the ACI's Patient Experience Framework has been deferred to the newly formed Patient Experience and Consumer Engagement (PEACE) Team and is reflected on the 2014/15 Operational Plan	
Partner with WNSW LHD and CCLHD to undertake a formative evaluation of the Studer programs commencing at both districts and use lessons learned to inform				The baseline evaluation for WNSW LHD and CCLHD's Studer programs is complete. An additional bridging report illustrating common themes between each LHD is in FINAL draft.	

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				ACI's capability framework for innovation and transformation	
		CPDI		Develop and implement the Knowledge Management Approach for ACI: <ul style="list-style-type: none"> Develop a knowledge management approach for ACI and program for implementation 	Knowledge Approach and Implementation Plan completed.
				<ul style="list-style-type: none"> Progressively implement the knowledge management approach aligned with the redevelopment of the ACI website and implementation of the social media policy including evaluation 	Progressive implementation of the knowledge approach is on track and being undertaken in conjunction with the redevelopment of the ACI website and social media. The development of the Innovation Exchange is progressing. Use of social media is increasing in line with the policy and evaluation is underway.
		CPDI		Increase the effectiveness of the CHR Redesign Capability Development Program by implementing recommendations from external evaluation: <ul style="list-style-type: none"> Develop an implementation plan for the recommendations 	The evaluation and actions for the recommendations were endorsed by the ACI Executive on 24/9/13. An implementation plan has been developed which has also been endorsed by ACI Executive.
		CPDI		<ul style="list-style-type: none"> Implement changes to commence for 2014 programs 	Recommendations well underway to meet requirements for the 2014 program. LHDs/ SHNs have been engaged in this process through presentation at the GM/ DOs meeting and through site visits with executives and Redesign Leaders by the Director of CPDI.
				<ul style="list-style-type: none"> Partner with LHDs/SHNs to build capability development programs to expand the reach of Redesign (eg building Alumni Programs) with the Redesign Leaders, develop short programs which may be run locally 	The Redesign leader group have included the development of local alumni groups in their workplan and ACI supports them through progression of their plan. Redesign Leaders are undertaking LEAN green belt with a view to further using these skills to build capability in their local health services. >50 AIM programs have been held across NSW in 2013/14

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	Facilitate high quality translational research within the health system	CPDI		Ensure that all new research undertaken by the ACI meets the requirements of the Research Framework : <ul style="list-style-type: none"> Finalise the ACI Research Framework and communicate to stakeholders 	The ACI Research Framework has been finalised and added to the ACI website. A lunch session has been provided to staff and all staff have been asked to inform their contacts. Applications for our first round of Partnership Research are required by 20 September.
				<ul style="list-style-type: none"> Implement agreed processes for approving research, including first round of partnership research 	Action complete. First round of partnership research complete.
				<ul style="list-style-type: none"> Establish processes for managing compliance with the Research Framework 	Recommendations have been formulated that seek to 1) ensure closer alignment of future research initiatives with ACI's strategic plan 2012-2015 and 2) initiate a staged negotiation process (including EoI) to enable ACI's priorities to be adequately clarified to researchers proposing future research initiatives.
		CE		<ul style="list-style-type: none"> Establish a Fund to support the development of clinical innovation 	A clinical Innovation Program has been established following a two staged directed consultation process with key stakeholders. The Program is being trialled in the current Ops Year with full implementation planned for 2014/15 Ops Year.
		CPDI		Develop and implement a program of research regarding mechanisms for implementing and sustaining change across a complex health system: <ul style="list-style-type: none"> Establish research team and agree research plan 	A program of research has been agreed and is underway. A rapid review of drivers for large scale change in complex health systems has been finalised as has a series of interviews with experts to elicit personal views and experiences on key mechanisms for change. A Research Think Tank is scheduled for 28 October to further thinking as to how the ACI can support the development, implementation and evaluation of large systems change initiatives across NSW.
		CPDI		<ul style="list-style-type: none"> Complete literature review to identify mechanisms for health system transformation and validate through interviews 	Literature review completed. Think Tank undertaken in November 2013
				<ul style="list-style-type: none"> Establish approaches for quantifying successful system transformation and validate through two case studies 	Q4 update: Ethics (Low-Negligible Risk) application has been submitted to Lead HREC at Hunter New England to gain approval for a cross-ACI 4 initiative comparative study, involving hip fracture minimum standards implementation, confused hospitalised older people minimum standards implementation, QASC (stroke: fever-

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					sugar-swallow) project, and the diabetes practice improvement project.
				<ul style="list-style-type: none"> Agree a framework to assist the development, implementation and evaluation of change initiatives across ACI 	This framework will be developed from the systematic analysis of four ACI practice improvement initiatives that can start once HNE HREC approval and SSA approval has been obtained from Prince of Wales, Gosford and Lismore Hospitals.
Our Processes: Operational Excellence	Develop and implement robust systems and processes to support our activities (eg prioritisation, economics data governance, alignment, evaluation)	CPDI	All Director	Develop roadmaps for potential efficient and effective strategies that can be delivered by LHDS on our projects	<p>ACI approach to Roadmaps endorsed by the ACI Executive. Roadmaps developed for ORP/OACCP/ Chronic Disease and ACI high level. Executive to determine other areas for roadmap development as per ACI Roadmap Governance structure. 2013/14 Roadmaps developed and approved:</p> <ul style="list-style-type: none"> OACCP ORP Chronic Disease Management Program Workforce Improvement <p>Potential areas for roadmap development selected:</p> <ul style="list-style-type: none"> Pain Management Stroke Reperfusion Rehabilitation Hip Fracture Cardiac Reperfusion <p>Project owners for the above have been selected and training completed on 27 November 2013.</p>
		CPDI		Advance the use of Telehealth in two models of care: <ul style="list-style-type: none"> Raise awareness of how Telehealth can be used to support best practice care 	<p>Awareness has been advanced by the provision of:-</p> <ul style="list-style-type: none"> lunch time education sessions on what telehealth is and how to develop and implement a service meetings with Clinical Portfolios at ACI a presentation to the ACI Sustainable Access Committee presentations to individual Clinical Networks to start to plan and map out future telehealth initiatives Information posted on the ACI internet and intranet site.

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				<ul style="list-style-type: none"> Increase utilisation of Telehealth by LHDs and assist with implementation 	<p>Telehealth has been advanced across the following Clinical Networks:</p> <p>Pain: Telehealth is being used to connect tertiary pain centres to 5 newly established rural pain centres across NSW. It is being used for clinical advice, education and patient consultations on a regular basis</p> <p>Spinal Cord Injury: Telehealth is being used to connect the local GP and/or caseworker with the specialist team in Sydney both prior to and following treatment being given in metro Sydney</p> <p>Burns: Planning is underway to develop a state-wide burns service (including ACT) to provide rural outreach care.</p>
		CPDI		<p>Develop and implement ACI database standards and governance policies and guidelines:</p> <ul style="list-style-type: none"> Review and evaluate recommendation and feedback from Consultants Review and develop an Action Plan 	<p>Consultant reports (Tim Smyth and Health Policy Analysis) have been reviewed and recommendations endorsed by the ACI Executive. An Action Plan for implementation over the next 12 months has been developed. Data Governance position has been created and recruited to with the purpose of overseeing and coordinating the implementation of the review. Work has commenced.</p>
		CPDI		<ul style="list-style-type: none"> Develop and adopt data collection policy and guideline for ACI 	<p>Draft guidelines have been developed and endorsed by the ACI Executive with implemented scheduled to commence in October. Various preparatory activities have been undertaken including liaison with relevant sections of the MoH and participation in the ACSQ process for the creation of national clinical registries.</p>
		CPDI		<ul style="list-style-type: none"> Develop a registry of all ACI databases 	<p>Confirmation of scope of databases covered being undertaken – required for accurate creation of the ACI register. Work commenced and continuing.</p>
		CPDI		<ul style="list-style-type: none"> Implement recommendations 	<p>10 of 26 recommendations have been assessed as priorities for implementation, primarily in the area of Governance and Procedures. Work commenced and continuing. Discussion on key recommendations held with stakeholders in the MoH/CHERYL.</p>
				<ul style="list-style-type: none"> Establish database management and data standards working group 	<p>Database management and data standards working group established and meeting monthly</p>
				<ul style="list-style-type: none"> Monitor progress of recommendations and commence evaluation 	<p>Current status: 3 Recommendations : Biostatistics and epidemiological support; Centre for Health Records Linkage</p>

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					Engagement and coordination of a data management team (Data Management Working Group) implemented; <i>22 recommendations commenced implementation</i> including significant scoping work being undertaken regarding the formation of a comprehensive Public Health Register; Confirmation of the ACI's authority to disclose de-identified and or aggregate information formally being sought with the Ministry of Health and engagement with HealthShare continuing; 1 recommendation not commenced implementation (re: the potential for expanding current routine data collections).
	Work with our clinical networks to determine priorities	Clinical Lead		Develop and refine prioritization model in consultation with network co-chairs	Prioritization Framework is being trialled in a minimum of 4 networks to assess and refine. Trial will continued over next two quarters and is being evaluated in consultation with HEIT Team.
Assess uptake of model across the ACI				Prioritization Framework is being trialled in a minimum of 4 networks to assess and refine. Trial will continued over next two quarters and is being evaluated in consultation with HEIT Team	
Inform the operational plan for 2014/15				Uptake of the framework depends on the stage of Network work plan development. Networks that have included a presentation of the framework and have attempted to address the components: Best Practice Group ICCMU, Nutrition in Hospitals. Networks preparing for planning that have included a presentation: Aged Care, Intellectual Disability, ICCMU, ICSN-Nurse Leaders group. As a result of these presentations, 2 other non-ACI groups have asked to use framework – NSW Kids and Families, State-wide Carer program Survey distributed – closes April 30, 2014.	
Ensure continuous input and feedback mechanisms from		EESC		Support networks, taskforces and institutes to utilize social media: <ul style="list-style-type: none"> Develop training and support package for staff 	Social media guidelines, position statement, FAQ and template plan have been developed and made available to staff on the intranet. A research exchange session to introduce staff to social media usage was held as part of a wider ACI social media training schedule.

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	consumers, clinicians and partners			<ul style="list-style-type: none"> Establish monitoring processes and design and launch pilot ACI twitter, Facebook and Youtube accounts 	<p>A trial of social media monitoring tools has been undertaken. Guidelines, a social media plan template, position statement and FAQ are available on the intranet to guide staff use.</p> <p>A comprehensive social media training program has been developed and launched to ACI staff. To date training has been conducted on social media in general, which covered rights and responsibilities of users as well as the opportunities and limitations social media presents to its users, and on Yammer. The training will also address use of Twitter, Facebook and other platforms such as LinkedIn, Blogger and Instagram.</p> <p>Official ACI Twitter (@NSWACI), Vimeo and project Facebook accounts have been launched:</p> <ul style="list-style-type: none"> Several ACI events including RICH 2014 and the launch of the ACI Pain Management Network's website have been successfully promoted using Twitter. The ACI Vimeo account has been established and is hosting 174 ACI video resources. At 28 March 2014, these resources had received 4621 plays/year to date. ACI is utilising Yammer for internal staff online collaboration, and has currently registered 110 out of 117 ACI staff. Facebook accounts have been established to promote RICH2014 forum and Pain Management Network's website.
				<ul style="list-style-type: none"> Support staff to develop social media plans for ACI events and project launches 	<p>A social media plan template has been developed to support staff to utilise social media as an option in communication planning for ACI initiatives, announcements and events.</p>
	Establish mechanisms to support collaboration across the clinical networks	EESC		<p>Establish and assess value of microsites to support collaboration across clinical networks and to engage different audiences</p>	<p>The EESC has successfully trialled a Collaboration Portal system with the BMT, Cardiac, Rural Health, Primary Care and Chronic Services portfolio and Website Review working group. A meeting has been held with Health Share NSW to discuss technology to enable better collaboration. The microsite for the Pain Management Network is in development and due for completion on schedule by the end of the</p>

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					3 rd Quarter.
Our Clinicians, consumers and staff:	Acknowledge & build on existing capability and implement a consistent approach to ongoing professional development	CE		Develop and Implement Staff Performance Development Framework:	PMF recommended by external consultant is being edited into ACI format in consultation with HealthShare. Final document to be reviewed by Executive Team along with communication and implementation strategies.
				<ul style="list-style-type: none"> Finalise the Performance Management and Professional Development Frameworks 	
				<ul style="list-style-type: none"> Commence implementation and rollout of communication and staff engagement strategy 	Staff Performance Development Framework supported by Exec Team has been referred to a Staff Reference Group for review and discussion. This is the first stage of the staff engagement strategy.
				<ul style="list-style-type: none"> Commence implementation of Framework and commencement of Performance Review Process and review of Training and Development needs 	Following review of the resources required to implement PDF successfully across ACI, a member of the HR team has been seconded from HealthShare commencing in February 14 for two months to undertake this work.
				<ul style="list-style-type: none"> Commence Evaluation 	Q4 update: Evaluation will commence in 2014/15. Baseline data for evaluation of implementation of PDF collected as part of the consultation with staff at Staff Forum on 14 th April 2014
	Acknowledge personal and professional contributions to the organisation	CE		Establish a Recognition Program for staff to acknowledge and celebrate success	Deferred: Staff Recognition Program to be considered once the PDF has been reviewed by the Staff Reference Group.
	Involve staff and clinical networks in key decisions	CE		Establish a Clinical Council for the Clinical Directors, GP Leads, network co-chairs and Executive Team to meet in a forum to discuss ACI's major initiatives	Meeting of Clinical Council scheduled for March 2014. Agenda drafted based on current major initiatives.

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	Develop agreed behaviours to support and promote ACI core values	CE		Implement recommendations from Values and Behaviours Sessions at Staff Forum	Two initiatives undertaken following V&B's session at Staff Forum: 1. Manager's workshop on Establishing a Positive Workplace in July 2013; 2. Staff Steering Group established to develop ACI guidelines on ACI's approach to supporting staff experiencing behaviour not consistent with ACI Values. This will be discussed with staff in a session at the next staff forum on 31 st October.
	Develop and implement a communications strategy centred on broadening & strengthening existing engagement	EESC		Develop and promote a staff toolkit to build capability in sponsorship and event management	Lunchtime training and information sessions have been held for staff on event management and sponsorship. A staff resource including event management checklists and a directory listing relevant accommodation, venue, catering and other event requirements has been established and made available to all staff. An ACI Sponsorship Position Statement has been developed and shared with staff and the Co-Chairs of ACI Clinical Networks, Taskforces and Institutes which outlines the process for requesting and/or receiving sponsorship, including easy to follow flowcharts for these processes.
	Involve clinical networks in the design and implementation of the innovation cycle	All directors		Assess our current approach to implementation of new MoC to ensure all components of the innovation cycle are supporting improved patient outcomes	CPDI: Implementation methodology constantly refined to optimise effectiveness of our approach. This process is ongoing and dynamic. Evaluations of implementation of 16 different ACI Models of Care and Guidelines have been commenced during Q4. Results will become available during Q1-3 of 2014/15. Acute care Portfolio: Acute Care has initiated a range of evaluation plans for work progressing to implementation. These evaluations will assess implementation approaches: In conjunction with HEET evaluation of Implementation of Subcutaneous Insulin chart has been commenced. Evaluation of the Stroke Reperfusion Program has been commenced. The evaluation will assess implementation approach and patient outcomes. The EESC supports the communication and promotion of ACI Models of Care

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	Increase and broaden clinician and consumer representation to support the ACI strategy	EESC		Develop tools and resources for consumers, staff and clinicians to strengthen consumer involvement	Following extensive consultation in 2013, the EESC has developed a draft Consumer Engagement Action Plan to reflect the feedback received from consumers, staff and Co-Chairs. The Action Plan which identifies tools and resources for consumers, staff and clinicians to strengthen consumer engagement will be revised to incorporate feedback and will then be implemented. The ACI is continuing discussions with Health Consumers NSW to explore tailored training options for consumers, staff and Co-Chairs to strengthen and support consumer engagement in the work of the ACI. The ACI has contributed to the development of HETI e-learning modules on consumer and community engagement and carers.
		All directors		Clinical Networks to broaden and strengthen mechanisms for clinician and consumer involvement in our work program	<p>CE: Strategy is to obtain feedback from co-chairs on current mechanisms to involve clinicians in networks. A meeting of all ACI networks, taskforces and institutes has been scheduled for 17th March 2014. This topic is listed for discussion at that Forum.</p> <p>AC: All Networks have commenced broader exposure of information of the activities of the Acute Care Portfolio. The ACP Factsheet is now available via the ACI Internet and Intranet, increasing awareness of the current projects and encouraging consumer participation. Consumers are involved in Network Workshops and provided with the opportunity to Present the patient/Consumer views.</p> <p>SACC: continues to demonstrate a commitment to consumer engagement through the following programs: Burns Network S.H.A.R.E Program for supporting Severe Burn Injury patients was successfully implemented at the two adult Burn Centres in NSW, bStreetsmart (trauma) Program for educating year 10-12 students on the dangers of speeding and dangerous driving , Eye Play Safe Manual, Gynae-oncology retreat program. The support for these mechanisms continues to broaden and strengthen consumer engagement within the SACC Portfolio.</p> <p>EESC: working to maximise the ACI Website in terms of its content, visual design, interaction design and overall functionality to strengthen clinician and consumer involvement with ACI Clinical Networks and the ACI work program. EESC is also supporting a</p>

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
					<p>range of activities, events and development of resources to target clinicians and consumers and promote involvement in the ACI work program</p> <p>PCCS: Chronic Care Network launched 4 December 2013. Over 300 people have applied for membership to the Chronic Care Network. Interim Co-Chairs for the Network have been appointed) and the Executive Committee is in the process of being established. Consultation with stakeholders in relation to the establishment of an Aboriginal Chronic Care Network has commenced.</p> <p>Quarter 4</p> <p>CE: Session on strengthening clinical engagement at Co-Chair's Forum provided feedback from clinical Co-Chairs on issues such as collaboration, access to technology for data collation, how to assess when the capacity of a network is exhausted and other mechanisms for clinical engagement to complement the network model.</p> <p>Acute Care Portfolio continues to encourage consumer participation in network projects. Patient and staff experience is now a key element of all project development of the networks, capturing baseline data to ensure measurement of patient and staff experience can be monitored through the implementation of models of care.</p> <p>EESC: Consumers, clinicians and representatives of peak consumer NGOs – Health Consumers NSW and Carers NSW, Local Health Districts, the Ministry and other pillars have been invited to participate in testing the redesigned website which is aimed at strengthening involvement in the ACI work program.</p> <p>PCCS: The Chronic Care Network currently has over 380 members. Interim Co-Chairs and an Executive Committee have been appointed. The Executive Committee is meeting on a bi-monthly basis. A communications strategy has been developed and is in the process of being implemented. Planning is underway for a whole of Network event in Q2 2014/15.</p>

Focus Area	Strategic Initiative	Responsibility		Operational Action	Progress Report/Status
		Primary	Shared		
					Consultation with stakeholders in relation to the establishment of an Aboriginal Chronic Care Network has re-commenced.
Our resources: our financial stewardship	Fully develop the organisational structure and map financial systems to structure	CS		Complete and implement the 2nd stage of financial reporting across all Cost Centres and ACI budgets: <ul style="list-style-type: none"> Development of reporting templates that can be downloaded directly from the SMRT reports and allocation of financial delegation 	Budget Template, reference guides and training material were created and rolled out complementing the training sessions. Cost Centre Managers have now completed two months of Financial Year reporting with no major issues
		CS		<ul style="list-style-type: none"> SMRT Reporting training for all Cost Centre Managers 	SMRT access was established and training will be provided by the HSS SMRT Team in October. Cost Centre Managers have now completed Two months of Financial Year reporting with no major issues.
		CS		<ul style="list-style-type: none"> Implementing Quarterly Financial Reporting and mid-year review of existing budgets 	This is in process now- Cost centre reports for all networks at 31 December have been run off SMRT and (a) review of existing budgets to identify material variations to date and (b) to identify projected year end material variations, so that corrective action can be taken. Expect to complete this by mid-Feb 2014

Focus Area	Strategic Initiative	Responsibility Primary Shared	Operational Action	Progress Report/Status
			<ul style="list-style-type: none"> Preparation of 2014/15 Budgets by Cost Centre Managers 	In Progress – this step has been commenced and a high level budget for 2014/15 was considered by executive in June and shared with MoH. A more detailed budget by cost centres are being analysed with Portfolios in July and August and will be delivered in line with management and reporting requirements
			<ul style="list-style-type: none"> Review and evaluation of Reporting 	All financial and governance reporting has been submitted on time and tabled with MoH, management and Boards. We expect to further automate the SMRT reporting of budgets in the 2015 period once MoH have confirmed ACI budgets and compact.
	Develop robust and transparent systems for prioritisation and utilisation of our resources	CS	Develop and implement a Contract Management System: <ul style="list-style-type: none"> Review of existing ACI and Ministry templates and contracts 	Legal Counsel appointed to review existing funding and Procurement contracts, with model template now developed for roll out to ACI Staff at the next round of Procurement Training
		CS	<ul style="list-style-type: none"> Development of a system / framework for the reporting of ACI contracts and SLA's including the implementation of TRIM 	A system of recording ACI contracts and SLA's has been developed and is being maintained on TRIM
			<ul style="list-style-type: none"> Develop a register of Contract performance KPI's and monitoring framework 	The Contract Management system we have developed allows us to record all future contracts and to monitor progress by ensuring that network managers and Finance personnel are satisfied before payments made.
			<ul style="list-style-type: none"> Internal Audit Review of the System and Framework 	In Progress: we note that the contracts were tested by Audit Office and subject to clean or other findings may be included in future IAB reviews
			<ul style="list-style-type: none"> Review and evaluation of Reporting 	In Progress: we note that the contracts were tested by AO and subject to clean or other findings may be included in future IAB reviews
		CS	Implement an Enterprise-wide Risk Management framework and procedure: <ul style="list-style-type: none"> Formulate a Risk Management procedure in line with the Ministry Policy and Directive 	ERM Procedures, Framework and Risk Registers completed and approved by the ACI Board. First updates to the Risk Register have been advised and Exec Team have implemented a process of Quarterly updates prior to MOH reporting,
		CS		ERM Framework for reporting includes formal review of the Risk

Focus Area	Strategic Initiative	Responsibility Primary	Shared	Operational Action	Progress Report/Status
				<ul style="list-style-type: none"> Implement a monitoring and reporting (Governance) 	Registers on a quarterly basis by the ACI Exec Team at its bi-monthly meeting followed up with regular reporting at the ACI ARC meeting and quarterly reporting to Ministry. Staff awareness training has been arranged for October, with attendance at one of the three planned sessions mandatory for all ACI Staff.
		CS		<ul style="list-style-type: none"> Implement annual workshops to formally review and update the Risk Register 	Mandatory training for all staff was conducted in October and the ACI Risk Register was reviewed. Staff were advised of their obligation to report to Corporate Services, any risks that they encountered in the workplace. The Risk Register is published on our shared network.
		CS		<p>Develop, implement and test an ACI Business Continuity Plan for any Business interruption:</p> <ul style="list-style-type: none"> Review with Portfolio Directorates and Chief Executive the critical functions of the agency that would be impacted on any disruption to the access of resources 	In Progress - Management expect that Agency does not perform any critical functions and this was confirmed informally with IAB. Scoping of BIA and BCP has commenced & testing will be completed by IAB in April and May.
		CS		<ul style="list-style-type: none"> Review all agency critical suppliers and the impact on them from any business disruption 	In Progress - HealthShare provides our most critical functions including employee services, accounting and IT. Have liaised with them and am awaiting copies of their BCP.
		CS		<ul style="list-style-type: none"> Draft and review a Business Continuity Plan 	In Progress - Work has commenced with scoping and resources with expertise will be provided by IAB that worked on other Pillars BCP, work expected to complete in April/ May.
				<ul style="list-style-type: none"> Undertake a test of the plan to include scenario simulation and full evacuation 	Deferred – this step is only done pending outcome of BIA and BCP above