Mallee Division Rural Palliative Care Project

Project Management Framework

VERSION2

1. Content

Section	Content	Page Number
1	Table of Contents	**1**
2	Project Background	**1-2**
3	Project Management Framework	**3-10**

2. Project Background

The Mallee Division of General Practice (MDGP) has made a successful submission to the Australian General Practice Network (AGPN) enabling the commencement of the Mallee Division **Rural Palliative Care Project** (RPCP).

The submission highlighted the urgent need for further development of the local palliative care services, reiterating the issues raised in the Loddon Mallee Palliative 5 Year Plan[1]. In this plan the Northern Mallee was highlighted as one of the 3 regional areas requiring the most immediate focus due to population growth and profile, incidence of cancer and current lack of medical specialist palliative care services. The MDGP submission also raised the issue of the lack of culturally appropriate delivery of care- despite the Division having the highest indigenous population of any Victorian rural division there are no palliative care trained staff at either the Mildura or Swan Hill Aboriginal Cooperatives.

Also needing attention are the issues of access and equity for palliative care patients, some patients having to travel large distances for the management of disease symptoms or treatment side effects. Palliative care staff can find themselves in a similar travel situation, having to commute to remote homes thereby reducing the amount of available patient contact hours.

With all the issues noted above, the Mallee Division RPCP is seen as a means of ensuring the local palliative care network is facilitated to produce a best practice palliative care model that is tailored specifically to meet local stakeholder needs.

The expected major benefits of the RPCP for the Mallee Division can be summarised as follows[2]:

- The development of a framework and network that will ensure primary care and specialist palliative care providers will remain well connected and supported
- Linkages between services working within the palliative care approach and Specialist Palliative Care are created and/or strengthened to enhance access and streamline service provision
- Link nurses are in place acting as conduits to palliative care service providers
- A patient held record ensures there is communication and integration between service providers

[1] Loddon Mallee Palliative Care Plan

- There is access to specialist palliative care educational opportunities for GPs and primary health care staff across the Mallee region
- People with a terminal illness and /or palliative care needs in the Mallee region will have timely access to multidisciplinary care

3. Project Management Framework

Co-ordinating the success of the Mallee Division RPC project will be greatly assisted by adherence to a formal and clearly articulated Project Management Framework. Project management "focuses on producing specifically defined deliverables by a certain time, to a defined quality and with a given level of resources, so that planned outcomes/benefits are achieved"[3].

Employing a formal Project Management Framework will assist in the:

- Clarification of objectives
- Monitoring of progress against timelines and objectives
- Identification of accountability for results and performance
- Monitoring of resource usage

The components of the Project Management Framework for the RPCP project are:

A) Governance

B) Planning and Scoping

C) Marketing and Communication

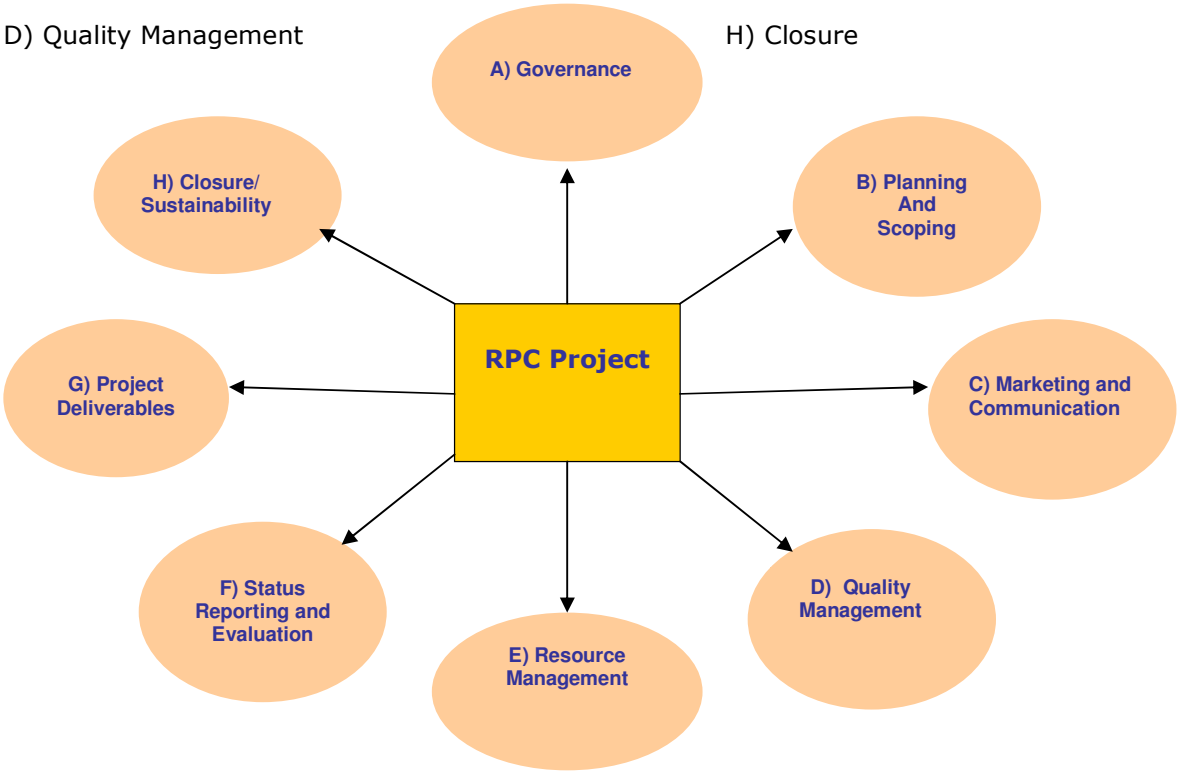
D) Quality Management

E) Resource and Risk Management

F) Status Reporting and Evaluation

G) Project Deliverables

H) Closure



The AGPN has also supplied resources to assist with the achievement of a number of the framework components listed above and these are in a variety of formats e.g. reporting templates, data collection methodologies, "resource kits".

[3] Tasmanian Government, Project Management Guidelines , Version 6, March 2005, pg 3

A) Governance

A project governance structure is necessary to ensure the aims and goals of the project are clear, are monitored and evaluated. "The objective of project governance is to plan and manage the project throughout its life. This process involves the realisation of project outcomes/benefits, with high levels of productivity and quality, and with manageable levels of uncertainty (risk)."[4]

The Mallee Division RPC project governance structure is comprised of three elements, reflecting the AGPN resource kit "Elements of Governance[5]":-

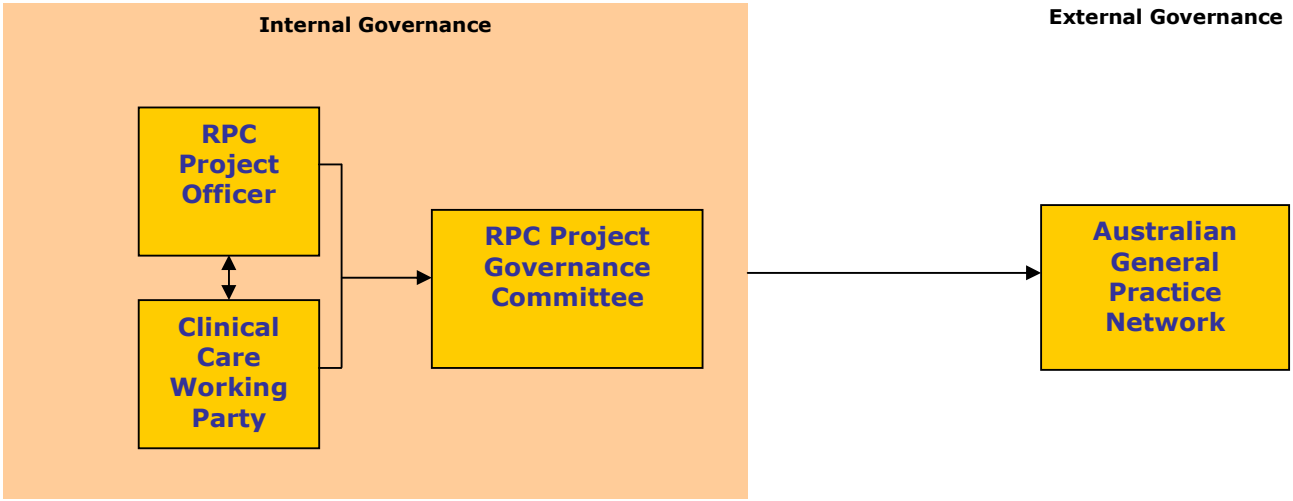
- Organisational Governance- the project is planned and managed throughout its duration
- Methodological Governance – assessment and evaluation of the projects performance indicators and outcomes
- Clinical Governance- Examining clinical practice and reviewing deviations from the ideal specified via the objectives of project

The Mallee Division RPC project governance structure, designed to facilitate the achievement of the three listed elements above, is comprised of a Governance Committee, Clinical Care Working Party and a Project Officer.

1. The Project Governance Committee (PGC)[6] - responsible for organisational and methodological governance, meeting four times per year. The PGC is also responsible for an extraneous ratification process to ensure, among other things, timely submission of reports to the AGPN.

2. The Clinical Care Working Party (CCWP) - responsible for clinical governance via development of specific policies, procedure and clinical guidelines/ pathways, meeting monthly.

3. The Project Officer – The Palliative Care Project Officer is responsible for developing an integrated palliative care network across the Mallee Division.



The frequency and means of reporting of each of these governance components are detailed in section F) Status Reporting and Evaluation.

[4] Tasmanian Government, Project Management Guidelines , Version 6, March 2005, p18
[5] Elements of Governance Discussion paper- Murrumbidgee Division of General Practice, 2007
[6] Document B2. Project Governance Committee Terms of Reference

Accountability and responsibility for the project and its outcomes are clearly defined, reinforced and monitored via the:-

- Establishment of the Project Governance Committee with specific terms of reference
- Holding of PGC meetings on a regular basis
- Establishment of the Clinical Care Working Party with specific terms of reference
- Holding of CCWP meetings on a regular basis
- A detailed Project Officer position description
- Submission of project progress reports and updates to PGC and AGPN
- Endorsement of and adherence to a Project Management structure
- An endorsed "Instrument of Delegation" for the project governing the use of resources

B) Planning and Scoping

Planning for the project had commenced in advance of the funding submission to AGPN. Existing palliative care services were canvassed for their support of the project, documents' pertaining to palliative care service reviews were sourced, the AGPN website was perused for resources and members of the existing Advisory Committee were lobbied to assume the role of the PGC.

The **scope** of the project was clearly defined:-

- Pertains to the geographical area of the Mallee Division of General Practice
- Inclusive of all palliative care patients- not restricted to those with malignancies
- Inclusive of all cultural groups, paying particular attention to the need of our indigenous and ethnic communities
- Addresses only those project elements listed in the Expression of Interest Submission Form[7]

The **primary objective** of the project is also quite clear: - to develop an integrated palliative care network across the Mallee Division

C) Marketing and Communication

Two key factors in ensuring stakeholder engagement with and acceptance of the project objectives are: - timely communication of appropriate and relevant information and the promotion of project benefits. Strategies will be devised and documented, via a Marketing and Communication Plan[8], to ensure these two factors are addressed effectively and are reviewed regularly to ensure the achievement of maximum impact. The strategies employed will be dependant to some extent upon the budgetary constraints of the project and this will be addressed in section E) Resource Management.

[7] Rural Division of General Practice: Expression of Interest Submission Form- Mallee Division of General Practice Ltd
[8] Document C1. Marketing and Communication Plan

D) Quality Management

The Mallee Division RPCP will be underpinned by a quality framework, facilitating adherence to applicable quality standards. Employing a quality framework aids in ensuring the project outputs will meet or exceed the specified requirements of the stakeholders and reflect best practice.

The quality framework for the RPC project encompasses:

1. Quality Assurance
2. Risk Management
3. Issue Management

1. Quality Assurance-the quality processes employed for the RPC project will be:

- Documents

Document tracking- ensuring all documents produced throughout the life of the project are recorded and tracked appropriately

Document/ data security- RPCP documents and data will be stored and transmitted in a manner that ensures security and adheres to principles of confidentiality.

Corporate style – an endorsed RPCP corporate style for documents will be adhered to

Referencing- all documents produced by the project will be referenced using the most recent material available

- Standards

Quality standards- all relevant quality standards will be drawn upon to inform project activities, these include such things as:- the Quality Improvement Council accreditation standards, Standards for Providing Quality Palliative Care for All Australians[9] and AS ISO 10006-2003 Quality Management Systems Guidelines for Quality Management in Projects

Best practice- Resources accessible via peak bodies for palliative care will be used as the basis for any process, policy or procedure. The project will also take into account other projects proposed for this area that have their basis in best practice for palliative care services.

Policy/Procedure – MDGP policy and procedure will be adhered to wherever applicable. Any policy or procedure developed via the project will be subject to governance processes for endorsement.

Quality reporting – the MDGP quality reporting process will be adhered to, reports will be sent to appropriate forums and quality improvement summaries completed and logged

- Cultural Relevance

The policies and procedures developed throughout the life of the project will be informed by cultural care issues. There are also specific resources available via the AGPN website related to palliative care for indigenous clients and these will be used for education purposes.

[9] Standards for Providing Quality Palliative Care for all Australians, 2005, Palliative Care Australia

2. Risk Management –The risk management strategy for the project is based upon the Australian Standard for Risk Management.[10]

A risk register will be used to log and track risks to the project's success. Risks will be identified by the PGC, CCWP, Project Officer and other stakeholders both at the commencement of the project and as they arise throughout its duration. Risk mitigation strategies will be developed for those risks determined by risk analysis to be "high" and the success of these monitored. The risk register will form part of the reports to the PGC.

3. Issue Management – A project issue can be defined as "a concern that may impede the progress of the project if it is not resolved." [11] Issues may arise at any point in the project and need to be dealt with rapidly e.g. Non-compliance with RPCP policy/procedure, disputes between clinical units regarding RPCP, unanticipated effects on other organisations following the introduction of the RPCP, patient complaints. If an issue can not be resolved, it may become a risk to the project.

Issues will be identified, logged on a register and form part of reports to the PGC.

E) Resource Management

The financial resources required for the project are being provided by the Department of Health and Aging via the AGPN. The use of allocated resources needs to be closely monitored to ensure expenditure is contained within the limits of the project budget. An endorsed RPCP instrument of delegation will determine the authority for certain levels of expenditure.

Responsibility for the budget should be clearly defined and the ability of and method for the Project Officer to make purchases (consumables) throughout the life of the project should be determined. The budget statement will form part of the Project Progress Report and Updates.

F) Status Reporting and Evaluation

1. Status Reporting

- Project Governance Committee - The PGC will receive three types of reports, the minutes/outcomes from the Clinical Care Working Party meetings, the Project Officer's Project Reports/ Updates and verbal reports from the Project Officer against the agenda items.
- Clinical Care Working Party- Will receive minutes of the PGC
- Australian General Practice Network – Will receive the Project Reports and Updates as required using the tools specified in communications e.g. sustainability checklist.

<u>Purpose</u>

Status reporting is a vital tool in ensuring:-

- the PGC and AGPN are kept fully informed of the progress of the project
- the PGC can make informed decisions regarding the project
- the project's history is appropriately recorded
- evaluation of the project at its completion is facilitated

[10] Australian and New Zealand Standard for Risk Management 4360:2004
[11] Tasmanian Government, Project Management Guidelines , Version 6, March 2005, page 53

Frequency

The status report from the Project Officer to PGC should be frequent enough to ensure all the project milestones are able to be reported on in a timely manner and that progress can be monitored appropriately. The Clinical Care Working Party will meet monthly and their minutes will be distributed to the PGC.

Content

The Project Report to PGC and AGPN will encompass the mandated content as well as such things as the risk register, issues register, budget, recommendations, performance indicators and progress against milestones.

2. Evaluation

Evaluation of success begins with the project objectives and the determination of performance indicators. The objectives and their measures encompass both the project management and the project implementation processes to ensure the project in its totality is evaluated. Project objectives adhere to the principles of being SMART- specific, measurable, achievable, realistic and timely.

The performance indicators for the project implementation process have been articulated in the project Business Plan. Evidentiary data collection sheets will be maintained for each of the performance indicators, identifying the source of information as well as the data results.

A number of data collection tools will be used including: - staff surveys, patient surveys, patient information databases, checklists. The analysed data results will be displayed using appropriate means such as linear and bar graphs. These results will be reported on a regular basis to the PGC.

G) Project Deliverables

The RPCP is comprised of mandatory and non-mandatory elements. Each of these elements will be developed through an Expanded Work Plan detailing objectives, strategies, performance measures, outcomes, stakeholder involvement and any recommendations arising from the work undertaken.

1. Mandatory Elements

- Governance- The project will meet governance requirements in the manner outlined in the section of the project framework titled A) Governance.
- Data collection Methods- Data collection methods employed will ensure the project performance indicators are captured and that there is data integrity.
- Sustainability- The project will meet sustainability requirements in the manner outlined in the section of the project framework titled H) Sustainability and Closure and be reported via the sustainability checklist
- Specialist Palliative Care Services- A work plan will be developed to examine issues of accessibility to specialist palliative care services

2. Non-Mandatory Elements

- Link Nurses- Candidates for the role of link nurses will be identified, trained and supported to act as "links" to palliative care service providers
- Patient held record- A patient held communication resource will be implemented and maintained during the life of the project
- Education- Multidisciplinary educations sessions will be implemented
- Multidisciplinary teams- A streamlined process will be developed for referring to and communicating between multidisciplinary service providers

H) Sustainability and Closure

1. Sustainability

All the activities undertaken to achieve the project elements will be underpinned by a number of principles, one of these is sustainability.

Wherever possible project processes will:-

- be based on existing structures that are modified to match the requirements of the RPCP
- be based on recurrent funding, where funding is necessary
- not be person dependant, but based in policy, procedure, position descriptions, memorandums of understanding etc
- be supported and formalised by appropriate cross organisational policy and procedures
- be included in any strategic planning for palliative care services in the division
- be accessible to other Divisions and the community via the Division website

A sustainability checklist provided by AGPN will be completed and submitted.

2. Closure

The project will need to be formally closed. This will entail the:-

- disbanding of the Project Governance Committee
- identification of any outstanding issues to be addressed and by whom
- storage of the project documents
- accounting of financial resources
- celebration of the project's success