

# WHOLE OF HEALTH PROGRAM

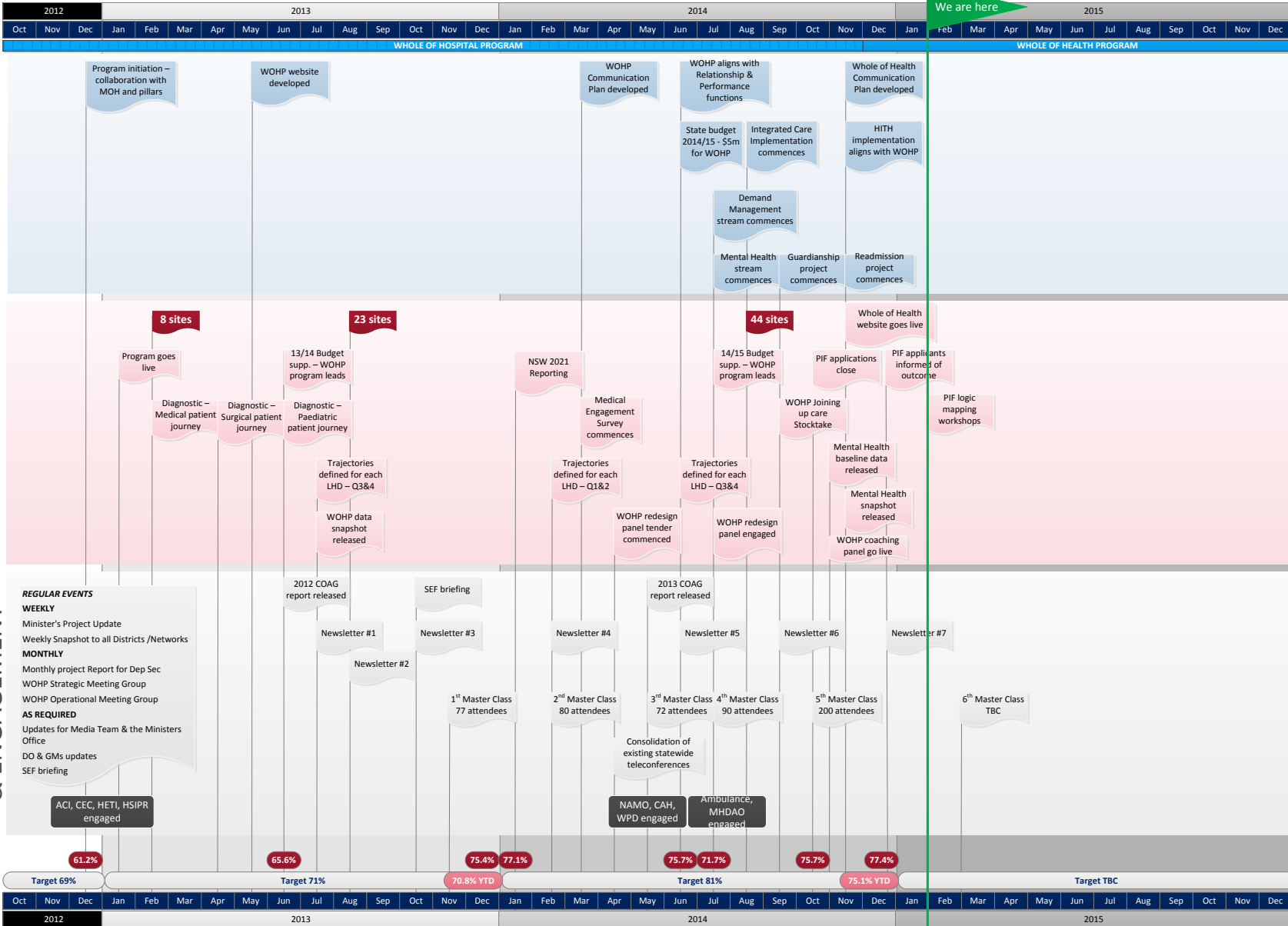
We are here

STRATEGIC

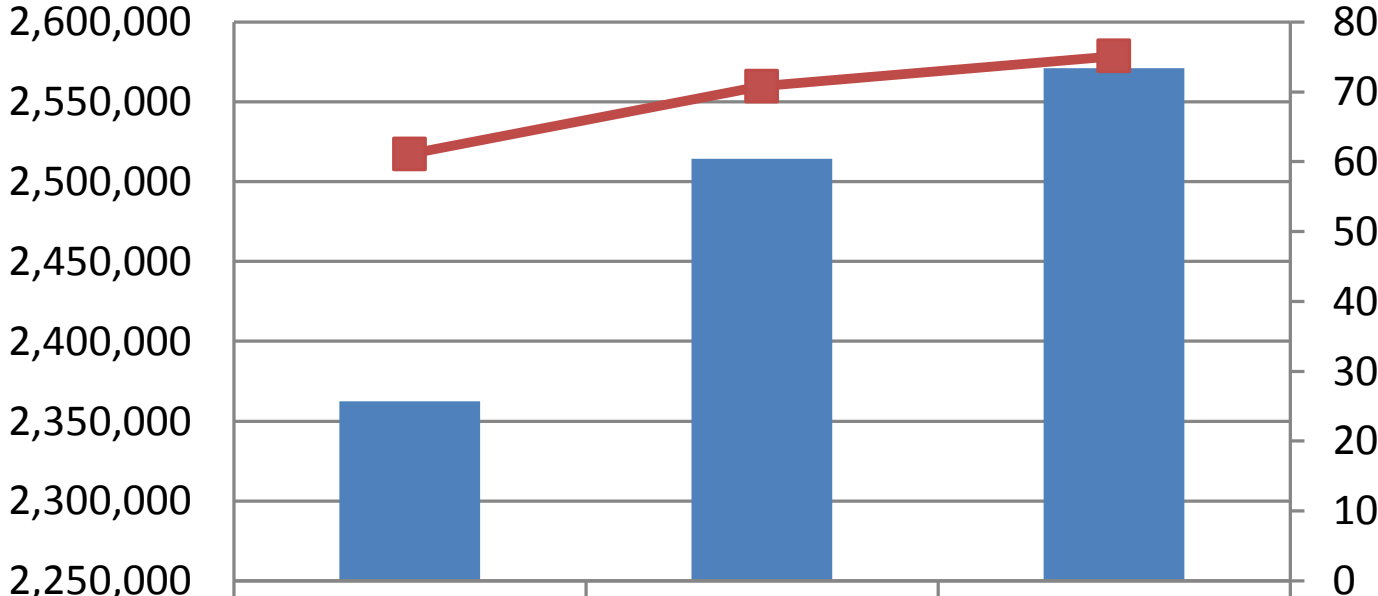
OPERATIONAL

COMMUNICATIONS & ENGAGEMENT

NEAT YTD



# NSW NEAT with ED Attendances 2012 to 2014



	Jan - Dec 2012	Jan - Dec 2013	Jan - Dec 2014
ED Attendances	2,362,416	2,514,229	2,571,091
NEAT %	61.1	70.8	75.1

# What does the table mean?

For the period Jan 2012 – Dec 2014

- ED Attendances across NSW increased by 208,675
- Emergency Treatment performance (NEAT) increased by 14 percentage points
- an additional 487,819 patients had their treatment completed in 4 hours

# WOHP strategies

- Provision of support via Subject Matter Experts
- Connecting the NSW sector via interagency partnerships
- Establishing a Whole of Health website with useful tools, resources
- Sharing lessons learned, knowledge and experience across the system, Master Classes, Improving Access to Care teleconferences & WOHP Newsletter.
- Quarterly proposed Trajectories for each LHDs
- Part funding for designated WOHP Program Leads & Encouraging facilities to appoint local Clinical Champions in order to drive change
- Distribution of WOHP weekly snapshot (state-wide data dashboard) & this will include Mental Health data
- Medical engagement: As part of the WOHP, NSW has invested in the Medical Engagement Scale (MES) tool

# How far we have come?

- 7 - 44 WOHP Sites
- Moved from a facility to a district/network wide focus
- Partnerships with Pillars, LHDs, SHNs, NSW Ambulance, MoH- NaMO, CAH, Health Infrastructure & Planning, Workforce, strategy & Resources, HITH, Surgical Team
- We have a shared understanding of the importance of Patient Flow and a sense of shared responsibility across the hospital & beyond
- Improved transparency of facility and district level data
- Designated WOHP Team including Mental Health focus
- Establish WOHP Strategic & Operational meeting groups
- Recognised as a Ministerial priority in the NSW State Plan till 2021

# What did you ask for?

- VMO contracts & V-Money
- Inter-Facility transfers -telephone recording system
- Inpatient data sets
- Mental Health baseline data & Mental Health data snapshot
- Guardianship project
- Readmissions Project
- E Triage

# 2015 Target

- NEAT - 'Emergency Treatment Performance (within 4 hours benchmark)'
- 81% till June 2015
- The Queensland Clinical Senate forum was held on 27&28 March 2014

# 2015 Whole of Health Focus areas..

- Improving Mental Health Access to Care
- NSW Ambulance Project – develop new KPI
- Intensive support for targeted facilities with high demand
- Continued development of the Patient Flow Portal and Electronic Patient Journey Boards
- Integrated Care Implementation
- Coaching Panel – communication and leadership
- Guardianship Project

Other focus areas which will have an impact on patient flow:

- New elective surgery targets
- Implementation process of theatre efficiency guidelines
- Outpatients project; developing a state-wide toolkit and framework for Specialist Outpatient Services
- Further education on use of the Patient Flow Portal
- Updated release and further rollout of Electronic Patient Journey Boards



Thank You

## 8 sites – February 2013

- Gosford
- Liverpool
- Nepean
- Orange
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred
- Westmead



## 23 sites – August 2013

- Bankstown/Lidcombe
- Broken Hill
- Campbelltown
- Canterbury
- Coffs Harbour
- Dubbo
- Gosford
- Goulburn
- Hornsby Ku-Ring-Gai
- John Hunter
- Lismore
- Liverpool
- Nepean
- Orange
- Port Macquarie
- Prince of Wales
- Royal North Shore
- Royal Prince Alfred
- The Tweed
- Wagga Wagga
- Westmead
- Wollongong
- Wyong

*Additional sites in blue*



# 44 sites – August 2014

- Bankstown/Lidcombe
- Bathurst
- Bega
- Blacktown
- Broken Hill
- Calvary Mater
- Campbelltown
- Canterbury
- Children's Hospital Westmead
- Concord
- Coffs Harbour
- Dubbo
- Fairfield
- Gosford
- Goulburn
- Grafton
- Griffith
- Hornsby Ku-Ring-Gai
- John Hunter
- Kempsey
- Lismore
- Liverpool
- Maitland
- Moruya
- Mount Drutt
- Nepean
- Orange
- Port Macquarie
- Prince of Wales
- Queanbeyan
- Royal North Shore
- Royal Prince Alfred
- Shell Harbour
- Shoalhaven
- St George
- St Vincent's
- Sutherland
- Sydney Children's Hospital
- Tamworth
- The Tweed
- Wagga Wagga
- Westmead
- Wollongong
- Wyong

*Additional sites in blue*



# Program Initiation

- Ministry of Health team and governance structure established
- Clinical leads recruited
- Objectives defined
- Project Plan, action logs developed
- Baseline data
- Sites identified



# Whole of Hospital Program website

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## Whole of Health

As the Whole of Hospital Program connects with more program partners, we become an integral part of moving into the Whole of Health Program. The focus is still on patient care within our hospitals, but also on the out of hospital solutions where care that is joined up can impact positively upon demand management, patient flow and access to care. The following diagram depicts the crossover between the Whole of Hospital, Whole of Health and Integrated Care key communications messages. [164 KB](#)

### Whole of Hospital Program

#### Improving Access to Care

Access to high quality, safe and timely health care is critical for patients, carers and staff. The Whole of Hospital Program was launched in 2013 to support Local Health Districts in driving the strategic change needed to improve access to care and patient flow within New South Wales public hospitals. It seeks to connect or streamline existing work and processes, striving to improve efficiencies, which will in turn help safely achieve the National Emergency Access Target (NEAT). For further information on NEAT, [click here](#).

Centrally facilitated but locally led, the Ministry of Health is working with its Whole of Hospital partners to help Local Health Districts develop capability in devising and implementing sustainable patient flow improvement strategies, whilst sharing knowledge and experience across the sector.

The Whole of Hospital web pages are designed direct you to useful tools, resources and contacts in order to assist the implementation of local change.

#### Integrated Care Implementation Strategy

In March 2014, the Minister for Health announced an investment of \$120M over 4 years into the development of integrated care models from 2013/14. The implementation strategy has 6 principal work streams:

- ▶ Planning and Innovation Fund
- ▶ Demonstrator Sites

#### Latest Newsletter

Staff across NSW share their experiences on clinical dashboards, Mental Health models, Electronic Patient Journey Boards, the Specialist Outpatient Services project, a Senior Hospitalist Initiative & NSW Ambulance strategies. Read the articles [here](#).

#### INNOVATION EXCHANGE

In order to submit your local case study to the Agency for Clinical Innovation's Innovation Exchange or find others to learn from, [click here](#)

#### Master Classes

Download the presentations from the Improving Access to Care Whole of Hospital Master Class held on 17th and 18th October 2014 at the Aerial UTS Function Centre, Sydney.

Get the presentations here



# WOHP Communication Plan

- The aim of the communications strategy is to assist in the effective implementation of the Whole of Hospital Program and help achieve its objectives through the delivery of clear and consistent messages
- The communications strategy is a working document



# Alignment with System Relationships & Frameworks Branch functions

- Negotiate Service Agreements with LHDs on behalf of the Ministry including activity levels and other KPIs including targets and performance thresholds
- Manage performance review cycle for designated LHDs/health entities
- Undertake transparent monitoring of performance and allocation of performance status level (0-4)
- Provide independent assessment of LHD performance
- Create a relationship with LHDs/services that allows a deep shared understanding of all dimensions of performance





# State Budget 2014-15

## Budget estimates 2014/15 (Budget Paper No. 3)

- \$5.0 million to continue the roll out of the Whole of Hospital program to ensure a health system-wide approach to patient care with an emphasis on care that is connected, streamlined and leverages best practice



# Integrated Care Implementation

- the Integrated Care Demonstrator sites and the Planning and Innovation Fund will be supported by Systems Relationships Branch to build on the success of the Whole of Hospital Program and the NSW Health Performance Framework.



# Demand Management stream

- Whole of Hospital Program begins work in the Demand Management space that takes into account not only what happens within our hospitals but also the impact that “out of hospital” solutions offer in improving access to care and patient flow
- Partnerships and projects are being expanded to support this



# Mental Health (MH) Stream

- Aims to understand the current performance against MH patient flow and access indicators in NSW Health Emergency Departments (ED)
- It seeks to identify successful patient flow strategies and opportunities for improvement and an understanding of the barriers and enablers to improving access to care.



# Guardianship Project

- When undertaking WOHP site visits, 'guardianship issues' are often cited as a blocker to optimal patient flow and access
- The purpose of this project is to understand in more detail the type of issues that exist in relation to guardianship, what the wider implications of those issues may be for the whole of system and how they may be addressed in collaboration with key stakeholders



# Readmissions Project

- Aims to better understand the reasons for readmission rates and their impact upon the health system across NSW
- A collaborative project between the Ministry of Health, Clinical Excellence Commission and CMC Insurance Solutions Ltd (CMCIS):
  - A PhD student who will undertake extensive evidence based research on readmissions across NSW
  - Access to the CMCIS advanced analytical solution, 'I+Plus'
  - Support with using the 'I+Plus' tool and analysis of its outputs to support work around readmissions in NSW

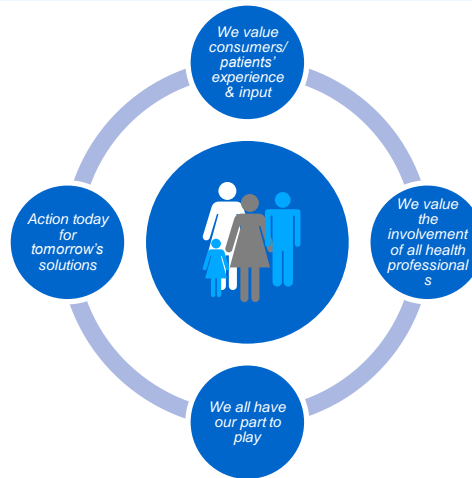


*Working together to provide the right healthcare for all communities in NSW every day*

*Development of local skills and capacity for system change*

*Health service design and leadership to improve that creates an affordable and sustainable health system*

*Improving partnerships and connectivity to create a seamless care experience*



*Ministry of Health, Pillars, LHDs, SHNs & our partners*

## Whole of Hospital Program

- Improving access to hospital based care
- Addressing existing barriers to patient flow
- Facilitating system change in order to combat increasing demand
- Creating networks and sharing success stories

- 17 LHDs and SHNs involved
- 43 facilities directly engaged

- Diagnostic & Patient Flow Improvement strategies
- State-wide networks for information sharing

Specialised Programs include:

- Mental Health
- Ambulance NSW Services
- Hospital Demand Management
- Medical Engagement

### Statewide enablers

- HealtheNet
- Risk Stratification
- Patient Reported Outcome Measures (PROM)
- Real time patient feedback

### Demonstrators

- Central Coast LHD
- Western NSW LHD
- Western Sydney LHD

### Innovators

- seed funding for innovative integrated care initiatives at the local level across NSW

## Integrated Care Implementation Program

- Transforming the planning & delivery of care to improve health outcomes for patients
- Building strong partnerships with primary & community care to create a seamless care experience
- Designing truly connected care centred around patient needs
- Facilitating integration at a local level for system-wide change

*Centrally facilitated and locally led*



# Diagnostics

- Who Owns the TimeLine (WOTTTL) Study
  - Identifies where and how long the key delays are across the patient journey through the Emergency Department
  - Templates assist in collecting, analysing & presenting study data
- Why am I Still Here (WAISH) Study
  - A snapshot in time to identify bed status and capacity on the wards. It also identifies either legitimate medical treatment purposes or other reasons for delays
  - Templates assist in the collection and analysis of this data





# Budget Supplementation 2013/14

- MOH agreed to co-fund the local Program Lead positions in 2013/14 to a value of \$60K per site
- To release funding, each site had to appoint the 1.0 FTE Program Lead and provide a relevant position description
- 21 site positions were co-funded



# Trajectories

% of Admitted Patients we KNOW will be admitted within 30 minutes when assessed by Snr ED Physican			80%	20		
			Estimated Range = 70%-90% Assume 80% for calculations			
			Jul	Aug	Sep	
<b>State</b>	Monthly	NEAT%	70.7%	72.4%	73.8%	
	YTD	NEAT%	66.9%	67.6%	68.3%	

- Create focus**

What is the specific work plan required to be delivered in order to achieve the month on month results?

What specific help/support might you need to make this happen?
- Celebrate Wins**

Achieving each step on the trajectory is a win to be acknowledged and shared. Success breeds success.
- Accountability**

If you fall below trajectory, then what will be done to get back on track?



# Snapshot

## Whole of Hospital Program - Weekly Snapshot

### A202 - Canterbury Hospital


Measurement / Performance Indicator	This Week	Last Week	Current Calendar YTD	Last Calendar Year
	14/07/2014 - 20/07/2014	07/07/2014 - 13/07/2014	01/01/2014 - 20/07/2014	01/01/2013 - 31/12/2013
Transfer of Care	91.6%	81.5%	87.3%	84.1%
ED Presentations	734	773	21,812	38,354
Total Admissions to Facility	138	155	4,322	7,716
Total Admissions to Facility as a % of Presentations	18.8%	20.1%	19.8%	20.1%
% Count of ED Did not Wait / Left at Own Risk to total number of ED Presentations	6.13%	7.12%	6.19%	7.21%
<b>NEAT</b>				
<b>All Patients</b>	77.9%	75.0%	78.0%	69.1%
<b>Admitted</b>	55.1%	51.6%	52.0%	37.9%
<b>Non - Admitted</b>	83.2%	80.9%	84.5%	76.9%
ED ALOS hrs (admitted and discharged)	3.09	3.31	3.17	3.6
Number of patients staying in ED over 24 hrs (trimmed at 99998 min)	0	0	4	17
Admissions to EDSSU from ED	0	0	0	0
Admissions to EDSSUU from ED as a % of total ED Presentations				
% EDSSU patients admitted to ward				
Admissions to MAU from ED	24	21	727	1,261
Admissions to MAU from ED as a % of total ED Presentations	3.3%	2.7%	3.3%	3.3%
Total number of patients admitted to PECC (Bed Type 85)	0	0	0	0
Clinician Defined EDD's	85.2%	89.3%	87.1%	78.2%
Expired EDD's	12.5%	7.4%	8.8%	14.3%
Week Day Discharge Rates	86.8%	78.9%	83.6%	84.3%
Weekend Discharge Rates	13.2%	21.1%	16.4%	15.6%
Unplanned Representations within 48 Hours	4.6%	3.9%	4.8%	4.7%
Unplanned Readmissions (all)	2.8%	4.2%	5.0%	4.6%
Average ED Accessible Bed Occupancy	90.6%	90.0%	92.7%	99.9%
HITH Activity (Bed Type 25)	4	0	86	0
Total number of patients who used Transit Lounge	0	0	2	4
Transit Lounge Discharges from ED as a % of total ED Presentations				



# NSW 2021 Reporting

## 12.2 Improve transfer of patients from emergency departments to wards

12.2.1 Achieve the COAG agreed national emergency department (ED) access target of 90% of persons attending ED staying four hours or less over the next four years 2012-2015

	Units	Baseline	2012 Actual	2013 Actual	Trend <sup>ii</sup>
<b>Measure 12.2.1.1:</b> Number of patients whose length of stay in ED is four hours or less, as a proportion of the total number of ED presentations reported in that assessment period (measured as a calendar year average)	%	61.8	61.1 <sup>i</sup>	70.8 <sup>i</sup>	

**Baseline:** The baseline for NSW is 61.8% which is derived from the 2009-10 Non-Admitted Patient ED Care National Minimal Data Set.

<sup>i</sup> Whilst the baseline for this data is reported on a financial year basis, subsequent years have been reported on a calendar year basis as agreed under Clause C34 of the National Partnership Agreement on Improving Public Hospital Services (NPA-IPHS). This is consistent with National reporting by the COAG Reform Council and the Australian Institute of Health and Welfare.

<sup>ii</sup> Represents data for the baseline (61.8), 2010 (59.2), 2011 (60.5), 2012 (61.1) and 2013 (70.8).

Source: [http://www.nsw.gov.au/sites/default/files/initiatives/2014-15\\_performance\\_report\\_-\\_2021.pdf](http://www.nsw.gov.au/sites/default/files/initiatives/2014-15_performance_report_-_2021.pdf)



# Medical Engagement Survey

- Engaging doctors in leading change is a fundamental and necessary prerequisite for the transformation of the NSW health system to achieve access targets
- WOHP facilitated and funded 6 sites in NSW to participate in an international program of benchmarking related to medical engagement using the Medical Engagement Survey (MES).
- The MES is a unique tool that offers a reliable and valid measure of medical engagement



# WOHP Redesign Panel

- NSW Health established a panel of individuals to provide hands-on support for metropolitan and rural Health Services to build sustainable system capacity within the existing staffing profile to improve access to care, in particular to meet NEAT.
- Panel members are engaged on an as required basis
- Panel members provide hands-on system support to clinicians in NSW Health to improve patient flow and access to care. It is expected that the panel may be engaged to implement ED, inpatient or out of hospital solutions.



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- To release funding, each site had to appoint the 1.0 FTE Program Lead and provide a relevant position description
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# Whole of Health Stocktake

- One of the key success stories for the WOHP has been the local success stories, referred to as “NSW Pockets of Brilliance” - examples of effective, connected models of care
- There are many examples of existing programs & services which deliver joined up care, that is centred around patients and delivered by organisations working in partnership
- To better understand where such programs were already in place a stocktake of such services across NSW was undertaken
- A central directory of services will be compiled which will enable us to easily share innovative models, ideas and solutions.





# Planning and Innovation Fund

- 43 applications with all Districts (excluding the Demonstrators) and Networks submitting at least one application each
- The applications received for the \$6.5 million available this year totalled more than \$25m
- All Districts and Networks have received letters from the Health Minister and Secretary advising of the successful proposals and funding allocations.



# Whole of Health Website

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## Whole of Health

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This diagram depicts the crossover between the Whole of Hospital, Whole of Health and Integrated Care key communications messages.

## Whole of Hospital Program

### Improving Access to Care

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## Integrated Care Implementation Strategy

Whole of Health Program

Resources and Innovation

Whole of Hospital Master Classes

Whole of Hospital Program Toolkit

Whole of Hospital Program Newsletter

Frequently Asked Questions

Program Contacts

Whole of Hospital Program Diagnostic Tools

Planning and Innovation Fund

Integrated Care Demonstrators

eHealth to support Integrated Care

Whole of Hospital Projects

### Latest Newsletter

Staff across NSW share their experiences on clinical dashboards, Mental Health models, Electronic Patient Journey Boards, the Specialist Outpatient Services project, a Senior Hospitalist Initiative & NSW Ambulance strategies. Read the articles [here](#).

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# Mental Health Weekly Snapshot

Measurement / Performance Indicator	This Week	Last Week	Current Calendar YTD	Last Calendar Year
	03/03/2014 - 09/03/2014	24/02/2014 - 02/03/2014	01/01/2014 - 09/03/2014	01/01/2013 - 31/12/2013
ED MH Presentations				
Total ED MH Presentations as a % of Total ED Presentations				
ED MH Admissions to Facility				
Total MH Admissions to Facility				
Total ED MH Admissions as a % of Total ED Presentations				
ED MH Did not Wait / Left at Own Risk				
Total ED NEAT All Patients				
Admitted				
Non - Admitted				
Total MH NEAT All MH Patients				
MH Admitted				
MH Non - Admitted				
ED MH Time referred to time seen				
MH ED ALOS hrs (admitted and discharged)				
Number of MH patients staying in ED over 24 hrs				
MH Admissions to EMU from ED				
MH Admissions to EMU from ED as a % of total ED Presentations				
MH Admissions to GMU /CDU from ED				
MH Admissions to GMU /CDU from ED as a % of total ED				
Total number of MH patients admitted to PECC (Bed Type 85)				
PECC % occupancy				

# NSW Health Coaching Panel

- ACI, NSW Ministry of Health and HETI are piloting a Coaching Panel Service to provide high quality, easy to procure coaches to work with senior staff to grow their capability, across key state programs
- For the WOHP, group coaching will be used to develop multidisciplinary engagement and team work to build and sustain patient flow initiatives we need
- Four groups, each accessing 3 coaching sessions over the year with a combined workshop in 12 months to identify sector and facility learning that can be shared



# 2012 COAG report released

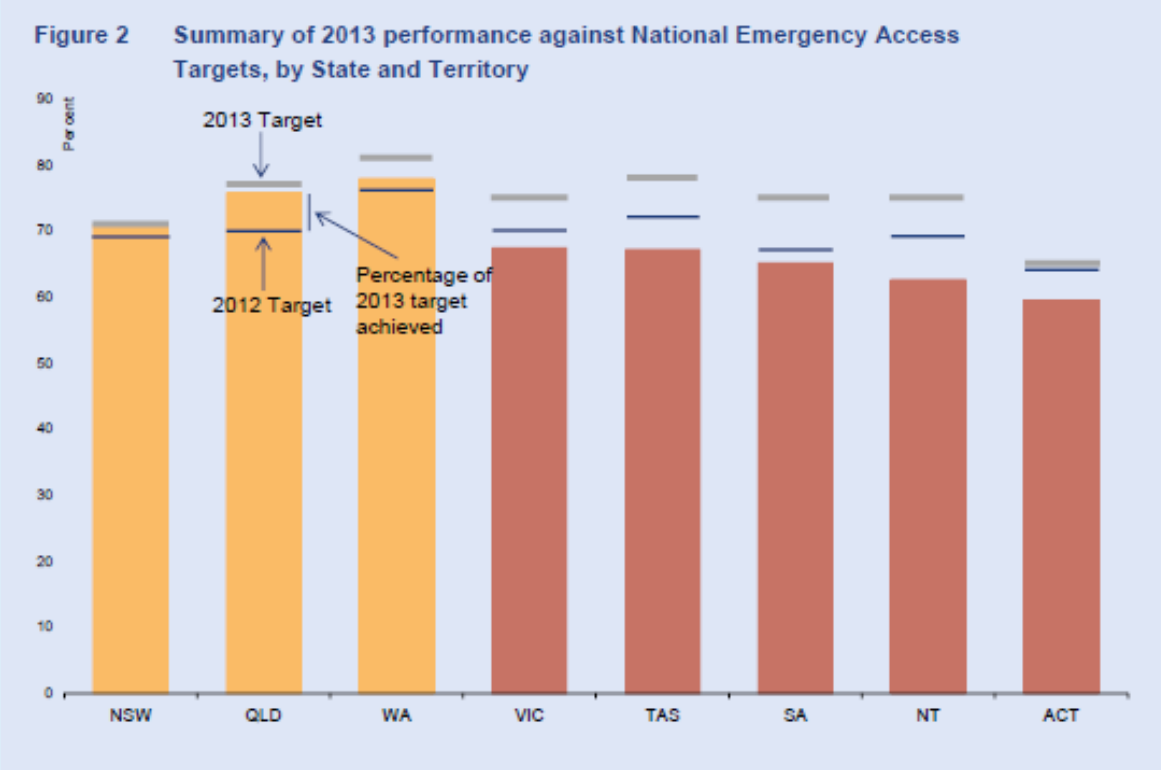
Figure 2. Summary of 2012 performance against National Emergency Access Targets, by jurisdiction



Source: National Partnership Agreement on Improving Public Hospitals: Performance Report For 2012



# 2013 COAG report released



Source: National Partnership Agreement on Improving Public Hospitals: Performance Report For 2013



# WOHP Newsletter # 1

- In Focus - Manly Hospital on the move
- Doctor of the Day (Liverpool Hospital)
- Leading improvements in care for our elderly (Nepean Hospital)
- Team Based Care (Royal North Shore Hospital)
- In Safe Hands (Clinical Excellence Commission)
- Clinicians leading change (Agency for Clinical Innovation)
- Online resources for Smooth Patient Flow (Health Education and Training Institute)



# WOHP Newsletter # 2

- Whole of Hospital Website
- Timeline Studies – Royal North Shore Case Study
- The Tweed Hospital Case Study
- Orange Health Service Case Study – In Safe Hands & NEAT
- Coffs Harbour Case Study
- Improving the Medical Inpatient Journey – ACI





## WOHP Newsletter # 3

- Message from the Acting Director General, NSW Health
- Data Management Strategy Case Study at John Hunter Hospital: The Fifth Hour
- Medical Engagement at Hornsby Hospital
- Canterbury Hospital NEAT Case Study
- Timeline Studies – Royal Prince Alfred Case Study
- NSW Ambulance: Whole of System Approach to Patient Flow
- Hospital in the Home (HITH)



# WOHP Newsletter # 4

- South Eastern Sydney: Mental Health Service and Access to Care
- South Eastern Sydney Local Health District - Mental Health and Whole of Hospital
- Team Based Care at Royal Prince Alfred Hospital
- A Day in the Life of a Program Lead
- NSW Frequent User Management
- In Safe Hands – Clinical Excellence Commission



# WOHP Newsletter # 5

- Whole of System Approach to Aged Care in South Eastern Sydney
- Admitted NEAT case study: Lismore Base Hospital
- Mental Health Acute Assessment Team Trial with NSW Ambulance & Western Sydney
- Changes to Non Emergency Patient Transport
- Dubbo Health Service Case Study
- HETI launch Smooth Patient Flow learning module
- ED Nursing Initiative in Murrumbidgee LHD



# WOHP Newsletter # 6

- Nepean leading the way with Mental Health Dashboard
- Creating KALM for Mental Health ED presentations in the Children's Hospital at Westmead
- Workforce Initiative drives change in Regional NSW
- Whole of Hospital Clinical Data Dashboard in Northern Sydney
- Planning and Innovation Fund process
- Guardianship and Access to Care in NSW
- Electronic Patient Journey Board rollout
- Specialist Outpatient Services Project
- Aged Health Care at NSW Ambulance
- NSW Ambulance Aeromedical Control Centre business process



# Master Class # 1

- Readmissions Master Class with focus on improving transitions from hospital to home
- The first in a series of Master Classes for the Program Lead and Clinical Lead from each LHD
- The Readmissions Master Class featured Dr Greg Maynard, the investigator for Project BOOST, a US Society of Hospital Medicine Centre for Healthcare Improvement and Innovation SHM initiative to improve transitions in care & the reduction of unplanned hospital readmissions



## Master Class # 2

- Data Master Class with focus on data - how to find it, how to use it and how it assists patient flow
- Included case studies from participating hospitals and presentations on EDWARD - the new data warehouse for NSW Health, the Activity Based Funding Portal, electronic Medical Record (eMR), FirstNet reporting tools and the Patient Flow Portal



## Master Class # 3

- Communications Master Class with focus on the importance of communication top down and bottom up
- The first day included presentations regarding communications tools and communications for specific audiences
- The second day focused on medical engagement with presentations relating to the Medical Engagement Scale and its implementation in NSW



# Master Class # 4

- Patient Flow across Whole of Hospital Master Class
- First Master Class delivered in partnership with the Agency for Clinical Innovation through the Acute Care Taskforce (ACT)
- Included case studies from participating hospitals implementing key models of care to improve the medical patient journey – criteria led discharge, In Safe Hands, EPJB, Clinical Management Plan, Care of Confused Hospitalised Older Persons, HealthPathways, 48 hour follow-up, Medical Assessment Units and patient experience trackers





# Master Class # 5

- Improving access to care Master Class
- Focus on Patient flow for Complex Clinical Needs including Mental Health, Intoxication and/or Organic Illness with associated challenging behaviours and follow up from the previous 'Patient Flow across Whole of Hospital' Master Class, with local case studies on patient flow improvement strategies



# Master Class # 6

- Whole of Health Master Class planned for 26/27 February 2015
- Focus on transition from a “whole of hospital” to a whole of system approach to improving access to care



# NEAT performance

