

Better Together

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NNSW INTEGRATED CARE MADE POSSIBLE BY STRONG LOCAL PARTNERSHIPS:



Engaging Clinicians

To Improve Health System Integration

Presented by Sharyn White

Director System and Service Integration
North Coast Primary Health Network

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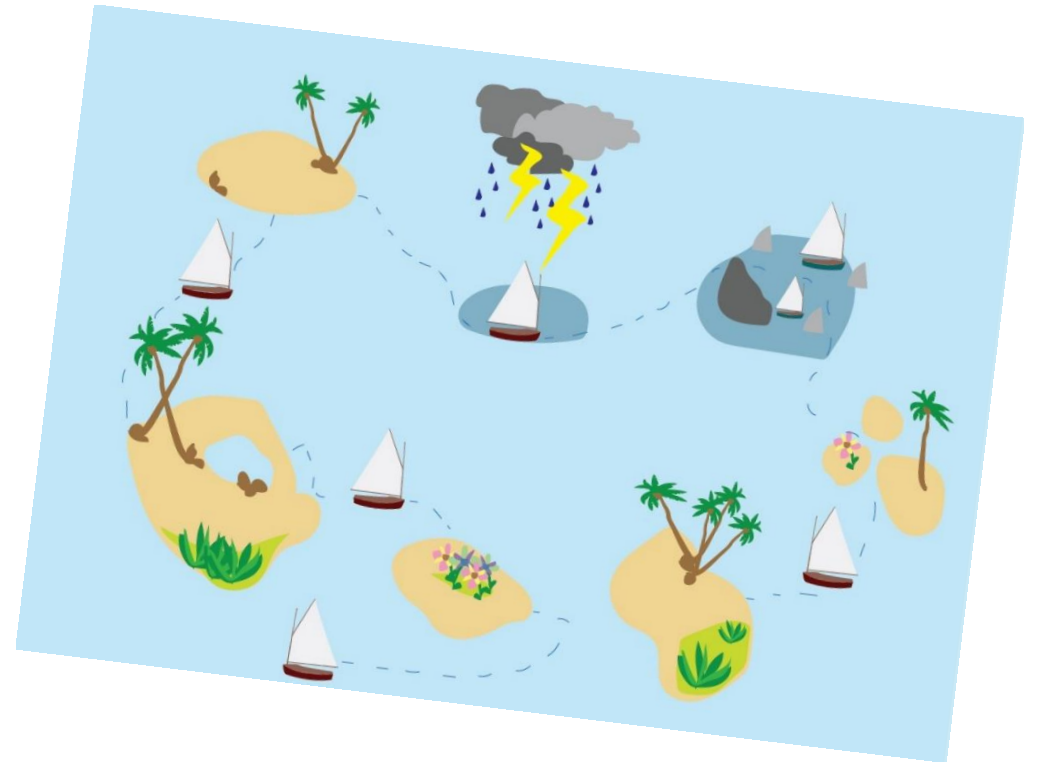
NNSW INTEGRATED CARE MADE POSSIBLE BY STRONG LOCAL PARTNERSHIPS:



Our Quest

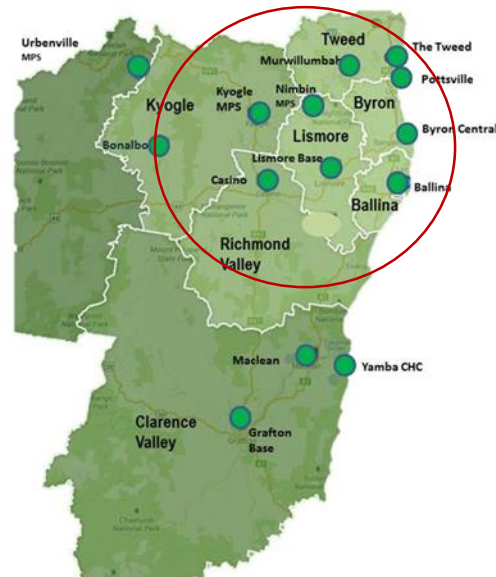
To begin a movement for change ...

- A more integrated health system in Northern NSW
- Change occurring at all levels, governance, management and clinical



1. Home

Northern NSW



Our Region

Population 244 470

Area 10291 Km²

Health Services

- 83 General Practices
- 2 Base Hospitals
- 5 Community hospitals
- 13 Community Based LHD Services

Health Workforce

- 6665 Local Health District Employees
- 383 GPs with a large number who work part time (around 100 FTE GPs)
- 160 Practice nurses

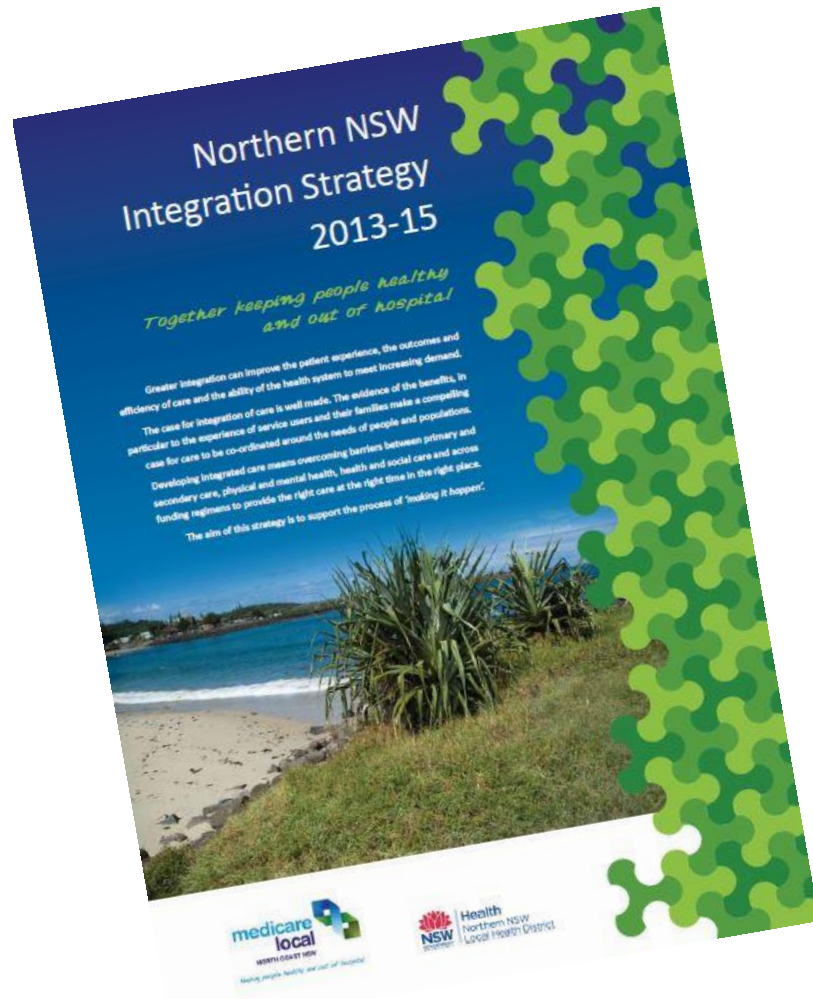
2. Opportunity

Northern NSW Integrated Care Program for
Whole of System Management of Chronic and
Complex Conditions

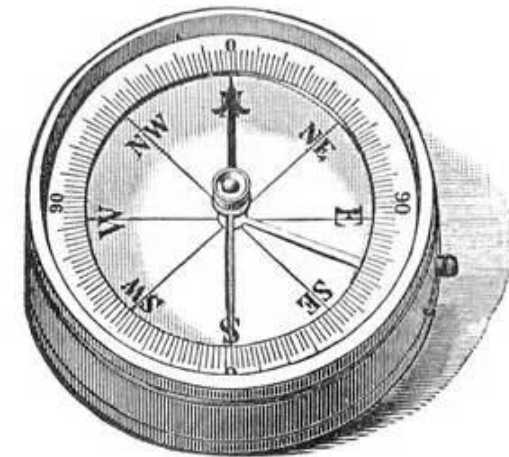
3. Where to begin?



4. Inspiration



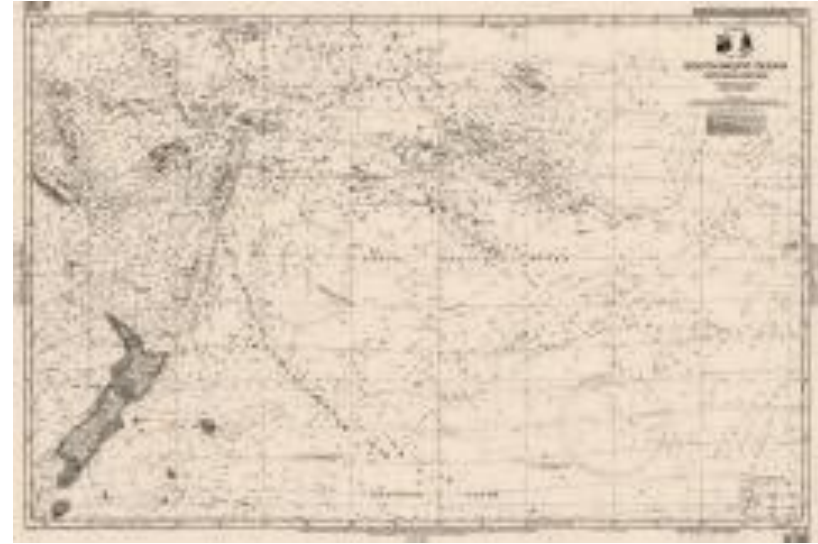
- Integration strategy
- Clinical Champions
- Primary Care Quality Improvement
- Leadership and sponsorship



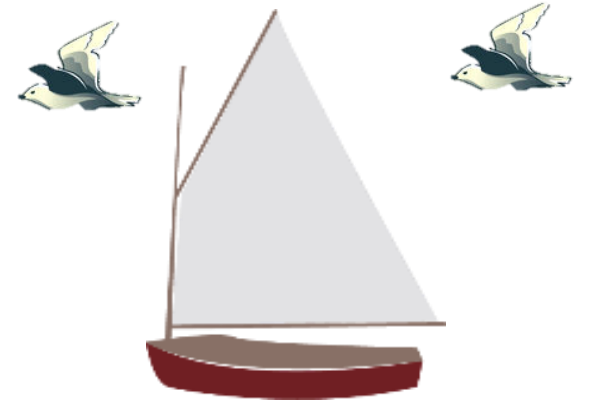
5. Getting Underway

Integrated Care Collaborative

Focused on improving health outcomes and preventing avoidable hospital admissions for adults with complex, long term conditions



6. Implementing



Expert Reference Panel (ERP)

AIMS

- 200 or more patients with complex care needs managed by an Integrated Care Team
- At the 9 month mark:
 - 20% improvement in patients' Quality of Life
 - 20% improvement in clinicians' perceived connectedness of the system.

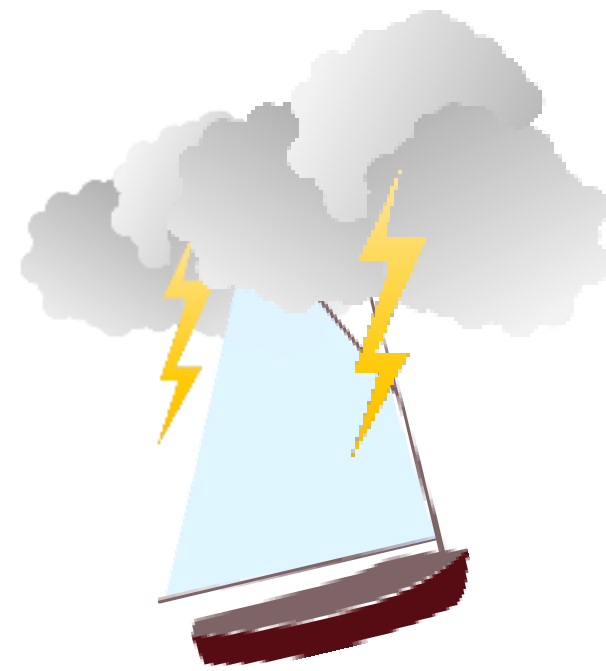
6. Implementing

- 9 months duration
- Learning Workshops (3) and Activity Periods
- Quality Improvement Cycles (Plan Do Study Act)
- Permission to trial small changes identified by clinicians



7. Challenges

- Recruitment
 - Motivators
 - Incentives
- Cultural differences between teams
- Data availability
- Communication



8. The Voyage

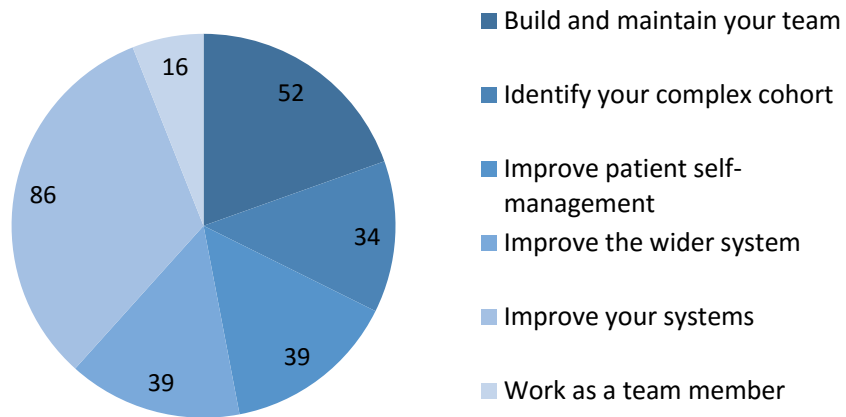
- Sharing and stealing ideas
- Bringing clinicians together to form IC teams around patient needs and preferences
- Site visits among team members
- Localised solutions developed
- Fun



Northern NSW Integrated Care Collaborative



Total Number of Models for Improvement by Change Principle



Collaborative Participation Count

ORGANISATION	COUNT
Agency for Clinical Innovation	8
Improvement Foundation	9
North Coast Primary Health Network	30
Northern NSW Local Health District (NNSWLHD)	124
(NNSWLHD - Richmond/Clarence Health Service Group - 66)	
(NNSWLHD - Tweed/Byron Health Service Group - 40)	
(NNSWLHD - Mental Health – 17)	
eHealth	5
Consumer Participant	3
Tweed General Practice	16
Richmond General Practice	35
NSW Ambulance	2
TOTAL:	232



A decorative vertical bar on the left side of the slide. It features a white sailboat with a brown hull on a blue background. Below the sailboat, there are several interlocking puzzle pieces in various shades of blue and teal. The background of the bar also has a faint circuit board pattern.

9. What we learned

- Collaboratives are not the only answer but have provided an effective starting point
 - built clinician interest and involvement in integration
 - developed clinician relationships at a local level
- Clinicians know what is wrong with the system and are well placed to develop and test solutions if allowed to
- Improvements can be made without the need for new resources



9. What we learned

- Face to face engagement critical
- Structured PDSAs increased comfort of managers permitting clinicians to trial innovative ideas
- Leadership role was one of enablement
- The ‘soft stuff’ is hard to get right
 - Importance of foundational work

10. How we changed

- Strengthened organisational partnership
- Built confidence in working across sectors which is flavouring subsequent work
- Created an environment where participants are now more willing to engage in other initiatives
- Identified what clinicians thought important to fix and prioritised our actions



Thank You

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