TKC Project Change Management Plan on Page - Connecting Change to Business Results

Project Name: Territory Kidney Care Project

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Project Sponsor: Dr Nadarajah Kangaharen – NT Renal Services, DoH CEO, COOs TEHS and CAHS
Lead Business Unit: NT Renal Services
Business Unit Lead: Data Management and Reporting Systems
Business Owner: Menzies School of Health Research
Project Team:
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Links to other initiatives
Acacia development

What are we changing? (Purpose)
- Implementing an integrated clinical information system capable of consolidating patient information from government and non-government clinical information systems.
- Earlier identification and management of people with chronic kidney disease (CKD)
- Provision of earlier evidence based specialist advice to PHC clinicians to support service delivery.

Why are we changing? (Particulars, list what we know)
The integrated clinical information and decision support tool aims to support improvements in:
- Care integration and coordination across the primary, secondary and tertiary health care sectors
- Closing the information gap and providing timely, targeted and evidence-based specialist advice to primary health clinicians
- Early identification and management of people with CKD to smooth the patient journey
- Slow progression of CKD, delay dialysis treatment requirements and ensure patients make informed decisions
- Provide reliable service level and whole of NT data for service planning and advocacy

Who will be changing? (People, Process, Technology)
- Newly designed and deployed clinical information and decision support system
- Clinical redesign of CKD management processes - TKC Clinical Support Unit - from within existing NT Renal Services – Nephrologists, CKD RNs
- Health Informatics RN to support implementation, training and administrative management
- Processes within PHC regarding how they receive and respond to Nephrology specialist advice provided through TKC.

What are the benefits (Payoffs & What's in it for me-WIFFM)
For Patients at risk of CKD or with CKD:
- Surveillance and early identification of issues that may trigger a rapid deterioration of their health
- Monitoring and ongoing specialist advice to their GP to support evidence based management and care
- Less specialist fatigue and ongoing care by clinicians that know them and their family best
For PHC services:
- Surveillance and identification of undiagnosed CKD
- Monitoring, triaging and earlier targeted specialist clinical decision support for complex renal patients
- Pre-emptive advice for patients at risk of a clinically significant event
- Reports created for the local context to support CQI processes, forward planning and advocacy.
NT Renal Services
- Redesign of clinical services to utilise consolidated patient information more efficiently and effectively
- Better understanding of CKD burden and closer monitoring enabling pre-emptive management of people at risk of a clinically significant event
- Facilitate integrated and coordinated care between primary and tertiary services ensuring patients are included in development of management plans
- Efficiencies in workflow to triage and manage specialist referrals and outpatient clinics
NT DoH
- Reduction in unplanned admissions and unplanned RRT starts
- Greater understanding of population level disease burden including CKD progression trends
- Accurate and timely data to inform projections for future service demand and infrastructure planning.

What are the issues/ risks?
- **Work Practice:** ensuring the TKC interface meets the needs of the CSU staff and work flow in both the TEHS and CAHS NT Renal Services.
- **Implementation:** Allowing sufficient time during release of TKC V1.0 (soft launch) to meet our clinical risk management plan objectives including:
    - Validation of TKC outputs with Nephrologists and PHC clinicians
    - Refine processes to embed TKC outputs into PHC workflows
    - Evaluate the design and implementation of TKC before undertaking wider rollout
- **Technology:** Rollout of Communicare 18.3 (which enables an automated secure extract) to ACCHO sites may be delayed or the functionality does not work creating a resource impact. A contingency plan is in place.
- **Education & Training:** Insufficient training, user-friendly materials and support for CSU users to encourage uptake of new technology and processes
- **Communication -** Possible miscommunication/misinformation regarding intent and capability of TKC raising concerns/expectations resulting in disengagement.
- **Change in leadership and champions of TKC in key partners:** Delays or reduced engagement and implementation in ACCHO sites, limited support for ongoing management in DoH, long term viability and sustainability threatened.

How are we going to undertake the change? (Process)
- Work closely with stakeholders on design and function and Evaluation Framework
- Confirm workflow mapping of new business process between PHC and CSU Renal services
- Develop key messages/resources and offer support to stakeholders to develop site specific communication and implementation plans
- Health services participate in a staged rollout and are supported to enact their own plans
- Clinical reference group meetings to manage and support CSU and HS implementation

What will we measure?
Evaluation Framework consists of three evaluation processes to assess the design , implementation and outputs/outcomes of TKC with a focus on efficiency, effectiveness, economics, equity and sustainability. Evaluation plans focus on whether:
- TKC design met stakeholder expectations - PHC and CSU feedback and surveys
- The CSU team were offered sufficient opportunities to engage with the TKC system to provide meaningful feedback on design and were these incorporated into new releases.
- The CSU were provided sufficient training and resources to ensure uptake of TKC and to embed TKC in business as usual processes
- The Implementation process considered local context and resource availability/capability and offered sufficient support and resources to participant health services
- Lessons learned through the staged implementation were incorporated into new implementation processes
- TKC outputs provide a value add to current primary health services CKD management
- Integration and care coordination of CKD patients between primary and tertiary services increased, supporting patient centred care, smoothing the patient journey
- TKC provided an improvement in the availability, completeness and timeliness of patient information to support evidence-based care
- TKC provided timely and accurate information for CQI processes, service planning and resource advocacy.

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TKC Implementation Communication Strategy - Plan on Page

Project Milestones ➡ Completion Date: 18 December 2020

Phase Two		Phase Three		Phase Four
September 18 to March 19	**April to June 2019**	**July to December 2019**		**January to December 2020**
• Build and Deploy the TKC System • Engage with Government and Non-Government PHC • Workflow and integration mapping with NT Renal Services • Finalise Data Management and Participation Agreement	• Soft launch into PROD environment • Training and support to develop CSU and NT Renal Services Integration • Implementation across partner HSs • TKC Output Validation and CQI processes established	• Review lessons learnt from initial Implementation • TKC Validation exercises completed within the Clinical Risk Management Plan • Finalise Evaluation Plan • Complete TKC V1.1 build, test and release • Development and endorsement of plan for transition to DoH		• Complete staged rollout across NT non-government primary health service providers. • Progress to integration of the system into NT Renal Services workflow to achieve BAU status • Conduct TKC Project Evaluation • Transition TKC system to sustainable model in preparation of Menzies withdrawal

Communication Objectives (what we want to happen)
People will need to know:
- Why change is necessary
- What is involved
- How it will impact them
- What role they can play in making change happen
- What happens next

Communication Channels (how the messages will get there)
- Presentations – offered and invited
- In-services on site and Zoom/teleconference
- TKC documentation- FAQ, reports, minutes, etc
- Workshops – Show and Tell
- Email updates to contact list
- TKC Website
- One on one meetings/training/support

Audience/Stakeholders Analysis (who we are communicating with)
- Aboriginal health service managers and CEO's
- NT Renal Services clinicians and management
- Primary health care clinicians and managers
- DoH Executive
- AMSANT
- NTPHN
- Funder

The Messengers (who needs to deliver messages)
- TKC Project Team
- Sponsor
- TKC Executive Steering Committee
- TKC Clinical Reference Group
- HS Implementation Champions/Implementors

Key Messages and Themes (what we are going to say)
TKC will:
- Consolidate patient records from multiple, disparate clinical information systems and therefore assist in closing the information gap
- Assist clinicians with monitoring 'at risk' people and identifying those with CKD early
- Support the delivery of evidence-based care by offering early nephrology advice/support
- Build integration pathways and facilitate care coordination and the patient journey
- Streamline renal processes to support efficient workflow and effective resource use
- Provide reporting outputs, that are health service specific and a value-add
- Provide accurate and timely population specific information to support service planning and advocacy
- Risk stratify patients, providing pre-emptive advice, reducing patient travel requirements and allowing primary health clinicians to focus on those that need their care most
- Be evaluated to determine the costs and benefits of the system and how to transition to sustainable model

Communication Strategy (how are we doing it?)
- Regular Steering and Clinical Reference Group meetings
- Second monthly project updates emailed to stakeholder contact list
- Detailed quarterly Progress Reports emailed to Stakeholder contact list
- Regular stakeholder workshops and Show and Tell
- Provision of training manuals/cheat sheets/work instructions
- *Frequently asked Questions* updated and circulated regularly to stakeholders and available on TKC website
- Website maintained with endorsed documentation including Risk Management Plans, Evaluation Framework, Progress Reports and Updates, Data Agreement etc.
- Inservice's and presentations offered on a recurrent basis to Health services and managers, ACCHO Management Boards, DoH Executives, Ministers.

Communication Approaches (how we will go about it)
- **Stakeholder engagement:**
  - Implementation planning with ACCHOS
  - Process mapping and implementation support with CSU staff
  - Clinical Reference group meetings
  - TKC FAQs
  - Quarterly project progress reports to key stakeholders
- **Messaging:**
  - Develop key messages for each stakeholder group
  - Support HSs with implementation planning and with resources for communication strategy execution
  - Collect feedback

PHASE THREE MILESTONE/ DELIVERABLE	DUE	STATUS	% completed	PERSON/S RESPONSIBLE
Identify communication approaches and messengers	30 March 2019	Complete	100	TKC Project Team
Develop key messages and themes	30 March 2019	Complete	100	TKC Project Team
Develop HS Implementation Plan Template – including Communication Plan	30 March 2019	Complete	100	TKC Project Team
Updated Committee Structure to Reflect Implementation	30 April 2019	Complete	100	TKC Project Team / Steering Committee
Staged Rollout with partner HSs	30 December 2019	In Progress	75	TKC Project Team / Partner HSs
Rollout with identified CSU personnel – including Training and Support – embedding in workflow	30 December 2019	In Progress	75	TKC Informatics RN / CSU / TKC Clinical Lead
Validation and Testing of TKC outputs	30 December 2019	In Progress	75	TKC Project Team / Partner HS / Clinical Reference Group
Agreement on transition to sustainable model in place	30 December 2019	In Progress	50	Steering Committee / TKC Project Team