Patient Flow: The journey so far ..

29 November 2017

Russell Harrison
Chief Executive Officer

Melbourne, Victoria, Australia

Western Health

The holy grail

Western Health

About our communities

- Approx 834,000 people across the wider area we serve - predicted to grow to >1.1 million in a decade
- Two fastest growing municipalities in Australia - Wyndham and Melton – high proportion of young families
- Almost 50% (46.9%) speak a language other than English at home – compared with 36% for Greater Melbourne (in 2016)
- Over 110 languages are spoken in our communities

Western Health

Adding Hobart to western Melbourne…

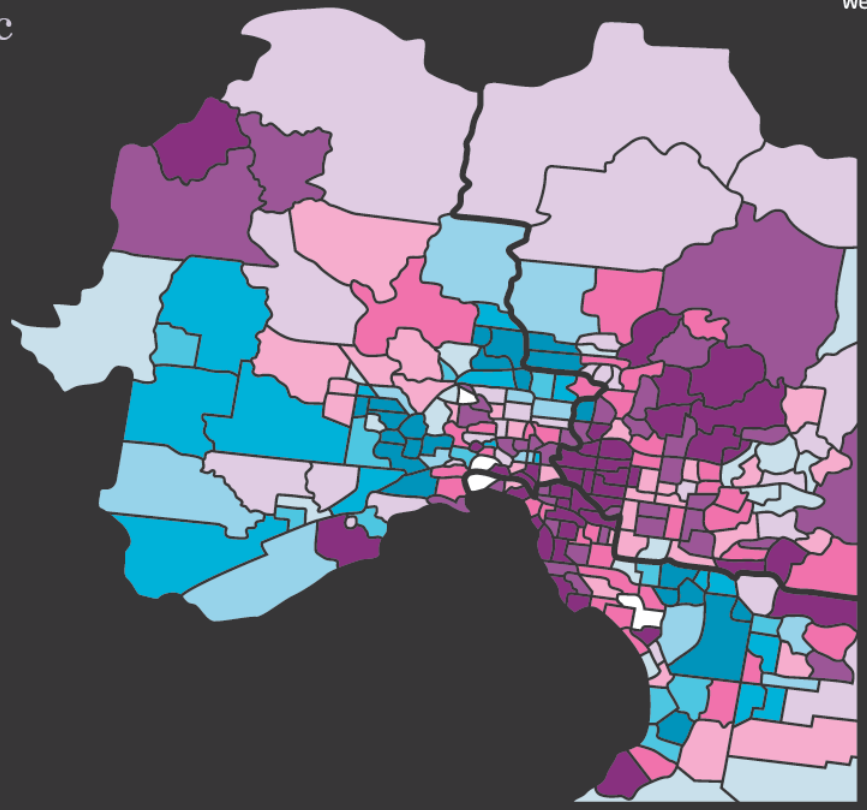
- In less than a decade, regional population growth will equate to adding a city larger than the size of Hobart to the western suburbs of Melbourne – our catchment

Western Health

Percentile rank (Victoria)

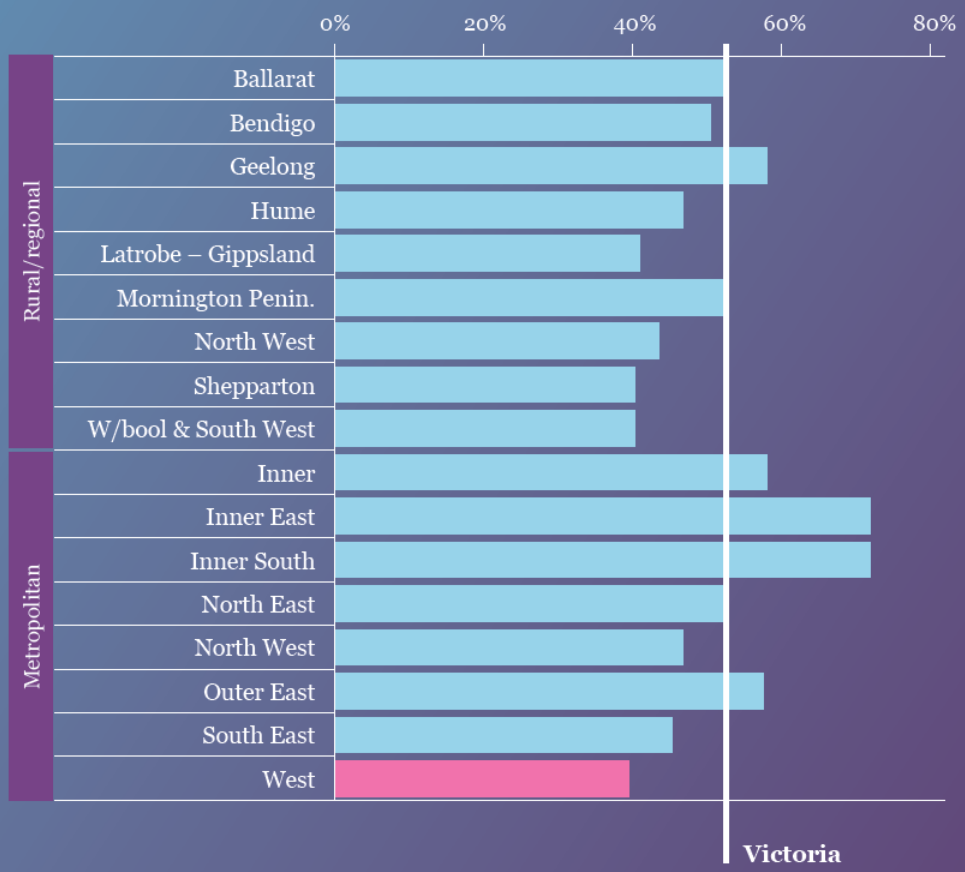
Index of Relative Socio-economic Disadvantage

Western Health



Source: Australian Bureau of Statistics

Western Health



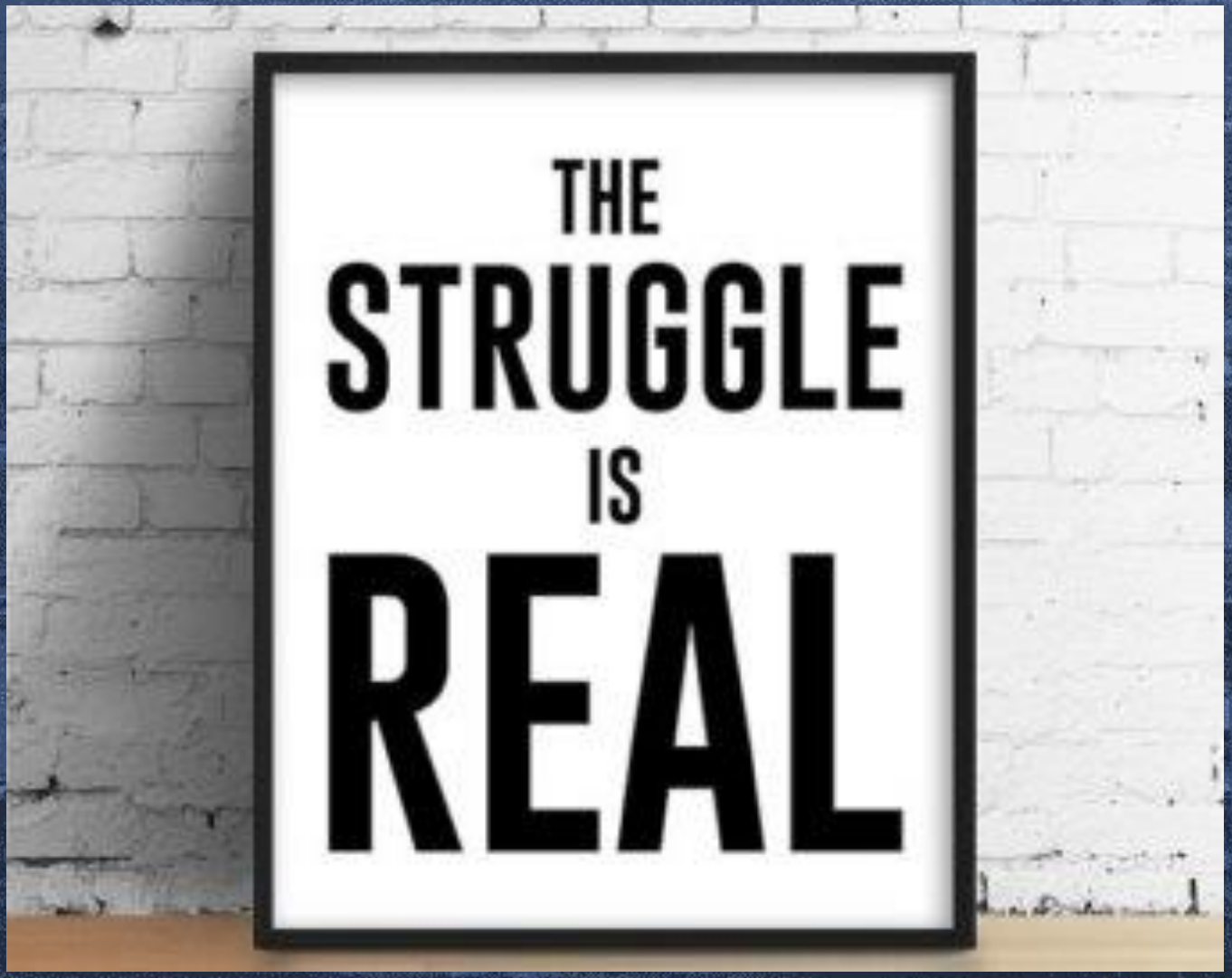
Source: Australian Tax Office

Western Health

Limitations of healthcare provision in the West

Percentage of taxpayers with private health insurance (2013/14)

Western Health



Western Health

THE AGE

INDEPENDENT. ALWAYS.

May 29 2014

"...Footscray's Western and Frankston Hospitals are among Australia's worst performing hospitals when it comes to Federal targets to treat emergency patients within four hours..."

Worst-performing emergency departments named

Kate Hagan
Health Reporter

Footscray's Western and Frankston hospitals are among Australia's worst-performing hospitals when it comes to federal targets to treat emergency patients within four hours.

A report released on Thursday by the National Health Performance Authority shows the pair were in the lowest 10 per cent of major metropolitan hospitals across Australia on the measure last year.

At the Western Hospital, just 49 per cent of patients in the emergency department were discharged or admitted to hospital within four hours, while Frankston Hospital treated 50 per cent of patients on time.

The Alfred hospital was the only major Melbourne hospital that met a target for Victorian hospitals to treat 75 per cent of emergency patients within four hours last year. It treated 77 per cent of patients within that time.

Other major Melbourne hospitals that struggled to meet the four-hour emergency target were the Box Hill (54 per cent), the Royal Melbourne (55 per cent) and the Northern (56 per cent) hospitals.

In the budget, the federal government abandoned reward payments for hospitals that meet the targets, which could cost Victoria about $25 million over the next two financial years.

The targets were agreed by the Council of Australian Governments in 2011, with a requirement that 90 per cent of Australian patients would be admitted to a bed or discharged within four hours by 2015. Interim deadlines varied between states so they could improve on past performances. In Victoria the target will rise from 77 per cent last year to 81 per cent this year.

Overall, about 67 per cent of emergency patients were treated in four hours in Victoria last year.

The Victorian chair of the Australasian College for Emergency Medicine, Simon Judkins, said the four-hour target had created a greater focus on getting patients through emergency departments, reducing the problem of ambulances queuing to offload patients.

But he said efficiencies in hospitals only went so far and more beds were required for patients needing admission to hospital.

Dr Judkins said emergency doctors were seeking a meeting with federal Health Minister Peter Dutton to determine whether his government remained committed to the four-hour target beyond 2015.

Mr Dutton's office referred questions to the Health Department, which said states were "responsible and accountable for the performance of public hospitals".

Emergency patients treated within four hours in 2013

Alfred	77%
Monash Medical Centre	65%
Sunshine	61%
Northern	56%
Royal Melbourne	55%
Box Hill	54%
Frankston	50%
Western	49%

Source: National Health Performance Authority

Western Health

Western Health

WHY ARE WE DOING THIS?

- 76 year old Kathleen – brought to Sunshine ED by ambulance at 4:00pm Saturday 25 July after complications of a recent fall
- Sufferer of chronic back pain
- She was admitted to EOU, 7:50pm Saturday night
- The decision to admit her to an inpatient bed was made at 1:50pm Sunday – following a scan and x-ray and review by aged care team
- She arrived in 2A at 12.30pm Mon 27 July **>44 hours** after she first arrived at ED

IT'S ABOUT TIME:

Western Health

IT'S ABOUT TIME:

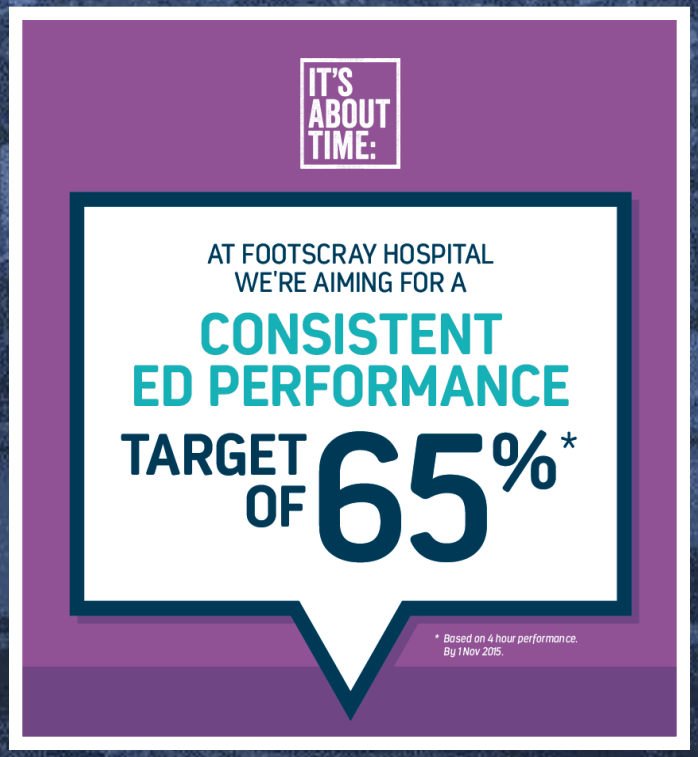
Western Health

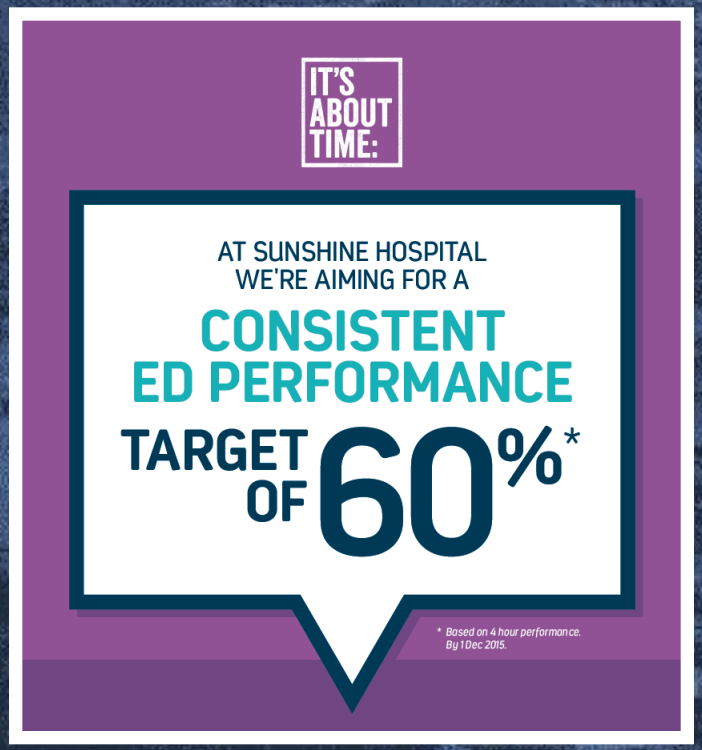
Establishment of Steering Committee & Project Groups

- Weekly steering committee - CEO Chaired
- Project Group areas
- Whole of Hospital access initiatives :-
  - Myth busting
  - Site Access meetings
  - Admission Protocols
  - General Medicine
  - Hospital at Night
  - Sub Acute
  - Community Programs Stream

Western Health

First improvement targets





Western Health

IT'S ABOUT TIME:

AT FOOTSCRAY HOSPITAL WE'RE AIMING FOR A

CONSISTENT ED PERFORMANCE TARGET OF 65%*

* Based on 4 hour performance. By Nov 2015

By making small changes and working together,

WE CAN PROVIDE CARE AT THE RIGHT TIME

(WITHIN 4 HOURS)

WE'RE AIMING FOR **AN EXTRA 10 PATIENTS** **TO BE TREATED** IN A TIMELY WAY PER DAY.

+10

WE CAN DO THIS BY:

PROVIDING MORE TIMELY CARE TO **6 PATIENTS** WHO DON'T NEED ADMISSION

ADMITTING **2 PATIENTS** TO THE EDU IN A MORE TIMELY WAY

+

IMPROVING ACCESS TO INPATIENT BEDS FOR **2 PATIENTS**

WHAT THIS MEANS FOR FOOTSCRAY HOSPITAL ON A GIVEN DAY:

WE WOULD IMPROVE OVERALL ED ACCESS

ACUTE/SUBACUTE WARDS DISCHARGE ADDITIONAL **PATIENTS BEFORE 10AM**

WE WOULD BE CONSISTENTLY **REDUCING WAIT TIMES** FOR OUR EMERGENCY DEPARTMENT PATIENTS.

Western Health

For more information, please visit: insidewh.org.au/itsaboutime

IT'S ABOUT TIME:

AT SUNSHINE HOSPITAL WE'RE AIMING FOR A

CONSISTENT ED PERFORMANCE TARGET OF 60%*

* Based on 4 hour performance. By Dec 2015

By making small changes and working together,

WE CAN PROVIDE CARE AT THE RIGHT TIME

(WITHIN 4 HOURS)

WE'RE AIMING FOR **AN EXTRA 18 PATIENTS** **TO BE TREATED** IN A TIMELY WAY PER DAY.

+18

WE CAN DO THIS BY:

PROVIDING MORE TIMELY CARE TO **10 PATIENTS** WHO DON'T NEED ADMISSION

ADMITTING **4 PATIENTS** TO THE EDU IN A MORE TIMELY WAY

+

IMPROVING ACCESS TO INPATIENT BEDS FOR **4 PATIENTS**

WHAT THIS MEANS FOR SUNSHINE HOSPITAL ON A GIVEN DAY:

WE WOULD IMPROVE OVERALL ED ACCESS

ACUTE/SUBACUTE WARDS DISCHARGE ADDITIONAL **PATIENTS BEFORE 10AM**

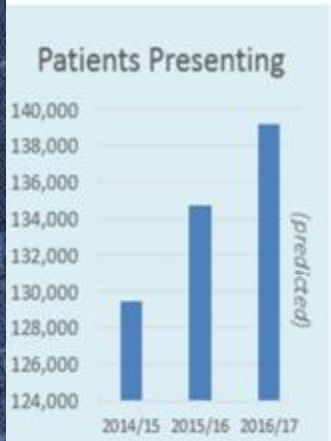
WE WOULD BE CONSISTENTLY **REDUCING WAIT TIMES** FOR OUR EMERGENCY DEPARTMENT PATIENTS.

Western Health

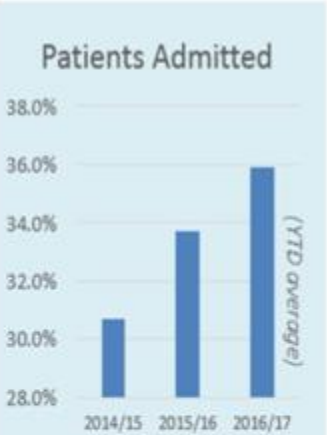
For more information, please visit: insidewh.org.au/itsaboutime

Western Health

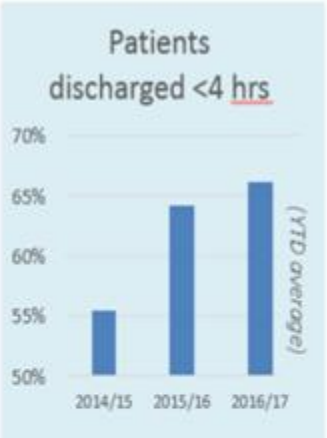
Equal weight for Quality & Performance



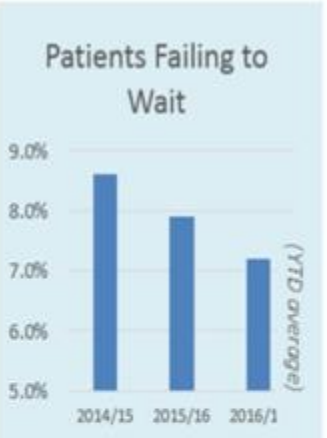
Our emergency departments are busy and increasingly getting busier



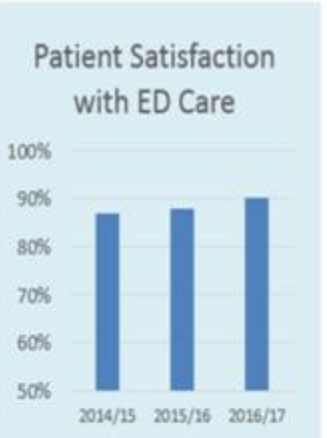
More emergency department patients have conditions that require inpatient care



We have made inroads into treating patients more quickly



Fewer patients are leaving our emergency departments before they are seen

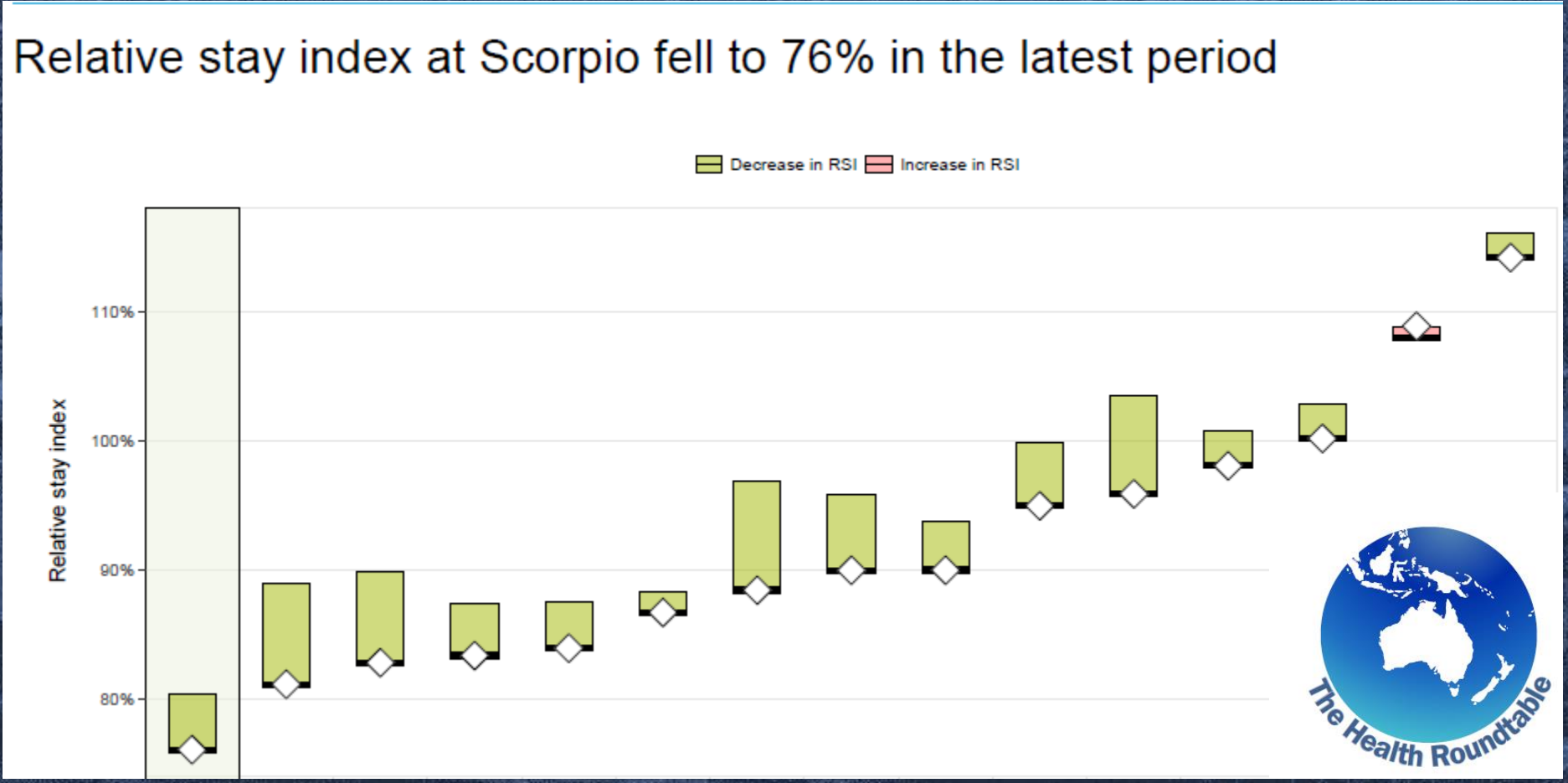


Patient overall satisfaction with overall care remains positive

(source: Victorian Health Experience Monitor Oct-Dec)

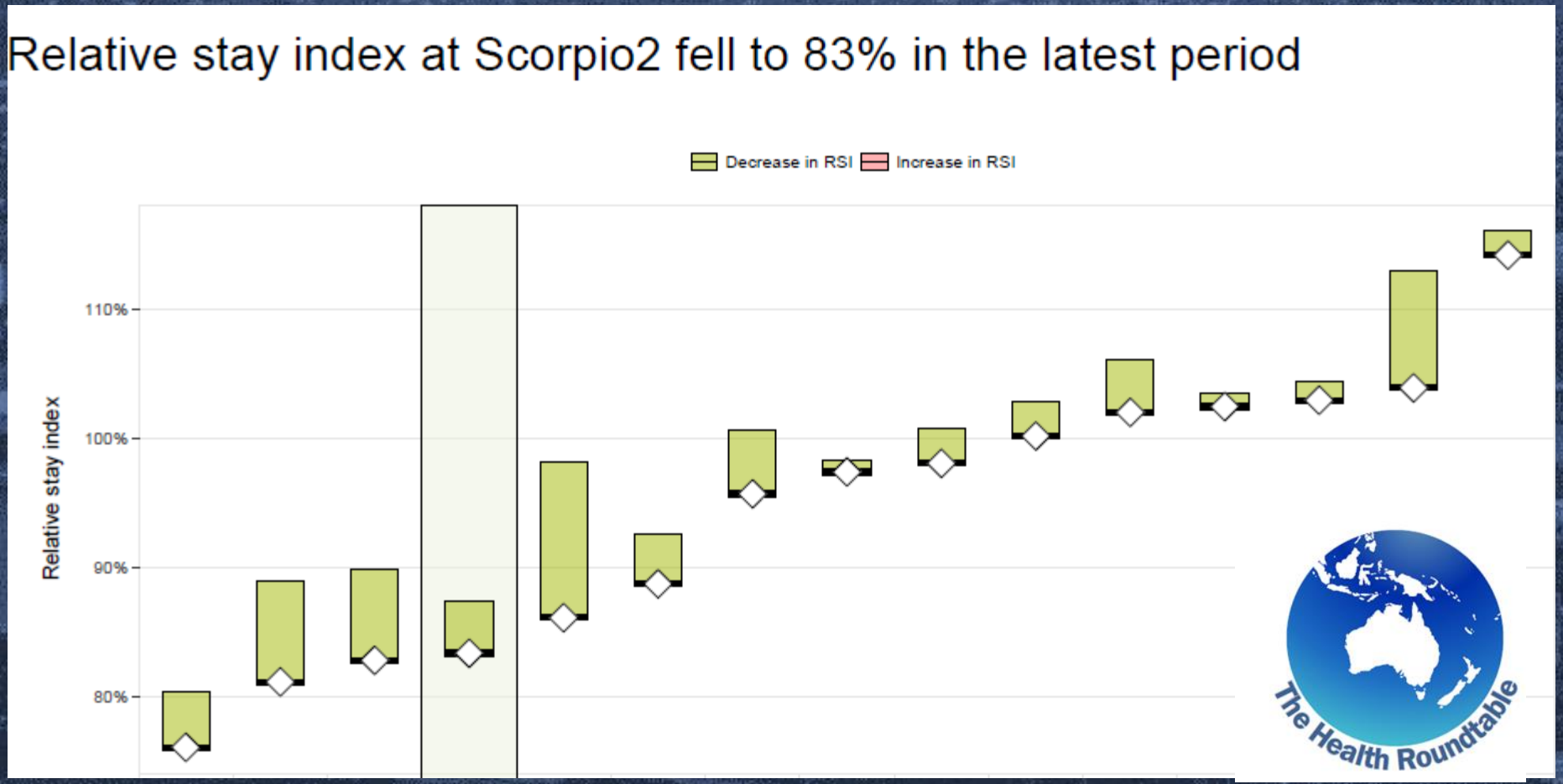
Western Health

Relative stay index



Western Health

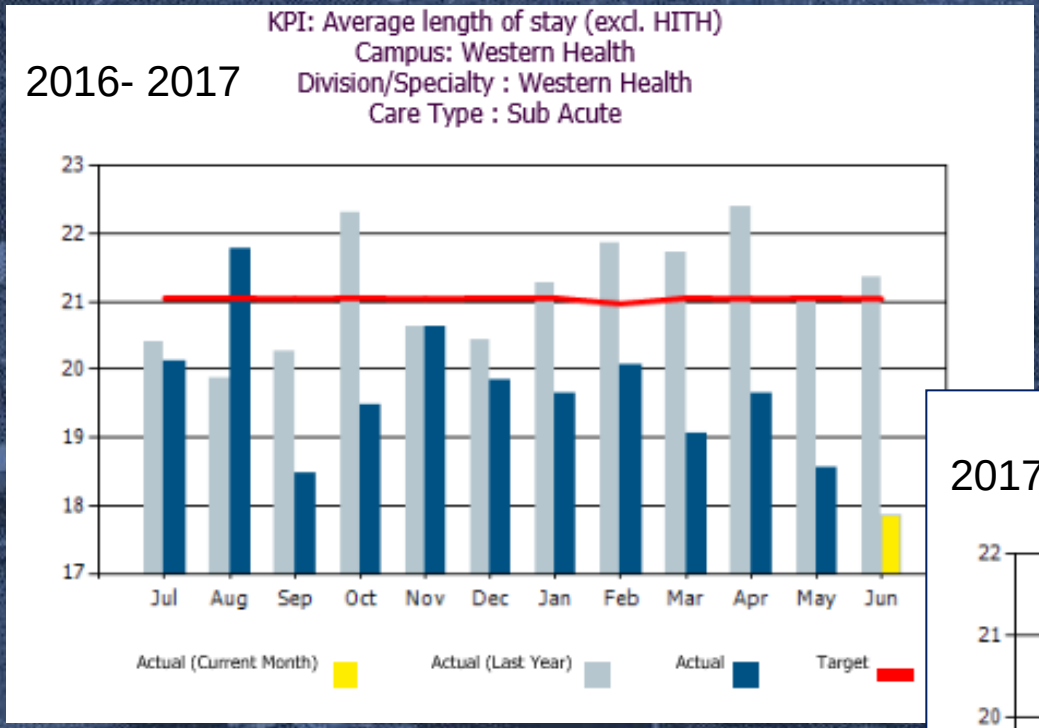
Relative stay index



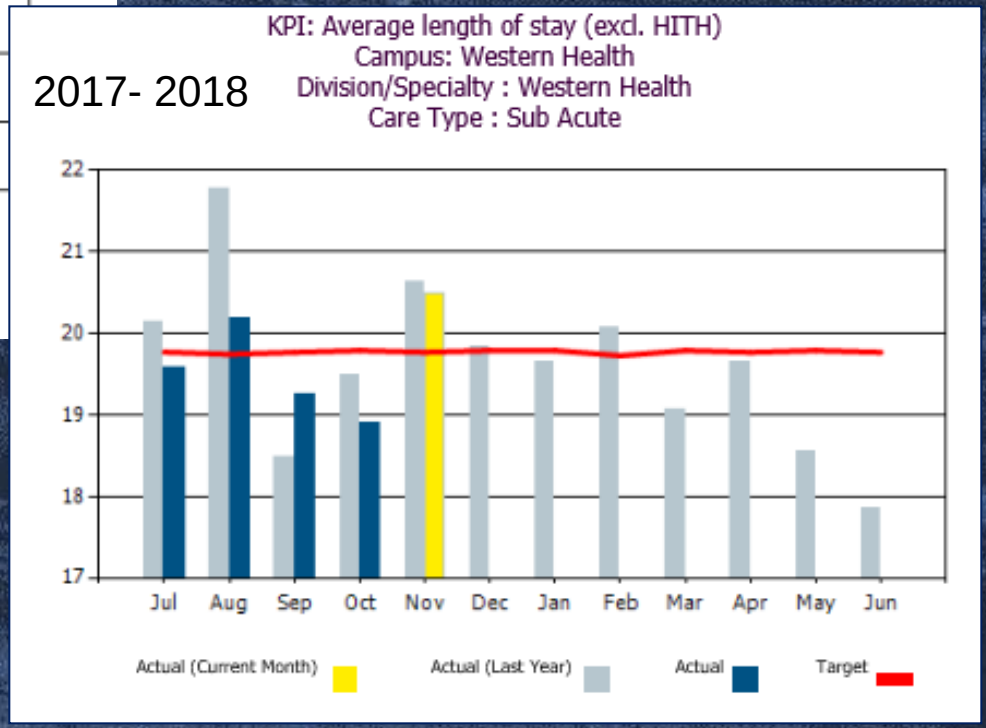
Western Health

Average length of stay

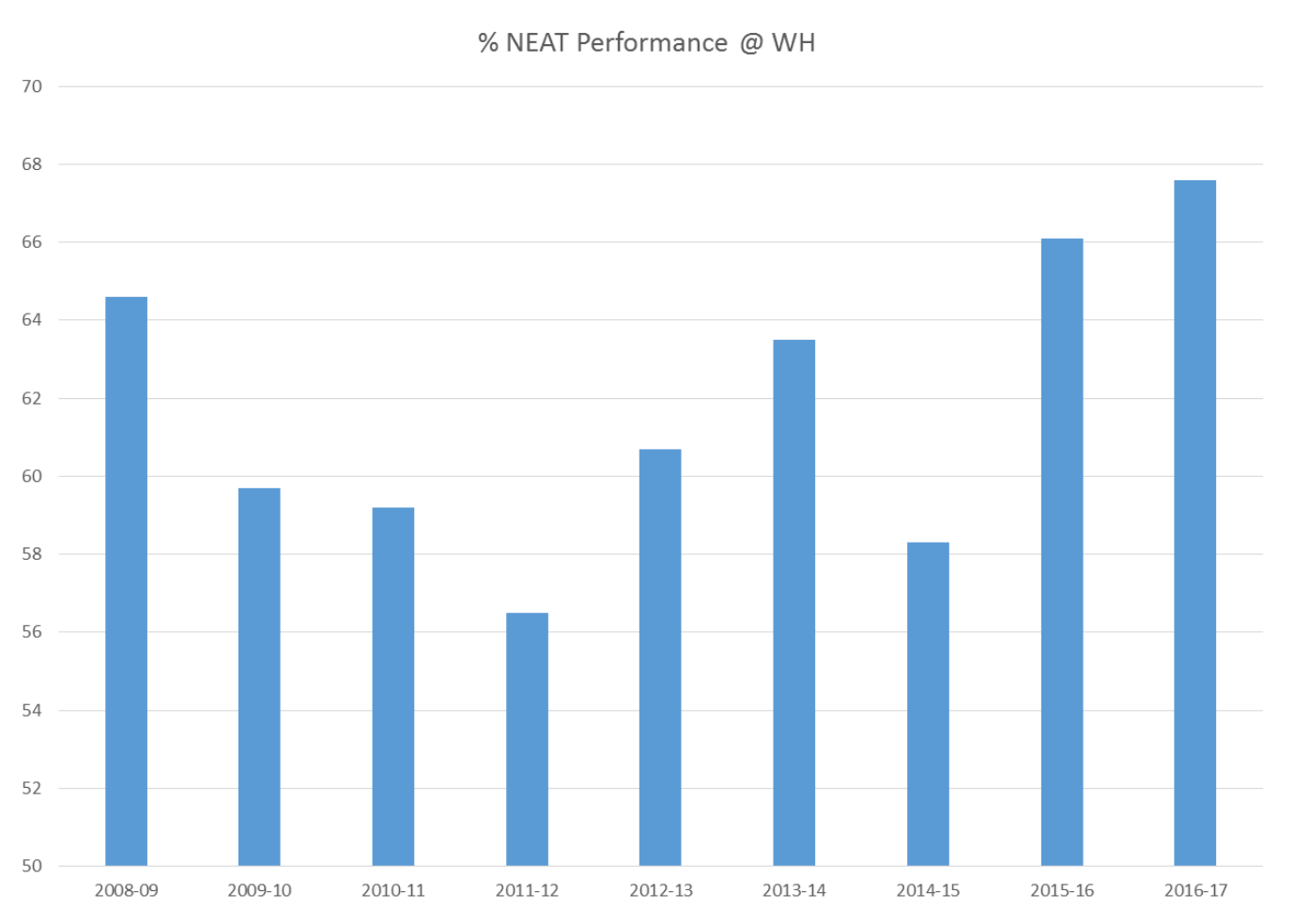
2016- 2017



2017- 2018



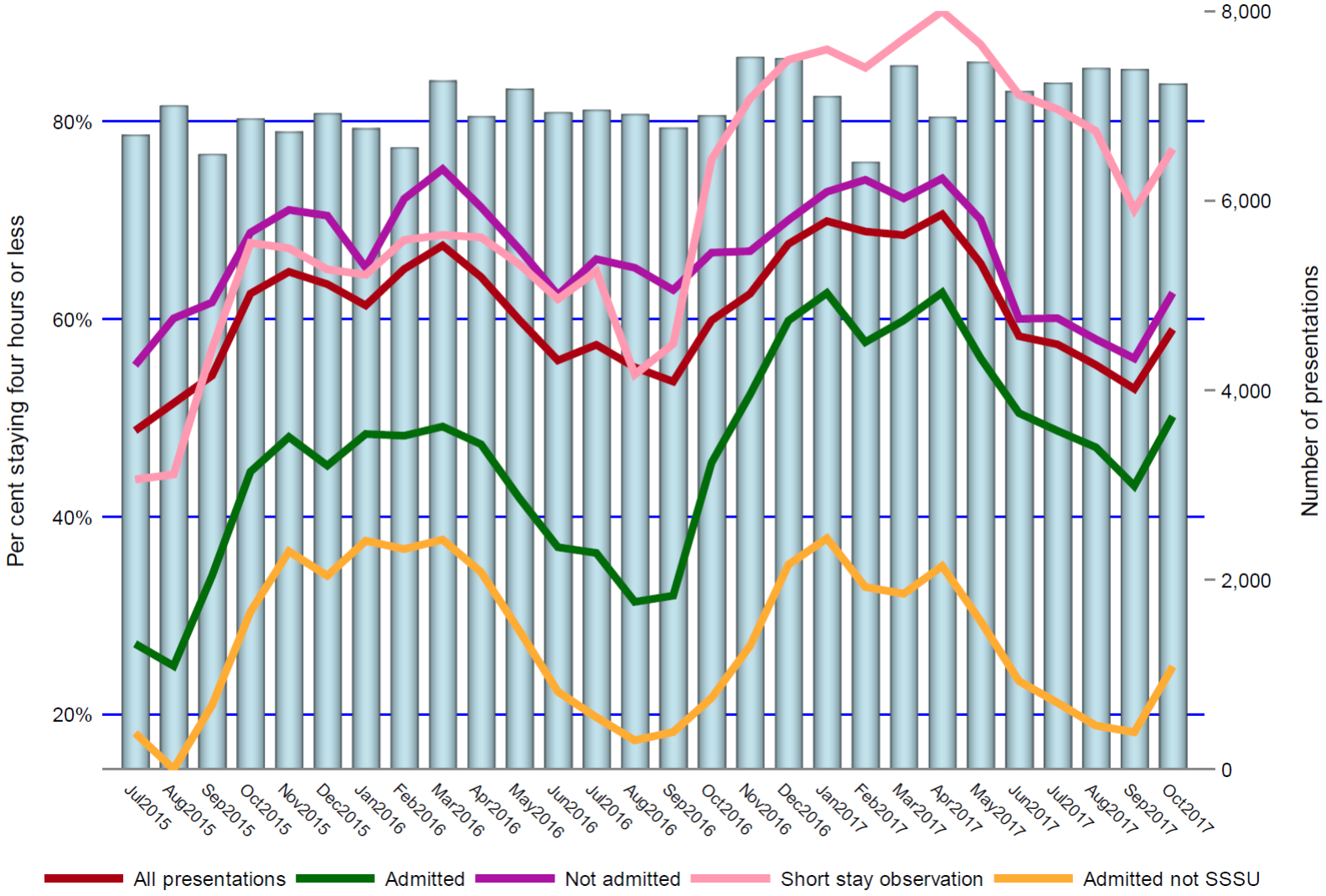
NEAT performance at Western Health



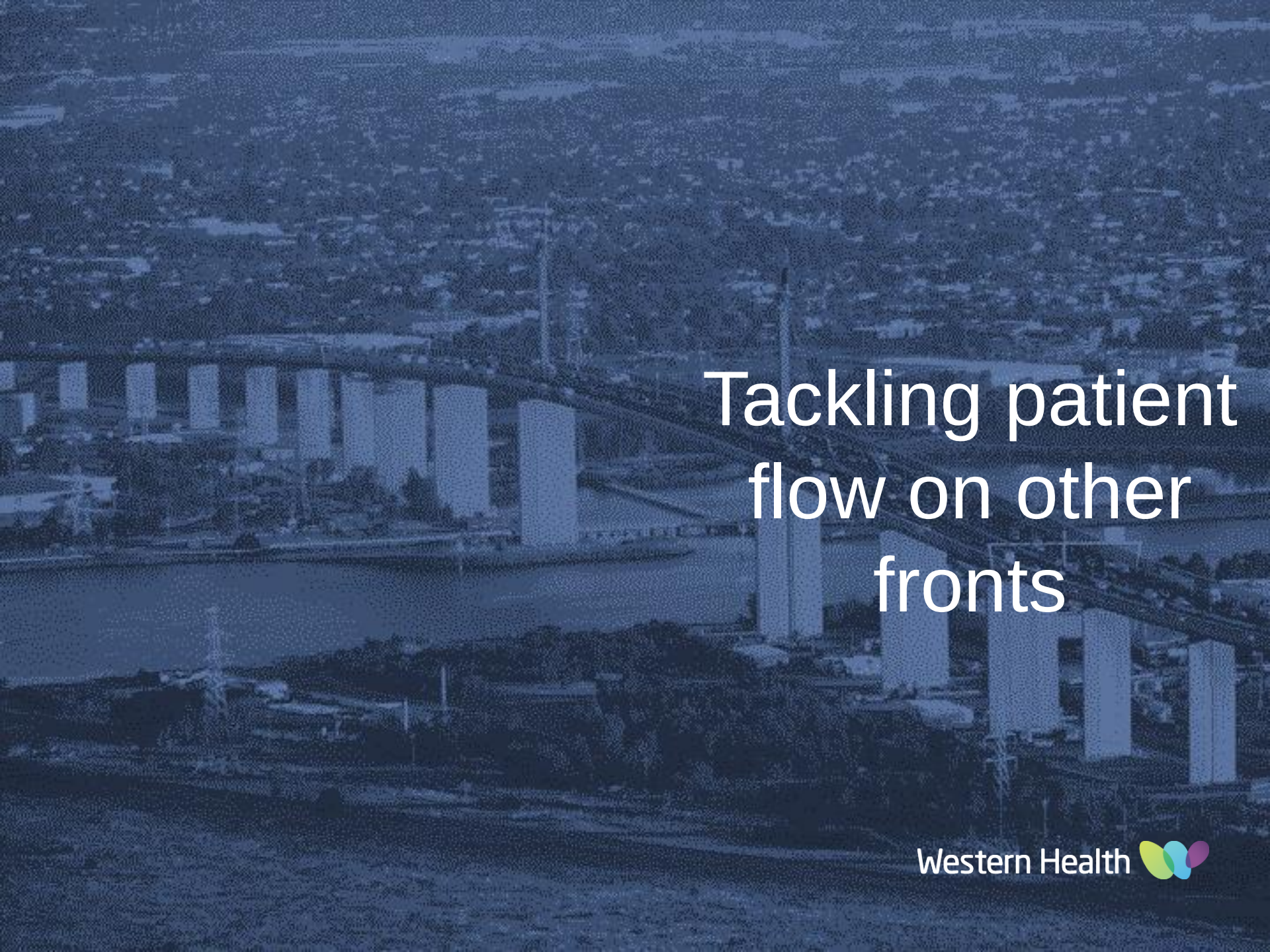
Western Health

Sunshine Hospital

Number of presentations and the percentage of different cohorts staying four hours or less in the ED



Western Health



Tackling patient flow on other fronts

Western Health

*Margaret's story

- A 72 year old patient who suffered from CHF, COPD, CKD, depression, PTSD, gout, chronic back pain, left shoulder replacement, hyper cholesterol, previous alcohol abuse with early cirrhosis and recurrent falls.
- On 23 medications.
- Nine Western Health admissions between Apr-Nov 2013
- A total of 15 referral notes had been made in her records throughout that time, but not one had been followed through
- We knew we were failing many more *Margarets

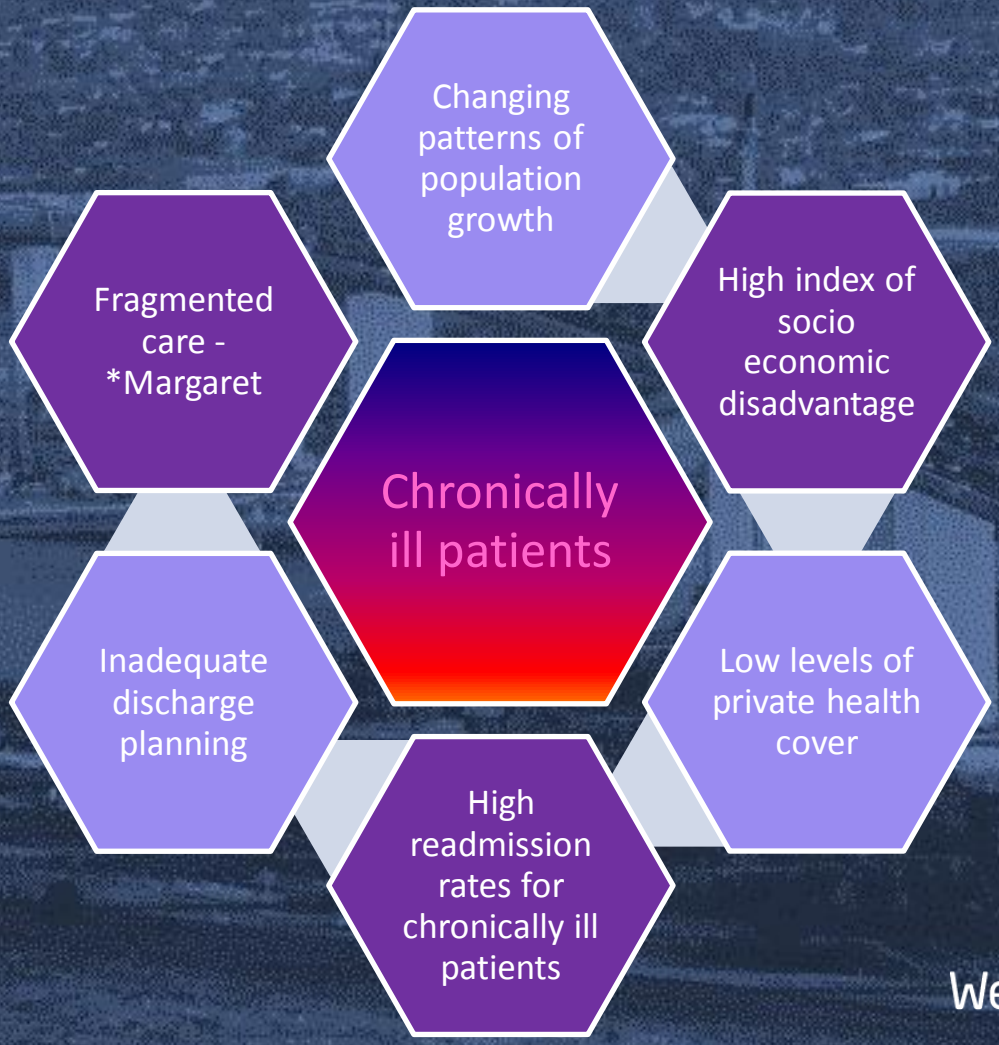
There had to be a better way.

**Margaret is a pseudonym. The circumstances were real.*

Western Health

“There comes a point where we need to stop just pulling people out of the river. We need to go upstream and find out why they’re falling in.”

Key issues



Western Health

Baseline data

- 19-24% readmission rate for patients with chronic disease
- Only 30% of at risk patients identified and connected to supportive services
- Multiple case studies identified we failed to identify all high risk patients and provide integrated and supportive care
- Multiple studies indicating a high number of specialists seeing patients throughout their care episode and in the hour before their discharge
- Patient feedback: “Very confusing”; “Who do I call?”; “Unhelpful advice”

Western Health

Current Model and Gaps

Western Health

Western Health

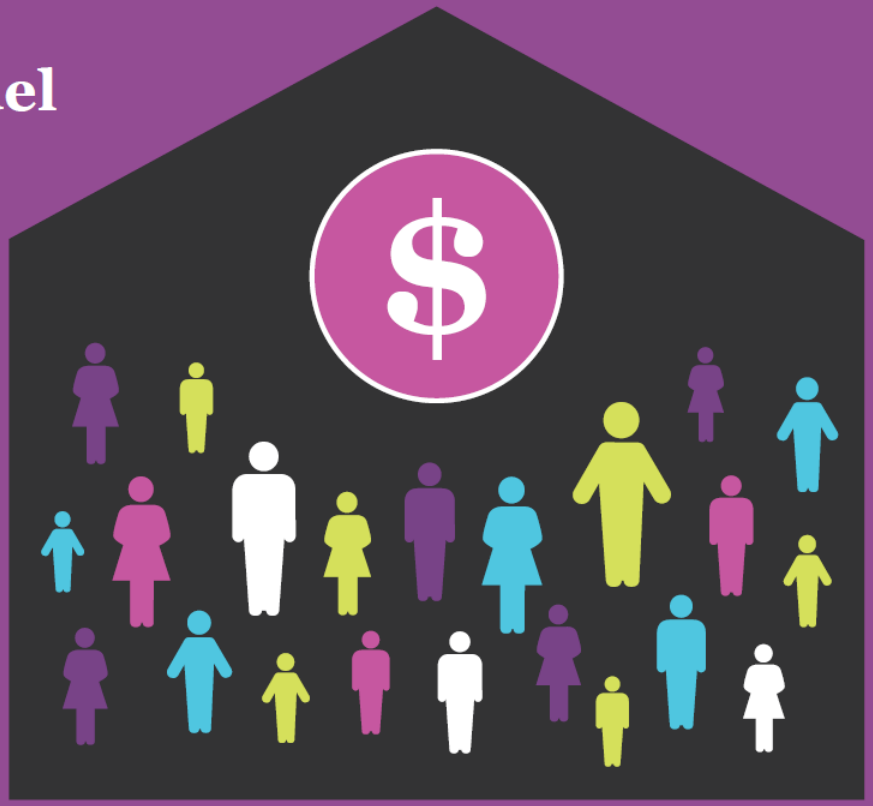
Standard funding model

Western Health

Western Health

HealthLinks funding model

Western Health

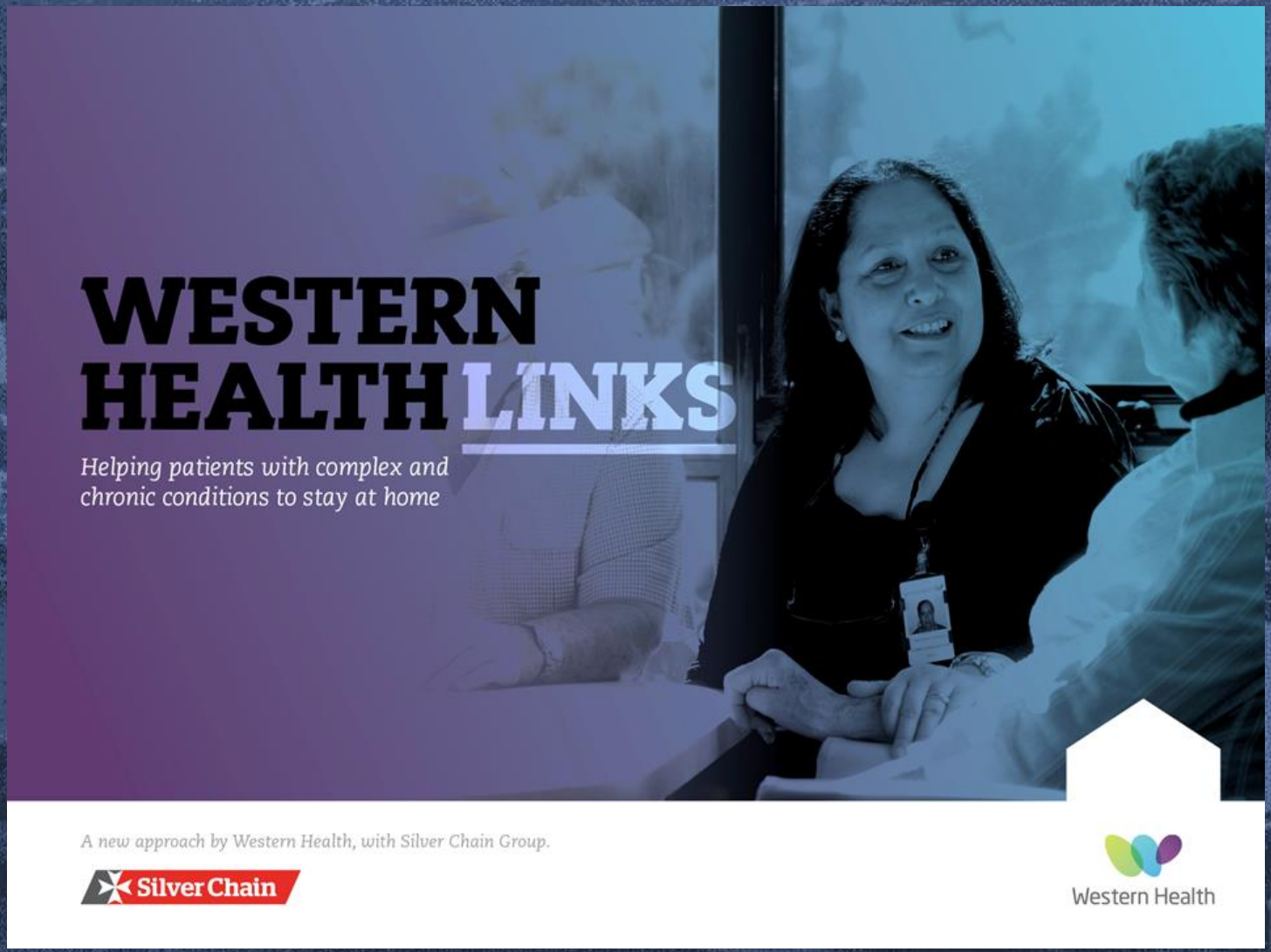


Western Health

"I want you to find a bold and innovative way to do everything exactly the same way it's been done for 25 years."

Western Health

A new approach



Western Health

Western HealthLinks – Model of Care

Inpatient Setting

- Identification Alerts
- Collaborative Care Planning
- Inpatient Advice, Coordination & Expertise (ACE)
- Pharmacy Review
- Rapid Discharge Support Service (RDSS)

Community Setting – Silver Chain Group

- 24/7 Phone Support
- GP Led Care
- System Navigation
- Priority Response & Assessment Service (PRA)
- Telehealth
- Clinical Portal

Community Setting – Western Health

- Specialist Community Care (CHF, COPD, Diabetes...)
- Medical Care
- Behavioural Health Care
- Pharmacy Review
- Rapid Access to Consultative Expertise & Clinics
- Allied Health, Home & Social Care

Central Access Unit

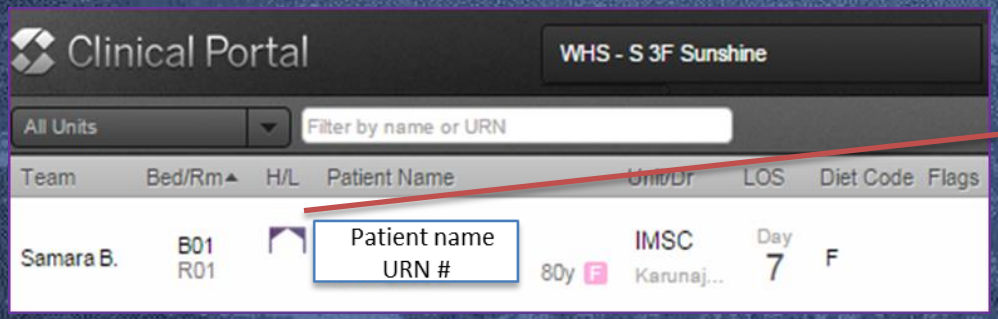
- E-Referral
- Appointment Scheduling

Western Health

Finding Margaret – essential changes

- Keeping track of Margaret as she comes in and goes out of hospital as we run an algorithm daily
- Created a multi-faceted identification system in our systems
- Inform care teams when Margaret has been admitted
- Identify Margaret within hospital using alerts on patient records
- Simplified community referral as one simple Needs based electronic referral form
- Changed care coordination approach

Western Health



HealthLinks Alerts

HealthLinks patient URN: 55555 has been discharged Date: 17/08/2017

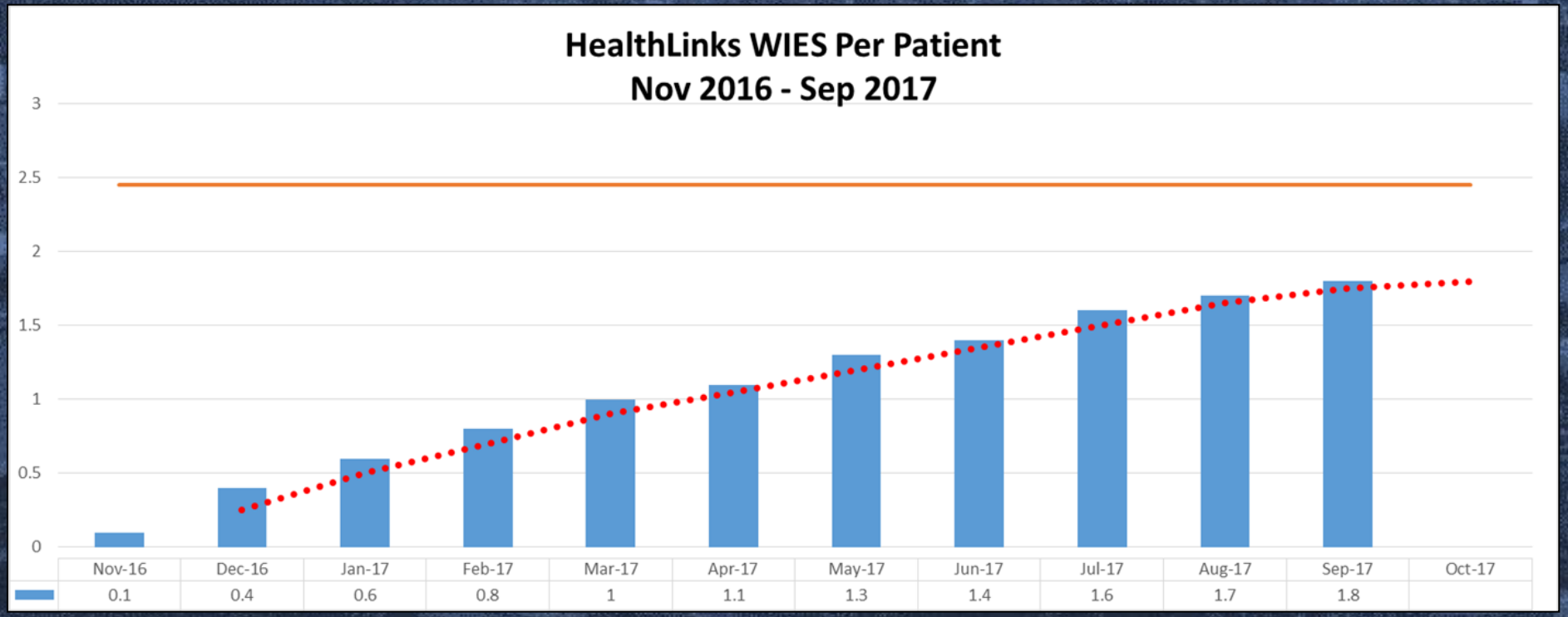
Page 3 of 3

BOSSNET **Tasklist -**

Printed By: **Michelle McLeod**
Thursday 8/8/17 1:53 pm

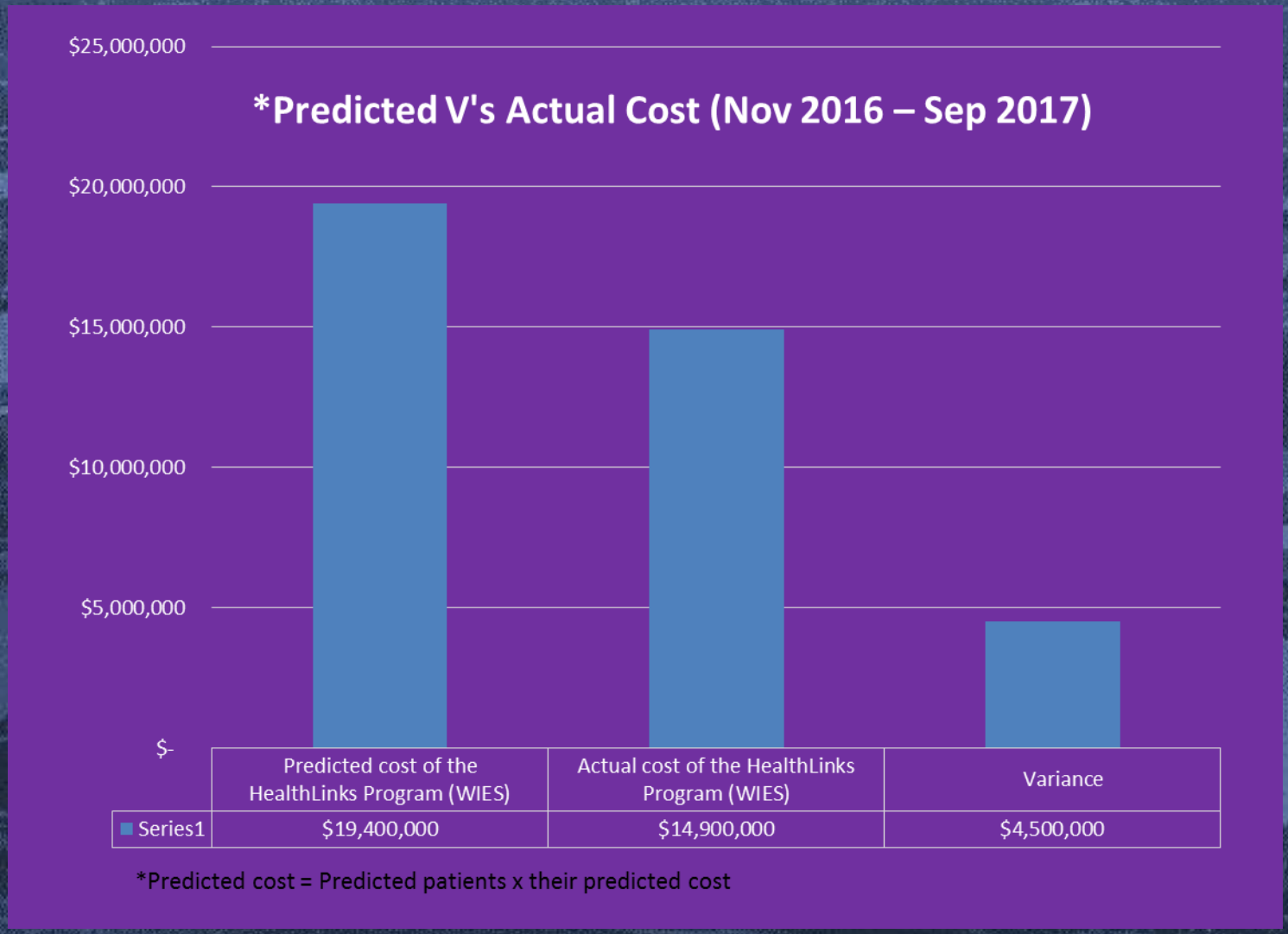
Patient Details	Notes	Results
Patient Listing [19 patients]		
449619 **Tisdale,** Day 1 Phyllis 90 yrs DOB **5/9/1926** Complete Heart Block	Bed R21-32 Dr: **Zakhem, DR Brian** DVT Risk: **Not Done**	Ins: **Medicare**
524357 **Wilson,** Day 1 Jarna 37 yrs DOB **23/10/1979** CONGESTIVE CARDIAC FAILURE	Bed 12-5ICU Dr: **Wong, DR Chiew** DVT Risk: **Not Done**	Ins: **Medicare**
1540415 **Pieterse,** Day 0 Edward 75 yrs DOB **31/12/1941** myocardial infarction, acute	Bed R10-17 Dr: **Wong, DR Chiew** DVT Risk: **Not Done** (Eaton, S- 8/6) Edward Pieterse bed 17 75M p/w CCP # CPFI GP -> trop -> 0.09 Out trop 0.05 Normal renal function BG: 2002: CABG, Known to Dr David Ecclestone, one yearly visits; HTN; Hypercholesterinaemia, T2D, GORD Irregular pulse	Ins: **Medicare**
1404903 **Ambrogio,** Day 0 Tina 76 yrs DOB **17/3/1941** chest pain, nec	Bed R13-23 Dr: **Zakhem, DR Brian** DVT Risk: **Not Done**	Ins: **Medicare**
370076 **McGowan,** Day 0 Antony Michael 68 yrs DOB **27/8/1948** Exacerbation	Bed R14-25 Dr: **Zakhem, DR Brian** DVT Risk: **Not Done** **HealthLinks Enrolled**	Ins: **Medicare**
750582 **Koia,** Day 0 Rongopai S 44 yrs DOB **23/5/1973** chest pain	Bed R03-01 Dr: **Zakhem, DR Brian** DVT Risk: **Not Done**	Ins: **Medicare**
970782 **Tzanetos,** Day 0 Bella 45 yrs DOB **21/10/1971** Angina, unstable / Acute coronary syndrome non ST elevation (non STEACS)	Bed R03-01 Dr: **Wong, DR Chiew** DVT Risk: **Not Done**	Ins: **Medicare**

Activity data



Western Health

Predicted vs Actual Cost



Western Health

Outcomes so far

- 25% more patients enrolled onto the program than anticipated
- 75% of Priority Response episodes resulted in the patient staying at home (90% would have otherwise attended ED)
- Lower 30 day readmission rate than projected
- Patient experience surveys for patients on the program >6 months highlighting marked improvement and highly positive patient experience
- The feedback provided by patients and carers is a motivating factor for the continuing refinement of the program.

Western Health

My key learnings / reflections

- We are moving to a “bottom up” approach, rather than top down
    - People who are working in the area are identifying the gaps and designing their own solutions
    - Providing coaching and support to staff
- Using improvement methodology to support change not Campaign based
- Clear air is a luxury !
- Change takes time to embed and often we are very impatient!

Western Health


Thank you
Western Health

Best Care at Western Health

We will demonstrate the Western Health values in all that we do...
compassion, accountability, respect, excellence, safety

Western Health

Patients

TO RECEIVE BEST CARE...

It is important to my family and I that:

1. I am seen and treated as a person
2. I receive help, treatment and information when I need it & in a co-ordinated way
3. I receive care that makes me feel better
4. I feel safe

Front Line Staff

TO PROVIDE BEST CARE...

1. I communicate with patients and their families and am sensitive to their needs & preferences
2. I am an active team player and look for ways to do things better
3. I am confident in what I do and motivated to provide the best care and services possible
4. I keep patients from harm

Managers & Senior Clinicians

TO LEAD BEST CARE...

1. I engage with and put patients first when making decisions
2. I look for ways to support staff to work efficiently and as part of a team
3. I guide, engage and support staff to provide best clinical care
4. I promote a culture of safety

Executive & Board

TO LEAD BEST CARE...

I oversee the development, implementation and ongoing improvement of organisation-wide systems supporting Best Care