

Understanding the process to develop a Model of Care

An ACI Framework

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INTRODUCTION

Purpose

The aim of this document is to be a reference point for the Agency for Clinical Innovation (ACI) staff when developing Models of Care (MoC). The document outlines the key processes required to develop a MoC. It is acknowledged that developing a MoC will vary greatly depending on the size of the project and the subject area. ACI staff will also bring different skills and expertise, all of which are needed to contribute to the development of the model. This document offers guidance to assist the development of a MoC. Each project will have its own unique elements and the guidance will need to be applied slightly differently to each. Some of the ACI human resources that can assist with developing a MoC are outlined in this document. These guidelines are intended to act as a reference or guide throughout this process.

Background

The ACI has an extensive network of clinicians and a wealth of clinical expertise. The vision of the ACI is to be valued as the leader in the health system for designing and supporting the implementation of innovative models of patient care.¹ The concept behind the ACI Clinical Networks is that the knowledge needed and the best innovations will come from front line clinicians working in the NSW Health system. This document provides a framework for developing clinician's ideas into an evidence based, implementable MoC. The process described in this document should be managed by the ACI, but the ownership and creative process belongs to the networks and their members. In this way, the end result will be owned by front line clinicians, creating a better product and making it easier to implement.

Developing a MoC will require a wide range of skills, expertise and processes which include: clinical expertise, communication skills, financial, research, economic & data analysis, evaluation and project management skills. It will be important to leverage these skills early in the development phase of the MoC. Within the ACI team there is a wide skill set to enable the team to develop innovative MoC in collaboration with clinicians, patients, health care partners and the community.

Many of the ACI Networks also work on developing clinical guidelines and although they are different to a MoC, placing a greater focus on clinical practice rather than the delivery of health services, many of the principles in this document will also be useful when producing them.

¹ Agency For Clinical Innovation Strategic Plan (2012- 2015)

Guiding principles

The guiding principles of a MoC are that it:

- is patient centric
- has localised flexibility and considers equity of access
- supports integrated care
- supports efficient utilisation of resources
- supports safe, quality care for patients
- has a robust and standardised set of outcome measures and evaluation processes
- is innovative and considers new ways of organising and delivering care
- sets the vision for services in the future

Factors for consideration when you are developing a MoC are that:

- it is based on the best available evidence
- it links to strategic plans and initiatives (local, national, state)
- it is developed in collaboration with clinicians, managers, health care partners, the community, and with patients, their carers, and or organisations that represent them
- costing, funding and revenue opportunities for the MoC are identified, and assessed
- it extends across the patient journey through different care providers
- specialty and priority populations of patients have been considered

What is a MoC?

A “Model of Care” broadly defines the way health services are delivered. It outlines best practice care and services for a person, population group or patient cohort as they progress through the stages of a condition, injury or event. It aims to ensure people get the right care, at the right time, by the right team and in the right place².

Developing a MoC

When designing a new MoC, the aim is to bring about improvements in service delivery through effecting change. As such creating a MoC must be considered as a change management process. Development of a new MoC does not finish when the model is defined, it must also encompass implementation and evaluation of the model and the change management needed to make that happen.

Developing a MoC is a project and as such should follow a project management methodology. This document uses the ‘Redesign Methodology’³ to manage the project of developing a MoC.

² Government of Western Australia, Department of Health (2012) <http://www.agedcare.health.wa.gov.au/home/moc.cfm>

³ NSW Health (2012) <http://www.health.nsw.gov.au/performance/redesign.asp>

The process

The process for developing a MoC is illustrated in the flow chart (Diagram 1). The key steps are listed below and will be described in detail.

Project Initiation: Identify services for review, begin to build a case for change, obtain sponsorship to proceed with the program of work and set up project management mechanisms.

Diagnostic: Define the extent of the problem and understand the “root cause” to address the real problem.

Solution Design: Develop and select solutions. Create and document the MoC.

Implementation: Support the health system to deliver the changes needed to implement the MoC.

Sustainability: Optimise use of the MoC, monitor the results and evaluate the impact.

Clinical Program Design & Implementation (CPD&I) Team Support

A snapshot of the support and expertise available to support the MoC Development within the Clinical Program Design & Implementation (CPD&I) Team is given below:

The Clinical Redesign Implementation team can provide support, expertise and rigour in the development and implementation of projects and MoC.

Rural Health and Telehealth team can provide expertise in rural health and telehealth to ensure that the needs of rural and remote health services and communities are considered.

The Centre for Health Care Redesign can provide capability building for staff across the health system in the area of skills for innovation, redesign and change management, which are key to the development, implementation and evaluation of MoC.

The Health Economics and Analysis team conduct economic, financial and service utilisation impact analyses of the MoC to determine its viability and develop a business case, business proposal and/or resourcing strategy to support the MoC. Included in this is consideration of the qualitative and quantitative costs and benefits of implementing interventions.

Early engagement of the CPD&I teams in the development of a MoC is welcomed. This will support us to work collaboratively to implement robust systems and processes in our MoC development.

GEM e-Learning Portal

The document is intended to be an outline guide on how to go through the process of creating a new MoC. If more specific information on different tools and techniques is required then GEM⁴ is the NSW Health e-learning portal that brings together the various tools and resources that support redesign and improvement methodologies outlined in this document. It is accessible to all ACI and NSW Health staff.

⁴ <https://gem.workstar.com.au/public/index.cfm?action=login&returnTo=/>

Diagram 1: Process Flow Chart for developing a Model of Care (MoC)

This document is used to illustrate the process for developing a Model of Care. It encompasses the work owned by the project manager and the functions that the Clinical Redesign and Implementation Team assist with.



PHASE 1 – PROJECT INITIATION

The aim of this phase is to develop a clear understanding of what your project is and how you plan to tackle all of the issues that may arise.

1.1 Issue or opportunity identification

There may be many sources for starting to create a new MoC. These may include:

- Clinician/ACI Network/Consumer identified innovation
- Unwarranted clinical variation
- Priority area (Minister/DG/LHD/CEC)
- Out of date MoC

At this point, it may be considered that the best way to address this issue is through a new MoC. Alternatives may be through new guidelines, procedures or an education program. Please refer to the definition of a MoC in the introduction of this document, and feel free to discuss this with our team.

1.2 Create the initial high level case for change

This is creating the argument for change and describes what can be achieved through improving this area of practice. This work is started during project initiation phase and should be in sufficient detail to convince sponsors that further work in this area of practice is warranted. At this stage the rationale for action has to be created. This will be high level at this stage and will be built upon and become more detailed during the diagnostic phase and will become the case for change.

The rationale for action should cover both qualitative and quantitative information. Qualitative information may include patient and clinician stories. Quantitative information should define the size of the problem for example; how many patients does it affect, how many lives could be improved and how much healthcare resource could be diverted to better uses? This will also need to clearly define the patient cohort that the MoC is dealing with. Many different factors can contribute to the case for change, such as is there identified unwarranted clinical variation? Is this a priority area for the Local Health District, the Ministry of Health etc?

It needs to be made clear why this project should be prioritised to go forward.

1.3 Develop a Project Aim, Objectives and Scope

The project aim is a high level statement of what the project will achieve. It should be in line with the organisation's priorities. Where possible, develop your project aims and objectives with your project team and sponsors and get "buy in" for them. Clear project aim and objectives will:

- Ensure that everyone is working towards the same goal
- Align expectations regarding the project
- Define clearly what success looks like

The project objectives should outline the specific results and benefits to be achieved in order to reach the project aim. They should include time frames in which the objectives are to be met (typically 12-24 months or less) and are targets of defined, measurable achievement. The number of objectives required will depend, to a certain degree, on your project aim and scope.

A clear and concise definition of scope is central to the success of a project. Its purpose is to aid in establishing realistic work plans, budgets, schedules, and expectations. This should clearly identify work that falls inside and outside the defined scope and assists define project plans and manage expectations

1.4 Generate sponsorship and engagement

It is important to generate ACI executive sponsorship to ensure the project aligns with NSW Health and ACI organisational priorities. If there are a number of projects competing for priority then the ACI sponsor/s should be able to prioritise projects by aligning priorities with the ACI Strategic Plan.

The end users of any MoC will be clinicians and their patients. Throughout the development of the MoC, care providers, patients/carers and or organisations that represent them should not only be consulted, but should part of the team developing the MoC. Front line staff, patients/carers and or organisations that represent them will have the best knowledge and innovative ideas for how services can be delivered. In addition, if clinicians are involved in developing the MoC then they will have ownership of the changes to their services. Patients and their carers and or organisations that represent them will provide valuable expertise, insight and experience into current services and should be actively engaged in all the phases of the MoC development.

The earlier that clinicians and patients/carers and or organisations that can represent them are involved in the project, the higher the likelihood of creating successful change will be. At this stage it should be established whether this is a project that will have value for them. Do they consider it an area of priority? If it is not an area of priority for front line staff and patients, should we be investing resources in this area?

1.5 Develop a project governance structure

The governance arrangements that are necessary will depend on the size of the project. This may include Network co-chairs or the Network executive. Most projects will require a:

- **Working group** – this should consist of relevant network clinicians, front line staff and managers, and should cover appropriate stakeholders such as rural, indigenous, Culturally and Linguistically Diverse (CALD), consumers etc. This group will participate in the diagnostic work, solution design and writing of the model.
- **Governance Committee** – this committee may be a Network Executive, they will ensure that the project is on track, is meeting its aims and objectives and is within budget. The members should have the seniority to be able to solve problems that the project is facing through escalation to appropriate groups.

1.6 Project Management

The development of a MoC is a project, and as such should have appropriate project management mechanisms in place throughout the project. These include:

- Managing the scope and aims of the project to ensure that the project is on track
- Developing and managing the project plan and timelines
- Managing the team developing the MoC, ensuring that work is completed and deadlines are met
- Creating and managing risk and issue logs
- Creating a communication plan and managing stakeholder relationships.

For further detail on project management, there are modules available on GEM via the link provided on page 5.

PHASE 2 – DIAGNOSTIC

2.1 Define the problem

In the 'Project Initiation' phase an initial case for change was developed. The Diagnostic Phase will build on this initial 'case for change'. The initial problem identified will be the symptom of the problem – the diagnostic process will enable you to understand the root cause of that problem.

2.2 Understand the 'as is'

In order to understand how services can be improved, it is important to identify how services are currently being delivered. It is important to consider issues of equity and access when considering a state wide model. Part of this should include analysis of the cost of continuing business as usual, which provides analysis of resourcing and service utilisation projections. For example, Australia has an aging population. If we continue to provide care as we do at the moment, what will the increased costs of healthcare be in 20 years? The Health Economics and Analysis team can assist with this work.

2.3 Establish data and information sources

Activities to do this may include:

- Root Cause Analysis reports
- Process mapping
- Patient journey mapping
- Patient/carer/staff interviews
- Staff/patient tagalongs
- Process observation
- Reviewing patient survey results
- Wait list analysis
- Economic or financial and resource analysis of the 'as is' state projected over an appropriate time frame
- Issues identification, including analysis of service utilisation, epidemiology of the target patient group and projection of health care needs

Depending on the size of the project, the diagnostic report may be written up into a paper that will be a supporting document for the main MoC.

The context of Activity Based Funding and constraints in health funding mean that Models of Care should define how existing healthcare resources can be better used to meet the needs of the population. For example, preventing osteoarthritic hip re-fractures saves the cost of treating those patients in an acute setting, releasing the funding for other uses. ABF data available enables us to compare the cost of the way we currently do business to the cost of alternate proposed models and is a critical part of the diagnostic process.

2.4 Literature review of evidence based practice and innovation

Evidence Based Practice ensures that clinical practice is based on sound evidence. Critical evaluation of the relevant literature for the model of care is an essential step in the development of evidence based models of care.

Critical analysis of the literature should provide information on best practice and how different healthcare providers deliver care, which can then be compared to current practice. It may also provide information on change solutions already tried and the outcomes and evaluation of the change. Analysis of current practice and innovation state wide, nationally and internationally should also be considered.

2.5 Finalise the case for change

The information gathered in the diagnostic phase will complete the case for change that was started in project initiation.

2.6 Identification and prioritisation of issues

The diagnostic work will have identified a number of issues or opportunities for improvement with the way that services are currently provided. These should be brought together and prioritised according to the impact they would have if the issues were solved. At this point, it is useful to revisit the aims and objectives for the project. This will help identify whether the issues that you have identified are in line with your original objectives. If they are not, then the group governing the project may decide to adjust the objectives or revisit the issues. It is also important to revisit this in the solution design phase.

2.7 Examples of work already completed

Model of Care for the Osteoarthritis Chronic Care Program (OACCP) <http://www.aci.health.nsw.gov.au/models-of-care/musculoskeletal/osteoarthritis-chronic-care-program>

NSW Rehabilitation Model of Care Diagnostic Report http://www.archi.net.au/documents/resources/models/rehab_redesign/rehabilitation-diagnostic.pdf

Draft Model of Care for the NSW Paediatric Rheumatology Network http://www.aci.health.nsw.gov.au/__data/assets/pdf_file/0005/172814/ACI-NSWPRN-final-draft-for_consultation-September-2012.pdf#zoom=100

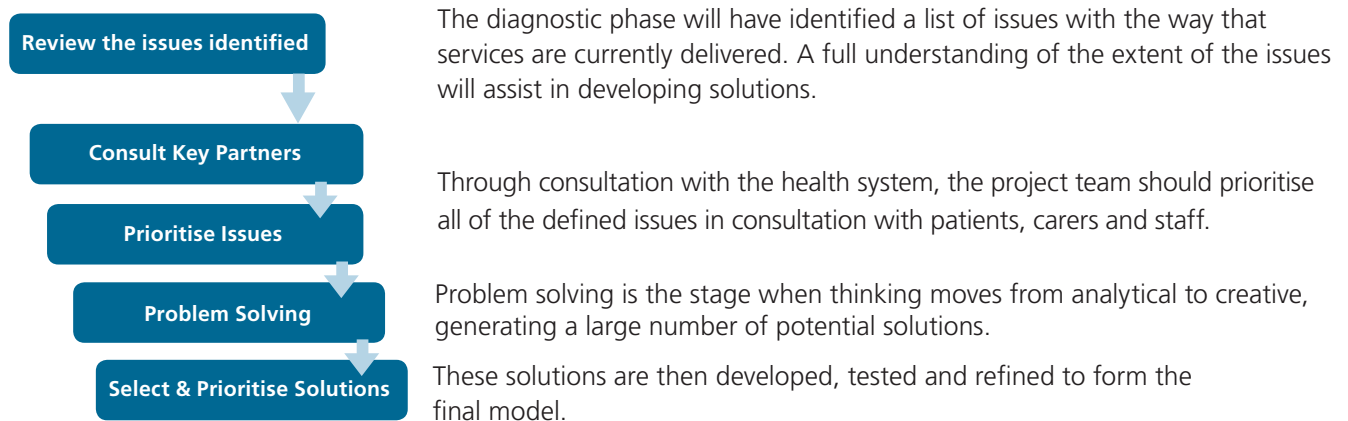
PHASE 3- SOLUTION DESIGN

The aim of this phase of the Redesign methodology is to take the prioritised issues from the diagnostic phase and develop a range of solutions that address the problem.

3.1 Develop a vision for what services should look like

Before attempting to develop the MoC, it is important to form an idea of what ideal service delivery will look like. It is important to keep this in mind when examining the issues and potential solutions.

3.2 Overview of the solution design phase



3.3 Current and future context

Spending on healthcare as a proportion of Gross Domestic Product (GDP) is rising in most developed countries, as is healthcare as a proportion of the federal and state government budget. With finite resources, this growth cannot be sustained. In addition, increased cost of care per capita does not consistently correlate with better quality and outcome measures.

The alternative to spending more health dollars is to find different ways of providing care. In the current environment, we are unable to rely solely upon increased funding to support innovation, and therefore MoC must include the reorganisation of current resources to support the change in practice. When designing solutions it is important to consider factors that influence funding and resources. How will the proposed solution fit within Activity Based Funding (ABF)? How is it diverting resources from current practice to the new model?

The MoC will need to interface with NSW Health systems, programs and economic environment, including ABF, eHealth and telehealth. The ability to show how the model will fit within these will assist in gaining sponsorship for the project. Planning for the future will help minimise any modifications that may be needed when new programs are installed.

3.4 Designing solutions

This stage is progressing from the 'as is' to the 'to be'. During the diagnostic phase we look at the current practice and identify the issues. During the solution design phase alternatives are identified; this is the time when thinking must move from analytical to creative to allow innovation. New ideas can be generated through literature reviews, searches for best practice and conducting brainstorming workshops with representation from clinicians, consumers, operational, data and managerial staff. This process should develop a large number of solutions which can then be refined. During the solution design process:

- Focus on quantity not quality. The quality will come later
- Suspend judgement. Critical analysis comes later
- Welcome unusual ideas.
- Grow the initial idea. From one simple idea others can be developed and grown.

3.5 Prioritising solutions

Once a range of solutions have been identified, these should be prioritised. It is likely that a large number of ideas have emerged, only some of which will be viable. The initial narrowing down is usually done by the working group. At this point it is important to refer back to the aim and scope of the project, as well as the issues identified in the diagnostic. Do the solutions proposed meet the aims of the project and are they within scope? Do they solve the issues identified?

3.6 Testing the solutions

Once a small number of preferred solutions have been identified, they should be tested. It is recommended that multiple solutions are tested widely to ensure that all options are explored and that the solutions address the issue to be resolved. Testing of solutions enables them to be further understood and refined to enable the right solution or solutions to be chosen. All the solutions can be tested with key representatives and consumers to see how well they address the issues from the diagnostic phase. The first solution that is put forward may not be the most effective in resolving the issues. The solutions can be tested in a desktop environment - they do not all have to be piloted. A pilot at this point may be useful for certain MoC to gather further information on how successful an element of a MoC would be.

A solution could also be tested through a pilot of the project. This will demonstrate whether it is successful, provide data around its success and areas where small alterations may be beneficial.

The solutions will also need to be considered through an economic appraisal to identify the cost effectiveness of different solutions. This may take the form of a Cost Benefit Analysis (CBA) which could be one of the inputs used to inform whether or not to implement the change. The Health Economics and Analysis team can assist with this. The complete economic appraisal is usually finalised once the MoC is near completion. However identifying potential costs and benefits associated with different solutions or options can commence at this stage. These solutions are assessed against the business as usual option developed in the Diagnostic Phase.

At this stage the solution(s) will be finalised and will form the proposed MoC.

3.7 Develop an evaluation framework

Evaluation is the systematic and objective assessment of the design, implementation and results of an on-going or completed project, program, or policy. The aim of an evaluation is to determine the relevance and achievement of objectives and the efficiency, effectiveness, impact, and sustainability of the model. There are two main kinds of evaluation that can be undertaken:

- **A formative evaluation** assesses initial and ongoing activities. It begins during project development and continues throughout the project lifecycle. It is intended to monitor and improve processes and activities as they are developed. Formative evaluation is usually undertaken when a MoC is being piloted.
- **A summative evaluation** assesses quality and impact of an implemented project to see if it has achieved its stated outcomes and occurs at the completion of a project.

Most MoCs will require an evaluation framework which the Health Economics and Analysis team can assist with developing. The approach to evaluation is usually based on program logic and commences early in the development of a MoC. Program logic is a useful tool for defining what should be measured and when. It is a tool that describes the change process underlying an intervention, program or policy. It documents the connections between the critical components in a project and identifies where evaluation is most important.

Program logics vary according to the project and complexity but in general, the components are:

Inputs – the resources that are used to implement a project. Typically this is staff, funding, support and equipment.

Activities – the activities are the actions undertaken by the project to achieve the desired goals. Examples of activities are providing staff training, developing an awareness package, establishing a community council.

Outputs – the immediate results/products from an action and usually measured in numbers (but not always). Examples include number of staff trained, number of awareness packages distributed, community council established and number of meetings held.

Outcomes – the changes that occur showing movement towards the ultimate goals and objectives of a project. Outcomes are desired accomplishments or changes and are defined by short, intermediate and long term. There is no hard and fast rule to defining between these but usually short refers to 2 years or less, intermediate up to 5 years and long term 5 years or more – depending on the project.

The program logic facilitates effective evaluation by:

- Determining what to evaluate, identifying what is important
- Providing a theoretical framework when evidence is less robust
- Assist in development of resourcing and disinvestment strategies
- Identifying outcomes and other effects of change
- Determining data collection sources, methods, selection of indicators and instrumentation
- Providing a mechanism for gaining cooperation and acceptability from stakeholders for monitoring

3.8 Develop and document the MoC

Upon completion of the above steps, the MoC needs to be formally written up. The MoC should include a diagrammatic representation of the model and how a patient would travel through the service.

3.9 Seek endorsement of the MoC from appropriate stakeholders and sponsors

Endorsement for the MoC should be a continued consultative process throughout the development of the model. This process will maximise engagement and buy in from key partners and potential sponsors. This is a key point where endorsement is required before proceeding.

3.10 Plan for disinvestment

As the new MoC is implemented it should be identified what (if anything) needs to discontinue as a result of the service changes. This may be stopping the model or technologies that are currently used allowing resources to be reallocated to other areas. It may also be important to the success of the new model, as if certain old practices do not stop or change, they may interfere with the success of the new MoC. Resourcing strategies and economic assessments of MoC will need to take disinvestment into account and consider resource reallocation options. This may include avoided future costs, increased bed capacity as the result of care moving to different settings (acute admitted to non-admitted) or it may mean resources such as people, space and time being allocated differently to enable the new MoC to be successful.

The Health Economics and Analysis Team will provide guidance in relation to the preparation of a Resourcing Strategy and a Business Proposal that will ensure that any investment, disinvestment and movement of resources are clearly documented for the MoC.

3.11 Examples of work already completed

Model of Care for the Osteoarthritis Chronic Care Program (OACCP) <http://www.aci.health.nsw.gov.au/models-of-care/musculoskeletal/osteoarthritis-chronic-care-program>

NSW Rehabilitation Model of Care http://www.archi.net.au/documents/resources/models/rehab_redesign/rehabilitation-moc.pdf

PHASE 4 – IMPLEMENTATION

The aim of this phase of the methodology is to change current practice to the new MoC. The link must be made between the system changes that will occur, and the behaviours changes that are needed to make this happen. This phase of developing a MoC is the most resource intensive phase.

4.1 Define the change

Create a clear and commonly held definition of both the present state and the change:

- What is the current situation ('as is'/state of play)?
- What is changing?
- What behaviours need to change?
- Why are we changing?
- What are the consequences of not changing?
- What are the measures of success?

The resulting objectives should be clearly documented, as you will use them as a building block for the rest of the implementation plan. The evaluation framework required to support this should have already been collated in the earlier phases.

4.2 Self assessment/gap analysis

A gap analysis or self assessment tool in relation to the new MoC can be designed to assist sites to understand their current practice and gaps in practice in relation to the new MoC. It should identify service checkpoints which are designed to underpin each of the principles in the MoC. They enable LHDs to perform a self assessment against each of the service checkpoints indicating if they are in place.

4.3 Develop the business case and seek endorsement

A Business Case and/or resourcing strategy to support the MoC may need to be developed prior to implementation. The Business Case contains all of the evidence and critical information that is required to establish the compelling case to allocate new or existing resources to a proposal and to provide the confidence that it can be delivered as planned. The Health Economics and Analysis Team can assist with this process.

A business case template is currently being developed by the Health Economics and Analysis Team and will be provided once finalised. This business case will demonstrate the case for change and all the implications of introducing the new MoC. It can be used to seek endorsement from sponsors and stakeholders such as the LHDs. It is also to be used for signing off any investment or realigning of resources, equipment that maybe required implementing the new MoC.

4.4 Generate sponsorship for implementation and governance structure

Every project needs an executive 'sponsor', both at statewide and in every LHD where the change will be implemented. An executive sponsor will provide strategic direction and access to resources. Sponsorship is a key factor for ensuring fast and successful implementation of projects.

The project will need an ongoing governance structure in order to be successful. A governance structure will ensure that the project remains on track and progress is monitored. It will also monitor the impact of the MoC and ensure that the information is reported back. This will ensure that the MoC delivers what it is meant to.

4.5 Build frontline capacity and engagement

The changes to service delivery will be implemented by front line managers and staff. Assessing the skills and capacity of these staff will identify what support they might need to implement the changes. The Centre for Healthcare Redesign can provide building blocks to develop capability among staff to implement changes.

4.6 Communications plan

One of the key steps to ensuring success of the implementation of the project is communicating the right messages to the right people. Communication is a tool to facilitate engagement and ownership of the project. Two way communication channels must be facilitated to ensure that everyone is able to inform the project, listen and learn. Mapping who needs to be involved in the change and how they can be meaningfully engaged in the process will help facilitate local ownership of the change.

4.7 Implementation plans/reinforcement strategies

A statewide implementation plan should be developed. LHDs will develop their own implementation plans based on the factors identified in their self assessment/gap analysis. This step in the implementation process will provide LHDs with a plan for how to address each of their identified gaps. The plan is developed in consultation with partners from the service using the MoC document as a reference. It is important that the approach used is appropriate to the individual needs of the local environment.

PHASE 5 - SUSTAINABILITY

5.1 Ongoing monitoring, continuing local focus and accountability

As discussed in previous sections, the evaluation framework for the MoC needs to be in place at project initiation. This will ensure that monitoring systems are in place ready to start alongside the implementation of the MoC. This empowers local services and clinicians to assure themselves that the model is working in the way that it was planned to. It also enables there to be local ownership of the MoC so that local clinicians and managers will be aware of how the MoC is being implemented in practice.

If there are small developments or changes within the service over time then alterations can be made to the MoC without going through the entire process again. These changes would need to be included in the monitoring and evaluation processes. However, if there is a significant development or change that impacts on how the MoC is delivered then it would be necessary to go through the process from the beginning.

It is recommended that the MoC is reviewed after one year, and then every two years following.

5.2 Review and optimise the MoC

Once the monitoring system is in place, it will provide the tools necessary to continuously review the MoC and its impact. It also provides people with the information they need to make the changes required to ensure that the MoC is working as effectively as possible. It may also confirm that the system is working well and further changes will not be required.

5.3 Final evaluation

As noted previously, summative evaluation takes place at the end of a project and assesses on an ongoing basis (quarterly, annually etc) whether a project has met its objectives. It is important to keep the final evaluation in mind from the initiation of the project in order for it to be effectively done at the end. The Network that developed the MoC would be the group responsible for regularly reviewing the MoC in an ongoing basis and ensuring that planned future evaluation is undertaken and acted upon.

The Health Economics and Analysis Team will work on the evaluation providing support and analysis where required. The team are able to undertake this piece of work for the project.

5.4 Knowledge management

It is crucial to continuing best practice and innovation that the knowledge and expertise gained through designing and implementing a MoC is shared across the health system. This will enable creativity and success to create the cycle of innovation continuing the principles of a successful MoC into other clinical areas.