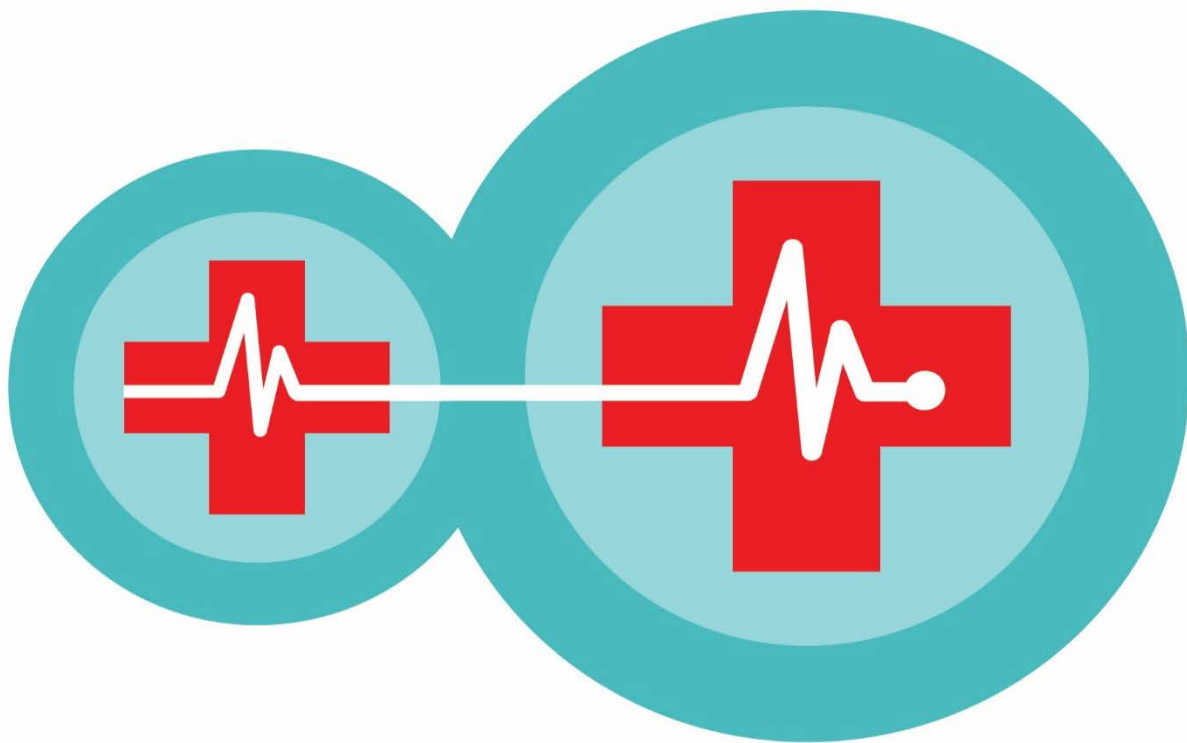


GUIDE

Intensive Care Service Model: NSW Level 4 Adult Intensive Care Units Implementation Guide

Putting a model into practice



The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

- **service redesign and evaluation** – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services
- **specialist advice on healthcare innovation** – advising on the development, evaluation and adoption of healthcare innovations from optimal use through to disinvestment
- **initiatives including Guidelines and Models of Care** – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system
- **implementation support** – working with ACI Networks, consumers and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW
- **knowledge sharing** – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement
- **continuous capability building** – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice and patient care.

www.aci.health.nsw.gov.au

AGENCY FOR CLINICAL INNOVATION

Level 4, Sage Building
67 Albert Avenue
Chatswood NSW 2067

PO Box 699 Chatswood NSW 2057
T +61 2 9464 4666 | F +61 2 9464 4728
E info@aci.nsw.gov.au | www.aci.health.nsw.gov.au

SHPN: (ACI) 150473 **ISBN:** 978-1-76000-273-2

Produced by: Clinical Program Design and Implementation

Further copies of this publication can be obtained from the Agency for Clinical Innovation website at www.aci.health.nsw.gov.au

Disclaimer: Content within this publication was accurate at the time of publication. This work is copyright. It may be reproduced in whole or part for study or training purposes subject to the inclusion of an acknowledgment of the source. It may not be reproduced for commercial usage or sale. Reproduction for purposes other than those indicated above, requires written permission from the Agency for Clinical Innovation.

Version: V1.1

Date Amended: 29/1/2016

Updated: Nov 2020

Review: 2025

© State of New South Wales (Agency for Clinical Innovation)

Editing & graphics by: Hannah Halloran, *healthy partnerships*

Contents

About the Implementation Guide	1
1. Phase 1 – Plan	4
1.1 Project management plan	5
1.2 Defining the aim, objectives and scope	6
1.3 Building a local case for change	7
1.4 Implementation project governance	7
1.5 Evaluation approach	9
1.6 Communication plan	10
1.7 Develop a Risks and Issues Log	12
1.8 Assessing project progress	13
1.9 Summary	14
2. Phase 2 - Assess	15
2.1 Assessing the current situation	16
2.2 Assess appropriate solutions to address gaps	19
2.3 Summary	23
3. Phase 3 - Operationalise	24
3.1 Testing solutions	24
3.2 Implementation planning review	25
3.3 Define the change process	26
3.4 Determine the change of behaviour required	26
3.5 Determine support required to change	26
3.6 Informing and monitoring implementation progress	26
3.7 Measuring the implementation project	27
3.8 Ongoing communications on progress	28
3.9 Implementation project end	28
3.10 Summary	28
Appendix 1	29
Bibliography	

About the Implementation Guide

Intensive Care Service Model

Level 4 Intensive Care Units provide an important function supporting the inpatient critical care needs of NSW hospitals. The capabilities of these units determine the acuity of patients that can be safely admitted, the complexity of procedures and surgery that can be undertaken and the number of patients requiring transfer to higher-level hospitals for care.

Marked variation in the provision of services within Level 4 intensive care services has been identified, and in some cases has been linked to suboptimal unit performance, poor patient outcomes and unsatisfactory carer and staff experiences. The reasons for variation are multiple and complex, however a number of key contributing factors have been identified:

- ambiguity around the role and functions of current Level 3 & 4 Units;
- gaps in governance and leadership;
- lack of standardised clinical practice; and
- variation in transfers and retrievals processes.

The Agency for Clinical Innovation (ACI) has developed an Intensive Care Service Model for Level 4 Intensive Care Units in consultation with NSW clinicians. This service model includes the integration of intensive care networks within/across Local Health Districts (LHD's) to provide a framework for standardised service delivery, governance, care provision and management of critically ill patients across NSW.

The implementation of the Intensive Care Service Model within NSW aims to considerably improve the quality and safety of care provided to critically ill patients. Improved care and management of these patients will result in significant improvements in outcomes both to patients and to the health system.

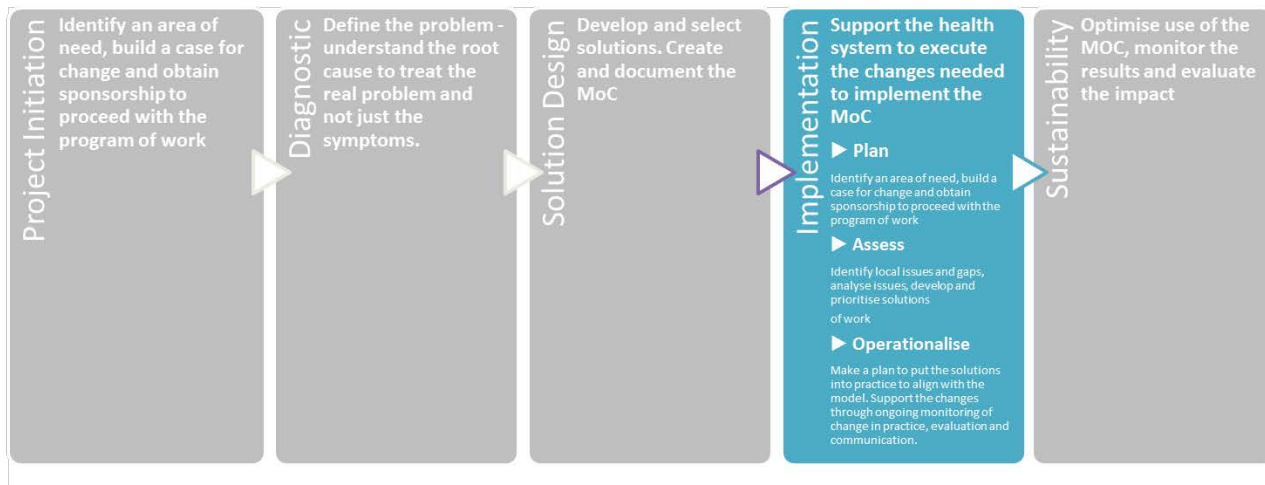
The Intensive Care Service Model includes recommended standards for the safe and efficient delivery of care to the critically ill patient in Level 4 Intensive Care Units. Implementation of similar models at two sites in NSW has demonstrated improvements in patient outcomes and service provision.

The recommended standards include:

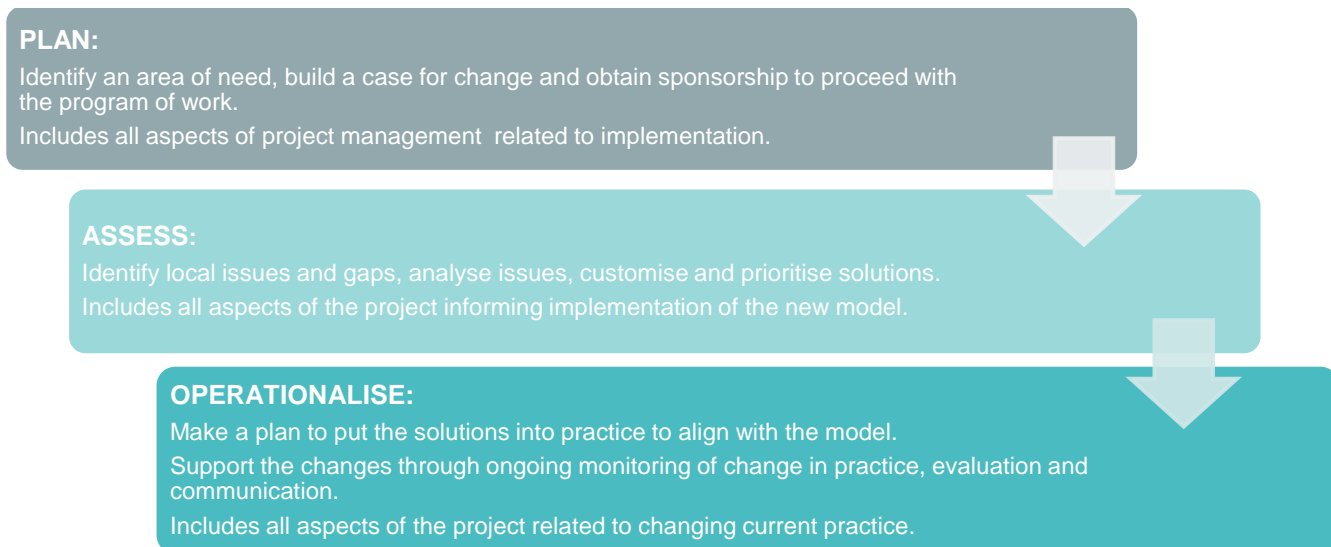


The NSW Agency for Clinical Innovation (ACI) works with ACI Networks, consumers and healthcare providers to translate healthcare innovations into everyday practice across metropolitan and rural NSW. The ACI uses the five-step Redesign Methodology to assist with this process; project initiation, diagnostic, solution design, implementation and sustainability.

Implementation is the action of change, shifting people’s behaviours and putting into practice the desired change. This implementation guide has been developed by ACI to support the translation of an *established and documented* best practice model¹ developed by ACI, into an effective and sustainable way of working. As the initiation, diagnostic and solution design phases have already been undertaken by ACI, this Guide provides support for one particular stage in the redesign process: implementation. Implementation in this context occurs in three phases: plan, assess and operationalize.



This guide aims to support the reader in a step-wise fashion, through the three equally important phases of implementation. Implementation in this context assumes a model/solution has been developed and documented, and is ready to be implemented. This phase of redesign methodology identifies disparities between the model and local practice, and develops and implements solutions to align practices with the model.



¹ This refers specifically to a best practice model developed and published by ACI.

This guide details the three phases of implementation, including steps involved, useful tools and recommended activities to complete within each phase. It is accompanied by a number of resources and tools to assist the implementation process. It is anticipated that hospital teams will adapt the model of care, and implement based on their local needs, priorities and available resources.

The *Project Progress Checklists* at the end of each phase suggest specific activities to complete and consider before moving on.



Look for this ‘tool’ symbol throughout the guide to indicate links to relevant tools.

1. Phase 1 – Plan

Implementation

Support the health system to execute the changes needed to implement the MoC

► Plan

Identify an area of need, build a case for change and obtain sponsorship to proceed with the program of work

► Assess

Identify local issues and gaps, analyse issues, develop and prioritise solutions of work

► Operationalise

Make a plan to put the solutions into practice to align with the model. Support the changes through ongoing monitoring of change in practice, evaluation and communication.

The Plan phase of work includes all aspects of project management planning for implementation of your project. This is the stage of your implementation project when you consider your project aims, who will be involved and when, your measures of success. These will be developed in accordance with the model your service is implementing, and will be documented on your **implementation project management plan**. This plan will serve as your guidebook for the duration of your implementation project.

Dedicating time to planning and preparation for implementation at the start will enable the project team to:

- develop a clear implementation project **aim**, specific implementation project **objectives**;
- secure implementation project **sponsorship and governance**;
- a well-defined implementation project **scope** (include what is in and out of scope);
- establish the roles and responsibilities of an implementation **project team**;
- **build a strong local case for change** to explain and clarify the need for change within your organisation;
- set implementation project **timelines**;
- define the **evaluation approach**, key questions and data that will need to be collected and measured;
- determine how you will **measure success**;
- identify the key **stakeholders** who need to be involved;
- develop a **communication plan**; and
- commence a **risks and issues log**.

In the following section, considerations and suggestions are provided for each of these project planning elements. These elements will form the basis of the implementation plan.

In this section

- [Defining the Aim, Objectives and Scope](#)
- [Project Governance](#)
- [Building a Case for Change](#)
- [Developing a Project Plan](#)

- [Evaluation Approach](#)
- [Communication Plan](#)
- [Develop a Risks and Issues Log](#)
- [Assessing Project Progress](#)

1.1 Project management plan

An **implementation project management plan (PMP)** is a document that outlines the aims and objectives of a project, provides clarity on the actions and responsibilities of the project team and manages expectations of project outcomes.

The project plan needs to be a formalised agreement with your project's Sponsor, to ensure you have full support for the project; a key factor for implementation success. The implementation project management plan is a 'living document' which can change as the project progresses or as circumstances arise that require changes to implementation.

An implementation project management plan contains:

- background to the project and your case for change;
- aims, objectives, scope;
- expected deliverables and outcomes;
- timeframes; and
- project management and governance arrangements
- budget.

The Project Lead is responsible for keeping the Implementation PMP up to date. A Timeline (Gantt chart) can be used to outline the tasks, activities and meeting that need to occur in order to put the project plan into practice.



The [ACI Implementation PMP](#) template can aid development of a rigorous project plan. Complete the ACI Implementation PMP with your Project Team prior to commencing the project.

GEM (<https://gem.workstar.com.au>) is a NSW Health e-learning platform that contains modules on the fundamentals of project management, Centre for Healthcare Redesign methodology and Accelerating Implementation Methodology. These short learning modules provide useful information to help you implement your project.

The [Implementation Cheat Sheet](#) provides some suggested implementation project timelines.

The Timeline (Gantt chart) can be used to outline tasks, activities and meetings and significant project milestones

1.2 Defining the aim, objectives and scope

The aim, objectives and scope of the implementation project should be well defined as one of the first steps of your planning phase. A clear project aim, specific project objectives and a well-defined scope are essential to ensure you and your project team understand the project's purpose, and are working towards the same aim.

The high level implementation project aim (goal) can be agreed with the project team initially as this is a general high level statement of what the project will achieve. The overall aim is aspirational and focussed on the intended outcome. It is important that this is developed with the project's Sponsor, to ensure it aligns with the strategic plan for the organisation and the project has executive support

It is recommended the project objectives are developed after the Self-Assessment Tool has been completed and baseline assessment data collected, to gain an understanding of the current situation and service gaps in relation to the model.

The implementation project objectives are specific outcomes that need to be achieved to reach the project aim. Use your baseline measures and the information from your Self- Assessment Tool to develop the project objectives relevant to your unit.

Defining project objectives will inform how you will measure your project success, and should include a verb (action word) to move something in some way (e.g.: increase or decrease 'x').

Make your objectives 'SMART', considering the acronym below;

Specific: Identify the specific result to be realised, i.e. the problem, who it is to be achieved with and where.

Measurable: Define a method to monitor and measure progress in meeting the objective.

Attainable: Ensure the objective is achievable within timeframe and resources (i.e. realistic).

Relevant: Ensure the objective is the right one to achieve your goal.

Timely: Be certain to establish the timeframe in which the objective is expected to be met.

Defining the scope for implementation clarifies the boundaries of the project for your local setting. A clear and concise scope is central to the success of the project implementation. A well-defined scope will aid in establishing manageable and realistic work plans, budgets, schedules and expectations.

The scope should clearly identify work that falls inside and outside the project. This will help define project plans and manage expectations. Once the scope is set, the implementation team needs to be disciplined to ensure that only the project content in scope is being managed by the group.

Examples of Aim, Objectives and Scope

Aim	To improve outcomes for critically unwell patients at Hospital X.
Objective(s)	Increase the number of patients that have their management plan discussed with a consultant within 12 hours of admission to 80% in 3 months.
Scope	In scope: patients requiring inpatient admission (in scope) Out of scope: Patients that do not required inpatient admission, outpatients

1.3 Building a local case for change

The local case for change should clearly articulate the necessity of the project to your organisation. This will help gain ‘buy in’ or engagement from stakeholders in the changes proposed. Building a strong case for change will help to ‘sell’ your project to staff. The case for change will be strengthened and made relevant to the local situation by collecting and analysing qualitative and quantitative data², and will inform the development of **key messages** for communication of the project by the project team.

When building the case for change, ensure that it answers the following questions;

- What is the current situation (‘as is’)?
- What is the desired state (‘to be’)?
- What is changing (including behaviours)?
- Why are we changing? What are the consequences of not changing?
- What is in it for those that are required to change (the likely benefits)?
- Who will the changes impact and what impact will they have?
What are the measures of success and what will success look like?

1.4 Implementation project governance

Project governance is the management framework for the implementation project, clearly defining project sponsorship, leads, subject matter experts and project teams. Project governance provides the overarching management of the project, with responsibility for achieving project objectives on time and on budget. Governance provides a clear organisational structure, effective decision-making processes and control systems for the project. The group responsible for governance will also be accountable for the project risks and issues log, ensuring mitigation is in place so the project continues to work to budget, timescales and scope.

It will be important to meet with the **Sponsor** early to discuss how the project will be governed. This is an opportunity to clarify the role of the Sponsor and also to agree on regular reporting channels and how issues and risks will be escalated to appropriate decision makers.

² discussed further in the *Assessment Phase*

Establishing the project team

Successful implementation of the model is dependent on an engaged and active project team. Importantly, successful implementation requires active involvement, commitment and ownership of the project by the clinical team.

A structured approach to the implementation process is crucial. A designated Project Lead, supported by a Sponsor (senior hospital executive) and Clinical Lead (visible clinical leader) is essential.



When establishing a project team:

- engage staff who are interested and enthusiastic about the project and who are keen to improve the overall outcomes for patients;
- involve stakeholders who can influence and engage colleagues, and advocate on behalf of the project;
- actively involve patients and carers on the project team, to provide a different, valuable perspective on the project and development of solutions; and
- engage project team members warmly, make the most of their interest and enthusiasm, encourage their active role in the change process, and allow team members to own and control relevant aspects of the project.

To ensure the project team is effective and a manageable size, working groups can be formed to address specific issues. This is particularly useful for those issues that seem small but will take a significant amount of time and energy to address.

A **start-up meeting** is often held at each implementation site at the commencement of a project for all key partners (including project leads, sponsors and champions). It is important that this meeting sets out the aim, objectives and scope of the project and enables the team to meet each other and establish expectations of roles and responsibilities. It is important that the Sponsor attend this meeting to ensure the project aligns with the strategic plan for the organisation.



Hospital teams implementing an ACI Model of Care will have formal endorsement of the local implementation from the LHD Chief Executive. *It is essential that executive and senior management support is identified at the start of the project.* The Sponsor role is critical to the success of a project, in terms of understanding and expressing the value of the project to the organisation and region, and modelling and reinforcing the changes required to shift practice toward the model.



Project Steering Committee

A Steering Committee may be necessary to support implementation and provide high-level advice to ensure delivery of the project outcomes.

Members of the Steering Committee may be representative of senior hospital staff who are in a position to drive the project, provide advice and advocate and escalate issues to the hospital's Chief Executive. Membership should consist of both clinical and managerial leaders who will be impacted by the change. The Steering Committee could also include consumer representative(s). In some circumstances it may be appropriate to report to an already established governance committee (rather than establish a specific Steering Committee). This committee may report back to the Sponsor on project progress.



Clinical Lead

It is essential that a clinical lead is identified to champion the project. The Clinical Lead should be a clinical expert with credibility in the relevant specialty, with a special interest in the project. For example, clinical leads may include a Staff Specialist, Clinical Nurse Specialist, or Senior Allied Health clinician.



Project Lead

It is recommended that for the implementation period, a member of the team is allocated the role of Project Lead. *This role requires specific project management skills and dedicated project time.* Potential project leads may be clinical leaders within the area, for example clinical nurse consultants, nurse managers, or allied health managers.

1.5 Evaluation approach

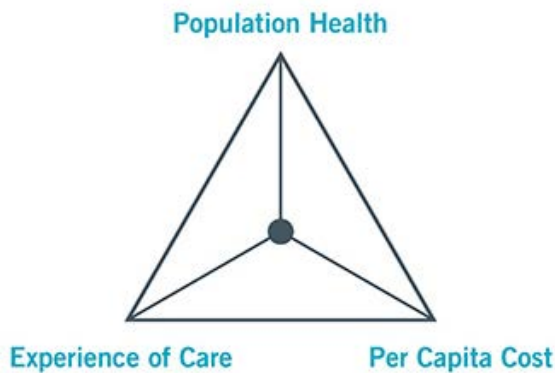
Evaluation enables measurement of implementation success and project outcomes. Evaluation involves the identification of the key change areas and development of data collection systems and approaches to measure change. Evaluation helps you identify whether the solutions were implemented and if they were, whether the solutions had the desired outcome. Evaluation measures should be decided at the commencement of the project, during the planning phase, as they are crucial to measuring the success of the project and implementation.

A good check for evaluation is that it meets the Institute for Healthcare Improvement (IHI) Triple Aim. The IHI Triple Aim is a framework to describe an approach to optimizing health system performance.

It is IHI's belief that new designs must be developed to simultaneously pursue three dimensions, referred to as the Triple Aim:

- Improving the patient experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

The IHI Triple Aim



As IHI Triple Aim is used by ACI to develop best practice models, implementation projects will naturally align with this framework.

Program logic is a useful tool undertaken with the engagement and participation of key stakeholders which is used to inform the development of an evaluation plan at the commencement of a project. The purpose of program logic is to define what should be measured and when this should occur in an evaluation. Program logic can:

- describe the change process underlying an intervention, program or policy;
- document connections between the critical components in a project and identify where evaluation is most important; and
- be an effective tool in facilitating participation of stakeholders as it encourages discussions about the program to be evaluated and therefore shared understandings and priorities.



The [ACI website](#) provides detailed information on program logic and developing an evaluation plan.

1.6 Communication plan

Well-planned communications with staff and stakeholders will be essential to the success of the project. There are many forms of communication that you may choose to employ, including meetings, newsletters, the Local Health District intranet, websites, emails, reports, presentations and newsletters. Face-to-face communication is time-consuming, but often the most effective form of communication. The method and frequency of your communication throughout the project with stakeholders should be decided and documented during the plan phase.

Developing key messages

Before any communication or information is released about the project, including presentations to stakeholders, it is important to firstly determine what the **key messages** are and who should receive them. Developing key messages from the start will ensure that all information released is consistent and accurate.

When developing **key messages**, it can be useful to see the change from the perspective of different key stakeholders. By understanding the impact of the change from their perspective (or their frame of reference) and identifying “what’s in it for them,” your key messages can be tailored to target specific audiences or stakeholders.

The key messages should include:

- the rationale/case for change for the project;
- key steps/milestones to be achieved;
- anticipated outcomes; and
- benefits/consequences

Disseminating communications that are informative and educational and establish engaging, two-way communication channels allow staff and stakeholders to contribute to the project planning and provide feedback as required. When developing a communications plan, consider: who, what, when, where and how.

Key considerations in communication plans

Who?	Who will be affected by the project? Who needs to be informed of the project and potential changes? Who can provide the information required? Who needs to be engaged to make the project successful?
What?	What does the audience need to know?
How?	How will messages be communicated? How will feedback from stakeholders be sought and received? Does the communications department need to support the project?
When?	How often should information be communicated with your audience?

Tips for running effective meetings:

- meet regularly (e.g. fortnightly or monthly);
- all meetings must have a purpose;
- plan the agenda, circulate 24 hours in advance;
- start and end on time;
- introductions/wrap up;
- address each agenda item;
- give people actionable steps with timeframes, measurable outcomes and record/minute;
- create a “parking lot” for items that come up that are not within scope; and
- challenge ideas not people.

The following tools are available to assist with your project communications:



- [communication plan](#)
- [implementation project management plan](#)
- [implementation timeline \(Gantt chart\)](#)
- meeting templates:
 - [terms of reference](#)
 - [agenda](#)
 - [minutes](#)
- [implementation status reporting template](#)
- [memo template](#)
- [implementation poster template.](#)

1.7 Develop a Risks and Issues Log

A **project risk** is defined as an uncertain event or condition that, if it occurs, has a positive or a negative effect on a project objective. Mitigating risks prevents their escalation to issues that could affect the project.

An **issue** is defined as any functional, technical or business-related event that arises during the course of a project that requires a satisfactory resolution for the project to proceed as planned, and is outside the ability or scope of the project team to resolve. An issue is known to have already occurred and needs an immediate resolution.

A **risks and issues log** records risks and issues identified during the life of a project and reported according to the 'action plan' outlined in your template. The risk and issues management log will need to be regularly updated through the project. Risks and issues are graded in terms of likelihood of occurring and severity of the impact. A **risk register** is a tool for recording these risks and issues, strategies to mitigate them and who to escalate them to through the project governance structure. The Risks Matrix (below) helps determine the likelihood and the severity of potential risks identified that may impact upon the success of the project.

Risk Matrix					
Risk Ratings					
Likelihood	Impact				
	1 Catastrophic	2 Major	3 Moderate	4 Minor	5 Minimal
5 Almost Certain	Extreme	Extreme	High	Medium	Medium
4 Likely	Extreme	Extreme	High	Medium	Medium
3 Possible	Extreme	High	Medium	Medium	Low
2 Unlikely	High	High	Medium	Low	Low
1 Rare	High	Medium	Medium	Low	Low

Risks and issues should be documented from the start of the planning phase of implementation. The top 5 risks and issues can become agenda items for project team meetings to ensure the project team has awareness and the ability to effect any changes required to reduce potential risk and issues from occurring.



A Risk and Issues log is available to assist you in identifying risks and stratifying issues.

1.8 Assessing project progress

The Implementation Status Reporting Template assists in communicating project progress to stakeholders and ACI implementation support team. This should be updated regularly throughout the project, and will enable you to escalate issues and difficulties early and ask for support (it is expected that progress will not always be as planned!).

Once the project team has been established and the project plan has been developed, it is important to consider current progress.

The table below can be used throughout the project to assist the team in capturing how the project is progressing against the project objectives. By circling or highlighting the box below that most reflects project progress, the table prompts seeking support and escalation of risks/issues or difficulties in a timely manner.

Assessing project progress				
Project progress	Exceeding project objectives and timelines	Meeting project objectives and timelines	Having some difficulties meeting project objectives and timelines	Not meeting project objectives and timelines
Support required	None required	None required	Assistance would be welcomed	Requires assistance
Escalation avenue	No escalation needed	No escalation needed	Discussion with Steering Committee	Discussion and plan with Sponsor

1.9 Summary

Project actions for the Plan phase are outlined below. This is a guide for driving the implementation project at your site.

Project management checklist

- Complete the Intensive Care Service Model Self Assessment Tool- paper.
- Develop a **project plan** to outline the implementation project.
- Define **the aim, objectives and scope** of the implementation project at local site level.
- Gain Sponsorship and establish **governance systems** for the implementation project at local site level.
- Develop an **evaluation approach** for the project.
- Develop a **communication plan** to guide the implementation of the Service Model.
- Develop a **risks and issues log**.
- Hold a **project initiation start-up meeting** with project team.

2. Phase 2 - Assess

Implementation

Support the health system to execute the changes needed to implement the MoC

► Plan

Identify an area of need, build a case for change and obtain sponsorship to proceed with the program of work

► Assess

Identify local issues and gaps, analyse issues, develop and prioritise solutions of work

► Operationalise

Make a plan to put the solutions into practice to align with the model. Support the changes through ongoing monitoring of change in practice, evaluation and communication.

The **Assess** phase of your project involves identifying local issues and gaps, analysing issues and developing and prioritising customised solutions; all aspects that inform implementation of the new model.

This phase is focussed on understanding how your service is performing in relation to the model to be implemented. What is already in place, and working well? What are the differences? Where are the gaps? The Assess phase seeks to answer these questions as well as plan actions that will result in implementation of the model: what work will need to be undertaken to implement this model?

The **Assess** phase is a disciplined process, which is worked through sequentially. This ordered process allows gaps to be identified early, followed by specifically targeting, exploring and examining these gaps further. Once gaps are explored in detail,

issues for implementation are identified, and solutions are developed, focussing on specific issues. From this point, solutions are prioritised for action.

The Assess phase shifts your project from examining your current practice, to actively starting to shape your service toward the best practice model. The Assess phase consists of two steps:

1. Assessing the current situation.
2. Assess appropriate solutions to address gaps.

The Assess Phase

Assess current situation and gaps

Assess appropriate solutions to address gaps



In this section

Assessing the current situation

- Identifying the gaps
- Exploring the gaps
- Root cause analysis
- Identifying and prioritising issues.

Assessing appropriate solutions to address gaps

- Brainstorming
- Prioritising solutions
- Develop a localised business proposal
- Testing solutions




2.1 Assessing the current situation

Identify gaps

Identifying gaps in current practice, sometimes called a ‘gap analysis’, provides an understanding of how the service is performing in relation to the best practice model. One way to identify gaps is through undertaking a self-assessment. Using a standard tool will assist teams identify where current service provision does not meet that outlined in the model. The self-assessment process identifies service gaps, and is an early stage of assessment, prior to examining specific aspects of local practice using other information and/or tools (e.g. data mining, patient and staff interviews, process mapping).

Completing a self-assessment will help identify ‘quick wins’ and prioritise what can be done almost immediately and what needs more time, resource or training before it can be implemented. The use of a traffic light system can assist in the quick identification of gaps and highlight areas warranting further, in-depth assessment.

Traffic light’ rating system for self-assessment tool

Rating key	
	Matches Model of Care
	Does not meet Model of Care, restructure of services is possible within current resources
	Does not meet the Model of Care within current resourcing (>> meet with Executive)

An understanding of current service utilisation and demand is important for informing the appropriate implementation of the new model. Collecting baseline data will help build your understanding of service requirements currently and can be measured after implementation has commenced to demonstrate change.

Exploring the gaps

a. Data

Collecting and analysing data at the commencement of the project:

- helps develop a clear understanding of where you are now;
- helps identify where your service is currently not meeting the model;
- helps identify and prioritise improvements; and
- provides a baseline for evaluation.

Data will inform the implementation of the project. Data collected should directly relate to your project objectives and the key questions you want answered to evaluate your project and implementation.

Your self-assessment may provide some prompts for the types of data to collect, or questions to answer. These should be determined at the commencement of the project and may inform the development of an Evaluation Plan.

Data can be collected in many forms, and will combine to form a detailed picture of the current status/baseline. Collecting data from information systems that relate to your project aims and objectives will provide a way of monitoring progress at a unit and a state level, over time.

Developing a **minimum data set** of measures to report at set intervals can be useful to assist monitoring and assessment of implementation success. The ACI Health Economics and Evaluation Team can assist with this.



For more information on evaluation planning, please see [Understanding Program Evaluation: An ACI Framework](#).

b. Approaches to capturing patient, family and staff experience

The patient experience in receiving health care is an important and meaningful element of quality of care, and staff experience is directly linked to performance and efficiency. There are a number of ways to capture, understand and use patient, family and staff experiences of healthcare to drive quality improvement. In the Assess phase of implementation, patient, family and staff experiences should be obtained specifically to explore and detail the gaps identified in the early stages of the Assess phase.

A combination of approaches can be used to capture a well-rounded review of patient, family and staff experience at various touch points of care delivery. Common approaches include: surveys, focus groups and patient stories. In selecting an approach it is important to consider why you want to capture the experience and how the information will be used to improve health services.

Surveys are frequently used to capture quantitative data from patients, families and staff. Patient Experience Trackers (PETs) are small electronic hand held devices used to collect patient, family and staff feedback at the point of care. This approach collects real-time survey feedback as a way to improve and monitor performance in a health service. PETs can host five customised questions with up to five multiple choice answers. The de-identified data from the devices is collated daily and reports can be emailed to nominated staff overnight. The PETs are organised by the ACI Patient Experience and Consumer Engagement (PEACE) Team and the devices are available to be loaned to NSW Health facilities.

Focus groups are planned group discussions, which make the most of group interaction. They provide very different information from 1:1 interviews, as they allow people to exchange information, opinions and feedback related to the topic. Focus groups are structured, with a prepared set of open-ended questions and are led by a facilitator.

Storytelling is an effective strategy for learning and improvement. Written or videoed patient stories capture experiences of care and can highlight priorities for improvement. Families can also share their reflections, insights and stories.



For more information on capturing, understanding and using patient, family and staff experience check the [ACI Patient Experience and Consumer Engagement: A Framework for Action](#) and associated tools.

c. Process Mapping

Process mapping is a tool used to create a visual representation of a process. This allows examination and analysis of a process, and is used to identify root causes of issues, problems or barriers to effective, efficient care. Process mapping may be useful when an issue is identified through the self-assessment, for example the patient journey may be mapped, together with the processes of care. Process mapping of the current patient journey is an essential step to ensuring all stakeholders share an understanding of the current process of care or patient journey. This process allows for the identification of issues from the start to the end of care, provides an insight into how to improve workflow and assists with the standardisation of processes. Process mapping needs to take place before solutions can be designed, and may involve walking through a process or gathering stakeholders to map a process.



Process mapping for implementation describes planning for process mapping, how to process map and analysis of your findings.

Root cause analysis

Root cause analysis ensures that you understand exactly why the gaps exist. One tool to assist with this is The 5 Whys technique. This technique can help gain an understanding of the current practice issues, identified through analysis of the root cause.

By repeatedly asking the question “Why?” (Five times is a good rule of thumb), you can peel away the layers of symptoms which can lead to the root cause of a problem. Very often the perceived reason for a problem will lead you to another question. Although this technique is called 5 Whys, you may find that you will need to ask the question fewer or more times than five before you find the issue related to a problem.



The 5 Whys template (root cause analysis) provides more information about the 5 Whys and how to use this technique.

Identifying and prioritising issues

Using all of the findings from the information you have collected, the project team can work to compile a list of the identified gaps and sequence these into themed issues in preparation for planning solutions to implement the model. This assists in developing a systematic approach to implementation, and prepares for the operationalize phase.

Before proceeding with brainstorming solutions that will work locally and how they will work, it is important to first review the self-assessment results in conjunction with your baseline data (measurements). This will enable a greater depth of understanding of the gaps/issues identified, and may inform the development of local solutions and prioritisation of these. This information can then be broken down into themes, providing a better understanding of where the majority of issues lie and what really needs to be addressed.

The project team or governance team will need to critically analyse and prioritise the localised solutions to identify those that are feasible to implement at your site and align with the overall project aim. As a team, evaluate the ease of implementation or feasibility of each local solution, through considering the following:

- The benefits or the predicted impact (high or low) on the issue or gap to be addressed;
- The magnitude of the change (including what is in scope and out of scope);
- The resources required if any, (e.g.: cost);
- The timeframe until full implementation;
- The potential risks/challenges to implement and how to manage them; and
- Major dependencies.

2.2 Assess appropriate solutions to address gaps

The second part of the assess phase is to develop and prioritise solutions. These solutions aim to address the issues identified and shift current practice toward the best practice model. It is important to remember that some solutions may be easy to implement directly from the model.

The assess phase is concerned with analysing your current practice, and identifying and developing ways you can meet the best practice model. When developing solutions, it is necessary to move away from strategic project planning and analytical thinking, to creativity and innovation, generating local solutions to address the key issues or gaps in current practice identified to align with the model.

Brainstorming

Brainstorming is used to identify where there are opportunities and where innovation is possible. Brainstorming is a useful technique to develop solutions to issues identified through your assessment of the current situation. It is important to actively involve the project team as well as key stakeholders in the **brainstorming** of solutions.

Key stakeholders to include in brainstorming activities may include:

- Clinicians and frontline health professionals;
- Non-clinical staff (e.g. operational, data managers, executive members); and
- Consumers (patients and/or carers).

The emphasis during brainstorming sessions should be on creativity and idea generation and a non-judgemental atmosphere is essential. From one simple idea, others can ideas can grow and be developed.



A variety of brainstorming techniques are available and can be found on the GEM eLearning platform on <https://gem.workstar.com.au>

Consideration of resource needs

An integral part of the implementation of any new model is to understand the needs of the model, including workforce, technology and infrastructure and equipment:

a. Workforce

Consideration of staffing needs in relation to the issues/gaps identified in the self-assessment is essential. The workforce strategy should capitalise on using existing staff skills and when necessary, should detail where further training is required and who will provide it. Another consideration regarding workforce needs is to ensure the project team has the staff available, the capacity, and appropriate skills and expertise to implement the project. The implementation plan should clearly define who is responsible for funding and backfill relating to any capability development.

b. Technology

Consider the technology requirements to implement the model. This may be as complex as a new specific database or as simple as a new form required for documentation. It needs to be considered how it impacts on the implementation.

c. Infrastructure and Equipment

The physical design of the service location must be flexible and provide for current and future operational needs, which support the change initiative. This includes internal building layouts and fixtures, fittings, furniture and equipment. If a new Model requires teams or services to have a new piece of equipment it needs to be clear who is responsible for the equipment purchase.

d. Human behavioural factors

Human behavioural factors must be considered in order to strengthen the chance of uptake of the model and changes. The EAST model is a simple model that can be used as a checklist to test proposed solutions (it is based on behavioural science). Basically, if you want someone to do something, make it Easy, Attractive, Social and Timely (EAST).

Make it **Easy** for people to do the right thing. For example:

- Automate decision making processes (e.g. where possible, remove the presence of an option);
- Reduce the 'hassle factor' for people changing to your proposed solution (e.g. make it easier to implement the solution, rather than continue with existing practice); and
- Simplify messages in letters, forms, emails, phone calls and text messages.

Make it **Attractive** in the first place and reward those desired behaviours. For example:

- Draw attention to what is important; and
- Use personalised messages so people feel that you are communicating with them.

Make it **Social** as we are heavily influenced by other people. For example:

- Use social norms to emphasise that most people are already doing the desired behaviour.

Make it **Timely** as timing is everything. For example:

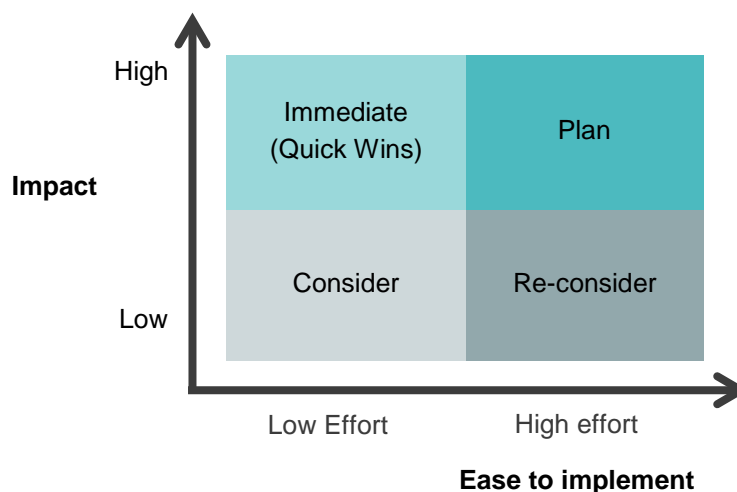
- Prompt people at the moment and place when they are likely to be most receptive (including emphasising that there is a last chance); and
- Build desired behaviours into people's daily routines and habits.

Prioritising solutions

Prioritisation of solutions can be a valuable exercise with your project team and key stakeholders. Solutions can be prioritised based on the project team ability to influence change, and potential impact on patient outcome or meeting the project objectives.

The below matrix will help to prioritise solutions by placing post it notes with solutions written on them, on the matrix below. This process can help identify solutions where immediate benefit can be realised ('quick wins'), and can assist to sequence quick wins ahead of larger, more complex, resource intense solutions. Tackling the quick wins early in the project may get some 'runs on the board' and help generate project momentum for change and engagement in the project.

Solution Implementation Matrix



Identify enablers and barriers

a. Enablers

Before implementation begins, it can be beneficial to identify 'enabling' factors; these will improve the ease of making the change, optimise the change and increase your chances of implementation success and future sustainability.

Consider processes, procedures or positions already in place or that can be aligned with the project to support implementation. Explore opportunities to enhance these enabling factors, processes and practices to ease the implementation process.

Key questions to ask

- What processes/procedures currently exist to that support solution implementation?
- Who currently supports these?
- Who has expertise/interest/skills
- Who is influential/peers

b. Barriers

Similarly, it is vital to consider and predict potential barriers to implementation of individual solutions. The risks and issues log may shed light on a number of barriers to implementation, however more may arise as you move towards the part of the project where changing human behaviour is involved.

Key questions to reconsider:

- What is blocking implementation?
- What is restricting your chances of reaching sustainable practice change?
- What is the Frame of Reference (perspective) of the people whose behaviour needs to change?
- What is the current culture within the work place? Does the current culture support the change that need to take place?
- What is the history of implementation success of the team in the past?
- Are there any resources missing that will restrict the ability of people to achieve change?
- Do people buy in to the changes?
- Does everyone understand what is required of them?

Develop a localised business proposal

A business proposal may be required where gaps have been identified and it is not possible to address these by restructuring or realigning current resources. The proposal will illustrate and frame the need and benefits of particular solutions where current resources are not available (e.g. financial implications, human resource implications or equipment and technology procurement).

Each local site will need to develop their own business proposals to outline the resource implications for their organisation. The business proposal will need to be approved by the Sponsor to enable implementation to proceed.

Approval to proceed

Once you have clearly identified your solutions it is important to gain approval from your sponsor to proceed with the implementation of the project.

2.3 Summary

Project management and communication actions for Phase 2 are outlined below. This is a guide for driving the implementation project at your site.

Project Management Checklist

Assess the current situation:

- Identify issues or gaps** in current practices compared with the model using the Self-Assessment Tool- electronic.
- Explore other methods of sourcing **information and data** to obtain more detailed information and assess current practices.
- Review results of the **gap analysis** and detailed assessment data with the project team.
- Facilitate **problem solving and brainstorming** with a variety of stakeholders.

Develop local solutions:

- Identify **feasible solutions** that will address issues or gaps identified.
- Prioritise solutions**; identify 'quick wins' and 'longer term' solutions.
- Hold regular **progress meetings** with project team.
- Hold a Steering Committee Meeting to gain **approval for the proposed solutions**.
- If applicable, develop a **local business proposal**.
- Communicate** project progress to stakeholders.

3. Phase 3 - Operationalise

Implementation

Support the health system to execute the changes needed to implement the MoC

► Plan

Identify an area of need, build a case for change and obtain sponsorship to proceed with the program of work

► Assess

Identify local issues and gaps, analyse issues, develop and prioritise solutions of work

► Operationalise

Make a plan to put the solutions into practice to align with the model. Support the changes through ongoing monitoring of change in practice, evaluation and communication.

The operationalise phase of your implementation project is focussed on translating ideas for improvement into actions. By this phase of the project, there will be a comprehensive list of the solutions that have been prioritised to be implemented at your site. The operationalise phase involves clearly defining the change to take place, modifying local practices and measuring the outcomes; all aspects of changing current practice.

This phase involves identifying people involved in changing local practices, supporting these people with appropriate resourcing and providing feedback. It is important to involve people from the beginning to increase their sense of ownership and involvement in the project. It involves communicating with the local team about the change; to those directly involved and those implementing new or improved practices, and local stakeholders.

You will experience challenges during this phase of implementation and therefore need to provide support through ongoing monitoring of the change in practice, evaluation and communication.

When implementing, it is essential to collaborate with your project team and the people who will be directly affected. This ensures the prioritised solutions are translated into feasible, relevant and efficient actions. Working collaboratively also results in broad ownership of the solutions, as well as support and agreement on the plan and project processes.

In this section

[Implementation planning review](#)

[Define the change process](#)

[Determine the actions required to change](#)

[Determine support required to change](#)

[Identify enablers and barriers](#)

[Informing and monitoring implementation progress](#)

[Ongoing communications on progress](#)

[Implementation project end](#)

3.1 Testing solutions

Some solutions may need to be 'tested' and assessed prior to full implementation to check they are a successful solution for the issue/gap identified. The following tactics can be used to test solutions if appropriate, prior to implementation and improve the likelihood of success:

- Simulate the change;

- Identify which team members could test the new process (feasibility);
- Compare the change side-by-side with the existing process or product (a simultaneous comparison test);
- Conduct the test with only one patient; and
- Conduct the test over a short period on a small group.

3.2 Implementation planning review

Prior to this phase of implementation, the following aspects of your project should be clearly defined and communicated to stakeholders:

Established timeline	The timeline should identify regular intervals for the project team to check in on project progress. The timeline provides your project with a map to completion, including key milestones, dates. Generating ‘Quick win’ solutions (that require little change and are relatively easy to implement) at the start of the operationalise phase may help to generate positive momentum for the project.
Defined objectives and outcome measures	Reporting and assessment of decided measures at certain time points (e.g.: 3, 6, 9, 12 months) will help to track the project’s progress, whether objectives are being achieved, and evaluate the success of implementation.
Defined process measures	Regular and frequent reporting and assessment of process measures (this may even occur weekly) will help track the tasks of the project, and determine if you are on track to achieve your implementation project objectives.
Set roles and responsibilities	Each solution identified should clearly state who will be responsible for implementing the change. Staff may need specific support or up-skilling to implement the changes. Anticipate, plan for and manage resistance to change.

Make sure the **Implementation plan and timeline (Gantt chart)** are up to date and outline the practical and logistical procedures that need to occur in order to put the solutions into practice. The timeline enables the project team to break project tasks into individual actions. As project team members accept responsibility for specific project actions, these can be documented on the timeline and monitored. Team members are held accountable for responsibilities documented on the timeline and actions can be celebrated as they are completed.



Implementation Timeline (Gantt Chart)
Implementation Status Report

3.3 Define the change process

Remember, change can be difficult, and we all tend to revert back to the 'old' way of doing things, if it's an option. Below are some strategies to make it easier for people to incorporate the chosen solutions into the way they work in a sustainable way. All stakeholders affected by the change need to understand:

1. What is the change?
2. Why is the change occurring?
3. What is in it for me? i.e. What are the benefits of the change or the consequences of the change not occurring?

These questions should be answered from the stakeholder's point of view.

3.4 Determine the change of behaviour required

As part of defining the change process, actions or behaviours required of people involved must be clearly communicated for the solution to be effectively implemented.

- Ask the question: What does the new behaviour look like?
- Identify the steps involved to put the solutions into practice.
- Consider incentives to motivate people toward the new behaviours or actions required for the change (see EAST model, page 20).
- To increase implementation success, it is vital for the project team, the sponsor and the clinical lead to model the new behaviours or actions to teams.

3.5 Determine support required to change

Ensuring people have access to appropriate resources will make change easier. Be open minded when thinking about the resources people will need to perform new actions. Ask what resources are needed to make the change happen. Resources could be expertise, knowledge and time to perform tasks or new actions involved in the change. For example, new administrative resources may reduce staff time spent in administrative activities, increasing their ability to participate in educational activities and imparting knowledge to others.

3.6 Informing and monitoring implementation progress

Feedback

Feedback on implementation is essential to inform the progress of the implementation. It is important to create structured mechanisms that allow for regular and ad-hoc ways for people to provide feedback. The following factors are important to consider when developing your feedback strategy:

- Actively seek and encourage and welcome continual feedback from the staff members implementing changes;
- Validate feedback has been heard through communicating how it will be used and 'close the loop' to ensure staff members know that their feedback is valuable (i.e. communicating what action was taken as a result of the feedback);
- Continue to meet regularly with the project team to hear about how the changes are being received; and

- Positive reinforcement, feedback and encouragement are important when there is evidence of implementation progress. Continue to communicate with all staff to maintain awareness and engagement with the changes.

Ongoing monitoring

Ongoing monitoring of implementation progress, to make sure the changes required continue to be carried out by teams is a vital factor in implementation success. Monitoring of implementation progress can be done through reviewing relevant data by auditing, reassessment of baseline measures or using the self-assessment tool. Monitoring progress will help identify barriers to implementation and provide evidence that the change is being implemented; that people are carrying out the required new activities to put the solution in place. Reporting your monitoring data to your project team, and those responsible for implementing the change can act as a strong motivator to continue implementation, or to increase efforts.

Key questions to ask

- Is there evidence of the change being implemented?
- Is there evidence of improvements?
- If there is no evidence of improvement, why?

Monitoring helps show your organisation that the project time has been well-invested and has addressed the implementation project aim and objectives. Information obtained by monitoring implementation progress may be used at an organisational level to report up through to LHD executives, at a professional level (e.g. presenting research or at conferences), and may also be useful for processes such as accreditation.

3.8 Measuring the implementation project

Feedback and monitoring provide the opportunities to consider reviewing and revising the approach:

- The solution – is it working? What solutions were successful? Why were they successful?
- What solutions could be improved or revised?
- Were the project objectives achieved? If not, why not?
- Are there any gaps that remain? Have any new gaps emerged due to changes in behaviour/systems/processes?
- The implementation approach - Do people need to feel more included in decisions in how the changes occur?
- The resources provided - Do people need more education and training? Are more tools required?

3.9 Ongoing communications on progress

By this point, many staff and other stakeholders will be familiar with the implementation of the model within your unit and may have contributed to it in some way. It is important to recognise and celebrate the contribution of the project team, staff and the stakeholders that have been involved in the successful implementation of the model at your site. Communicate the outcomes of the reassessment, particularly if there is significant improvement.



The following tools are available to assist with the operationalise phase:

[Communications Plan](#)

[Project Implementation Poster template](#)

3.3 Implementation project end

The implementation project end date is not really the end, it is 'finished' when the solution you put into practice becomes the 'norm'. Ongoing monitoring and evaluation based on the model is necessary to ensure that the change process implemented continues and is properly embedded. It is important to acknowledge and celebrate achievements and milestones throughout the journey to recognise and reward sustained improvements.

At project end it is also important to identify those lessons learnt throughout the implementation project. These learnings can be shared, across your organisation and externally, to improve future projects.

3.4 Summary

Project management and communication actions for the Operationalise phase are outlined below. This is a guide for driving the implementation project at your site.


Project Management Checklist

- Test solutions.**
- Outline the **steps for implementing** the 'quick wins' and longer term solutions.
- Define **roles and responsibilities** for implementing each solution.
- Identify **support required to change**.
- Define what **measurements** will need to be recorded and how this will occur.
- Identify **enablers and barriers**.
- Communicate** the plan and key messages.
- Monitor implementation progress.**
- Establish **feedback and support loops**.
- Tweak and **adjust the solution** as required to achieve success.
- Hold **regular progress meetings** with project team.
- Update Steering Committee on **implementation progress**.
- Celebrate the **project end**, acknowledge contributions of those involved in the implementation project.

Appendix 1

Roles & Responsibilities in Project Governance

Role	Responsibilities
 <p>Sponsor</p>	<ul style="list-style-type: none"> • Align the project aims/objectives at an executive and strategic level in relation to the hospital and LHDs operational plan. • Provide visible and active leadership and demonstrate commitment to the project to all levels of staff. • Approve project scope, solutions, implementation plan and project milestones. • Role model local ownership of the project. • Govern escalated risks and assists in the resolution of issues/barriers escalated by the Project Team/ Project Steering Committee/Project Executive Sponsor. • Evaluate feasibility of resource requests to deliver the project's aims and objectives. • Facilitate local ownership and empowerment of staff to drive the improvement process. • Recognise the effort and input of the project team, staff and clinicians.
 <p>Project Steering Committee</p>	<ul style="list-style-type: none"> • Providing input into the development of the project including the objectives, aim, solutions, project scope, implementation plan and project milestones. • Identifying priorities and appropriate implementation approaches. • identifying, monitoring and managing project risks and issues/barriers • Providing advice and decisions about the project as it develops, including ethics. • Providing advice and ongoing monitoring on the project measurement and evaluation processes. • Identifying and/or assessing resource requests to deliver the project's aims and objectives • Active involvement in stakeholder management and empowerment of the multidisciplinary team to drive the improvement process. • Sponsorship of major initiatives related to the project • Monitoring timelines and the quality of the project as it develops. • Acknowledging the effort and input of the project team, staff and clinicians.
 <p>Clinical Lead</p>	<ul style="list-style-type: none"> • Work collaboratively with the project lead to implement the project. • Provide expertise and specialist knowledge to the project. • Champion the project and engage peers. • Assist in the resolution of issues/barriers escalated by the project lead/ project team. • Review and drive progress towards desired outcomes. • Recognise the effort and input of the project team, staff and clinicians.

 <p>Project Lead</p>	<ul style="list-style-type: none"> • Lead implementation within the agreed scope and budget of the project. • effectively communicate and engage staff and clinicians in the project • Lead the project team to develop an implementation plan. • Facilitate and lead meetings and other project management activities. • Ensure that agreed actions and project milestones are delivered. • Escalate risk, issues and updates to the project Steering Committee and Sponsors. • Facilitate the monitoring of progress against project objectives and outcomes. • Formally acknowledge and recognise the effort and input of the project team, staff and clinicians.
<p>Project team</p>	<ul style="list-style-type: none"> • Develop the case for change and how this applies to the local environment. • Work collaboratively to develop a shared understanding of the current practice issues and gaps in relation to model. • Effectively communicate and engage staff and clinicians impacted by the project. • Consult with patients and carers. • Develop localised solutions and prioritise for implementation. • Execute the implementation plan ensuring that agreed actions and project milestones are delivered. • Facilitate the monitoring of progress against project objectives and outcomes.

Bibliography

Accelerating Implementation Methodology (AIM). Implementation History Assessment (IHA) and Individual Readiness Assessment (IRA) 2014. Available from:
<https://gem.workstar.com.au/sections/myCompany/index.cfm?assetCategoryId=674>.

Associates IM. 10 Change Agent Tips for Kicking Off 2014 Projects 2013 [cited 2014 16th April]. Available from:
<http://www.imaworldwide.com/blog/bid/191752/10-Change-Agent-Tips-for-Kicking-Off-2014-Projects>.

Australian Commission on Safety and Quality in Health Care (ACSQHC). Patient-Centred Care: Improving quality and safety through partnerships with patients and consumers. ACSQHC, Sydney; 2011.

IMA IMA. Evaluating Your Transformational Change Communication
<http://www.imaworldwide.com/blog/bid/160479/Evaluating-Your-Transformational-Change-Communication-Plan2012> [cited 2014 10th February]. Available from:
<http://www.imaworldwide.com/blog/bid/160479/Evaluating-Your-Transformational-Change-Communication-Plan>.

Institute for Healthcare Improvement: The IHI Triple Aim [cited 2015 19th June]. Available from:
<http://www.ihl.org/Engage/Initiatives/TripleAim/pages/default.aspx>

iSixSigma. Determine The Root Cause: 5 Whys. Six Sigma. [cited 19th June 2015]. Available from:
<http://www.isixsigma.com/tools-templates/cause-effect/determine-root-cause-5-whys/>

Law and Justice Foundation of NSW. Implementing a project: the role of a steering committee [cited 2014 6 January]. Available from: www.lawfoundation.net.au/ljf/site/templates/.../SteeringCommittee.pdf.

Maynard G. Building Safe Transitions of Care Presentation, Readmissions Master Class 2013 [cited 2014 7th January]. Available from: <http://www.health.nsw.gov.au/wohp/Pages/masterclass.aspx>

NHS Improvement. First steps towards quality improvement: A simple guide to improving services 2009 [cited 2014 10 February]. Available from: <http://www.rightcare.nhs.uk/index.php/2012/01/first-steps-towards-quality-improvement/>.

NSW Government. The EAST behavioural insights checklist. NSW Govt; 2013.

Team TBI. 2014 [cited 2014 16th April]. Available from: <http://www.behaviouralinsights.co.uk/about-us>.