

Strategy 2020-2023

Draft for Consultation

Commission
on Excellence
and Innovation
in Health.

Let's put imagination to work

Contents

Our Vision and Approach	3
Strategy on a Page	4
Determining Priorities	5
- Primary Criteria	6
- Secondary Criteria	7
Balancing our Portfolio	8
Building a Culture of Innovation	9
CEIH Culture	10
Our Operating Model	11
- Our operating cycle	12
Appendices	
A: Measures of success	13



Imagine a health system where people are truly at the centre, where everyone has access to the latest evidence and data to make the best decisions, where innovation is encouraged and it is safe to think big and try new things, where no task is done in isolation but instead achieved through partnership and collaboration.

That's what we are here for.

Our Vision

- Together, let's create better healthcare for South Australians.

Our Approach

- We seek new perspectives and solutions to challenges, and partner with clinicians, consumers, colleagues and other collaborators to turn innovative ideas into better healthcare.
- 

Our vision	Together, let's create better healthcare for South Australians		
Our approach	We seek new perspectives and solutions to challenges, and partner with consumers, colleagues and other collaborators to turn innovative ideas into better healthcare		
What we want	For consumers & community • Excellent health outcomes • Better experiences in all interactions with health services • An integral part of designing, delivering and evaluating health services • Increased confidence and pride in the South Australian health system	For clinicians • Easy access to evidence, data and tools to improve care • Support to innovate and translate research into practice • Increased confidence and engagement	For the health system • Equitable care and outcomes for all South Australians • A culture of innovation and striving for excellence • Recognised as an excellent health system and a leader in healthcare innovation
What we do	1. Build capability. We create opportunities for people to learn new skills and support the mindsets that allow innovation to happen 2. Advice and support. We provide advice on collaboration and engagement, data and analytics, improvement science, health system design, and innovation 3. Partnering and connecting. We bring people together to solve problems. That means connecting clinicians, consumers and the community so that they can collaborate and learn from each other 4. Innovation and best practice. We think big and look for creative solutions that place South Australia as a global leader in health		How we work • We treat everyone with compassion, honesty and respect • We strive for excellence in everything we do • We celebrate our successes and the success of others • We celebrate diversity of people and thinking • We learn from failure and actively seek feedback

Determining priorities

—To make sure we use our resources most effectively we need to prioritise our work carefully and fairly.

- By *carefully*, we mean choosing to work on projects that are most likely to succeed in significantly and sustainably improving healthcare in South Australia.
- By *fairly*, we mean using our resources equitably and making decisions transparently.

—We will prioritise work according to clear criteria. Our selection criteria are described in the next pages.



Project selection criteria:

Primary factors

Projects would need to meet **most** of these criteria in order to be considered.

	Criteria	Rationale	A strong contender	A weak contender
1	Strategic Fit	Does the project fit with our strategic goals?	Project needs the support of the CEIH to succeed.	Project already underway and the responsibility of other stakeholders.
2	Impact	Does the project aim to have a significant positive impact that can be clearly measured?	Either very high impact on a small group in need, or a high impact on many, with meaningful metrics in place.	Incremental improvements, achievable without the CEIH; or larger scale impacts that lack reliable metrics.
3	Scalability	Does the project have outcomes that can be scaled across the health system?	Project can be easily and effectively rolled out widely.	A very local solution which has little buy-in from other stakeholders in the health system.
4	Innovative	Does the project involve new ways of doing and thinking?	Project positively disrupts long-standing processes and ways of thinking.	Project sustains current thinking and interests.
5	Partner Ready	Are partners available and ready to contribute?	Partners are enthusiastic and committed, and there is genuine executive sponsorship.	Partners either not committed, lacking clear sponsorship, or distracted with other things.
6	Exit Ready	Are the impacts sustainable after our input?	There is clear ownership to enable benefits to be sustained and built on.	Lack of ownership to sustain benefits long term.

Project selection criteria: Secondary factors

Programs that meet some of these criteria in addition to the primary factors above, would have a high chance of selection.

	Criteria	Rationale	A strong contender	A weak contender
7	Practicality	Is the project feasible?	Project has personnel with skills and mindsets to break through and succeed.	Lack of required skills and thinking to generate excellent outcomes.
8	Whole of CEIH	Does the project require the involvement of all of the CEIH's capabilities?	Project success depends on innovative thinking, smart data metrics, human-centred design, advanced project and stakeholder management.	Project is focused very much in needing one area of domain expertise, rather than the full range.
9	Return on Investment	Will the project likely generate a substantial return on effort, funds and resources invested?	Project appears to be a compelling combination of sensible resources allocation and enormous returns.	Possibly a great deal of effort for a small or medium return.
10	Capability Dividend	Does the project involve building long term capability across the health system that will outlive the project?	Projects builds skills and experiences than can be further deployed with the CEIH for future benefits.	Project reliance on CEIH skills, and no future benefits will accrue unless the CEIH is involved.
11	Risk Profile	How likely is the project to succeed, and have risks been properly evaluated?	Project balances well identified risks with the promise of outstanding outcomes.	A lack of risk assessment or the volume and complexity of risks mean success is very unlikely.

Balancing our project portfolio

- We will endeavor to generate a balanced portfolio of projects in terms of timeframes and impact.
- By *timeframes*, we mean balancing projects that are short-term and quick to produce results with longer-term more ambitious projects.
- By *impact*, we mean balancing projects that achieve results for one part of the health sector with those that have an impact on the broader health system.

Building a culture of innovation

- We have a significant opportunity to help all stakeholders in the health system understand, embrace, and build the capability to deliver innovation.
- By *understanding innovation*, we mean that it involves continuous improvement *supported by* the CEIH, and disruptive and strategic innovation where the CEIH *brings people together* to solve problems.
- By *embracing innovation*, we mean choosing to put established thinking and practice to one side, and being able to consider new ways of working with an open and curious mindset.
- By *building the capability* we mean learning new approaches, skills, and collaborative ways of working to enable innovation to happen.

CEIH Culture: the way we work

Our principles	Our behaviours			
	Drivers of our success	Expectations	Obstacles to our success	Unacceptable
Accountability	- Lead by example and role model. - Drive for results and outcomes.	- Take ownership and responsibility for outcomes, words and actions. - Self-motivated. Can-do attitude.	- Not proactive. Waits to be told. - Avoiding or afraid of taking responsibility.	- Blaming others for own mistakes. - Being irreproachable. Never my problem.
Collaboration	- Leverage the power of diversity. - Champion 'One Team, One Culture'.	- Courage to be different without being divisive. - Work as a team and encourage teamwork in others.	- Withholding knowledge. - Stubborn and rigid thinking.	- Bullying, harassment, and discrimination. - Rudeness and arrogance. Demeaning others.
Trust	- Always approachable, open and transparent. Hide nothing. - Always act with integrity and trust.	- Words and actions always match. - Never betray something shared in confidence.	- Not being transparent, and working in and siloes. - Participating in or encouraging gossip.	- Irresponsible use of CEIH resources, time, or funds. - Lying, cheating, and fraudulent behaviour.
Empathy	- Make everyone feel valued and understood. - Cultivate curiosity about others and challenge bias.	- Seek to understand others' point of view. - Welcoming and interested in others.	- Not listening or considering the feelings of others. - Promoting own agenda.	- Devaluing or undermining the work of others. - Acting with contempt.
Learning	- Promote life long learning and curiosity. - Encourage everyone to share knowledge.	- Give room to fail. Learn from mistakes. - Seek and respond to feedback.	- Not giving or receiving constructive feedback. - Not taking time to reflect on our culture, vision, and strategy.	- Condescending of other's views or ideas. - Destructive criticism.
Aim High	- Nurture high expectations and standards in others. - Not here to do the possible.	- Hold oneself to high expectations and standards. - Celebrate our success and the success of others.	- Slow and unresponsive. - Risk adverse. Everything is too hard.	- Making mistakes without caring. - Strong sense of entitlement.
Customer Focus	- Champion the whole of customer experience in everything we do. - Encourage everyone to speak on behalf of the customer.	- Solutions are customer-focused. - Know the needs of our customers.	- Mostly focused internally on CEIH. - Mis-alignment with our vision and approach.	- Self-centred ambition. - Power-seeking.

Our operating model

- By design, the CEIH brings together a diverse group of skills, experiences and people to be able to deliver initiatives that haven't been attempted before.
- With such a diverse group and range of opportunities, we need a clear way of working to enable our team to see where we are heading, and why.
- Our model will mean we work in defined cycles, that enable us to start and complete projects, manage resources, and review and report on performance.
- Each cycle will be four months. At the beginning of each new cycle we will review progress to see which projects should continue, have been completed, and choose new projects.

Our operating cycle

START OF CYCLE: CAPTURE OF IDEAS

Potential new projects are assessed based on capacity, selection criteria and portfolio balance, and the ones to progress are selected.



SCOPING OF PROJECTS: VALIDATION & METRICS

Project ideas are explored, possible outcomes framed, required metrics and data for measurement captured. Possible partners identified and consulted.



PROJECT SELECTION: OPPORTUNITIES ACTIONED

A wide range of properly scoped projects will be taken forward, with project plans and evaluation metrics defined up front.



END OF CYCLE: ASSESSMENT

All existing projects are assessed against performance milestones and desired outcomes. Decisions around their future are made, for example, which continue, which are halted, and which are revised.



Appendix A: Measures of Success

(Programs selected will have to proactively address *some of these measures*)

For Consumers & Community

Key success measures for this stakeholder group will be:

- **Consumer and carer experience** – has it improved in a material fashion? Have satisfaction, positive sentiment, and compliments risen? Have complaints reduced? Do consumer and carers feel their end to end experience has been managed?
- **Consistent consumer and carer experience** – has clinical variation reduced?
- **Community Health literacy** – has it improved in a material fashion?
- **Volume and effectiveness of connections** – how many individual engagements, forums and community partnerships have we built, and are these meeting or exceeding planned objectives?
- **Increased community input into healthcare** – has the number of engagements, forums, and partnerships increased, and are having an impact?
- **Equal access to healthcare** – have the above metrics improved across all demographic groups?
- **Best practice** – have consumer and community measures achieved Australian or global best practice?

For Clinicians

Key success measures for this stakeholder group will be:

- **Staff satisfaction** – are clinicians in SA more satisfied, have reduced absenteeism, more engaged, and feel supported?
- **Working across disciplines** - have interprofessional working relationships improved?
- **Evidence driven innovation** – Have we provided better access for clinicians to evidence, data and tools, and has this translated into improved healthcare outcomes?
- **Innovation participation** – are clinicians more supported to innovate and translate research into practice?
- **Leadership development** – is there an increase in internal promotions and improved feedback on leadership in employee surveys?
- **Best practice** – has access to Australian or global best practices in technology, processes and tools increased?
- **Improved networks** – are clinicians better able to source expertise, help, resources etc.?
- **Volume and effectiveness of connections** – how many links and partnerships have we built, and are these meeting or exceeding planned objectives?
- **Increased capability** – do clinicians have increased capability in whole of consumer and carer experience, innovation, improvement science, data and analytics?

For the Health System

Key success measures for this stakeholder group will be:

- **Partnership success** – did we achieve what we set out to do when building each partnership, and will the initiative be sustained post CEIH involvement?
- **Clinical measures** - Have we moved the needle in economic, clinical, consumer, and carer measures? Has variation reduced?
- **Breadth of impact** – have we impacted a large percentage of the general population in terms of health outcomes?
- **Depth of impact** – have we positively impacted priority groups?
- **Sustainability** – will the positive impact of projects, forums and networks developed by the CEIH endure well beyond the life of the CEIH? Have the projects been embedded and operationalised?
- **Culture measurement** – has there been an improvement in innovation, collaboration, consumer and carer centricity?
- **Value** – has duplication reduced? Are there improved outcomes at less or equal cost?
- **Best practice** – are health system measures at Australian or global best practice?
- **Innovation** – has there been an increase in the number of scalable improvements and solutions?
- **Data literacy** – is there improved system capability in data and informatics?

For the CEIH

Key success measures for this stakeholder group will be:

- **A reputation for getting good things done** – have our chosen projects been impactful and sustainable, and have they delivered what we planned they would?
- **Provider of choice** – has the CEIH become the preferred provider of advice in the health sector in South Australia? Does the CEIH get repeat requests for help?
- **A reputation for solving complex problems** - is the CEIH recognised as having helped solve complex and/or risky projects, that none other could do?
- **Reputation and recognition** – is the CEIH recognised for having made, or helped others be recognised for making a very positive contribution to healthcare in South Australia?
- **Sustainability** – has the CEIH participation led to improvements, innovations, networks, and other activities which have become embedded and sustained?