

A health care system to meet our needs

The Power of Innovation

Clinician Led Budget Prioritisation/Allocation for Innovation

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Health

Our Innovation

SESLHD has used clinical engagement in strategic priority setting and budget allocation methods to identify top clinical priorities throughout the District and agreed methods of funding allocation for these top clinical priorities

Clinical Engagement Process

Clinical engagement is led through:


- SESLHD Clinical & Quality Council
 - Interaction with Facility/service Clinical Councils
 - Interaction with Clinical Streams
- Facility/service Clinical Councils
- The Health Planning process
 - *SESLHD Strategy 2012-2017* (reviewed in 2012)
 - *SESLHD Healthcare Service Plan 2012-2017* (reviewed in 2012)
- Annual budget setting process




Process Leading to Products

- *SESLHD Strategy 2012-2017* identified the key principles for decision making
 - Strong clinical leadership to enhance evidence based priorities and innovation
- Principles applied to identify *SESLHD Priorities*
- Principles and priorities applied to develop *SESLHD Healthcare Service Plan 2012-2017*
- *SESLHD Healthcare Services Plan 2012-2017* applied to develop individual Stream Service

SESLHD Top Clinical Priorities


- Establish an integrated, multidisciplinary diabetes program
 - Develop comprehensive community-based care services
 - Develop and fund chronic care services (with Medicare Locals)
 - Boost Mental Health budget
 - Reduce hospital acquired infections
 - Reduce unplanned hospital re-admissions
 - Ensure ongoing safety and effective delivery of health care through careful supervision of junior staff
 - Secure well trained an appropriate workforce
 - Review radiology services
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SESLHD Top Non-Clinical Priorities

- Continue to progress Activity Based Funding (ABF) models and methods for outpatient, sub acute and Mental Health activity.
 - Finalise and implement the District's Information & Communication Technology (ICT) plan.
 - Finalise and execute the District Service Level Agreement with other Local Health Districts and Specialty Networks and the four pillars.
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Budget Process

SESLHD Clinical & Quality Council determines:

- The context for the next year's budget:
 - Clinical necessities
 - Risks to patient safety and quality of care
 - Budget principles
 - Budget methodology
 - Priorities for budget enhancements
 - Resultant impact on clinical service delivery for each service/facility
 - To what extent and in what areas can we invest in innovation to enhance clinical service delivery
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Innovations from Clinician Led Priorities

eMR Implementation

- Pilot site for eMR implementation
- Clinician led ICT Program priorities
- Clinical coding project leading to improved clinical data

Leading Activity Based Funding methodology

- Implementation of ABF since 2008
- Developed governance structure supporting ABF now and in the future
- Clinician led activity targets and management

Innovations from Clinician Led Priorities

PACE (Deteriorating Patients)

- Model of care to reduce the incidents of and adverse consequences of ward based deteriorating patients
- Improved quality patient care

Integrated diabetes model of care

- Collaborative diabetes program
- Partnerships with Medicare Locals (GPs) and Intermountain Health
- Enabling software packages



Innovations from Clinician Led Priorities

Establishment of the Business Intelligence & Efficiency Unit

- Structural link between clinical data and financial data
- Executive lead in evidence based decisions

Antimicrobial Stewardship

- Quality use of medicines program
- Enabling software packages



Health

Innovations from Clinician Led Priorities

Appointment of the Director of Operations – Ambulatory & Primary Health Care

- Executive leadership in chronic care
- Link between chronic care and community care services
- Designated funding for chronic care programs

Infection Control Grants

- \$500,000 granted to EOI programs relating to the reduction of Hospital Acquired Infections and readmissions

