

# A team-based approach to improving out of hospital care on the Central Coast

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October 2013



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# Examples of initiatives under way on the Central Coast

- PARC (Paediatric Ambulatory Review Clinic)
- COPD (Chronic Obstructive Pulmonary Disease)
- COAST (Care of Acute, Sub-Acute and Transfer of Care)
- Community Health Review

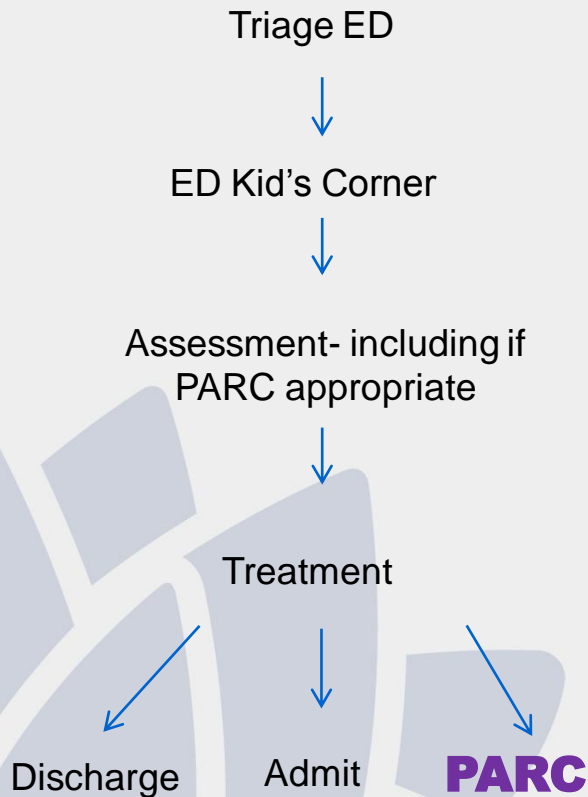


# Paediatrics

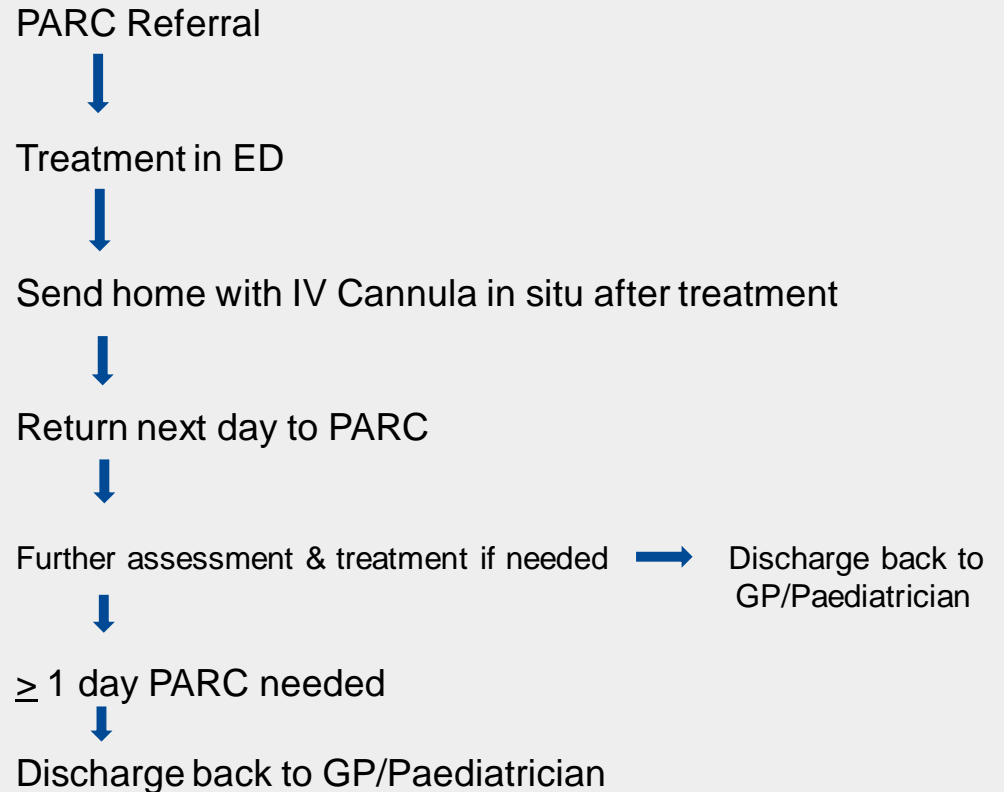


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## ED Presentation Flow

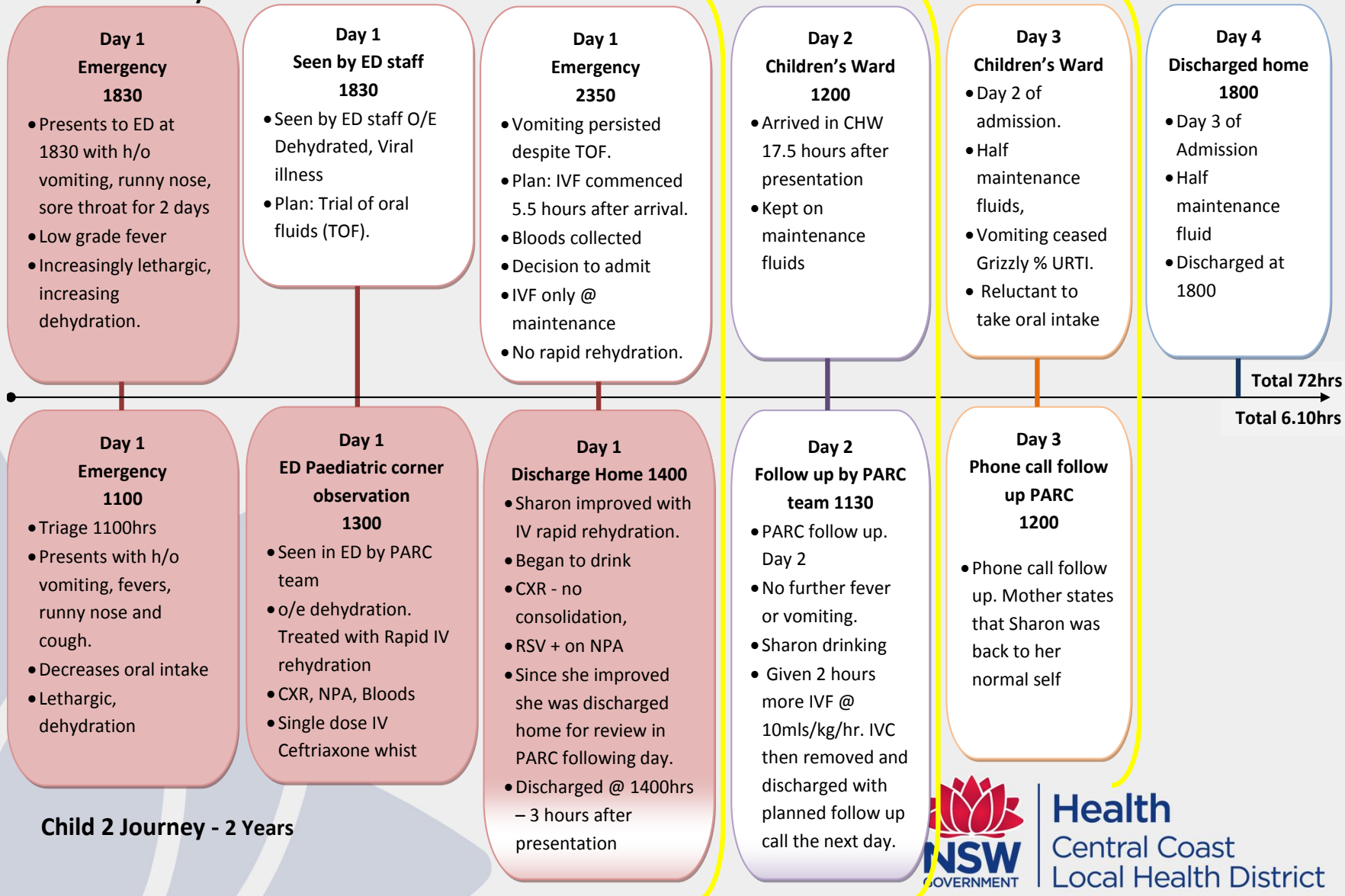


## PARC Flow



# Hours Medical/Nursing Care

## Child 1 Journey - 21 Month Old



## Child 2 Journey - 2 Years



# Adult Services



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**Over time multiple specialty community roles and services have evolved in response to funding allocations and areas of priority- these include but are not limited to:**

- Community Nursing
- Acute, post-acute care
- Aged Care Outreach Services
- Dementia Care Services
- Chronic and Complex Care
- Transitional Aged Care
- Multiple single discipline Allied Health Services
- Community Outreach Teams
  - Community Stroke Support
  - Community Rehabilitation



# External Review Outcomes identified several opportunities

- To combine existing small scale programs, resulting in a fewer number of high-impact programs that are interconnected
- Introduce information systems to support improved clinical care and ensure improved access to information and service efficiencies
- Engage teams to use innovative approaches to client care and management
- Adopt a more proactive approach to setting and scheduling of workforce to minimise travel time and maximise service efficiency and capacity
- Reduce avoidable inpatient admissions and bed days





# Benefits Projected

- Reduced administration costs
- Reduced travel time and costs
- Improved quality of services delivered
- Increased visibility of clinical data in the system
- Standardised internal processes for Community Care
- Improved scheduling and workforce efficiencies
- Improved reporting capabilities
- Increased internal referrals avoiding hospital admission
- Improved governance around staff skill sets in delivering care
- Increased 'capacity' within the community health system



## Change of this magnitude requires innovative thinking, new approaches, the creation of different models, and the refinement of existing ones

- Defining a platform for change
- Defining a business model
- Redesigning models of care
- Challenging existing ways of working and entrenched practices
- Establishing desired outcomes
- Developing evaluation plan
- Using tight project management controls



# Challenges: staff are habituated to current ways of working in specialised, non-integrated teams

- Stakeholder buy-in
- Project timelines
- Change management
- Availability of accurate data
- Availability of stakeholders
- Workforce/Human resource processes
- Competing Priorities



# Points of Leverage - there is a shared understanding of the requirements for safe/quality service delivery

- Willing, innovative staff
- Integrated services and models of care
- Improved service delivery and capacity Clinical outcomes, LOS, financial, workforce
- New models of care – e.g. mobile Multidisciplinary Teams, priority based access to care, rapid response, reduce presentations to ED
- Engagement with acute services for the development and communication of community plans (client escalation plans)
- Improved access to information to improve client care
- Improved accuracy of service data to facilitate accurate evaluation and planning of services for the future.
- Consistency of expectation
- Improved referral pathways and access to services



# A proven, structured project management approach is being used to plan, design and implement change to improve performance

- Project management:
  - Task control
  - Risk management
  - Change management
- Governance Structure:
  - Governing Committee
  - Implementation Taskforce
  - Working Party
- Phased Approach
  - Design future state
  - ComCare (Information System) Implementation Planning Study
  - Service reconfiguration
  - Information system implementation



**The project has defined key goals aligning to the Districts strategic goals.**

**Objectives have been defined to deliver an integrated, client and carer centred service.**



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## Progress has seen strong staff engagement and ‘hands on’ effort to deliver a detailed understanding of current services:

- Completed project planning phase:
  - Detailed project brief containing objectives, scope, risks, milestones
  - Project Plan
  - Communication plan
- Understanding the ‘As Is’
  - Map current services and functions
  - Completion of Implementation Planning Study
  - Currently finalising Future State Models of Care
  - Evaluation planning



# Next Steps

- Finalise adult community service model for CCLHD to support integrated and improved clinical care
- Finalise Business Units, organisational structure and teams
- Establish the Service Delivery Centres
- Establish intake model including triage capabilities (including results of COAST project) and formulate team
- Develop criteria to support decision making and service linkage at Intake – incorporating information on new clinical redesign projects e.g. COPD project
- Information system implementation





Thank you for your attention.  
Questions welcome.



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