



ACI NSW Agency
for Clinical
Innovation

Understanding the process to implement a Model of Care

An ACI Framework

AGENCY FOR CLINICAL INNOVATION

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INTRODUCTION

Purpose

The implementation guide has been developed to explain the phases to turn a defined model of care into a change of practice. This document is designed to act as a guide for ACI staff throughout the implementation process and further assistance and support is available from the Implementation team. The Implementation team can support implementation in a number of different ways depending on the scope, priority and requirements of the project. They can;

- advise on planning for implementation
- support Network Managers and the implementation team with the process outlined in this document
- be a part of the implementation team for the project.

Background

The vision of the ACI is to be valued as the leader in the health system for designing and supporting the implementation of innovative models of patient care¹. This will need to be done across NSW Health in collaboration with our clinicians, consumers, health care partners and the community. Within the ACI team there is a wide skill set to enable the team to implement innovative Models of Care (MoC).

What is implementation?

Implementation is the carrying out, execution, or putting into practice of a desired change. Implementation is the action of change and changing people's behaviors. The role of ACI' will be to support the health system to deliver the changes needed to implement the MoC. When using the innovation cycle implementation is both the adoption and the optimisation of stages of the cycle. As an appendix an example of an implementation checklist that was used for the recently implemented NSW Stroke Program: Early Access to Stroke Thrombolysis has been attached.

The Process

Implementation is the 4th out of the 5 steps outlined in the ACI project methodology and it is the most resource intensive step.



¹ Agency For Clinical Innovation Strategic Plan (2012- 2015)

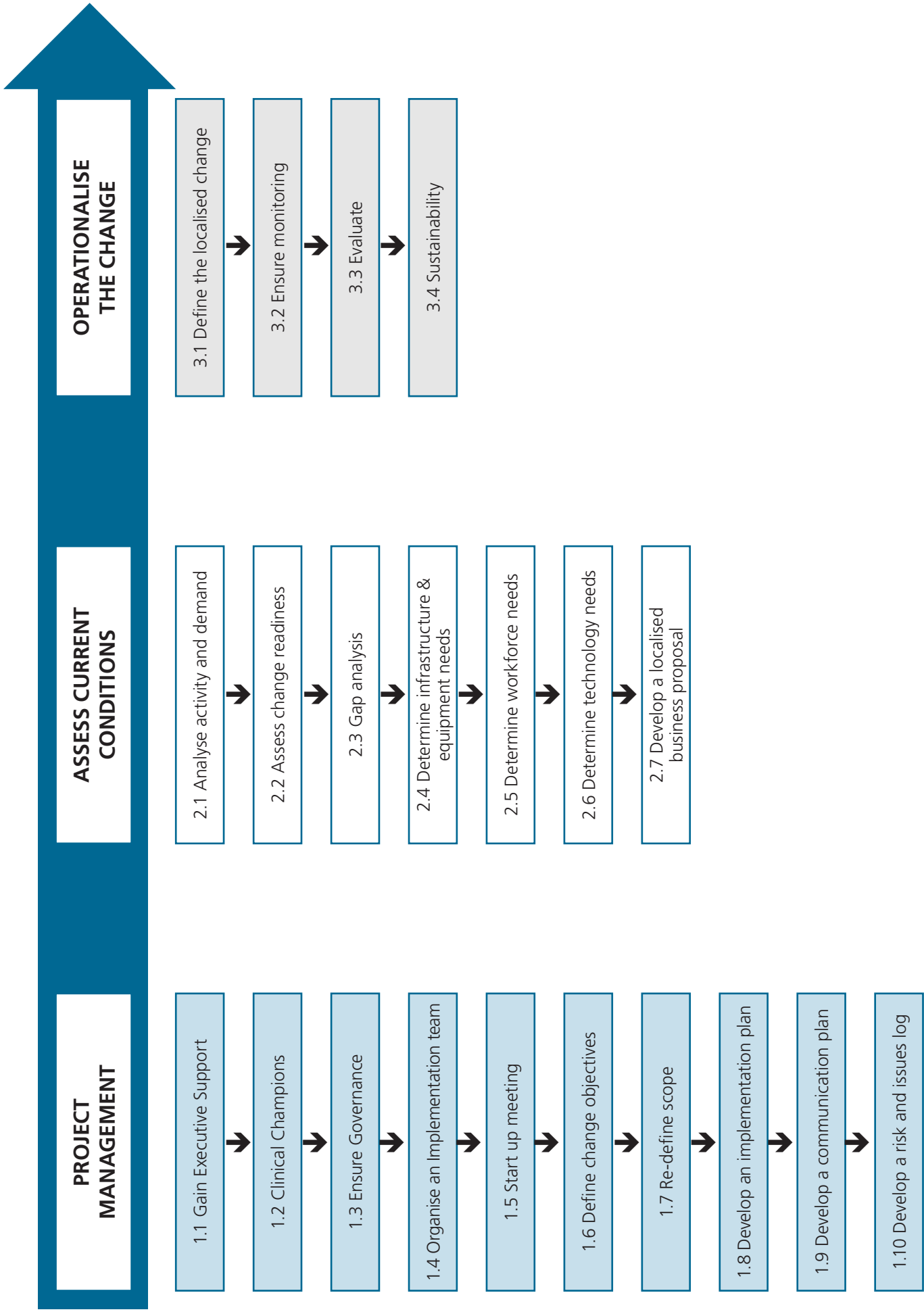
Implementation has been broken down into three equally important phases. It is important that these are not seen as steps but rather as phases, as there will be significant overlap with each other.

- **Implementation Planning:** This step of the implementation includes all aspects of project management that relate to implementation.
- **Assessing the change:** The aim of the assessment phase is to inform implementation of the new model.
- **Operationalise the change:** The aim of this phase is to change current practice to meet the defined model.

Roles in the change process

During a change there are four roles that people will undertake and it is important to understand what each role is:

- **Champions** – Champions are the people believe in and want the change. They will undertake a valuable role in engaging their peers and colleagues, in understanding the reasons for the development of the new model of care. This may take place through high level communication including speaking engagements, media releases and attending key stakeholder meetings.
- **Agents** – Are the people that implement the change. Agents have implementation responsibility through planning
- **Sponsor** – The Sponsor is the individual with the high level responsibility and accountability for the success of a project, including implementation. They authorise, legitimise and demonstrate ownership for the change. Effective leadership is crucial for the success of any project. You cannot choose your project sponsor – they are solely determined by their organisational position of authority.
- **Targets** – Are the people required to change, whether it be behaviour, emotions, knowledge or perceptions. Everyone must be a target before they can be a Champion, Sponsor or Agent.



1. IMPLEMENTATION PLANNING

The purpose of this component is to establish the arrangements for managing the implementation of the project. This component of the implementation includes all aspects of project management that relate to implementation.

1.1 Gain Executive Sponsorship

During the implementation phase the executive sponsor will be responsible for leading the change, with clinical leaders, managers and subject matter experts. There will be an executive sponsor at both ACI and LHD level.

- At ACI level the executive sponsor will need to be a Portfolio Director. They will be responsible for making decisions relating to project direction, strategy, and financial commitments which includes the allocation of resources to implementation. They will also ensure that the project is in line with ACI's strategic direction and organizational priorities.
- For every LHD where the change is implemented, there will need to be an executive sponsor to undertake the same role as above but for the LHD. It is likely that they will also need hospital specific sponsors in addition to oversee the project at a more local level.

1.2 Create Governance Structures

Project governance is the overarching responsibility management of the project to ensure that it is achieving its objectives, on time and on budget. Governance provides a clear organisational structure, effective decision-making processes and control systems for the project. The group responsible for governance will also be accountable for the project risks and issues log ensuring that mitigation is in place to ensure that the project continues to work to budget, timescales and scope. They will also need to be able to plan if there are problems that should be addressed to rectify the situation.

- **ACI:** This may be achieved through a steering group, working group and/or project team, with clear terms of reference. If there is not a suitable group within the existing clinical network to undertake the governance role then a new group could be created with terms of reference outlining the responsibility to provide governance to the project. The executive sponsor should chair the steering group. The group should include both clinicians and LHD managers working together to implement the model. There will also be governance issues that the sponsor will need regular briefing, on such as timelines, budget, resources and key decisions that will have significant impact on the direction of the project.
- **LHD:** They will also need an appropriate structure to oversee the project governance. At LHD level there may already be a committee or group in place that will take on the role of overseeing the project. The group should consist of both clinical and managerial leaders who have will be impacted by the change. This committee will need to report back to the LHD executive sponsor on project progress.

1.3 Organise an implementation team

A strong implementation team is essential for driving and executing the change required in the implementation of a project. The ACI implementation team are available to work with Networks, LHDs or relevant organisations to ensure that robust implementation takes place at the service level.

Responsibilities of the implementation group may include:

- Project management
- Providing overall direction
- Accountability for the success of the project
- Identify, manage and mitigate risks to project delivery and escalate issues to the executive sponsor as required
- Provide progress reports to the sponsor

The membership of the implementation team at the ACI will differ to that of the project team at an LHD.

- **ACI:** The team may include the project lead (agent), working group, network co-chairs, portfolio director (sponsor), clinical champions and a member of the implementation team. ACI Implementation team will provide assistance to support the implementation of projects.
- **LHD:** The team may include the nominated project lead (agent), champions, clinicians, managers or members of the executive team (sponsor).

1.5 Start up meeting

A start up meeting is often held at each LHD site at the commencement of a project for all key partners (including agents, sponsors and champions) to meet the project team. This meeting may be held by teleconference or at individual sites. It is important that this meeting sets out the scope, objectives and expectations of the project to ensure a clear understanding of current service provision and the changes required.

This is a combined ACI and LHD meeting, the ACI team communicate with each LHD or possibly each hospital site dependent on circumstance to start off the implementation of the project and ensure readiness and a clear understanding of the project deliverables.

1.6 Define change objectives

The objectives of the change create a clear and commonly held definition of both the present state and the change. This will inform what is required to change and who the change will affect. The change objectives may vary slightly from site to site depending on their priorities and the impact the MoC will have on that organisation. There is more information on the tools and techniques that will help with this in 'Assessment' phase of the document (such as gap analysis). The change objectives should answer the following questions:

- What is the now ('as is'/state of play/present state)?
- What is the desired state?
- What is changing (including behaviours)?
- Why are we changing? What are the consequences of not changing?
- What is in it for those that are required to change (benefits)?
- Who will the changes impact and what impact will they have?
- What are the measures of success?

Once this is done the change objectives will need to be made relevant at a LHD/organisation level. This is covered in the 'Operationalise' section of the document.

1.7 Re-define scope for Implementation

A clear and concise scope is central to the success of a project, and will need to be re-visited as part of the implementation phase of the project. Its purpose is to aid in establishing realistic work plans, budgets, schedules, and expectations. The scope should clearly identify work that falls inside and outside the project which in turn will assist in defining project plans and managing expectations. Once the scope is set then the implementation team need to be disciplined to ensure that only the project content in scope is being managed by the group.

ACI - Should produce the final scope for the sites to use to ensure that the project is clear and manageable for implementation.

1.8 Develop implementation plan

An implementation plan defines the overall project objectives, when they need to be achieved by and who is accountable for them. High level timeframes will be developed at the start of the project and will further develop as the project evolves. Completion of objectives within timeframes will help build credibility with the sponsors and those involved in the change, making them more willing and able to work with the project team. When undertaking project planning, it is important to sequence events in a logical order of progression:

- **Deliverables** – The project will consist of many activities that need to be completed. These are deliverables and should provide a tangible result that is measurable.
- **Milestones** - At certain points during the project there will be critical milestones. These milestones culminate from a series of deliverables, and are crucial to the change happening effectively and on time. It is important that the milestones are realistic, accountable and hence achievable.
- **Dependencies** - Careful consideration of sequencing will ensure that deliverables dependent on other tasks will be able to be completed within the desired timeframe.
- **Responsibilities** – Each deliverable identified on the implementation plan should have an owner, someone that is ultimately responsible for the completion of this task or action.

1.9 Develop a communication plan

One of the key steps to ensuring success of the project is to communicate the right things to the right people to help to increase people's understanding of the change. Communication is a tool to facilitate engagement and ownership of the project. Two way communication channels must be created to ensure that the project team is able to inform, listen and learn. The ACI will also have the opportunity to share implementation learning from site to site across the state. This also makes two way communications critical between ACI and the LHD's The first step is to develop an effective communication plan to understand who you need to communicate with:

- Who are the different people and groups of people (key partners) that will be affected in your project and how do they work together? It is also important to know who will deliver the communication.
- When do each of these groups need to receive information about the change? Some people need to know now; others need to know when the change is a little more progressed.
- What does each group need to know? For example: if I am a clinician I may be less interested in the cost of change, but in how it will improve safety for my patients. The finance department may have an opposite view.
- How do the people like to be communicated with? There are different ways to reach different people or communicate different messages.

Carefully mapping who needs to be involved in the change and how they can be meaningfully engaged in the process will help facilitate local ownership of the change.

Appendix B is a template communication plan that can be used for project implementation.

1.10 Develop a risk and issues log

A log records risks and issues identified during the life of the project. They are graded in terms of likelihood of occurring and severity of the impact. A risk register is a tool for recording these risks and issues, strategies to mitigate them and who to escalate them to through the project governance structure. The top 5 issues can become agenda items to ensure the project team have awareness and the ability to effect any changes required to reduce risk.

Appendix C is an example of a risk and issues log

2. ASSESSING THE CHANGE

The aim of the assessment phase is to contextualise the change by gathering all the information required for implementation of the new model.

2.1 Assess change readiness

Before a change can occur it is important to understand that it does not occur in isolation, rather it occurs in the context of all those priorities competing for resources and all the lessons previously learned about implementation. This is important to consider when assessing an organisations readiness for change. There are three key components of this step in the implementation process:




- **Culture** – Gain an understanding of the organisational culture, to understand how the change interacts or interferes with it?
- **Resistance** – Resistance to change is inevitable, it is important to provide opportunities for people to surface their resistance so that it can be managed appropriately.
- **Motivation** – Understand what a person’s motivation to change is and/or provide it where necessary.

There are a number of different tools that can be used to assess both the organisation and individual readiness for change. GEM has a number of documents that can be used for this purpose.

2.2 Gap analysis

A gap analysis is designed to understand where current service provision does not meet the desired state outlined in the MoC.

The gap analysis tool is developed to identify checkpoints that underpin each of the principles in the MoC. This enables a service to perform a self assessment against each of the checkpoints. This also should help identify ‘quick wins’ and sequence what can be done almost immediately and what needs more time, resource or training before it can be implemented. The use of a traffic light system can assist in the quick identification of gaps and the resources required to improve services to meet the MoC.

| RATING KEY | |
|---|--|
|  | Matches Model of Care |
|  | Does not meet Model of Care, restructure of services is possible within current resources |
|  | Does not meet Model of Care, restructure of services will not be possible. A business case will be required. |

An understanding of current service utilisation and demand is important for informing the appropriate implementation of the new model.

The ACI would undertake this analysis at state level. This may include data and activity analysis and developing a state perspective.

LHDs would need to understand the activity and demand at a hospital level and possibly at a department level depending on the service.

2.3 Determine needs

An integral part of the implementation of any new model is to understand the needs of the model, including workforce, technology and infrastructure and equipment:

- **Workforce** – to ensure the staffing meets the activity identified in the assessment phase. The strategy should capitalise on using existing staff skills. When necessary it should detail where further training is required and who will provide it. It will need to be clearly defined in the implementation plan who is responsible for the funding and backfill relating to any training. Another element of workforce needs is ensuring that the implementation team have the appropriate skills and expertise to implement the project.
- **Technology** – consider the technology requirements for the change. This may be as complex as a new specific database or as simple as a new form required for documentation. It needs to be considered how it impacts on the implementation.
- **Infrastructure and Equipment** – the physical design of where the service is delivered must be flexible and provide for current and future operational needs that support the change initiative. This includes internal building layouts and fixtures, fittings, furniture and equipment. If a new MoC requires teams or services to have a new piece of equipment it needs to be clear who is responsible for the purchase of this.

2.4 Develop a localised business proposal

A business proposal may be required where gaps have been identified and it is not possible to address these by restructuring or realigning current resources. It will illustrate and frame the need and benefits of change, including the resourcing impacts associated with performance.

The business proposal will then need to be endorsed by the sponsor. The ACI business proposal for state wide implementation will be endorsed by the ACI sponsor. Each local site will need to develop their own business proposal to outline the resource implications for the organisation. That will then need to be approved by the LHD Sponsor to ensure implementation can proceed.

3. OPERATIONALISE THE CHANGE

The aim of this phase is to change current practice to meet the defined model.

3.1 Define the localised changes that need to occur

The information on change objectives from the beginning of the project and obtained during the assessment phase will inform the change in processes that are required to be made. Ensuring that the LHD team are able to divide these changes into clinical changes and operational changes will assist in prioritising. It will ensure that processes that need to be in place before other changes can occur are completed. It may not be necessary to create entirely new processes and procedures, rather, modify existing practices to meet the new model. Staff should clearly understand what is required of them so that they can undertake their responsibilities consistently and safely. It is important that this information is clearly articulated and communicated from the implementation team. The MoC should be a set of principles so that there is flexibility and local discretion throughout implementation. This will ensure that LHD's can 'buy' into the process and staff will feel that the changes have been translated into a more meaningful set of information that is relevant to their working lives.

3.2 Ensure monitoring measures are in place

Including monitoring measures will help to understand the safety, quality and timeliness of patient care and the effectiveness of the model, pre and post implementation. The project team should agree on state wide effectiveness measures to ensure that all LHD's are given information to record the same indicators. This will ensure that there is relevant state wide information, which can be used for a number of comparisons, lesson learnt and to understand and resolve any issues at different sites.

3.3 Evaluate

Evaluation measures should be considered during project development and aligned to the aims of the project as they are critical to measuring the success of any project. For information on evaluation, contact the Health Economics and Analysis team.

3.4 Sustainability

This is to ensure that the change process continues and is properly embedded. This may include recognition strategies to reward the change. Sustainability of the change will be informed by monitoring and key performance indicators.

A clearly defined final meeting is important for everyone involved in the change to celebrate what has been achieved.

Tools

The following tools are available from the ACI Implementation team to assist with project implementation:

- A3 project plan with milestones
- Communication plan
- One pager for communication
- Gap analysis template
- Business case (with the Health Economics and Analysis Team)
- Risk register.

CHECKLIST

| ACTION | DATE COMPLETED |
|---|----------------|
| Gain executive support - named sponsor | |
| Appoint clinical champions | |
| Create a governance structure | |
| Organise an implementation team | |
| Hold a start up meeting | |
| Define change objectives | |
| Redefine scope | |
| Develop implementation plan | |
| Communication Plan | |
| Risk and Issues Log | |
| Assess change readiness | |
| Gap analysis | |
| Determine workforce needs | |
| Determine technology needs | |
| Develop a localised business proposal | |
| Define the localised changes that need to occur | |
| Ensure monitoring measures are in place | |
| Evaluate | |
| Sustainability | |



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