

The CNAHS

Service Planning Toolkit

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**Government
of South Australia**

SA Health

... the story of a pilot

population health based

service planning toolkit

enabled by GIS

and built for planners in a regional health service

(... which really turns out to be a story about our users)

... set in Adelaide, South Australia (down under)



Image: erik k veland



Image: roger smj



Image: here's kate



Image: mugley

in our health region...

the Central Northern Adelaide Health Service

790,000 people

16,000 staff

4 major hospitals

200 health units

12 administrative directorates



“us”

- health informatics
- decision support and data analysis
- information & evidence to support regional planning decisions
- the people who do the GIS thingy
- nerds, gurus, computer whizzes

“them” (i.e. the users)

- generally not planners in true sense
- BUT called upon frequently to conduct planning exercises & make planning decisions
- have little or no prior knowledge of GIS
- can have a limited exposure to data analysis and epidemiological methods

an environment where
thousands of

complex decisions

are made every day about
population health...

BUT





the problem

- fragmentation
- duplication
- confusion
- delays
- frustration

our **goal:**

to support planning decisions by
providing a toolkit which would:

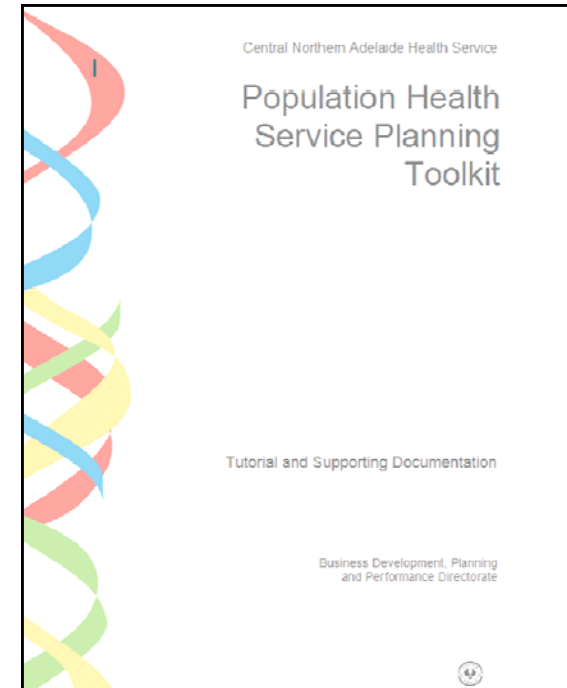
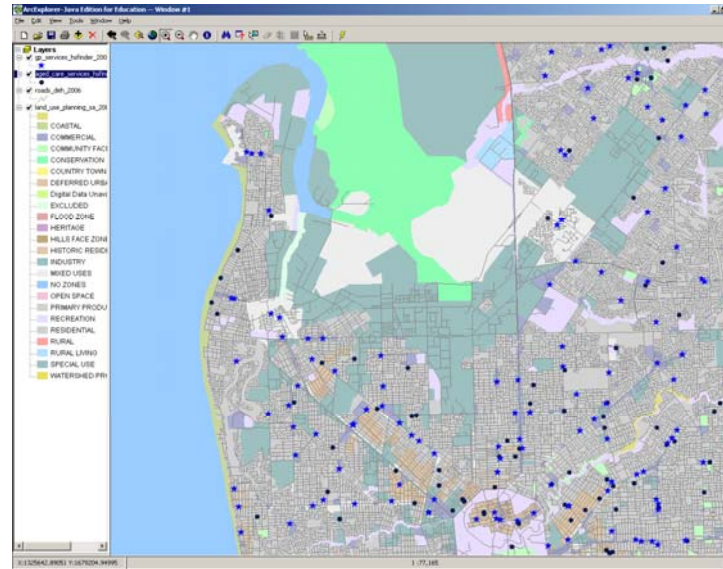
support **evidence based** decision
making and

enable a **population health
approach** to regional planning

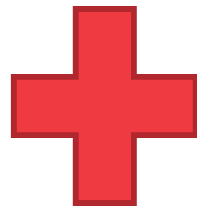
the toolkit

		Population Health Status (Continuum of Care) : Step 2				
		Level 5	Level 4	Level 3	Level 2	Level 1
		Well Population	At Risk of Chronic Disease	Newly Diagnosed	Established Chronic Condition/ Disease	Diagnosed Chronic & Complex needs
CHMHS Out of Hospital Care Service / Program Usage Step 3	Category 1					
	Category 2					
	Category 3					
	Category 4					
	Category 5					

Step 4



conceptual
model
(adapted from
Barnard & Hu 2005)



GIS
application



training

the model

Population Health Status (Continuum of Care) : Step 2

		Level 5	Level 4	Level 3	Level 2	Level 1
		Well Population	At Risk of Chronic Disease	Newly Diagnosed	Established Chronic Condition/ Disease	Diagnosed Chronic & Complex needs
CNAHS Out of Hospital Care Service / Program Usage: Step 3	Category 1	Preventative programs/ services i.e. immunisation or screening				
	Category 2	Programs/ services preventing avoidable hospitalisations for acute conditions and/or functional related issues				
	Category 3	Programs/ services for selected chronic conditions to prevent/ reduce the severity of acute exacerbations and avoid hospitalisation				
	Category 4	Programs/ services that enable early discharge from an acute care hospital to reduce length of stay.				
	Category 5	Programs/ services that improve access for vulnerable populations and, or address the social determinants of health.				

Step 4

the application

demographics

chronic disease

health services
- location

risk factors

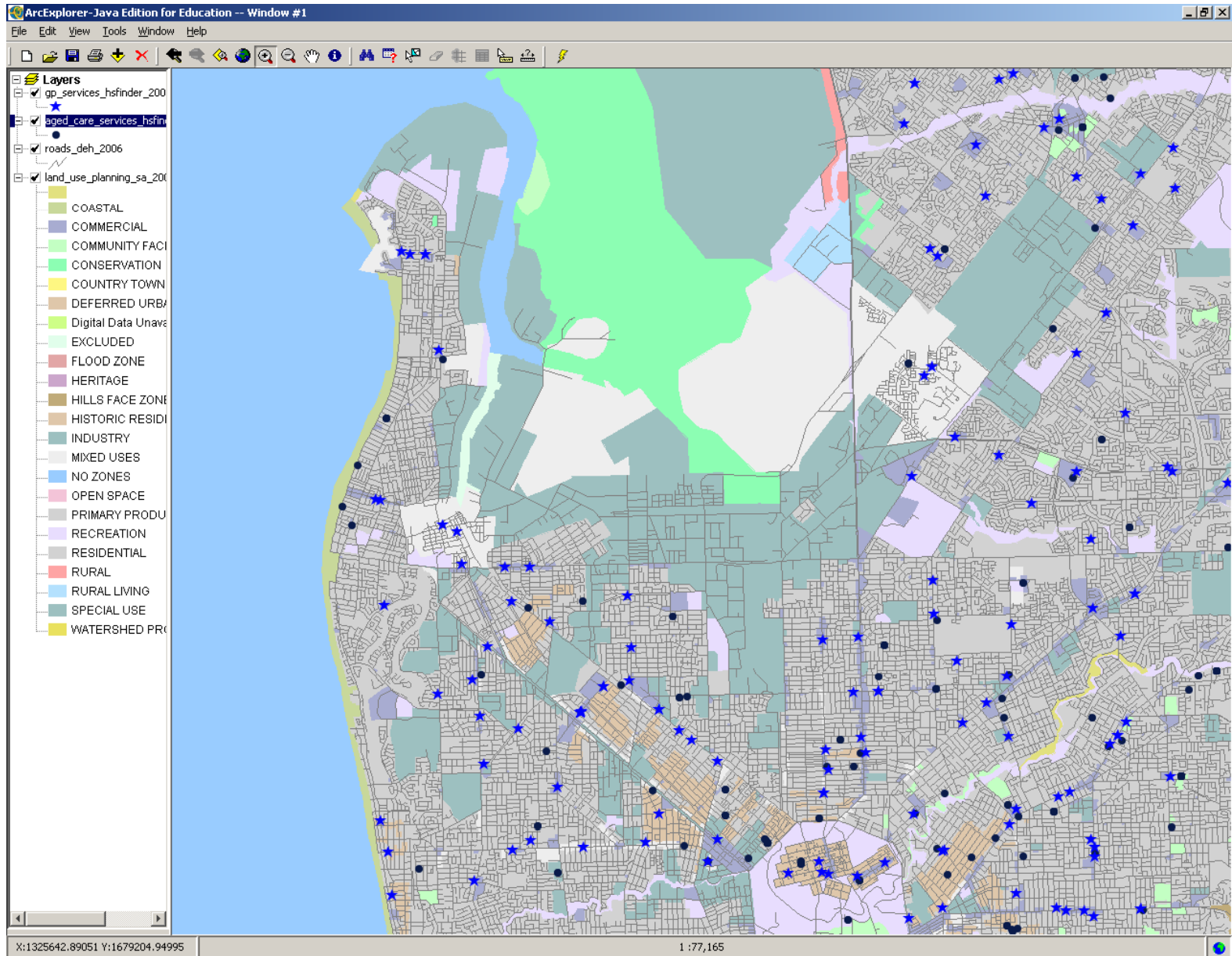
functionality

health services
- utilisation

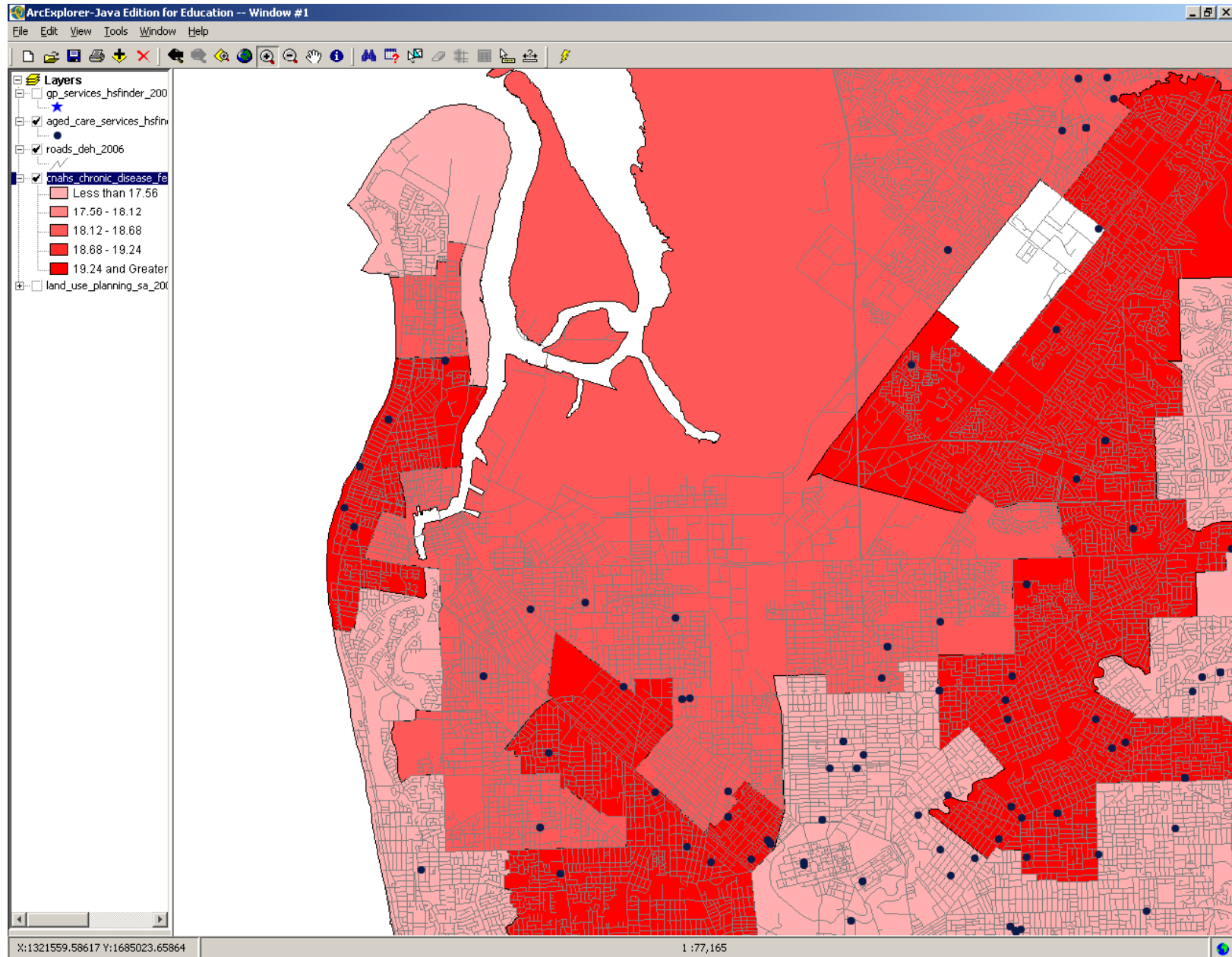
wellness

health services
- financials

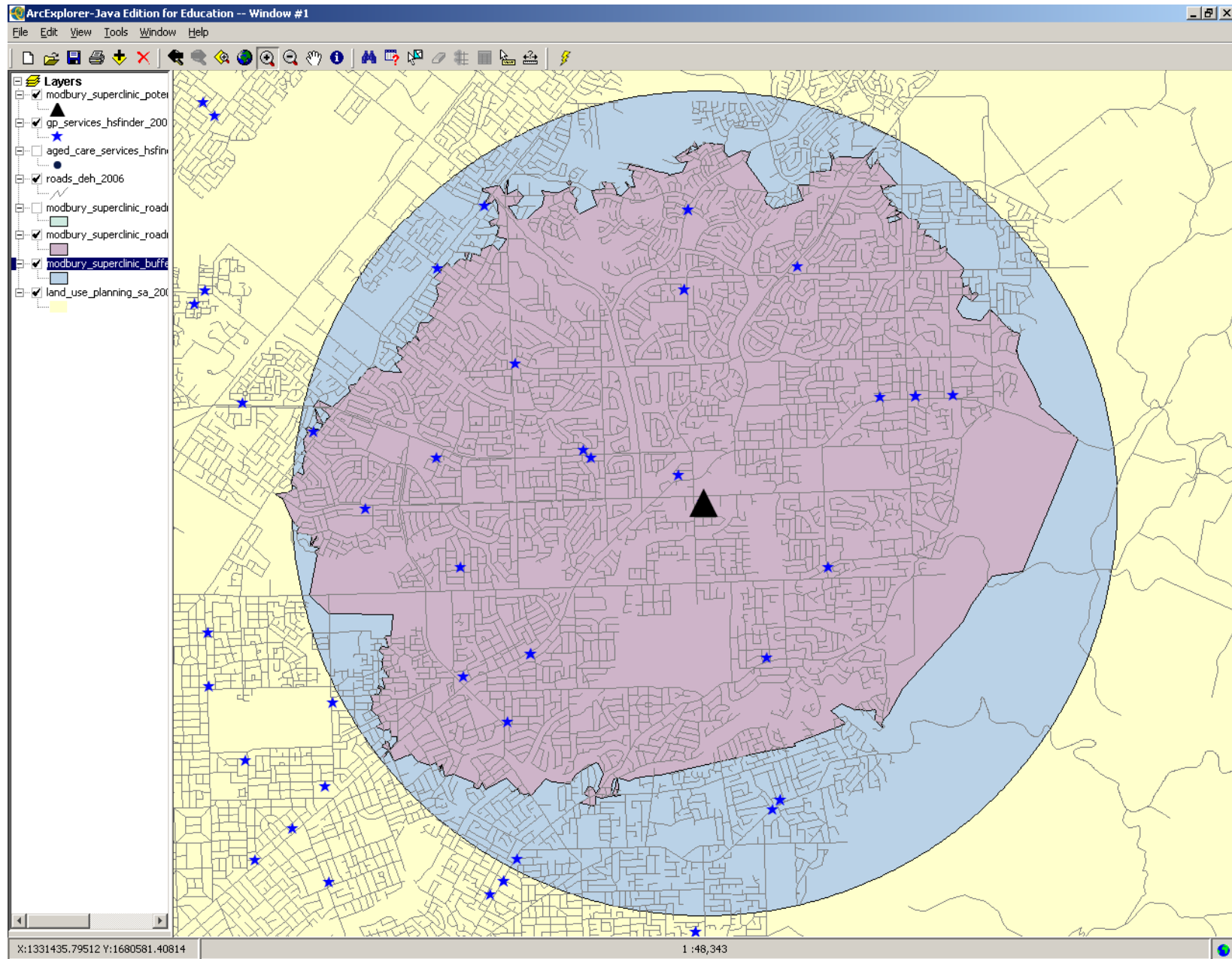
the application



the application



the application

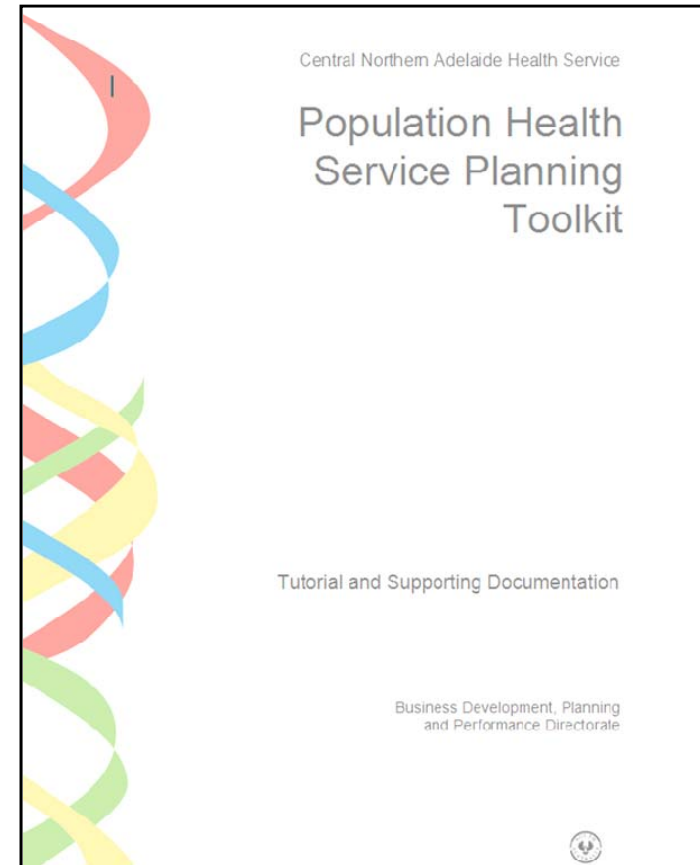


the **training**

user evaluations:

- usefulness 8.4
- comprehensiveness 8.6
- training ease 8.6

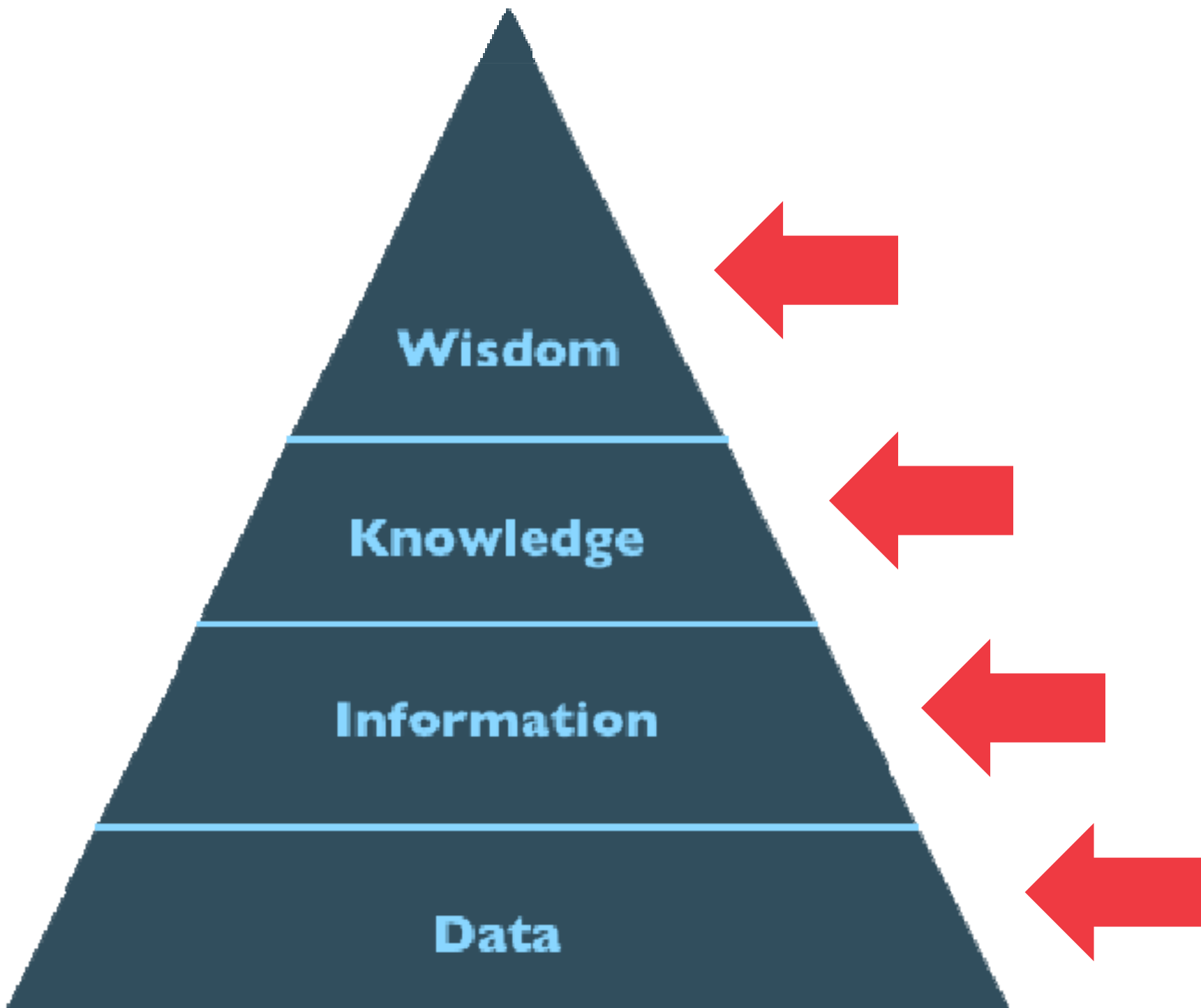
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If you build
it, they will
come ...

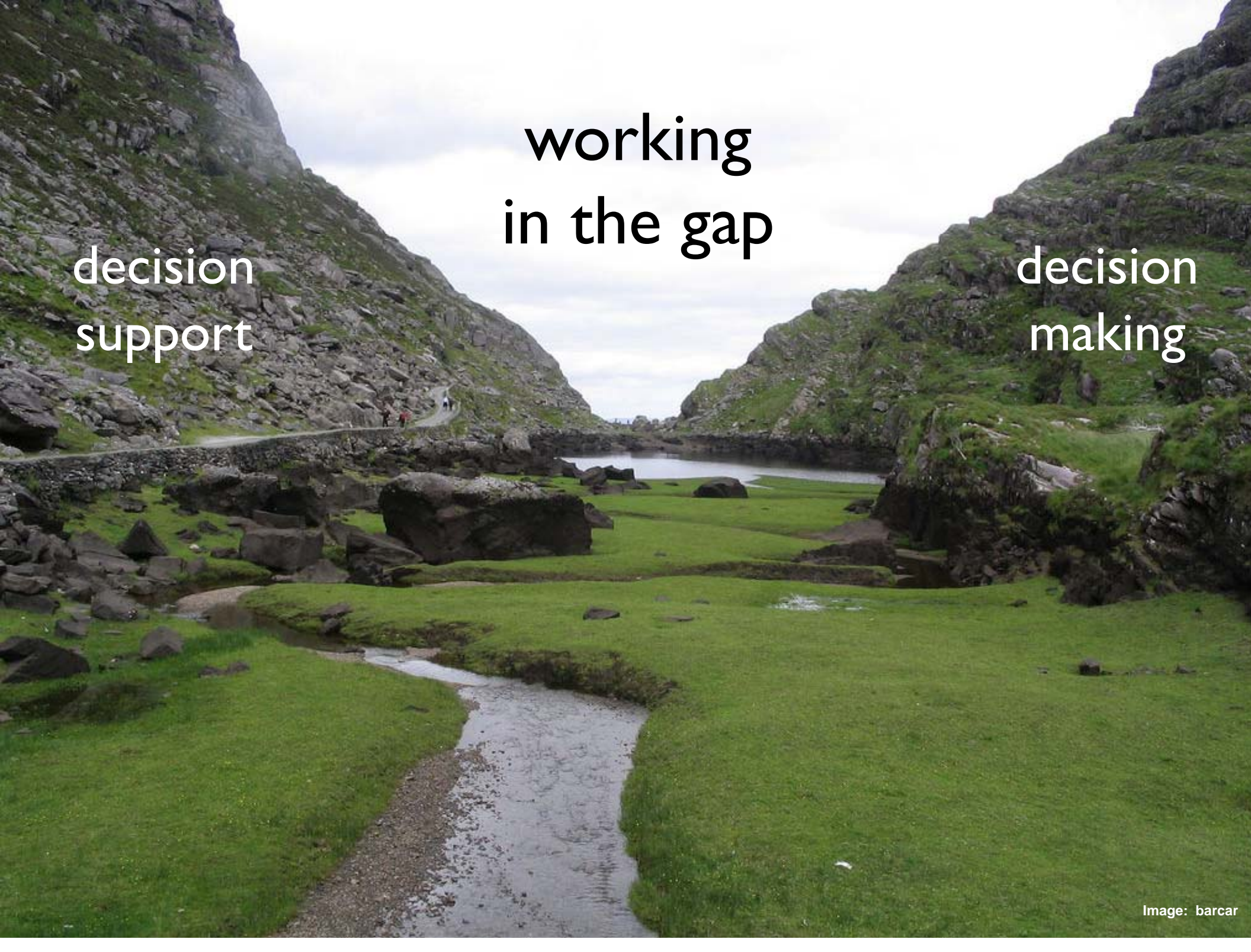
... but what
if they
don't?





collaboration

moving from “us and them” to
“we”

A scenic landscape featuring a narrow road on the left, a stream in the foreground, and a lake in the middle ground, all set between rocky, green mountains under a cloudy sky. The text "working in the gap" is centered in the upper half of the image.

working in the gap

decision
support

decision
making

CNAHS Service Planning Toolkit: Suggested Planning Framework

Identify the Planning Context and Population of Interest

What is the context (scope) of the planning?

What are the aims and objectives of the planning?

Who is the broad population of interest? Is this a universal or a targeted service or program?

Where are the boundaries of the service catchment or area of interest?

Assess Health Status

What health outcomes are of interest?

How will the health outcomes to address be prioritised?

Are there specific targets or benchmarks related to the planning?

Are there contributing factors related to the selected health outcome?

How do these outcomes and contributing factors vary within the catchment area?

Describe Existing Service Utilisation & Provision

What service utilisation data will be useful to the analysis?

What is currently being done to address this issue within the catchment?

Identify Service Gaps & Duplication

Where are the service gaps if any?

Does duplication exist?

Develop and Implement Strategies

What type of strategies could be developed to address this health outcome or issue? How will they be selected?

Is there any evidence about best practice?

Are there existing strategies, programs & resources that could potentially be built upon?

What is the implementation plan for the proposed strategies? What evaluation components need to be built into the implementation?

Evaluate

How will the short term impacts of the project or model be measured (process evaluation)?

How will the long-term effects of the project or model be measured (outcome evaluation)?

How will the lessons learned be captured and used to improve the planning process?



Give a man a fish
and you feed him
for a day.
Teach him how to
fish and you feed
him for a lifetime.
- Lao Tzu

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