

# inTouch: Reconceptualising care for holistic patient centred and enhanced care co-ordination



Health  
Western Sydney  
Local Health District



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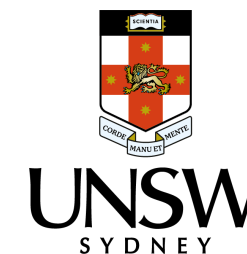
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# Research team

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# Study methods

## Methods:

- Document analysis: n=10, 186 pages
- Key informant discussions: 4

## Setting:

- WSLHD

## Analysis:

- Thematic, deductive approach: culture, system, technical and practice

## inTouch pathways:

- Residential Aged Care Facility (RACFs) pathways
- NSW Ambulance paramedic pathways
- Chronic Disease Management
- COVID Care in the Community



# The *inTouch* program – study aim



The study aim was to identify cultural, system, technical and practice changes necessary for patient-centric care with enhanced care coordination.

The *inTouch* program, designed and implemented by WSLHD across 2021-22, is a holistic, system approach to reconceptualising service delivery that focuses on integrating systems components, platforms for service delivery and environments for improved care delivery.



# The challenge

Frail and older people are more likely to experience functional and cognitive decline, iatrogenic illnesses, and infections whilst in hospital. Aging populations are driving the need for patient-centric care with enhanced care co-ordination to ensure high quality, safe health services through out of hospital care pathways for the right patients.

Reconceptualising, implementing and sustaining services to achieve the goal of patient-centric care with enhanced care co-ordination – across health and community services - is a considerable and ongoing challenge.



# Factors reinforcing the need for change and improvement in care arrangements for all people living in RACFs



- Ongoing aging demographics of those requiring care and the workforce able to service them;
- Consumers with complex, interwoven health and social care needs;
- An under-resourced sector with identified areas for improvement in quality and safety care provision;
- Workforce challenges in recruitment / retention and skill set 24/7;
- Rising consumer expectations high quality patient centered care.



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# State and federal policy drivers supporting the need for change and improvement in care arrangements



- The Final Report of the Royal Commission into Aged Care Quality and Safety

<https://agedcare.royalcommission.gov.au/>

- [Future Health Guiding the next decade of care in NSW 2022-2032](#)

- NSW Health Strategic Framework for Integrating Care

[strategic-framework-for-integrating-care.PDF \(nsw.gov.au\)](#)

- [NSW Virtual Care Strategy 2021-2026 - Virtual care](#)

Western Sydney Care  
Collective:  
Rapid Access to Care  
in the Community  
-Residential Aged  
Care Facilities





# Western Sydney Local Health District (WSLHD) context



NSW	WSLHD	Blacktown LGA	Cumberland LGA	Paramatta LGA	The Hills Shire LGA
Population 8,072,163	Population 1,052,990	Population 396,776	Population 235,439	Population 228,901	Population 191,876
3.6% Aboriginal (278,043 persons)	1.6% Aboriginal (16,531 persons)	3.1% Aboriginal (11,812 persons)	0.7% Aboriginal (1,516 persons)	0.9% Aboriginal (2,001 persons)	0.6% Aboriginal (1,207 persons)
31.0% born overseas (2,502,370 persons)  Top 5 countries: India, China, Philippines, Republic of South Korea, Nepal	49.9% born overseas (499,241 persons)  Top 5 countries: India, China, Philippines, Republic of South Korea, Nepal	46.8% born overseas (176,116 persons)  Top 5 countries: India, Philippines, New Zealand, Fiji, China (excludes SARs and Taiwan)	57.3% born overseas (125,305)  Top 5 countries: India, China (excludes SARs and Taiwan), Lebanon, Nepal, Afghanistan	55.1% born overseas (120,381 persons)  Top 5 countries: India, China (excludes SARs and Taiwan), Republic of South Korea, Philippines, Hong Kong (SAR of China)	41.2% born overseas (77,439 persons)  Top 5 countries: India, China (excludes SARs and Taiwan), England, Philippines, Republic of South Korea
28.2% speak a language other than English at home (2,276,350 persons)	54.3% speak a language other than English at home (538,565 persons)  Top 5 languages: Mandarin, Arabic, Hindi, Cantonese, Punjabi	49.3% speak a language other than English at home (183,588 persons)  Top 5 languages: Punjabi, Hindi, Tagalong, Arabic, Gujarati	71.0% speak a language other than English at home (153,498 persons)  Top 5 languages: Arabic, Mandarin, Nepali, Cantonese, Tamil	58.9% speak a language other than English at home (127,099 persons)  Top 5 languages: Mandarin, Cantonese, Korean, Hindi, Arabic	39.8% speak a language other than English at home (74,379 persons)  Top 5 languages: Mandarin, Cantonese, Hindi, Korean, Arabic

Source: [WSLHD Social and Health Atlas](#)<sup>5</sup> \*SAR=Special Administrative Region



# The challenge: Western Sydney Local Health District (WSLHD)



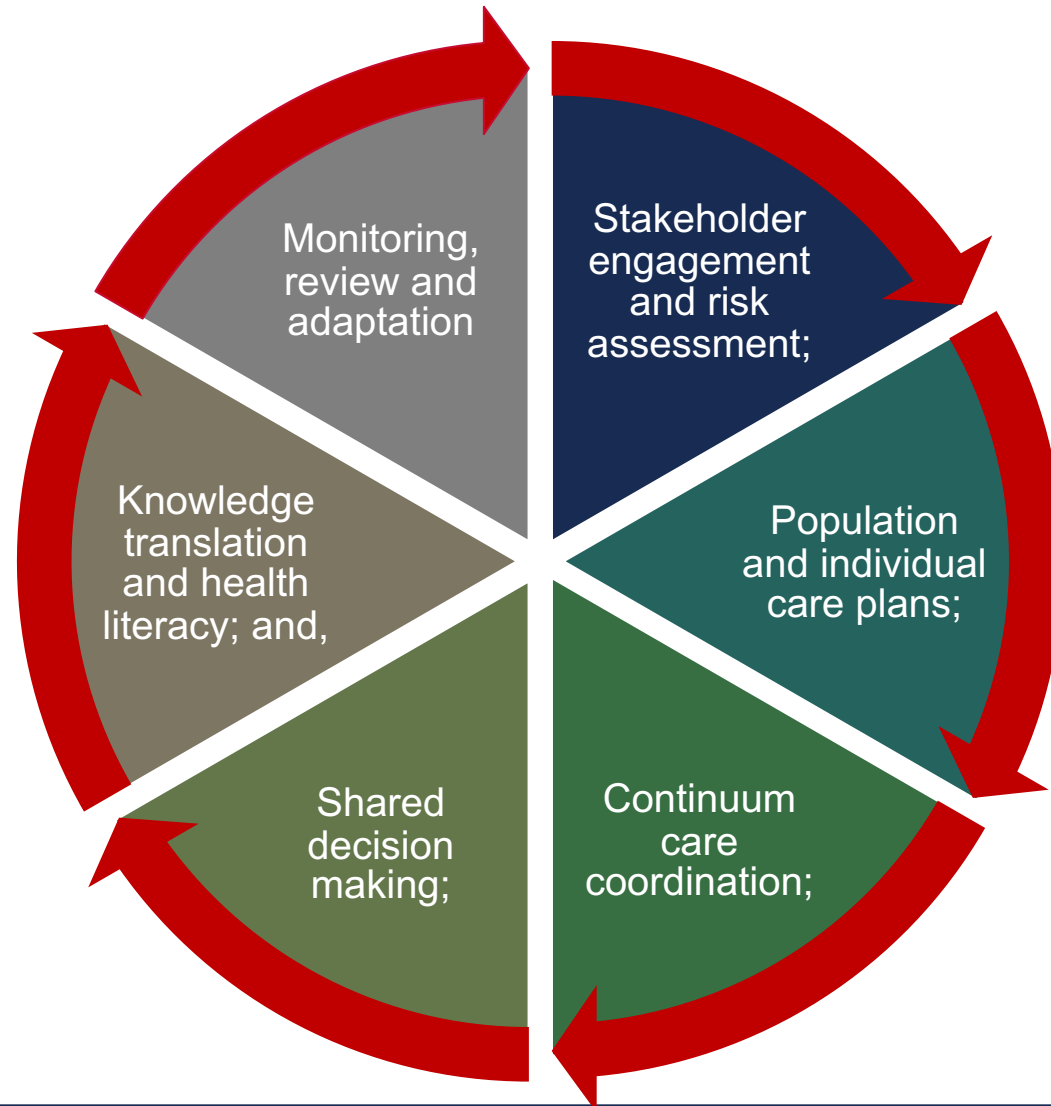
- Every month approximately 360 older persons living in a Residential Aged care Facilities (RACF) are transported by NSW Ambulance to a WSLHD Emergency Department (ED).
- To address the challenges of high service demands and the detriments of hospitalisation, fundamental changes were required to the way we cared for older people and alter our care options and processes so that we could be more responsive to their needs.
- WSLHD clinicians needed change the way they worked in the system, patient- centred at the core
- 65 RACF with 6530 beds – across LGAs: Blacktown, Cumberland, Hills and Parramatta

For more information see: [Home - WSLHD \(nsw.gov.au\)](https://www.nsw.gov.au/home) or [Western Sydney - Local health districts \(nsw.gov.au\)](https://www.nsw.gov.au/western-sydney-local-health-districts)



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# *inTouch* program and models of care core elements



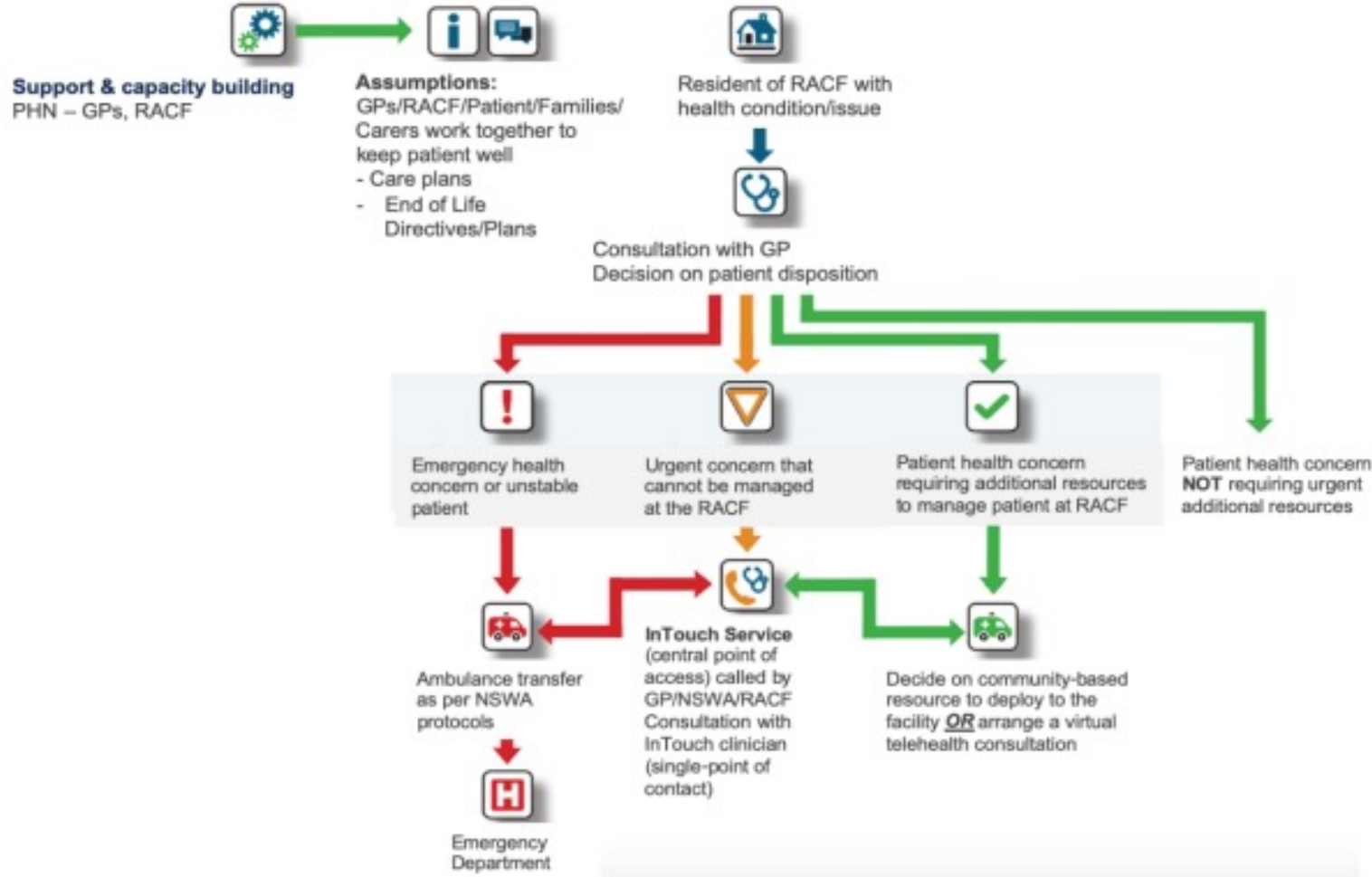
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# inTouch Residential Aged Care Pathway



## Western Sydney InTouch Service – Rapid access to community care for RACFs



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Rapid Access to Care  
-Residential Aged  
Care Facilities

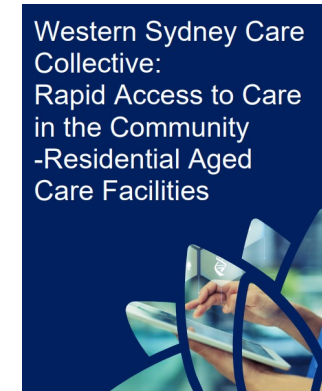


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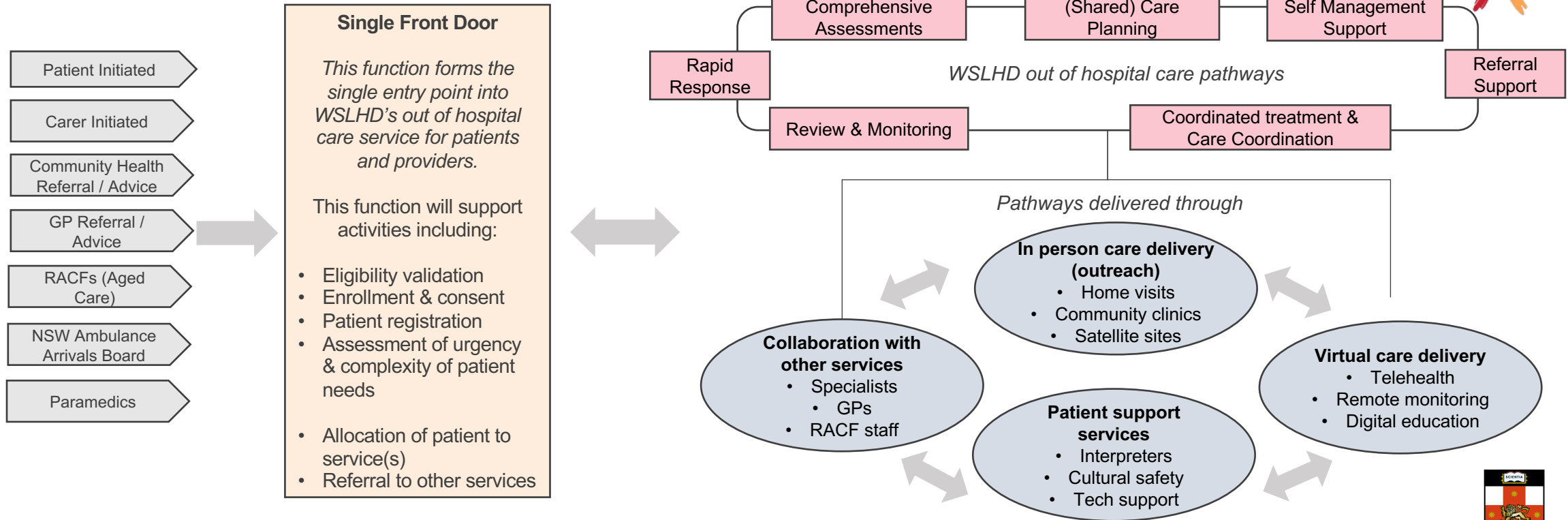
# *inTouch* Residential Aged Care Pathway development



- Gap analysis of service capacity and access point
- Identification of current clinical resource capacity
- Operational realignment of some services and strategic integration of others to formulate a community based response team
- 
- Enhancement to virtual care capacity, decision making tools, quality and safety measurements



# inTouch Residential Aged Care Pathway development



Enabled by operational excellence, digital technologies, improved collaboration & ways of working and continuous improvement



# *inTouch* program: RACF Operating Model

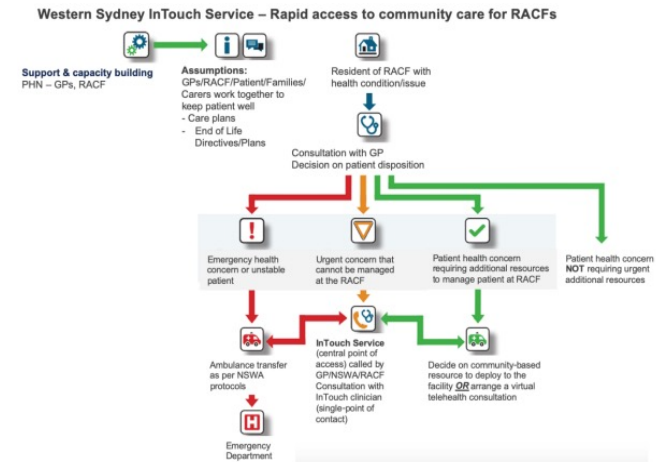


Single front door:

- A dedicated phone number operating 7 days per week, 0800-2000, responded to by a triage clinician

The clinician is:

- supported with a procedure manual and clinical guidelines that inform responses to inquiries from the RACF
- qualified to provide preliminary advice regarding care
- will have booking access to dedicated clinics that will be available in the Community Health and Outpatient Care (CHOC) scheduling system.



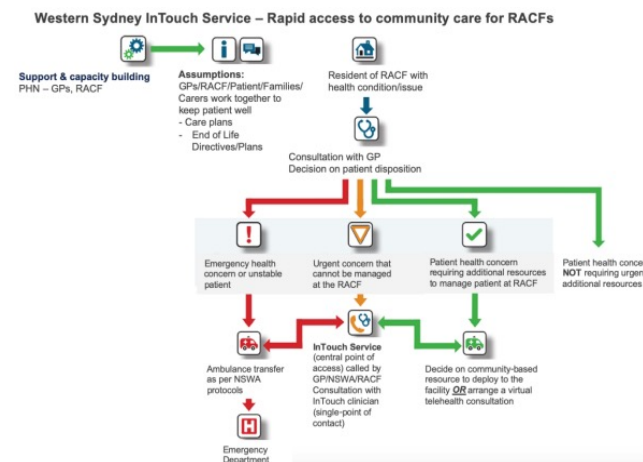


# *inTouch* program: Rapid Access to Care Pathways for RACF



## Centralised Care Hub and Outreach Community based response teams:

- inTouch COVID Care
- Aged Care Facility Outreach (ACFOR)
- Hospital in the Home
- Transitional Aged Care Program (TACP)
- Rapid Access to Care and Evaluation (RACE) / RACE-EXTEND
- Geriatrician-led Rapid Evaluation Assessment Team (GREAT)
- Palliative Care In-reach
- Complex Aged and Chronic Care (CACC)
- Healthcare for Older People Earlier (HOPE) -ED
- Aged Care Services Emergency Team (ASET)
- Community packages of care (COMPACS)



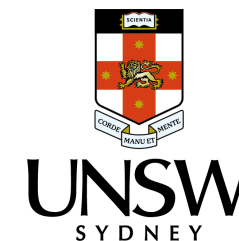
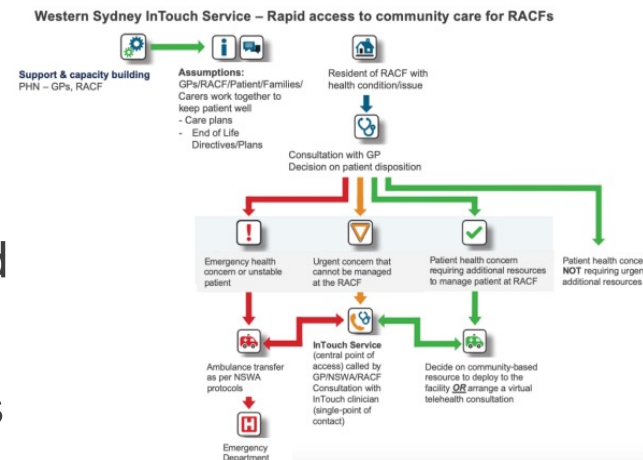


# *inTouch* program: Rapid Access to Care Pathways for RACF



## Community based response teams:

- Enhancements to continue to support hospital avoidance;
- Professional staff: general practitioner, generalist nurse and allied health
- Recruitment: clinical staff for virtual care and to visit RACFs
- System changes: administrative and technological solutions
- Flexibility: work from home resources that enable an alternative to running a virtual clinic from a designated workplace site
- RACF resources: post discharge phone/video calls or visits once a resident has returned from hospital to the RACF

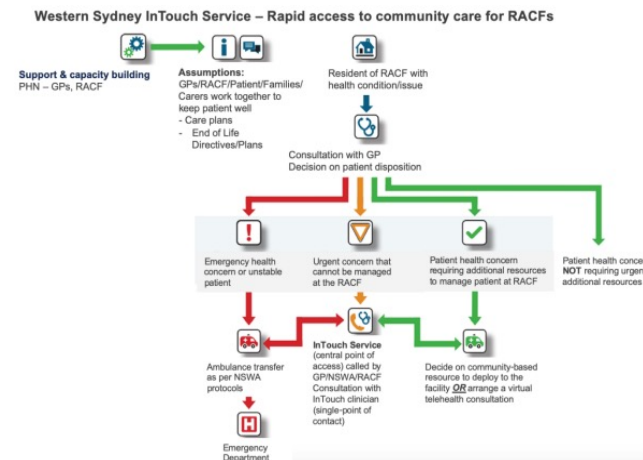


# *inTouch* program: Rapid Access to Care Pathways for RACF



Supporting resources/ changes necessary:

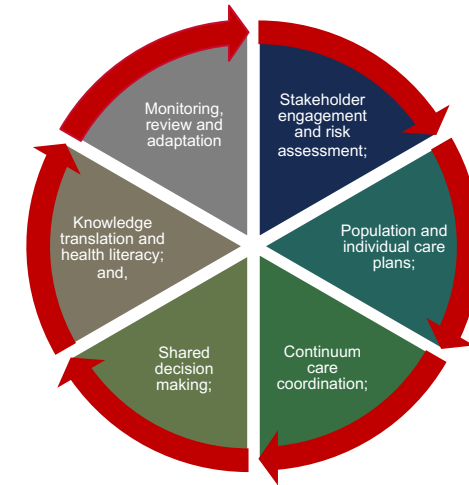
- Mobile Diagnostics – Mobile Radiology Australia
- Digital Case Conferencing – health professionals, RACF staff, residents and their family
- Shared Care Platform – WSLHD: Cerner; Primary and Community Care WSLHD: Care Monitor; and GP clinical management systems: Best Practice and Medical Director
- Service monitoring: safety and quality indicators



# *inTouch*: keys to success

To enable success changes are necessary at multiple levels:

- **Cultural** – governance and attitudinal approaches to delivering care;
- **System** – incentives and models directing how care is planned, monitored and evaluated;
- **Technical** – sharing of information and knowledge; and,
- **Practice** – decision making and care coordinating at a daily level.

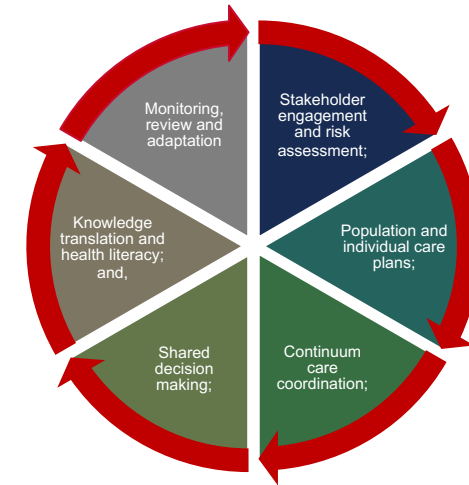


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# *inTouch*: keys to success – culture

High level executive commitment and leadership represented by:

- active participation in program governance;
- distributed leadership and governance demonstrated by team members;
- shift to a collaborative patient-centred attitude and innovative approach to delivering care; and,
- establishment of a framework to review outcomes and support continuous improvement.

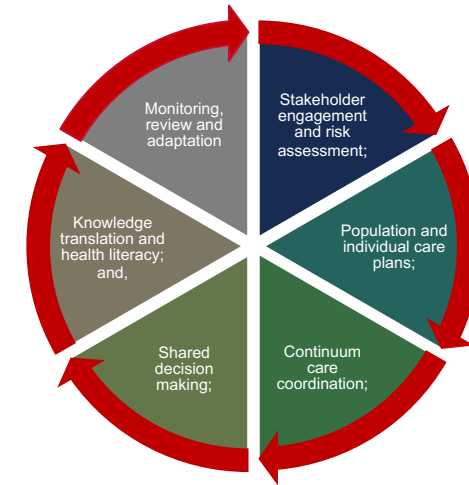


# *inTouch*: keys to success – system



System changes at micro, meso and macros levels:

- cross sector and organisational incentives
- the model of care directed how care is planned, monitored and evaluated; and,
- a focus on safety and quality including workforce development

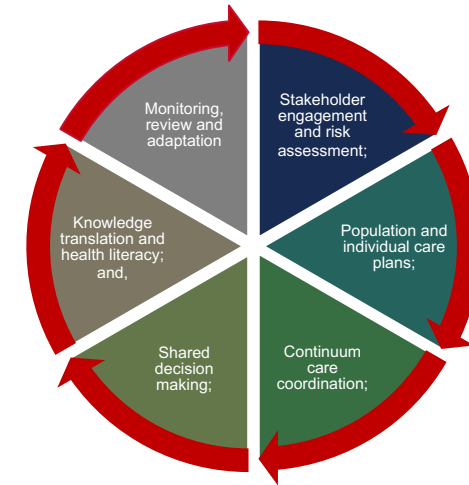


# *inTouch*: keys to success – technical



Changes at micro, meso and macros levels:

- real time safety and quality data analytics and reporting; and,
- sharing of information and knowledge at all levels, across roles, services, organisations and sectors
- adoption of technical solutions across organisations .



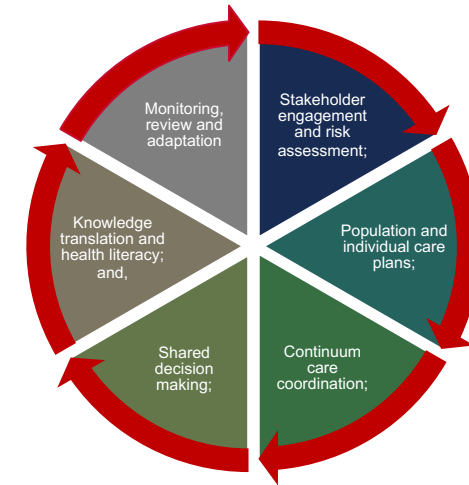
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# *inTouch*: keys to success – practice



Individuals and teams:

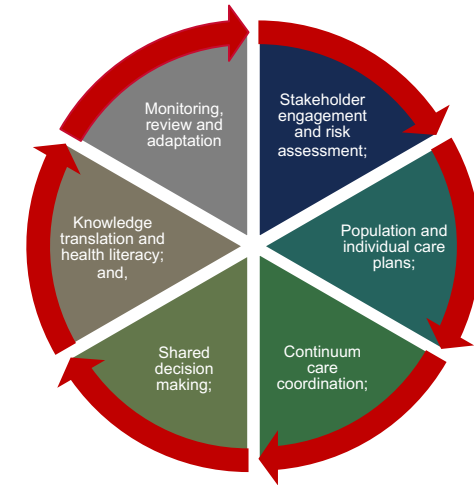
- consumer engagement and decision making with a focus on care coordination as a daily action;
- dual focus on health and welfare issues simultaneously;
- information provided in non-technical appropriate language; and,
- use of multilingual resources to promote participation by consumers.



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# *inTouch*: keys to success

- Patient-centric care with enhanced care co-ordination requires cultural, system, technical and practice changes. There are enablers and barriers to success.
- Success requires aligning positive motivations and actions, at all levels, to achieve transformative system and practice change: integration, flexibility, timely and optimised care for populations and individuals.
- Patient-centric care with enhanced care co-ordination, as achieved by the *inTouch* program, can ensure high quality, safe health services.



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