*A note on this Project Plan Template (delete this page when the document has been finalised).*

This Project Plan Template has been created by the ECI to give direction and boundaries to the local implementation team during the implementation of the Nurse Delegated Emergency Care model.

The purpose of the Project Plan is to give clarity, directed purpose, accountability and defined boundaries of the project. Project Plans have been shown to assist in the likelihood of successful implementation during a practice change.

The document has been designed to be edited and ‘localised’. It is up to the discretion of the implementation team how this document will be used. Generally the options will include

1. Use this document in its entirety – noting and completing ‘text boxes’ to contextualised the document to your setting
2. Cut and paste sections of this document as needed
3. Disregard the document from the local NDEC matrix

Whatever the decision of the implementation team, it is highly recommended that the implementation team uses a Project Plan. It is also recommended that a new project plan be used for each site even if co-located within the same Local Health District.

Project Management Plan

Project Name:

**Nurse Delegated Emergency Care**

Author: Enter author name

Organisation: Enter LHD name

Facility: Enter facility name

Creation: Select creation date

Last Updated: Select ‘last updated’ date

Version: Enter version number

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# Purpose of the Project Plan

The purpose of this project plan is to provide the enter facility name Implementation Team with a recognised framework for the local implementation of the Emergency Care Institute (ECI) *Nurse Delegated Emergency Care* (NDEC) model. The NDEC project plan will give clarity, directed purpose, accountability and defined boundaries to the NDEC implementation thus increasing the likelihood of successful implementation.

The project plan must form an agreement between the Local Health District Project Sponsor/s, local Project Officer, local NDEC Implementation Team and other key stakeholders. The agreed project plan will articulate key aspects of the NDEC implementation project.

Endorsement and signoff of the NDEC Project Plan by enter authorising project sponsor name as the authorising project sponsor, will indicate formal acceptance and endorsement of the project and all associated activities.

# Background

A thorough background of the NDEC can be found on the ECI website, [www.ecinsw.com.au](http://www.ecinsw.com.au/) (search for NDEC).

### Local Context

Provide a brief description of the challenges of the local ED which lead to NDEC consideration

Implementation of the ECI NDEC model will benefit the community of enter local community name through:

* Better timely care for low acuity / low risk patients.
* Care of low acuity / low risk ED patients occurring within a collaborative holistic framework.
* Decreasing the incidence of on-call medical officer ‘call in’ to the facility for low acuity / low risk patients.
* Decreasing excessive clinical hours associated with medical practice within a rural context, particularly ‘after-hours’.
* Increased medical officer recruitment and retention.
* Providing an adequate authorised framework for ED Registered Nurses (RNs) to exploit their recognised scope of practice in the management of low risk / low acuity injury and illness.

These benefits are achieved through nurse lead patient care. This care is achieved through an efficacious, evidence based matrix of patient care, education, accreditation, auditing and governance materials. These materials form the basis of the ECI NDEC patient care model.

This document outlines the implementation of the ECI NDEC at enter facility name.

# Goals and Objectives

### Goals

The goal of NDEC is to empower NSW rural and remote health facilities, and in particular registered nurses, to provide better, faster and more efficient care to low risk / low acuity patients who present to local EDs.

The goal of the NDEC Project Plan is to outline a facilitated process for local implementation of the NDEC at enter facility name.

The NDEC aligns with the *NSW 2021* strategic plan for Health[[1]](#footnote-1). *NSW 2021* Goal 12 delineates a need to *provide world class clinical services with timely access and effective infrastructure.* Specifically, the NDEC meets the targets of

* Restoring local decision making
  + The NDEC is not a mandatory requirement for LHDs. It is up to the LHD to decide on commencing implementation. An LHD that decides to implement NDEC will be supported by the ECI.
  + The original patient care model was designed by clinicians for clinicians. The NDEC will be reviewed and implemented by clinicians with support from other clinicians within the ECI, Agency for Clinical Innovation and beyond.
* Delivering alternative services to patients with less critical conditions
  + The NDEC allows a nurse to manage an entire patient’s ED encounter when they present with low risk / low acuity symptoms.
  + An innovation of the NDEC is the formal delegation of care to the RN, allowing an alternative care stream.
* Increased patient satisfaction
  + Reviews of the initial pilot of the patient care model illustrated significant improvements in patient and carer satisfaction.
  + State-wide[[2]](#footnote-2) implementation of the NDEC improves access to quality health care for low risk / low acuity patients.
  + The NDEC maintains the patient as the centre of health care decisions.

### Objectives

The implementation objectives of the NDEC Project are:

* Engage all appropriate key stakeholders.
* Foster communication across all key stakeholders including LHD Executive, local GPs, facility managers, frontline clinicians, consumers and the ECI.
* Provide leadership along a pathway of project implementation.
* Review all associated ECI produced components.
* Confirm components that will be used including those that require local adaptation (note some components are mandatory to be running the ECI NDEC model). Edit adaptable documents as required by local context.
* Gain endorsement of the NDEC for local implementation through LHD governing bodies.
* Establish a matrix for ongoing local review and local governance of the NDEC in partnership with the ECI.

# Measurable Benefits

It is expected that implementation of NDEC at enter site name will have the following measurable benefits, which are congruent with previous implementation evaluation results

* Increased clinician (GP, RN and ‘other’) satisfaction
* Increased attraction and retention rates of clinicians to the rural / remote community
* Increased consumer satisfaction
* Positive impact on current NSW MoH priorities including NEAT
* Demonstrated cost efficiencies if not improvements
* Add site specific information

# Project Approach

The NDEC project approach will use enter the name of the change methodology if one is being used otherwise delete content and heading methodology to guide change management. The NDEC has already gone through a Clinical Redesign Methodology process when initially piloted.

# Scope of the Project

### Scope Outline

The scope of the Project will be to steer NDEC implementation at insert site name. The implementation team will partner with a number of key stakeholders to achieve the goals and objectives of the project.

### In Scope

* Engaging the ECI for assistance
* Engagement of key stakeholders
* Setting and maintaining the local implementation timeline, meetings, etc.
* Planning for local implementation
* Planning NDEC function within the local context / facility
* Reviewing all ECI NDEC resources
* Alteration and / or culling of ‘optional’ components
* Pre – implementation audit completion
* Remedial work focusing on triage, assessment and documentation processes as indicated by the initial audit
* Ratification by the LHD of the NDEC patient care suite (particularly the Nursing Management Guidelines and Standing Orders)
* Local education including RN endorsement and community awareness
* Formal implementation review including post implementation audit completion
* Creation / identification of an appropriate local governance structure
* Feedback and improvement suggestions to the ECI
* Insert other site specific issues if needed otherwise delete

### Out of Scope

* Alteration of the ‘mandatory components’ of the ECI NDEC
* Non-adherence to the auditing and governance regime
* Non-adherence to the education and RN competency assessment regime
* Other ED sites[[3]](#footnote-3)
* Non ED clinical areas
* Insert other site specific issues if needed otherwise delete

# Assumptions

* The decision for implementation has been made at a local level within enter LHD name by the relevant governance structures.
* Support and mentoring will be provided by the ECI throughout implementation and beyond.
* There are mandatory components that must be agreed to when implementing the ECI NDEC. *(Similar patient care models are being developed by other LHDs. The NDEC does not override previous or continuing work by a specific LHD unless a decision is made to transition to the ECI NDEC).*
* A commitment to the auditing process has been agreed upon. *(The auditing processes form a significant component of ongoing NDEC safety by allowing individual practice improvement and complete model evaluation)*
* The ECI will provide electronic and ‘hard copy’ resources for the NDEC. The ECI will continue ongoing responsibility for maintaining accuracy and currency of these resources.
* Appropriate and adequate local resources will be made available by the Sponsor to deliver objectives to the planned schedule. This will occur at a state and local implementation level.
* Required staff will attend scheduled meetings.
* Implementation schedule will be achieved
* Feedback on the implementation and the NDEC model will be provided to the ECI to guide ECI NDEC improvements.

### Internal

Enter any specific local challenges / assumptions that have been identified by the implementation team

The ED at enter facility name has limited capacity to implement new patient care modes. However, the ECI NDEC has been specifically designed to cater to the challenges of the rural and remote health setting. The ECI has also created a comprehensive suite of resources to equip a local implementation team.

### Inter-project

The ECI NDEC aligns with other projects including national and NSW Ministry of Health priorities. These include the *National Emergency Access Targets* (‘four hour rule’*)* and the *NSW 2021* priorities.

There are similar existing and proposed projects by specific NSW LHDs. The ECI NDEC does not attempt to replace or supersede these similar patient care models. However, a LHD may choose to adopt the ECI NDEC. When a LHD chooses to adopt the ECI NDEC, the ECI will assume ongoing oversight[[4]](#footnote-4).

Add other inter-project issues / assumptions otherwise delete.

### External

There are a number of local key stakeholder groups that the NDEC may impact. Part of the Project Plan is to acknowledge and engage these local groups.

Add other local external issues / assumptions that have been identified otherwise delete.

# Project Flexibility Matrix

|  |  |  |  |
| --- | --- | --- | --- |
|  | Least Flexible | Moderately Flexible | Most Flexible |
| Benefits |  |  | X |
| Budget | X |  |  |
| Schedule |  | X |  |
| Scope | X |  |  |

# Major Project Deliverables, Scheduling and Milestones

Within four – six months, project output will include; NDEC is endorsed and implementation commenced within the local facility.

Within six – eight months, initial implementation has been evaluated and reported. The local governance structure has been set-up and formally handed over.

The Implementation Timeline on the following pages can be used by implementation teams to plan and track key milestones during the implementation process.

Some items will occur in sequence, whilst other aspects will occur concurrently. The template has been designed for alteration and site specific modifications. It may be added to, or subtracted from, as the implementation team requires.

Suggested durations have been provided as a guide only. The duration of any milestone will depend on local factors which should be considered when calculating the estimated delivery date.

The final page is a timeline summary that can be populated and used as a ‘quick review’ tacking resource as needed.

For assistance with project management timelines (or any other project management issue), it is recommended that you contact the ECI via [info@ecinsw.com.au](mailto:info@ecinsw.com.au) or (02) 9464 4674.

| Item | Deliverable | Description | Acceptance Criteria / Responsibility | Suggested time frame | Estimated Delivery Date | Status |
| --- | --- | --- | --- | --- | --- | --- |
| 1 | Contact made with ECI | Notification that enter site name is an interested implementation site for NDEC | Senior clinician / manager |  |  |  |
| 2 | Documented agreement between LHD / site / clinicians and GP(s) to commence local NDEC implementation | Formal decision through appropriate consultation to commence NDEC at enter site name  *(Signed formal project plan can serve this purpose. Template available)* | Sponsor / LHD Executive | 1 – 2 weeks | Select estimated date |  |
| 3 | Implementation team nominated | Core key stakeholder group nominated and invitations sent from LHD executive  *Template available* | Potential team identified, formal invitations sent Sponsor / LHD Executive | 1 – 2 weeks | Select estimated date |  |
| 4 | Implementation team membership confirmed | Invitations are accepted by invitees | Implementation team confirmed  Sponsor / LHD Executive | 1 – 2 weeks | Select estimated date |  |
| 5 | Project plan / terms of reference / meeting schedule / agenda confirmed | Review ECI Implementation templates. Adopt and localise or create equivalent documents  *Templates available* | Documents reviewed, edited (or created) and enacted.  All implementation team members | 2 - 4 weeks | Select estimated date |  |
| 6 | Key local / LHD stakeholders identified and communication plan completed | Key stakeholders identified and engagement strategy prepared  *Templates available* | Strategy reviewed. Engagement with clinicians, community and LHD commences. Ongoing throughout implementation  All implementation team members | Within 4 weeks.  Ongoing review | Select estimated date |  |
| 7 | Entire NDEC suite is reviewed. NDEC is “localised” as indicated | Includes implementation, education, RN accreditation, patient care, auditing and governance. Appropriate alterations are made in line with local context.  The *‘how’* aspect of NDEC at enter site name  *Templates available* | Key local operational decisions are agreed including auditing regime, staff education strategy, NDEC operational hours and referral process    All implementation team members and key clinical stakeholders | 4 – 6 weeks | Select estimated date |  |
| 8 | Patient care documents are endorsed by delegating medical staff | Patient care documents are reviewed by local medical staff and endorsed for *delegated care* by RNs at enter site name | Documents reviewed and endorsed as agreed locally  Senior local medical officer / medical lead for implementation | 2 – 4 weeks | Select estimated date |  |
| 9 | Patient care documents (medication standing orders) are submitted to LHD Drugs and Therapeutics committee (or equivalent) | Patient care documents are agreed upon, then medication standing orders are submitted to enter LHD drug committe title  *Templates available* | Medication Standing Orders submitted to enter LHD drug committe title  Implementation team / Sponsor / LHD Executive | Within 1 week of above | Select estimated date |  |
| 10 | *Implementation Readiness Assessment* completed | Assessment completed (within implementation documents) Issues are identified and specific strategies developed to address these | Assessment completed  Implementation team | 4 – 6 weeks | Select estimated date |  |
| 11 | Staff and patient surveys commenced | Surveys handed out to staff and patients | Forms part of item 10  Implementation team | As above | Select estimated date |  |
| 12 | Pre-implementation audit is completed (part of *Readiness assessment)* | Pre-implementation audit is conducted, analysed and results fed back to individuals. (Snap shot audit of 10 consecutive patient notes).  *Instructions and template available* | Audit is completed and results fed back to department and individuals as required | 4 – 6 weeks | Select estimated date |  |
| 13 | Generic NDEC RN education completed by prospective NDEC RNs | Prospective NDEC RNs commence and complete generic (non-site specific) NDEC training either e-learning or face-to-face | Education (e-learning or face to face is completed)  Enter HSM/ ED NUM | 4 – 6 weeks | Select estimated date |  |
| 14 | Localised education session completed by prospective NDEC RNs | NDEC RN education on local NDEC arrangements is completed. . A feedback loop should be in place to allow questions back to the implementation team  *Template available* | Education for site specific information  Enter HSM/ ED NUM | As above | Select estimated date |  |
| 15 | Competency assessment of “NDEC RNs” achieved | Competency is achieved for RNs using the NDEC. This is a blended assessment – includes completion of education session, quizzes, simulation and workplace assessment  *Template available / See NDEC Education framework for specific instructions* | Formal assessment is completed  Enter HSM/ ED NUM and CNE | 6 – 8 weeks | Select estimated date |  |
| 16 | Awareness education sessions for other enter facility name staff | Completion of e-learning (generic) program and / or face-to-face information session. A feedback loop should be in place to allow questions back to the implementation team  *Template available* | All staff within enter facility name are aware of, and have opportunity to ask questions about, NDEC. | 4 – 8 weeks | Select estimated date |  |
| 17 | “Go-live” date is confirmed | NDEC “Go-live” date is agreed upon and promoted | ‘Go-live’ date is confirmed and determines majority of the schedule  Implementation team | Set within 6 weeks of project commencement | Select estimated date |  |
| 18 | Community awareness program is instigated | Community awareness commences (*as per item 6*) through key community groups and meetings and print media including enter specific local organisations / groups . A feedback loop should be in place to allow questions back to the implementation team  *Template available* | Community engagement commences  Implementation team | 2 – 4 weeks prior to ‘go live’ | Select estimated date |  |
| 19 | Clinical area is prepared for NDEC | Clinical area is chosen for NDEC, alterations made as needed and area set up with NDEC resources | Clinical area is set-up with required resources for completion of NDEC | 1 – 2 days prior to ‘go-‘live’ | Select estimated date |  |
| 20 | NDEC “Go live” | High profile activation of NDEC within enter facility name | *As per item 17*  Implementation team | *As per item 17* | Select estimated date |  |
| 21 | Feedback loop during –go-live’ implementation | Feedback mechanism is available to staff and patients using NDEC | As per item 6 | As per item 6 | Select estimated date |  |
| 22 | Post-implementation surveys and audits are completed | Post-implementation surveys and audit is conducted, analysed and results fed back to individuals. Corrective practice changes are completed as indicated  *Templates available* | Post implementation surveys and audit completed (in line with item 11 and 12).  Enter HSM/ ED NUM | Within 3 months of ‘go-live’ | Select estimated date |  |
| 23 | Implementation process feedback to ECI | General and specific feedback sent to ECI on implementation successes, challenges and future suggestions, including results of *item 22* | Implementation feedback provided to ECI including areas of improvement for site and / or ECI  Implementation team | Within 6 months of ‘go-live’ | Select estimated date |  |
| 24 | Ongoing local governance formally handed over to enter appropriate local governance group | Governance is handed over to enter appropriate local governance group for ongoing NDEC local oversight | Once NDEC is implemented, the implementation team is disbanded with formal handover to enter appropriate local governance group for ongoing governance  Sponsor / LHD Executive | within 6 -12 months of ‘go-live | Select estimated date |  |
| 25 | Ongoing partnership with ECI | Although the implementation phase is complete, NDEC will continue to evolve with practice improvements and the local context. NDEC will require regular (annual) review and revision at a local and state level.  Review and review should be managed as a distinctive process outside of implementation. However, it is noted that members on the implementation team would be well place to contribute to a local or state (ECI) NDEC review working party | Review and revision process will be coordinated through enter appropriate local governance group .  Ongoing feedback loops between enter facility name and the ECI | On-going (outside scope of implementation project | On-going (outside scope of implementation project |  |

|  |  |  |
| --- | --- | --- |
| Month (year) | Activity |  |
| Select estimated date | Implementation agreed and implementation team formed |  |
| Select estimated date | Audit review processes commences | **Ongoing communication and consultation** |
| Select estimated date | NDEC suite reviewed and endorsed |  |
| Select estimated date | Training and accreditation commences |  |
| Select estimated date | Community engagement initiated |  |
| Select estimated date | Clinical area setup |  |
| Select estimated date | ‘Go-live’ |  |
| Select estimated date | Post implementation audit |  |
| Select estimated date | Local ongoing governance handover |  |
|  |  |  |

# Governance, Reporting, Roles and Responsibilities

# Risk and Issue Management

A risk and issue management register has been developed to identify, monitor and manage the issues and risks that may arise throughout the course of the NDEC implementation at enter site name . Recording of these aspects will be via the risk and issues register log maintained by enter position that will be responsible . The register log will be reported to the implementation team and enter local executive group / committee as part of the regular reporting regime.

|  |  |  |  |
| --- | --- | --- | --- |
| Risk | Potential Issue | Potential Mitigations | Risk Rating |
| Multiple stakeholders including (but not limited to) General Practitioners, Registered Nurses, Health Service Managers and LHD executive | Conflict due to differing priorities across stakeholder groups | Collaborative implementation team from key stakeholder groups  Conflicts identified and resolution sought – if consensus unable to be agreed; will be referred to enter authorising sponsor title (or name) for deliberated solution | Extreme |
| NDEC is implemented without local governance and auditing processes in-situ | Ongoing safety of NDEC is highly determined by triage and auditing processes  Failure to maintain stringent auditing process will increase likelihood of practices outside the scope of the NDEC and subsequent adverse events | Pre-implementation audit forms part of the implementation procedure as received from the ECI.  Regular post implementation audits (3 months post implementation then annually are required to show evidence of ongoing NDEC compliane | Extreme |
| Nurses practicing outside of their recognised and authorised scope of practice | Nurses perceived to be practicing beyond their scope of practice within the NDEC leading to risks to patient safety  Patient safety is compromised due to RN assessments and procedures beyond the NDEC.  NDEC perceived to be authorising nurses to practice beyond the gazetted RN scope of practice potentially leading to higher grade duties claims | NDEC had proven evidence base within HNELHD *‘Walcha MoC’*. Safety and efficacy has been established.  Ongoing auditing processes monitor ongoing safety and compliance of NDEC.  NDEC directs basic core nursing care provision to gazetted low risk / low acuity ED patients. No extended nursing roles are authorised under NDEC.  A legal framework for nursing care delegated from a medical officer is integral to NDEC. | Moderate - Extreme |
| GP income may be adversely affected by NDEC implementation | ‘Fee for service’ income is affected due to NDEC functioning | Identified trade-off of income versus lifestyle  Hours of operation / how & when NDEC will operate is a significant decision that needs to be formalised.  Manage as per item 1 above. | Moderate - Extreme |
| Finite resources at implementation sites with limited project management experience | Sub-optimal site implementation (including failed implementation)  Failure to engage appropriate local stakeholders  Inadequate authorising and reinforcing sponsorship | Implementation package as provided by ECI equips local team in implementation plans and function  ECI / ACI will provide ongoing mentoring for sites implementing NDEC as required  Authorising sponsors will be given appropriate orientation to NDEC, allowing appropriate allocation of local resources | Extreme |

# Stakeholder and Communication Plan

The following stakeholder management and communication plan identifies key stakeholders that the NDEC Project at enter site name will engage and how they will be communicated with. It is anticipated that, as the project progresses, communication needs will change. Therefore, the plan is a living document and is subject to change.

The following groups have been identified as key stakeholders for the project.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Stakeholder | Engagement | Purpose | Message | Tools / Medium | Timing | Responsible officer |
| LHD Executive enter specific title | High | LHD authorising sponsor | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  All aspects requiring formal endorsement  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Telephone / email as required  Reports | Enter agreed time frame | enter specific title / role |
| LHD Board | High | LHD governing body | Project ownership  NDEC promotion  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Reports | Enter agreed time frame | enter specific title / role |
| Local Health Advisory Committee / Board | High | Local governing body | Project ownership  NDEC promotion  All aspects requiring formal endorsement  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Reports | Enter agreed time frame | enter specific title / role |
| Implementation team | Very high | NDEC site champions  Primary group for implementation of NDEC | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  All aspects requiring formal endorsement  Achievement of aims and objectives  Risks / Issues  Implementation strategy and progress | Face to face  Meetings – video / teleconference & WebEx  Telephone & email | Formal meetings weekly during implementation  Telephone and email as required | Implementation team lead / team chairperson |
| Site network director  enter specific title | High | Clinical lead for NDEC implementation | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  All aspects requiring formal endorsement  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Telephone / email as required  Reports | Enter agreed time frame | enter specific title / role |
| Local General Practitioners | Very high | Key targets,  local project champions and / or agents at site specific implementation level | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  All aspects requiring formal endorsement  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Meetings / forums  Reports | Enter agreed time frame | enter specific title / role |
| Facility nursing staff | Very high | Key targets,  local project champions and / or agents at site specific implementation level | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Meetings / forums  Reports | Enter agreed time frame | enter specific title / role |
| Site health service manager | Very high | Key targets,  local project champions and / or agents at site specific implementation level | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Meetings / forums  Reports | Enter agreed time frame | enter specific title / role |
| Stakeholder | Engagement | Purpose | Message | Tools / Medium | Timing | Responsible officer |
| Other facility staff (including non-clinical staff) | High | Indirect stakeholders, clinician specialists (allied health) etc. | NDEC promotion  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Reports | Enter agreed time frame | enter specific title / role |
| LHD CNC / NE / CNE groups | Very high | Local project champions. Likely auditors and / or local education and competency assessment facilitators / coordinators | Project status (detailed)  Project ownership  NDEC promotion  Resource needs  Achievement of aims and objectives  Risks / issues identification & mitigation | Face to face  Meetings / forums  Reports | Enter agreed time frame | enter specific title / role |
| Key community groups (RSL / CWA etc) **\*** | High consider specific group needs | Community communication / promotion vehicle | Project status (if requested)  NDEC promotion  Risks / issues mitigation | Flyers  Face to face | Enter agreed time frame | enter specific title / role |
| Local media | High | Community communication / promotion vehicle | NDEC promotion  Risks / issues mitigation | Flyers  Face to face  Media releases | Enter agreed time frame | enter specific title / role |
| ECI | High | State endorsing body for NDEC and support agency as required | Project status (detailed)  Achievement of aims and objectives  Deliverables  Risks / Issues  Implementation strategy and progress | Face to face  Reports  Meetings (video / teleconference & WebEx)  Telephone & email  Presentations  ECI website  Reports | Enter agreed time frame | enter specific title / role |
| Add additional as required by local context |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

\*Consider individualised strategy for each key community group

# Financial Management: Costs and Benefits

|  |  |  |
| --- | --- | --- |
| Item | Quantity | Cost |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

# Evaluation

Implementation will be evaluated using the following methods delete or add aspects as required

* Clinician and consumer surveys
* Practice audits
* Patient demographic and usage audits
* Patient experience tracking

# Document Approvals

The signature page indicates approval for the Project Management Document. All authorising parties have reviewed the attached document and agree with its contents.

***Site / nursing lead: the ECI will be in regular contact with this person to plan implementation***

Print name Email Phone

***GP lead: the ECI will be in regular contact with this person to plan implementation***

Print name Email Phone

***LHD sponsor: the ECI will be in regular contact with this person to plan implementation***

Print name Email Phone

1. NSW Government (2011) *NSW 2021* Department of Premier and Cabinet, Sydney (p25 – 26)

   <http://www.2021.nsw.gov.au/sites/default/files/NSW2021_WEB%20VERSION.pdf> [↑](#footnote-ref-1)
2. The decision to implement the NDEC is a local decision by an LHD. This is not a mandatory directive [↑](#footnote-ref-2)
3. It is recommended that a separate Project Plan be completed for each potential site, even if co-located within the same LHD. [↑](#footnote-ref-3)
4. There is a requirement by a LHD implementing the NDEC to commit to a regime of initial and ongoing local auditing and governance as part of the implementation agreement. [↑](#footnote-ref-4)