



ELDAC Digital Dashboard

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Presentation outline

Part 1

- ELDAC Digital Dashboard
 - Dashboard development work
 - Dashboard demonstration session

Part 2

- The Dashboard implementation trial



The ELDAC Project

End of life Directions for Aged Care (ELDAC) project is a government-funded national project that aims to improve the quality of palliative and end-of-life care provided to older Australians in the aged care sector.

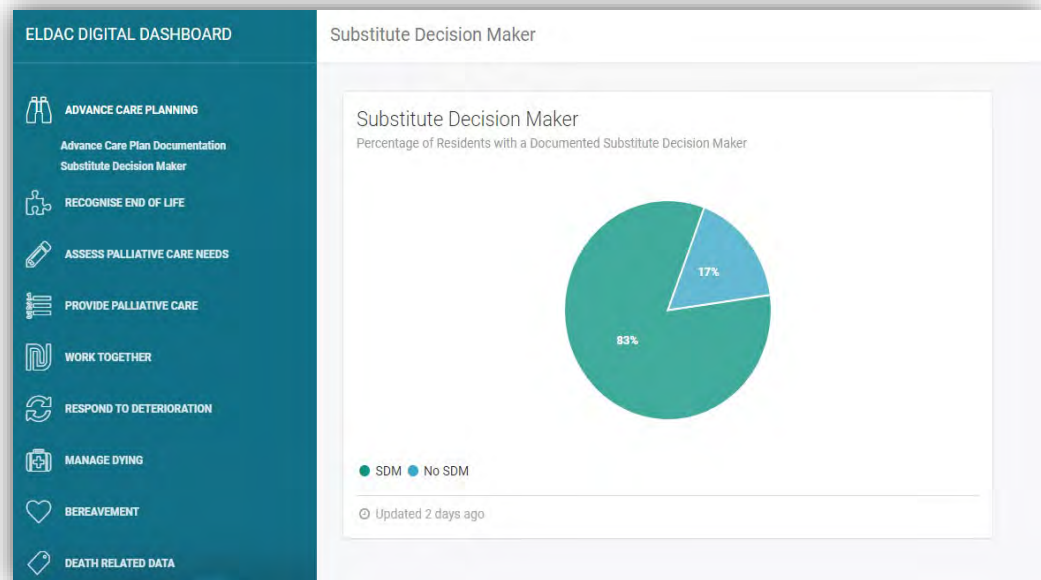


The Technology and Innovations stream of ELDAC is carrying out range of projects to develop and test technology solutions that could help aged care providers to plan and deliver quality end of life care



What is the ELDAC Digital Dashboard?

A technology that integrates within a service's clinical data management system & provides framework for quality EOL care planning and provisioning.



So..... What is this 'DASHBOARD'???

The Digital Dashboard is a web platform that aims to:

- Support a consistent and comprehensive approach to end of life
- Show what is happening (client level, manager level, organisation level)
- Provide triggers and flags for care prompts
- Assist in reporting and/or benchmarking

Providing direct clinical decision support is outside of Dashboard's scope. The dashboard could provide clinicians with prompts or guidance to activate a clinical action, it will NOT prescribe actions or interventions.

The Dashboard is not a clinical data management platform. It uses what in situ IT systems already collect and shows how to report this data in a way which is meaningful in the context of EOL care provision in the aged care setting. The dashboard does not require direct data input.

What the dashboard is NOT

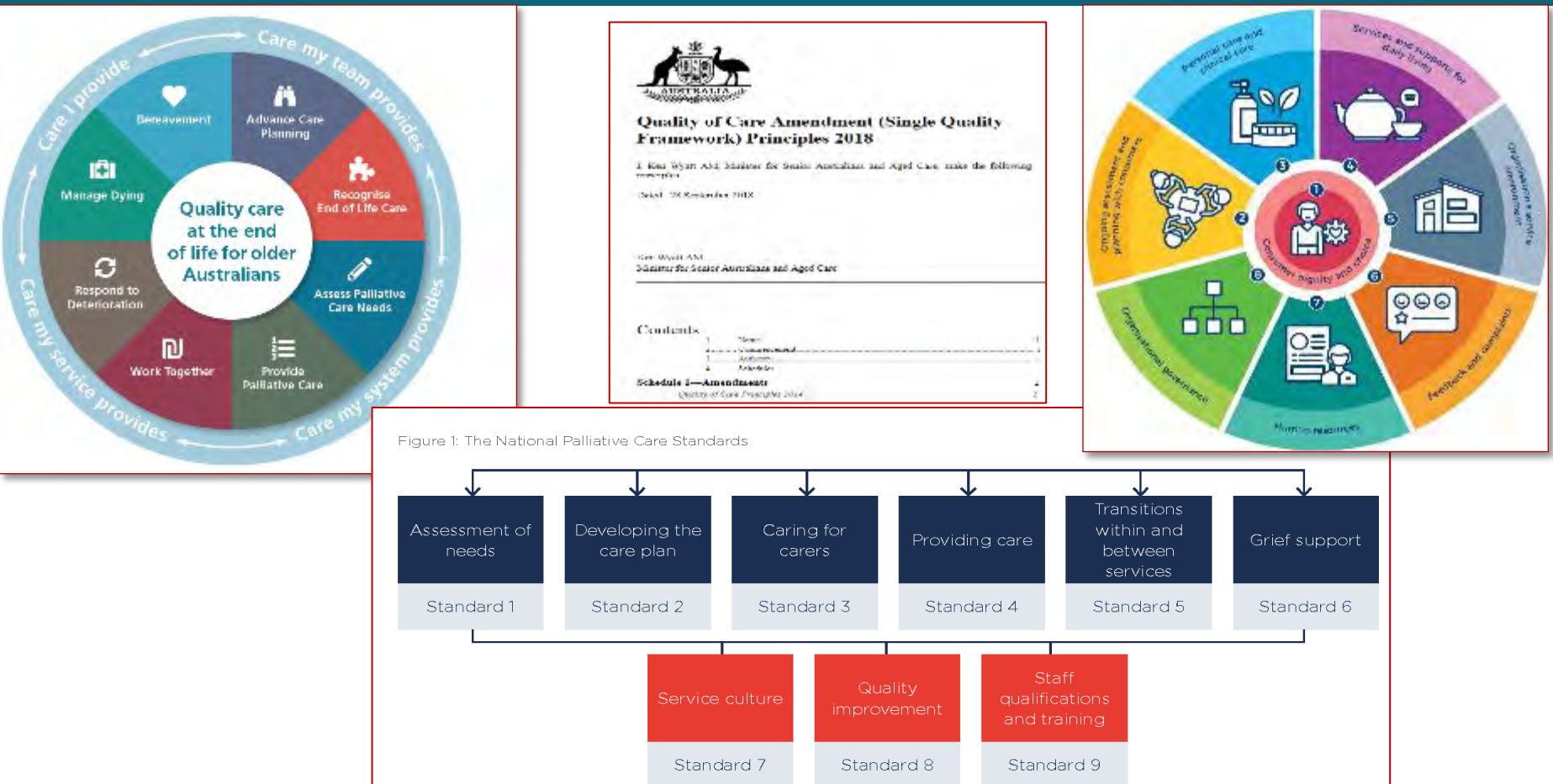
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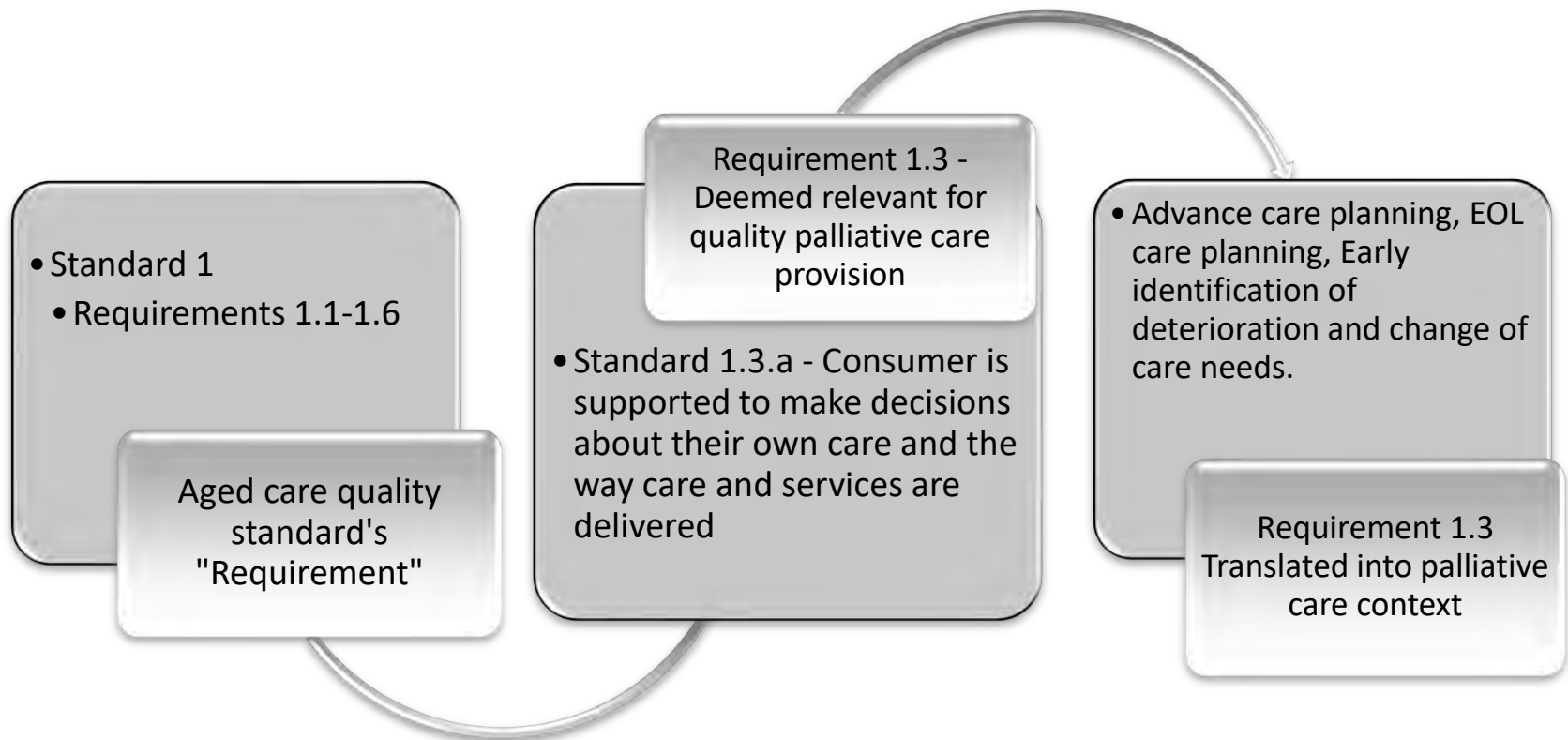
But how was this dashboard built?



Age Care quality standards +ELDAC Framework+ National Palliative Care standards



Example: Process of extraction of Dashboard inclusion items from the New ACQS



Cross mapping with National Pall care standards and the ELDAC care framework

	Aged care quality standards relevant to Dashboard	Additional standards	ELDAC framework components	National Palliative care standards 2018
	ST 1- Consumer dignity and choice			
1	1.2 Culturally safe care- involving religious spiritual care and family involvement			St 1 Assessment of Needs
2	1.3 EOL and Advance care planning- include- trigger developing a new one and for re-evaluation of existing one + sharing it with other providers	2.2, 3.3, 3.5	Discuss ACP + Recognise EOL + Assess EOL needs	St 1 Assessment of Needs
3	1.5 Synthesized evidence based summaries for clinicians so they could provide care/education to clients and to support their best practice.			St 9 Staff Qualification and training
4	1.6 Privacy confidentiality and data management policies- devised and made available to end users.			
	ST 2- Ongoing assessment and planning with consumers			
5	2.1a Regular family meetings with the resident involved + external care and services provider- for appropriate care planning (if need be)	2.3	Recognise EOL + Assess EOL needs	St 2 Ongoing assessment and planning with consumers
6	2.1b Risks- need to evaluate and minimise well known risks for each individual- Hospital admission antibiotics, leaves, fall, and polypharmacy.	3.2		
7	2.4 Documentation of care plan and change in status - consider documentation, storage and sharing this change so all relevant providers can access	3.5, 4.4	Working together	St 5 Transitions within & between services
	ST 3- Personal care and clinical care			
8	3.1 Best practice clinical care- Timely and tailored (this means regular evaluation of care goals), and based on evidence (making evidence summary available to all providers- Flags?)		Develop palliative care plan + Manage dying	St 4 Providing care
9	3.4 Identification of deterioration early on- (? EWS Tools??) Physical cognitive and mental decline. (Think of flags and triggers)		Respond to deterioration + Manage dying	St 4 Providing care
10	3.6 Timely referrals to other services as necessary (Consider, what are the triggers for what type of referrals)	4.5	Working together + Develop palliative care plan	St 5 Transitions within & between services
11	3.6 Consider referral and handovers systems that facilitate smooth care transitions and enables comprehensive care delivery process in RACFs		Working together	St 5 Transitions within & between services

The Dashboard Inclusion items- 'The metric list'

Nine broad items were shortlisted for inclusion:

1. Advance care planning
2. Recognise EOL
3. Assess palliative care needs
4. Palliative care planning
5. Working together
6. Respond to deterioration
7. Manage dying
8. Bereavement
9. Post-death data

Oversight and the build procedure



Co-design
Workshop

Reference
User group

Dashboard
working group

- Worked closely with ELDAC Software architect the commence the prototype build
- Prototype versions went through multiple iterations of review and amendment.
- Final version reviewed and approved by the RUG, and Dashboard working group.



What makes the dashboard so special??

Adaptable: Works with the tools & processes of care in place at the service.

Not a stand-alone technology: Integrates into existing IT system.

Evidence based product: Based on relevant aged care policy, guidelines & evidence.

No duplicate data entry: Uses data from service's IT system.

Realtime update: No need to wait to view care summaries and prompts.

ELDAC Digital Dashboard Implementation[EDDI] study

Primary objective:

To explore the merit of a palliative care dashboard, and the factors and agents that influences its implementation in the Australian aged care setting.

Key elements of exploration/evaluation

- Merit
- Acceptability
- Implementation

Study duration

Total of 3 months with an 8 week Dashboard use trial period at each site.

Participants of the EDDI study

Service level: Aged care services with access to the Dashboard

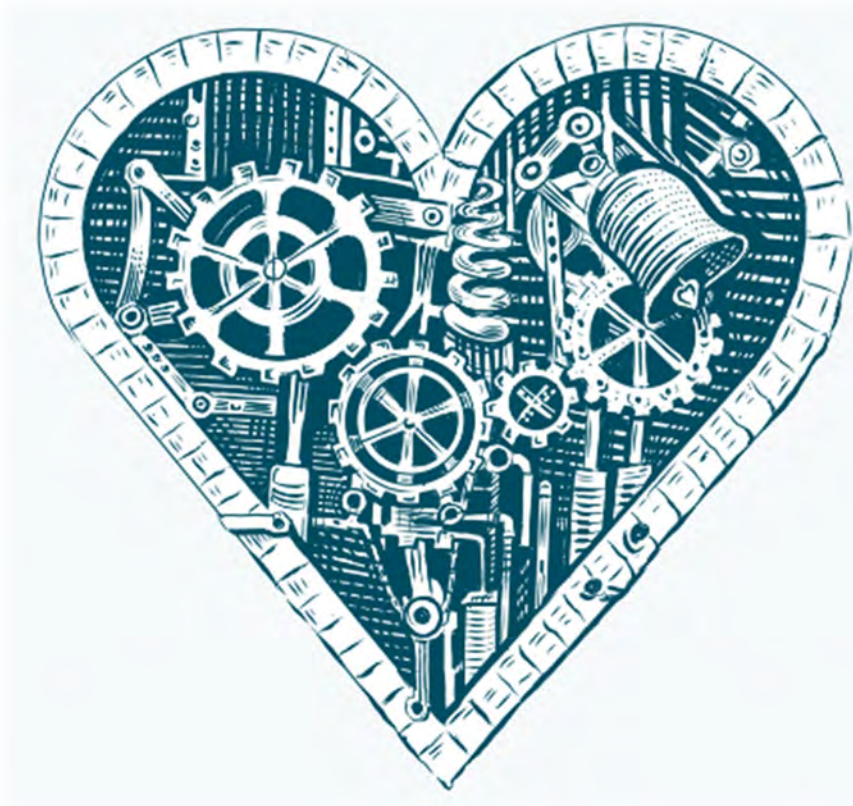


Individual level: Clinicians using the Dashboard



Individual level: dashboard champion of each site

The heart of the matter: Dashboard champions

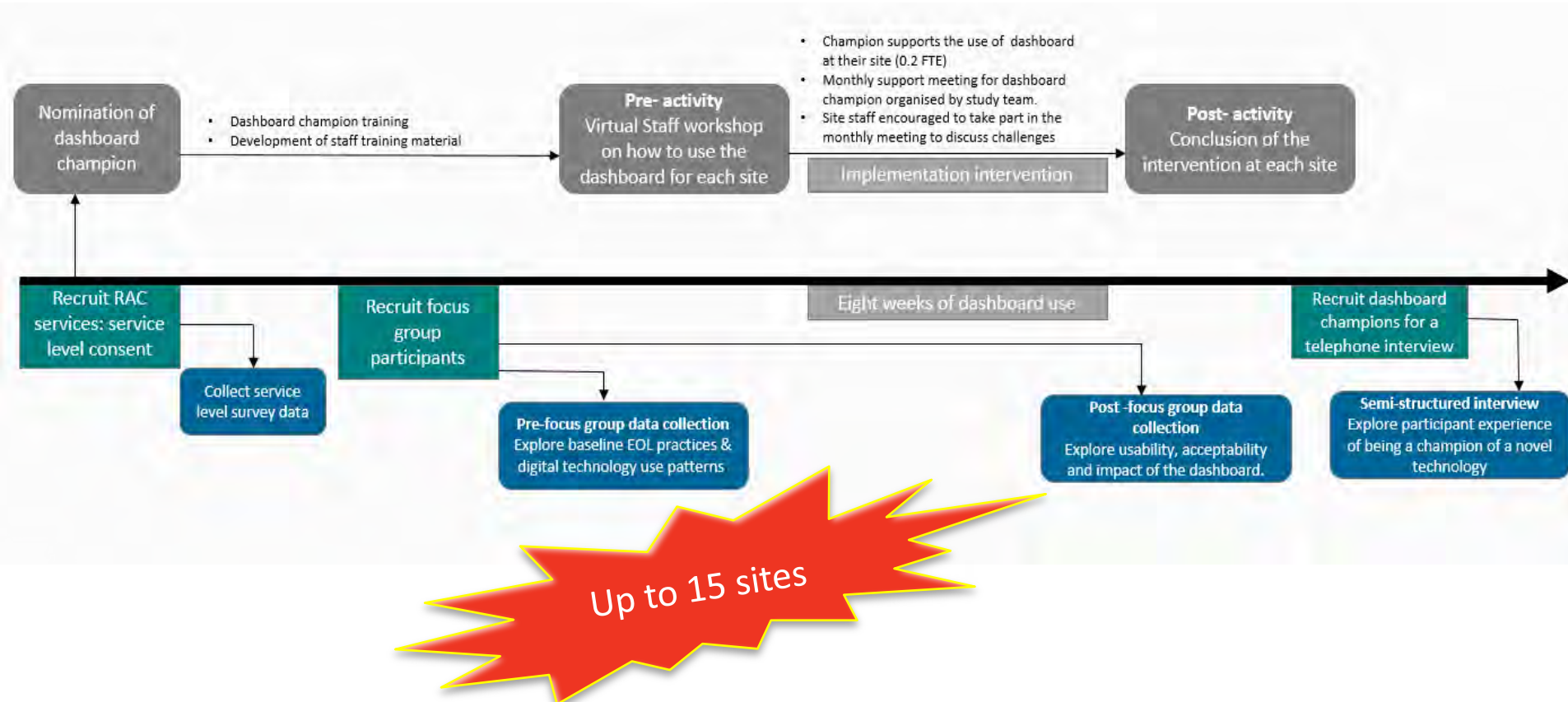


Implementation agents

Dashboard champions at each site

- 0.2 FTE per week
- Works with study coordinator to train site staff on dashboard use.
- Supports dashboard use at their site during the 8 week dashboard trial period.

EDDI Study flowchart



Key study activities

1. Recruit the service
2. Recruit the dashboard champion
3. Recruit focus group participants
4. Conduct the pre-focus-group
5. Prepare the site staff training material > conduct staff training session
6. Ensure seamless dashboard access > commence the 8 week trial
7. End of 8 week trial period> conduct post-focus-group.
8. Recruit dashboard champions for a telephone interview > conduct the interview

Who participated?

- **Aged care services**

14 residential aged care services recruited via 2 successful IT integrators > one IT team within a Residential aged care service, and one IT company providing clinical data management platform.

Aged care services description

- 8 metro sites, 6 remote/regional
- 12 in QLD, 1 in WA , 1 in Tas
- 20-146 bed services
- 2 services specialising in Aboriginal and Torres Strait Islander communities

Who participated?

- **Dashboard champions**
 - All 14 sites had dashboard champions
 - Dashboard champions of all 14 sites took part in the dashboard champion interview at the end of the study.
- **Focus group participants**
 - Total of 72 staff from across 14 RACFs consented, 57 took part in the focus group or one-on-one interview.
 - Majority were RN/ENs, some CNCs, and few site managers.
 - Focus group sessions were between 27-53 minutes long

All sessions virtual due to COVID restrictions

Findings

The dashboard has the potential to enhance workflow

- The dashboard bridges the disconnection between ‘existence of’ data relevant to identifying early decline and ‘meaningful and easy access to’ these data.

Findings

Dashboard improves resident level outcomes

- The ability of the dashboard to prompt aged care workers to identify missed care activity or documentation, and resident decline has the potential to ensure that care provided to those at the EOL is well planned, families involved in the conversation of decline and deterioration early on the piece; and ultimately the care is provided as per the resident and family's wishes.

Findings

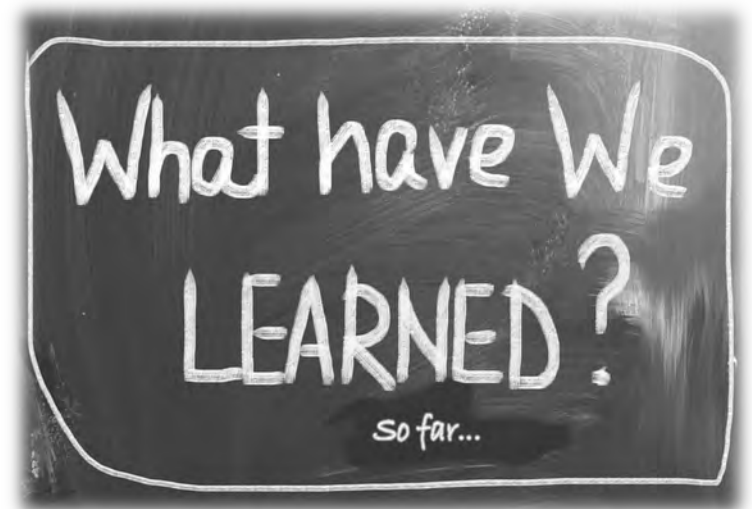
Some technical challenges were encountered in integrating the dashboard into the IT systems.

IT support may be necessary post integration of the prototype.

Learning and the next steps

Feasible to work collaboratively with the residential aged care sector to implement a novel palliative care dashboard.

Need for careful planning and codesign with the sector.



Where to from here for the Dashboard

- Extension to the home care sector.

Dissemination

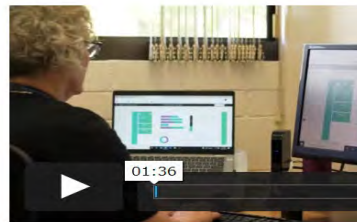
- Activities in place to promote wider integration of dashboard across the aged care sector.
- Raising awareness about the dashboard – Case stories [videos and text] of services that participated in the Implementation trial

Case stories: The Dashboard experience !!

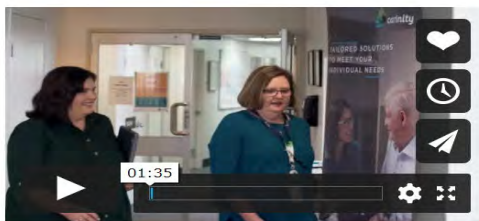
Read the case story



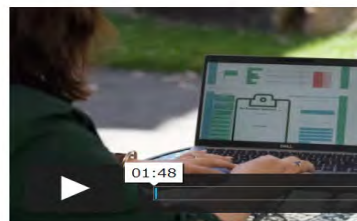
Carinity and its approach to palliative care



The value of the digital dashboard actualized at Carinity



Why be involved in ELDAC research



Making a case for the digital dashboard

Case stories



Carinity



Yaandina
Community
Services



Queen Victoria
Care (Hobart)

With the design, development and testing of the Digital Dashboard completed, we have produced a set of case stories that explain how the IT companies and services developed resources and show how services are using the dashboard to improve care. These case stories highlight the benefits seen by staff and services in supporting them provide care for their residents and clients at the end of life.

<https://www.eldac.com.au/tabid/7086/Default.aspx>

Thank you and questions