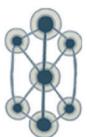


SUMMARY REPORT

Health System & Service Reform in South Australia

PHASE 1

Insights from an Evaluative Case Study of Transforming Health



**SA ACADEMIC HEALTH SCIENCE AND
TRANSLATION CENTRE**

Transforming Health was a major state government initiative involving healthcare reform in response to findings that the current system was not delivering consistent quality outcomes across all services and sites and to significant cuts to Commonwealth funding in May 2014.

SA Health commissioned the SA Academic Health Science and Translation Centre (SA Centre) to undertake evaluation of system changes under Transforming Health.

The evaluation was initiated in August 2016. The Transforming Health Evaluation Working Group was convened in October 2016 with an independent Chair and a targeted, expertise based membership, to provide advice and oversee the establishment of an evaluation framework and implementation of an evaluation and reporting process. Progress was reported to the SA Government's Legislative Council Select Committee on Transforming Health (Select Committee on Transforming Health, 2017) on 26 May 2017.

The evaluation was very limited compared to the extent of changes involved in Transforming Health and many aspects were unable to be evaluated. With a time frame of twenty months and a limited budget, it was only possible to investigate a very small proportion of the complex, Transforming Health program.

A pragmatic, fit-for-purpose Case Study approach was adopted to investigate Clinical Projects that had been implemented for a sufficient length of time to have generated measurable outcomes before the end of 2017.

A Program Logic was developed to chart the course of the Case Study. It mapped out the original business case for reform under Transforming Health, short, medium and long term outcomes and relevant stakeholders.

The methodology involved triangulating quantitative data from Population Health, Clinical Outcomes and System Outcomes Themes with qualitative data from The Patient Centred Experience, Staff Engagement and System Outcomes Themes.

Quantitative data were used from relatively large samples to measure standardised outcomes and for controlled comparisons. Qualitative data were generated from stories and interviews with patients, carers and staff, to add depth, detail and nuance to quantitative findings through examining issues that individuals encountered.

Recommendations from this report can be used to refine future implementation and evaluation strategies around service redesigns and improvements in models of care.

SA Health has stated that it has an ongoing commitment to evaluation as described by the then Minister for Health "...to provide the evaluative lens, including a longitudinal study of the impact of Transforming Health" and to "undertake the ongoing evaluation of our transformative changes" (Minister for Health, 2015a, p.12).

Supporting the coordination of this evaluative process in cooperation with the Evaluation Working Group and the SA Centre was a demonstration of this commitment. It is anticipated that a 'Phase 2' of this evaluation could investigate aspects of Transforming Health that were not able to be covered in Phase 1. This would be a valuable outcome for all stakeholders in South Australia.

The SA Centre and the authors of this report want the findings of this report to be used as the catalyst to ensure that evaluation activities are incorporated into the design of future health system and service reform and not undertaken as an add on. Additionally, the recommendations from this report must be used to guide health service redesign in SA now and in the future. SA Health is poised to take that step.

This Summary Report has been adapted from: SA Academic Health Science and Translation Centre. (2018). *Health System & Service Reform In South Australia - Insights from an Evaluative Case Study of Transforming Health*. Adelaide, SA.

The full report can be accessed at:

SA Health website: www.sahealth.sa.gov.au > About Us > Publications and Resources > Reports.

SA Academic Health Science and Translation Centre website: www.academichealthsciencesa.org.au

About the Study

What was in scope?

- Patient/consumer experiences
- Staff experiences
- System response
- Clinical improvements
- Four Models of Care:
 1. Acute Coronary Syndrome (ACS)
 - Emergency Department Pathway
 2. Stroke
 3. Rehabilitation Services
 4. Orthogeriatric-Acute Hip Fracture

What was out of scope?

- Service moves
- Building reconfigurations
- Impact of new RAH
- Value for money
- Wider health system services such as primary care and other services
- Aboriginal people's experience of care

5 Key themes of focus

1

Population health

2

The patient centred experience

3

Staff engagement

4

Clinical outcomes

5

System outcomes

Key Events for Transforming Health & Evaluation

Evidence that SA Health System had areas of excellence, but not delivering consistent quality outcomes across all services and sites.

Significant cuts to Commonwealth funding.

Clinical Advisory Committees set up in June 2014; worked with McKinsey and Company to identify Quality Principles and Clinical Standards of Care.

Clinical Ambassador appointed.

Aboriginal Expert Advisory Group (AEAG) set up.

Transforming Health Evaluation Workshop held.

Evaluation to be conducted under auspices of SA Translation Centre.

Implementation of clinical projects, some continuing in 2018.

Monthly meetings of Transforming Health Working Group from October 2016 to June 2018.

Report to SA Health: Health System and Service Reform in South Australia – Insights from an Evaluative Case Study of Transforming Health.

Seminar: Health System & Service Reform in South Australia.



2014

2016

2018

2015

2017

Health Consumers Alliance of SA Inc (HCA) held two consumer and community forums – over 150 people informed HCA's work on Transforming Health from November 2014 to May 2015.

Consultation with staff and community from June 2014 to March 2015.

Initial business case approved by Cabinet in March 2015.

MCAG: first meeting. Eight models of care identified to address Clinical Standards.

Transforming Health Consumer and Community Engagement Committee (TH CCEC) formed in July 2015.

HPC released the first of its bi-monthly Monitoring the implementation of Transforming Health Indicator Reports.

TH Evaluation Working Group reported to SA Parliamentary Select Committee for TH.

Move to new Royal Adelaide Hospital.

Opening of Jamie Larcombe Veterans' Mental Health Centre.

Decommissioning of Repatriation General Hospital completed. Transforming Health officially finished.

Population Health

What are the baseline levels of health, time trends and disparities in SA?

Methods

Baseline levels of health, time trends and disparities were derived from:



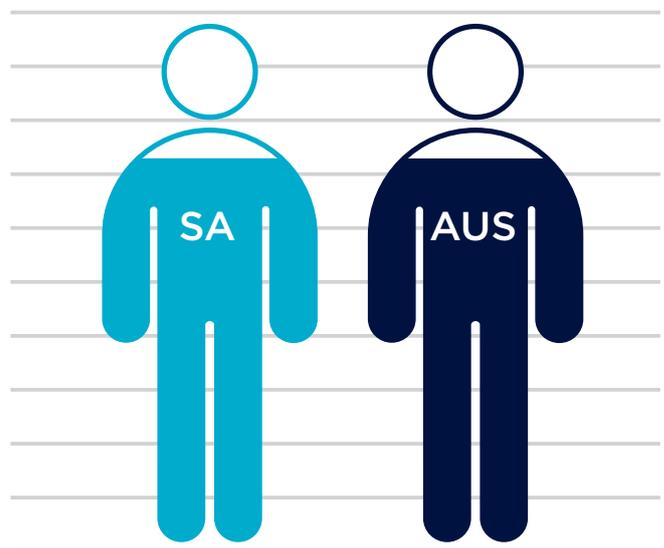
Findings

SA generally has very similar outcomes to Australia as a whole for life expectancies at birth, mortality and hospitalisation rates, pregnancy outcomes, and cancer survival.

SA has experienced equivalent reductions over time in age-standardised death rates from all causes of death combined. There are disparities within SA by remoteness of residence, socio-economic status, and Aboriginal status.

Each disparity warrants individual interpretation and decision-making as to likely causes and amenability to remedial action.

Results for self-reported health status and risk factors are not included, but they indicated that actions in primary prevention are needed to address:



Lack of exercise and raised BMI especially in the metropolitan area



Inadequate fruit intake in outer regional and more remote areas in particular



Elevated tobacco smoking rates



Excesses in single-episode alcohol consumption

Patient Centred Experience

Was the experience of patients receiving care, in four Models of Care under Transforming Health, one that was patient centred?

Methods



Quantitative data about the patient centred experience in 2016 were accessed from the SACESS Survey.



Qualitative data was generated from Focus Groups conducted with patients and carers

experiencing care under the models of care for Acute Coronary Syndrome, Stroke, Orthogeriatric – Acute Hip Fracture Management, and/or Rehabilitation Services. Patients and carers discussed the following questions:



On reflection, how do patients perceive they have been involved in decision making and engaged in their care?



To what extent have patients been treated with respect and dignity, and been informed about patient rights and ways to provide feedback?



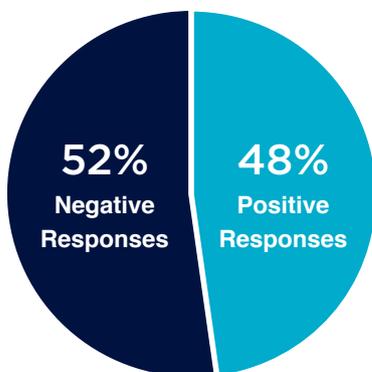
What are patients' perceptions of their experience upon discharge from hospital?



Transcripts of Focus Groups were analysed to determine which aspects of care were most important to the patients and carers.

Categories of patient centred care have been defined in a framework for patient centred care (Kitson, Marshall, Bassett, & Zeitz, 2013). This framework was used to categorise positive and negative responses from the Focus Groups, and the frequencies of these responses were determined.

Findings



There was essentially an even divide between negative and positive responses. Positive responses were indicative of things that were done well and negative responses suggested areas for improvement in the models of care investigated.

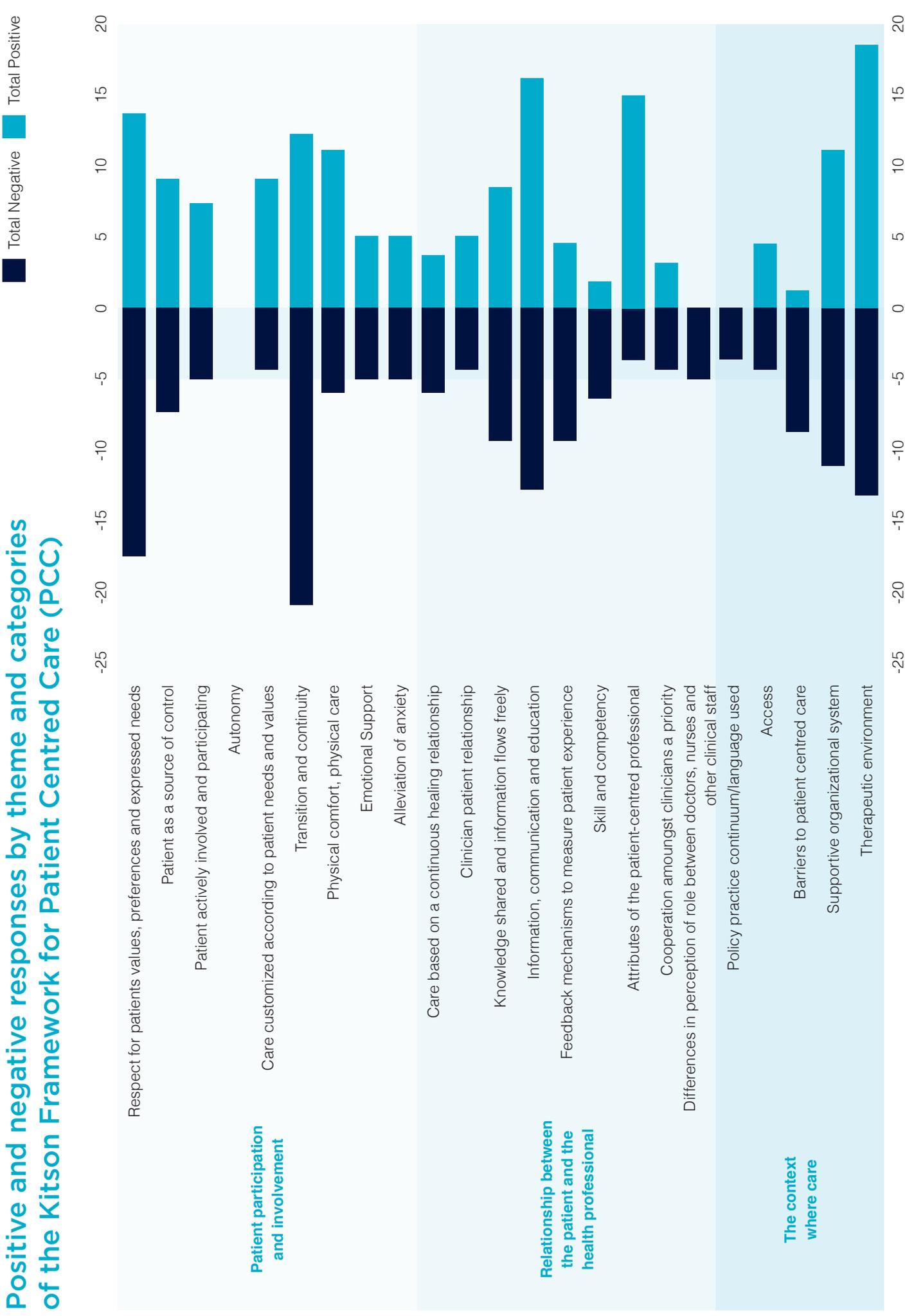
What was done well?

- ✓ Positive therapeutic environment
- ✓ Rehabilitation Services Modbury Hospital
- ✓ Good communication between staff across disciplines
- ✓ Competent, professional staff, kind, helpful and empathetic, providing excellent treatment

Areas for improvement:

- ✗ Transfers between hospitals and discharge
- ✗ More open communication
- ✗ Lack of respect
- ✗ Lack of information for patients regarding rights and ways to provide feedback

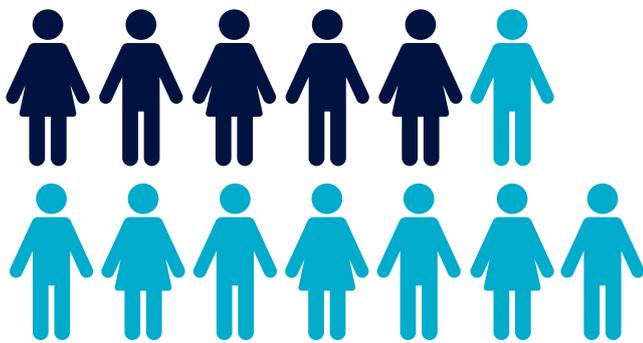
Positive and negative responses by theme and categories of the Kitson Framework for Patient Centred Care (PCC)



Staff Engagement

Did Transforming Health provide an opportunity for staff for professional growth, and to specifically develop their leadership skills, resilience to change, and ability to collaborate across units?

Methods



13 x Interviews were conducted with:

- Clinicians who had lead roles with Transforming Health
- Staff with roles such as Project Manager
- ♂ Males ♀ Females

Mark Moore's Strategic Triangle approach (Moore, 1995) was used as a theoretical framework to illustrate some of the themes that emerged from the interviews.

The framework presents three interrelated areas in public sector organisations which need to be addressed if staff in organisations can perform to their optimum level.

These include:

- Having the organisation's purpose clearly articulated and actioned consistently (called the public value proposition)
- Having the necessary skills and attributes and resources to do what is required to change (organisational capacity to do the job)
- Ensuring that accountability, governance structures and processes are fit for purpose (termed the authorising environment)

Findings

What was done well?

- ✓ Opportunities to move out of silos and develop effective strategic direction
- ✓ Increased sense of engagement, collaboration across the system
- ✓ Leadership program
- ✓ Combined expertise of project managers and clinician leadership
- ✓ Transforming Health provided legitimacy and authorising environment, previously absent
- ✓ MCAG: Broader consultation and engagement

Areas for improvement:

- ✗ Lack of transparency in consultation
- ✗ Communication around clinician engagement.
- ✗ Support for Project managers
- ✗ Governance/authority unclear, lacking scope and clarity with turnover of staff
- ✗ Need for accountability at all levels

Clinical Outcomes

Have the new clinical models of care resulted in improvements to patient-centred clinical outcomes and higher value health care?

Have the new clinical models of care reduced unwarranted variation in the quality of care provided to patients across the State?

Methods



The Stroke Model of Care and Acute Coronary Syndrome (ACS) Emergency Department Pathway were selected as case studies because these were the clinical areas in which the new models were implemented earliest, and for which data can be analysed to estimate the early effects of the new models of care.

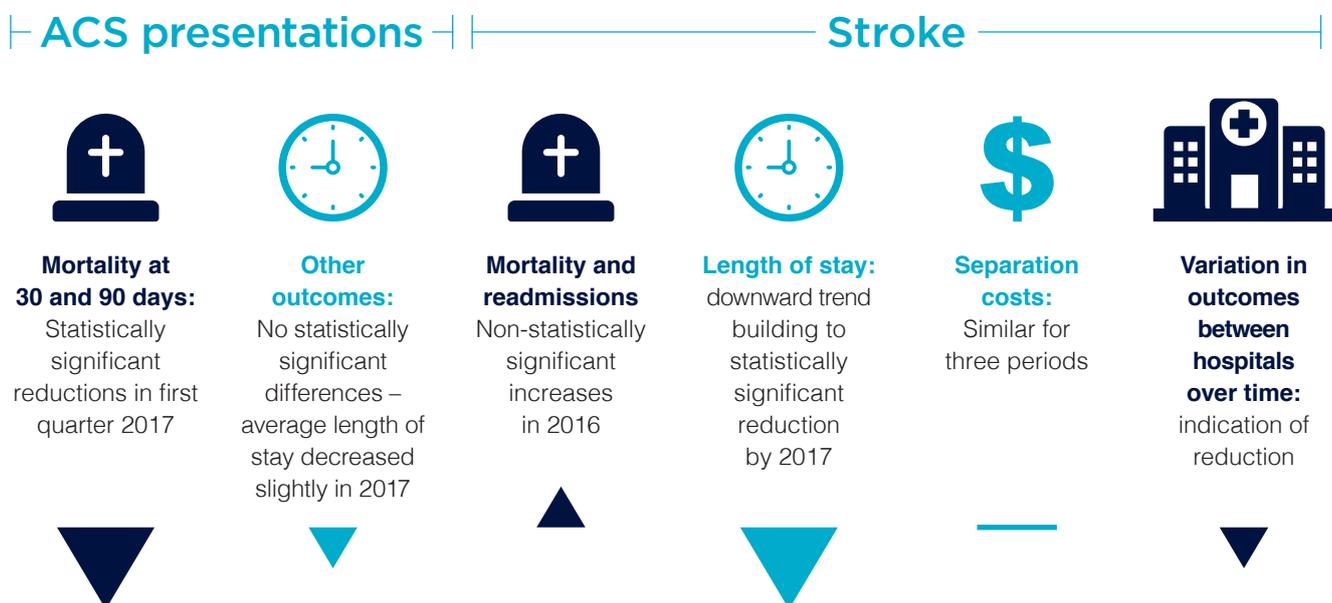


Data was extracted from centralised data systems held by SA Health for patients presenting at a South Australian metropolitan public hospital from January 2015 to June 2017, who met defined eligibility criteria for the two clinical areas. Outcome variables included mortality and hospital admissions within 30 and 90 days of an index presentations, average length of stay (LoS) and average costs.



A relatively new method, Covariate Balancing Propensity Scores (Imai & Ratkovic, 2014), **was used to adjust for differences in baseline characteristics** between patients presenting at different hospitals and at different time points. The analyses adjusted for differences in age, sex, socio-economic status, Indigenous status, after-hours presentation and a range of comorbidities.

Findings



System Outcomes

Has Transforming Health provided an opportunity for system change across metropolitan hospitals?

Has Transforming Health promoted innovation to improve system performance and enabled the system to use different types of evidence to deliver high quality patient care?

Methods



Patient flow and system variation

Investigated Stroke Model of Care in three hospitals



Innovation and Evidence-based practice

Interviewed six clinical leads

Findings

What was done well?

Variation in process existed, changes in the system, and at individual sites occurred, including improved patient flow.

Clinical innovation described as part of Transforming Health:

- ✓ Decision pathway for ED
- ✓ Care passports
- ✓ Expansion of tele rehabilitation

Evidence-based practice:

- ✓ Professorial links with a university an advantage
- ✓ Some models of care beginning to receive the health information they need for evidence-based practice

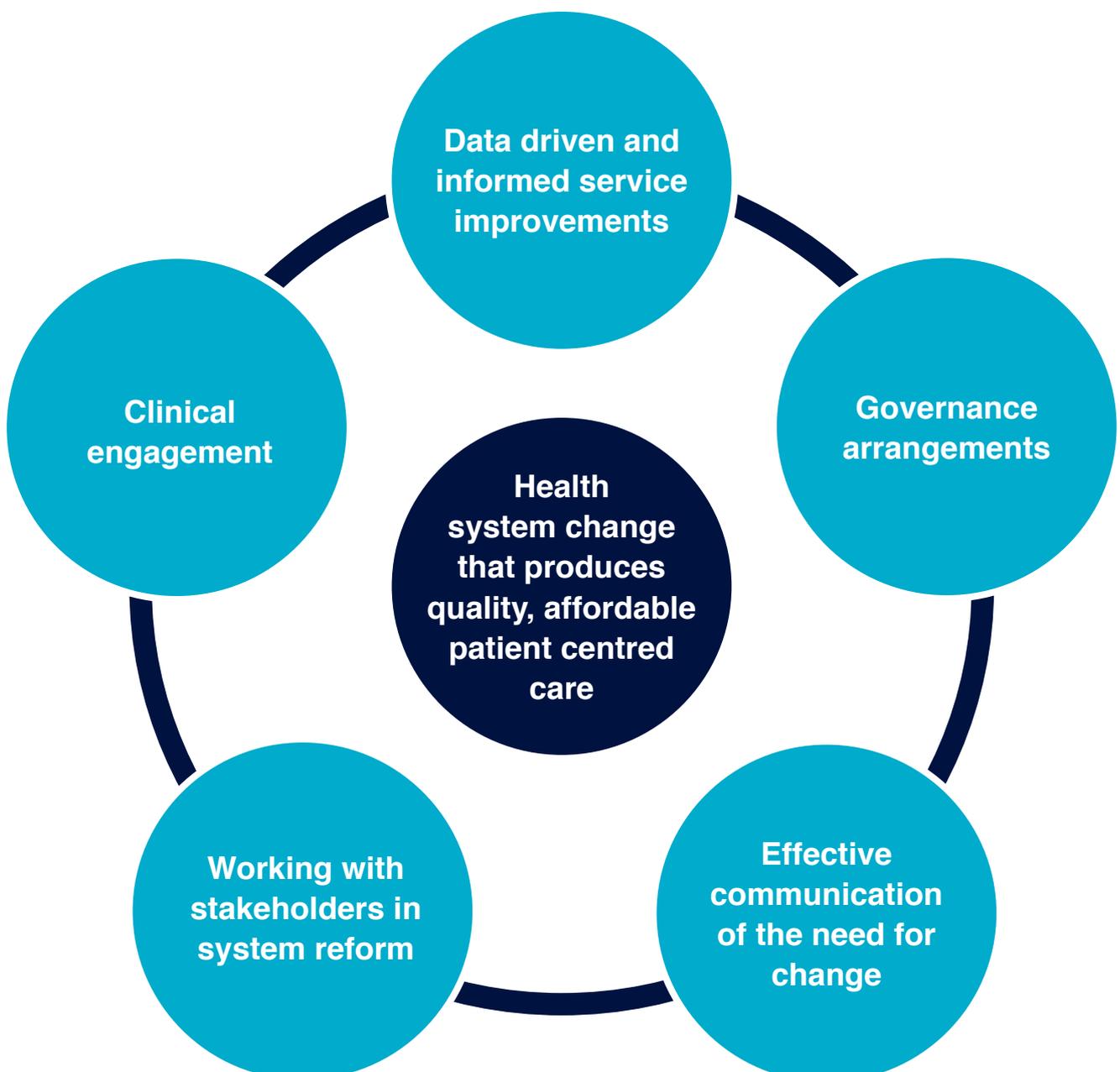
Areas for improvement:

- ✗ Important to recognise variability can and should be modelled to account for variation and range of possibilities
- ✗ Some innovation occurred prior to Transforming Health, some not supported as part of Transforming Health
- ✗ Rivalry between sites needs addressing
- ✗ In principle support for development of standardised models of care across sites did not happen in practice
- ✗ Disparities between hospitals in relation to professorial links with a university
- ✗ Movement and closure of hospital services not seen to be evidence-based decisions
- ✗ Linked to evidence based practice are issues around data access and accuracy
- ✗ Provision of information for evidence-based practice - not consistent across all Models of Care

What did we learn?

What we can deduce from our work is that it is possible to generate a narrative around the experiences of multiple stakeholders, going through a large-scale system change, in ways that both acknowledge the limitations of the data but support the emerging themes from the data, and from other (realist) literature reviews.

The synthesised results and the comparison with the findings of the Best et al (2012) review do point to practical actions that could be considered for subsequent service improvements – whether they be large scale, moderate or local. We would suggest the simple rules from the Best et al (2012) review, and the synthesised findings from the Evaluative Case Study, would offer good direction and advice to move things forward.



Recommendations

1

Data driven and informed service improvements

- SA Health, LHNs and PHNs should consider data, such as in the Population Health Report, when aligning priorities
- Increase capacity for the analysis and reporting of contemporary clinical and cost data to support the timely identification of priority areas for improvement
- Consider governance processes which embrace transparency of data and ability to compare across sites
- Consider ways to routinely collect and integrate patient reported outcomes and experience with clinical data to understand the full picture
- Ensure all staff voices are heard in the system, for example, introduce consultation and feedback process around reported performance data that involve all staff

2

Governance arrangements

- Pay attention to building and sustaining trusting relationships to lead the system changes
- Consider the organisational models which separate the operational activity of health departments with organisations established to lead system innovations and improvements
- Clarity around what is disclosed and how it is shared
- Be clear what is in and out of scope and actively manage engagement processes

3

4

Communication and Engagement

- Build on the standard setting and models of care workshops to promote patient-centred journeys.
- Actively celebrate achievements
- Ensure clarity, consistency and transparency for the case for change and use appropriate language
- Ensure communication and engagement processes are open, transparent and engender trust
- Consider how central messages are translated appropriately at local level
- Actively address groups that wish to remain separate or apart from main initiative
- Value and respect consumer feedback and act upon it

5

Clinicians' responsibilities and roles

- Invest in ongoing benchmarking of population profile and use this to set priorities
- Invest in ongoing development of clinical data systems that can be used by clinical teams in real time
- Engage more explicitly with continuous quality improvement and simulation techniques to guide service improvements
- Commit to ongoing leadership development and education of clinical staff
- Acknowledge the importance of leadership to change negative or resistant cultures
- Actively pursue university-clinical partnerships.
- Understand what a patient-centred system looks like and actively work toward achieving it

These recommendations can be used to refine future implementation and evaluation strategies around service redesigns and improvements in models of care.

SA Health has stated that it has an ongoing commitment to evaluation as described by the then Minister for Health "...to provide the evaluative lens, including a longitudinal study of the impact of Transforming Health" and to "undertake the ongoing evaluation of our transformative changes" (Minister for Health, 2015a, p. 12).

Supporting the coordination of this evaluative process in cooperation with the Evaluation Working Group and the SA Centre was a demonstration

of this commitment. It is anticipated that a 'Phase 2' of this evaluation could investigate aspects of Transforming Health that were not able to be covered in Phase 1. This would be a valuable outcome for all stakeholders in South Australia.

The SA Centre and the authors of this report want the findings of this report to be used as the catalyst to ensure that evaluation activities are incorporated into the design of future health system and service reform and not undertaken as an add on. Additionally, the recommendations from this report must be used to guide health service redesign in SA now and in the future. SA Health is poised to take that step.

References:

Best, A., Greenhalgh, T., Lewis, S., Saul, J., Carroll, S., & Bitz, J. (2012). Large-System Transformation in Health Care: A Realist Review. *The Milbank Quarterly*, 90(3), 421-456.

Grant, J. F., Khan, J., & Taylor, A. W. (2017). Measuring Consumer Experience. SA Public Hospital Inpatients Annual Report, March 2017.

Retrieved from Population Research and Outcome Studies, Adelaide, SA

Minister for Health. (2015a). Delivering Transforming Health - Our Next Steps. Retrieved from <http://transforminghealth.sa.gov.au/wp/wp-content/uploads/2015/03/Delivering-Transforming-Health-Our-Next-Steps.pdf>

Acknowledgements

The Transforming Health Evaluation Working Group acknowledges Aboriginal people as the traditional owners of country throughout South Australia (SA) and that we respect their continuing connection to land, sea and community. We also pay our respects to the cultural authority of Aboriginal people from other areas of Australia who reside in South Australia.

Funding for this evaluation was provided by SA Health, including funding for the role of Evaluation Coordinator, for expert data analysts, and transcribers of interviews and Focus Groups.

Thanks must go to the diverse body of stakeholders who contributed to the evaluation, including SA Health staff, members of the Transforming Health Consumer and Community Engagement Committee, and patients, families and carers. Specific stakeholders are acknowledged in each of the Theme Reports.

Thank you also to the following members of the Aboriginal Expert Advisory Group for consulting with the Transforming Health Evaluation Working Group:

Ms Jacqueline Ah Kit

*Director, Aboriginal Health,
Women's and Children's Health Network,
SA Health*

Ms Kerri Reilly

*Executive Director, Aboriginal Health,
Country Health SA Local Health Network,
SA Health*

Mr Kurt Towers

*Director, Aboriginal Health,
Northern Adelaide Local Health Network,
SA Health*

Ms Nola Whyman

*Manager, Aboriginal Health,
Southern Adelaide Local Health Network,
SA Health*

Finally, it is important to acknowledge the significant contribution of the members of the Transforming Health Evaluation Working Group, who made this Case Study possible by providing their expertise and collaboration to undertake the evaluation, in addition to their substantive roles in universities and health care organisations:

Chair: Prof Alison Kitson

*Vice-President and Executive Dean,
College of Nursing and Health Sciences,
Flinders University*

Prof Mark Boyd

*Chair of Medicine,
Lyell McEwin Hospital,
University of Adelaide (until 31/7/17)*

Ms Simone Champion

*Research & Evaluation Officer,
Adelaide Primary Health Network*

Ms Jane Coward

*Manager Organisational Development,
Southern Adelaide Local Health Network,
SA Health*

Mr Nick Cugley

*Principal Health Analyst,
Health Performance Council Secretariat (until 6/7/17)*

Ms Tina Hardin

*Assistant Director,
Data & Reporting Service,
SA Health*

Prof William Heddle

*Teaching Program Director – Clinical Care,
College of Medicine and Public Health,
Flinders University (commenced 6/7/17)*

A/Prof Alison Jones

Director, Medical Education & Research, SA Health

Dr Michelle Jones

*Principal Health Analyst Health Performance
Council Secretariat (until July 2017)
Senior Lecturer, Social Work, College of Education,
Psychology and Social Work, Flinders University
(from August 2017)*

Ms Debra Kay

*Health Performance Council Member
(joined Working Group in August 2017)
(commenced 4/8/17)*

Prof Jonathan Karnon

*Professor, Health Economics,
University of Adelaide*

Ms Wendy Keech

*Chief Executive Officer,
SA Academic Health Science & Translation Centre
(commenced 22/01/18)*

Prof Dorothy Keefe

*Former Clinical Ambassador Transforming Health;
Interim Director, SA Cancer Service*

Ms Ellen Kerrins

*Manager Advocacy and Policy,
Health Consumers Alliance of SA Inc*

Prof Mark Mackay

*Head of Health Care Management,
College of Medicine and Public Health,
Flinders University*

Dr Gerry O'Callaghan

*Director Intensive Care Services,
Central Adelaide Local Health Network,
SA Health*

Ms Iris O'Rourke

*Executive Officer,
SA Academic Health Science and
Translation Centre (until 5/10/17)*

Dr Lynne Raw

*Principal Evaluation Coordinator,
SA Health*

Prof David Roder

*Chair of Cancer Epidemiology and
Population Health, School of Health Sciences,
University of South Australia;
Senior Principal Research Fellow, SAHMRI;
Co-Chair Implementation and Evaluation
Sub-Committee – SA Academic Health
Science and Translation Centre*

For further information
please contact:
Ms Wendy Keech
**SA Academic Health Science
and Translation Centre**
wendy.keech@sahmri.com

