
STRATEGY
STRUCTURE + ROLES
GOVERNANCE
KEY PERFORMANCE INDICATORS
OUR WORK
i3

i3 Strategy

i3 is a place where ideas are encouraged,
creativity cultivated and energy is contagious

i3 Purpose
Accelerate your ideas, innovation and care redesign

i3 Goal
Outstanding health outcomes and patient experience

i3 Principles

Person Centred Design: We place people at the centre of everything we do.
We watch and listen to what our patients, whānau and community need and we solve problems from a person perspective

Data Driven: We promote the continuous use of data to inform and improve.
We work by testing and learning, embracing innovative ways of thinking and doing

Community and Clinician Led: We support our community and clinicians to lead healthcare redesign and innovation. We help make their ideas happen and partner with others to accelerate and scale innovation

Outstanding healthcare organisations acknowledge that one of the key elements of successful transformation is providing clinicians with dedicated resources to enable them to make real and measurable improvement in safety, quality, service and value. These organisations have created innovation and improvement centres that provide expertise and support to frontline staff to work with patients and the community to develop, test and implement innovation and improvement in care delivery. i3 builds on these exemplars that have achieved transformational change and outstanding performance in delivering high quality, high value care and improved health outcomes.

Key Objectives

- Measure, evaluate and maximise health outcomes and patient experience
- Promote and support person centred design to ensure what matters to our patients and our community is at the heart of service design, delivery and improvement
- Conduct and disseminate research in innovation, person-centred design, and evidence-based practice
- Lead, by example, a clinical-community partnership for high value innovative healthcare

How We Do This

- Bring together critical resources and expertise including clinicians, data architects, engineers, data analysts, anthropologists, health psychologists, improvement specialists, project managers, innovators to support clinicians leading care redesign and best practice
- Use multiple methods to understand the needs of our population
- Design data systems, clinical information systems and activity based cost accounting aligned to clinical work processes and clinical activities, and linking and tracking quality, cost and patient experience outcomes
- Scan the horizon for innovations in healthcare, new models of care and best practice, and adapt and learn from others' experience
- Facilitate the rapid development, testing and implementation of ideas and innovations
- Identify, mentor and train future healthcare leaders providing them with the skills and experience they need to lead care redesign, innovation and continuous improvement

Our Work

Our work will focus on four areas: Care Redesign, Digital Technology and Data Optimisation, Research and Innovation, and Health Leadership

We recognise that transformational change that will bring about sustained, reliable organisation-wide and evidence-based improvements in patient care — requires:

Care Redesign 1

Making systematic changes to care practices and systems to improve quality, efficiency and effectiveness of patient care. Creating the future of healthcare by re-engineering care around value

Digital Technology 2

Adoption of new technologies and the design of data systems and clinical information systems so that clinicians, patients, whānau and our community can understand what outcomes and experience matters most to patients, and clinicians can track and continuously improve patients' outcomes and experience

Research & Innovation 3

Research and knowledge in new models of care, innovations and evidence-informed practice and the integration of this knowledge in clinical care

Health Leadership 4

Development of people with skills, experience and expertise needed to lead and champion healthcare redesign and innovation

Care Redesign 1

Our aim is for Waitemata DHB to develop a systematic and person-centred approach to improving the quality, efficiency, and effectiveness of patient care led by clinicians, patients and the community with support from the i3

To do this we will:

- Support the development and implementation of strategic projects that are designed to address our most significant challenges as a health system
- Provide dedicated resources and expertise for clinical teams, patients and our community to design and implement new, innovative models of care that improve health outcomes and patients' and whānau experience
- Support clinicians to design care processes using evidence-informed, best practice protocols and pathways with continuous measurement of clinical quality, patient experience and financial outcomes

Digital Technology 2

Our aim is to facilitate the use of digital tools, mobile technology and social media to improve patient and whānau experience and health outcomes

To do this we will:

- Promote data optimisation through the use of business intelligence tools and other technologies
    - o Providing clinicians with meaningful data that enables them to make informed decisions about how to improve the quality of care
    - o Helping clinicians and patients get the latest evidence-based best practices at their fingertips
- Promote mobility through mobile devices and development of apps
- Promote digital learning technologies
- Support clinicians to integrate social media into clinical practice

Research & Innovation

3

Our aim is to act as a hub for collaboration in innovation research and development, bringing together staff, patients, whānau, our community, academic and vendor organisations, and national and global partners

To do this we will:

- Participate and promote research in innovation and healthcare redesign
- Learn through action, facilitating the rapid development, testing and implementation of ideas and innovations
- Provide a structured process to build ideas - design, prototype, analyse and scale - along with the freedom to experiment, disrupt and invent
- Promote and support person centred design and the integration of person centred design principles in all our work
- Provide a range of programmes to incubate promising ideas, connecting staff, patients, whānau, and our community with academic and vendor organisations, and national and global partners

Our innovation programmes will include:

- Horizon scanning and an innovations library - a resource for clinicians to learn about the evidence for innovative models of care and best practice
- An innovation and ideas pipeline
- Innovation partnerships
- Person-centred design projects
- A Patient Reported Outcomes Measures (PROMs) Programme
- Leapfrog Programme

Health leadership

Our aim is to equip people with the knowledge and skills they need to transform the future of healthcare, developing innovation and improvement leaders across the organisation

To do this we will:

- Develop staff education and learning programmes focused on developing the skills staff need to lead and participate in care redesign, continuous improvement and innovation
- Deliver training for clinicians in clinical management, system redesign, operational excellence, team work, process management and quality improvement
- Support the career development of high-potential clinical leaders
- Develop academic partnerships and learning networks to accelerate leadership and implementation of innovation and improvement

Our health leadership programmes will include:

- A tiered clinical leadership training and development programme, ‘Transforming Care’, that supports the sequential and systematic development of knowledge, skills and experience required for care redesign and continuous quality improvement
- Programmes designed to develop future innovation and improvement leaders
- Fellows Programme
- Public Health Registrar Programme
- RACMA (Royal Australasian College of Medical Administrators) Programme
- Engineers’ programme
- Students’ and Interns’ Programme
- Academic partnerships
- Leadership of the organisation’s values programme

Governance

The work of the Institute will be directed by the existing management structures as outlined below:

1. The Director of i3 will report to the CEO. The CEO will approve the i3's work programme and i3's budget.
2. The Director off i3 will be a member of the ELT and SMT and will attend the Provider Arm SMT's meetings.

Requests for i3 project management support

3. Requests for i3 project management support can be made to the Director of i3 or other i3 staff member. Requests will be logged in i3's projects register and reported in i3's Innovation and Improvement Team's Active Project Report. Requests will be prioritised by i3 applying i3's Prioritisation Algorithm (Appendix One), a recommendation will be made to SMT by the Director and i3 support will approved by the SMT.
    a) Requests for i3 project management support for clinical groups within Divisions (for example, developing and implementing clinical protocols, care and process redesign, quality improvement and innovation projects); and project management support for Division clinical programmes (for example, new models of care, clinical pathways, and process improvement) will be prioritised by the Provider Arm SMT. The Director of i3 will make a recommendation to the SMT for i3 support for Division projects based on the Provider Arm SMT's priority and i3's capacity.
    b) Requests for i3 support for strategic programmes/projects, large scale and organisation-wide redesign projects/work will be approved by SMT/ELT. i3's Director will make a recommendation to ELT/SMT based on i3's application of the Prioritisation Algorithm and i3's capacity. Requests for i3 support for strategic/large-scale projects that involve clinical risk will first be approved by the Clinical Governance Board (a subcommittee of the SMT) and a recommendation of priority for i3 support made by the CGB to the SMT; the CGB will monitor the progress of these projects.

Other i3 support

4. Requests for other i3 support in addition to/other than project management support (for example, support from Data Analysts, Fellows and Public Health Registrars), will be approved by i3's Director and i3's Senior Management Team according to i3's prioritisation criteria (i3 purpose and skillset) and i3 capacity.

Leapfrog Programme

5. The CEO will approve Leapfrog Programme projects. Each phase of development of the Leapfrog Programme with proposed projects will be approved by the CEO and endorsed by the Board.
6. I3's Clinical Director of Innovation, in partnership with the Chief Information Officer (CIO) and i3's Director will lead the development of the Leapfrog Programme. This will include horizon scanning and development of ideas for new Leapfrog projects. Proposals for new Leapfrog projects will be submitted by i3's Clinical Director of Innovation to the CEO for approval.
7. Project management support for Leapfrog Programme projects will be determined by i3's Clinical Director of Innovation in collaboration with i3's Director and CIO, and will be approved by the CEO.
8. A Leapfrog Programme Working Group will oversee the progression of the programme's projects. The Working Group will be chaired by i3's Clinical Director of Innovation and managed by a Leapfrog Programme Manager. The Working Group will report to the CEO.
9. All business cases for Leapfrog Programme projects will be submitted for approval in accordance with the DHB's standard procedures.

Public Health Physicians

10. Each of i3's three public health physicians will work closely with a Division (Surgery and Ambulatory Services; Acute Medicine and Speciality Medicine Services; and Child Women and Family Services). The work programme of the Public Health Physician in each Division will be agreed between i3's Director and the Head of Analytics, and the Head and the General Manager of each Division, and will be prioritised and aligned with i3's purpose, goals and objectives. In addition, the Public Health Physicians will support i3's work including project data analysis and visualisation, project and research design and publication of i3's work.

Structure

The i3 structure is set out in **Appendix Two**

i3 will be led by a Senior Leadership Team. Its members will be the:

- Director of i3
- Associate Director of i3
- Clinical Director of Innovation
- Head of Analytics

The Senior Leadership Team will:

- Continue to develop i3's strategy
- Identify and lead opportunities for i3 development and innovation
- Build passion and commitment toward i3's goals
- Attract, develop and retain talented i3 staff, fellows, interns and associates
- Clearly and quickly work through key issues, problems and opportunities
- Create an environment that embraces change, makes change happen, and helps others embrace new ideas
- Proactively build and align i3 champions and supporters
- Develop and approve external organisation partnerships
- Allocate appropriate i3 resources within available funding and capacity

Key Performance Indicators

When the Institute is successful we will see:

- Demonstrable, sustained improvement in health outcomes, patient and whānau experience, and cost outcomes
- On-going generation of evidence of best care with evaluation and research embedded within routine care processes
- Enhanced information for patients and clinicians enabling patients to be equal partners and make more informed decisions about their health and treatment
- Large-scale change and transformation projects accelerated and successfully implemented
- A learning environment based on continuous quality improvement
- Clinicians feeling supported and motivated to engage in, and sustain the work of learning from and improving practice, with positive impacts on recruitment and retention
- Waitemata DHB recognised as a leader of clinical-community partnerships, innovation and high value healthcare

Appendix 1

i3 Priorisation Algorithm

What is the priority of this project for the DHB?

Element	Weighting	3	2	1	0	Score
Strategic	25%	Critical to one or more DHB strategic priorities and 1 or more national strategic goals (directly or as enabler)	Strongly contributes to one or more strategic priorities (directly or as enabler)	Contributes to one or more strategic priorities (directly or as enabler)	No clear contribution to strategic priorities	
Financial sustainability	20%	Measurable return on investment - reduction in real costs to DHB	Measurable ROI - will delay requirement to increase investment in staff, facilities or other resource	Expected to be cost neutral	Will incur net additional cost to the DHB (-ve ROI)	
Risk	20%	On DHB risk register with score >=12	Risk to safety but not on register or low score on register	Other significant risk identified (non-financial) but not on register	Low risk	
Leadership	15%	Strong clinical leadership with service-related authority	Strong project clinical leadership	Some clinical leadership	No or unclear leadership	
Engagement	10%	Strong positive engagement from all stakeholders	Strong positive engagement from some stakeholders	Limited engagement from stakeholders	Strong resistance or apathy	
Dependencies	10%	No dependencies on other initiative or resource	Few or minor dependency on initiative or resource	Mulitple or critical dependencies on initiatives or resources which are	High level of dependencies	
					DHB Score	0%

Does the project fit the skillset and purpose of the Institute?

Element	Weighting	2	1	0	Notes	Score
Care Redesign	20%	Significant impact on clinical care	Moderate impact on clinical care	Minimal impact on clinical care		
Improvement Science	20%	Ideal fit for process improvement expertise	Process improvement skills may be required	No obvious application of process improvement skills	**Score high if the service lacks the improvement science expertise AND IS needed**	
Research/ Horizon scanning	20%	Research/ literature review/ investigation of alternative models of care main purpose of project	Research/ investigation of models of care important aspect of project	No obvious requirement for research or investigation		
Scale	10%	Widespread impact - large patient populaton and/or many services	Impact on moderate number of patients or few services	Impact on small number of patients or single service		
Alternative resourcing	10%	No opportunity for resourcing from elsewhere due to urgency	Alternative funding or resource may be available but accessing this may create	Alternative funding or resource is available		
Innovation/ disruption	20%	New way of doing things with high potential to move DHB to long-term vision	Significant but incremental change	Small incremental change anticipated		
					i3 fit score	0%

National and DHB strategic priorities			
NZ Health Strategy Goals	People-powered	**WDHB Strategic Priorities**	Better patient outcomes
	Closer to home		Better patient and whanau experience
	Value and high performance		Reduced disparities/ improved equity
	One team		
	Smart system		

http://www.health.govt.nz/system/files/documents/publications/new-zealand-health-strategy-futuredirection-2016-apr16.pdf

Appendix 2

i3 Structure Diagram