

# Whole of Hospital Program Communications

Prepared by **Jennifer Hutchison**

# Whole of Hospital Program Objectives

- To improve access to high quality, safe and affordable healthcare for users of the NSW public hospital system through a Whole of System approach;
- To improve the connectivity of the NSW health system to support locally accountable improvements in access to care and patient flow
- To embed significant improvements in service provision

# Communication Key Messages

- We value patients' time
- We value staff involvement
- We all have our part to play
- Actions today for tomorrow's solutions

# WOHP Stakeholders

Ministry of Health including SRFB, HSPiR, Media Unit, Workforce, MHDAO, Integrated Care

17 Local Health Districts and Specialty Health Networks

Pillar organisations: Agency for Clinical Innovation (Emergency Care Institute), Clinical Excellence Commission, Health Education and Training Institute & their stakeholders

NSW Ambulance & NEPT

The Health Minister and Minister's Office Team

Department of Premier and Cabinet

Council of Chairs

Patients and carers in NSW

# Key focus areas 2014

- Site to district focus
- Providing on-site support for patient flow and access to care implementation strategies
- Move to a “Whole of System” approach
- Continued focus on NEAT but looking not only within hospitals but at community based demand management strategies
- Sharing knowledge and experience across the sector
- Medical engagement

# Communication methods

- Talking heads
- Communication templates
- WOHP Website
- WOHP Newsletter
- Email updates
- WOHP Weekly snapshot

# Communication methods

- Building networks
- Team meetings
- Positional communications for media and Minister's Office
- Reports for DDG/DG/Board Chairs/Health Minister/DPC
- Input to strategic plans/service agreements

WHOLE OF HOSPITAL PROGRAM

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# We value our patients' time

# We value staff involvement



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For more information, contact our Clinical Lead, Dr. Joe Bloggs, ph: 02 XXXX XXX

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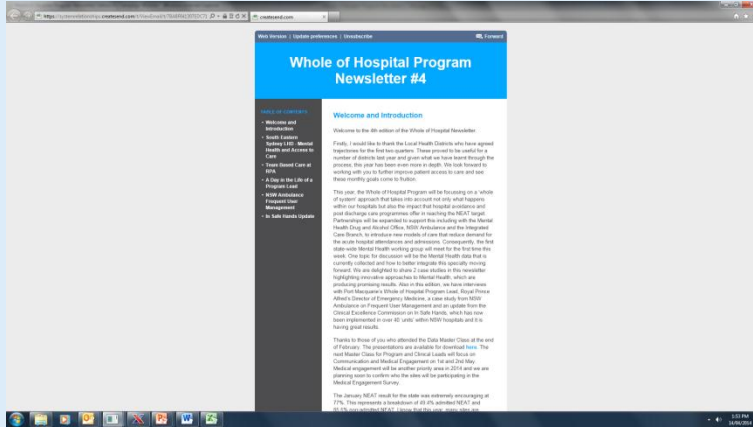


IMPROVING ACCESS TO CARE

IMPROVING ACCESS TO CARE







We spoke to the ED Nurse Unit Manager, Wendy Fitzgibbons and Claire Hutchinson, the Clinical Nurse Consultant, to find out more about the story behind these figures.

Can you describe the changes made over the last 18 months that you think have attributed to the improvements in patient flow?

There has been a re-focus from numbers to what the targets actually mean in terms of patient safety and outcomes. The improvement has been down to lots of small changes, both structural and cultural, all starting to take effect, such as:

- Better awareness amongst the ED staff, medical and nursing, driven largely by the leadership of our ED Director, Eileen Rogan. This has helped facilitate more efficient processing of patients in ED and better flow of patients to wards.
- Daily reporting e.g. daily NEAT reports, increases awareness of NEAT amongst the recipients of these reports and this trickles down to staff on the floor. The general awareness of NEAT in the ED has increased exponentially at Canterbury.



This is coupled with other encouraging data, shown in the data snapshot; such as significantly reduced numbers of patients staying in the Emergency Department (ED) for more than 24 hours and a much lower average ED Length of Stay compared to 2012. We spoke to Bernadette Loughnane, Executive Director Tweed Byron Health Service Group and Dr Rob Davies, Network Director for Emergency and Clinical Lead for Whole of Hospital Program, to see how The Tweed Hospital is making change.

## Interview with Bernadette Loughnane, Executive Director

Across the whole hospital, what changes over the last 2 years do you feel have most contributed to the improved NEAT and patient flow in general?

The improvements have been down to a combination of physical and cultural change. We have made or are in the process of making the following tangible changes:





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## Resources and Innovation

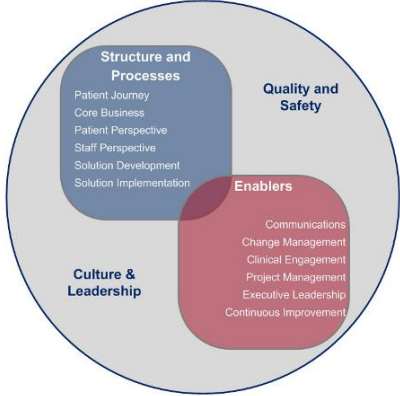
- Whole of Hospital Program
- Resources and Innovation
- Whole of Hospital Program Toolkit
- Whole of Hospital Program Newsletter
- Q and A
- Program Contacts
- Whole of Hospital Program Diagnostic Tools

### How do we achieve the National Emergency Access Target (NEAT)?

In order to achieve NEAT within safety and quality standards, it is vital to take a whole of hospital approach to changing the structures, processes, behaviours and communications which all play a part in improving access to care and patient flow. You will need to address all the areas below in order to achieve and maintain NEAT.

It is important to note that action in these areas can and should be undertaken concurrently, based on local needs. It is a combination of all these elements that will lead to a successful whole of hospital approach.

Click on a topic below for related tools and resources



patient journey | core business | patient perspective | staff perspective | solution development | solution implementation | communications | change management | clinical engagement | project management | executive leadership | continuous improvement | quality and safety | culture & leadership

Page Updated: Monday 8 April 2013  
Page Owner: Systems Relationships and Frameworks

### Feedback

As part of the Whole of Hospital Program, we will be gathering and sharing examples of good practice and local innovation. If you would like to share your success story, [contact us](#).

We would also welcome any feedback or suggestions for further website content.



# WOHP Program Team

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