ACI NSW Agency for Clinical Innovation

Building a Blueprint for Improvement in NSW

Palliative Care: Fit for the Future :: 4 Sept 2015

Dr Rob Wilkins| Program Manager | Agency for Clinical Innovation

Collaboration.
Innovation.
Better Healthcare.

The Agency for Clinical Innovation (ACI)

- The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW.

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The ACI

- 40 Networks
  - Specialty specific and medically defined ones
  - System-oriented
- Acute Care Taskforce
- Emergency Care Institute

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Why Networks?

…[they] engage stakeholders in negotiating agreements about what is necessary, desirable, feasible…and elicit people's commitment to realising those agreements in practice.

Iedema, R., Verma, R., Wutzke, S., Lyons, N. and McCaughan, B. (under review) A network of networks? Novel governance of collaborative approaches to healthcare reform and improvement. *Journal of Health Services Research & Policy* [submitted for review in Sept 2014]

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Who are we?

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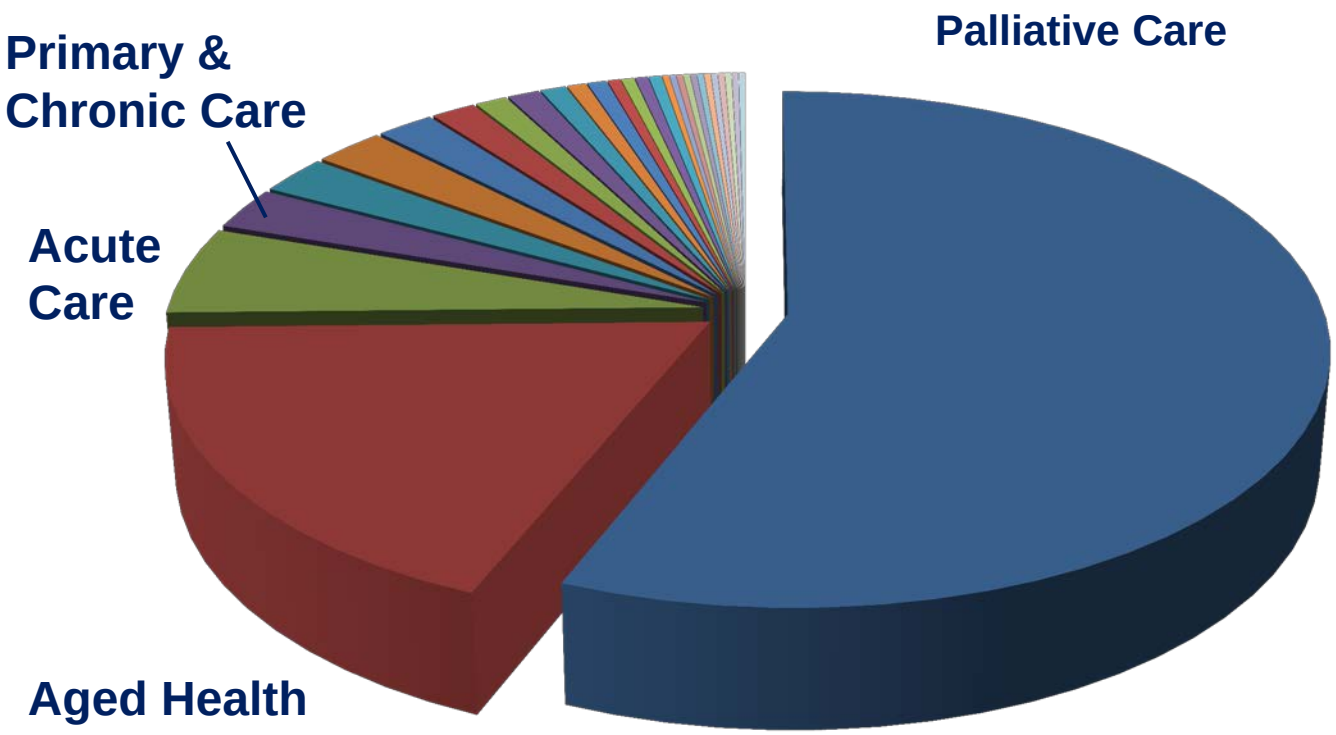
Who are we?



- Palliative Care
- Aged Health/Care
- Primary Health
- Other
- General Practice
- Oncology
- Health Service Manager
- Critical Care
- Consumer
- Other Medical Specialists
- Chronic Care
- Pain
- Rehabilitation
- Intellectual Disability
- Neurology
- Research
- Respiratory
- Aboriginal Health Worker
- Cancer Services
- Cardiology
- Community Health
- Dementia Services
- Haematology

N= 470

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Authors

470 +

clinicians, researchers, carers, consumers, health service managers, advocates

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Vision

- To ensure that all NSW residents have equitable access to quality care based on assessed need as they approach and reach the end of life.

Wicked Problem

- Socially complex - no clear solutions
- Differing perspectives
- Multiple, interrelated factors
- No single source of responsibility
- Affects everyone

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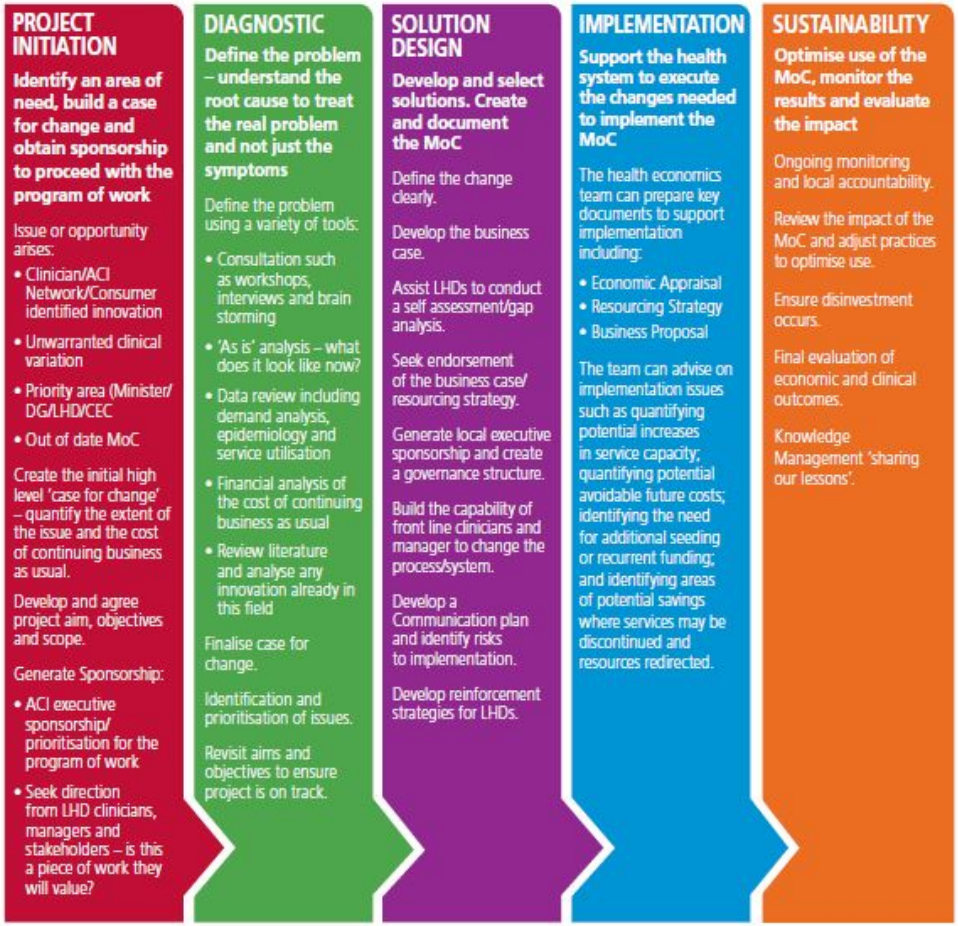
Diagram 1: Process Flow Chart for developing a Model of Care (MoC)

This document is used to illustrate the process for developing a Model of Care. It encompasses the work owned by the project manager and the functions that the Clinical Redesign and Implementation Team assist with.



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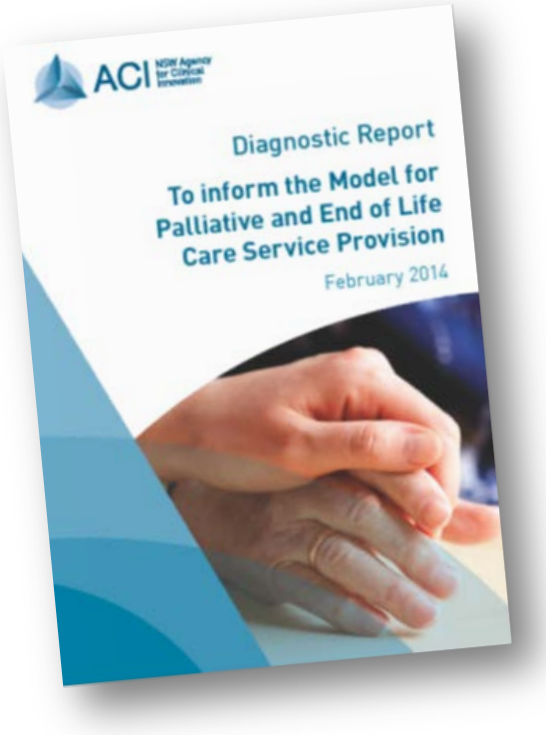
ACI, 2013

Improvement journey

Methodologies



- 1200 semi-structured individual and group interviews
- Fact of Death Analysis
- Grounded Theory Analysis
- 12 Key Learnings
- Proposal of architecture
- Modified Delphi Technique with the Network
- CareSearch sourced Tools and Resources

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Fact of Death Analysis

- An exploratory analysis of the use of NSW public hospital services by people who died in 2011/12 and were hospitalised and/or presented to ED a year prior to their death

Analysis undertaken by the Health Economics and Evaluation Team, ACI using NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

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Headline Findings

- There were around 38, 282 deaths relevant to this analysis
- 164,794 hospitalisations
- Relatively intense use of admitted acute hospital services
- 76% of all people who died in 2011/12 presented to ED in the year prior to the persons' death
- Average length of stay considerably higher (13 days when day only admissions excluded)

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Headline Findings - costs

$977.4 million for inpatient admitted care (1.4 million bed days)

$32.5 million for non-admitted presentations to ED

Analysis undertaken by the Health Economics and Evaluation Team, ACI using NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

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Headline Findings

Total cost of hospitalisations and non-admitted emergency presentations was about $1 billion

Analysis undertaken by the Health Economics and Evaluation Team, ACI using NSW Combined Admitted Patient Epidemiology Data and ABS population estimates (SAPHaRI). Centre for Epidemiology and Evidence, NSW Ministry of Health

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What we learned?

- Myths
- Gaps
- Goodwill and passion
- Risk
- Scepticism and disagreement
- Innovation and pride
- Language is confusing

Rural

'We're very good at thinking outside the square. We cobble together a service that is appropriate for the patient – try to help, rather than explain to people why we can't help.'

Rural Remote Palliative Care Specialist

'We provide a good, flexible service for our community, often reaching after hours, but as long as we do this there will be a feeling that all is fine with the way we're resourced and supported – and it's not okay. Some staff work 7 days a week or well into the evening.'

Rural Palliative Care Specialist

Communication

A big issue with clinicians is not knowing how to communicate with families. One of the biggest issues for the clinicians is the family's expectations. They don't expect to have an end of life conversation…

Intensive Care Nurse

I try to work with families on the wards. It takes a lot of time talking to families and defining the limitations of care…

Rural Intensive Care Liaison Nurse

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12 Key Learnings – hooks to hang our concepts from

People's needs change

Geography matters

Hospitals are the 'default' carers for many

Language can be confusing

Leadership and collaboration is needed

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Developing a Blueprint for Improvement

10 Essential Components & their

Intended Beneficial Outcomes

Principles

Enablers

Vision

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10 Essential Components

1. Informing community expectations and perceptions
2. Discussions…and planning future goals
3. Access to care providers across all care settings
4. Early recognition
5. Care is based on assessed needs
6. Seamless transitions across all care settings
7. Access to specialist p.c. when needs are complex

10 Essential Components

8. Quality care during the last days of life
9. Supporting people through loss and grief
10. Quality care is supported through access to reliable, timely clinical information and data

Sourcing tools and resources

- CareSearch sourced local, national and international tools and resources (n=62)

A Blueprint for Improvement

- Flexible online guide for health services
- Whole of system, integrated approach
- Sharing Platform
- Structure based on the Vision, Principles, Enablers, and 10 Essential Components
- Self-assessment
- Tools and resources to implement the Components
- Capability development

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Palliative &
End of Life Care

A Blueprint for Improvement

Everybody has a role to play

Everything starts with the patient, family and carer

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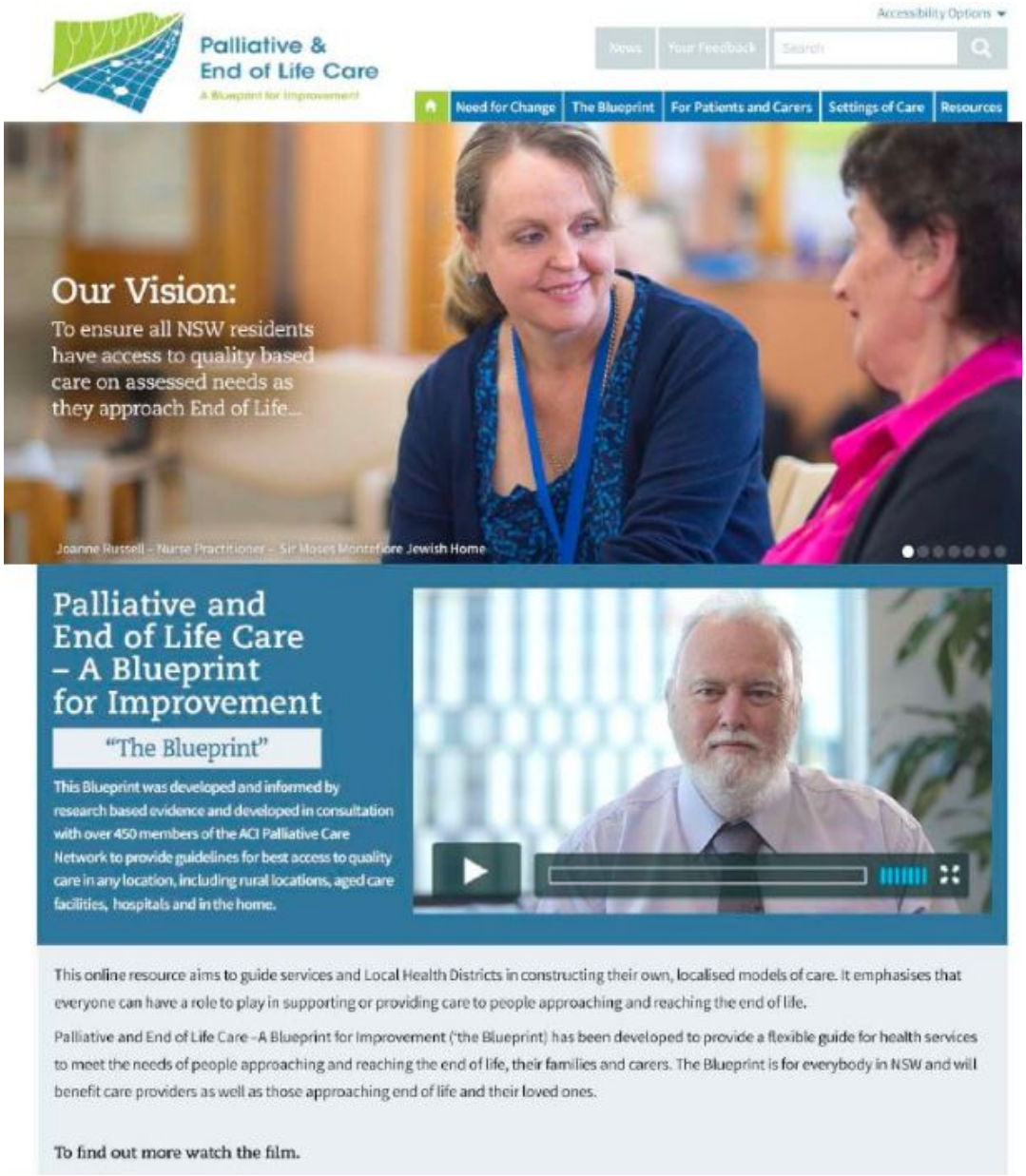

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