

Advanced Paediatric Life Support

Summary strategy

Based on workshop, 18th May 2018

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A Where are we now?

We start in the A space

Starting in the A is counter-intuitive. Most people go straight to the future when they mount an argument. But it's really important to start in the present and also to understand the past leading up to the present.

The A space should be challenging and problematic. No solutions are offered here. But the observations need to be *perceptive* and *diagnostic*.

The A space is "multi-perspectival". This is often the case with "wicked" problems.

The A space is unifying. Groups unite over problems: they divide over solutions.

C What do we do to get there?

We move from the B to the C - our hypotheses

The C space is the space of "hypotheses". That is, the options we have for moving into the future. These need to be pragmatic.

We are looking for *levers*. This is all about *leverage* not attrition. You need invention and judgement in the C. You've got to be *clever*.

D What now?

We move the C space to action in the D space

The D space is really important, because it is the space of planning and implementation. But it's also broader – it's about communication.

The critical thing in the D space is momentum, not getting everything right before you start. In fact the D feeds back to the C and you get a virtuous loop.

B Where do we want to be?

We go straight to the B space after the A

The B space is beyond the solution – it's got to be the purpose. It needs to be "noble".

The vision here needs to have energy (even if it doesn't start off having precision) and energise you. It should provide a focus.

The B is conceptual, but it needs measures – so that it can be made concrete. A good time frame for the B is 3 to 5 years.

The distance between the A and B should be sufficient to provide stretch. The B should be "possible, but not probable". You shouldn't be able to get the B just by drifting. The B needs intention.

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Overview of the strategy for APLS

A Where are we now?

We are a distinct offering

- Our business model delivers a range of value propositions to healthcare professional clients, culminating in peace of mind through knowing they will be able to manage in a paediatric emergency. Our revenue is 95% from course delivery and depends fundamentally on our volunteer instructors (and their employing institutions). (Refer p4 for more detail of business model).
- Our credibility remains strong in the market – and is based on the way we act as a “lens” for a professional community of practice (refer p5), as well as on the quality of our core products.
- We are in the business of driving change, and retaining quality, in the healthcare professions so that critically injured and ill children have the best chance of survival. We pursue this directly and indirectly.

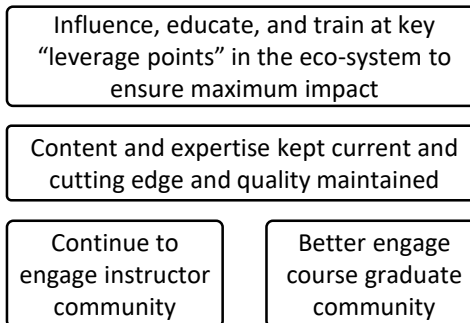
Challenges and opportunities

- We need to focus on those areas where the most critically ill children present (eg mixed EDs). But also where the risks are higher through lack of resources – such as in regional and rural areas.
- Barriers to course access include: time; geography; money; concern over peer perceptions in the course. Our challenge is to find new ways to address these barriers.
- We need to continue measures to ensure that our 660 active instructors are consistent and up to date.
- Our course content is high quality. Our content is updated slowly, but we have first rate experience and expertise in our instructor base to do this. Our challenge is “rigour at speed”.
- Our membership – especially our instructor base – is older. How do we expand our offerings to younger healthcare professionals?
- We exist in a rich eco-system that affords a lot of opportunities for leverage as we face into the future (refer p6).

C What do we do to get there?

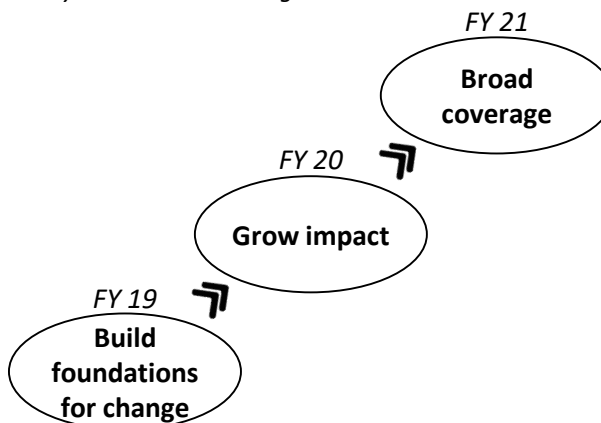
How do we ensure that every acutely ill child receives APLS-influenced care anywhere in Australia by 2021?

We see four focus areas that will work together to deliver this outcome...



D What now?

We will go on a journey of three stages, with key actions in each stage...

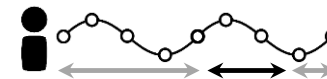


B Where do we want to be?

Our Purpose
Improving paediatric clinical outcomes in critical care situations



Our Core Approach
APLS is at the heart of a community of practice that works to train and influence healthcare professionals and others across the whole paediatric critical care experience:



APLS acts as a scaffold for this community of practice, helping it to:

- Focusing / distilling knowledge, evidence, and best practice
- Upskilling practitioners
- Influencing, training, educating, and driving change in practice in paediatric care



Aspiration
By 2021, every child in Australia, with a serious or critical illness/injury, will experience the best care, positively influenced by the APLS community

Vision
By 2021, APLS will be recognised as central to raising the standard of care provided to acutely ill children in Australia

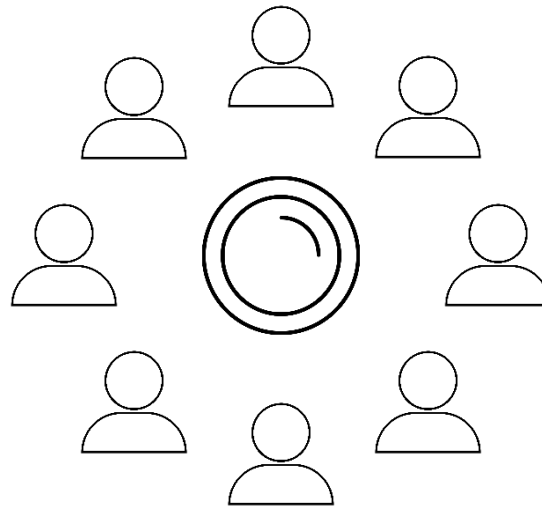
A: Our business model

Partners <ul style="list-style-type: none"> • Professional colleges who mandate the course • Other colleges • Australian Resuscitation Council (ARC) • Research-based organisations, such as PREDICT • International collaboration with Advanced Life Support Group (ALSG) 	Key Activities <ul style="list-style-type: none"> • Training / education • Community management • Stakeholder engagement (including with instructors and candidates) 	Value Propositions <ul style="list-style-type: none"> • Highest value: “peace of mind that I can deliver the emergency care required” • CV benefit • Save lives • Professional development • Common language across disciplines • The credibility and expertise of our instructors • Networking with the instructor base 	Customer Relationships <ul style="list-style-type: none"> • Common desire to bring life-saving care to sick kids 	Customers <ul style="list-style-type: none"> • Doctors • Paramedics • Nurses • In rural, remote and urban areas • Note the need in mixed EDs in areas of rapid urban growth • The ultimate customers are the critically ill children our trained clinicians help
	Key Resources <ul style="list-style-type: none"> • Our brand • The licence from ALSG • Volunteer instructors • Unique mix of disciplines: emergency medicine, paediatrics, anaesthetics • Skilled office staff and board • Marriage of business and clinical skills • Specialist knowledge 		Channels <ul style="list-style-type: none"> • 3-day course • 1-day course • Apps / algorithms • Conference • Website 	
Cost Structure <ul style="list-style-type: none"> • Head office staff • Maintenance of course content • Equipment and disposables • Travel and accommodation for volunteers • Venue hire etc • Lease costs for Little Collins St • PAC Conference 			Revenue Streams <ul style="list-style-type: none"> • Course fees (95%) • The value of the instructors’ time is effectively donated by their employing organisations • PAC Conference • Royalties from manual • Some donations • Revenue from third-party leasing of Little Collins St premises 	

A: We act as a “lens” for our professional community of practice

We are in the business of:

- *Focusing / distilling knowledge, evidence, and best practice*
- *Upskilling healthcare practitioners*
- *Influencing, training, educating, and driving change in practice in paediatric care*



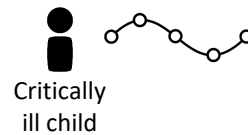
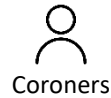
APLS acts like a “biological lens”, focusing and scaffolding our professional community of instructors and participants.

The uniqueness of our APLS course offerings comes directly from the participation of our multidisciplinary professional community in the course design, delivery, and participation.

Our eco-system affords lots of opportunities for leverage

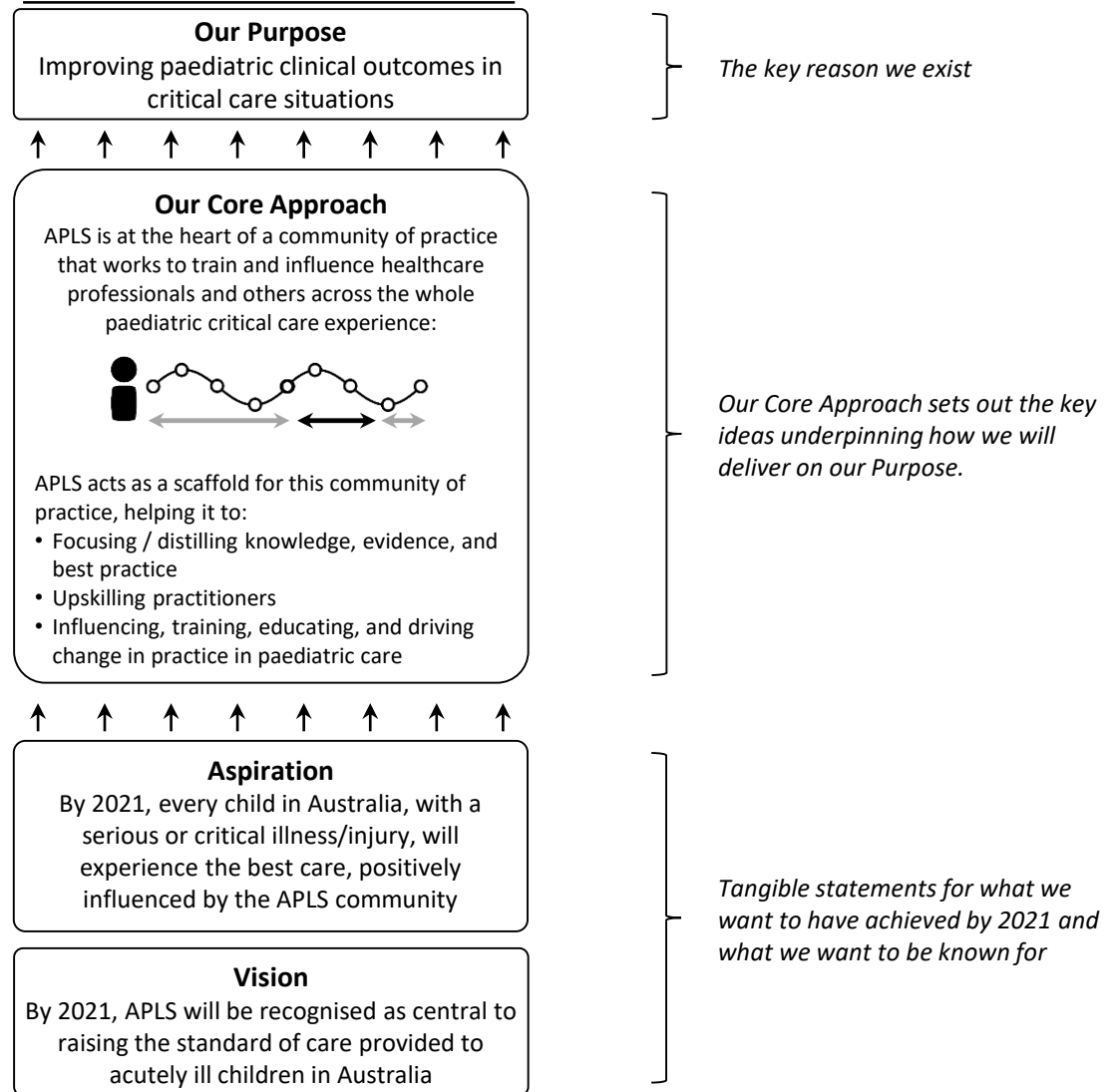


Including policies, funding models, and agencies



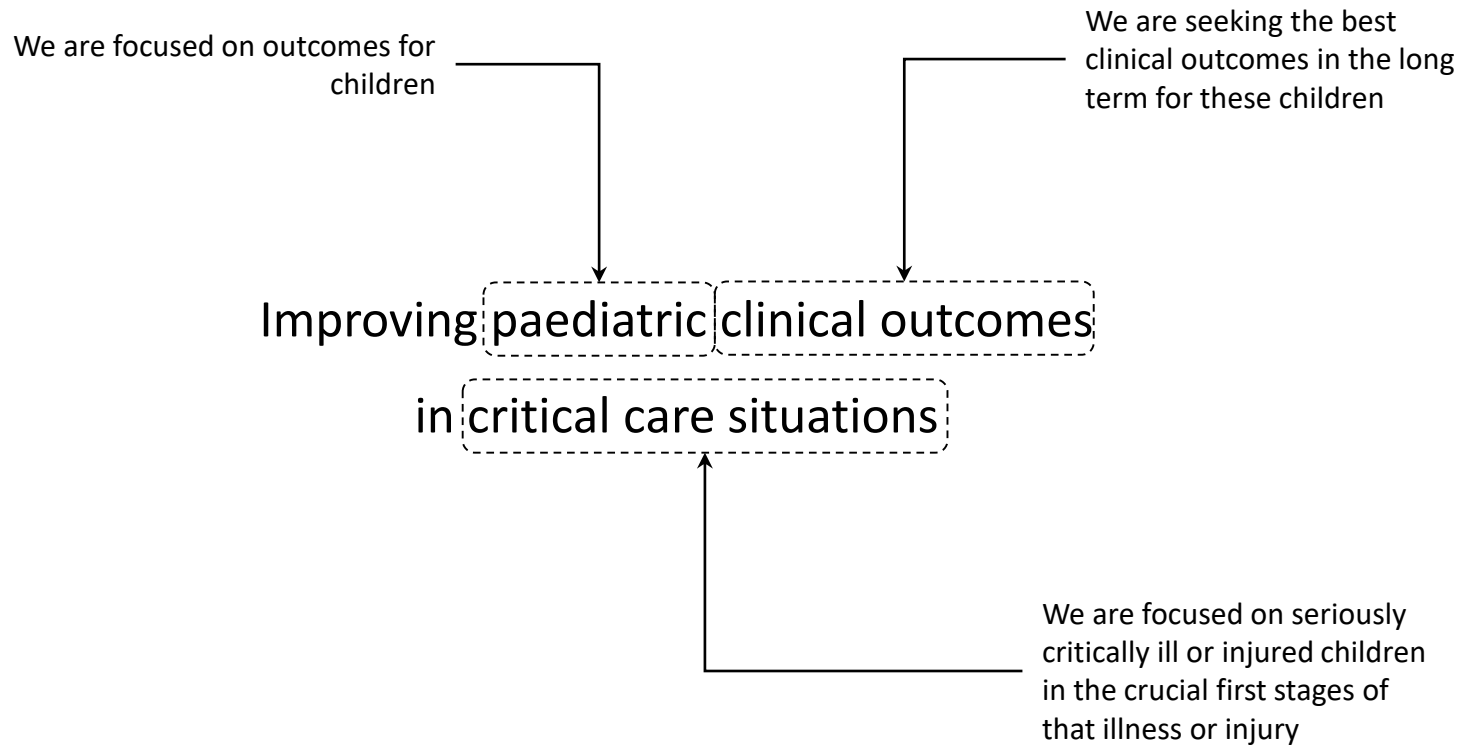
B: Where do we want to be?

B Where do we want to be?



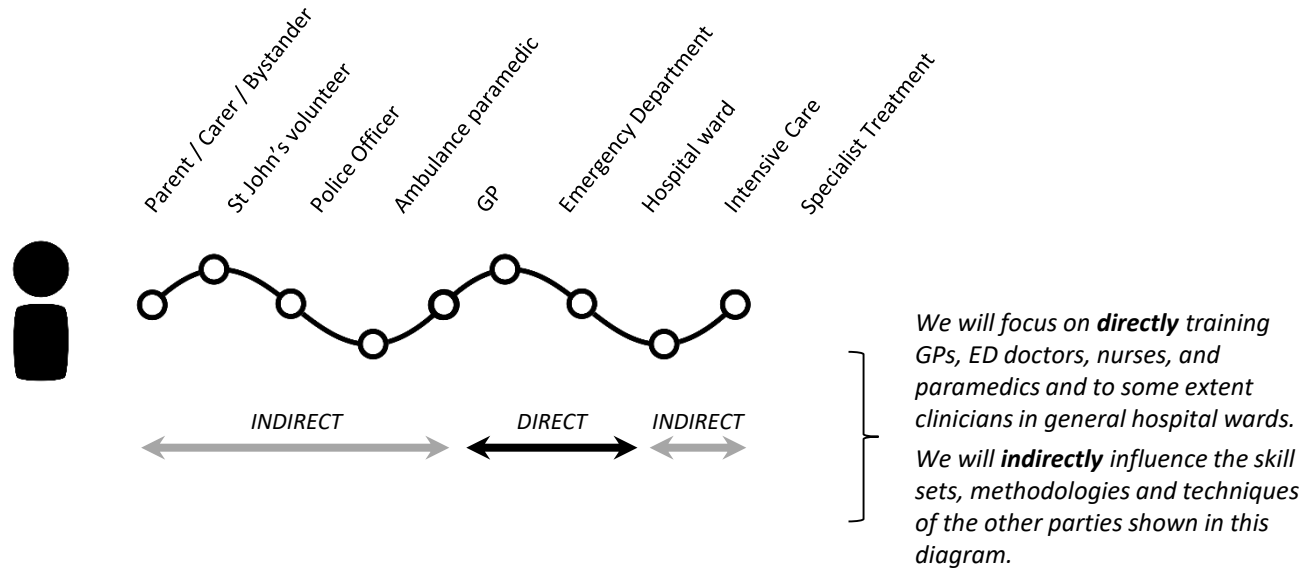
B: Our Purpose

Our purpose sets out the fundamental reason why we exist...



B: Our Core Approach

APLS is at the heart of a community of practice that works to train and influence for good outcomes across the whole paediatric critical care experience:



B: Our Aspiration

Our Aspiration sets out what we want to have achieved by 2021

We are aiming for **every** child in Australia to be cared for by someone trained or influenced by us when they need it.

By 2021, every child in Australia,
with a serious or critical illness/injury,
will experience the best care,
positively influenced by the APLS
community

We remain focused on the critical first stages of the acute illness/injury

The best care appropriate to their circumstances

We will not be able to directly train every relevant care-giver and healthcare professional. However, we will aim to be in a position to influence the big systems that determine the standard of care and techniques adopted in acute paediatric emergencies

B: Our Vision

Our Vision sets out what we want to be renowned for by 2021...

Recognised by the ARC, medical colleges, nursing institutions, Universities, Governments, and other influential actors in the health system

By 2021, APLS will be recognised as

central to raising the standard of care

provided to acutely ill children in

Australia

That is – playing a key role in influencing and lifting the standard of care. This does not mean that we are the **only** contributor to a lift in the standard of care – but we are a crucial and significant contributor

B: Preliminary high level measures of success for three years

To be further discussed and agreed...

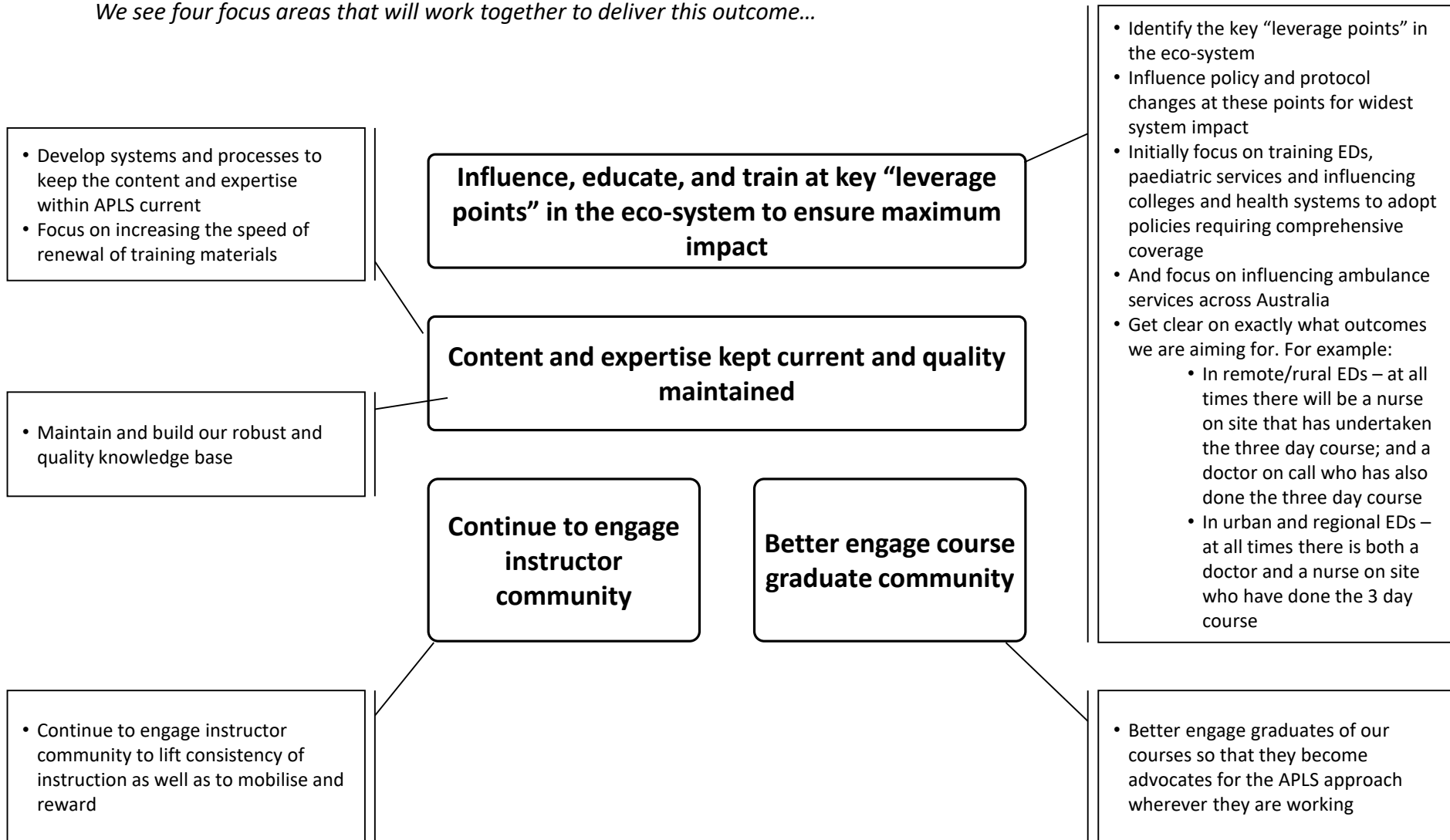
3-year Targets

- Financial performance metric (TBD)
- Average age of membership – understanding the demographics of who we are and who we want to reach
- Robust knowledge base (measure the processes used to keep knowledge up to date?)
- Consistent application of instruction (measure process for supervision?)
- Continue to provide high quality courses for clients
- Coverage of target clinician populations (TBD)
- Level of collaboration between community of practice members
- Governance health

C: How do we achieve our 3-year Aspiration?

How do we ensure that every acutely ill child receives APLS-influenced care anywhere in Australia by 2021?

We see four focus areas that will work together to deliver this outcome...



D: How do we grow over the next three years?

We will go on a journey of three stages, with key actions in each stage...

