

# Whole of Health Program

*Direction and Strategy,*

*Masterclass - 28 June 2017*

# Agenda

An overview of the Whole of Health Program	4
Key Findings from the Whole of Health Evaluation	8
The 3 Strategic Priorities	26
Accessing Whole of Health Support	37

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# The Whole of Health Program aims to support timely access to care

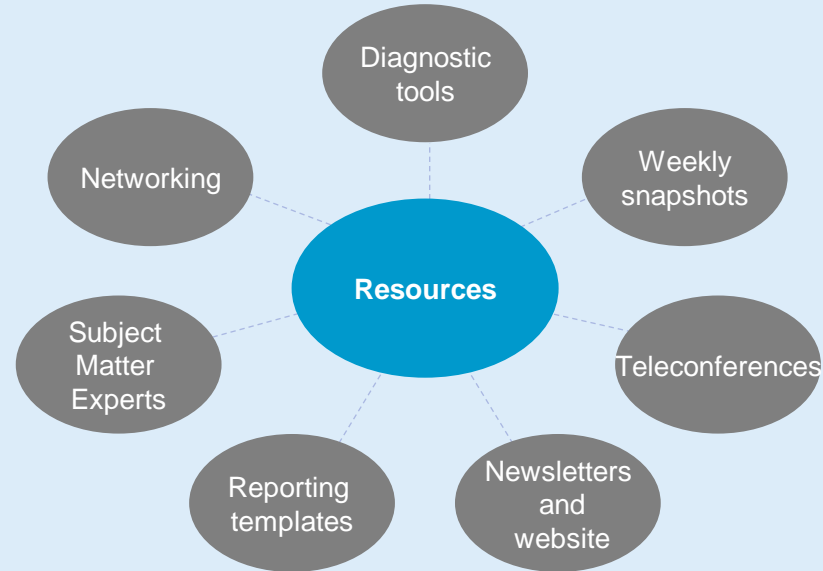
## Overview

- The **Whole of Hospital Program** was **launched in 2013** to support local health districts in driving the strategic change
- Access to **high quality, safe and timely health care** is critical for patients, carers and staff.
- **Support the implementation** of the **NEAT agenda**

## Key Components

- Centrally facilitated **locally led** implementation
- State-wide **networking** and **collaboration**
- Data sharing
- **State-wide** projects

There is a range of resources available to Hospitals as part of the program



## There are four common initiatives typically used as part of the program



Patient flow process improvement



Demand escalation



Capacity management initiatives



Emergency Department, Admitted Patient and Mental Health diagnostics and initiatives

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Support and how to access	37

# An evaluation was undertaken to review the WOHP program across NSW



## Key Insights

Conducted to capture key **insights** and the **strengths, weaknesses, opportunities** and **threats** to the program

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Across **14 hospitals**, with engagement at facility, LHD and SHN

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Including **Whole of Health Leads, Patient Flow Managers, Executives** of Local Health districts, Specialty Health Networks, and Hospitals



A common insight was the change in program name had minimal impact on understanding or acceptance

### What's in a brand?

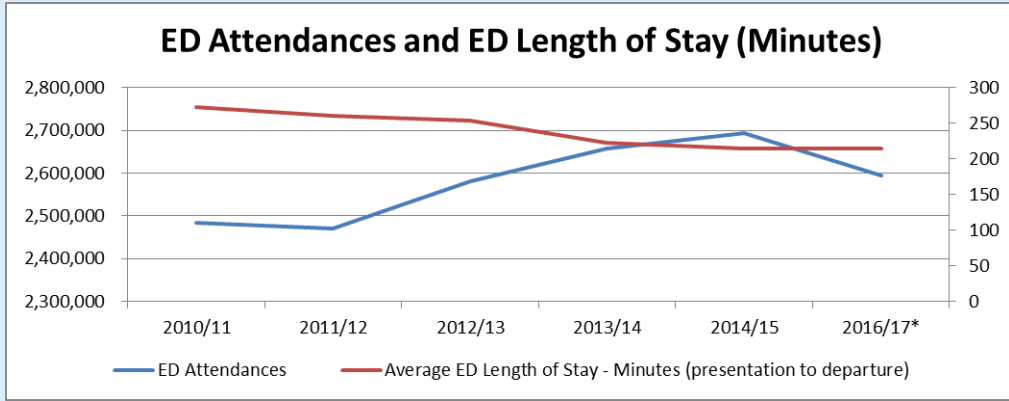


Whole of Hospital To... Whole of Health

### Key findings

- There was **recognition** that the change of brand was to reflect the **partnerships** with **broader** health **service providers**
- A **number of hospitals** retained the **Whole of Hospital Branding**
- Program **branding** facilitated **relationships**

# Overall performance improved with a reduction in length of stay in emergency departments reducing by 59 minutes

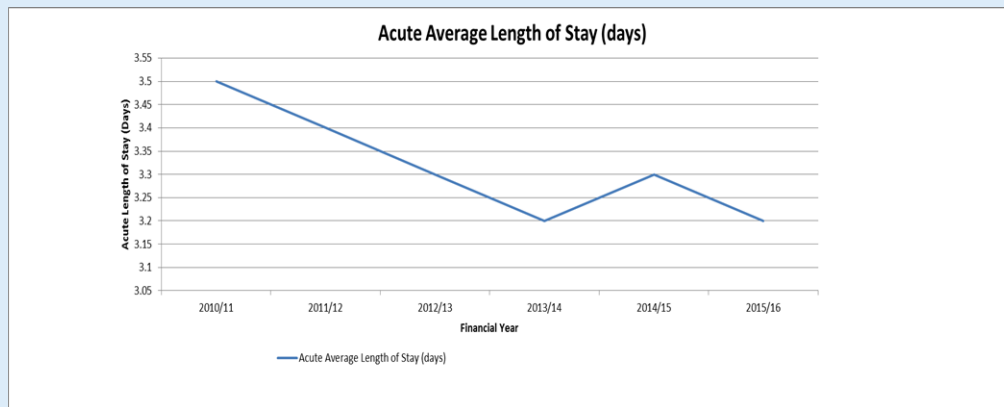


**Comments**

- Data prior to WOHP demonstrated that NSW was a lower than average performer
- Emergency Department LOS reduced significantly 2011-2016

• Data sourced from NSW Annual Reports

It also identified that acute length of stay reduced significantly from 3.5 to 3.2 days



#### Comments

- Acute Length of Stay reduced from 3.5 to 3.2 days

- Data sourced from NSW Annual Reports
- Acute average length of stay includes overnight and same day separations.
- Acute average length of stay = (Acute bed days/Acute separations).
- Acute activity is defined by a service category of acute or newborn.

To date the focus of the WOH program has been mainly on process improvements in the acute hospital

Projects focused on **patient flow**, and **access**

There is a belief that there is still **significant opportunity** in the **acute hospital**

There was **few** examples of **hospitals working with community health services**

The report established 12 major findings which we were able to reflect on

1

Site Lead

2

Governance

3

Systems Improvements

4

Rural and Regional Sites

5

Newsletters and Websites

6

Weekly Data Snapshots

7

Diagnostic Tools

8

Teleconference

9

Subject Matter Experts

10

Reporting Templates

11

Masterclass

12

Locally Led / Centrally Co-ordinated

# The WOH Program 'Site Lead' is a pivotal role in supporting implementation

## Finding 1: *Site Lead*

- The role requires **dedicated time** on the program
- The **funding** arrangements creates **challenges** for **retention** of **valuable** staff
- There needs to be **investment** in **capability development** for the Lead

# Governance is key to driving and supporting implementation and change

## Finding 2: *Governance*

- **Effective governance** is necessary to decide how best to **address local issues** that influence **patient flow and access**
- The **evaluation** found **diverse governance structures** and decision-making processes for WOHP across **hospitals and districts**, which mirrored organisational structures.
- **Hospitals** with **sound governance** arrangements for the WOHP were **successful** with **implementation**

# System improvements need the engagement of the Multi-disciplinary Team

## Finding 3: *Systems Improvements*

- **Patient access and flow** is affected by **clinician behaviour and practices** — doctors, nurses and allied health practitioners.
- **Clinician engagement** has varied across **professional groups** and within groups and hospitals
- **Governance structures** with **senior multi disciplinary representation** were likely to be **more successful** with engaging **all levels of clinical staff**



# Rural and regional sites need greater access to support

## Finding 4: *Rural and Regional Sites*

- Clinicians working in **regional and rural** areas face **challenges** in attending Masterclasses
- Logistical difficulties and **lack of available resources** for travel
- More **structured support** for **implementation** at the local level in rural and regional settings

The website has been valuable, although the benefits of the newsletter have been varied

**Finding 5:  
Newsletters  
and Website**

- Staff were very **positive** about the **website**, and the access to tools and resources
- There was **varied views** about the newsletter with minimal reader uptake
- Staff suggested more **agile** ways of **interfacing** would **increase** access and uptake

Generally data snapshots have been useful although further improvements are required

**Finding 6:  
Weekly Data  
Snapshots**

- **Hospitals with limited access** to data **find them useful**; whilst **data rich sites** saw **less utility** in the data
- Stakeholders use the data to understand **trends across the system over time**
- The **format is not meeting** the needs of the user

# The diagnostics tools have also been useful

## Finding 7: *Diagnostic Tools*

- Most hospitals were really **positive about the diagnostic** tools provided by the Ministry.
- Tools such as:
  - Who owns the **timeline study**
  - **Why am I still here** study

## The teleconference provides support but there is opportunity for improvement

### Finding 8: *Teleconference*

- Many WOHP Leads regularly attended fortnightly teleconferences
- Some found these **very useful for learning** about certain topics and for hearing about other hospitals' experiences, as well as for networking
- **WOHP Leads new** to their position typically found the teleconferences **most useful**

# The Subject Matter Experts are a valuable resource to bring insights to teams

## Finding 9: *Subject Matter Experts*

- Ability to **communicate** and **tell a story**
- **Expertise** and **evidence-based approach**
- **Understanding** of the **culture** of the hospital and district
- Mix of different **technical skill** sets
- **Responsive**, with a **coaching** approach.
- The channel to access the SME needs to be clear

# A major challenge exists in application and use of reporting templates

## Finding 10: *Reporting Templates*

- Ministry **reporting templates** can be **onerous**
- Hospitals **frequently** utilise their **own templates**
- There can be **duplication in documentation**

# The feedback on the Masterclasses was largely positive

## Finding 11: *Masterclass*

- The classes were **most useful when the topic was directly relevant** to their **current needs**
- When the content addressed context-specific **challenges** and was **solution-focused**.
- **Less useful** when **insufficient detail** was given about what skills are needed, and how to manage the change management process
- Decisions about who attends are **based on the program**



To be successful the program needs to be locally led and centrally co-ordinated

**Finding 12:**  
*Locally-led  
Centrally  
co-ordinated*

- Relationships
- Trust
- Understanding of the **local context**
- Sponsorship

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# There are 3 Key Strategic Priorities of the Program

1

Increase  
Support



To increase support to improve patient flow and operational performance for timely access to care

2

Promote  
Knowledge



To improve communication, collaboration, capability and across the system

3

Provide  
Analytics



To support staff with analytics and to ensure data is accessible, and meaningful to both managers and clinicians

1

Increase  
Support

To increase support to improve patient flow and operational performance for timely access to care

- **Tailored** project support
- Commitment from **diagnostic to implementation**
- **Reliable access** to coaching
- Clear **channels** to **access resources**

2

Promote  
Knowledge

To improve communication, collaboration, capability and across the system

- To provide **capability development** for WOHP leads, and **key roles**
- To **collaborate** with the **pillars** and **agencies**
- To **continually strengthen** the **Masterclass**
- To **actively facilitate** access to the **right resources** and **relationships** across the system
- To ensure **education** and **engagement** is **multidisciplinary**

NSW  
GOVERNMENT

Health

3

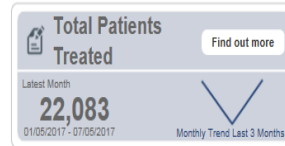
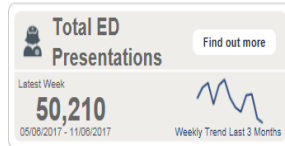
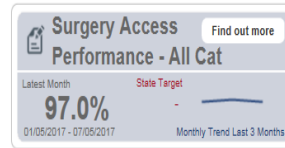
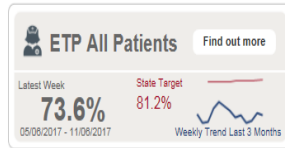
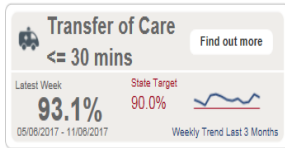
Provide  
Analytics

To support staff with analytics and to ensure data is accessible, and meaningful to both managers and clinicians

- To ensure **support for leads**, clinicians and managers to **understand** and **access relevant** data
- Easily accessible **Apps**:
  - Health System Performance App
  - ED demographics App
  - ED Dashboard
  - Patient Flow Portal

Health System Performance - NSW Overview

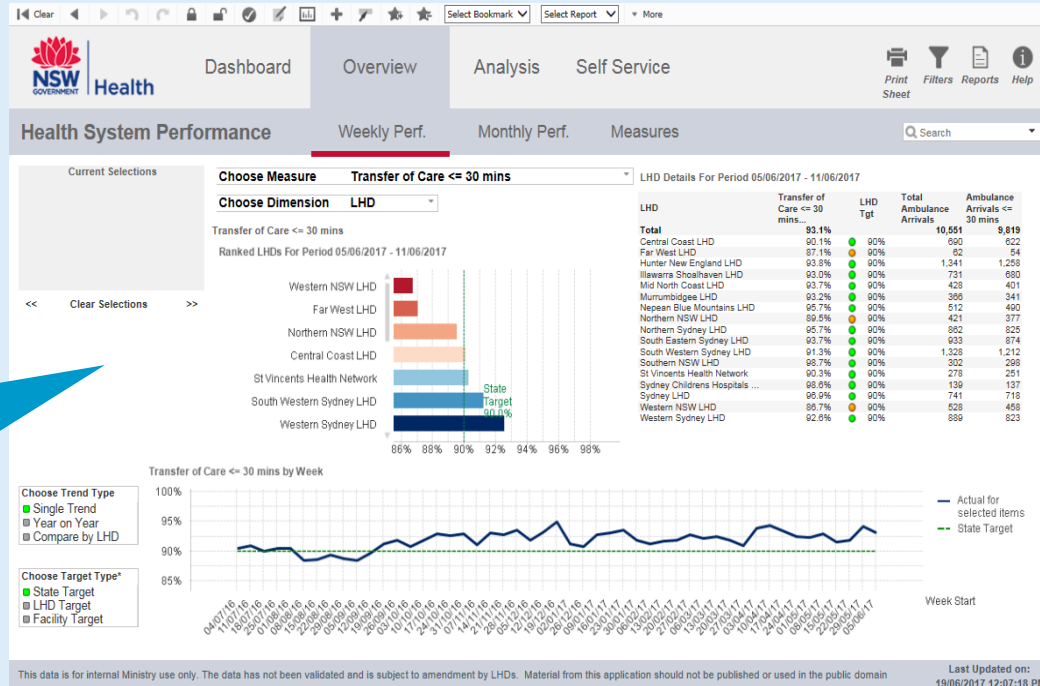
Go to Overview-Measures



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Provides an overview of system performance



Drill to facility level and compare multiple parameters



Health System Performance

Weekly Trends

Monthly Trends

Scatter

Search

Current Selections

Choose Trend Type

- Single Measure by LHD
- Single Measure Year on Year
- Two Measures Comparison (Mix)
- Two Measures Comparison (Split)

Choose Measure

ED Presentations

Additional Measure

- Transfer of Care <= 30 mins
- NEPT Web Booking Rate
- NEPT Sameday Booking Rate
- ED Presentations
- ED Presentations (MH D&A)
- Total Admissions from ED
- MH Admissions from ED
- D&A Admissions from ED
- % Admissions from ED
- MH D&A % of all ED Presentations
- MH D&A Disch ED Tmt Completed
- % ED Presentations DNW LOR
- ETP All Patients
- ETP Admitted Patients
- ETP Not Admitted Patients
- MH ETP All Patients
- MH ETP Admitted Patients
- MH ETP Non Admitted Patients
- ED Average LOS - All Patients (hrs)
- ED Average LOS - MH Patients (hrs)
- ED Average LOS - D&A Patients (hrs)
- Patients in ED > 24hrs
- MH Patients in ED > 24hrs
- MH D&A Trans Other Facility
- Admission to EDSSU from ED
- Admits to EDSSU from ED % All Admits
- ED to EDSSU, % of ED presentations
- % EDSSU Patients Admitted to Ward
- Admission to MAU from ED
- ED to MAU % All EDPresentations
- ED Patients Admitted to PECC
- Clinician Defined EDDs
- Expired EDDs
- Weekday Discharge Rate
- Weekend Discharge Rate
- Unplanned ED Representations < 48hrs All
- Unplanned ED Representations < 48hrs MH
- Unplanned Readmissions within 28 days
- Ave ED Accessible Bed Occupancy
- HITH Overnight & Same Day Activity
- No. Transit Lounge Patients
- % Transit Lounge Discharges via ED

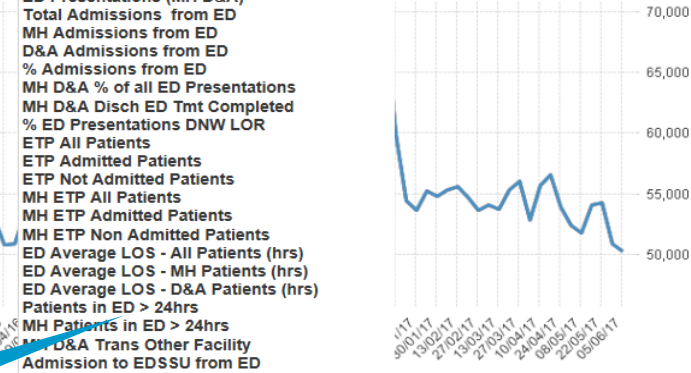
<< Clear Selections >>

Facilities with ED Dept. Y/N

- Yes
- No

Peer Group

- A1-Principal referral
- A2-Paediatric Specialist
- A3-Ungrouped Acute - tertiary
- B-Major hospitals
- C1-District Group 1
- C2-District Group 2
- D1a-Community Acute with Surge
- D1b-Community Acute without Surge
- D2-Community Non-Acute
- F1-Psychiatric
- F2-Nursing Homes
- F3-Multi-Purpose Services
- F4-Sub Acute
- F5-Palliative Care
- F6-Rehabilitation
- F7-Mothercraft
- F8-Ungrouped Non-Acute
- F9-Dialysis



Review each metric from the weekly snapshot

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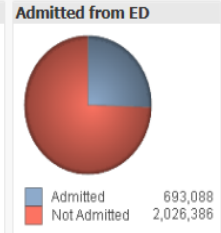
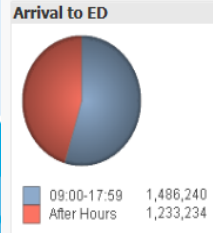
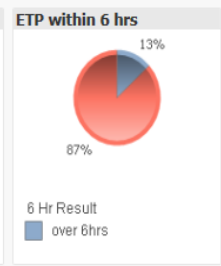
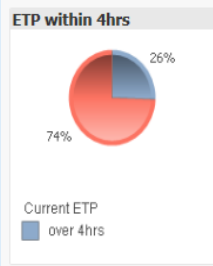
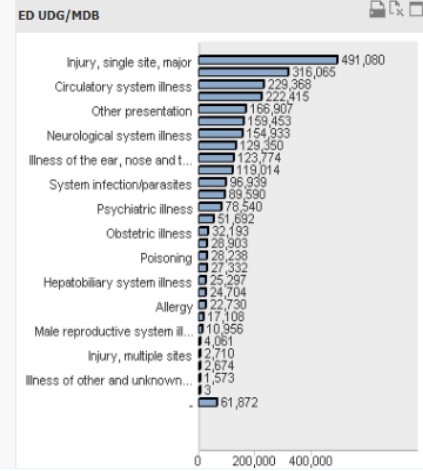
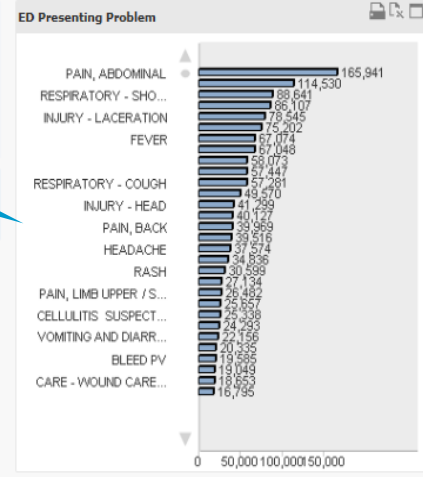
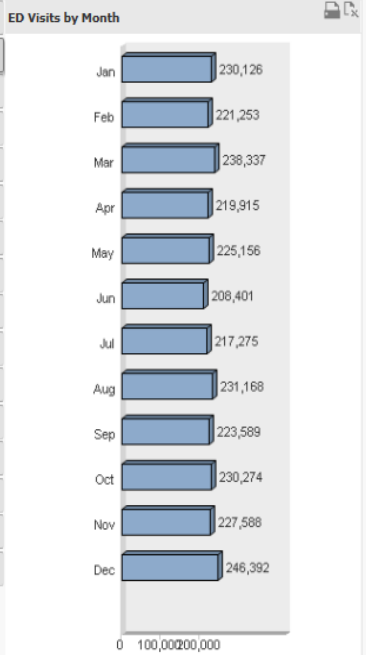
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LHD	LHD
facility_name	CCLHD
Peer Group	FWLHD
Type of Visit	HNLHD
Triage category	ISLHD
EDSepStatus	MLHD
ED Departure	MNCLHD
Arrival mode	NBMLHD
Sex	NNSWLHD
IndigenousStatus	NSLHD
EDReferralSource	SCHN
SeenWithinBenchmark	SESLHD
	SNSWLHD
	SVHN
	SWSLHD
	SYDLHD
	WNSWLHD
	WLSLHD

Deep dive into ED presentation data and stratify

ED Visits: 2,719,474

- ED Visits by Year
- ED Visits by Month
- ED Visits by Week
- Hour of Presentation
- ED Visits by Hour
- Age Distribution
- Mins waiting to be seen
- Waiting 30 min bands
- Avg Hrs in ED
- Mins in ED
- LOS 30 min bands
- Treatment Time
- Minutes of Treatment
- Treatment 30 min bands
- ETP by Month
- Visits per Clinician



## Overall ETP



## Arrivals

Since midnight

**332**

Ambulance patients

**126**

Walk-in patients

**206**

Other

**0**

## Ambulance Details

Transfer of Care KPI



Waiting to Offload  $\leq$  30 mins

**39**

Waiting to Offload > 30 mins  $\leq$  1hr

**15**

Waiting to Offload > 1hr

**8**

En-route

**18**

Booked Transfers (P3 / R3)

**16**

**177**

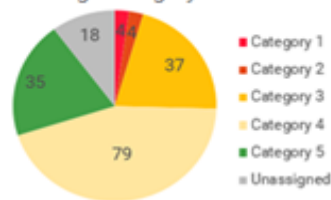
Patients in ED



## Patients in ED



Triage Category



0 - 3 hours

**70**

3 - 4 hours

**15**

4 - 5 hours

**25**

5 - 12 hours

**67**

> 24 hours

**0**

Admitted (Awaiting inpatient bed)

**17**

## Beds



Total no. of ED accessible beds

**38**

No. of occupied ED accessible beds

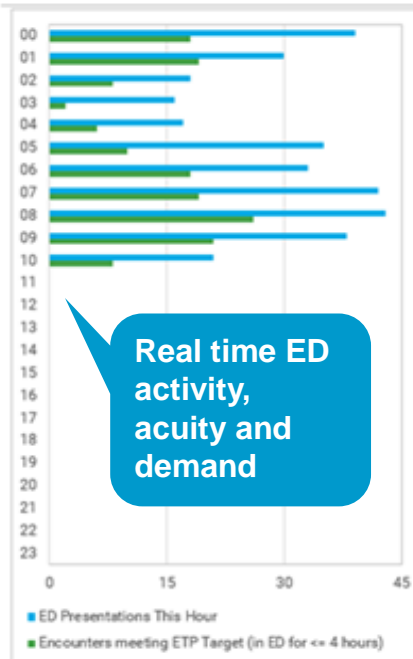
**35** **92%**

No. of available ED accessible beds

**3** **8%**

## ED Presentations

Since midnight



Real time ED activity, acuity and demand

Admitted to ward

**97** **29%**

Discharged from ED

**49** **15%**

Left at own risk

**0** **0%**

Did not wait

**9** **3%**

Health

Bed Board

### Manage Patient Allocations – Facility Level

Demand: 17 Capacity: 17 Bed Occupancy: 88%

**Incoming Patients**

From List:  Speciality Group:  Speciality:   DWA 23Hr: 0/1 DOSA: 2/3 DWA: 0

S  ON: 1/2

Integrated bed system via the patient flow portal

Facility	From List	Requested Date/Time	Time in ED	Current Ward	Requested Ward	Patient ID	Name	Age	Alerts	IR	AMO	Speciality	Admission Reason	PTS	Ward Allocation	Allocated By	Completed
Auburn Hospital	ED	12/04/2017 10:13	0d 5h 32m	EMU	AMA (Medical A)	123456	Bob BLACK	35	▲▲▲	N	Dent, John	Emergency Medicine	Pain, abdominal		AMA (Medical A)	A. Smith	<input type="checkbox"/>
Auburn Hospital	DWA	12/04/2017 11:35			AMA (Medical A)		Bob TRACEY	30	▲	N	Smith, James	General Medicine	Pain, chest				<input type="checkbox"/>
Auburn Hospital	IVT	12/04/2017 13:13		AMA (Medical A)	AMC (Medical C)	147258	Bobbie WHITE	65		Y	Johnson, Mary	General Medicine	Cardioversion		AMC (Medical C)	M. Grey	<input type="checkbox"/>
Auburn Hospital	BT	11/04/2017 15:35		Blacktown BPD	AMA (Medical A)	258369	Robbie FRK	70	▲	N	Sari, Shari	General Medicine	Pain, abdominal				<input type="checkbox"/>
Auburn Hospital	DOSA	12/04/2017 13:13		ASW (Surgical)	AMA (Medical A)	987654	Greg SHABBOBLE	45	▲	N	Brown, Bob	General Medicine	Fracture leg				<input type="checkbox"/>
Auburn Hospital	23Hr	12/04/2017 16:45		ASW (Surgical)	AMA (Medical A)	456789	Alice WONDER	25	▲▲▲		Macality, Tony	General Medicine	Fracture arm				<input type="checkbox"/>
Auburn Hospital	ON	12/04/2017 12:45			AMA (Medical A)	998855	Tom COOK	27		Y	Smith, James	General Medicine	Hernia				<input type="checkbox"/>

**Outgoing Patients**

Ward Group:  Ward:   Exclude reserved beds

Empty Beds: 5 G2G Actuals: 2  G2G Queries: 5

Facility	Ward	Bed	Patient ID	Name	Age	Alerts	IR	AMO	Speciality	Admission Reason	EDD	G2G	W4W	PTS
Auburn Hospital	AMA (Medical A)	AMA411	123456	Tony BLACK	35	▲▲▲	N	Dent, John	Emergency Medicine	Pain, abdominal	28/04/2017	Yes		
Auburn Hospital	AMA (Medical A)	AMA412		Brian SUJ	30	▲	N	Smith, James	General Medicine	Pain, chest	28/04/2017	10:00 AM		<input type="checkbox"/>
Auburn Hospital	AMA (Medical A)	AMA413	147258	Diane OVAL	65		Y	Johnson, Mary	General Medicine	Cardioversion	28/04/2017	?	C	
	AMA (Medical A)	AMA415	258369	Edward PICKERING	70	▲	N	Sari, Shari	General Medicine	Pain, abdominal	28/04/2017	?	M	
	AMA (Medical A)	AMA418	987654	Greg WINTER	45		N	Brown, Bob	General Medicine	Fracture leg	28/04/2017	?		
	AMA (Medical A)	AMA419	456789	Alison STOLL	25	▲▲▲		Macality, Tony	General Medicine	Fracture arm	28/04/2017	?		
	AMA (Medical A)	AMA420	998855	John JAMES	27		Y	Smith, James	General Medicine	Hernia	28/04/2017	?		

Cancel  Save

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# The WOHP can provide support



Project Management



Diagnostic and patient flow systems assessment



Change Management



Process Improvement



Communications and Stakeholder Engagement



Data and analytics support

# Channels to access support



## Whole of Health Program

<http://www.health.nsw.gov.au/wohp/Pages/default.aspx>



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