

Whole of Health Program

Characteristics of high performing hospitals within NSW

A/Prof Sally McCarthy
Clinical Lead Whole of Health Program
NSW Ministry of Health

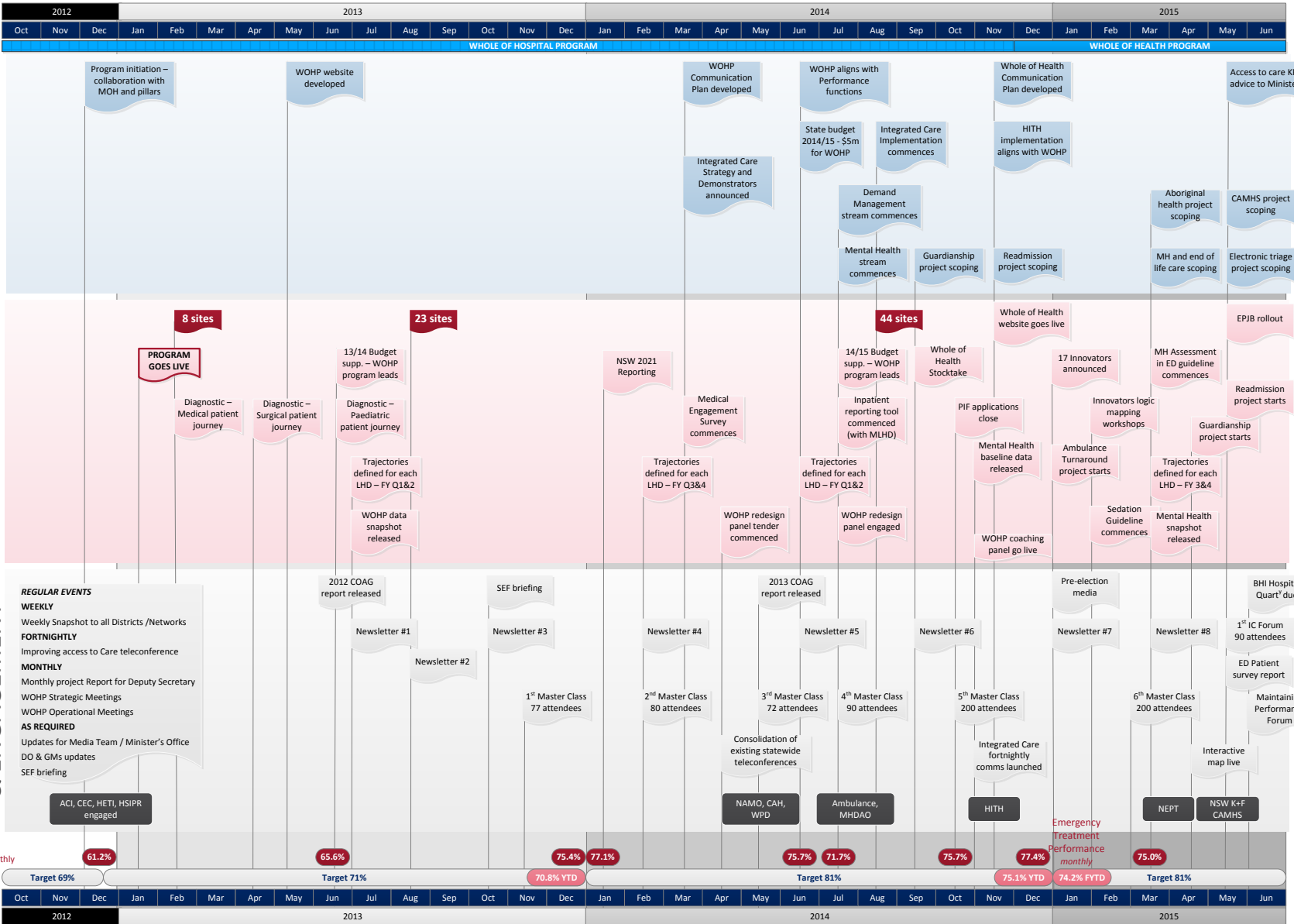
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WHOLE OF HEALTH PROGRAM

STRATEGIC

OPERATIONAL

COMMUNICATIONS & ENGAGEMENT



NEAT monthly

Governance and leadership

- Strong, visible General Manager/CEO and Executive leadership
 - Executive led and data driven strategic patient flow meetings: problem solving and action bias
 - Executive rounds for awareness, “lived experience” and problem solving for flow issues
- Patient flow and access KPIs are part of a Performance Management Framework used at all levels.
- Negotiated admitted Emergency Treatment Performance (ETP) target by ward and specialty
- Daily performance reporting with ETP by specialty and ward, Waiting for What (W4W) and actions and follow-up

Inpatient Ward/Unit

- Daily effective bed management meeting
 - Short
 - Reporting by exception
 - Problem solving
 - Staffing, other issues at end of meeting
- Daily discharge targets by ward based on historical demand patterns
- All patients have a documented plan including criteria to be met prior to discharge
- Stranded patient review and problem solving delays to discharge. This may be set at a specific LOS

Inpatient Ward/Unit

- Weekend medical handover meetings include likely fit for discharge - Specialty JMOs substantially complete discharge paperwork prior to weekend
- Fully implemented Patient Journey Board
 - Likely day to go home (EDD) identified at least 24 hours before discharge
 - Daily Multidisciplinary Team (MDT) rapid round/huddle at the patient journey board
 - Recording W4W reasons and time they are resolved
- NUM led communication with Senior Medical Officers (SMO) including senior nurse or their delegate participate in ward rounds

Some opportunities

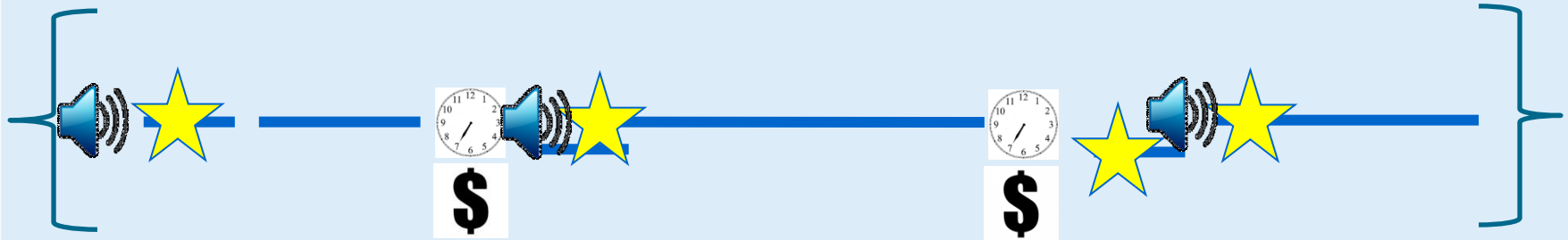
- Demand and capacity matching for diagnostic services
- Hospital in the Home service with direct referral pathway from GPs, inpatient services and ED 24/7
- Urgent specialist review clinics
- Advanced care planning prior to discharge to RACF
- Transfers in direct to inpatient area

Overview

- Committed staff often implement 'work arounds' to make things better; things happen 'despite the system' rather than because it.
- 'Custom and practice' is alive and well. Some attitudes, behaviours and organisational culture are not consistent with the strategic direction.
- The problem to be addressed can be a symptom and not the real issue.
- Variable evidence of organisational change strategies or communication plans to accompany large scale change.

Barriers

- Often a lack of shared vision for a WOHP project.
- There can be competing agendas, competing resources, individual opinions.
- Professional silos and hierarchical approaches do not support effective change.
- There can be limited ownership and engagement with key stakeholders.
- Short timeframes and limited resources are barriers.



- That knows their organisational profile and where their greatest barriers and opportunities are
- That know who their current and future champions are; and create an environment where they can excel
- That is not just happy knowing there are delays or duplications. They want to know why and more importantly they want to know how best to resolve these
- That treat improving access and timeliness of care as more than a clinical model
- That communicates throughout the organisation in a consistent and committed way
- That has a joined up view of the overall flow of patients through their facility not just relying on different segments to do their part

For more information

Please contact:

Ms Shireen Martin

Manager, Whole of Health Program

SMART@doh.health.nsw.gov.au

02 9391 9878

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