

Implementation of a paediatric integrated model of care in rural regions of Australia: experiences, barriers and enablers from the frontline

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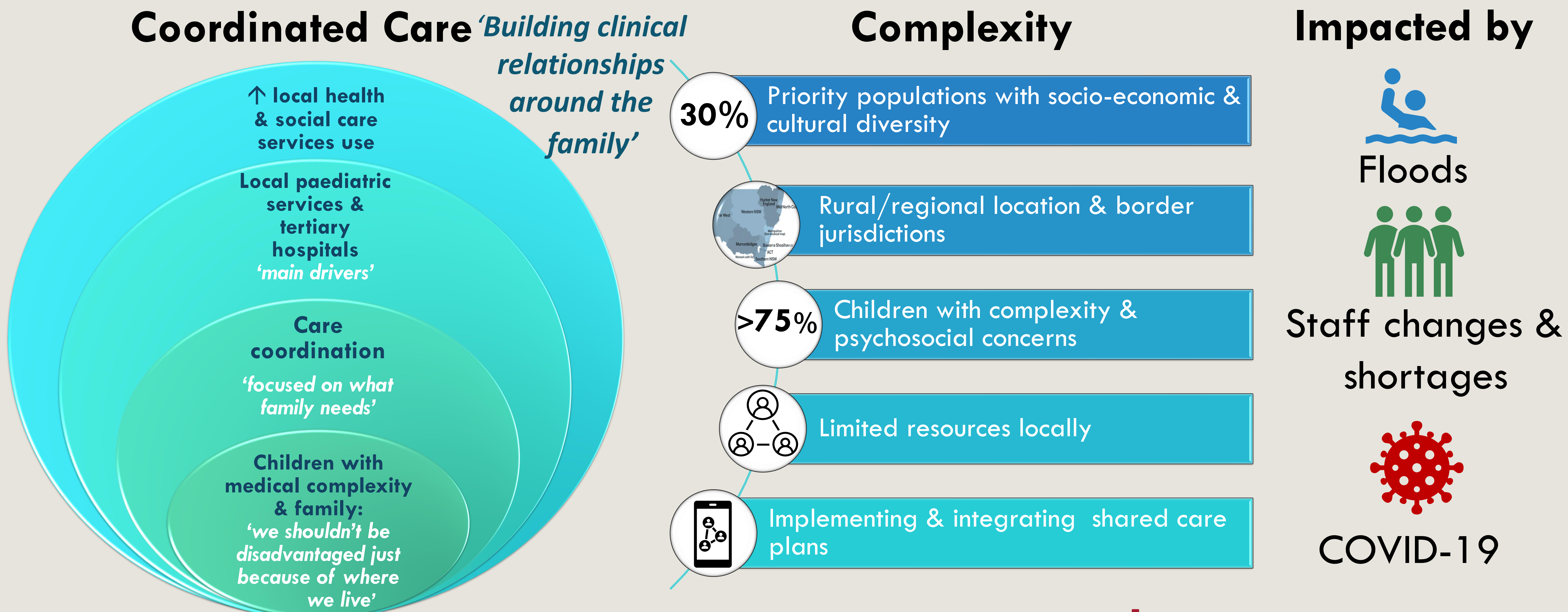
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Care Coordinators adapt to local context and needs of families to access care locally and navigate fragmented, complex health care systems, more efficiently and effectively

The Rural Kids Guided Personalised Service (RuralKidsGPS) is an innovative model of care coordination for children and young people living with medical complexity facilitating care integration across local and tertiary services to reduce family travel and out-of-pocket expenses, minimise family disruptions, and build families capacity for self-care.

This study explored the implementation experiences, barriers and enablers across diverse health settings, in 4 rural Local Health Districts : Northern, Western and Southern New South Wales, and Murrumbidgee.

An implementation evaluation using semi-structured interviews with nurse coordinators (N=6), healthcare professionals (N=12), health managers (N=6) and embedded researchers (N=4). Underpinned by the Consolidated Framework for Implementation Research (CFIR), using a hybrid deductive/inductive approach.



CFIR Enablers↑ and Barriers↓

Outer Setting

- ↑ 4 LHDs networked well with Sydney Children’s Hospital Network, universities and local organisations (Partnership & Connections)
- ↑ Value and belief in the role of RuralKidsGPS across LHD (Local Attitudes & Acceptability)
- ↓ Complexities sharing healthcare information across jurisdictions, implementing & integrating shared care plans (Local Conditions)
- ↓ Time limited project funding ‘Diservice to families if LHD removes service’ (Financing & Local Conditions)

Inner Setting

- ↑ Reciprocal support and trust between healthcare providers, managers, resources & networks (Work Infrastructure & Connections)
- ↑ Shared belief and value of care coordination to improve health outcomes and experiences (Culture)
- ↓ Staff changes and under resourced staffing levels (Work Infrastructure & Available Resources)
- ↓ Limited access to electronic medical records across NSW, and between states and territories (Information Technology Structure)

Intervention process

- ↑ All ‘work collaboratively’ with families, to build trusting relationships for service success (Teaming)
- ↑ Care coordinators leveraging local knowledge and networks (Tailoring Strategies)
- ↑ Adapting to diverse family socio-economic and cultural background and pre-existing services (Assessing Needs & Adapting)
- ↓ Care coordinators adapt workflow processes to circumvent system barriers associated with limited resources, high service demand and cross border data flow restrictions (Adapting)

Roles and Characteristics of Individuals

- ↑ Strong leadership and champions (Implementation Leads, Facilitators & Team Members)
- ↑ Commitment, compassion and expertise of care coordinators (Capability & Motivation)
- ↑ Addressing complex needs with care coordinator perceived by parents as ‘having a fairy godmother’ and ‘go to person’ (Needs)