

Report to NHMRC

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NSWRHP Measures and Metrics

1. Number of health service partners that have adopted and implemented (specific) evidence-based care
2. Number of processes, procedures, treatments or devices streamlined or eliminated
3. Number of research priorities identified by end-users (differentiate between consumers and health professionals) a. Proportion resulting in research projects
4. Number of end-users involved in design of implementation strategies
5. Number of initiatives that engage Aboriginal and Torres Strait Islander community and consumers, rural populations or other vulnerable groups to inform research priorities and translation activities
6. Number and reach of collaborative networks across the partnership and beyond the partnership that bring together academic, health service and education providers
7. Number of clinicians involved in research (co-design, undertaking, leading)
8. Number of process or impact evaluations completed
9. Number of projects being undertaken in partnership with other AHRTCs and CIRHs
10. Number of clinicians and consumers participating in capacity building activities to contribute to and benefit from research
11. Knowledge dissemination including meetings, forums, publications and presentations.
12. Number of policies influenced by translational research projects / activities
13. Number of initiatives that focus on rural populations / areas
14. Activities undertaken to support the development of rural research proposals

Question 1: Better Care

What health services (e.g., procedures, preventative measures, treatments or devices) has the centre developed, tested, implemented and scaled-up, or eliminated, to deliver better care for patients?

Part A: Short answer

Please explain:

- *your strategy to address this issue and progress to date*
- *what measures/metrics (a maximum of five) you will use to determine if you have succeeded*
- *where you are on the impact pathway.*

NSW Regional Health Partners is one of the Centres accredited during the second round (mid- 2017) and therefore activities are reflective of the youth of the Centre. During the first year the Centre received funding for National Service Level Initiatives only. Therefore our work is currently largely in the ACTIVITIES section of the pathway to impact.

The strategy to address the issue of better care within the health services to date has centred around foundational scoping and planning resulting in the following documents:

1. The local level evaluation of healthcare in Australia (Health Systems Improvement and Sustainability)
2. End of life care in a sample of Regional and Rural NSW – What is the current situation and what are the problems? A white paper developed to support the work of NSW Regional Health Partners
3. NSW Regional Health Partners Strategic Plan
4. Centre evaluation planning

Progress to date has included the development of health led projects addressing issues identified by the health service. The six projects funded in Round 2 have recently commenced and will test interventions (mainly preventative measures) and all have economic evaluations which provide insight into whether projects should be scaled – up or discontinued.

Measures/metrics

Measures / metrics used to assess this area will be 1, 2, 5, 6 and 7.

Where on the impact pathway?



Part B: Case study

Thirsty? Choose Water

Challenge

Sugar sweetened beverages (SSB) are not required for a healthy diet; however the challenge is that our children and adolescents are consuming them on a regular basis. Consumption of SSBs (soft drinks, cordial and sports drinks) has been associated with weight gain, obesity, diabetes and tooth decay as well as displacement of other important nutrients such as calcium. Adolescents are frequent consumers of SSBs, with high daily consumption.

Approach/ Response

The basis of the 'Thirsty? Choose water' project is enabling students to refill their water bottles, with easy and free access to chilled water at school, combined with education and promotion of the benefits of drinking water in class.

The project aims to determine if a behavioural intervention and chilled water stations, alone or combined, increase water consumption and effect changes in knowledge, attitudes and consumption of SSBs in year 7 secondary school students in regional areas. Students are also learning about sustainability by calculating the number of disposable plastic bottles saved from landfill by using the chilled water station.

Approximately 24 regional schools from Hunter New England LHD and Mid North Coast LHD will be randomised to receive either:

- Thirsty Choose Water-Behavioural Intervention (TCW-BI);
- Chilled water stations;
- TCW-BI and chilled water stations; or
- Neither intervention (control arm).

Significance

It is anticipated that the outcomes of the study will demonstrate ways to encourage young people in regional areas to drink water instead of sugar sweetened beverages, this is believed to be an important step towards tackling childhood and adolescent obesity. Preliminary data from the pilot study showed that students receiving the

behavioural intervention who were drinking 1 or more cups of SSBs per day decreased their consumption from 21% to 17% following the intervention. Similarly, the water station group only, showed a statistically significant decrease in the proportion of students drinking 1 or more cups of sugary drinks per day, from 23% at baseline to 20% post intervention. This work will contribute towards the NSW Premier's priority of reducing the rate of childhood overweight and obesity by 5% by the year 2025.

Reach

This project covers schools within the three LHDs in the NSW RHP footprint with a focus on schools outside of the larger centres. It is expected that the intervention is likely to reach 3,600 students across the 24 schools with an average of 150 year seven students per school expected to be directly involved.

Question 2: Platforms and Systems

What platforms or systems has the centre developed to support improved health services?

Part A: Short answer

Economic evaluation is core to NSW RHP activities. Evaluations are included in all of our research projects to increase the likelihood of speedier translation. This way, decision makers get the information they need. Doing this will also result in substantial further development of the FAIT research impact methodology. This leading methodology was developed by one of our partners.

Our major platform is economic and designed to benefit health services. In early 2019 NSW RHP published the local level evaluation of healthcare in Australia (Health Systems Improvement and Sustainability). This provides a platform for the local economic evaluation of health services with the ultimate aim of improving services and reducing waste.

Our approved activities for round three MRFF funding include a pilot implementation of local level evaluation of healthcare in Australia, based in our health partners (and also including a South Australian site). The project is called the 'embedded economist'. A health economist will sit in each of our partner health services for three months to undertake economic evaluations and provide education and advice on evaluation. An accompanying on-line unit of study for senior managers is being developed to encourage widespread health service upskilling in evaluation and specific tools and templates will be promoted for health service use. These interventions are being accompanied by a multimethod assessment of their impact on health service decision making – attitudes and processes and financial impacts. This project will enable further development of the economic evaluation platform so that Australian services will be better supported to evaluate and implement cost-effective health technologies and models of care.

Measures/metric

Measures / metrics used to assess this area will be 2, 8, 1, 9 and 12.

Where on the impact pathway?



HSIS Working Group 3

Challenge

Based on efficiency and equity, Australia's healthcare system is rated fifth in the world. Australians are living longer lives without disability and with better quality of life. However, health gains made by reducing the burdens associated with infectious diseases have been replaced with new burdens from chronic diseases such as cardiovascular disease, cancer, and diabetes. While Australia's spending on healthcare is modest compared with countries such as the United States, there is growing concern about the affordability of the country's health budget.

Australia's Productivity Commission has raised inconsistent evaluation of healthcare as a major problem hindering improved efficiency in Australia's health system. It is conservatively estimated that 20 percent of the annual healthcare spending (est. AUD \$34 billion, 2016 dollars) could be better spent. Governments need to know whether the healthcare funded by taxpayers is delivering value for money. In turn, healthcare decision makers need to know whether the care delivered through Australia's health system works and is cost-effective.

Response

In response to these issues, a recent NSW Regional Health Partners project developed a framework to inform, guide and promote the evaluation and implementation of cost-effective health technologies and models of care. A core aim of the framework is to optimise patient outcomes through the delivery of value-based healthcare. A core principle on which the framework is based is to use evaluation of both effect and value to determine whether technologies and models of care should be allowed to enter or remain in the health system.

The framework was derived from international best practice in the conduct of health technology assessment, insights gained from the literature and the views of senior health service managers and clinicians across Australia. The framework provides a detailed approach to improve local level healthcare evaluation.

Significance

The framework will be useful to guide the embedded economist project. The project will also have tested the framework and provided feedback for its refinement. In the longer term, the project will have refined a tool that captures information about effectiveness and cost. This tool will be used by future decision makers to select high value healthcare that delivers affordable outcomes for patients.

Reach

Aspects of the framework are being trialled in NSW RHP. In addition the document has been disseminated nationally through AHRA, the national working group 3 and those who participated in consultations.

Question 3: Meeting Catchment Needs

How is the centre meeting the needs of its population, including vulnerable groups?

Part A: Short answer

The strategies to address the catchment needs adopted by the NSW RHP are varied depending on the activity. For example, in the Healthy Weight Strategy work, demographic analysis examining the population within the Centre's foot print and their specific health needs was undertaken.

Focused vulnerable groups or priority populations for NSW RHP are rural and regional populations and Aboriginal people. Projects are asked to ensure that their services are either delivered in or scalable to rural populations. All six MRFF projects focus on priority populations however the Child Immunisation, Cultural Safety and Acute telestroke implementation are particularly focused on rural and remote and Aboriginal populations.

In terms of understanding and meeting the needs of the researcher population, several strategies have been adopted including:

1. Ensuring that research funded is health led based on an actual need. This information forms part of the application process and assessment metrics.
2. Scoping existing services and gaps (for example in our [end of life 'white paper'](#)) to ensure that projects will meet the needs. This included surveying consumers and community, clinicians, health managers and academics. This information was used to inform the white paper which in turn set the priorities for the NSW RHP MRFF Expressions of Interest. Following this several consumers were also asked to participate in reviewing the MRFF applications, including local Aboriginal people and rural consumers.
3. Developing the strategic plan including areas of focus with a wide range of input.

Measures/metrics

Measures / metrics used to assess this area will be 3, 4, 5 and 13.

Where on the impact pathway?



Part B: Case study

Child Immunisation

Challenge

Immunisation is a safe and effective way to prevent serious childhood disease. Deaths from vaccine-preventable diseases have dropped by 99% in Australia since vaccination was introduced in 1932 and internationally, it is estimated that vaccination prevents upwards of 3 million deaths each year.

For immunisation to be most effective, a sufficient number of people need to be vaccinated to interrupt the transmission of bacteria and viruses from person to person (called herd immunity or community immunity). For most diseases, the vaccination rate of the population needs to be around 90%, though for highly infectious diseases, like measles, it rises to 95%.

While most children are fully immunised in Australia, areas of low coverage persist. Low vaccination rates are not necessarily due to anti-vaccination ideology, but can occur for a range of reasons often closely linked to socioeconomic adversity and logistical barriers. These barriers are more common in rural communities.

Response

The aim of this project is to expand the use of Tailoring Immunisation Programs (TIP) in four NSW Local Health Districts to identify pockets of low childhood immunisation coverage, gain a deeper understanding of underlying reasons and identify and implement mitigating strategies.

These strategies are based on behaviour change theory which recognises capacity, motivation and opportunity as important and necessary drivers of change. Tailored strategies are much more likely to be effective as they systematically diagnose and address inequities and entrenched disparities within our health service delivery models.

TIP involves a primary care collaboration – between population health, community health, child and family health, primary health networks, Aboriginal health, multi-cultural health and other community organisations.

Significance

It is envisaged that implementation of TIP will increase vaccination rates, thereby preventing serious childhood disease and strengthening community resilience. Improving access to immunisation will also facilitate access to other preventative services including early detection and treatment of developmental concerns.

Reach

The project is being implemented in sites with low immunisation rates across four LHDs: Mid-North Coast, Hunter New England, Central Coast and Northern NSW local health districts. The communities of focus are Umina, Kempsey, Lismore and Tamworth. The evidence generated from this project will inform effective

immunisation policy and practice at the local, state and national level, suggesting effective ways of improving coverage in target populations. Of those who were overdue for immunisation in our project sites, between 26% and 57% identified as Aboriginal.

Question 4: End User Involvement

How are end-users, particularly consumers and clinicians, setting research directions or otherwise actively involved in closing the loop between clinical practice and research?

Part A: Short answer

The NSW RHP is involving end users in the following ways:

- In setting priority areas
- In assessing and selecting research applications
- In co-development, implementation and evaluation of projects

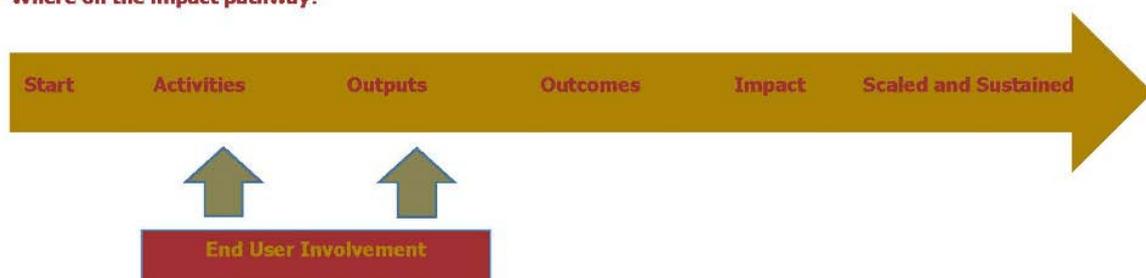
As an example, in our round three MRFF funding applications with the following occurred:

- Consumers and clinicians attended a two phase training session to build their capacity in designing research which involves consumers
- Consumers and clinicians were surveyed for the white paper to help identify areas of need in the end of life domain
- All MRFF projects are required to be clinically led
- All MRFF projects are required to have consumer and community involvement in their projects. In round two this is a requirement without a specific tool mandated while in round three the regular use of a validated tool is required.
- Both consumers and clinicians were involved in the selection of the successful research projects

Measures/metrics

Measures / metrics used to assess this area will be 3, 7, 10 and 14.

Where on the impact pathway?



Part B: Case study

Cultural Safety – SAFE ED Project (Streamlining Access to Services for Vulnerable Families in the Emergency Department)

Challenge

The NSW SAFE-ED project (Streamlining Access to Services for Vulnerable Families in the Emergency Department) in rural and metropolitan emergency departments seeks to determine the usefulness and uptake of a child injury protocol to assist health professionals to respond appropriately to a child presenting to Emergency with a non-accidental injury. This project was undertaken at four pilot sites around NSW commencing in July 2017 (completion June 2019). The protocol is designed to improve clinician documentation and referral of suspected child abuse cases, as well as increase clinician self-efficacy and outcome expectations when responding to non-accidental injury.

Implementation of the SAFE-ED project revealed health professionals and organisations can feel unprepared to respond to child protection issues with Aboriginal children and their families in healthcare facilities. The need to extend SAFE-ED by adopting an integrated, culturally centred approach for Aboriginal children and their families was identified.

Response

The new cultural safety project consists of three key stages: (1) development of the framework; (2) implementation of the framework; and (3) evaluation of the framework implementation and write-up of results.

The new framework will be evidence-based and developed in consultation with Aboriginal and non-Aboriginal health workers. It will be based on the assessment of four key strengths of Australian Aboriginal cultural practices in family life:

- A collective community focus on child rearing helps children;
- Children need the freedom to explore and experience the world;
- Elderly family members are important to family functioning; and
- Spirituality helps families cope with challenges.

Significance

It is anticipated that this project will lead to an increased awareness of culturally safe healthcare for Aboriginal patients, evidenced by successful testing of the framework. There will also be increased partnership between health professionals and Aboriginal children and their families, particularly around communication and decision making. By the inclusion of the child, family and wider community in decision making, in addition to using learnings for continuous improvement, the overall service to this group can be improved.

Reach

This framework will assist healthcare professionals to better communicate and work with Aboriginal families and children to achieve positive outcomes for their communities. The communication tool will follow the principles of Introduction, Situation, Background, Assessment, and Recommendation; a familiar and accessible handover framework in use across NSW Health.

Question 5: Workforce

How is the centre building workforce capacity and capabilities in research and translation to ensure health professionals have access to evidence-based education and training and are contributing to health research?

The Centre has begun building the workforce capabilities in research and translation through several different avenues with activities due to increase.

Environmental Scan

A survey (using a validated tool) which asks clinicians and health managers to provide their opinions in relation to research capacity at an organisational, team and individual level is currently underway. The results will assist NSW RHP in gauging current capacity, needs, barriers and areas for improvement. This will be followed with focus groups to further unpack the issues identified. Following this a full plan for researcher capacity building within health care will be developed.

Consumer and Community Involvement

The NSW RHP has commissioned a two part training session for researchers. The first workshop explores the theory and evidence supporting consumer and community involvement in research. The second covers practicalities, with participants asked to bring along their own case study to work on. These sessions have now been delivered several times and the evaluation is being analysed prior to determining the long-term approach.

Targeted capacity building

The NSW RHP have also undertaken targeted capacity building by supporting researchers within the centre to attend training and conferences being delivered externally. This has included workshops on policy in research and translational health conferences.

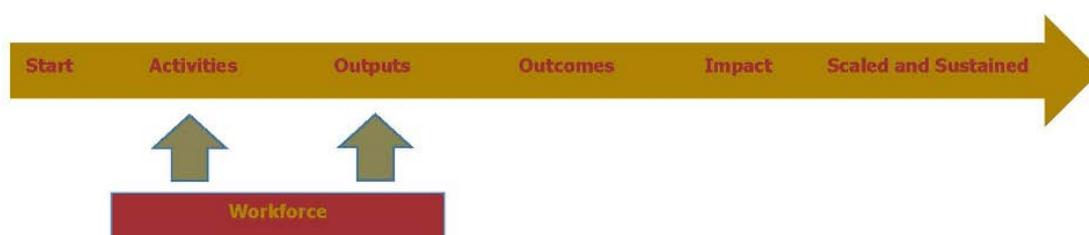
Research Applications

Several research teams have been assisted in the development of translational research grant applications. This includes two grants which involved other AHRA centres.

Measures/metrics

Measures / metrics used to assess this area will be 8, 7, 9, 10, 11 and 14.

Where on the impact pathway?



Question 6: Partner Contribution

How are the partners of the centre contributing to its operation?

Short answer

The eight partners of the NSW Regional Health Partnership are contributing to the operation of the centre financially and in-kind. Partners make financial contributions this covers staffing costs allowing the operational staff to be employed. Other core activities funded from partner contributions include travel, office costs (e.g. stationary), attendance and sponsorship at conferences. In addition the partners fund core activities such as education for researchers and clinicians and grant development support.

The in-kind contributions are even more significant than the financial contributions and include time from high level management and executive staff. This includes attendance of the monthly translation committee meetings, quarterly governing board meetings, advisory committees (local and national) and contributions to research review panels.

Furthermore, in-kind support is provided for the following, including both systems and human resources:

- legal
- finances including access to a management accountant and audit team
- human resources
- recruitment work health safety
- payroll and rostering
- maintenance
- office space, meeting rooms and associated accommodation costs

The most significant contribution is that made by the Chief Executives, Vice Chancellors and equivalents who are actively involved in the activities of the Centre. This ensures that they contribute to the Centre's activities and also ensure that barriers to progress are minimised both passively e.g. through their endorsement and also actively when required.

Question 7: Clinical Trials

Have you improved processes (e.g. ethics and/or governance arrangements) so that your patients can access clinical trials more easily and/or sooner?

Short answer

The activities to date around clinical trials have been limited but have included the active promotion of tools such as a budgeting tool developed by the NSW Office of Health and Medical Research (OHMR).

A clinical trials plan for the next three years has been developed by the NSW RHP. It is aligned with the Statewide work in this space led by the NSW (OHMR) which has provided us with three years of funding for a NSW RHP Clinical Trials Program Manager. Interviews have been held and an appointment is imminent.

The manager will be working in a new regional clinical trials unit (with two other positions being funded by one of our partners, the Hunter Medical Research Institute). The manager will be responsible for implementing the plan which focuses improving trial governance and access to clinical trials in regional and rural areas.



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