

RART Project Change Management Plan on a Page - Connecting Change to Business Results

Project Name: Territory Kidney Care:
Implementation and Building Primary Care Capability
in the Detection and Management of Chronic Kidney
Disease

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Funding: Rapid Applied Research Translation (RART) –
Top End Partners: translational research to improve
health outcomes (TOP R)

Administrator: Menzies School of Health Research

Project Team:

Director: Alan Cass

Project Lead – Dr Gill Gorham

Clinical Lead – Dr Asanga Abeyaratne

TKC System Administrator and Health Service

Engagement Officer – CNC Paul Kamler

Project Manager – Dr Sophie Pascoe

Links to other initiatives

- Territory Kidney Care (TKC)
- Territory Integrated Care: Primary healthcare Linkage Using Software

What are we changing? (Purpose)

- Increasing support for the adoption, uptake and integration of TKC into business as usual processes for Aboriginal Community Controlled Health Services (ACCHS)
- Improving capability for the use of integrated data for health service improvement and population health

Why are we changing? (Particulars, list what we know)

This RART project reflects that:

- Chronic disease, including inter-related CKD, diabetes and cardiovascular disease, account for high mortality and morbidity
- Limited primary-tertiary integration and siloed health services are barriers to optimal care
- TKC, an integrated digital clinical decision support system has the potential to offer substantial health, social and economic benefits
- Time poor clinicians are less likely to adopt new technologies
- Adoption of IT applications require onsite support and change management processes

Who will be changing? (People, Process, Technology)

- ACCHS participating in TKC and seeking greater engagement with tertiary services and uptake of TKC
- ACCHS staff identified to take on support role as TKC Implementation Officers
- TKC Implementation Officers and how they support ACCHS clinicians and provide feedback to TKC project team
- TKC project team in the way they engage with ACCHS
- TKC development will be strengthened, reflecting user requirements for new functions, reporting and CQI tools

What are the benefits (Payoffs & What's in it for me-WIIFM)

For ACCHS

- Support for training to improve engagement of clinicians and the uptake of TKC
- Onsite advice relating to data entry in source clinical information systems to improve quality of data capture and integration
- Guidance in the use of TKC to maximise benefits of system and clinical decision support
- Accessible two-way conduit between TKC team and ACCHS for feedback and to facilitate timely action of issues and requests
- Facilitate development requests and additional reporting functionality to meet needs of service

For patients

- Improvements in patient care related to greater clinician uptake of TKC and access to more complete and comprehensive data
- Time savings for clinicians through integration of longitudinal data and automated summary of complete patient history allowing more time for patients
- Benefit from monitoring, triaging and earlier targeted specialist clinical decision support available through TKC

For TKC project team

- Greater engagement ensures system is fit for purpose and design and functionalities provide positive user experience
- TKC system meets user and service requirements ensuring sustainability

What are the issues/risks?

- **Work practice:** ensuring the TKC Implementation Officers are embedded within ACCHS and their role does not detract from the staffing capacity
- **Implementation:** following clinical risk management plan and Health Service Implementation Plans
- **Technology:** refining TKC platform to meet user and health service needs identified by Implementation Officers
- **Education & Training:** providing training, user-friendly materials and support for Implementation Officers to encourage uptake of new technology and processes in ACCHS
- **Communication:** communicating the scope and capabilities of TKC to clinicians and sharing information with patients about TKC as part of the consent model and opt-out function
- **Change in leadership and governance:** engaging with the Executive Steering Committee to inform the governance on TKC based on clinician usage

How are we going to undertake the change? (Process)

- Identify the risks, barriers and enablers to successful implementation of information sharing capabilities within TKC
- Develop TKC Implementation Officer roles with ACCHS partners through an internal selection process
- Train Implementation Officers on the TKC platform and reporting, as well as other clinical information systems to maximise quality and comprehensiveness of information in TKC
- Establish a baseline measurement of TKC usage and information sharing, assess the impact of TKC on health service processes and care pathways
- Facilitate workshops with health services and Implementation Officers around TKC usage

What will we measure?

TKC will be comprehensively evaluated. For the RART project specifically, monitoring and evaluation measures will focus on:

- Collecting baseline data for the number of TKC users and usage in selected ACCHS
- Mapping and detailing two-way information sharing processes between TKC and ACCHS
- Comparing baseline data with TKC usage, outputs and information sharing processes during and after RART project
- Facilitating workshops with health services and Implementation Officers around TKC usage, requirements, reporting needs