

SWSLHD JOURNEY

District Wide Transformational Change and Clinical Engagement Strategies

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October 2015



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South Western Sydney
Local Health District

South Western Sydney LHD



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The Burning Platform

- Continuous population growth, increasing demand
- Increased ED presentations
- Increased LOS
- Diverse & ageing population
- Increased Surgical demand
- Delayed Ambulance offload
- Access challenges



Why Transformational Change

- Sustained organisation wide improvements
- Evidenced based improvements
- Centrally facilitated, locally owned and led
- Clinician partnership



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Key Elements

- Executive Leadership & Key Messages
- Operationalising Key messages
- Clinician Engagement Clinical Leadership/Champions
- Cultural Change
- System Design Methodologies
- Workforce Capability
- Resilience
- Quick Wins, sharing successes
- Sustainability
- Busting Traditional silo's



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Our Journey

- **Centralised model**

- ▶ LHD project governance
- ▶ LHD program manager/team
- ▶ LHD specific wide strategies
- ▶ Clinician Co-chairs
- ▶ Nine Principles of Timely Patient Care
- ▶ Clinician Engagement Framework



Clinician Engagement

- Co-chairs
- Clinical Project leads
- Clinical Project Sponsors
- Data
- Nine Principles of Timely Patient Care



Nine Principles of Timely Patient Care

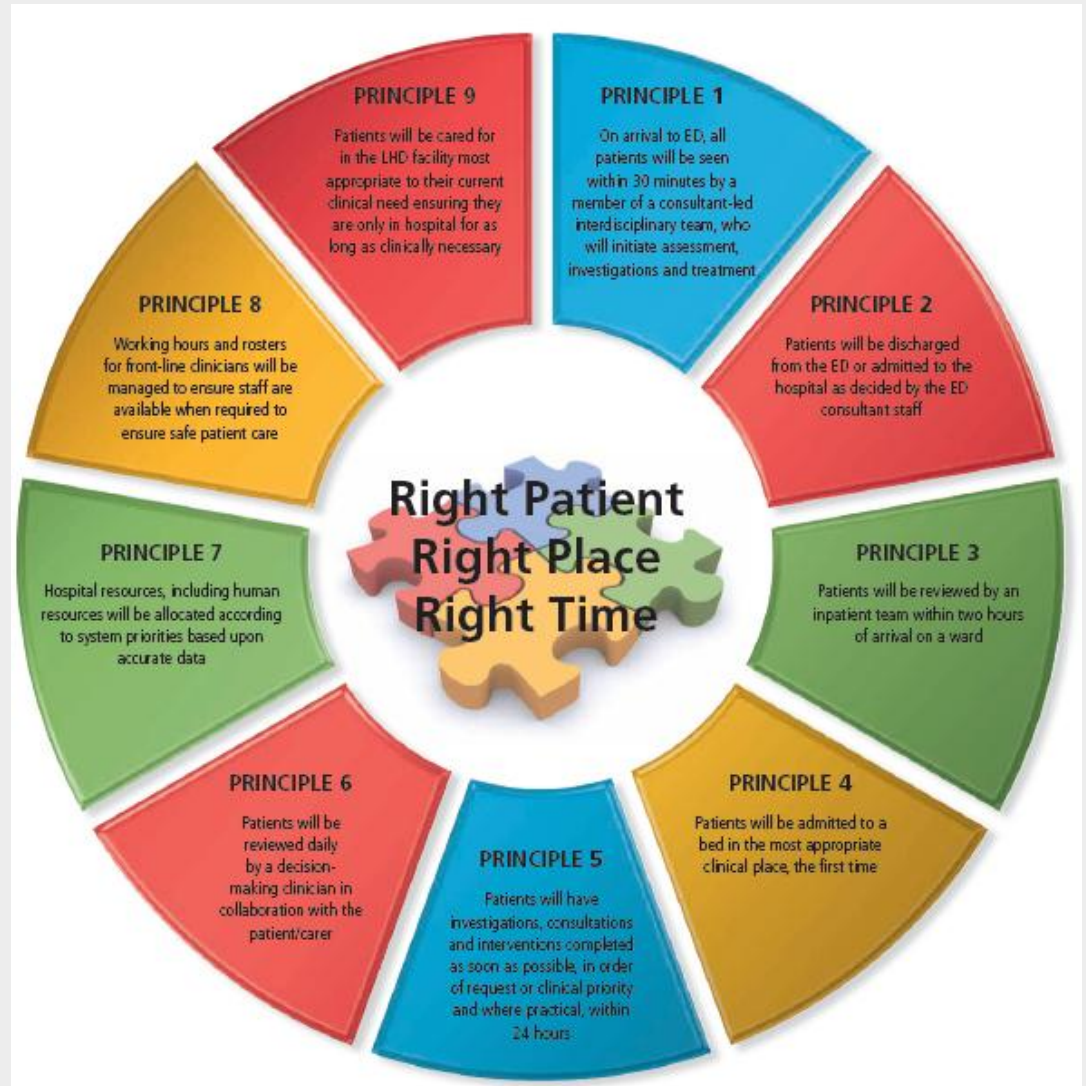
1. On arrival to the ED, all patients will be seen within 30 minutes by a member of a consultant-led interdisciplinary team, who will initiate assessment, investigations and treatment.
2. Patients will be discharged from the ED or admitted to the hospital as decided by the ED consultant staff.
3. Patients will be reviewed by an inpatient team within two hours of arrival on a ward.
4. Patients will be admitted to a bed in the most appropriate clinical place, the first time.
5. Patients will have investigations, consultations and interventions completed as soon as possible, in order of request or clinical priority and where practical, within 24 hours.
6. Patients will be reviewed daily by a decision-making clinician in collaboration with the patient/carer.
7. Hospital resources, including human resources will be allocated according to system priorities based upon accurate data.
8. Working hours and rosters for front-line clinicians will be managed to ensure staff are available when required to ensure safe patient care.
9. Patients will be cared for in the LHD facility most appropriate to their current clinical need ensuring they are only in hospital for as long as clinically necessary



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Nine Principles of Timely Patient Care



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Our Journey

- **Local model**

- ▶ Executive sponsorship
- ▶ Clinical leads/champions
- ▶ Project leads
- ▶ Weekly meetings
- ▶ Facility specific strategies
- ▶ LHD supported
- ▶ MOH supported

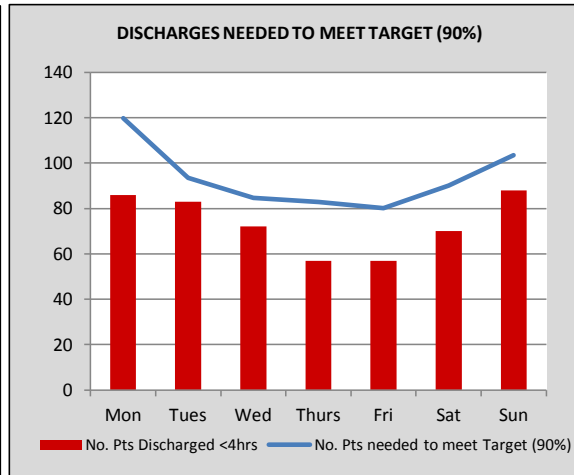
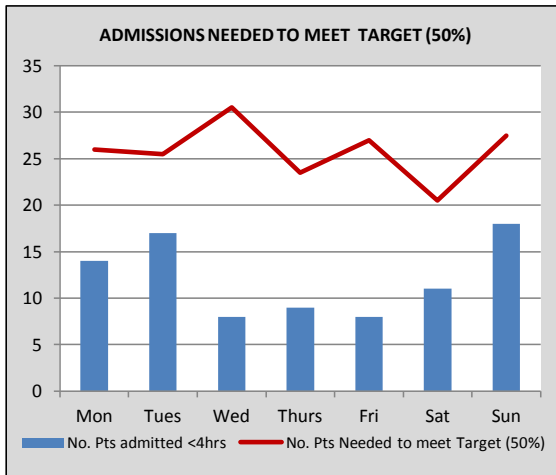
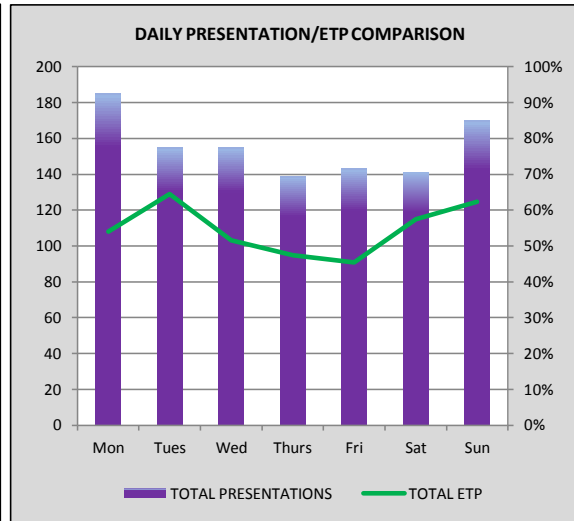
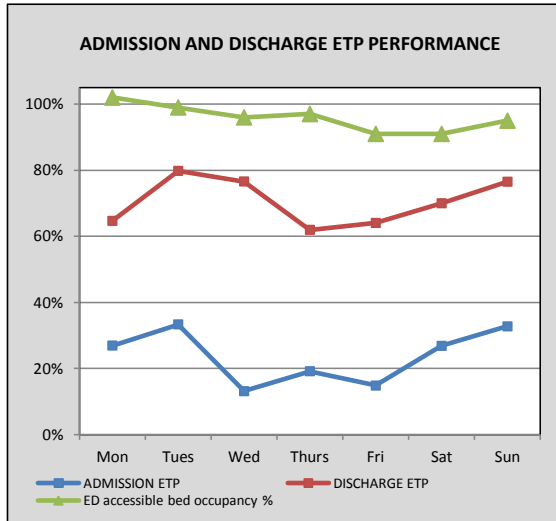


Facility WOH Meetings

- LHD – quarterly
- Facility - weekly
- Patient Journey
- Standardised data set
- Project Management Framework
- Innovative Strategies
- Forecasting



ETP DAILY PERFORMANCE



WOH ED PERFORMANCE DATA

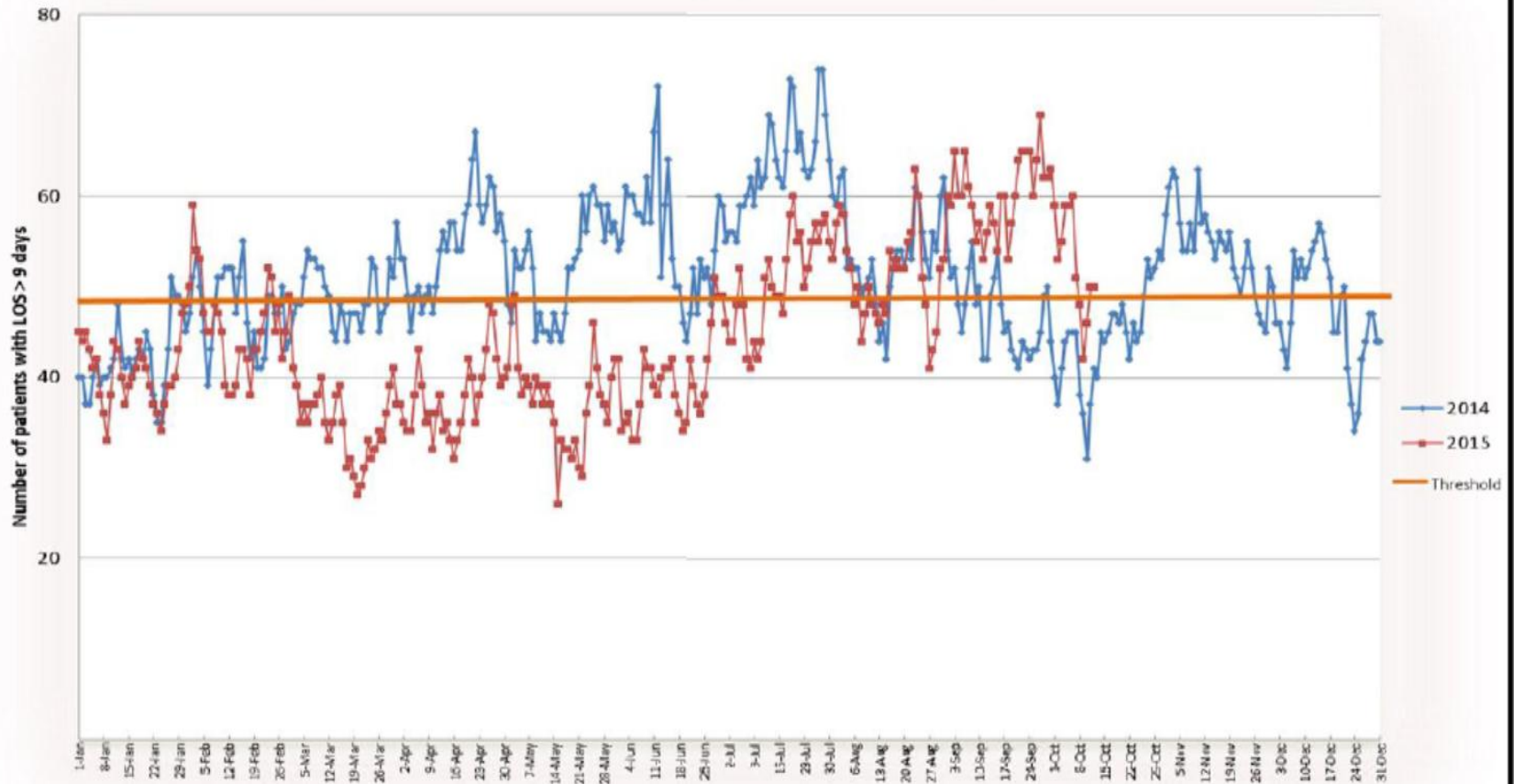
COMPILED BY: AMANDA BENDEICH, DATA MANAGER

W/E 27.09.15



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Inpatients with LOS > 9 days (calculated daily) 2014 v 2015



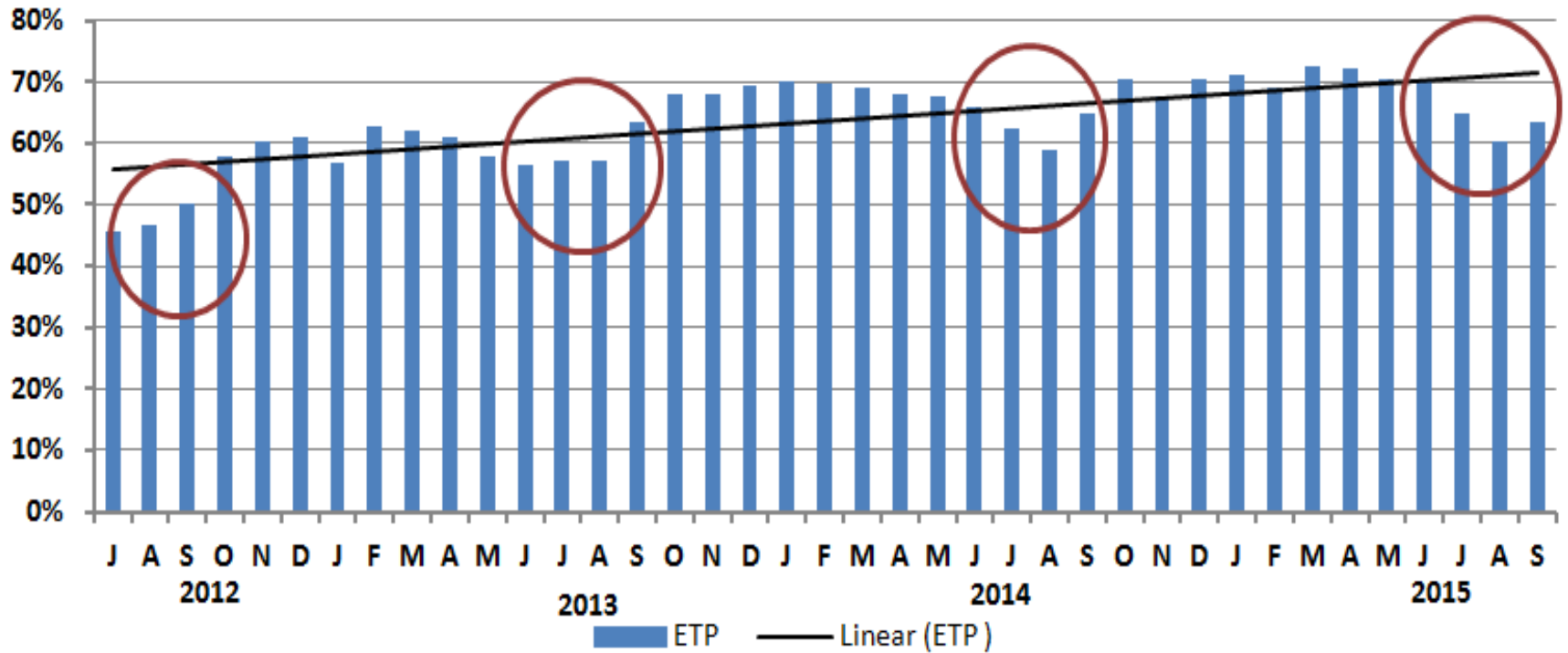
15 October 2015

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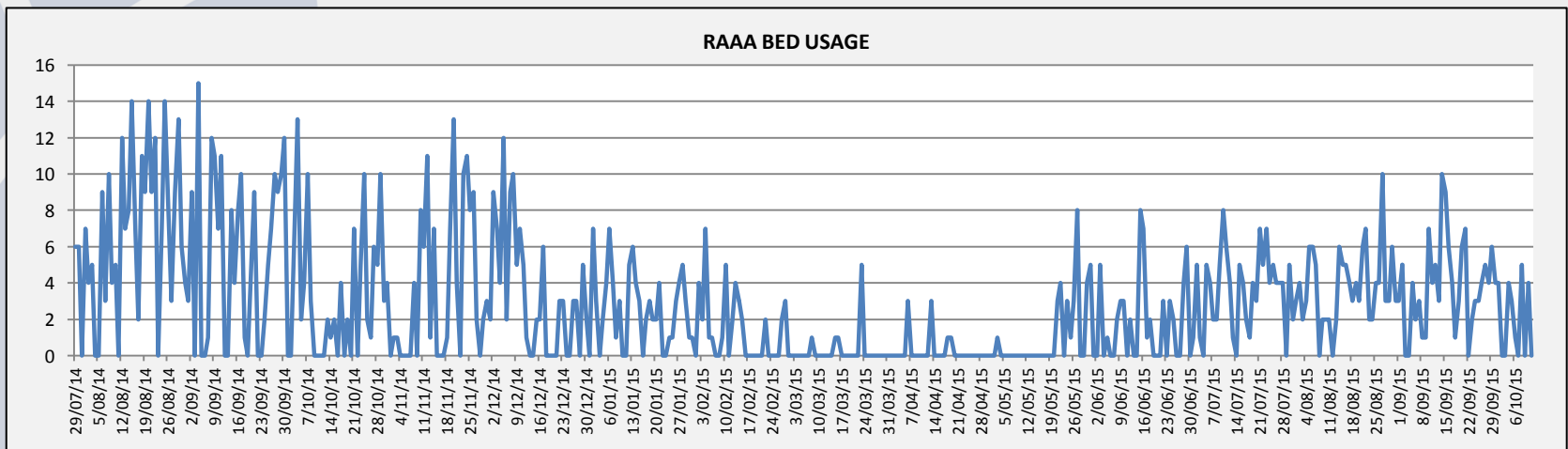
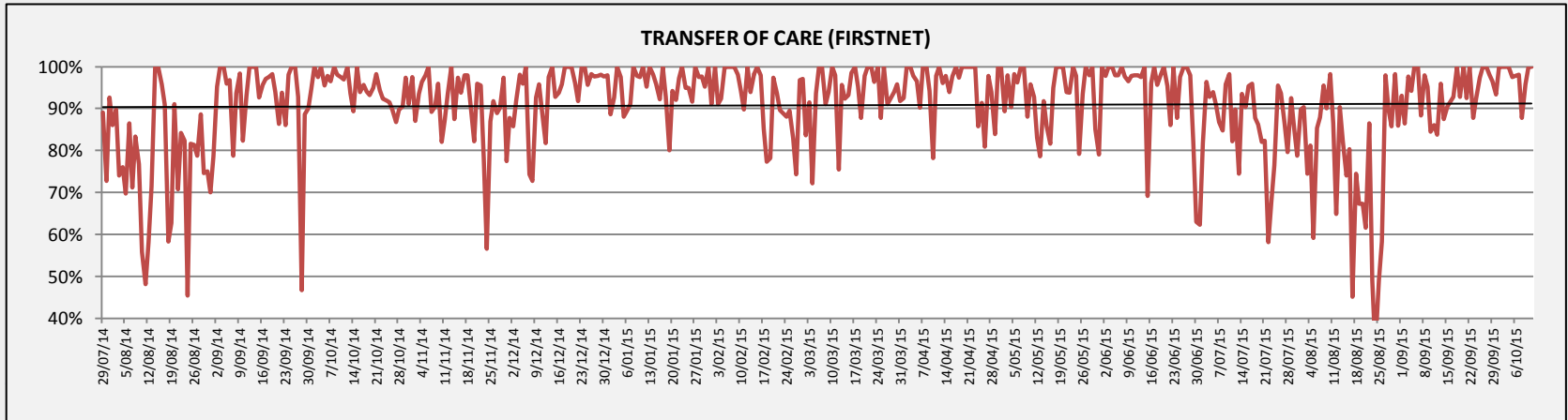
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SWSLHD ETP % All Patients in ED ≤4 hours July 2012 - September 2015



Successes to Date

- **Rapid Ambulance Assessment Area (RAAA)
Campbelltown Hospital**

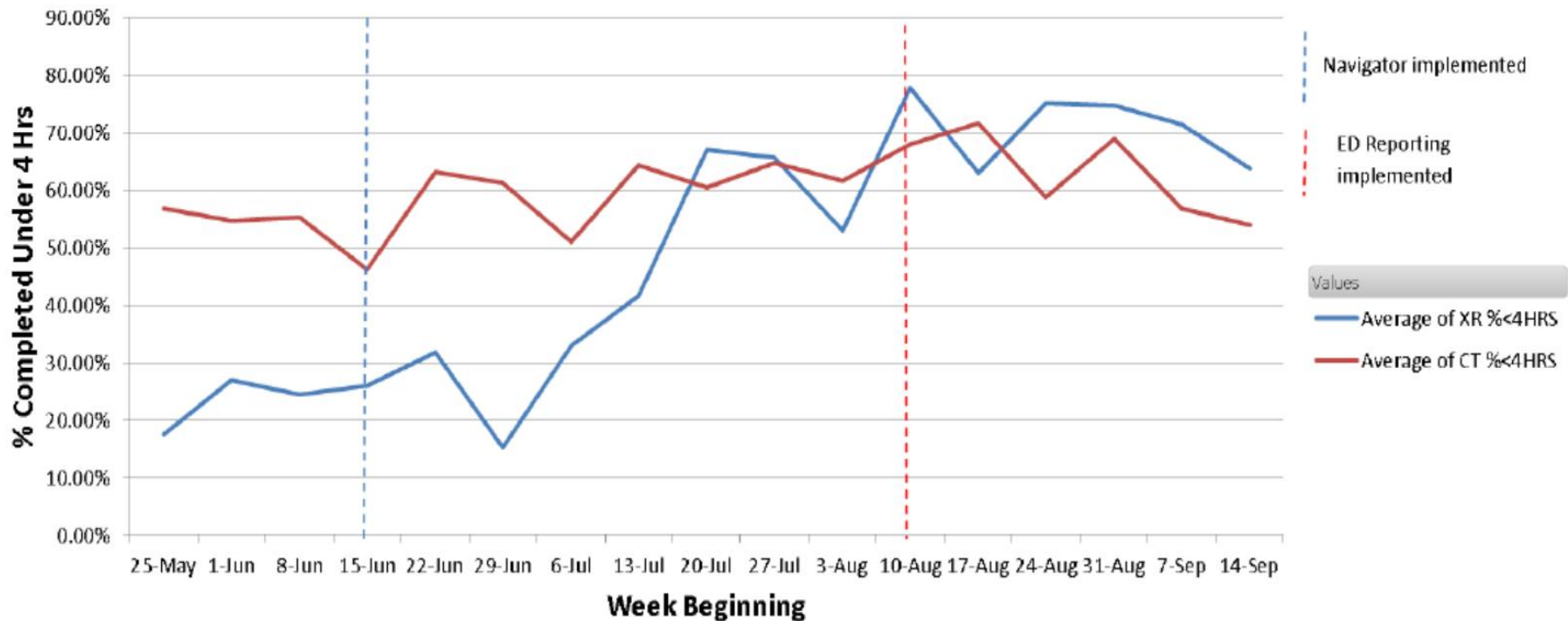


Successes to Date

● Radiology & ED MOC – Liverpool Hospital

Average of XR % <4HRS Average of CT % <4HRS

% of Preliminary Report TAT < 4hrs (XR and CT) - Business Hours/ED Referred



Successes to Date

● Chronic Care - Respiratory Outreach Program - Bankstown Hospital

- ↓ surge bed utilisation from 1231 overnight bed days down to 140
- ↑ respiratory clinic sessions

DRGs for Respiratory Outreach Program		Episodes		Av. Length of Stay (Days)		
		2014	2015	2014	2015	Variance
E62A	Respiratory Infections/Inflammations W Catastrophic CC	128	163	9.48	9.10	-0.39
E62B	Respiratory Infections/Inflammations W Severe or Moderate CC	79	83	5.15	5.00	-0.15
E62C	Respiratory Infections/Inflammations W/O CC	44	56	3.45	2.36	-1.10
E65A	Chronic Obstructive Airways Disease W Catastrophic CC	57	63	9.05	7.44	-1.61
E65B	Chronic Obstructive Airways Disease W/O Catastrophic CC	157	146	4.38	3.86	-0.51
E69A	Bronchitis and Asthma W CC	22	15	4.68	5.80	1.12
E69B	Bronchitis and Asthma W/O CC	62	64	2.44	2.11	-0.33



Next Steps

- Devolved leadership & decision making
- Clear roles & lines of accountability
- Learning from others
- Sharing Opportunities
- Decisions based on data
- Leadership & management training
- Challenges of Mental Health presentations
- Integrated Care

