

Case for change

Joshua is a child, Joshua is sick, Joshua will not get better. He is one of 225 paediatric palliative care (PPC) patients in NSW, each with unique and complex care requirements. Despite anticipatory planning, there will always be a need for Triple Zero (000) care. Paramedics will not know Joshua and what the goals of care are. Currently, a paper-based PPC Authorised Ambulance care plan (ACP) is used to communicate management, but due to the lack of integrated systems, challenges exist with currency and validity. In an emotive environment, where care may be time sensitive, it may be difficult for paramedics to make informed decisions to deliver the right care if current clinical information not available on site.

Goals and objectives

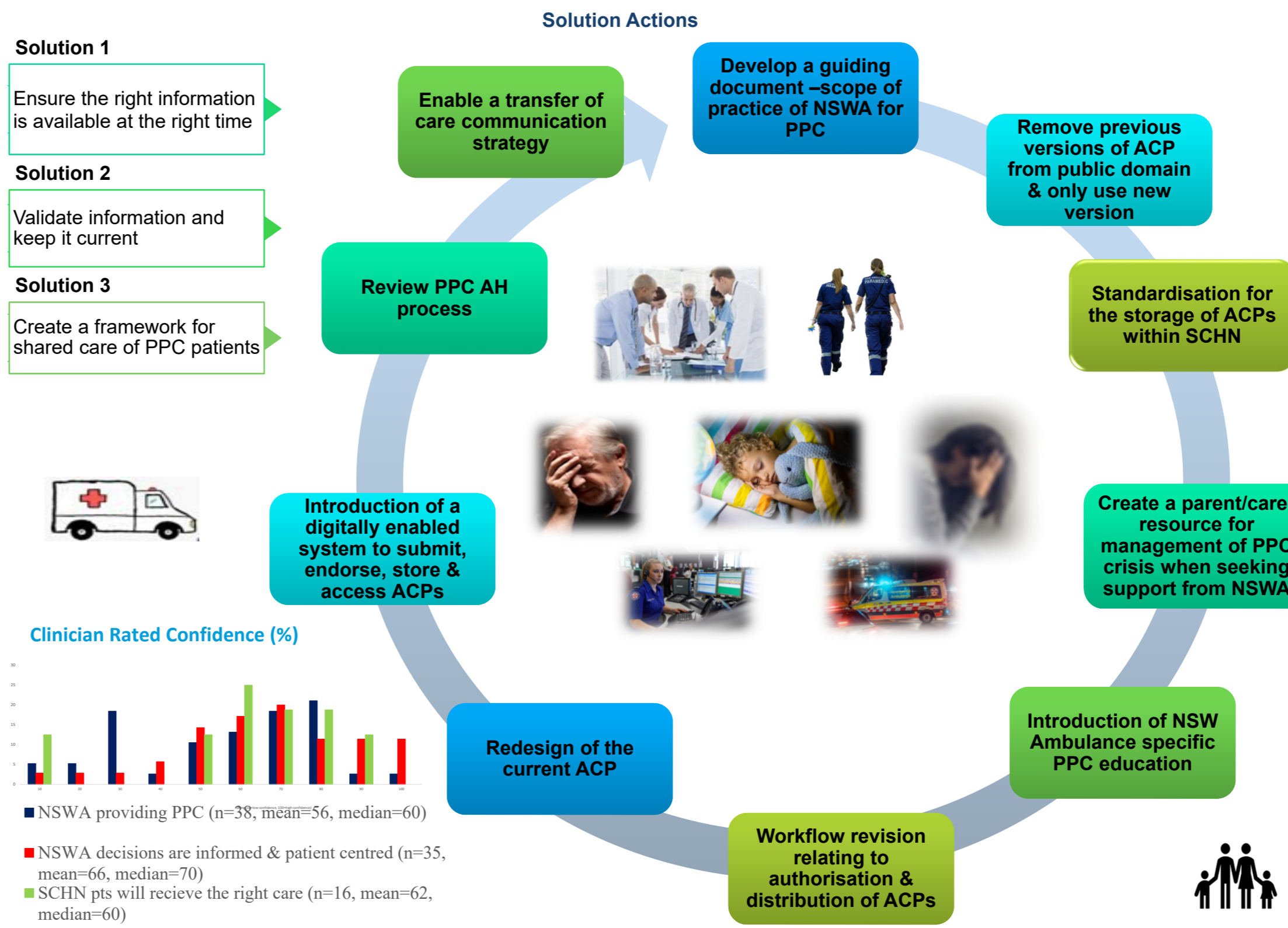
Goal
Improve the experience, integration, and continuum of healthcare for PPC patients and families when accessing care via Triple Zero (000) by June 2024.

- Objectives**
- Objective one:** Gain a deeper understanding of the experience of parents and carers.
 - Objective two:** Increase confidence (62% to >90%) of SCHN PPC and medical practitioners that the right coordinated care is provided to PPC patients in circumstances where unplanned care is required.
 - Objective three:** Improve confidence (66% to >90%) of Ambulance clinicians that their decisions are informed and patient-centered.

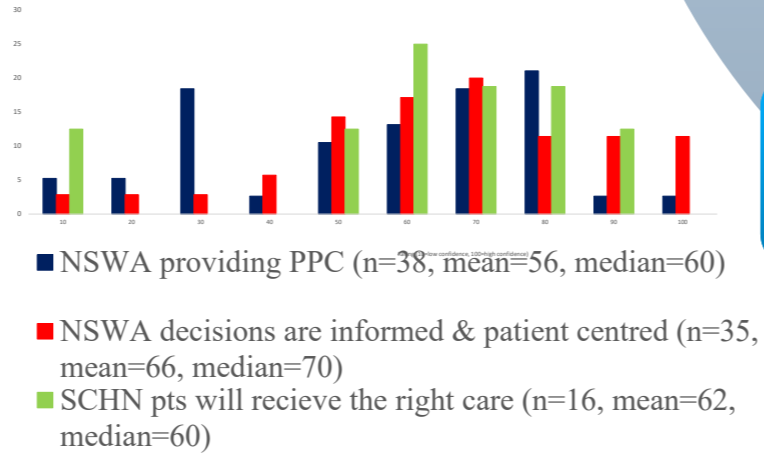
Diagnostics – method

Activity	Mode
NSW Ambulance (NSWA) questionnaire	89 surveyed, 44% response rate. 61 clinicians targeted due to previous PPC callout. 70% respondents ≥ 10 years of experience, 88% reported experience providing PPC
Data analysis	SCHN 2021-2023 ACPs reviewed (n=93), deep dive SCHN ACPs Jan-June 2023 (n=18) NSWA 314 PPC incidents, 20 deep dive ACP plan 2023 (Jan 2019 – June 2023)
PPC Patient Medical Record Audit SCHN (Emergency Department (ED))	June 22- July 23 PPC patients presented SCHN ED – mode/reason/admission length PPC (no. = 12) mode Ambulance (3) , Air Ambulance (1) & Car (8), all pt. admitted to ward following presentation for potentially reversible treatment
IIMS+ analysis	June 22-July 23 (SCHN- 7768 records, N/A) (NSWA - 38 IIMS, N/A)
Community Palliative Care Questionnaire	Ministry of Health Network, targeted nurse practitioners/ clinical nurse consultants (CNC) (n = 11)
Consumers feedback	Bear Cottage Family Advisory Group, bereaved parents, PPC Consumer Group, (n=4)
Process Mapping	4 sessions (on-line & face-to-face) (n= 23) SCHN PPC Clinicians (SCHN (7) & John Hunter Children's Hospital PPC (n=2) NSWA Clinicians (n=14)
PPC/Medical Questionnaire	Email to SCHN Medical Head of Departments/ PPC Medical, Nurse practitioner, CNC/ Medical statewide (Outreach CNCs contacted to distribute) (n=16). 64% had experience submitting an ACP
Policy Review	Over 15 NSW Health policies, protocols & guidelines that intersect with process map. Nil overarching covers PPC & Ambulance care

Solutions

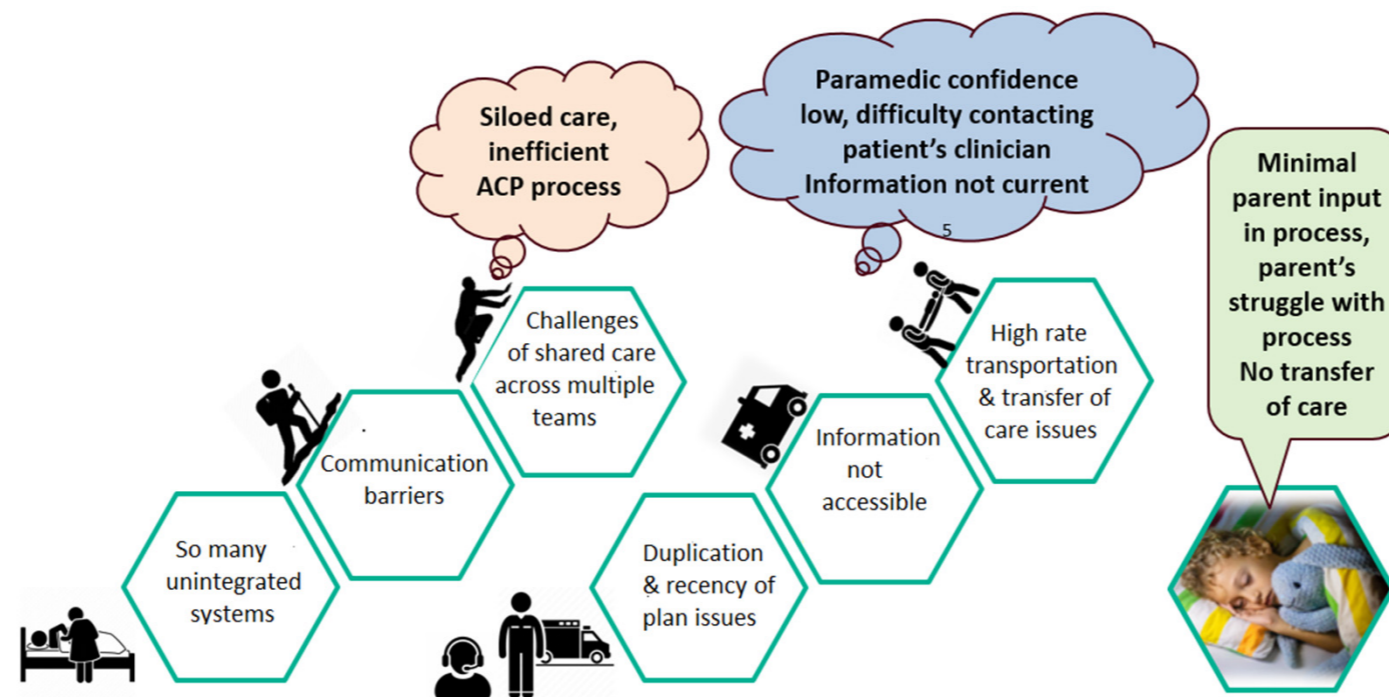


Clinician Rated Confidence (%)



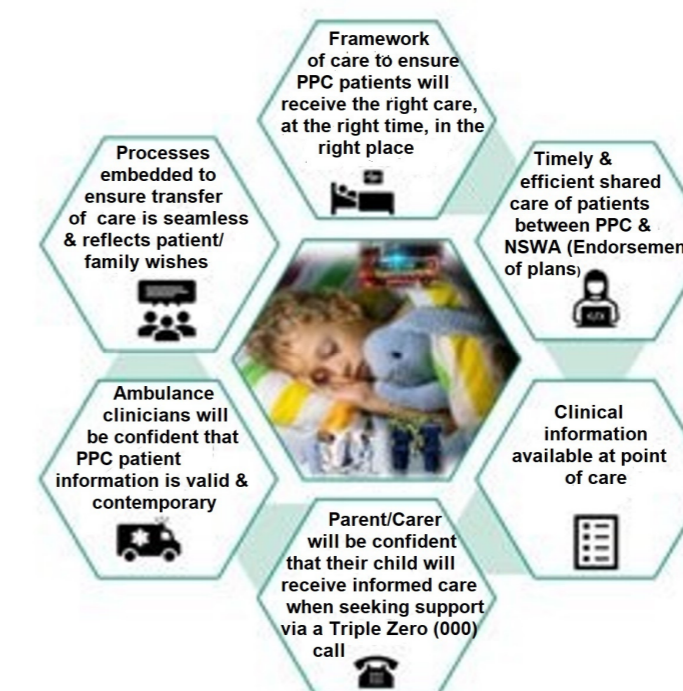
Current state

Current state – care delivered in a siloed state.



Future state

Future state – improved efficiency of communication & connection.



Implementation plan

Implementation will commence in April 2024. An Implementation Management Committee will be established which will ensure ongoing collaboration between the three organisations (MoH, NSW & SCHN) and regular engagement with key stakeholders. Continuous improvement methodologies will be applied, including through Plan-Do-Study-Act cycles.

Sustaining change

Key performance measures and benefit realisation will be monitored post-implementation. To ensure implementation success, the project team will engage a range of stakeholders to change staff thinking and attitudes within each organisation, reinforced by the transformation of internal systems. Monitoring and evaluation of the implementation activities will occur through the standard NSW Treasury & MoH processes.

Conclusion

Undertaking this improvement project as a collaborative co-design initiative between the three organisations has already led to greater understanding, increased engagement, and integration of how we can deliver shared care. Ongoing benefits will be more informed decision making & increased clinician confidence, ultimately this will improve the experience for PPC patients and their families. Solutions are scalable and can be implemented across all LHDs and speciality networks within the NSW Health system and are applicable for all patient cohorts under the Authorised Care Program, such as adult palliative care and complex care.

Acknowledgements

Clare Beech – Co-Sponsor (NSWA Executive Director Clinical Capability, Safety & Quality)
Joanne Ging – Co-Sponsor (SCHN Executive Director Clinical Operations)
NSWA Team
SCHN & JHCH PPC Team
Bear Cottage
Emma Dickins (SCHN Redesign & Change Manager)
Anna Rozario (NSWA Senior Manager Redesign & Innovation)
Community Palliative Care Nurses & Paediatricians
Bear Cottage Family Advisory Group
Acknowledgement to parents/carers/patients – we are forever learning from you

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