



Territory Kidney Care Project Progress Report

February 2020

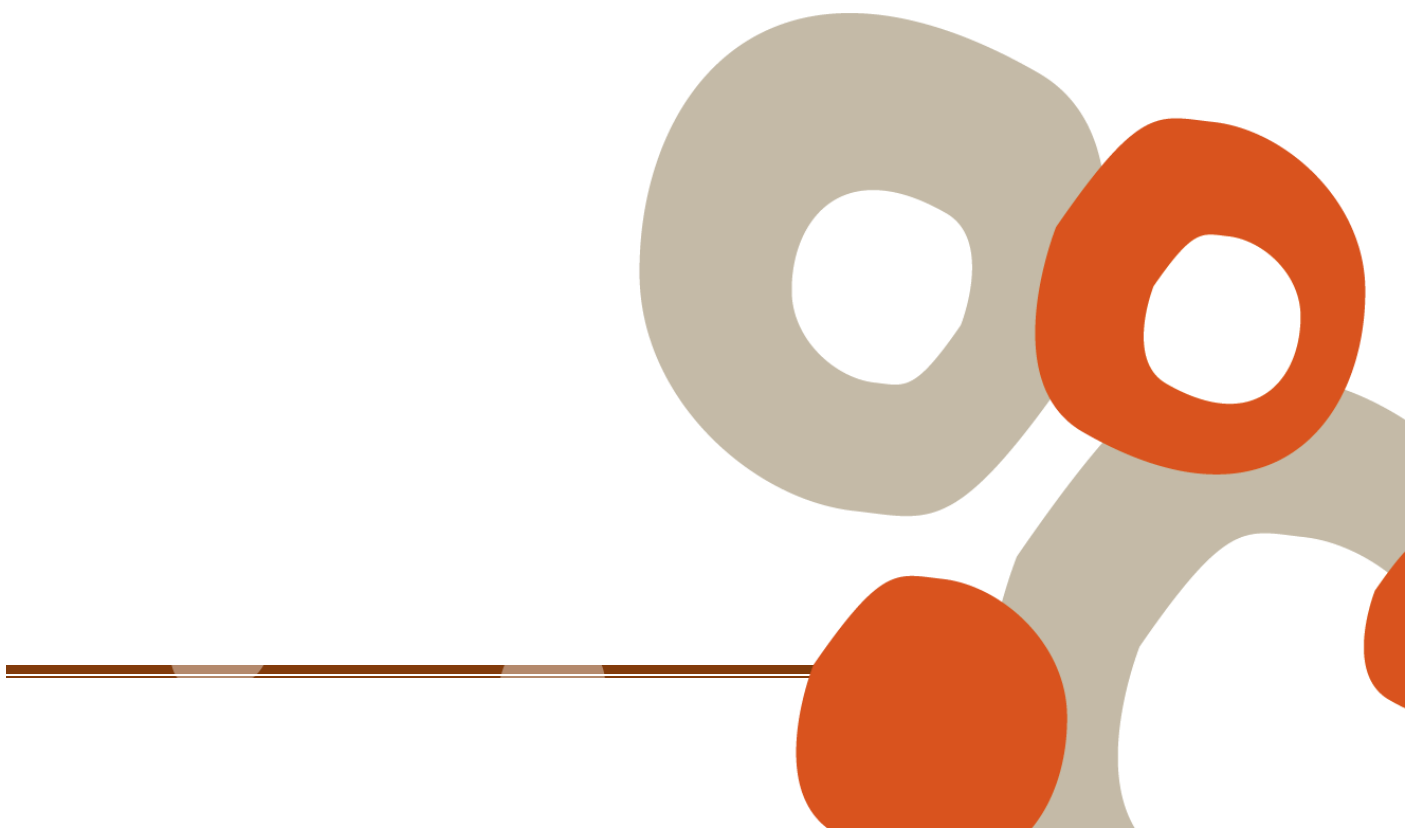


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1. Project Overview

Territory Kidney Care (TKC) is an integrated clinical information system for the early identification and best-practice management of kidney disease. The implementation of TKC is aimed at addressing a pressing need in the NT where the escalating rates of severe or end-stage kidney disease are devastating Aboriginal communities. Through respectful collaboration, we have worked with partner organisations to develop this innovative system which consolidates patient information from government and non-government, primary and tertiary health services, to close the information gap and facilitate integrated care.

TKC will enhance primary health care with minimal resource impact, primarily because the system does not alter the primary health service user interface, require the adoption of additional technologies or completion of paper-based records. TKC has been designed to provide early and targeted advice to GPs, seamlessly incorporated into business as usual within the primary health service sector.

2. Project Progress

Phase Three of the Project is now complete, and we are entering Phase Four – Staged Rollout across the NT.

During phase three, considerable time was spent observing and mapping Renal Service processes to identify areas where TKC could enhance service delivery. Process areas included:

- Administrative burden of clinic preparation on Renal clinical staff
- Triaging and patient referral management processes
- Inconsistent data entry and data collection practices
- Facilitating integrated care across primary and tertiary services for renal patients.

This provided a focus for TKC development overall and involved extensive work in relation to the usability of the user interface, functionalities for report generation and correspondence generation. A log of feedback and actions has been maintained to track and align changes with user requirements, with many of the features requested by clinicians available in the next release. Additionally, the ability to send clinical decision support messages securely to partner Community Controlled Health Services using Communicare has been finalised and will commence once TKC V1.3 is released into the production environment.

The Clinical Risk Management Plan has been reviewed and updated to include a process for clinical rule validation and clinical validation working groups were established with invited expert Consultant Specialists.

Importantly TKC has been endorsed by both AMSANT and the NT Minister for Health.

An implementation plan for the transition of TKC to the Department of Health has been drafted and relevant documentation updated to support this transition at the completion of the project.

A large Community Controlled Health Service has joined the TKC project and is executing their communication plan and will commence their validation period in phase four.

The evaluation of the development of TKC has commenced. A submission to fund the longer-term implementation and impact evaluation has received positive feedback from a potential funder with the application progressing to the final stage. While we are hopeful this submission will be successful, Menzies will continue to seek funding to ensure a comprehensive evaluation can be conducted to demonstrate the sustainability of the system. A PhD student has joined the TKC Project Team to assist with the economic evaluation.

The project has also successfully met the Funder requirements for the completion of this phase and will receive the final funding allocation to commence phase four.

3. Next Steps

Over the coming 12 months, Phase Four of the project will focus on:

- Further development of TKC as identified through the clinical user feedback, validation and evaluation processes.
- Completion of the clinical rules validation and risk stratification models to fine tune TKC outputs – Level1, 2 and 3 reporting.
- Clinical redesign of operational processes to maximise the uptake of the TKC application and the efficiencies it offers.
- Formal completion of the formative and process evaluation (build and deployment) of the TKC System.
- Progression of the staged rollout of TKC to non- government health service providers across the NT with the completion of their Implementation plans
- Continuing to work with stakeholders (NT Renal Services and participant Aboriginal health services) to integrate the system into business as usual processes.
- Preparation for the transition of the TKC system to DoH control.
- Establishing the parameters for a summative evaluation and the commencement of the data collection for the economic evaluation.
- Establishment of funding source for the long-term evaluation of TKC.

4. Risk management

The TKC project team and Steering committee continue to review and manage risks. The major focus areas of the Executive Steering Committee continue to be:

- Uptake of TKC through staged rollout
- The progression to a sustainable model post project completion of phase four.

5. Communication Strategy

The TKC Project team continues to engage with stakeholders through both formal and informal channels. Regular presentations are offered and scheduled with senior executives in the Department of Health and Top End and Central Australian Health Services.

Presentations onsite are offered to primary health services and these tend to be more frequent as health services are preparing to engage and develop their implementation plans.

We endeavor to hold yearly 'show and tells' which provides us with important opportunities to gain insight into relevant issues and wishes of clinicians on the 'ground'.

The TKC webpage, hosted on the Menzies website provides regular updates and access to relevant documentation such as Frequently Asked Questions, Clinical Risk Management Plan, Change on a Page, Participation Agreement and Guide and Evaluation Framework.

Additionally, regular updates are circulated to members of our stakeholder and interested parties database.