



**ACI** NSW Agency  
for Clinical  
Innovation

# **Show, lift, wink, hold, push, pull, nudge, nod**

Connaissances et leviers de changement pour l'amélioration des systèmes de santé

Séminaires Pole Santé HEC Montréal Automne 2017, Montréal, 3 Octobre 2017

**Jean-Frédéric Levesque, MD PhD**

Chief Executive – Agency for Clinical Innovation

Conjoint Professor – Centre for Primary Health Care and Equity, UNSW

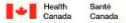
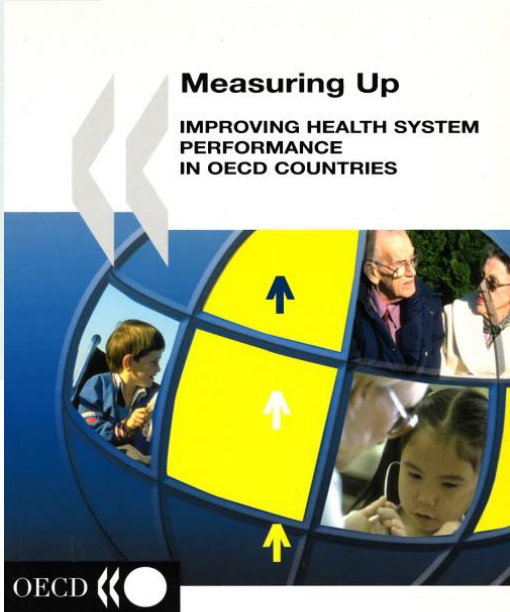
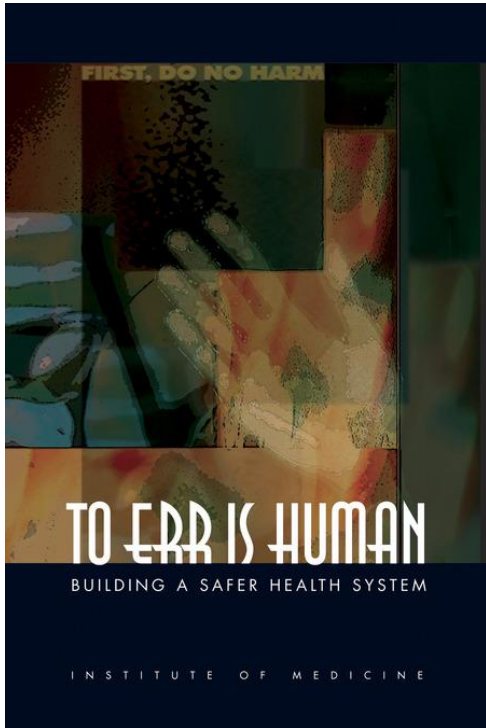
**Collaboration.  
Innovation.  
Better Healthcare.**

# Reconnaissance

“J’aimerais reconnaître les populations autochtones dont les territoires ancestraux se situent sur les lieux où nous nous rencontrons aujourd’hui et payer mes respects à leurs ancêtres et leurs aînés.”



De la connaissance au  
changement:  
un intérêt nouveau?



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# Healthcare Quality Ontario

# Bureau of Health Information

USA Institute for Health  
Improvement

Agency for Clinical  
Innovation

Centres for Medicare and  
Medicaid Services (CMS)

Physician Consortium for  
Performance Improvement  
(AMA)

RAND Corporation

Independent Hospital Pricing  
Authority

Australian Commission for Safety and  
Quality in Healthcare

National Quality Forum  
(NQF)

UK Care Quality Commission

The Nuffield Trust

The King's Fund

National Committee for Quality Assurance  
(NCQA)

Leapfrog Group

Agency for Healthcare  
Research and Quality  
(AHRQ)

USA Accountable  
Care Organisation

Ambulatory Care Quality  
Alliance (AQA)

Hospital Quality  
Alliance (HQA)

Commissaire à  
la santé et au  
bien-être

Joint Commission on Accreditation of  
Healthcare Organizations (JCAHO)

Dr Foster

Canadian Institute of  
Health Information

La haute autorité  
de santé France

Canadian Foundation for  
Healthcare Improvement

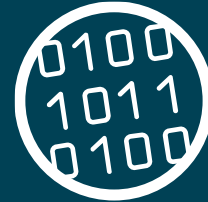
- 1 Balises conceptuelles
- 2 Fondements organisationnels
- 3 Applications opérationnelles



# Balises conceptuelles



Données



Changement



Information

Action



Connaissance







# Données

*Les données sont une codification de phénomènes réels sous une forme pouvant être analysé*





# Information

*Les données deviennent de l'information par l'application de méthodes analytiques et par la codification qui soutien l'interprétation*

Mortalité  
hospitaliere

Besoins non-  
comblés

Securité

Evénements  
indésirables

Accessibilité

Coûts

Ressources

Prévalence

Risques  
sanitaires

Satisfaction

Mortalité  
évitables

Incapacité

Qualité de vie

Litératie de  
santé

Climat  
organisationnel

Coordination

Grands  
utilisateurs

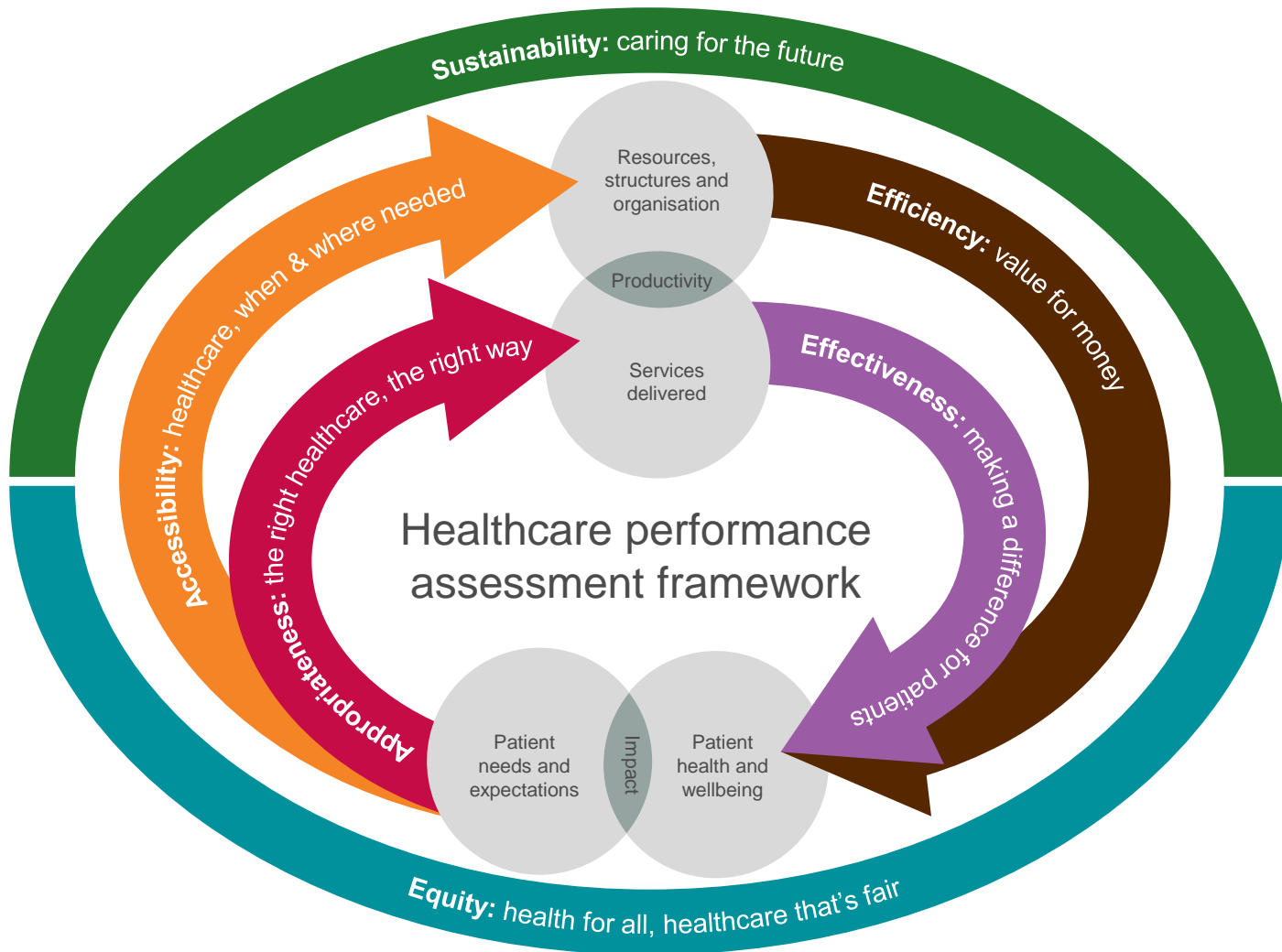
Duplications

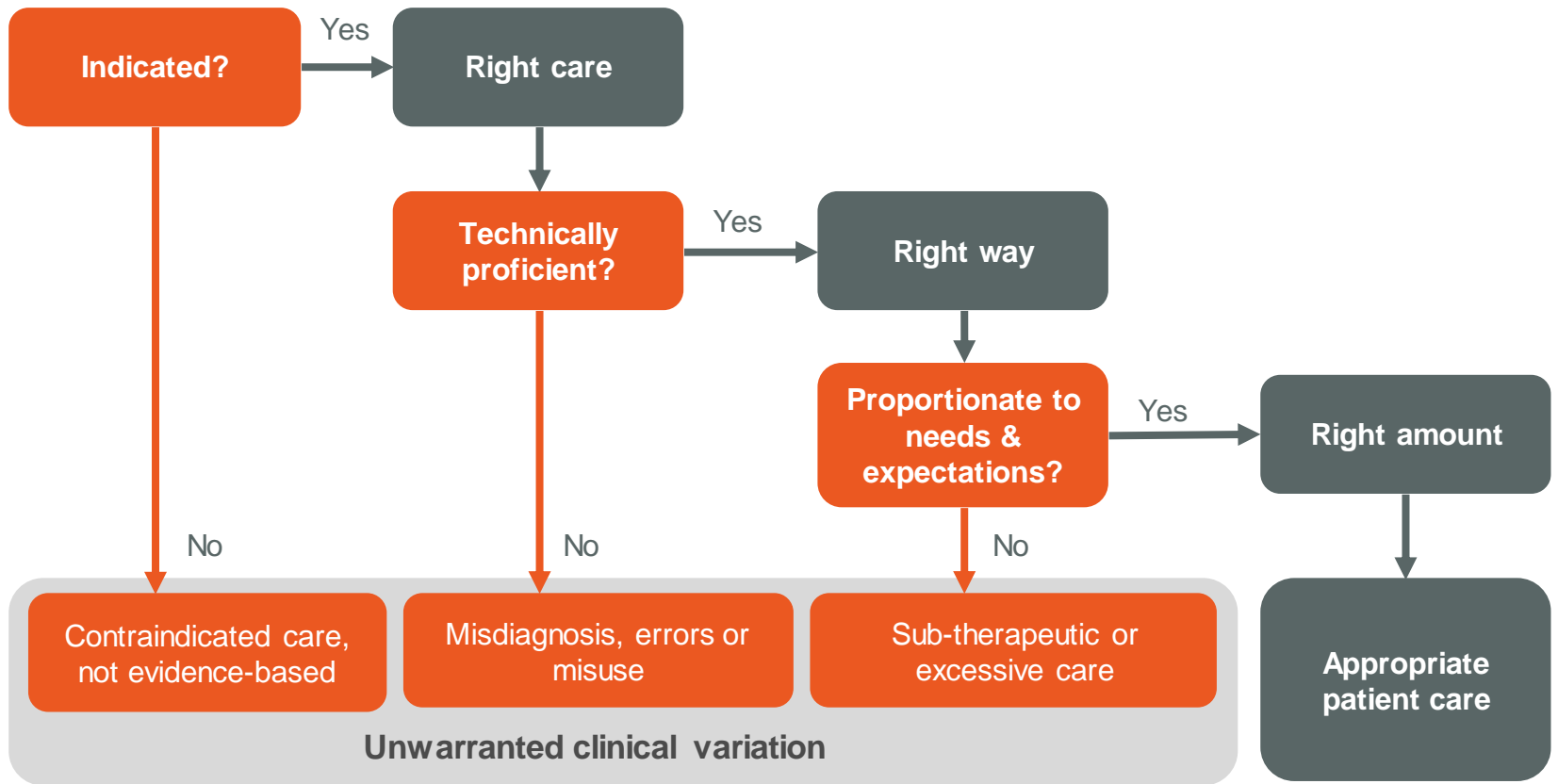




# Connaissance

*La connaissance signifie la compréhension des choses réelles ou des concepts abstraits que les données et informations ont permis de décrypter, d'analyser et d'internaliser*





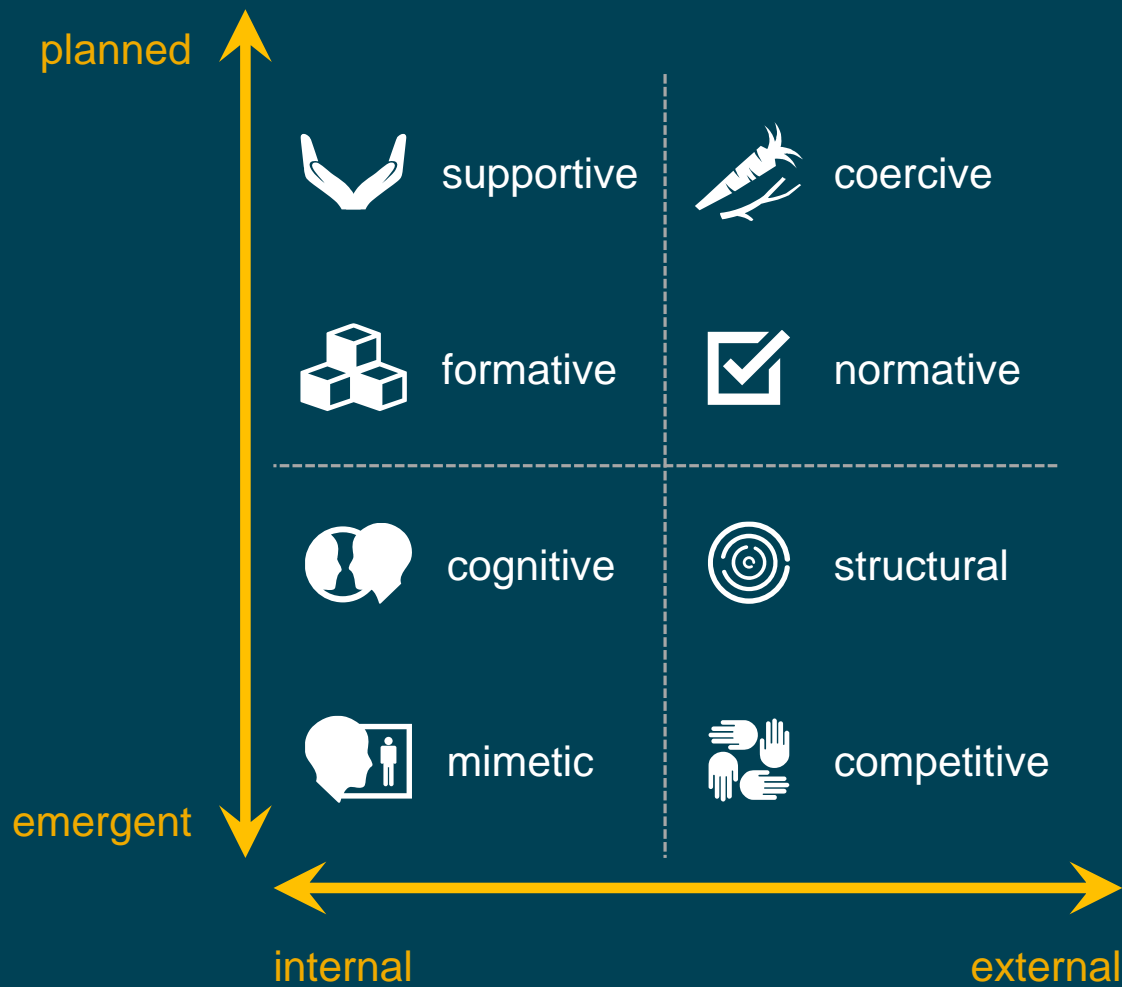


# Action

*La connaissance peut soutenir l'action grâce à son effet sur de multiples comportements et décisions*



Cross-fertilisation  
Benchmarking  
Nudge  
Peer learning  
Contract management  
Regulation  
Monitoring  
Hug  
Awareness  
Shove  
Continuous education  
Training  
Provider feedback  
Judge  
Self-regulation  
Quality improvement  
Push  
Peer-pressure  
Monitoring  
Pay for outcomes  
Pay for performance  
Incentive





# Changement

*Le changement dans la performance provient de modifications durables de structures, des processus et des comportements cliniques*

# Changement ou innovation?

Plusieurs définitions du terme 'innovation' existent. Le thème sous-jacents consiste en une transposition de nouvelles connaissances et idées dans la pratique, pour des bénéfices tangibles aux organisations et aux utilisateurs de services.

*"Implementing new ideas that create value"*

- Innovation Network, U.S.A

*"The intersection of invention and insight, leading to the creation of social and economic value"*

- U.S National Innovation Initiative

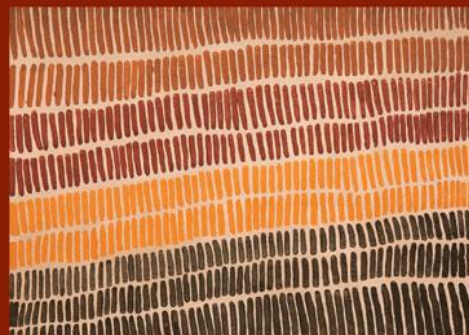
# 2 Fondements organisationnels



Special Commission of Inquiry  
Acute Care Services in NSW Public Hospitals

**Final Report of the  
Special Commission of Inquiry  
Acute Care Services in  
NSW Public Hospitals**

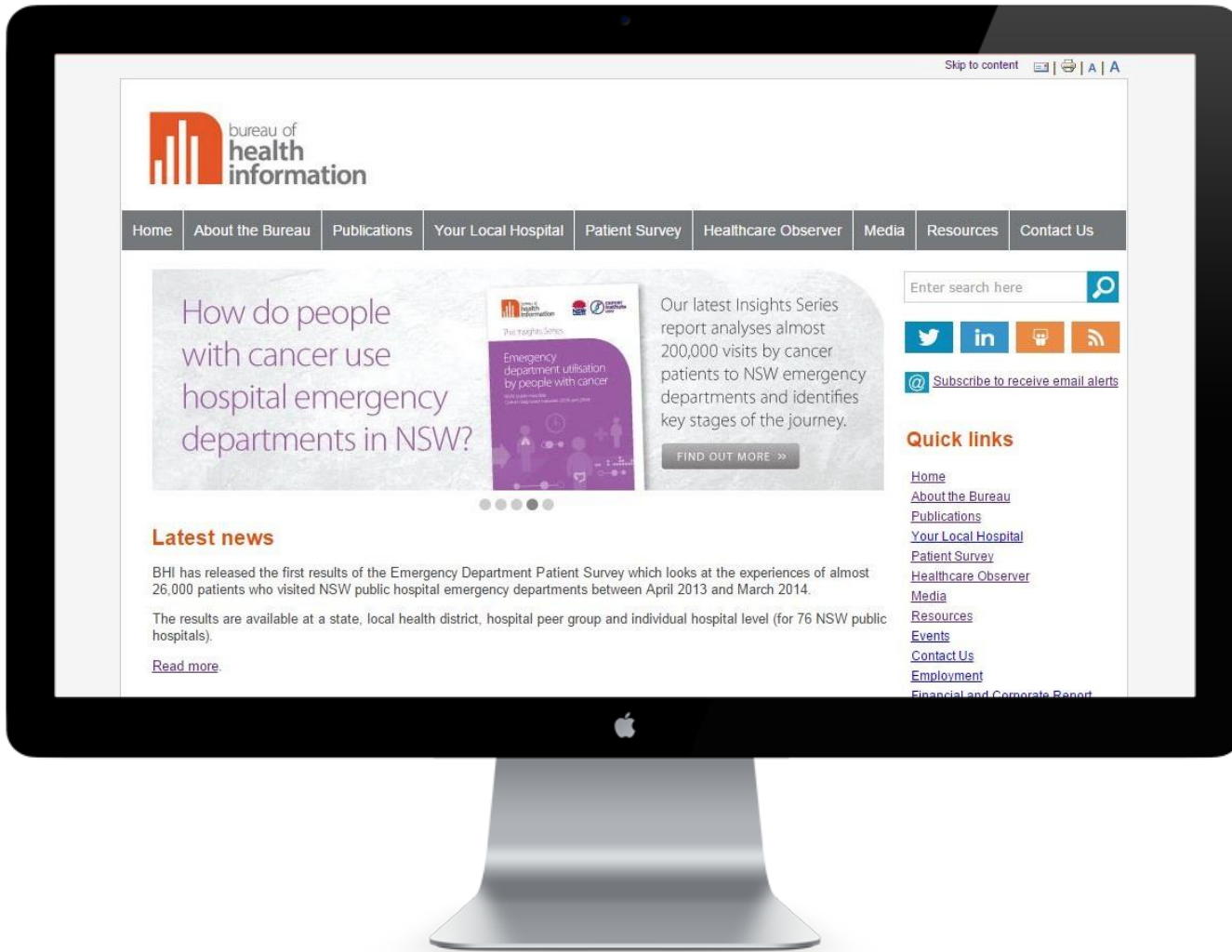
Overview




Peter Garling SC  
27 November 2008



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How do people with cancer use hospital emergency departments in NSW?




Our latest Insights Series report analyses almost 200,000 visits by cancer patients to NSW emergency departments and identifies key stages of the journey.

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**Latest news**

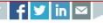
BHI has released the first results of the Emergency Department Patient Survey which looks at the experiences of almost 26,000 patients who visited NSW public hospital emergency departments between April 2013 and March 2014.

The results are available at a state, local health district, hospital peer group and individual hospital level (for 76 NSW public hospitals).

[Read more.](#)



Accessibility Options



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Home About ACI Get Involved Resources Make it Happen Innovation Exchange

# Collaboration. Innovation. Better Healthcare.

The ACI works with clinicians, consumers and managers to design and promote better healthcare for NSW.

[Learn more about the ACI...](#)



### Get Involved

We work with clinicians, consumers and managers to design and promote better healthcare for NSW.



### Resources

Evidence-based resources to promote better healthcare.



### Make it Happen

We offer a range of services to healthcare providers to design and promote better healthcare for NSW.



### Innovation Exchange

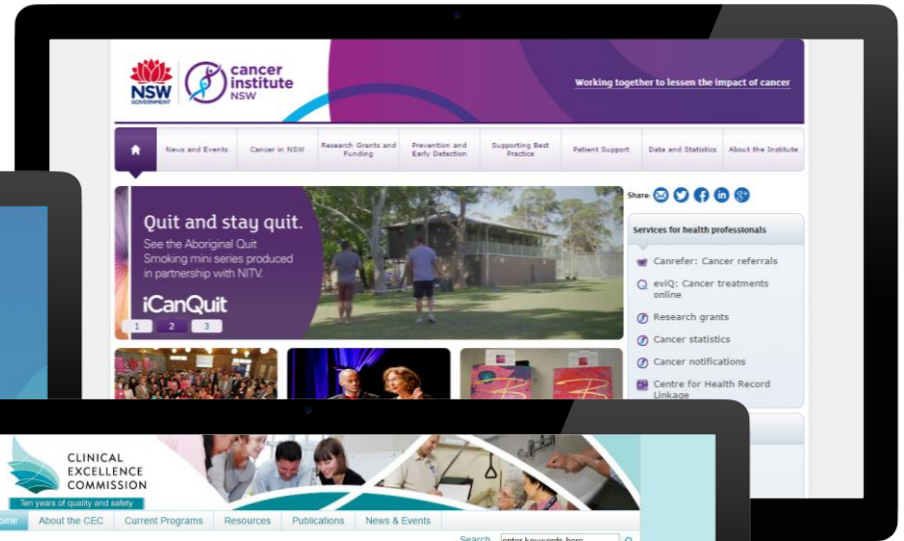
Learn, share and promote local innovations and improvements in healthcare.

Feedback

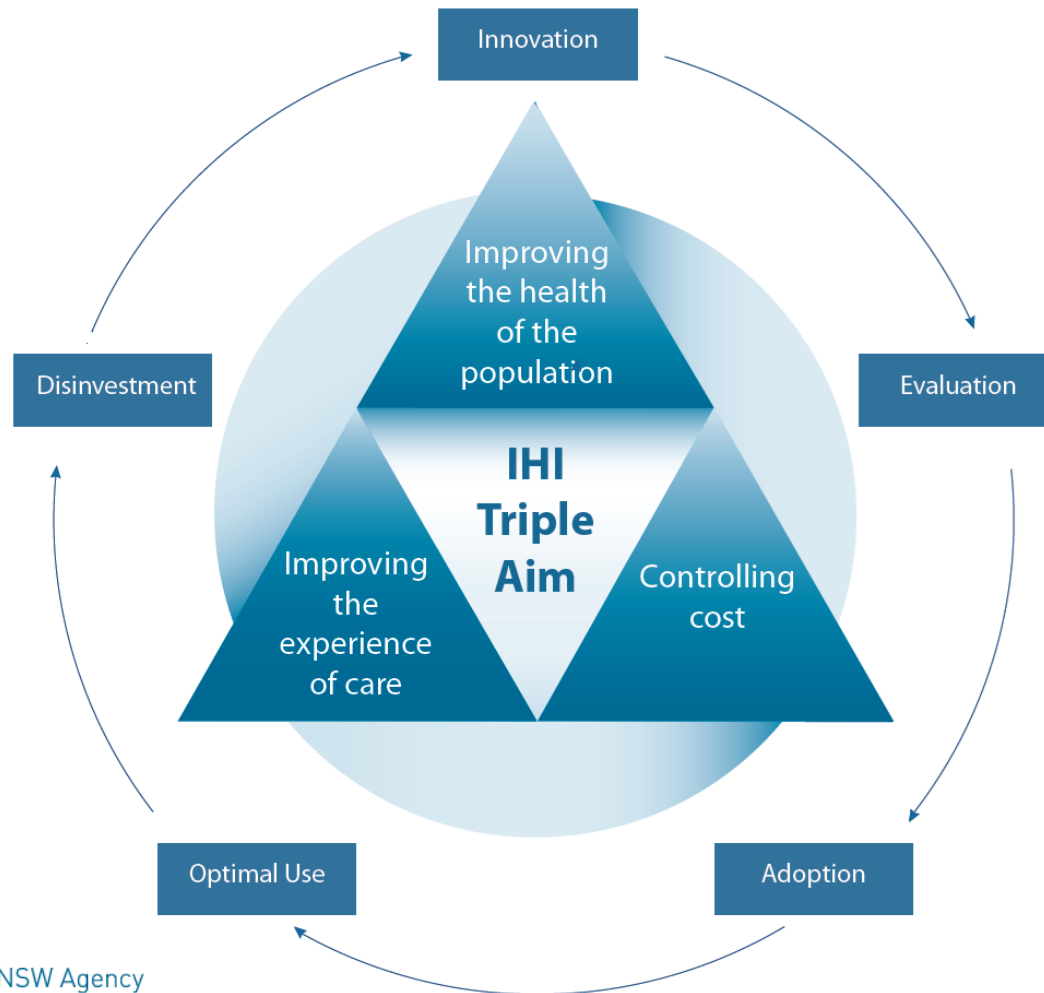


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# Processus d'amélioration



# Programmes d'amélioration



**Redesign  
et évaluation**



**Support à  
l'implantation**



**Avis spécialisés sur  
l'innovation clinique**



**Echange de  
connaissances**



**Guides de pratiques  
& modèles de soins**



**Développement  
des capacités**



# Nos réseaux et services cliniques

**39** Clinical Networks,  
Institutes  
and Taskforces



**8** key service areas, including:



- Centre for Healthcare Redesign (CHR)
- Health Economics and Evaluation Implementation
- Patient Experience and Consumer Engagement (PEACE)
- Knowledge Management
- Patient Reported Measures (PRM)
- Research
- Telehealth



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# 2016-2017 en un coup d'oeil

**18**  
rural satellite hubs and live webstreaming linked 200 rural clinicians for this year's *Rural Innovations Changing Healthcare Forum*



**1,200** consultations conducted for the *Palliative and end of life care blueprint*



**A further 89** healthcare staff have graduated from the Centre for Healthcare Redesign Diploma Program



**32** facilities participated in the stroke clinical audit process



**More than 600** clinicians and managers across NSW engaged in the stroke clinical audit process



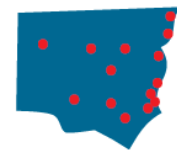
**4,250** active users of the NSW Trauma App



**2** million Twitter impressions generated from the *Patient experience symposium*



**14** sites across NSW are implementing the *Intensive care service model*





# Approche au re-design clinique

## REDESIGN

A METHODOLOGY FOR IMPROVEMENT AND INNOVATION



### THE MODEL

Redesign offers an evidence based framework for innovation and a large suite of tools to ensure initiatives deliver better care, have strong sponsorship, are sustainable and integrated within the system.



### OPEN MINDSET

Redesign promotes an enquiring and respectful approach, where innovation is practiced with empathy, transparency and the willingness to truly understand the best ways to make a real difference.



### IMPROVING TOGETHER

Redesign is a collaboration journey, bringing people together to deliver outstanding health care. Involving the end consumer in the process is critical to achieve better value care.



#### EMPOWER

consumers lead the development of activities, products and services with appropriate advice and support



#### CO-DESIGN

consumers co-lead the development, design, implementation and evaluation of activities, products and services



#### COLLABORATE

consumers are represented and can make recommendations and influence decisions



#### CONSULT

consumers are invited to provide feedback about products and services developed



#### INFORM

consumers receive information about the group's activities (e.g. by being subscribed to the mailing list)

# 3 Applications opérationnelles

# Alignement des mesures et des incitatifs

L'exemple de mesures de rendement hospitalier





In the April to June 2017 quarter...

## Emergency department

There were **641,423**  
emergency presentations

Highest ever for an April to June quarter

**UP**  
**4.6%**

28,235  
more than  
same quarter  
last year



**75.6%** of patients' treatment  
started on time

**DOWN**

**0.8**  
PERCENTAGE  
POINTS



**73.1%** of patients spent  
four hours or less in the  
emergency department

**DOWN**

**0.8**  
PERCENTAGE  
POINTS



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Figure 8 Percentage of patients who spent four hours or less in the ED, April to June quarters, 2012 to 2017

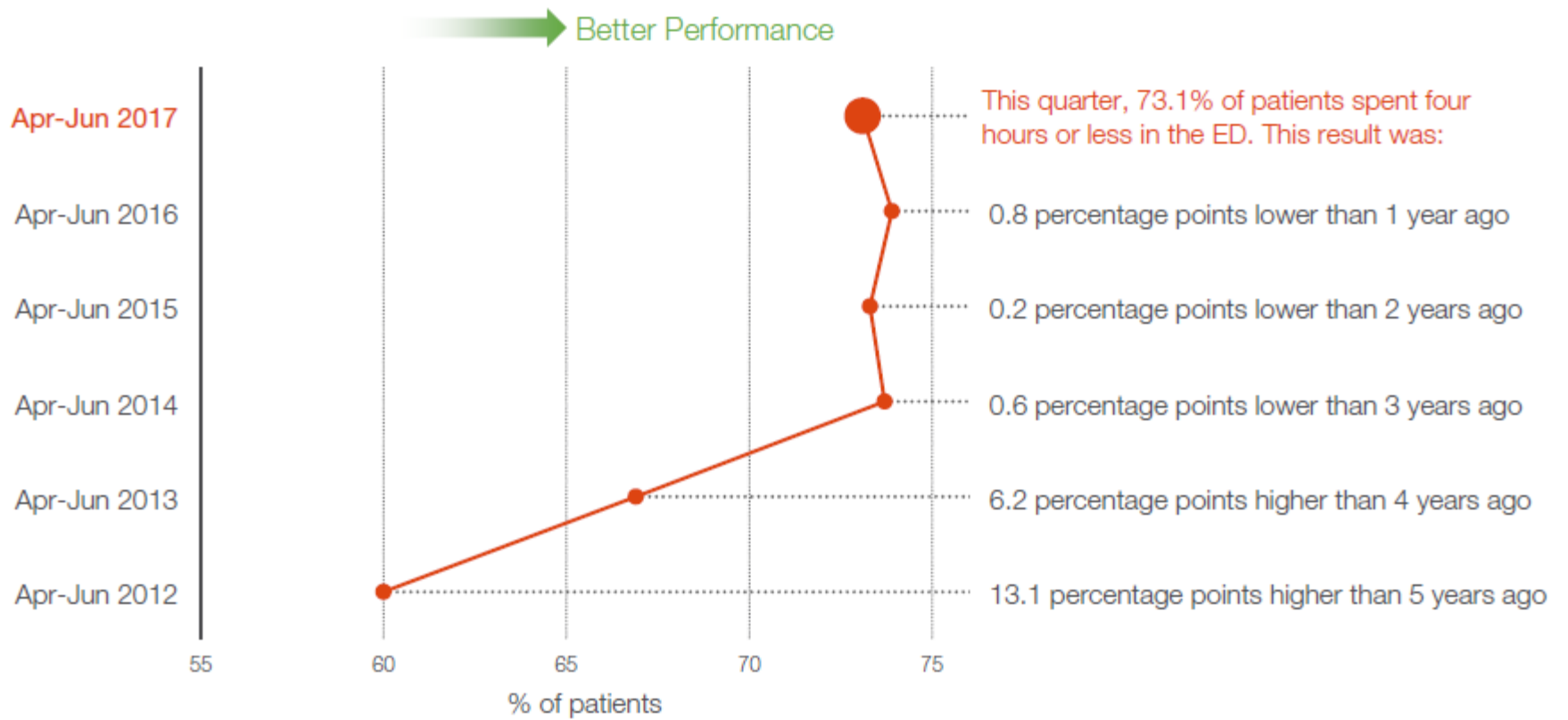
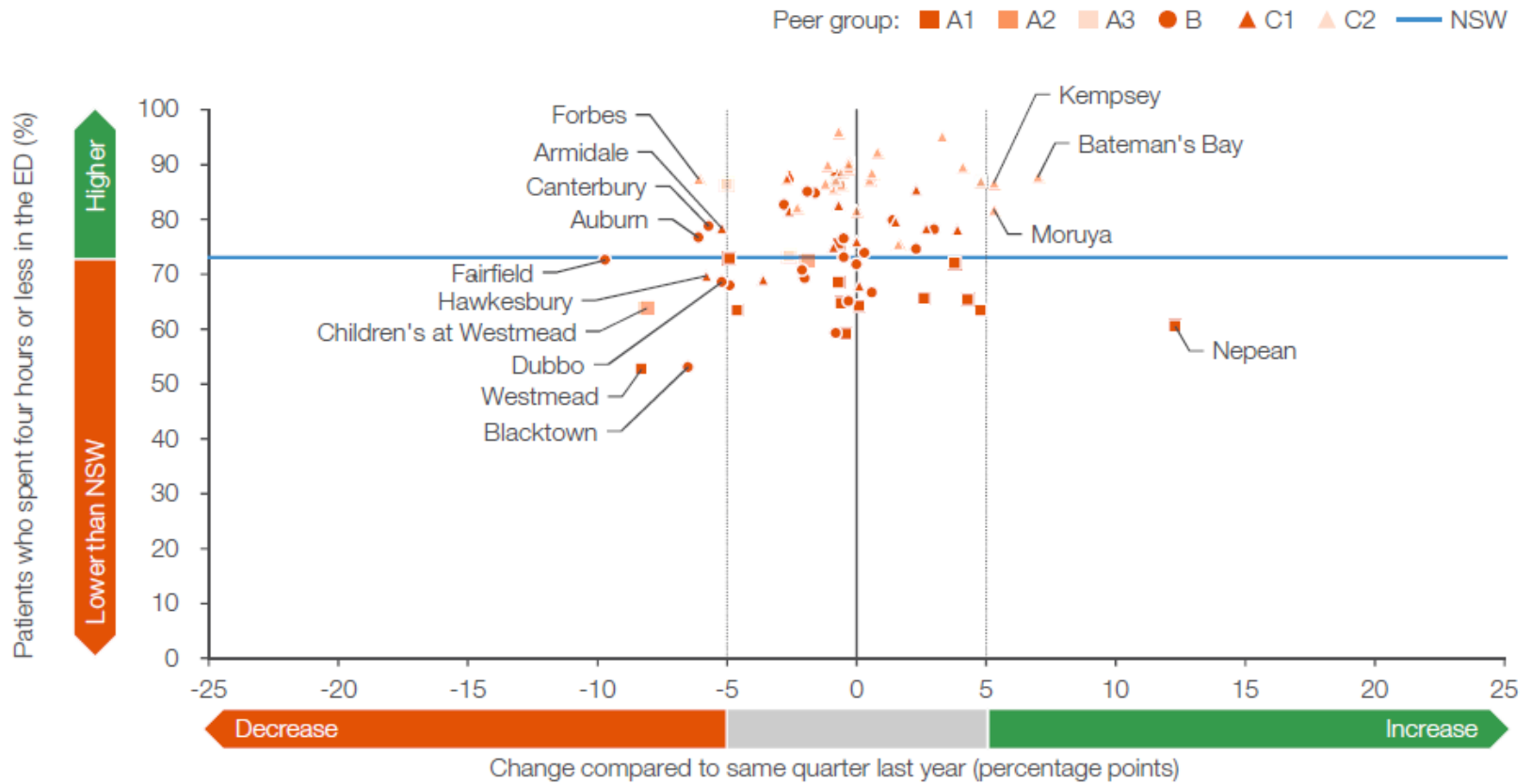


Figure 9

Percentage of patients who spent four hours or less in the emergency department, and percentage point change since same quarter last year, hospitals by peer group, April to June 2017

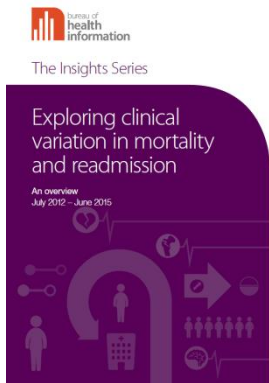


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# Alignement des mesures avec les programmes d'évaluation de la qualité

Les exemples de la mortalité et des réadmissions



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Figure 6 Number of public hospitals, by outlier status for 30-day mortality, by condition, NSW, July 2012 – June 2015

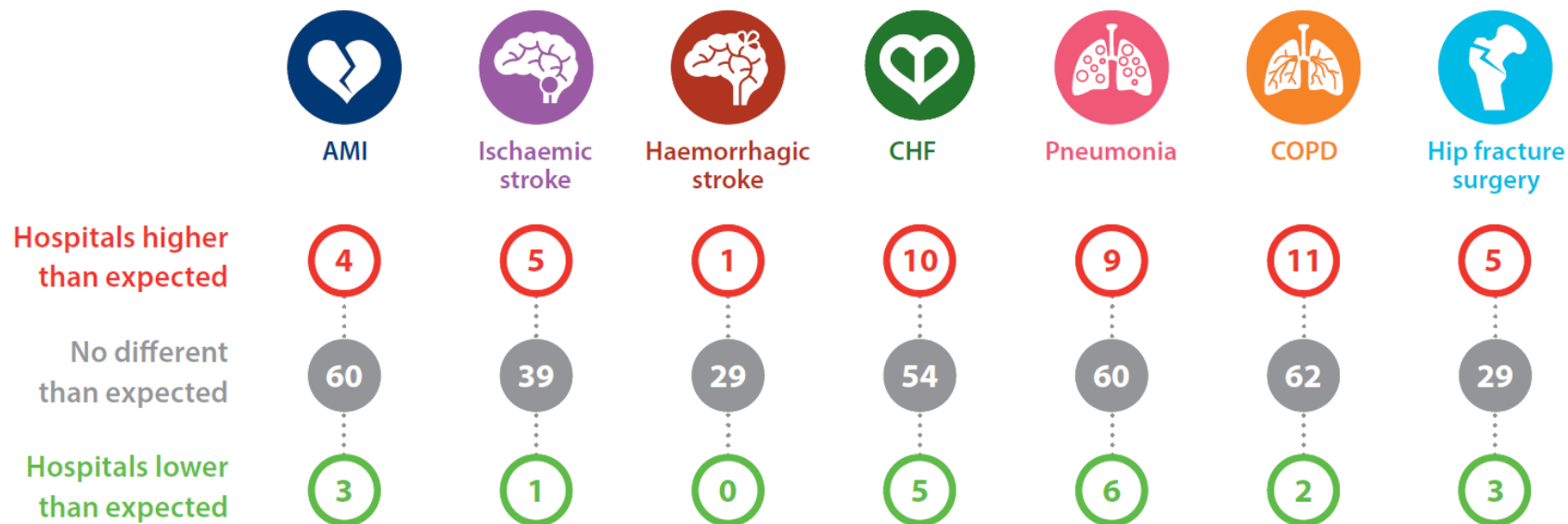


Figure 18 Ischaemic stroke 30-day risk-standardised mortality ratio, NSW public hospitals, July 2012 – June 2015

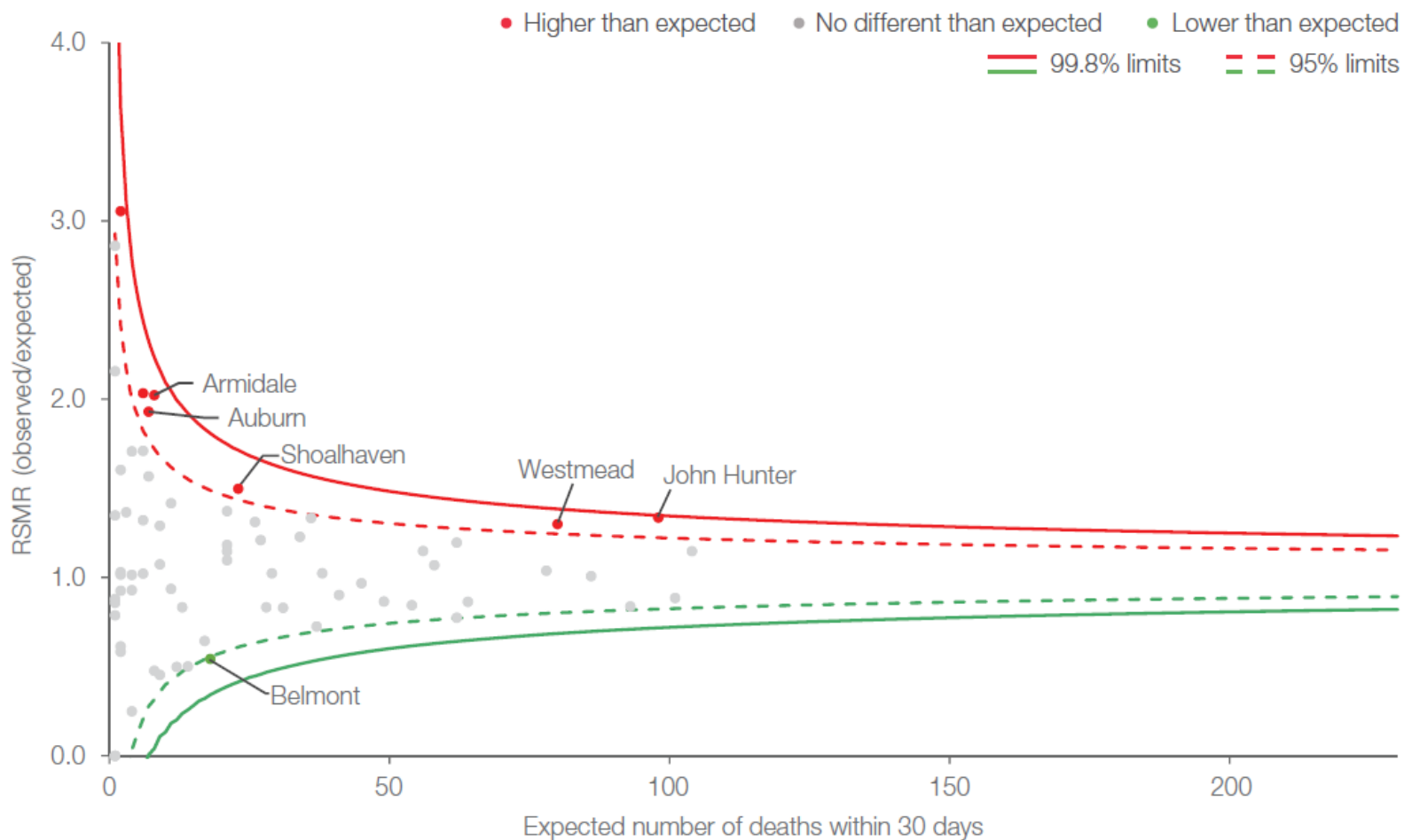


Figure 22 Ischaemic stroke, 15-year time series results for hospitals that were outliers for the period July 2012 – June 2015



	Hospital 1	Hospital 2	Hospital 3	Hospital 4	Hospital 5	Hospital 6	Hospital 7	Hospital 8	Hospital 9	Hospital 10	Hospital 11	Hospital 12	Hospital 13	Hospital 14
RSMR	●	●	●	●	●	●	●	●	●	●	●	●	●	●
% of patients admitted to a stroke unit/ICU or high-dependency unit			✓	✓		✓			✓					
% of patients with neurological observations recorded in first 24 hours of hospitalisation			✓	✓			✓	✓						
% of patients on stroke clinical pathway during admission	✓	✓	✓						✓					
% of patients receiving swallow test within four hours of admission		✓		✓	✓									
% of patients discharged on an anti-thrombotic (if ischaemic stroke)	✓			✓										

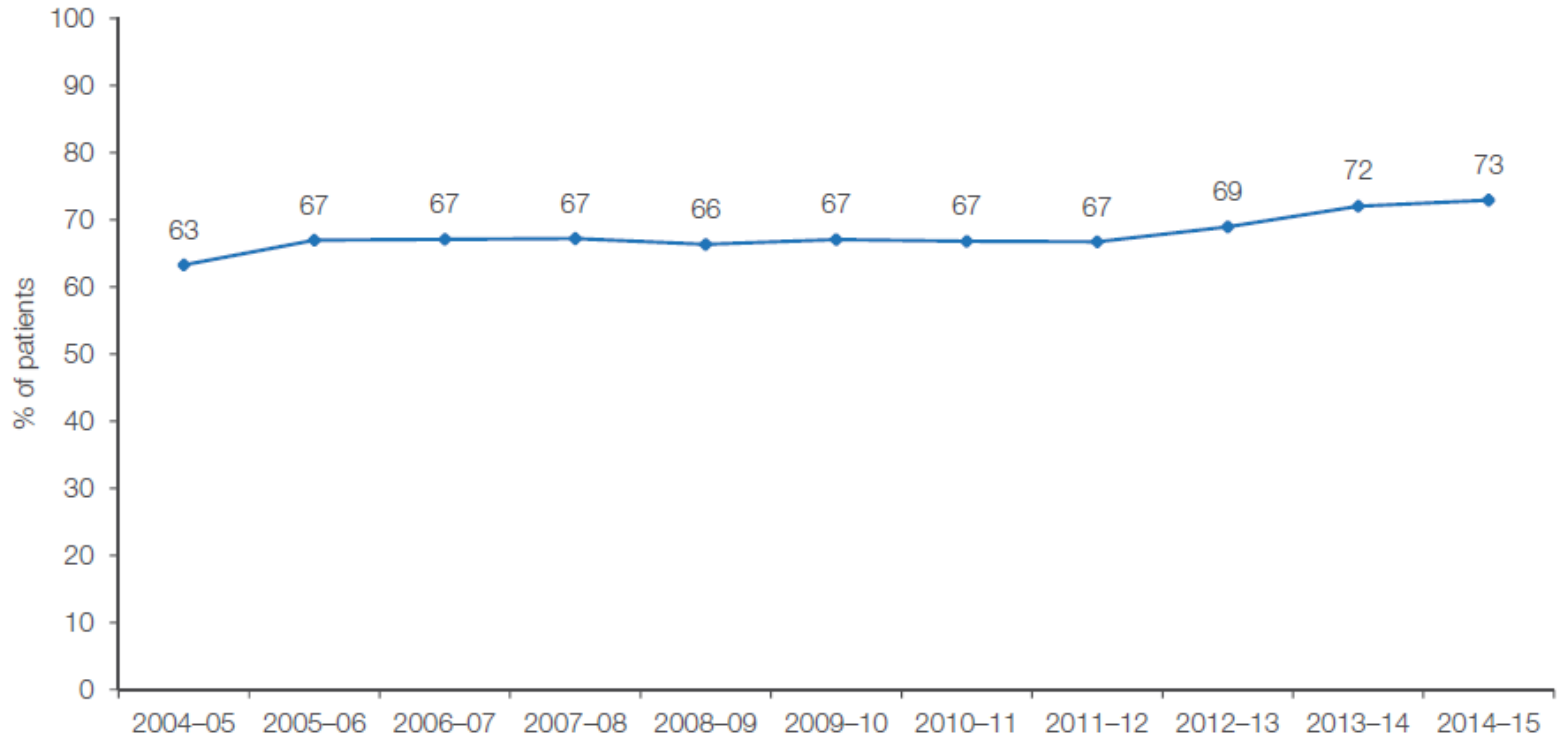


# Alignement des mesures avec les lignes directrices cliniques

L'exemple de mesures de variations cliniques

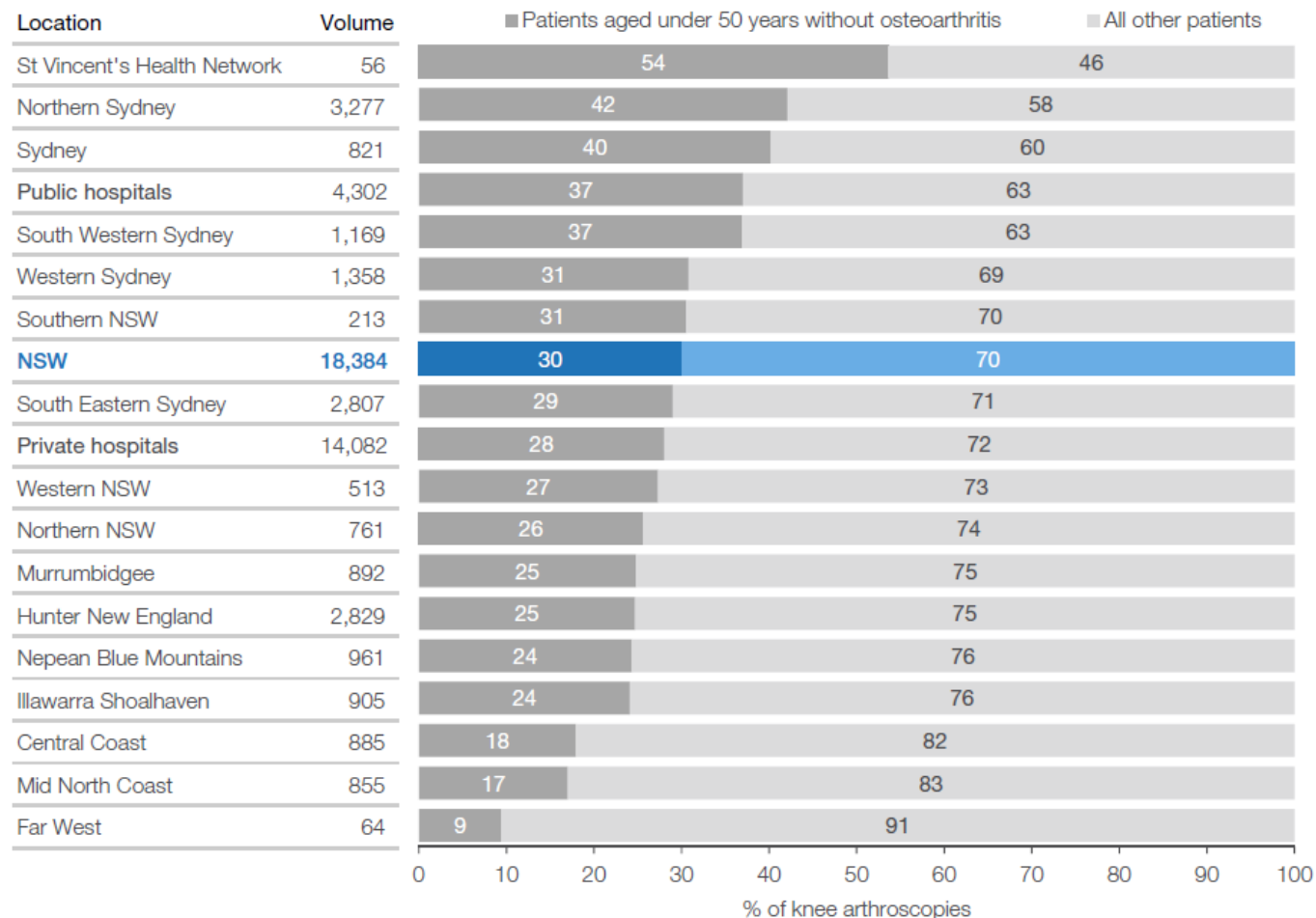


Figure 2.2 Percentage of hip fracture surgery performed within two days of hospital admission, patients aged 65+ years, NSW, 2004–05 to 2014–15



Source: NSW Ministry of Health, extracted from SAPHaRI, Centre for Epidemiology and Evidence (BHI analysis).

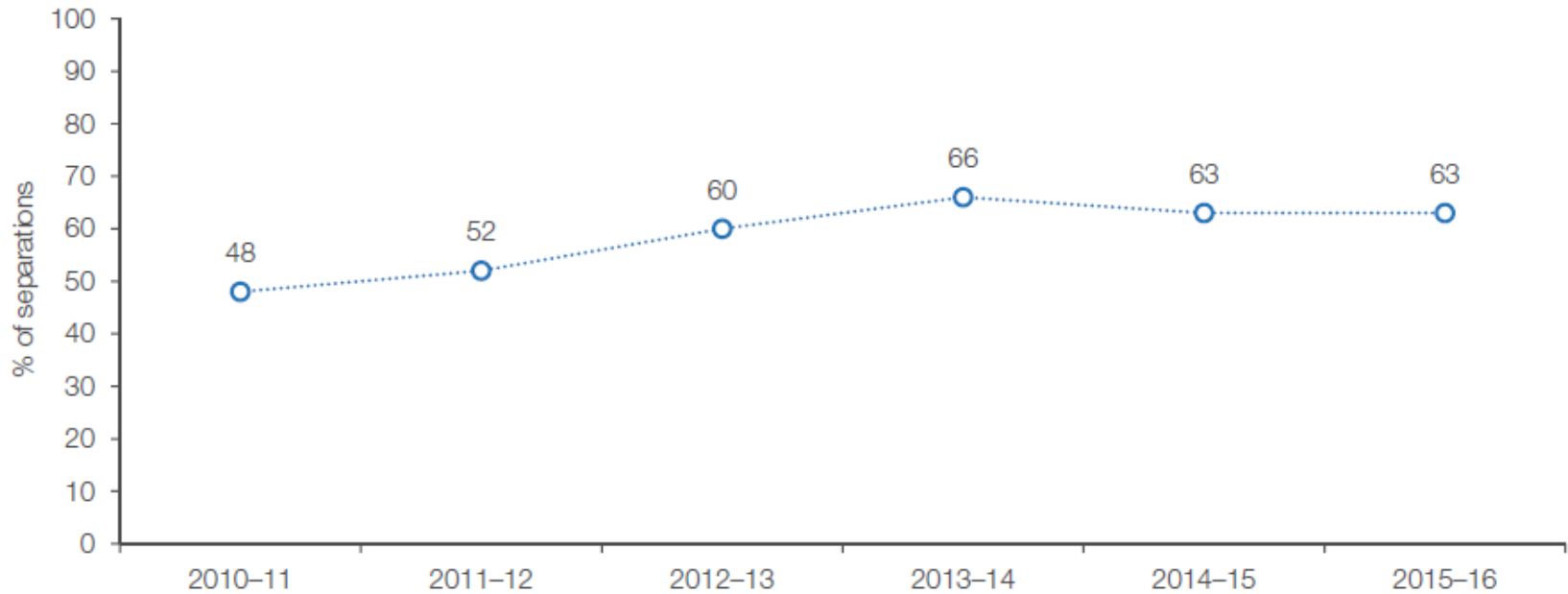
Figure 2.4 Percentage of knee arthroscopies performed on people aged under 50 years without osteoarthritis, by NSW local health district where the surgery was performed, public and private hospitals, 2014–15



Source: NSW Ministry of Health, extracted from SAPHaRI, Centre for Epidemiology and Evidence (BHI analysis).

Note: Percentages may not add up to 100% due to rounding. LHDs with fewer than 50 procedures are not presented.

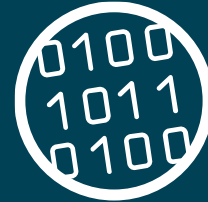
Figure 2.13 Percentage of overnight hospitalisations from acute psychiatric inpatient services with community mental health contact recorded in the seven days following discharge, NSW public hospitals, 2010–11 to 2015–16



Source: InforMH, NSW Ministry of Health.

Note: Data may be under-reported due to low rates of supply following changes to data sources.

Données



Changement



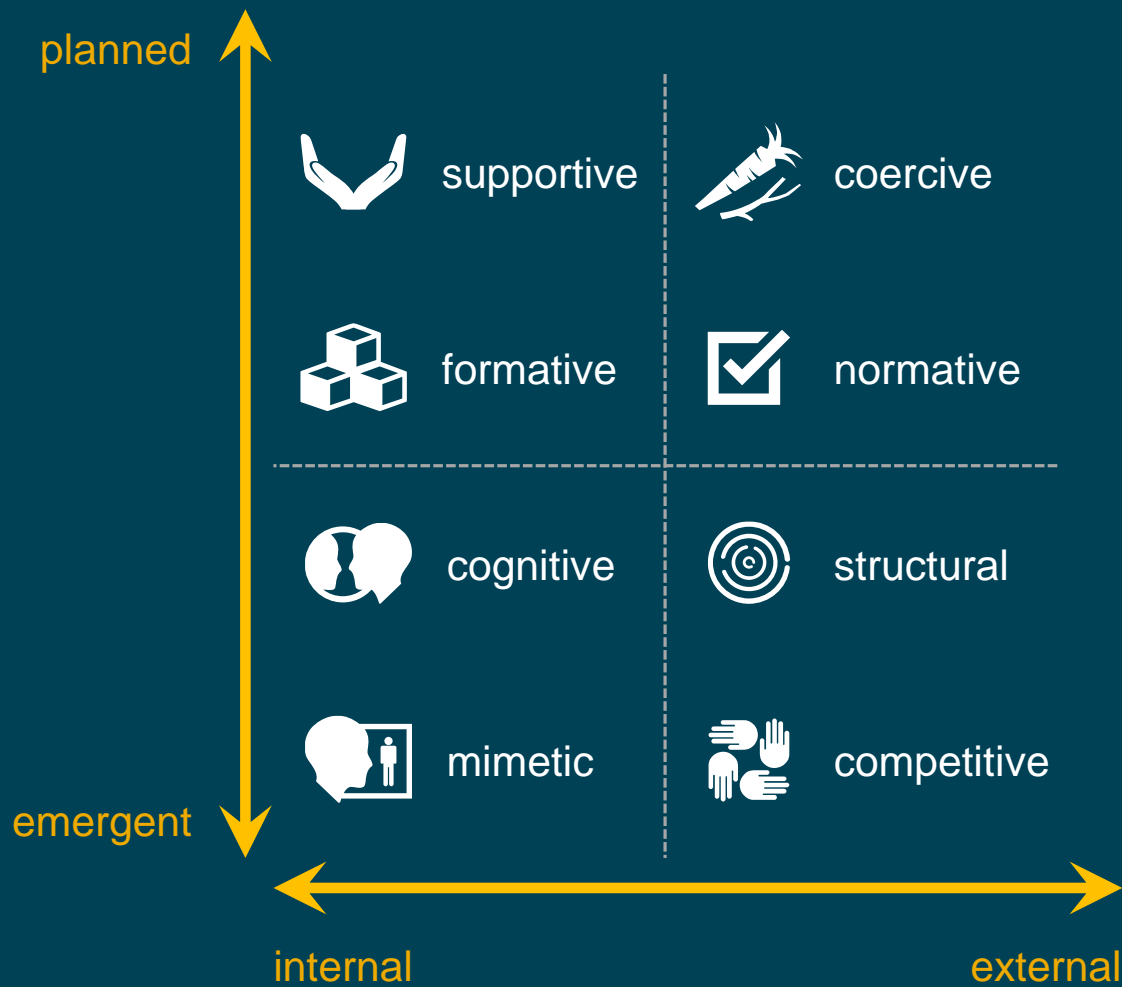
Information

Action



Connaissance





# Thank you and questions

**Jean-Frédéric Levesque, MD PhD**

Chief Executive

NSW Agency for Clinical Innovation

[JeanFrederic.Levesque@health.nsw.gov.au](mailto:JeanFrederic.Levesque@health.nsw.gov.au)