TRIM ACI/D16/4043-9

# An ACI approach to investigating clinical variation in the acute care of people with:

*Chronic Heart Failure | Chronic Obstructive Pulmonary Disease | Community Acquired Pneumonia*

## Presentation to Whole of Health Program

**Kate Lloyd | A/Director, Acute Care**
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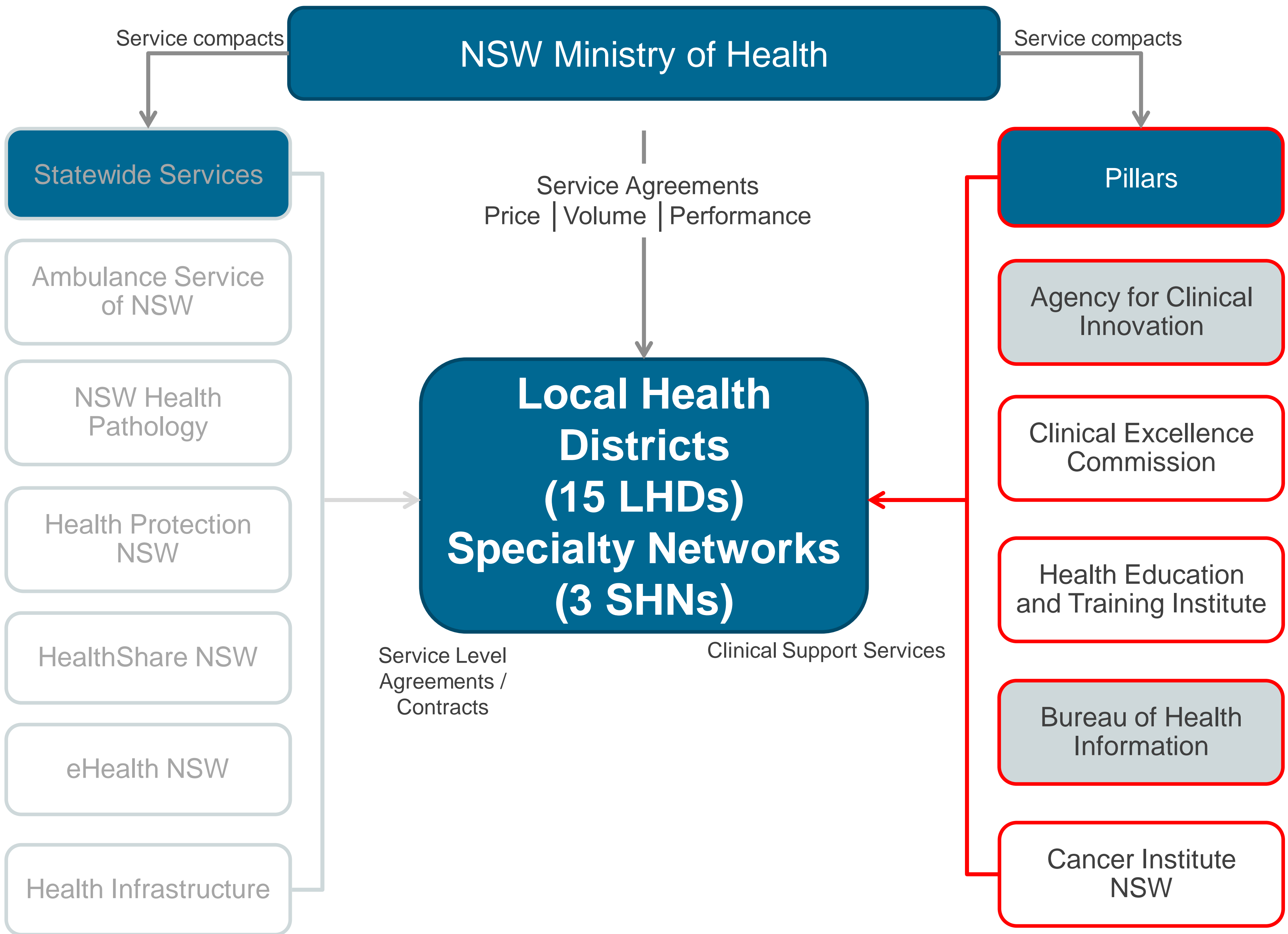
Collaboration.
Innovation.
Better Healthcare.



NSW Ministry of Health
Service compacts
Service compacts
Statewide Services
Ambulance Service of NSW
NSW Health Pathology
Health Protection NSW
HealthShare NSW
eHealth NSW
Health Infrastructure
Service Agreements
Price | Volume | Performance
Local Health Districts
(15 LHDs)
Specialty Networks
(3 SHNs)
Service Level Agreements / Contracts
Clinical Support Services
Pillars
Agency for Clinical Innovation
Clinical Excellence Commission
Health Education and Training Institute
Bureau of Health Information
Cancer Institute NSW

Our **38** Clinical Networks, Taskforces and Institutes engage more than **6000** healthcare professionals, consumers and researchers.

Our **3** **Clinical portfolios provide solutions for:**

Acute Care

**Primary Care & Chronic Services**

Surgery, Anaesthesia & Critical Care

Service Redesign, Health Economics and Evaluation

Implementation support

Specialist advice on healthcare innovation

Knowledge sharing

Initiatives including Guidelines & Models of care

Continuous Capability Building

# Acute Care

**Kate Lloyd**
A/Director, Acute Care

| | | |
|---|---|---|
| **Acute Care Taskforce** *Anthea Temple* | **Cardiac** *Bridie Carr* | **Clinical Genetics** *Sally Howard* |
| **Endocrine** *Lyn Farthing* | **Gastroenterology** *Lyn Farthing* | **Blood and Marrow Transplant** *Fidye Westgarth* |
| **Projects Team** - Unwarranted Clinical Variation* - NSW Diabetes Taskforce** | **Nuclear Medicine** *Fidye Westgarth* | **Radiology** *Fidye Westgarth* |
| **Renal** *Lyn Farthing* | **Respiratory** *Cecily Barrack* | **Stroke** *Kate Jackson* |

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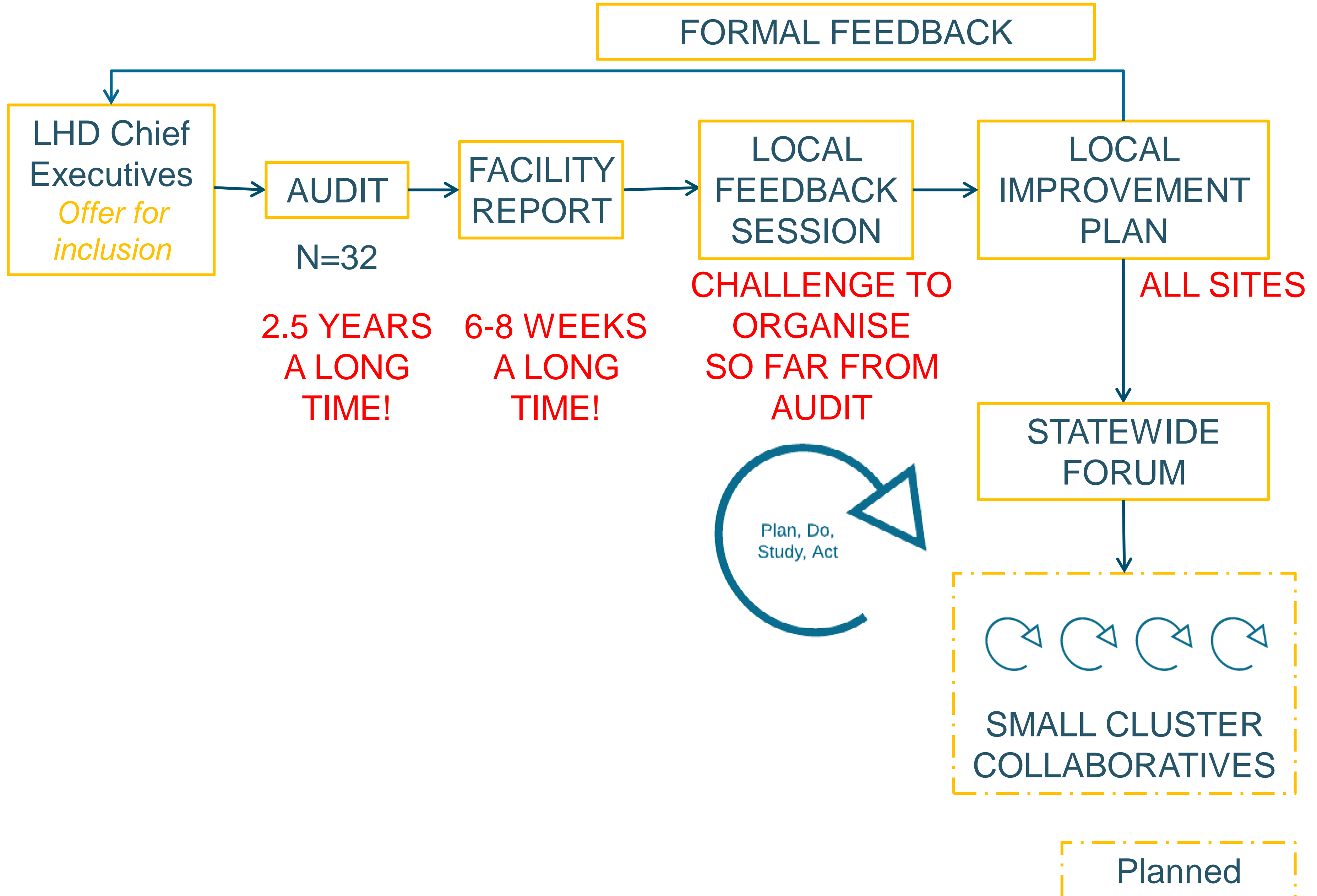
** Olivia Hibbitt / Michelle Frawley*
*** Marina Davis*

# ACI Reducing UCV Taskforce

- Co-chaired by Professors Brian McCaughan and Jacquie Close
- Senior clinicians from a number of disciplines (Orthopaedics, Respiratory, General Medicine, Rheumatology, Colorectal, Ophthalmology, Anaesthetics, Geriatrics)
- Surgical Services Taskforce representative
- Nursing & Allied Health
- 2 LHD Chief Executives
- Consumer representative (Peak Body)
- Deputy Secretaries
- Analysts & ABF Taskforce
- Pillars (CEC , BHI)

# Why address UCV

- Positive outcomes can be achieved if clinicians “own” the data and drive changes
- Data needs to be understood by the broader system including LHD managers
- Important to examine what is working well – **not all variation is unwarrante**d
- Improve patient experience, health and ensure service delivery is efficient and effective
- Populations are variable…. cultural and geographical  issues need to be taken into account


FORMAL FEEDBACK
LHD Chief Executives
Offer for inclusion
AUDIT
N=32
FACILITY REPORT
LOCAL FEEDBACK SESSION
LOCAL IMPROVEMENT PLAN
ALL SITES
2.5 YEARS A LONG TIME!
6-8 WEEKS A LONG TIME!
CHALLENGE TO ORGANISE SO FAR FROM AUDIT
STATEWIDE FORUM
Plan, Do, Study, Act
SMALL CLUSTER COLLABORATIVES
Planned

# An approach for Inpatient Care

- Partnership LHD/SHNs and ACI/BHI other pillars
- Extensive consultation and refinement
  - Learnings from last experience
  - ACI LHD Connect Forum
  - ACI Co-chairs Forum
  - Senior Executive Forum (LHD/Pillar CEs)
  - Clinical leadership/expertise from networks
- Shared resourcing

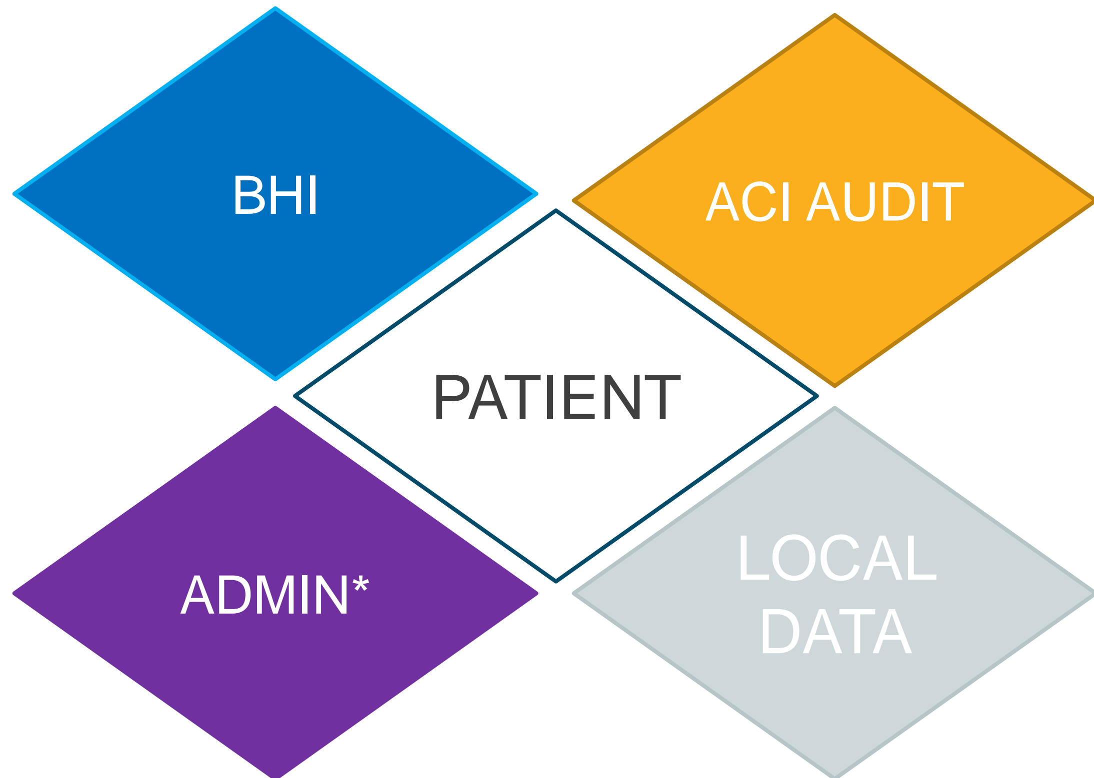
## Update of BHI report

- COPD
- CAP
- Congestive Heart Failure
- Acute Myocardial Infarction
- Ischaemic Stroke
- Hip Fracture

*…variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences* ***in health system performance*** *(ACSQHC)*

Healthcare in Focus 2015

How does
NSW compare?



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* Analysed by the ACI Health Economics and Evaluation Team

# INVESTIGATING CLINICAL VARIATION

4. Formal feedback to LHD CEs

**ACI Clinical Networks feeding in at all stages**

1. Local discussion with clinicians, managers and consumers led by LHD Chief Executive +/- PHN
*Opportunity to participate*

2. DATA TRIANGULATION

- BHI
- ADMIN
- ACI AUDIT (QARS)
- PATIENT REPORTED
- +/- LOCAL DATA

COPD
CAP
CHF

3a. Local feedback session

3b. Local improvement plan

5. No further ACI support

5. ACI limited support

5. ACI Full Support

Plan, Do, Study, Act

2. Small cluster collaboratives
(initiated at outset with defined methodology)

6. Annual state-wide forum

7. Evaluation

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Key: ACI supported/led actions

# Timeline: UCV COPD, CAP, CHF

- Dec 16: ACI to write to LHD/SHN Chief Executives
- Jan 17: ACI to commence working with local teams
- Feb 17: BHI report released (mortality and returns to acute care)