Health Northern NSW Local Health District | phn North Coast | United in Aboriginal Health | NSW Ambulance

NNSW INTEGRATED CARE

NEWSLETTER

ISSUE 1, JULY 2016

Tweed Integrated Care Initiative:

Visiting Medical Officer names and numbers have now been uploaded to the Northern NSW Local Health District intranet.

This recent Integrated Care initiative at The Tweed Hospital was led by Roberta Rossi and aims to facilitate and improve communication between Health Providers in the Community and the relevant Tweed Hospital staff in regards to patient care provision.

ICC Clinician Reported Measures

The initial results of the Integrated Care Collaborative (ICC) Clinician Reported Measures are indicating a very low response rate.

Given the underwhelming response to the survey it will be almost impossible to assess our progress and benchmark our organisation against others.

Your valuable feedback is a required contribution as an ICC participant.

The closing date for this 60 second survey has been extended to 31st August

The link to this survey: https://www.surveymonkey.com/r/TVMV7RH

Check your email for the link to complete at your convenience.

Change is Business as Usual in Alstonville

During the first wave Integrated Care Collaborative (ICC) Alstonville Clinic set themselves a goal to improve access to important health information for all the chronic and complex care patients as part of their Model For Improvement using Plan, Do, Study, Act (PDSA) methodology. They aimed to have 75% of ICC-enrolled patients signed up for an eHealth record and to populate the record with a current Shared Health Summary by 30 November 2016. The idea was to have the Practice Manager teach staff at Annexe how to register patients for MyHR.

The first PDSA Cycle was completed with the process being adopted by doctors, staff, and patients bringing the clinic closer to achieving their goal within the next 12 months. This should also assist with achieving their ePIP requirement to upload a minimum of 25 SHSs on a quarterly basis.

The time requirement for staff to register patients and for the GP to go through the initial SHS should decrease over the next 12 months, as the process will become more focused on uploading updated information.

The second PDSA cycle which was completed this month will see Alstonville Clinic continue to monitor the number of SHSs uploaded on a weekly basis for the next quarter. If it becomes apparent that the new process has been embedded into their daily systems, monitoring will be reduced to monthly. Any doctors who have low numbers of SHSs uploaded will be asked what they believe is holding them back.

HealthPathways
Mid & North Coast of NSW

July 2016

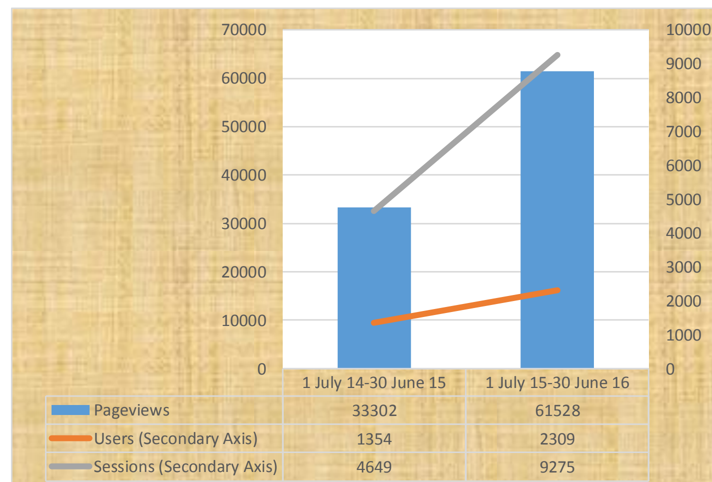
HEALTHPATHWAYS – THE FACTS

- **230 live and localised HealthPathways, 101 pathways in draft/development**
- **Pathways localised across a range of clinical streams: Child Health, Antenatal, Cardiology, Respiratory, Musculoskeletal, Ophthalmology, Aged Care, Gynaecology, Diabetes, Renal, Public Health, Sexual Health to name a few!**
- **43 Community and Allied Health service pages localised**
- **19 workgroups, 132 health professionals involved**

To view Mid and North Coast HealthPathways localised for our region, visit Mid and North Coast HealthPathways Website by following this link:

https://manc.healthpathways.org.au/index.htm

Username: manchealth Password: conn3ct3d



Google Analytics Activity Comparison

Top 10 Pageviews

- Antenatal Care Routine
- Service Directories
- Pregnancy Care Service
- Chronic Hepatitis C
- Installing HealthPathways
- Osteoporosis
- Emergency Referrals
- Women's Health
- Persistent Non Cancer Pain
- Physiotherapists

To obtain further information, suggest improvements/topics on HealthPathways contact

Kerrie Keyte, Project Officer, email kkeyte@ncphn.org.au

HealthChange® Australia Training

Thankyou to the 26 Clinicians who took time to attend the 2-day HealthChange® Core Training for Health Service Providers held at Ballina District Hospital on 30 June 2016.

The 2 day workshop, facilitated by two engaging HCA staff was well received by attendees with many commenting on the relevance and practicality of the methodology being presented.

<u>Day 1 - HealthChange® Methodology Basics</u>

- Behaviour change pathway
- Person-centred practice principles
- BEST barriers to action and facilitators for change
- Essential behaviour change techniques goal hierarchies
- Health condition/s menu of options
- Healthy lifestyle factors menu of options
- Typical patient or client profile
- Practice principles and essential techniques (PPET)

<u>Day 2 - HealthChange® Methodology Decision Framework</u>

- Brief review of day 1
- 10 step decision framework both above and below the line
- Documenting outcomes from using the Healthchange® decision framework
- Application and skills development options
- Personal self-management plan
- Personal goal and action plan
- Decision framework skills audit form.

Managers from the Local Health District and General Practice were asked to nominate and support staff attendance for this workshop and this request is extended for future workshops.

There is another half-day managers' training session in addition to the 2x2-day sessions for Clinicians. There will also be a 1 day session prioritised for Allied Health staff.

For more information or to nominate staff please contact Julie Kirk via: integratedcare@ncahs.health.nsw.gov.au

FUTURE HEALTHCHANGE® TRAINING

Date	Session	Location
August Tuesday 30th	**Managers'** ½ day Workshop	**Tweed Heads**
October Monday 17 & Tuesday 18	**Clinicians'** 2 day Workshop	**Tweed Heads**
October Friday 21st	**Allied Health** 1 day Workshop	**Maclean**
November Monday 21st & Tuesday 22nd	**Clinicians'** 2 day Workshop	**Lismore**

Admission/Discharge Notifications (ADNs) Update

The Admission/Discharge Notifications (ADNs) trial will be complete this month. An evaluation of the project will assess the potential for further rollout.

If you have experienced any issues with the receipt of ADNs and not previously done so, please be sure to notify Tim Marsh, Senior IT Coordinator via: integratedcare@ncahs.health.nsw.gov.au

Kaizen:

The Japanese business philosophy of continuous improvement.

Trial eKaizen Meetings

The North Coast Primary Health Network (NCPHN) is currently trialing the establishment of ongoing quality improvement meetings using online webinar.

Once this has been tested NCPHN will be asking for participants to be a part of these regular online meetings.

Complex Care Needs Patient Enrolment

GPs in the Richmond/Tweed areas continue to enrol complex care patients under the Integrated Care Collaborative (ICC) as we prepare for the second wave ICC.

Patient Selection Criteria

1. One or more diagnosed chronic illnesses
2. Complex treatment regimens
3. Frequent hospital/ED presentations in the previous 12 months
4. Escalation of condition/s
5. Measurable physical limitations
6. Measurable mental limitation
7. Limited social support
8. Patient would benefit from a coordinated approach to their care.

Patient Enrolment Process

1. Identify potential patients (use the Selection Criteria above to do this)
2. Make an appointment with the identified patient
3. Complete and submit the Patient Participation Form to integratedcare@ncahs.health.nsw.gov.au (for copies of the form contact your NCPHN support staff or you can also find these forms under the resources section in qiConnect).

ACI PRMs Program

The development and implementation of the Patient Reported Measures (PRMs) was identified as a system enabler in the NSW Health Integrated Care Strategy to support Consumers, Local Health Districts, Speciality Health networks and Primary Healthcare. The Agency for Clinical Innovation (ACI) is responsible for managing this component of the strategy.

The PRMs program as part of the NSW Health Integrated Care strategy, aims to

"Enable patients to provide direct, timely feedback about their health related outcomes and experiences to drive improvement and integration of health care across NSW".

For the purposes of the program PRMs are broken into two groups of questions:

1. Patient Reported Outcome Measures (PROMs)
2. Patient Reported Experience Measures (PREMs)

As an Innovator, Integrated Care led by Northern NSW LHD in close partnership with the NCPHN and the ACI distributed 17 tablets to 17 General Practices on the North Coast loaded with locally developed questions/PROMs for the patients to complete.

During the first wave Integrated Care Collaborative (ICC) 81 surveys were completed. At the end of June, the results were tabled by practice and returned to each respective clinic.

Next steps with regard to the data exported from the tablets will include evaluating the results, identifying lessons learned and strategising for the second wave ICC.

Integrated Care Comms Update

Friday 15th July 2016

THANK YOU FOR YOUR ATTENDANCE AT THE INTEGRATED CARE FORUM

The bi-annual Integrated Care Forum was held on the 22nd and 23rd of June at the Australian Technology Park, Redfern. Approximately 150 guests attended each day and LHDs, SHNs, the Ministry, ACI, eHealth, PHNs, as well as other project partners and special guests were represented.

The Forum featured presentations and panel discussions about transferring and scaling up integrated care, as well as stakeholder engagement in a changing environment. Updates from the Ministry and Pillar Integrated Care workstreams in the areas of eHealth, Patient Reported Measures, redesign of Chronic Disease, and monitoring and evaluation also featured. We were also lucky enough to have Zoran Bolevich, CE of eHealth NSW open the two days, and Susan Pearce, Deputy Secretary of System Puchasing and Performance to close the forum.

Feedback from the Forum showed participant appreciated the opportunity to network between partners, and share and discuss ideas with special mention to the World Café presentations from some of our Innovators which showcased how they apply integrated care and are evolving in the local context. A big thank you to all those who attended and presented that helped make the Forum a success.

CAPABILITY DEVELOPMENT FOR INNOVATORS

The Agency for Clinical Innovation (ACI) capability program for the Innovator integrated care teams is underway. Following the AIM training in May, on-site training and coaching is currently being planned for the Innovator teams. ACI is scheduling teleconferences with each site to identify relevant topics and preferred delivery.

ACI will also be setting up a Basecamp sharing platform and webinars to enable teams to share resources, and discuss issues. If you have any questions please contact Ann Morgan, Integrated Care Capability Project Manager, ACI on email: ann.morgan@health.nsw.gov.au or phone: 0427167948.

PRM PROOF OF CONCEPT SITES

The Patient Reported Measures (PRM) program has expanded to ten proof of concept sites across NSW to implement PRMs. All sites are at different stages of implementation and the ACI PRMs team is working individually with each site to identify:

- Patient cohort
- Operations and clinical processes of the local patient reported measures program
- Provision of interim IT solution
- Appropriate question sets
- Data collection and analysis
- Identified education, training and capability development needs.

Recent developments have seen sites progressing with the implementation of both patient reported outcome measures and patient reported experience measures; thereby ensuring that we are not only engaging patients in the design of their care, yet also identifying potential areas of improvement in the service delivery.

PRM INFRASTRUCTURE UPDATE

ACI has developed a web-based PRM Portal to be used to facilitate the collection and use of PRM information using REDCap (https://prm.health.nsw.gov.au/redcap). The team is currently working with eHealth and other key stakeholders (including clinicians and consumers) on developing the future integrated system for collection and use of PRMs.

Two workshops have been held recently with key stakeholders, including clinicians, managers and integrated care leads in attendance. The purpose of these workshops was to shape the requirements for the future PRM IT system.

A summary of the requirements for the PRM IT system based on feedback received from the workshops has been compiled. This is currently in its draft format and will be available soon.

PRM CAPABILITY DEVELOPMENT

The PRM team have held numerous focus groups, workshops and needs analysis to better understand the needs of administrative, clinical and managerial staff across primary care and LHDs. From these sessions a capability development program was developed.

On Friday 3rd June, the ACI PRM team brought together key stakeholders from across the state to trial-run the program. The program aims to provide capability development, support and consider how PRMs could benefit specific practice settings and can be implemented. The day was a major milestone as the teams move towards achieving PRMs as business as usual across NSW. The program also highlights the evidence and value of implementing PRMs in clinical settings, and addresses the practical considerations of engaging patients and implementing PRMs both for patient care and for assessing quality outcomes.

Once the capability development program is refined and finalised, will assist with the implementation of PRMs and help clinicians use in their practice setting. Overall, with regard to implementing PRMs in practices, a clinician at the Chronic Disease Management Forum in November 2015, stated that *'the program will enable GPs and primary healthcare providers to find indicators and objective measures that will demonstrate how we are making a difference over time and that this has been a weakness, they are very excited to learn how they can use PRMs in their super clinic'*.

PRM COMMUNITY OF PRACTICE

Key stakeholders within the PRM proof of concept sites have identified the need for a Community of Practice to exchange knowledge, enablers and barriers in implementing and sustaining PRMs.

The First Community of Practice is scheduled for Tuesday 26th July. Participation is voluntary and open to clinicians, managers and administrative staff across hospital and primary healthcare environments. The aim is to bring together the various stakeholders with their breadth of knowledge, share learnings, resources and innovation. This may include highlights, challenges, lessons learnt and next steps.

For any further information on Patient Reported Measures please contact: Mel Tinsley, Program Manager, Patient Reported Measures, ACI on email: Melissa.tinsley@health.nsw.gov.au or phone: 9464 4649.

Approximately

60%

of Australian adults do not have the level of health literacy needed to understand and use day to day health information.

Health Literacy Northern NSW

Northern NSW LHD and North Coast PHN are excited to embark upon the Northern NSW Health Literacy Project in 2016-17.

Health literacy means how well people can access, understand and act on health information and services. It also means how easy health systems are for people to use, and how health professionals communicate with health consumers.

Integrated Care has identified health literacy as a priority. This joint NNSW Health and NCPHN project aims to improve health literacy both in individuals and in health organisations. The project will focus on:

- developing the skills and capabilities of the health workforce to improve communication with people in their care.

- empowering patients to be partners in their own care.

- providing consumer health information that is easy to understand and supports people to self-manage their health.

In the first year, the project will focus on people with chronic conditions and complex care needs, including mental health and Aboriginal health. This aims to build on the work of Integrated Care with this cohort.

Watch this space for updates on the Northern NSW Health Literacy Project. For more information, you can contact:

taya.prescott@ncahs.health.nsw.gov.au

Integrated Care Partnership Contacts

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