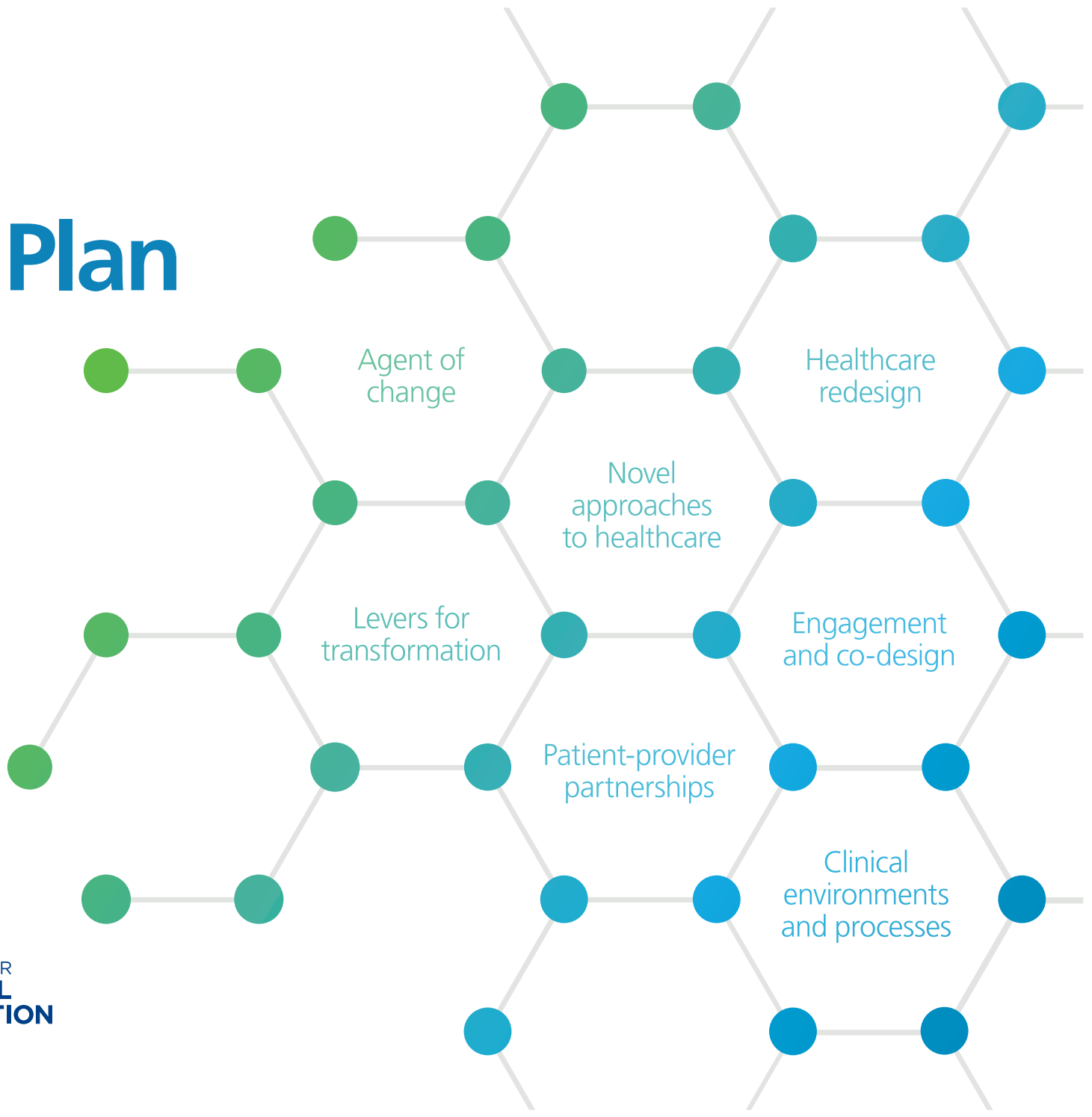


Strategic Plan

2019–2022



Agency for Clinical Innovation

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Message from Minister, Board Chair and Chief Executive

The Hon. Brad Hazzard MP

Minister for Health
Minister for Medical Research

The Agency for Clinical Innovation (ACI) has a key role in connecting clinicians and patients in NSW to drive improvements in how care is delivered to the millions of patients who access health services in our hospitals every year.

I would like to acknowledge the large community of dedicated clinicians from across the state who volunteer their time to work with ACI networks. Their commitment and passion in improving how healthcare is delivered shines a light on the greatest asset of our health system: the people who provide care to thousands of patients every day.

Similarly, the many people who have been patients – or cared for family members who have spent lengthy periods of their life as a patient – volunteer their time to help shape these improvements.

Our focus on providing patient-centred care is a theme of this strategic plan. The complex challenges that the ACI has identified will require the combined efforts of clinicians and patient representatives.

I thank the doctors, nurses, allied health professionals and patients for their commitment to improving our health system.

Associate Professor Brian McCaughan AM

ACI Board Chair

Dr Jean-Frédéric Levesque MD PhD FRCPC

ACI Chief Executive

In the nine years since the ACI evolved from its origins as the Greater Metropolitan Clinical Taskforce, the organisation has grown from one with 20 staff working out of Macquarie Hospital to the more complex structure that we see today. The ACI now produces a wide range of resources that support better healthcare for patients and its staff have broad ranging skills to support the redesign, implementation and evaluation of innovations across NSW.

In developing this Strategic Plan, we have used an innovative approach to gathering evidence. We surveyed those who have worked closely with us to seek their evaluation of our work, scanned the internal and external environment, created a logic model with our staff, interviewed similar organisations from around the world, consulted senior staff within the NSW health system and continually reviewed and refined our strategic directions with staff, network co-chairs and consumers.

We recognise that we need to both support innovation and be innovative in doing so. Therefore, we are committing to strategic directions that are challenging and will enable the innovations we introduce to be:

- person-centred and focused on the needs of patients in all aspects of their health
- clinically-led, as practicing clinicians are best placed to lead changes that affect their work and capacity to deliver care for patients
- evidence-based to ensure the most appropriate use of resources, utilising clinical and empirical evidence
- value-driven for everyone who interacts with the health system.

This plan draws on ambitious goals to achieve better outcomes for patients. To realise this, the ACI will connect widely with other organisations – both within and outside of the NSW Health system – to address the complex challenges that healthcare systems now face. The solutions lie beyond the traditional boundaries of the public health system and will need to involve primary care providers, NGOs and researchers. The ACI is in a strong position to do this with its successful model of clinician leadership and the recent streaming of networks into clinical specialties to tackle these broader challenges.

Strategy map

Our vision

To create the future of healthcare, and healthier futures for the people of NSW.

Our purpose

To be the lead agency for innovation in clinical care, bringing patients, clinicians and managers together to support innovation, design and implementation.

Our focus on complex system challenges

- integrating care at the interface of hospital, primary, community and social care services
- delivering healthcare informed by shared-decision making and co-design
- reducing low-value clinical care and increasing better value care
- improving the experiences of care for Aboriginal people and culturally diverse communities
- creating new models of care for people living with mental and physical co-morbidities
- reducing over-diagnosis and over-treatment in frail and older people
- implementing novel diagnostic and therapeutic technologies in clinical care
- embedding analytic tools to support clinical decisions and reflective practice.

Our five key directions



1. Engaging patients, clinicians and managers

- person-centred innovations
- fostering a stronger clinical voice
- empowering patients, carers, families and communities



2. Responding with evidence to system challenges

- promoting evidence-based innovation
- responding to clinical variation
- adopting a pipeline of innovation



3. Fostering a learning healthcare system

- building capacity for innovation
- seeking synergies to align efforts
- leveraging evaluation and research



4. Supporting creativity and innovation

- taking a flexible and rigorous approach
- focusing on impactful communications
- catalysing market innovations



5. Investing in our people and developing collective leadership

- developing talent and teams
- creating a culture of curiosity and exploration
- mobilising our workforce

Our principles

- We are connectors, co-designers and capacity-builders
- We leverage disruption and provide support for transformational change
- We combine creativity with rigour
- We strive for excellence and impact
- We value diversity and equity for all.

Our values

- Collaboration
- Openness
- Respect
- Empowerment

What is innovation?

Innovation is a process of invention and renewal

In healthcare, the aim of innovation is to improve people's health through delivering new or improved technologies, processes and devices.

The resulting transformation of clinical practice improves patient outcomes and experience, assists vulnerable populations and adds to system efficiency.

Innovations can be:

Planned

For example the Ministry of Health has a role in introducing new innovations across NSW health facilities

Emerging

For example local health districts (LHDs) and specialty health networks (SHNs) are at the forefront of clinical care and produce a new way of working that could be introduced to other facilities

ACI innovations are:

- **person-centred** – we engage consumers as partners to redesign healthcare
- **clinically-led** – we draw on clinical leadership to build and drive improvements that will change practice
- **evidence-based** – we capture emerging innovations, assess the evidence and evaluate their transformative potential
- **value-driven** – we demonstrate value to patients and providers, and deliver outcomes for the system.

Supporting the health system

The ACI works closely with the Ministry of Health and the four other pillars of NSW Health to find solutions and produce system responses to healthcare challenges. In particular, the ACI and Clinical Excellence Commission (CEC) have complementary roles in the quality improvement of clinical care.

ACI's work focuses on the redesign of clinical services, while CEC provides expertise in monitoring, prompting and supporting improvement in clinical quality and safety. The two pillars share a Board and Consumer Council, and work closely together on the continual renewal of improvement in clinical care.

What does value-driven mean?

The meaning of value in this context relates to both the value for patients, in terms of their health and experience, and the value for the system, in terms of the impact on the health of the population for the investments made in healthcare.



Strategic direction 1: Engaging patients, clinicians and managers

Healthcare systems in many jurisdictions recognise the importance of providing care and treatment that actively involves patients in the decision-making process, and respects individual preferences and diversity.

In NSW, the ACI supports this approach by bringing together clinicians, patients and managers to co-design innovations that improve the patient experience.

To achieve our purpose, we will focus on stronger engagement through our clinical networks, institutes and taskforces.

We will do this through:

- **person-centred innovations** – patients and their families contribute to the innovation process through participation in prioritisation, co-design and implementation programs. These innovations respond to a person's health needs and situation.
- **fostering a stronger clinical voice** – broaden clinical engagement to ensure vibrant networks with sustainable and dynamic membership and leadership.
- **empowering patients, carers, families and communities** – support a capacity-based approach to effective self-management; consumer enablement; family, carer and community participation; and a social determinants of health approach – particularly for Aboriginal communities.

Person-centred innovations

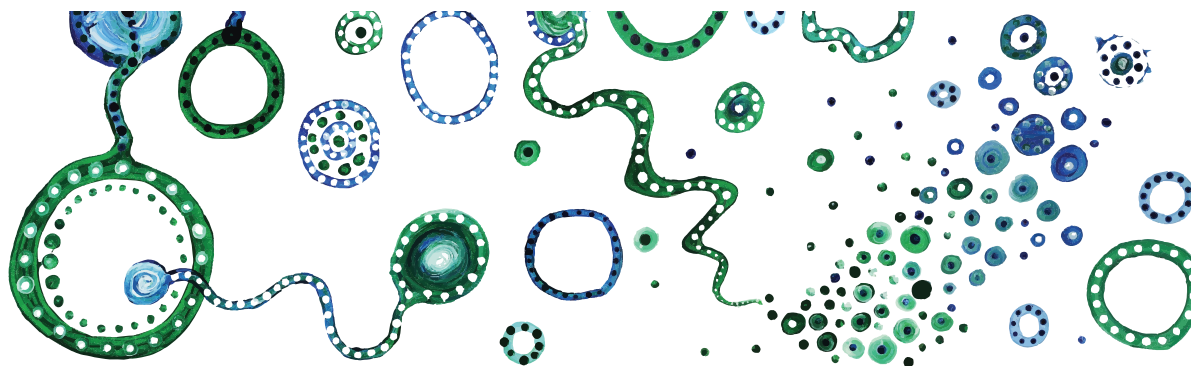
Person-centredness is an approach that makes the whole person – from a biological, psychological and social perspective – the focus of healthcare organisation and delivery. This approach recognises that people often have needs that go beyond those that relate to the illnesses and conditions that they live with or present to health services for.

Person-centred innovation can be promoted through an approach that truly involves people in the design, piloting and evaluation of new ways to deliver healthcare services.

Social determinants of health

There is widespread evidence demonstrating the relationship between the health and wellbeing of a person and their socioeconomic position.

Factors such as employment, housing, education and social support can work to strengthen or destabilise the health of people and their communities. These factors, referred to as the social determinants of health, are increasingly recognised as a key component of clinical care.



Our commitment to Aboriginal health

The ACI believes in better health and healthcare for all, and acknowledges the significant disparities in health and healthcare between Aboriginal and non-Aboriginal people in NSW.

The ACI's Aboriginal Chronic Conditions Network was established in 2017 to improve the experience and delivery of healthcare for Aboriginal people with chronic conditions.

In addition to the network, the ACI's Chronic Care for Aboriginal People program provides a framework for Aboriginal and non-Aboriginal staff working with Aboriginal communities. The program aims to provide a practical approach to improving health outcomes for Aboriginal people with or at risk of developing a chronic disease.

Many of the ACI's networks, institutes and taskforces are undertaking projects that address the diverse needs of Aboriginal people across the continuum ranging from community to acute care.

The ACI will strive to make further inroads to improve health outcomes for Aboriginal people by:

- identifying priority issues in conjunction with Aboriginal health groups and communities
- working with communities to design solutions and co-design culturally safe services
- continuing to build trust and relationships with Aboriginal Community Controlled Health Services and other organisations in the Aboriginal health sector
- supporting Aboriginal-led research and seeking synergies and partnerships with research organisations, including the Aboriginal Health and Medical Research Council of NSW and the Lowitja Institute
- supporting emergent innovations coming from the Aboriginal health sector and assessing their broader applicability for the healthcare system
- promoting engagement of Aboriginal clinicians, managers and patients through network involvement and mentoring opportunities.

ACI-led Aboriginal health initiatives

- Acute Rheumatic Fever and Rheumatic Heart Disease in NSW Framework
- Chronic Care for Aboriginal People Model of Care
- 1 Deadly Step program
- Our Mob: Pain Management Resources for Aboriginal People
- Aboriginal consumer resources for chronic obstructive pulmonary disease, pneumonia, bronchiectasis, asthma and lung cancer.



Strategic direction 2: Responding with evidence to system challenges

Evidence has a critical role in enabling informed decisions. Evidence in healthcare can come from a variety of sources including patient experience, scientific evidence and clinical data.

The ACI's work to capture emerging innovations and evaluate their potential for wider use and system transformation must be underpinned by a strong evidence base. We will work with our partners and other pillar organisations to gather evidence and collectively respond to system challenges.

We will do this by:

- **promoting evidence-based innovation** – assess innovations based on scientific evidence, patient experience, organisational diagnostics and cost-benefit analyses.
- **responding to clinical variation** – strengthen our capacity to tackle clinical variation found to be unwarranted, partnering with the Ministry of Health, the Bureau of Health Information, the Clinical Excellence Commission and other pillar organisations.
- **adopting a pipeline of innovation** – develop an approach to produce rapid evidence synthesis and redesign, short-term piloting and evaluation, and planned spread and scale.

What is unwarranted clinical variation?

Clinical variation is often warranted in complex healthcare systems. This is because patients differ in their health status, in the diseases and illnesses that affect them, in their emotional needs and expectations, social circumstances and ability to manage their own care.

However, clinical variation is unwarranted when patient care differs in ways that are not a direct and proportionate response to available evidence, or to the healthcare needs and informed choices of patients.

Addressing unwarranted clinical variation

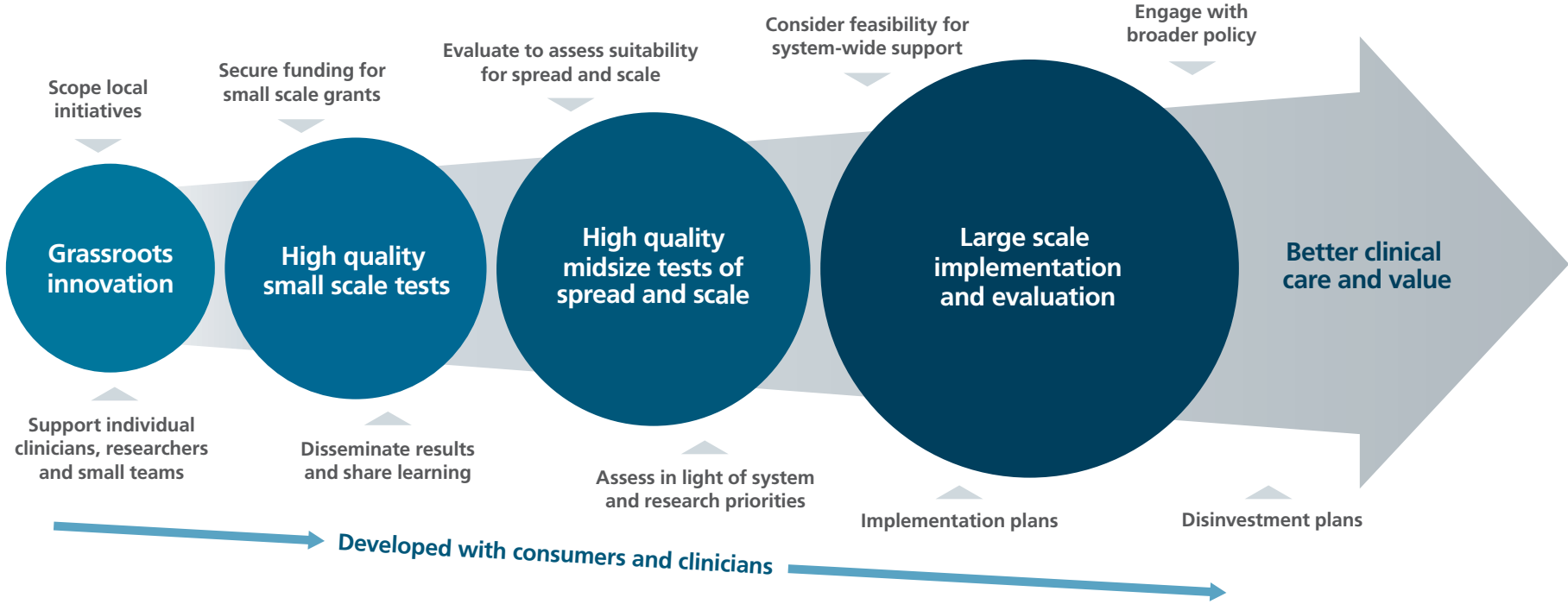
Addressing unwarranted clinical variation is a NSW Health system priority. The ACI supports the Cancer Institute to investigate clinical variation in cancer services and provides support for the design and implementation of new clinical services. The ACI works closely with the Bureau of Health Information and the Ministry of Health, using their measures of clinical care to support efforts to identify, investigate and address variation that is unwarranted.

A pipeline of innovation

A key part of the ACI’s strategic approach to research is to develop a framework to guide, prioritise and manage the flow of innovations through a development and dissemination pipeline.

Although shown as a linear process, the innovation pipeline is – in reality – an iterative process with multiple opportunities for feedback loops.

Mobilising knowledge for health system improvement





Strategic direction 3: Fostering a learning healthcare system

The intertwining relationship between innovation and knowledge is demonstrated in the way an organisation promotes a cycle of continuous learning.

A learning healthcare organisation improves skills and knowledge, and provides opportunities to discover better ways of working together. On a broader scale, a learning healthcare system connects improvement efforts and the sharing of knowledge across organisations.

In NSW, the ACI will support efforts to advance a learning healthcare system that partners and exchanges knowledge with different organisations.

We will do this by:

- **building capacity for innovation** – increase the capacity of health staff through design, implementation and the sharing of innovations, offering development opportunities through clinical decision support, data analytics and working with the Health Education and Training Institute (HETI) to develop appropriate education and training resources.
- **seeking synergies to align efforts** – increasingly align our work with the work of NSW Health, the Clinical Excellence Commission and other pillar organisations, and community-based organisations for statewide implementation efforts.
- **leveraging evaluation and research** – collaborate with academic institutions to conduct health system research and develop the science of implementation.

What is a learning healthcare system?

A means of accelerating healthcare system transformation, recognising that research evidence needs to be applied in real-time while at the same time drawing on practice-based knowledge.

Adapted from: Greene, S.M., Reid, R.J., Larson, E.B. (2012). [Implementing the learning health system: From concept to action](#). *Annals of Internal Medicine*, 157, 207-210.

Adopting a strategic approach to research

The ACI is developing an approach that will strengthen our capacity to create, use, disseminate, translate and foster research, and increase our ability to catalyse sustainable change in the NSW Health system.

Leveraging evaluation and research

The ACI has a long history of drawing on research evidence to produce clinical guidelines. Building on this foundation and into the future, the ACI will increase the breadth of research-associated activities.

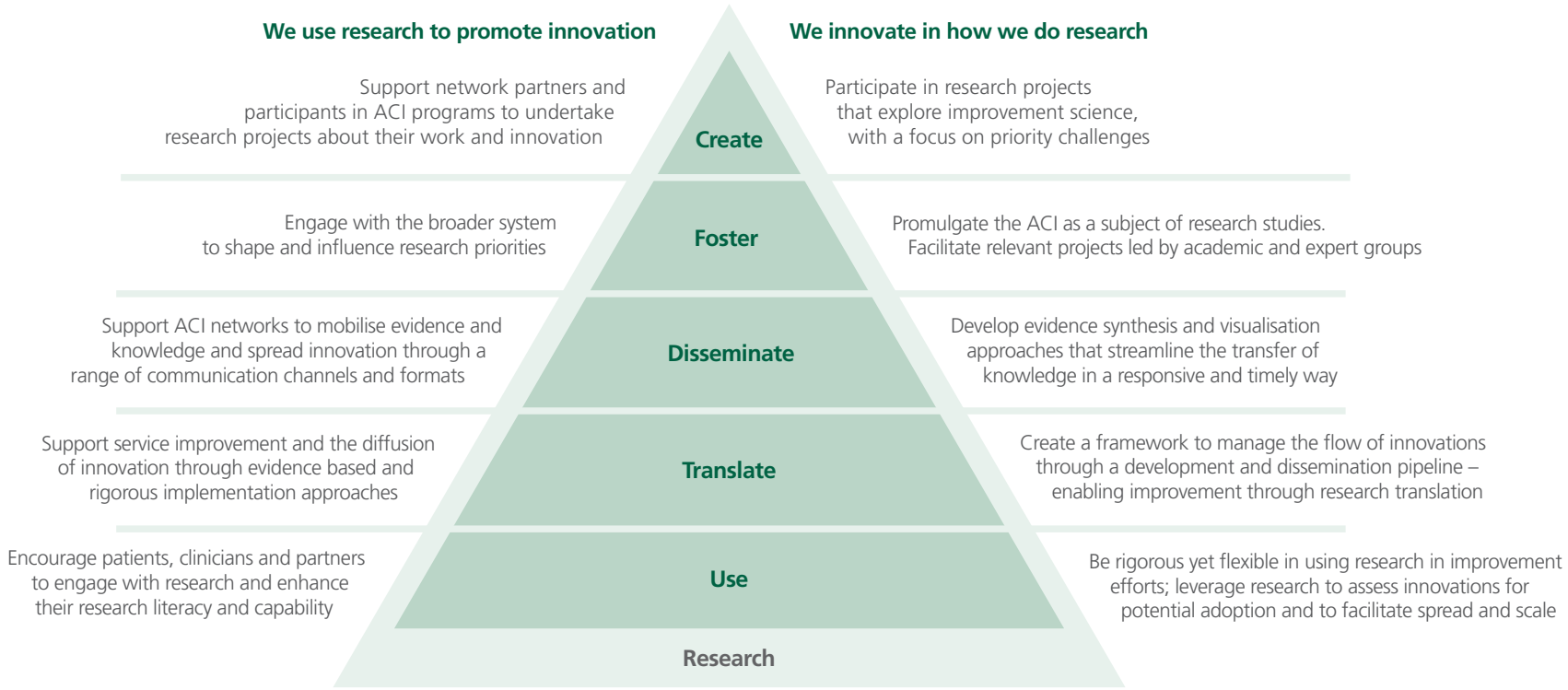
First, the ACI will more extensively use research in supporting clinical innovation and producing clinical guides. We will systematically draw upon available, relevant, rigorous and up-to-date evidence to inform our work.

Second, the ACI will seek to contribute to the broader knowledge base about the science of implementation and improvement. We will innovate in the way we leverage our expertise, apply research and support the production of new evidence.

Our research-related activities can be depicted as a tiered pyramid.

There are five key ways that we will capitalise on evidence and knowledge: using, translating, disseminating, fostering and creating research.

We will be most active in using, translating and disseminating research and while we will increase our contributions to fostering and creating research, these elements will have a less prominent role in our overall activities.





Strategic direction 4: Supporting creativity and innovation

Innovation is a process of trying things in new and different ways to obtain value. In a healthcare context, innovation should improve people's health through the delivery of new or improved technologies, processes and devices.

The ACI will focus on identifying and testing new ways of delivering healthcare, with the aim of improving patient experience and outcomes, improving access, assisting vulnerable populations, providing a better experience for clinicians, and achieving better value from public investment in healthcare.

We will do this by:

- **taking a flexible and rigorous approach** – create processes and tools that enable us to support transformation of healthcare in a way that combines rigour and tailoring to local circumstances.
- **focusing on impactful communications** – create concise and dynamic products to convey information and improve uptake.
- **catalysing market innovations** – bring together NSW health agencies with public and private sector innovators to develop, prototype, test and consolidate emerging innovations.

Enabling emerging innovations

The ACI will work with partners to establish a Healthcare Innovation Venture Enablement Consortium (HIVE). This consortium will create an environment for emerging public and private innovations that support improvements in healthcare. Focusing on programs that align with current priorities, the HIVE will provide links to different parts of NSW Health to enable developments in innovations.

Providing support for redesign

The ACI, through its Centre for Healthcare Redesign and Implementation team, provides health professionals with training and facilitation to improve how care is delivered. This is done through the adoption of a structured yet flexible approach to understand the current gaps in clinical care, the identification of locally-appropriate solutions and the management of change at the local level.



Strategic direction 5: Investing in our people and developing collective leadership

There are 39 clinical networks, institutes and taskforces at the ACI reaching thousands of clinicians, managers and consumers across NSW.

The ACI has reviewed its organisational structure to promote greater collaboration across networks and channel their combined expertise in addressing broader healthcare challenges.

To build upon this, we will focus on creating a culture based on participation and collaboration, where out-of-the-box ideas are not only welcomed but encouraged.

We will do this by:

- **developing talent and teams** – build our workforce capacity and cultural competency through teamwork and professional development, in partnership with HETI.
- **creating a culture of curiosity and exploration** – embed collective leadership at all levels of the organisation to create a trusting environment where curiosity and exploration is encouraged and promoted.
- **mobilising our workforce** – explore options for our staff to work locally in hospitals, LHDs and SHNs to embed innovation activities. Create a space for clinicians, managers and staff from pillar organisations to work at the ACI and closely interact with our staff.

What is collective leadership?

Collective leadership is a form of management that involves the distribution of leadership power across the organisation so that people with expertise, capability and motivation fulfil their potential.

Collective leadership supports everyone in the organisation to participate in solving problems and ensure the emergence of innovations.

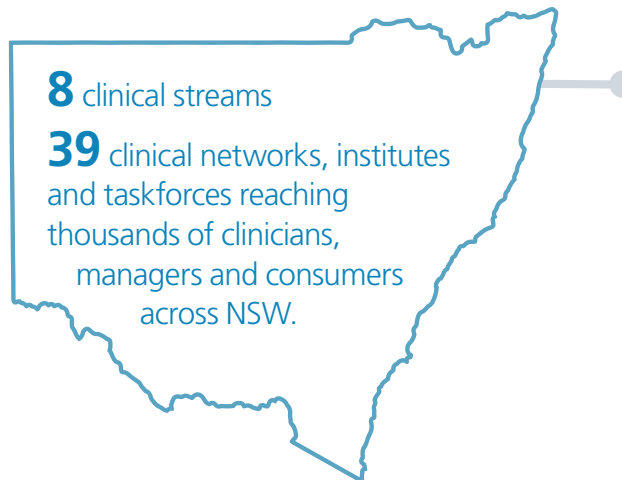
This approach also entails that people share responsibility for the success of the organisation as a whole, not just for their individual contribution.

Adapted from: West M, Eckert R, Steward K, et al. *Developing collective leadership for health care*. London: The King's Fund; 2014.

The ACI story

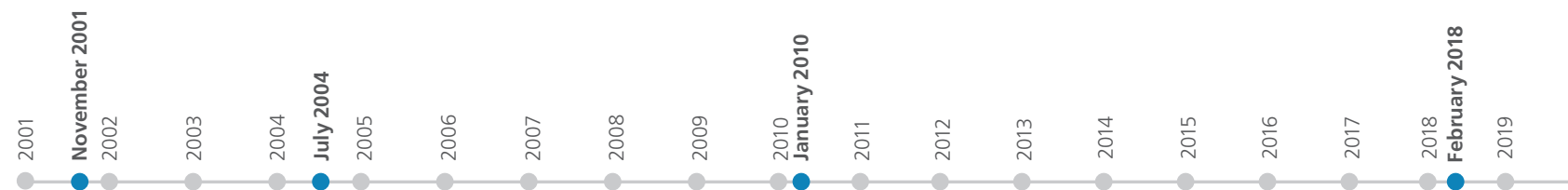
The ACI was established in 2010, although our core work of clinical engagement and clinician-led improvements dates back many years.

The ACI's clinical network model was developed from the pioneering work of its forerunners – the Greater Metropolitan Transition Taskforce and the Greater Metropolitan Clinical Taskforce.



Our core functions:

- Clinical guidelines and models of care
- Patient engagement and co-design
- Clinical evidence generation and mobilisation
- Clinical innovation and research
- Clinical redesign
- Implementation support
- Evaluation and capability development.



Greater Metropolitan Transition Taskforce (GMT²) established

The GMT² was formed in response to recommendations by the Greater Metropolitan Services Implementation Group to establish integrated hospital networks across the greater metropolitan area.

Greater Metropolitan Clinical Taskforce (GMCT) established

The GMCT was established to continue the work of the GMT² in engaging clinicians and consumers in health planning and implementation. The GMCT was also tasked with developing a cohesive plan for a number of specialised clinical services across the greater metropolitan region that extended to the Hunter, Illawarra and Blue Mountains areas.

ACI established

The ACI was established as one of the four pillars of reform following the *Garling Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals*. The ACI's work is evident across NSW in the design and implementation of clinically-led innovations that improve patient outcomes.

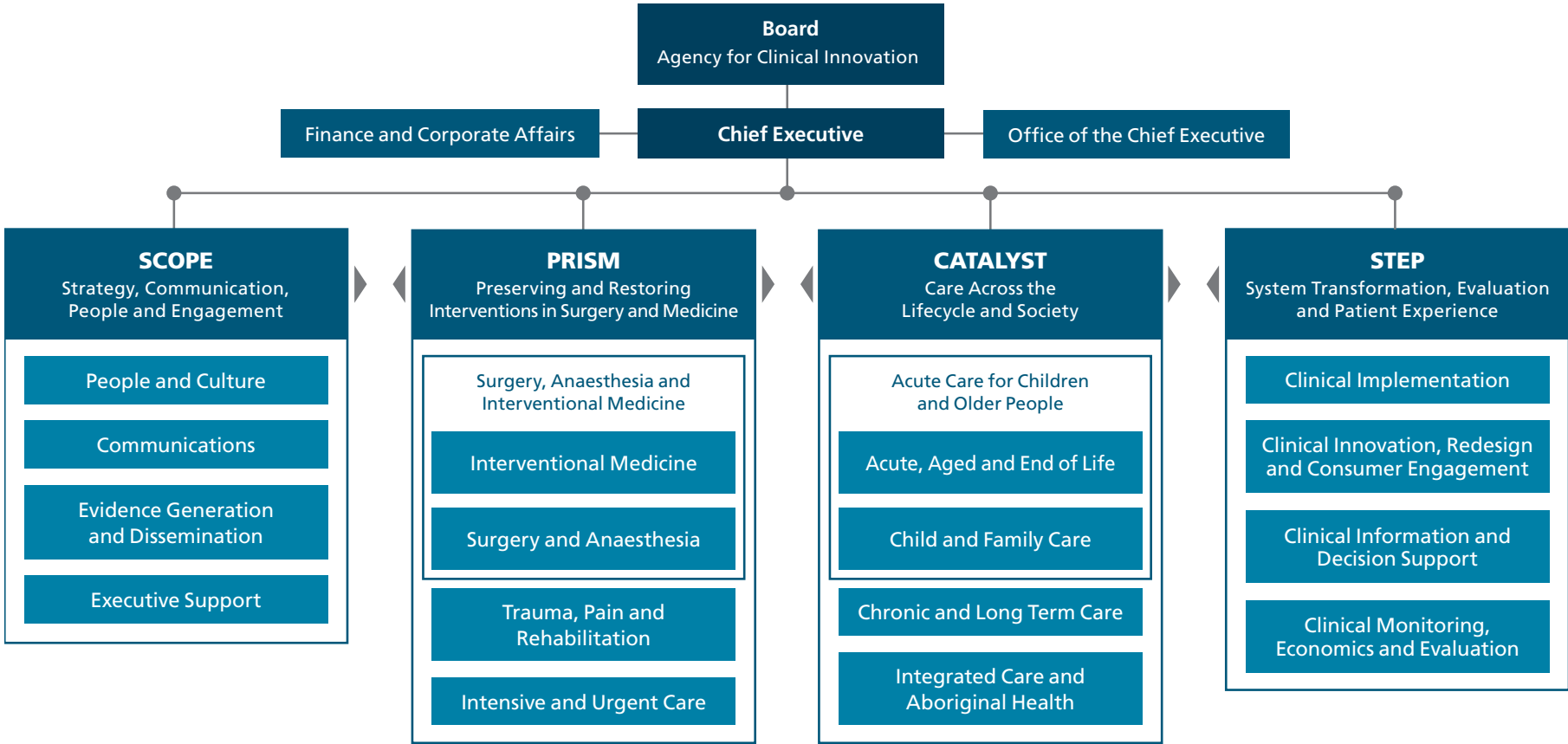
Review of ACI organisational structure

Realignment of networks into clinical streams to enable greater collective expertise in addressing complex health problems.

Our structure

The ACI reviewed its organisational structure to realign networks, institutes and taskforces into clinical streams in 2018. The purpose of the restructure was to improve clinical engagement and clinical innovation in an effort to provide better health services to the people of NSW. The new structure promotes collaboration across networks and encourages staff to work closely together to address broader system challenges.

The names of the directorates are PRISM (Preserving and Restoring Interventions in Surgery and Medicine); CATALYST (Care Across the Lifecycle and Society); STEP (System Transformation, Evaluation and Patient Experience); and SCOPE (Strategy, Communications, People and Engagement). The ACI is also supported by a finance and corporate affairs team.



Our directorates

The ACI's structure supports our teams to work with patients and clinicians across networks in order to meet future challenges.

Our structure is comprised of two clinical directorates that focus on the activities of networks, institutes and taskforces. Each clinical directorate has streams of clinical specialties and there are two system transformation directorates with expertise in redesign, implementation, evidence and evaluation; and engagement, communications and strategy.



PRISM – Preserving and Restoring Interventions in Surgery and Medicine

A prism modifies and expands the trajectory of light.

In a similar way, the networks in PRISM have a crucial role in changing the health trajectory of patients requiring surgery, critical or urgent interventions and rehabilitation, so that their outcomes are expanded following this intervention. These networks expand the perspective and focus on care that is person-centred; looking after the entire person throughout, and beyond their hospital journey.



SCOPE – Strategy, Communication, People and Engagement

A scope can mean the area or type of work that we want to do; or an instrument that allows us to see something that we wouldn't usually see.

The teams in SCOPE are the instrument enabling the ACI work to be focused, shared and used by clinicians throughout the system.



CATALYST – Care Across the Lifecycle and Society

In chemistry, a catalyst is a substance that causes a reaction without itself being affected.

In a similar way, networks in this directorate have a role in creating the conditions for change in a complex environment, just as a catalyst would. These networks have a strong focus on more complex problems where many stakeholders are active, including in chronic disease management, rural areas and across sectors where care is provided beyond the hospital sector. CATALYST teams support better integration of care for patients.



STEP – System Transformation, Evaluation and Patient Experience

A step can signify a move, act, or proceeding toward some end or in the general course of some action.

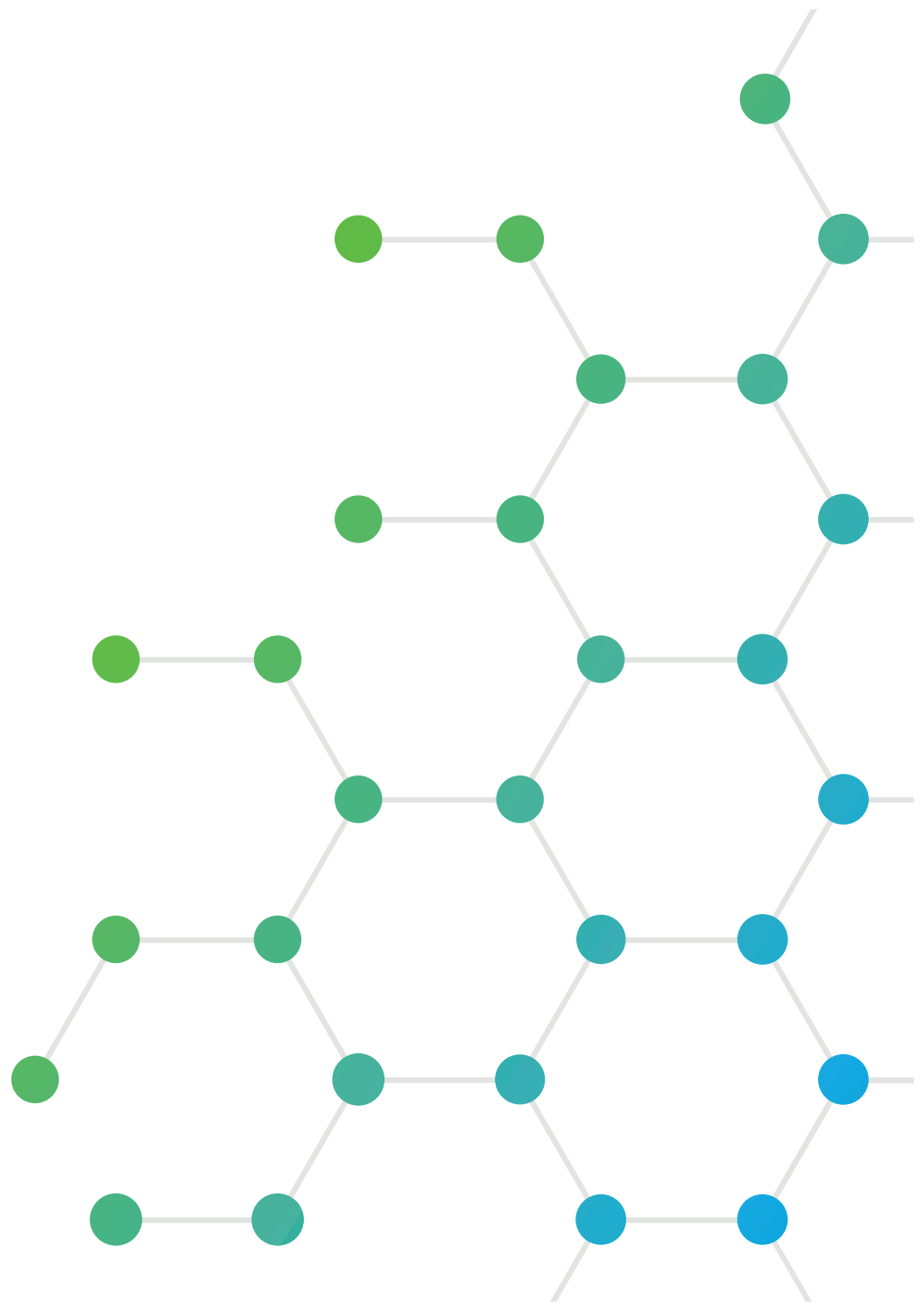
The STEP analogy relates to the role of this directorate in helping networks and pan-organisational projects go through the various stages – or steps – to ensure innovation, design, piloting, implementation, scaling and evaluation across the system. STEP teams support change to happen in collaboration with networks, hospitals, LHDs and SHNs.

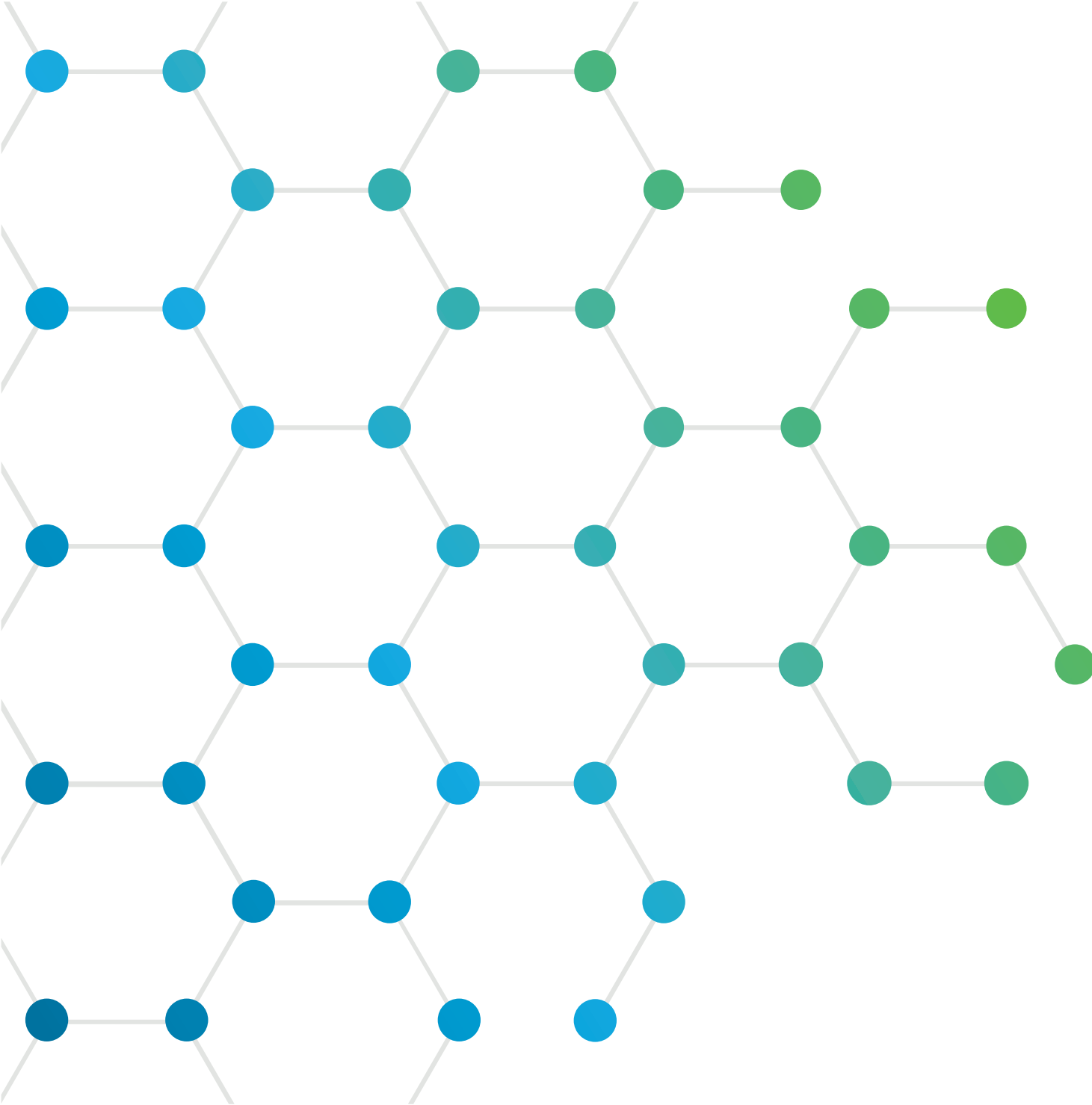
Alignment with the NSW Health system

	Potential areas of collaboration
Ministry of Health Manages and monitors the performance of the NSW Health system.	The ACI supports the management of the healthcare system and the elaboration of policies and statewide programs through its clinical expertise and system redesign approaches.
Bureau of Health Information Produces independent reports benchmarking the performance of healthcare services.	The ACI investigates clinical variation and responds to published reports to support the identification of new models aiming at improving performance in clinical care.
Cancer Institute NSW Cancer control agency lessening the impact of cancer on individuals and the NSW Health system.	The ACI supports investigations of clinical variation and quality improvement programs, and provides support for design and implementation of clinical innovation for cancer services led by the Cancer Institute NSW.
Clinical Excellence Commission Safety specialists committed to continuous improvement in patient safety and quality care for the people of NSW.	The ACI provides clinical expertise and supports the design and implementation of clinical innovations that promote safety and improve quality of care.
Health Education and Training Institute Develops contemporary and responsive health education and training for all roles across the NSW Health workforce.	The ACI supports training and capacity-building through its clinical expertise and healthcare redesign school, and the development of training and education resources that support new clinical practices.
NSW Health Pathology A statewide clinical and scientific service that provides quality, reliable public pathology, forensic and analytical science services across NSW.	The ACI supports the assessment of clinical variation and the redesign of pathology services.
Health Infrastructure Oversees the planning, design, procurement and construction of health capital works in NSW.	The ACI supports and facilitates medical, nursing and community input into proposed new hospital builds and facilities.
eHealth NSW and HealthShare Provides shared services, including the delivery and support of information and communication technology solutions, across NSW Health.	The ACI collaborates on the clinical assessment and statewide implementation of digital health information technologies and services.
LHDs, SHNs and Ambulance Service of NSW Responsible for the planning, delivery and coordination of local health services, and front line pre-hospital care and medical retrieval.	The ACI offers support to build-capacity for local innovations, and support their emergence and evaluation.

Alignment with NSW Health strategic priorities

NSW Health strategic priorities	Keep people healthy	Provide world-class clinical care: patient safety first	Integrate systems to deliver truly connected care	Develop and support our people and culture	Support and harness health and medical research and innovation	Enable ehealth, health information and data analytics
ACI strategic directions						
Strategic direction 1: Engaging patients, clinicians and managers						
Person-centred innovations	•	•	•			•
Fostering a stronger clinical voice		•	•	•		•
Empowering patients, carers, families and communities	•	•	•			
Strategic direction 2: Responding with evidence to system challenges						
Promoting evidence-based innovation		•			•	•
Responding to clinical variation		•	•			•
Adopting a pipeline of innovation		•			•	•
Strategic direction 3: Fostering a learning healthcare system						
Building capacity for innovation				•	•	
Seeking synergies to align efforts	•	•	•			•
Leveraging evaluation and research					•	•
Strategic direction 4: Supporting creativity and innovation						
Taking a flexible and rigorous approach		•	•	•	•	
Focusing on impactful communications		•	•	•		
Catalysing market innovations					•	•
Strategic direction 5: Investing in our people and developing collective leadership						
Developing talent and teams				•		
Creating a culture of curiosity and exploration				•		
Mobilising our workforce				•		





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