A view from the 'sponsors' perspective

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Poll: What do you need from a sponsor for success?

To enter the poll:

Text the word 'ELIZABETHCUR190' to the phone number 0427 541 357

Then once you receive confirmation text your answer to the same number (only one word at a time)…

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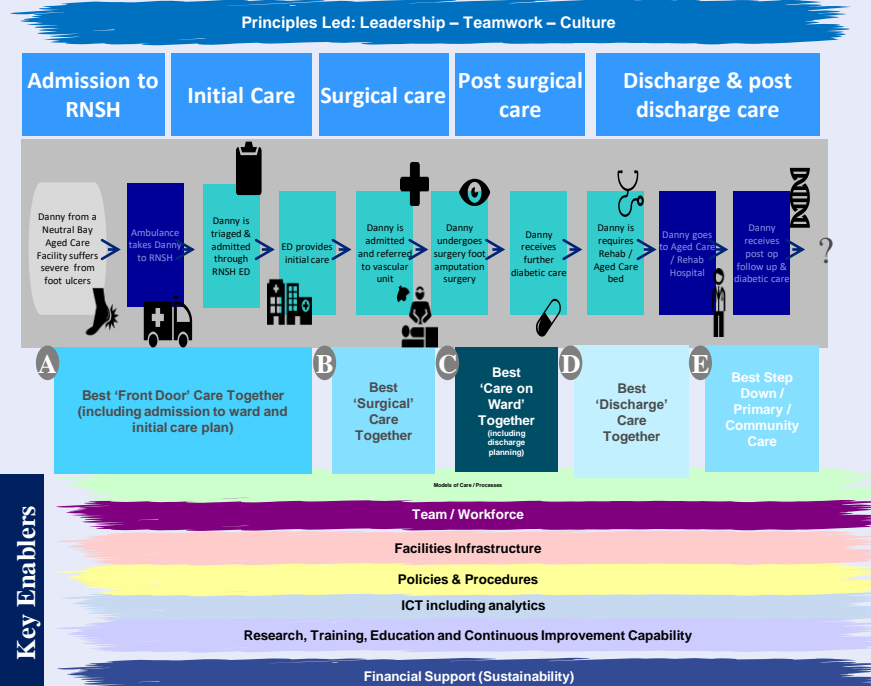: What do you need from an Executive Sponsor for improvement success?

An example from NSLHD
The Best Care Together Program 2017

KEY QUESTION: What does the best care for our patients look like at Royal North Shore and Ryde Hospitals and how can we get there together (working across boundaries)?

Overview of the Program

- We are reengaging both clinical and non-clinical staff in all facilities/services on **an agenda that centres on quality improvement with the aim of moving services to the next level of patient/consumer centred care**.

- This is the **umbrella program** for all of the NSRHS service improvement efforts:

- **We will deliberately support our staff to further develop their leadership and teaming capabilities to cultivate our culture of curiosity, structured problem solving and patient/consumer centred service improvement.**

- Improvements in key metrics such as Emergency Treatment Performance (ETP), Elective Surgery Access Performance (ESAP), Length of Stay (LOS), Mortality Rates and Readmissions plus our **financial sustainability** will be **key outcomes of this focus.**

- **Measurement of success will be critical** to knowing whether we are on track and will include monitoring of these KPIs and other impacts.
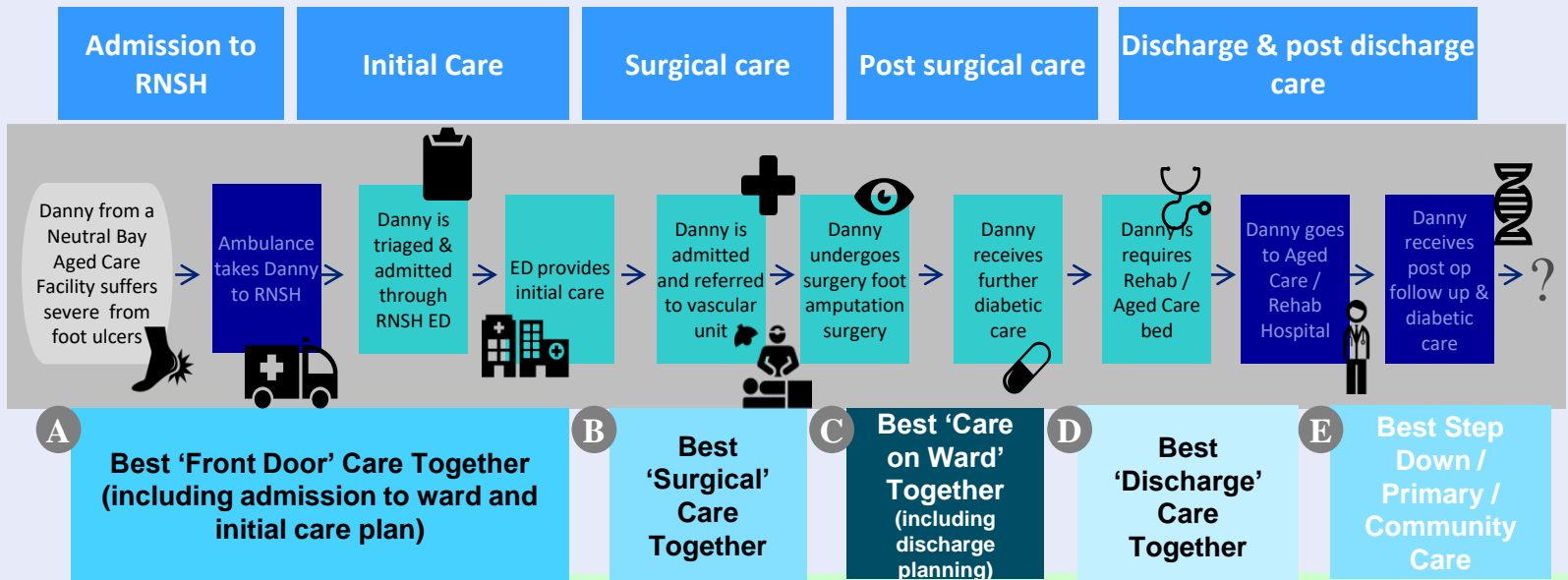

Principles Led: Leadership – Teamwork – Culture

| Admission to RNSH | Initial Care | Surgical care | Post surgical care | Discharge & post discharge care |

Danny from a Neutral Bay Aged Care Facility suffers severe from foot ulcers → Ambulance takes Danny to RNSH → Danny is triaged & admitted through RNSH ED → ED provides initial care → Danny is admitted and referred to vascular unit → Danny undergoes surgery foot amputation surgery → Danny receives further diabetic care → Danny is requires Rehab / Aged Care bed → Danny goes to Aged Care / Rehab Hospital → Danny receives post op follow up & diabetic care → ?

A — Best 'Front Door' Care Together (including admission to ward and initial care plan)
B — Best 'Surgical' Care Together
C — Best 'Care on Ward' Together (including discharge planning)
D — Best 'Discharge' Care Together
E — Best Step Down / Primary / Community Care

Models of Care / Processes

Key Enablers
- Team / Workforce
- Facilities Infrastructure
- Policies & Procedures
- ICT including analytics
- Research, Training, Education and Continuous Improvement Capability
- Financial Support (Sustainability)

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Scope – The Best Care Together Program

Guiding Question: What does the best care for "Danny" look like at Royal North Shore and Ryde Hospitals and how can we get there together (working across boundaries)?

Principles Led: Leadership – Teamwork – Culture

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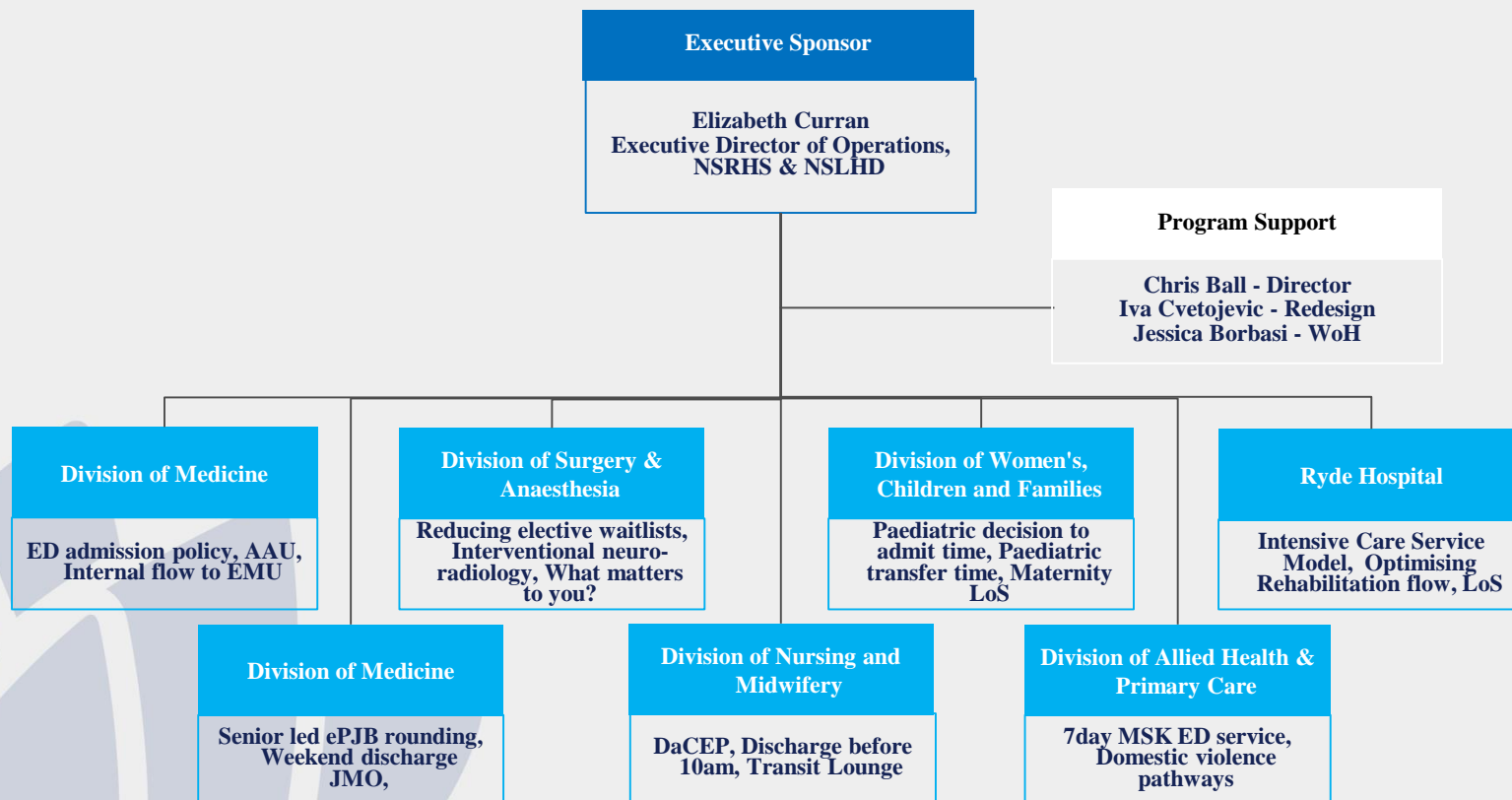# Principle Based Approach:
Our Care Principles

Our General Principles

- Best quality care leads to best outcomes and IS best value care

- Right care, right place, right time

- Person centred including families and carers

- Take an agile approach to improvement – Plan Do Review Act

- Lead with best quality care and key metrics will follow

- Utilise the power of analytics and measurement to know whether we're having an impact

- Collaborate beyond our traditional boundaries - across not just hospital divisions / departments and professional groups but more broadly across the District and various community health providers

- Encourage a culture of curiosity, problem solving, collaboration and agility

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Program Governance

Executive Sponsor

Elizabeth Curran
Executive Director of Operations,
NSRHS & NSLHD

Program Support

Chris Ball - Director
Iva Cvetojevic - Redesign
Jessica Borbasi - WoH

Division of Medicine

ED admission policy, AAU,
Internal flow to EMU

**Division of Surgery &
Anaesthesia**

Reducing elective waitlists,
Interventional neuro-
radiology, What matters
to you?

**Division of Women's,
Children and Families**

Paediatric decision to
admit time, Paediatric
transfer time, Maternity
LoS

Ryde Hospital

Intensive Care Service
Model, Optimising
Rehabilitation flow, LoS

Division of Medicine

Senior led ePJB rounding,
Weekend discharge
JMO,

**Division of Nursing and
Midwifery**

DaCEP, Discharge before
10am, Transit Lounge

**Division of Allied Health &
Primary Care**

7day MSK ED service,
Domestic violence
pathways

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Best Care Together Projects (so far)

Bold = Priority Project

A — Best 'Front Door' Care Together (including admission to ward and initial care plan)

- 7 Day ED Musculoskeletal Service
- Flow to Other wards - General
- Transit Lounge Redesign
- **Internal Flow in Emergency Medical Unit (EMU)**
- **Senior Staffing in ED**
- **ED Admission Policy**
- **Further Improve Acute Assessment Unit (AAU) Flow**
- **Rapid Access Paediatric Treatment Observation Review (RAPTOR) project**
- **Optimise Handover and transfer processes/resource requirements**
- **Radiology turn around time**
- **Toxicology Pathway**
- **Demand and Capacity Escalation Plan (DaCEP)**
- 3 hour Troponin for Chest Pain
- Bed Modelling and ED space
- Ensure High Volume Units Meet Timely Consult Requirements
- Monitored Bed Supply and Prioritisation
- Match Medical Day Procedure Unit (MDPU) Capacity to Demand
- Transfers through ED

B — Best 'Surgical' Care Together

- **Reduce Elective Waiting List (REWL) Project**
- **CATT - Creating Access to Theatres**
- Renal Transplant Surgery
- Gastro-Intestinal (GI) Surgery Work Distribution
- Paediatric Surgery
- Acute Surgical Unit Project
- Discharge Coding Project
- Cardiac Surgery Project
- Pancreatic Patient Work Up
- Criteria led discharge for surgical subspecialties
- Urology - Remote Calls
- Surgical Education Research Training (SERT)
- Agency for Clinical Innovation (ACI) Fasting Guideline
- Hand Surgery Right of Private Practice (ROPP)
- Interventional Neuroradiology (INR)

C — Best 'Care on Ward' Together (including discharge planning)

- Craniotomy Length of Stay (LOS) Project
- Pre Admission Clinic (PAC) Model
- Clinical Variation Senior Medical Staff Unit (SMSU) overtime
- Monitored Bed Supply and Prioritisation
- Echocardiogram Delays
- **Senior Led Electronic Patient Journey Board (ePJB) rounding**
- Maternity LOS
- Tracheostomy Care (Trachy Team)
- Physio Early Mobilisation in Intensive Care Unit (ICU)
- Malnutrition Screening Tool
- Developing Clinical Practice guidelines for Burns Nutrition
- Speech Pathology Swallow Screen Cards
- Blaylock Discharge Risk Assessment Tool
- Others TBD

D — Best 'Discharge' Care Together

- **Weekend Discharge (90 Day Challenge)**
- **Timely Discharge Project**
- Home Physio Smartphone APP available in 10 languages
- Physio Discharge options Project
- Occupational Therapy (OT) Equipment Loan Pool
- OT Prescribing of Home Modifications
- Others TBD

E — Best Step Down / Primary / Community Care

- Nursing Home Discharge processes
- **Rehabilitation Placement and consult**
- Ambulatory Care Services
- Acute Post Acute Care (APAC) Improvement project
- Orthotics Quality Improvement Community Engagement project
- Aged Care specialist Mental Health Service
- Malnutrition Point Prevalence Study Northern Sydney Cancer Centre (NSCC)
- Mind Masters- early memory loss group
- Northern Sydney Sexual Assault Service- Various Initiatives including Jacaranda Groups, Community Educations
- Pancreatic Exocrine Multi Disciplinary Team (MDT) Clinic
- Others TBD

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How are we making this happen
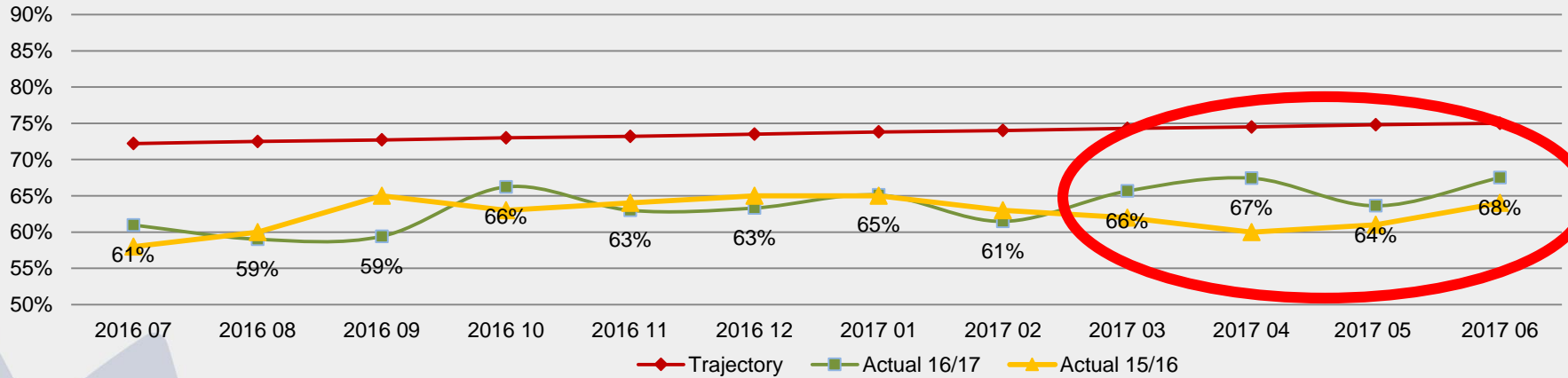
The Beehive – Agile Collaborative Approach
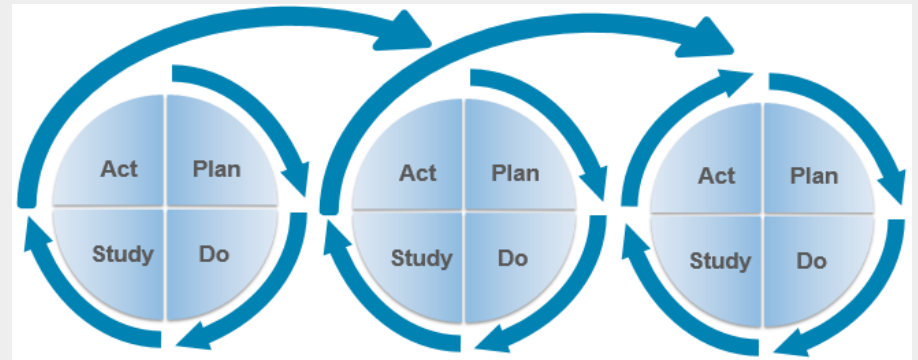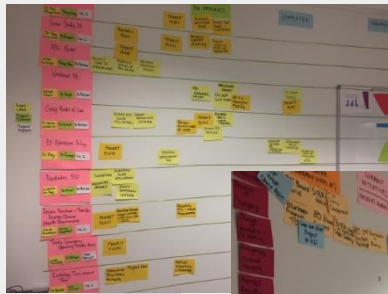
- Collaborative 'hive' for staff to congregate at and obtain support / advice

- Includes best practice project support including coaching on PDSA cycles, analytics and communications support

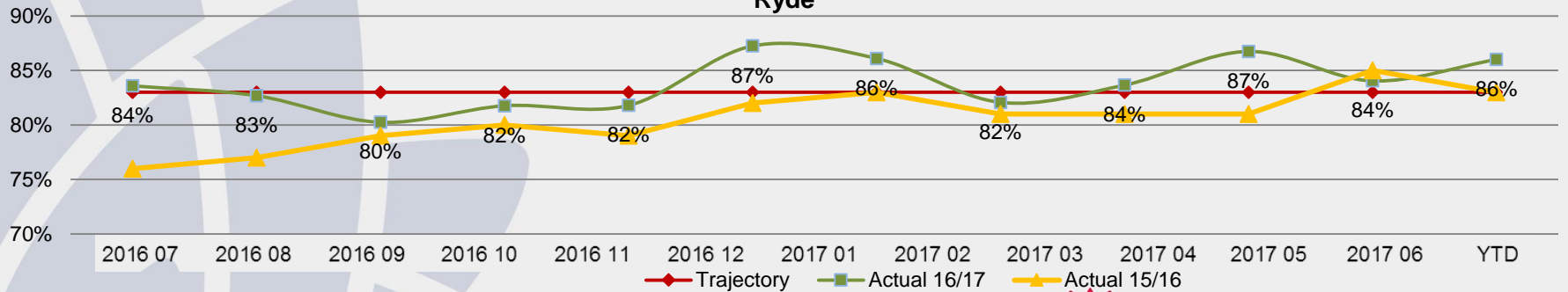- Acts as a hub for spreading ideas across units, specialties and hospitals
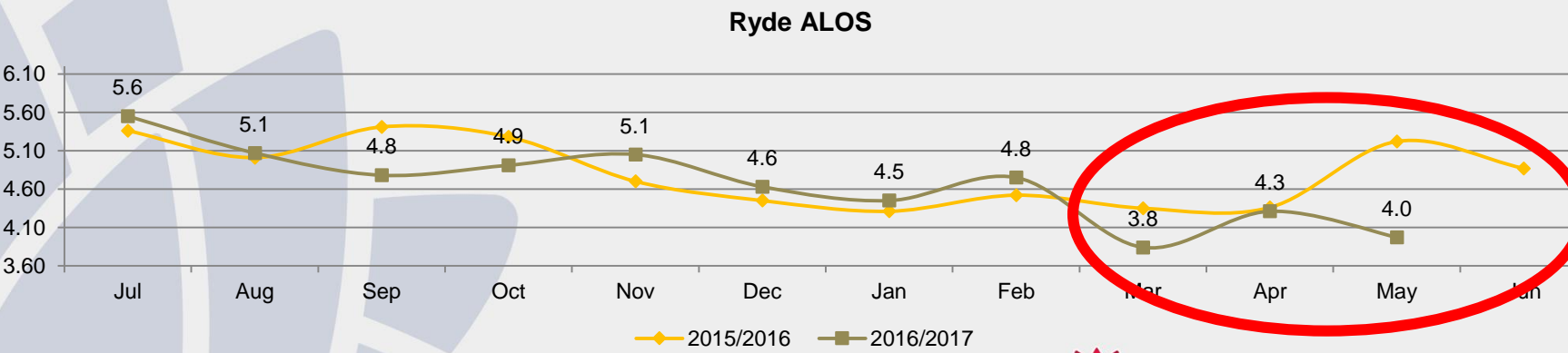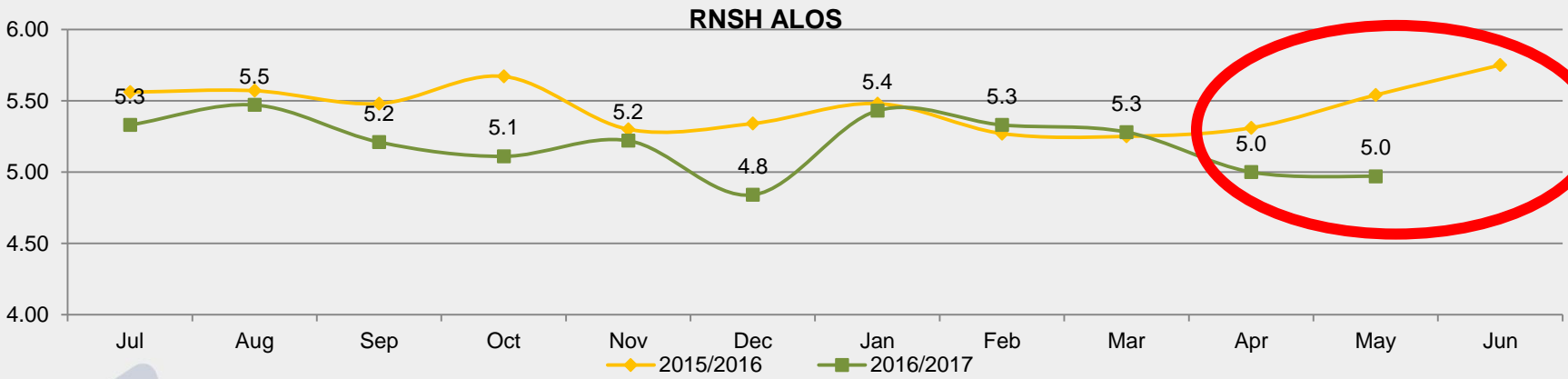
Results so far…ETP

RNSH

Trajectory — Actual 16/17 — Actual 15/16

Values shown: 61%, 59%, 59%, 66%, 63%, 63%, 65%, 61%, 66%, 67%, 64%, 68%

Ryde

Trajectory — Actual 16/17 — Actual 15/16

Values shown: 84%, 83%, 80%, 82%, 82%, 87%, 86%, 82%, 84%, 87%, 84%, 86%

Results so far…LoS

RNSH ALOS

5.3 5.5 5.2 5.1 5.2 4.8 5.4 5.3 5.3 5.0 5.0

Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May Jun

2015/2016 2016/2017

Ryde ALOS

5.6 5.1 4.8 4.9 5.1 4.6 4.5 4.8 3.8 4.3 4.0

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2015/2016 2016/2017

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What's important to an Executive Sponsor?

QUALITY AND SAFETY

- Delivering the best care
  - Is the right care being delivered in the right place at the right time?

- Expectations of our patients and communities
  - Is this what is best for the patient?
  - What does our community need from us?

What's important to an Executive Sponsor?

TIME

- The speed of the improvement
    - How quickly can this happen?
    - How does this align to other key initiatives or KPIs?

- Available time to spend on improvement versus operational demands
    - "Can't see the wood for the trees"
    - With limited time how can I have maximum impact?

What's important to an Executive Sponsor?

EFFICIENT

- Utilising funds in an efficient way

  – Will this investment lead to improvements efficiency and performance?

  – Financial sustainability for the health system?

- Having the appropriate information available to make the right decision

  – How does this improvement compare to others?

  – What are the negatives of this decision?

What can your Executive Sponsor do for you?

- Express

  – Communicate your improvement ie. Newsletters, meetings, corridor conversations…

- Model

  – Act in a way that aligns to the change you need ie. Use the appropriate form

- Reinforce

  – Reward those that make or invest in the change ie. Morning Teas, development activities

  – Speak about what is expected

Activity: Consider what you need from your sponsor and what your sponsor needs from you

- What will be the benefit for patients?

- How will it improve financial sustainability?

- How will it benefit staff?

- Who are your executive sponsors?

- What are they interested in?

- What role do you need them to play?

- How do you make it easier for them?

Executive Sponsorship Template for your project

What will be the benefit for patients?	How will it improve financial sustainability?	How will it benefit staff?	

Who are your executive sponsors?	What are they interested in?	What role do you need them to play?	How do you make it easier for them?