

CLINICAL NETWORKS IMPLEMENTATION GUIDE

Introduction

Clinical networks have been proposed as a means of improving patient outcomes and increasing clinician engagement in health service planning and delivery.¹ This proposal has been accepted, and a policy for the use of networks in Queensland has recently been produced.²

Several formal or informal networks already exist in Queensland. Some of these groups focus upon clinical outcomes, such as the Collaborative for Healthcare Improvement, while others have more operational or planning roles, such as the Area networks. It is intended both to build upon this good foundation and to incorporate methods shown to be of value elsewhere.³

The purpose of this document is to:

- outline the types of networks that can be developed
- describe the processes of implementation and evaluation
- identify the role of the Clinical Practice Improvement Centre (CPIC)⁴ in these activities, and the type of support that is available.

Types of networks

Although the networks all have similar global improvement objectives, they cover a very wide range of interests. Some have a common interest in a particular clinical condition or speciality service – eg cardiac, renal, orthopaedics, maternal care etc, while others address system-wide issues such as patient flow or workforce development or all-patient services such as radiology. It is also clear that a range of management models and varying levels of geographic coverage will be required to meet the particular needs of a given network:

Management models 3 basic types are envisaged:

- Type 1 These will closely resemble the existing collaboratives and will comprise groups of clinicians who use proven methods of continuous quality improvement, mutual learning, standardisation and measurement of patient care outcomes. They will be chaired by clinicians on a paid sessional basis and supported with CPIC project staff, clinical indicator measurement systems and change facilitation.
- Type 2 This type will have all the functions, roles and support of Type 1, but in addition will have a role in the planning and delivery of services. A specified budget allocation will be identified for defined services, will be quarantined for this purpose and will be delivered through the Districts and Areas. There will be no direct assignment of budget to the network chairs however. The chair will also be a clinician with similar responsibilities as in Type 1 but with an expanded role in developing consensus advice about planning, workforce issues and

operational services and in leading changes within the relevant peer group. A managerial co-chair will be appointed from the pool of district executive staff with responsibility for implementation of the recommendations of the network.

- Type 3 This type will have all the functions, roles and support of Type 2 but the co-chairs will be assigned a budget and have final accountability and responsibility for implementation of all decisions of the network.

As Type 1 networks require nothing more than involvement in the sort of collegiate activities that are usually accepted as normal professional responsibilities, membership in relevant clinical networks would be expected to be the rule rather than the exception. Many Type 1 networks would be expected in due course to evolve into Type 2 and a few into Type 3.

Geographic coverage

Most networks will be organised and managed at an Area level, but others will be needed at a State level – especially for the high-complexity, low-volume services or where there is a need to standardise approaches or to address access or equity imbalances. Many of the collaboratives already function at a state-wide level and there is no reason to fragment them.

Finding the gaps – the rationale for network development

A clinical network arises naturally or should be developed when:

- there is a evidence of a gap between the care that *is* provided and the care that *should be* provided for a given community
- a group of healthcare providers recognise that reduction of this gap requires their interaction and collaboration across institutional and/or occupational boundaries.

The gaps will generally be identified via:

- National or State health outcomes priorities derived from epidemiological data analysis
- Area or District planning processes
- local clinician knowledge and experience.

The gaps may be apparent in one or more aspects of care including:

- clinical outcomes – eg mortality, morbidity etc
- psycho-social outcomes – communications, functional status, quality of life etc
- accessibility to required services etc.

The threshold or trigger for the development of a network will therefore generally be determined by:

- the size and seriousness of the gap
- the number of staff who wish to, or need to, collaborate.

Reducing the gap – implementing the solution

This may require:

- **Resources** eg staff, equipment, capital development etc to meet current demand or improve equity of access to an existing or planned service
- **Processes improvements** eg reduction in variations of outcomes or improved delivery of standardised, evidence based best clinical practice.

The resources required will have various origins that will reflect the nature and needs of the different networks:

- Area / District budget allocations and infrastructure support
- CPIC budget allocations and infrastructure support
- special purpose national or state-wide initiatives
- Innovation funding program (see below).

Measuring the improvement

The success of a network will be measured by identification of:

- a measurable target for improvement, as determined by known evidence of best practice internally or externally
- reduction of the gap between current and ideal practice.

The measurement and analytical methods used will need to be sufficiently robust to test the two principal hypotheses that underpin the development of networks:

- that they improve patient healthcare outcome and/or system efficiency
- that they re-engage clinicians by being shown to be effective vehicles for implementing recommendations and decisions.

The provision of support in the collection and analysis of data relevant to the testing of these hypotheses will be a central responsibility of CPIC and the Data Reporting and Health Information groups within the Reform and Development Division.

Innovation funding program

It has been determined that Innovation funds will be made available to the clinical networks to support and stimulate novel approaches to patient care or service delivery improvement. The objectives of this initiative are to:

- deliver the well known benefits of supporting innovation - improvements in both organisational performance and staff satisfaction
- improve the scientific quality of service improvement through the development of a health systems research culture and capacity.

A competitive application process will be used, with applications judged on the basis of:

- potential patient outcome or system improvement gain, ie the size of the affected patient population and/or the breadth of scope of application of the system improvement
- evidence base – either from the literature relating to the problem, a creative idea trialled outside Queensland or the results of a local pilot project
- the novelty or innovativeness of the solution proposed
- the methodology to be used to demonstrate the effectiveness of the solution.

Support would be available:

- to develop a pilot that meets the CPIC criteria
- to implement and assess an innovation that has shown promise in the pilot stage.

Support would not be available under this initiative for routine core business such as staff or equipment requirements where the need is obvious and there is therefore no need to demonstrate innovation.

It is expected that projects funded in this category would be performed and analysed to publishable standards, and would be submitted for publication in most cases. The assistance of CPIC would be available in the design, implementation and analysis stages of any project funded in this category, and in the diffusion of the novel ideas to relevant service across the State.

Processes for the development / re-alignment of existing networks and collaboratives

A number of networks and collaboratives are already in existence or are in the process of formation. Details of each are currently being collected together as a database using the framework as described above. This database will be placed on the CPIC website shortly as a means of identifying current activities and future opportunities. All interested parties are encouraged to inspect this information and check for any inaccuracies, omissions or changes.

Processes for the development of a new network

The stages in the development of a new network are:

1. Identification of need for a network by a group of clinicians or other health care staff.
2. Registration of interest with CPIC.
3. Notification to relevant Area or State authority by CPIC, if this has not already occurred.

4. Formation of steering group with an interim chair to define function, coverage and domains, and key issues.
5. Problem definition workshop to define gaps, solutions, measurements and targets.
6. Identification of commencement network Type (usually 1 or 2) and opportunities for Innovation funding application if relevant.
7. Negotiation of infrastructure and operational funding and support with Areas and CPIC.
8. Determination of position description for clinical chair (all types) and manager co-chair (2 and 3).
9. Advertisement and appointment of clinical chair and co-chairs.
10. Formation of network management committee.
11. Advertisement and appointment of consumer representatives.
12. Orientation / training for key positions on processes related to network functioning.
13. Commencement of network operations and establishment of process measures / indicators and reporting requirements.
14. Evaluation by CPIC of:
 - a. patient / service improvement outcomes
 - b. success in implementation of clinician-recommended use of operational funds (network Types 2 and 3).

¹ http://www.health.qld.gov.au/health_sys_review/final/app6.1.pdf

² http://www.health.qld.gov.au/cpic/documents/Networks_Policy.pdf

³ http://www.health.nsw.gov.au/gmct/pdf/embracing_report.pdf

⁴ <http://www.health.qld.gov.au/cpic/default.asp>