

The Hon. Jillian Skinner MP

Minister for Health & Minister for Medical Research

Speech to the Council of Board Chairs Meeting

25 November 2011

(E&OE)

Acknowledgements:

- Traditional owners of the land
- Dr Mary Foley
- Chairs of the LHDs

This is the third time I've addressed you as Chairs of the Local Health Districts and I've now had an opportunity to meet you in the field – visiting hospitals or attending functions.

But this is really the inaugural meeting of the Council of Board Chairs.

So I want to spell out to you how I hope we can work as a Council to nurture the devolved model of health governance that I've been committed to for a long time.

I've written to you all expressing my pleasure at the degree of enthusiasm I am encountering among the Boards, and the facilities and services within your Districts for the priorities I have been highlighting.

You know you are getting somewhere when people tell you about their CORE values... their Collaboration, their Openness, their Respect and their Empowerment.

In the charter letters I sent you I have spelled out my expectation of Chairs in terms of organisational culture, of openness and transparency, communication with the

broader community and with those within your health services, budget control and building the capacity of Boards.

Today I want to spend some time highlighting one of the things I am finding most exciting about my visits to your facilities and in reading your reports.... the innovative ideas, often being driven by clinicians, that will help us reach the goal of improved patient outcomes.

These are just some of the initiatives that I've noted on my rounds, I know there are many more:

At Wyong Hospital: Paediatric Ambulatory Care Unit

- Established 5 years ago
- Paediatric senior doctor there 7 days a week... has significantly reduced referrals to Gosford hospital
- Can have treatment then go home and come back if need be
- Admissions have decreased despite presentations increasing
- Cover until 10 pm... mobile number of Dr provided to parents so they have cover if needed
- Patient recovering in an acute setting can come to this unit for follow up care
- Nepean and Campbelltown have similar PACUs... very cost effective model

At Gosford Hospital: Aged Care/Dementia Ward

- Volunteers as part of feeding program, patients better nourished
- Volunteers have become companions, spend hours in the ward, walking with patients, helping them go to the toilet and generally supporting them, listening to them.
- There have been no falls in the Aged Care/Dementia Ward since thi9s program began

At John Hunter: The ICU Retrieval Room

- Set up in-house as part of the tele-health strategy
- Uses a web based camera- can talk to GPs in greater region/show x-ray details etc
- Pays for itself in one go
- Prevents unnecessary retrieval of patients
- For example, can give directions on putting test tubes in while staff work on other aspects of patient care

At John Hunter: In the ED

- A Clinical Initiatives Nurse working with four nursing homes, providing them advice and verbal support, has saved 50 beds days in three months by preventing patients being transported to the ED unnecessarily

At Maitland: New Emergency/Ambulatory Care Centre

- Electronic Survey Boards to track patient experience- patients take 1min to answer simple questions relating to their stay. Responses are automatically uploaded to the system. Very positive feedback and hugely beneficial in identifying what works well, while also making any necessary changes
- Ward Staff proactively go to the ED to bring patients back to the wards which helps patient flow

At Tweed Hospital: In the Renal Unit

- Only 15% of Tweed patients are doing home therapy whilst their goal is 50% They realised patients would rather come into clinic than have therapy at home. So helped solve the problem by ending the Bingo games!

At Lismore: Falls project

- Staff were determined to decrease the amount of falls. Created folders to educate families and visitors etc. Huge success so far

At St George: Strong relationship with Private Hospital next door

- Patients are discharged to subacute quicker

At Fairfield: Emergency Department

- Fast Track Zone noted – innovating use of space – had previously been a series of store rooms that were opened up into a larger space for Fast Track chairs
- High rates of ethnic grouping often necessitating what would be considered to be non-PC in other places, but well accepted in the community (Vietnamese Day is Monday, Muslim Day is Thursday – in Outpatients etc – this has allowed for multi-lingual staff to be present to assist with assessment and patient care)
- ED Physician, who works there 1 day a week, rest elsewhere
- Feels that Fairfield is great “bang for buck” with over 33,000 patients seen per year in ED
- Larger ED’s not always a better way of treating patients.
- Felt that Fairfield’s General Medical Roster is an excellent model of care allowing for Medical treatment and admission – more generalist skills (although all have specialist skills additional) has improved workflow and bed block.
- Cardiac rehabilitation program is also very good at Fairfield

At Fairfield: Paediatrics

- Satellite burns centre for Westmead
- ~20% of presentations at ED were children
- Very efficient model of care with great community satisfaction with hospital
- Support for integration of Children’s Hospital network further (in addition to Westmead and Sydney Children’s Randwick) and wish for greater links back into Tertiary levels of care

At RPA: Cardiovascular Chronic Care Program

- Aim is to get patients into rehab and coaching service which is based on motivational interviewing
- Has saved approx. 50% in bed days for these patients and a drop in mortality.
- RPA supported by complementary services at Balmain Hospital Ambulatory Care
- Treats over 400 patients per day - day only
- Common patients are those with cellulitis, pneumonia, blood clots, complex wounds
- Excellent model of care for hospital avoidance
- Most referrals coming through GPs however some direct from RPA clinicians and wards

At Parkes: Use telehealth services (geriatrician services from Concord hospital)

- Very positive outcomes
- More accessible for elderly people
- Cost effective given large distances
- Rolling it out in Dubbo also

At Bankstown: In the ED

- Fast track area – recipient of a Premier's Award. Means that triage categories 3, 4, 5 are brought straight through on a strict criteria

At Westmead: which has problems with ED access block.

- I learnt that senior doctors and nurses recently did the rounds one Monday morning, visited every bed and ascertained that one quarter of the patients in them should not have been there.

- One hopes this leads to changes in discharge processes.

At RNS:

- A doctor friend told me that had been done about ten years ago – led to changed discharge practices but slipped back. Need to ensure that when good ideas emerge, they are proven effective, that we stick with them
- Also at RNS a new 48 day menu, with wide choices has been introduced. So good that when I was there for a taste test, nurses who were with us took the leftovers back to the wards to share with their colleagues!

At Westmead Childrens: Grace Centre for Newborn care

- Nurse-led initiative – **Baby Diaries**. Nurses write messages to the infants in their care whilst on shift, which they pass onto their patients once they leave NICU
- **Community Acute/Post-Acute Care (CAPAC) or ‘hospital in the home’** – high family satisfaction, reduces readmission rates and therefore waiting lists. Can admit out-patients from in-patient wards. Discharge summary goes back to patient’s GP. 25 new patients per month. 250 bed days per month have been saved. Can be grown further, and other MOCs can also deploy.
- **Essentials of Care** – Nursing Research Unit – 13 wards (or 65-70% involved). Improved handover communication.
- **Introduction of medicine cabinets in each room** – in Isolation Oncology – families can be involved in medication routines

Mid North Coast community health – Kempsey.

- **Incontinence nurse** with 90 patients travel for hours to see her. She’s helped children go back to school. speaks at local clubs. Transforms people’s lives
- **Transition teams** – hospital in the home – allow patients to be sent home early as they attend daily to administer drugs etc

These and many other clinician led initiatives are making a difference to patient care in NSW.

Add to this the outstanding initiatives showcased at the NSW Health Awards including:

- The Nepean Hospital/ Justice Health project providing better care and management of pregnant women in custody
- The Gosford project using proactive intravenous antibiotics to treat patients with cellulitis in their own homes, rather than admitting them to hospital
- The Hunter New England, Centre for Medical Professional Development which is the first Australian site to be accredited by the Australian Medical Council to offer workplace-based assessment for International Medical Graduates

These and many other ideas show me the value of devolution.

They demonstrate the value of listening to and engaging clinicians.

Clinician led innovations will help improve patient care and assist us in meeting key benchmarks.

I hope that, as we improve our own communications, through an improved website for example, that we can 'showcase' these ideas so that they can be shared as solutions to problems that may be encountered across the system.

I am not claiming that these initiatives have all emerged since the change of Government.

But I do believe that by celebrating them, by telling clinicians how they are appreciated in our 'devolution model' then more will follow.

I want all of you as Chairs to encourage this innovation.

This initial Council of Board Chairs meeting is being held in conjunction with the meeting of LHD Chief Executives convened by the Director General – for convenience and because Parliament is sitting.

But in the future I would like our meetings to be separate and I want you to organise, in close co-operation with my office, the program (agenda and timing) of meetings of the Councils of Chairs.

In recognition of the importance of your LHD responsibilities contributing to the strength of NSW Health as a whole, I have accepted the suggestion put to me by a number of Chairs, that I should seek your input, in terms of the best way to establish and support a number of initiatives, including how to:

1. Build capacity amongst the Members of Boards through continuous education and training
2. Establish methods to cultivate the exchange of ideas between Districts
3. Feed the appetite of many Members of Boards to contribute more broadly in discussions and workshops in ways to improve the performance of NSW Health
4. Establish a positive communication link amongst Members of Boards through the use of modern technology
5. Organise an annual or biannual conference for all Members of Boards

I have asked my office and the Ministry to work out how this can proceed.

In conclusion, may I reiterate my vision for the next five to ten years.

- I want to see a system where patient care is seamless and integrated. Where the patient – respected, listened to and informed – is the focal point of an integrated service which involves all elements of health care, in a way which flows seamlessly, easily and efficiently.
- I want us all to be part of a health system in which people are proud to work and in which they derive personal satisfaction and reward from their work. That applies equally no matter in what part of the system a person is engaged. I want cleaners and wards people, record keepers and security officers, managers and administrators, nurses and clinicians, head office personnel and Board members, all to derive satisfaction, pride and personal self-fulfilment from being part of our team and working in the NSW health system.
- I want the people of New South Wales to have realistic and sound expectations of what the health system can do for them – and what it cannot. I want them to understand what they have a right to expect and to what they are entitled, but equally to understand what their own responsibilities are for the care of their own health and that of their families.

And finally, thank you.

Our health system has experienced a lot of change over the last 12 months, and change can sometimes be hard.

Thank you for partnering with me on this change journey, and for the time and energy you invest into our health system.

I am honoured and privileged to be the Minister for Health and Minister for Medical Research, and to be able to work with each and every one of you to improve patient outcomes in NSW.

May you have a wonderful, safe and healthy Christmas season with your family and friends.

Thank you.