

# Directions 2021

## AUSTRALIAN INSTITUTE OF HEALTH INNOVATION (AIHI)

### NSW STATE HEALTH PLAN – Towards 2021

Delivering innovation – the directions

**DIRECTION ONE**  
Keeping people healthy

**DIRECTION TWO**  
Providing world-class clinical  
care

**DIRECTION THREE**  
Delivering truly integrated  
care

The AIHI underpins the NSW STATE HEALTH PLAN - Towards 2021 directions through

Theory-driven application of social media to tackle chronic lifestyle problems such as obesity.

Evidence surveillance technologies to detect problematic therapies where there is early evidence of harm or trial distortion.

Developing appropriate, evidence-based models of care delivery.

Undertaking internationally recognised inter-disciplinary research and development projects on clinician led approaches to organising and managing clinical work across the full spectrum of care.

Providing a focal point for initiating and managing collaborative research and development projects on clinician led approaches to the organisation and management of clinical work nationally and internationally.

Producing research evidence of the impact of information and communication technologies (ICT) on health care delivery (efficiency and effectiveness), health professionals' work and patient outcomes.

Developing and testing rigorous and innovative tools and approaches for health informatics evaluation.

Designing and applying innovative approaches to understand the complex nature of health care delivery systems and make assessments of health care safety.

Disseminating evidence to inform policy, system design, practice change and the integration and safe and effective use of ICT in health care.

#### FIND OUT MORE

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# AUSTRALIAN INSTITUTE OF HEALTH INNOVATION (AIHI)

## NSW STATE HEALTH PLAN – Towards 2021

Making it happen – the strategies

**STRATEGY ONE**  
Supporting and developing  
our workforce

**STRATEGY TWO**  
Supporting and harnessing  
research and innovation

**STRATEGY THREE**  
Enabling e-health

**STRATEGY FOUR**  
Designing and building  
future-focused infrastructure

The AIHI strategic directions align with the NSW STATE HEALTH PLAN - Towards 2021

*Supporting the quality and professional growth of the NSW Health workforce is a key research strategy of the Institute as it continues to:*

*Disseminate and transfer research findings through publications, presentations and forums with a focus on academic, industry, practitioner and policy maker audiences.*

*The AIHI's emphasis is on translational research, and turning policy into practice.*

*The vision of AIHI is to "lead in health system innovation through world-class research, generating, disseminating and translating research knowledge that can improve health systems".*

*In supporting and harnessing research and innovation in the NSW Health system the Institute's strategy is to:*

*Partner with the pillars of NSW Health, LHDs and other public sector authorities to conduct multi-disciplinary research into health sector practices, organisation and management, that directly enhances the delivery of high quality, safe, efficient and affordable health care.*

*A significant component of the AIHI's activities are the development of intelligent systems to support evidence-based healthcare, the development and application of evaluation tools to assess the impacts of information technology in healthcare, and fostering an awareness of how management and communication systems shape the safety and quality of healthcare delivery.*

*The Institute's research programs identify the potential use of information and communication technology in healthcare.*

*The Institute will continue to drive change in healthcare and biomedicine by making contributions to science, policy and innovation.*

*Allowing a patient to access their results securely, make appointments, and contact clinicians. The health care system has only just begun to engage with this technology.*

*Research programs at the Institute are identifying how technology affects the quality and effectiveness of care, including through measures such as the number of hospitalisations, length of stay and readmissions.*

*Real-time monitoring can detect disruptions to processes including IT incidents. Based upon syndromic surveillance, which is well established for disease outbreaks, we have shown IT systems can be monitored in real time to detect any early IT incidents that might lead to an adverse event.*

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## Selected references:

Direction One	Direction Two	Direction Three
Keeping people healthy	Providing world-class clinical care	Delivering truly integrated care
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Strategy One	Strategy Two	Strategy Three	Strategy Four
Supporting and developing our workforce	Supporting and harnessing research and innovation	Enabling e-health	Designing and building future-focused infrastructure
<p><b>Braithwaite J,</b> Morita A, Imanaka Y, Westert G. Cost of quality at the system level: Reconstructing National/Regional Healthcare Systems in Countries with Active Aging. <i>ISQua's 33rd International Conference: Change and Sustainability in Healthcare Quality: The Future Challenges</i>, Tokyo, Japan. 2016, 17 October.</p> <p><b>Braithwaite J.</b> High reliability and resilience in healthcare. <i>WHO Global Patient Safety Consultation</i>, Florence, Italy. 2016, 26 September.</p> <p><b>Walter SR, Raban MZ, Dunsmuir WTM, Douglas HE, Westbrook JI.</b> Emergency doctors' strategies to manage competing workload demands in an interruptive environment: An observational workflow time study. <i>Applied Ergonomics</i>. 2016;58:454-60.</p>	<p><b>Cai X, Perez O, Coiera E,</b> Martin-Sanchez F, Day R, Roffe D, <b>Gallego B.</b> Real-time prediction of mortality, readmission, and length of stay using electronic health record data. <i>Journal of the American Medical Informatics Association</i>. 2015:ocv110.</p> <p><b>Braithwaite J, Marks D, Taylor N.</b> Harnessing implementation science to improve care quality and patient safety in complex adaptive systems: A literature review and content analysis. <i>International Journal for Quality in Health Care</i>. 2014;26(3):321-9.</p> <p><b>Callen J, Li L, Georgiou A, Paoloni R, Gibson K, Li J, Stewart M, Braithwaite J, Westbrook JI.</b> Does an integrated Emergency Department Information System change the sequence of clinical work? A mixed-method cross-site study. <i>International Journal of Medical Informatics</i>. 2014;83(12):958-66.</p>	<p><b>Braithwaite J,</b> Wears R, Hollnagel E (eds) <i>Resilient Health Care Vol. 3: Reconciling Work-as-Imagined and Work-as-Done</i>, Abingdon, UK, Taylor &amp; Francis, 2017.</p> <p>Tiong SS, Koh ES, Delaney G, <b>Lau A,</b> et al. An e-health strategy to facilitate care of breast cancer survivors: A pilot study. <i>Asia-Pacific Journal of Clinical Oncology</i>. 2016;Published Online First: 3 March 2016 10.1111/ajco.12475.</p> <p><b>Georgiou A,</b> Lymer S, Forster M, Strachan M, Graham S, Hirst G, <b>Callen J, Westbrook JI.</b> Lessons learned from the introduction of an electronic safety net to enhance test result management in an Australian mothers' hospital. <i>Journal of the American Medical Informatics Association</i>. 2014;doi:10.1136/amiajnl-2013-002466.</p>	<p><b>Georgiou, A., Westbrook, J.I. and Braithwaite, J.</b> (2012) An empirically-derived approach for investigating Health Information Technology: the Elementally Entangled Organisational Communication (EEOC) framework. <i>BMC Medical Informatics and Decision Making</i>, 12(1): 68-77</p> <p><b>Westbrook JI, Gospodarevskaya E, Li L, Richardson KL, Roffe D, Heywood M, Day RO, Graves N.</b> Cost-effectiveness analysis of a hospital electronic medication management system. <i>Journal of the American Medical Informatics Association</i>. 2015;22(4):784-93.</p>

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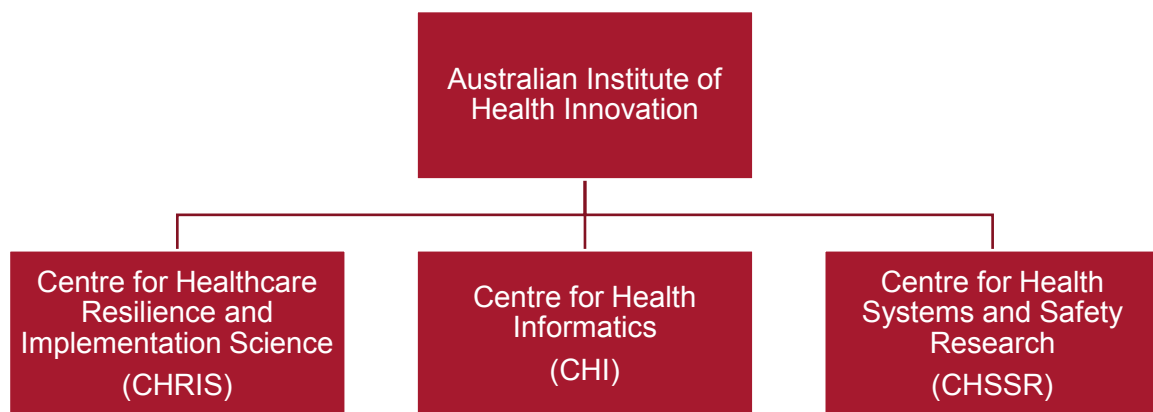


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