



Health

Hunter New England
Local Health District

Specialist Outpatient Services John Hunter Hospital

Sush Wagener
Acting Operations Manager
Ambulatory Care Centre
John Hunter Hospital

Dr Robin Haskins
Physiotherapist
Ambulatory Care Centre
John Hunter Hospital



Provides services to:

- 873,741 people, including 34,752 Aboriginal and Torres Strait Islander people (which equates to 21% of the state's Aboriginal and Torres Strait Islander population)
- 169,846 residents who were born overseas
- Employs 15,912 staff including 1993 medical officers
- Is supported by 1600 volunteers
- Spans 25 local government areas

Is the only district in New South Wales with:

- A major metropolitan centre
- A mix of several large regional centres
- Many smaller rural centres and remote communities within its borders.



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Hunter New England Local Health District Hospital Specialist Outpatient Services

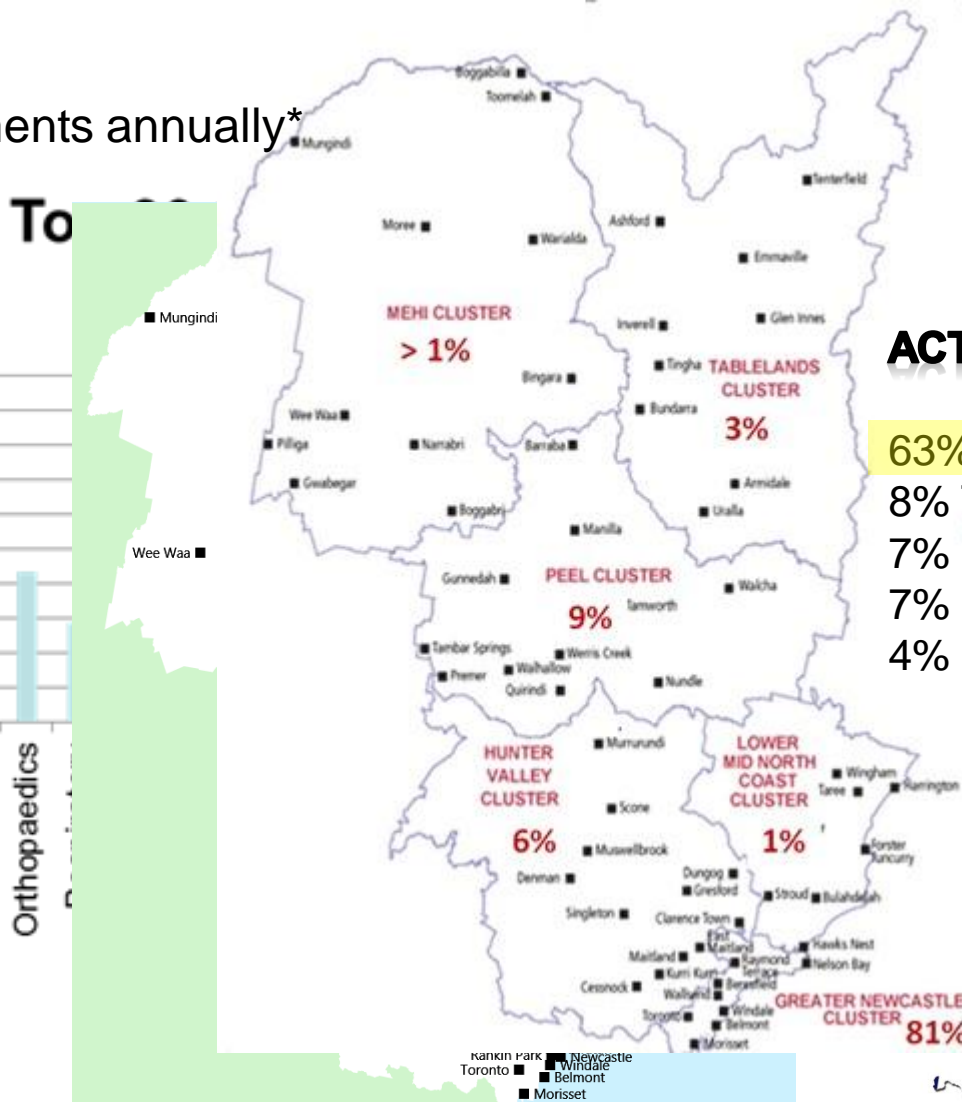
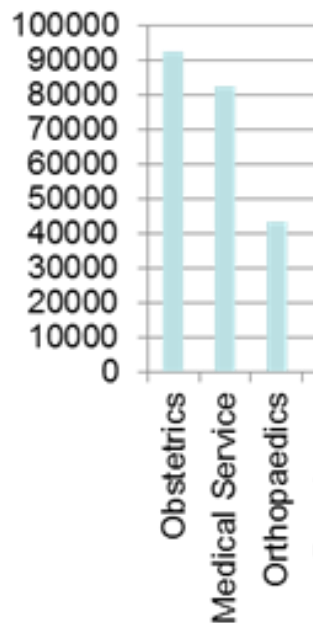
23 locations

64 clinical areas

2,600 clinics

Approx. 500,000 appointments annually*

*Excludes community based services.



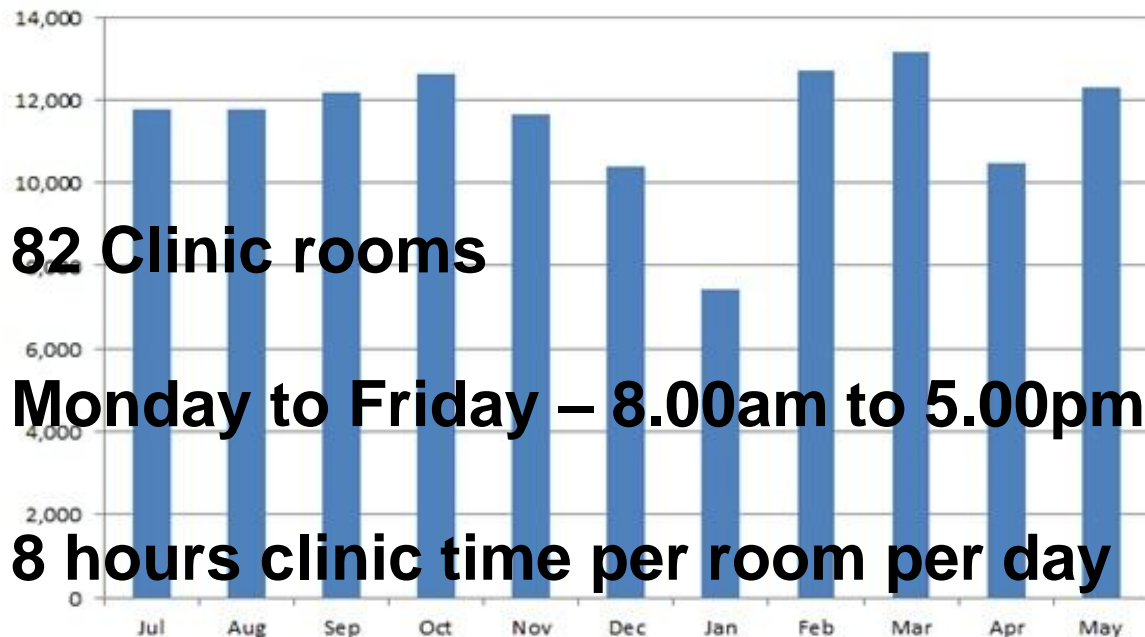
ACTIVITY BY FACILITY

- 63% John Hunter Hospital
- 8% Tamworth Hospital
- 7% Calvary Mater Newcastle
- 7% Maitland Hospital
- 4% Manning Base Hospital



Ambulatory Care Centre, John Hunter Hospital

RNC Appointments



82 Clinic rooms

Monday to Friday – 8.00am to 5.00pm

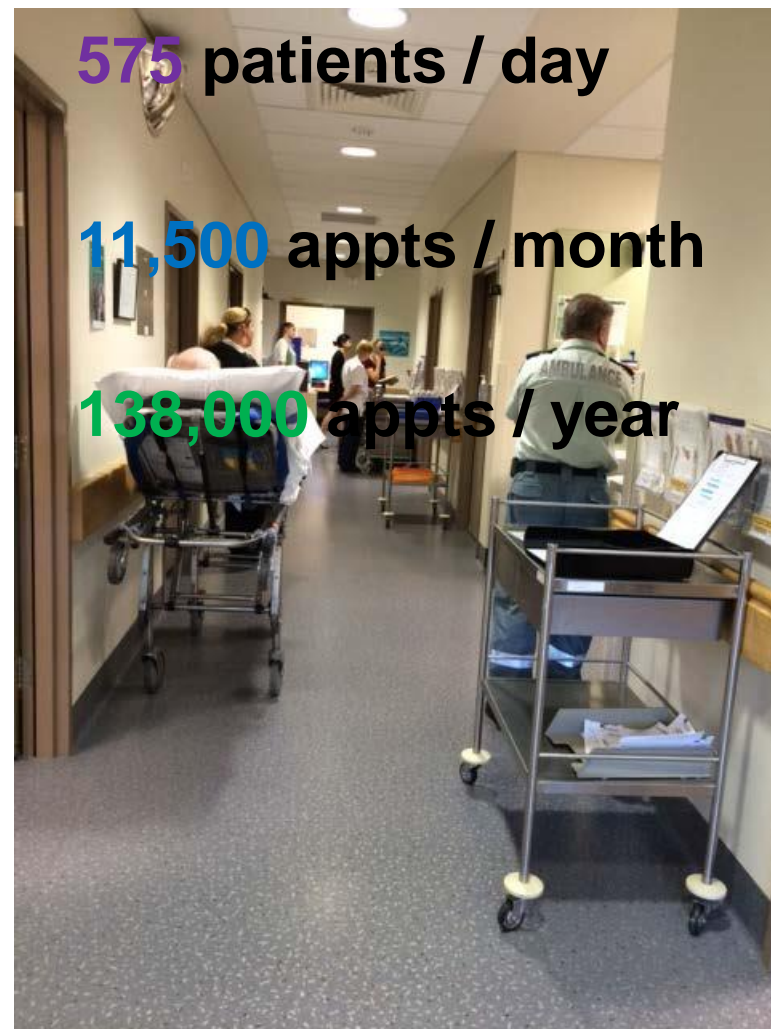
8 hours clinic time per room per day

656 hours clinic time per day

575 patients / day

11,500 appts / month

138,000 appts / year



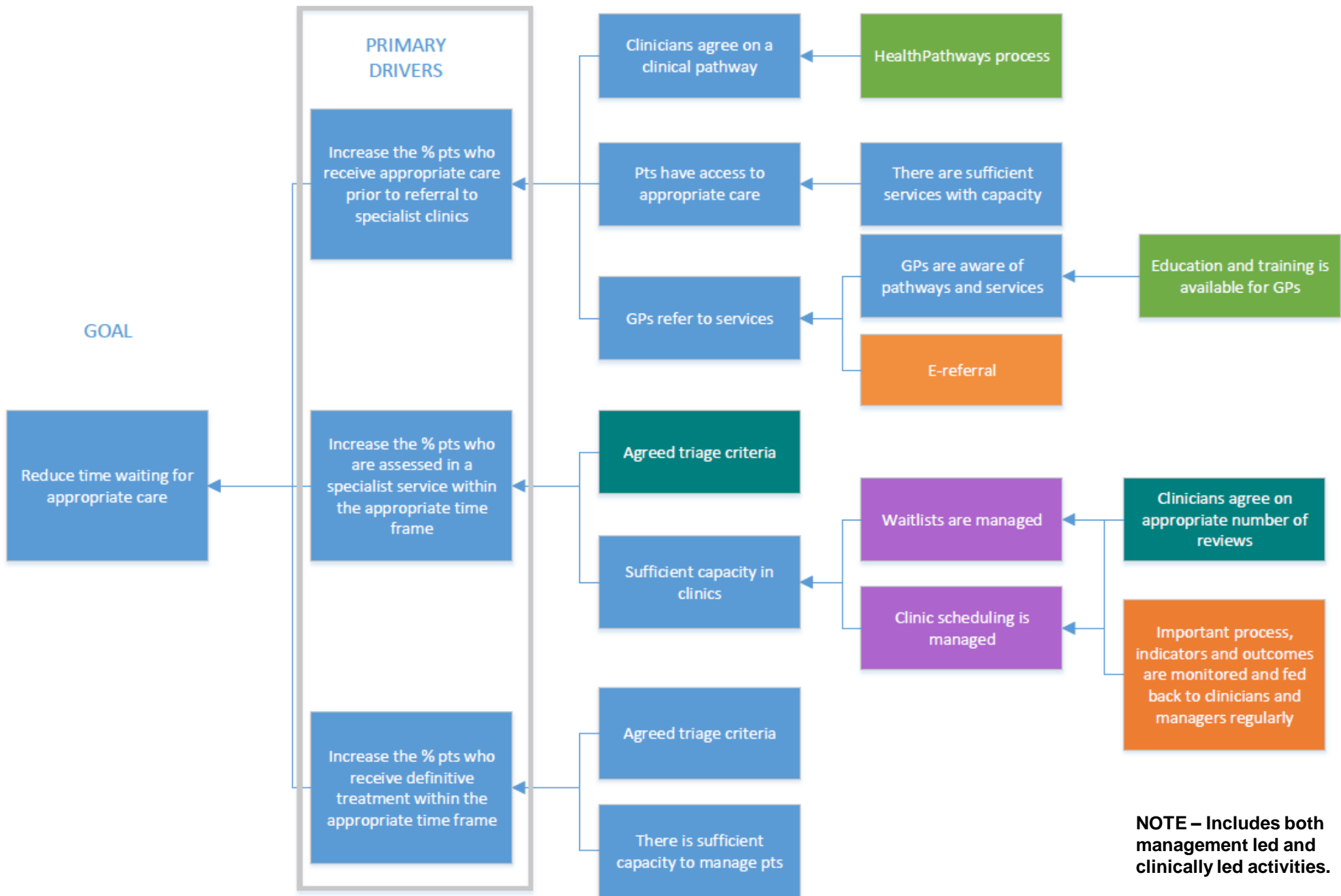
Guiding Principles for Ambulatory Care in HNE

1. Services are delivered in the most convenient location for patients and in a caring, efficient and timely way
2. Patients, families, carers and communities are partners in the service.
3. Care is evidence-based and continuously improving
4. The elements of care are integrated and coordinated
5. Care is supported by appropriate technology
6. There is a focus on preventative healthcare
7. Resources are used wisely and services are appropriately funded.
8. There is strong leadership
9. There is support for staff and their ongoing education and training.

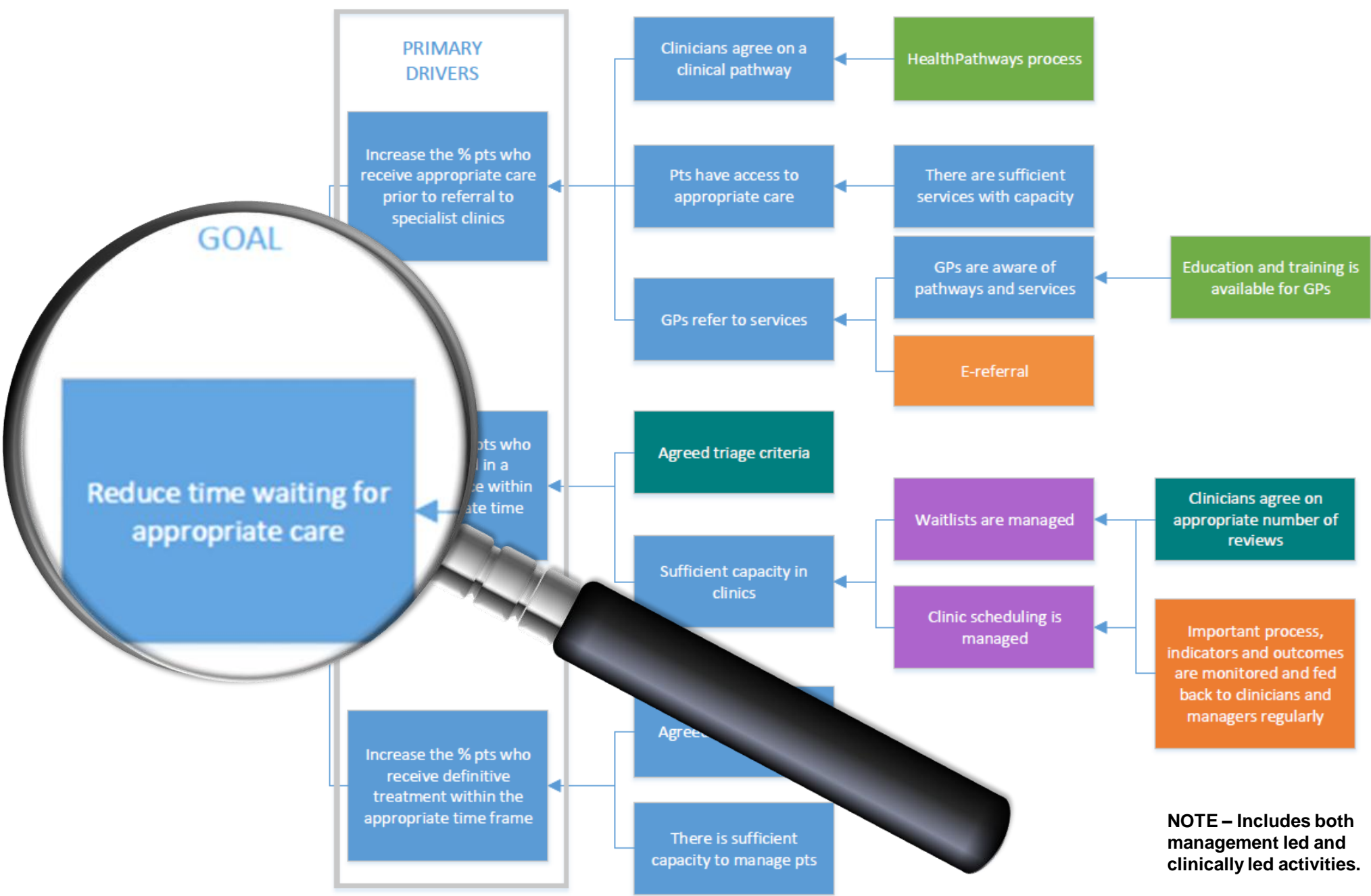
Service Principles for Ambulatory Care in HNE

- I. The service profile is clear. The service agrees on who they see and who they don't see. Alternatives are identified.
- II. The service profile fits the needs of the population.
- III. Referral pathways are clear
- IV. Clinical prioritisation/triage processes are appropriate and clear
- V. There are discharge or transfer of care criteria for the service
- VI. There is a waitlist that is confirmed and managed.
- VII. There is a clear process for development of new services
- VIII. There is a clinical governance process in place that allows regular review of the quality of the service.
- IX. There is appropriate allocation of time for booked patients and for more urgent cases. Scheduling must also incorporate time for teaching.
- X. There are processes for communication of information between clinicians and patients, families and carers.

Hunter New England Health: Driver Diagram – Reducing Time Waiting for Ambulatory Care



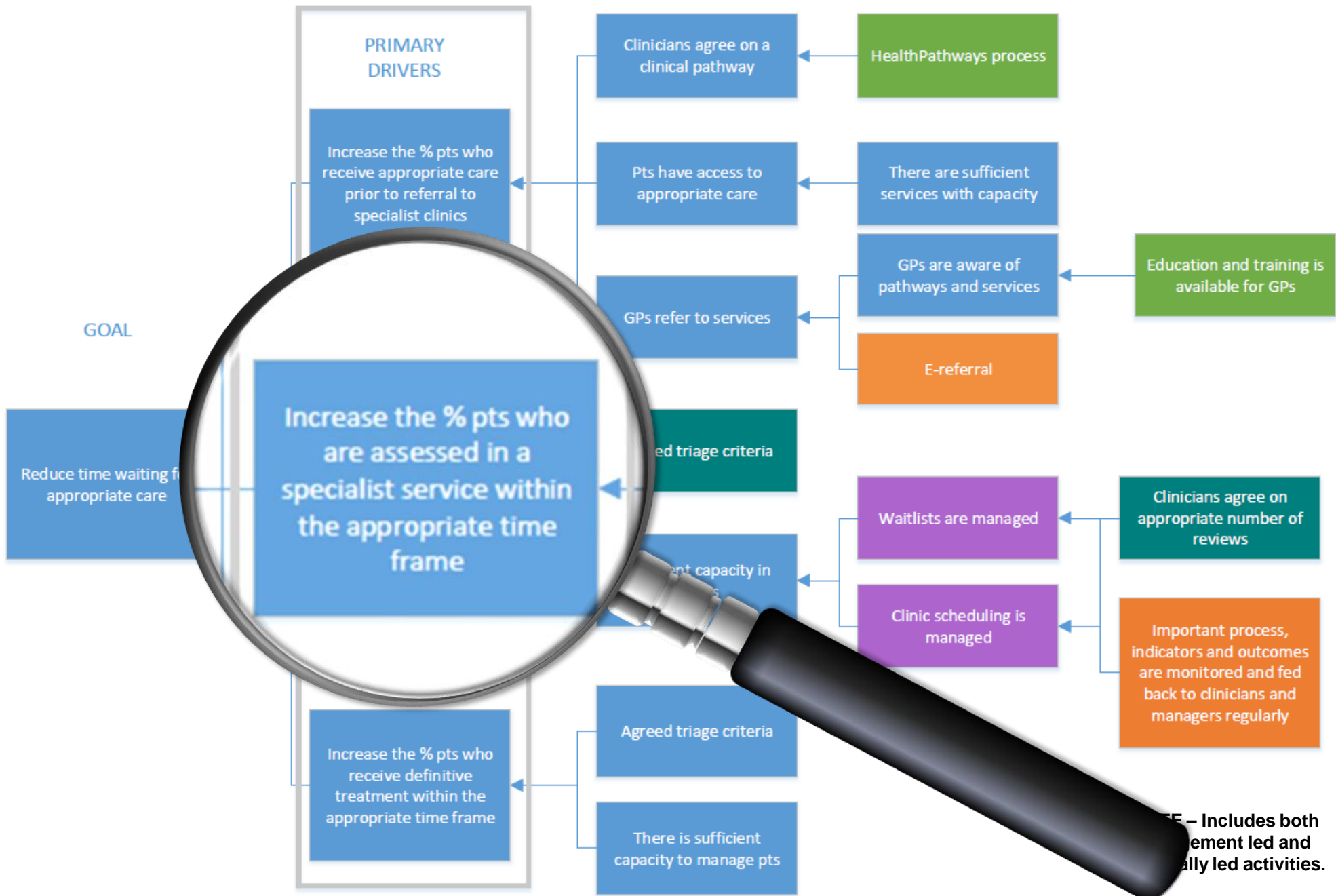
Hunter New England Health: Driver Diagram – Reducing Time Waiting for Ambulatory Care



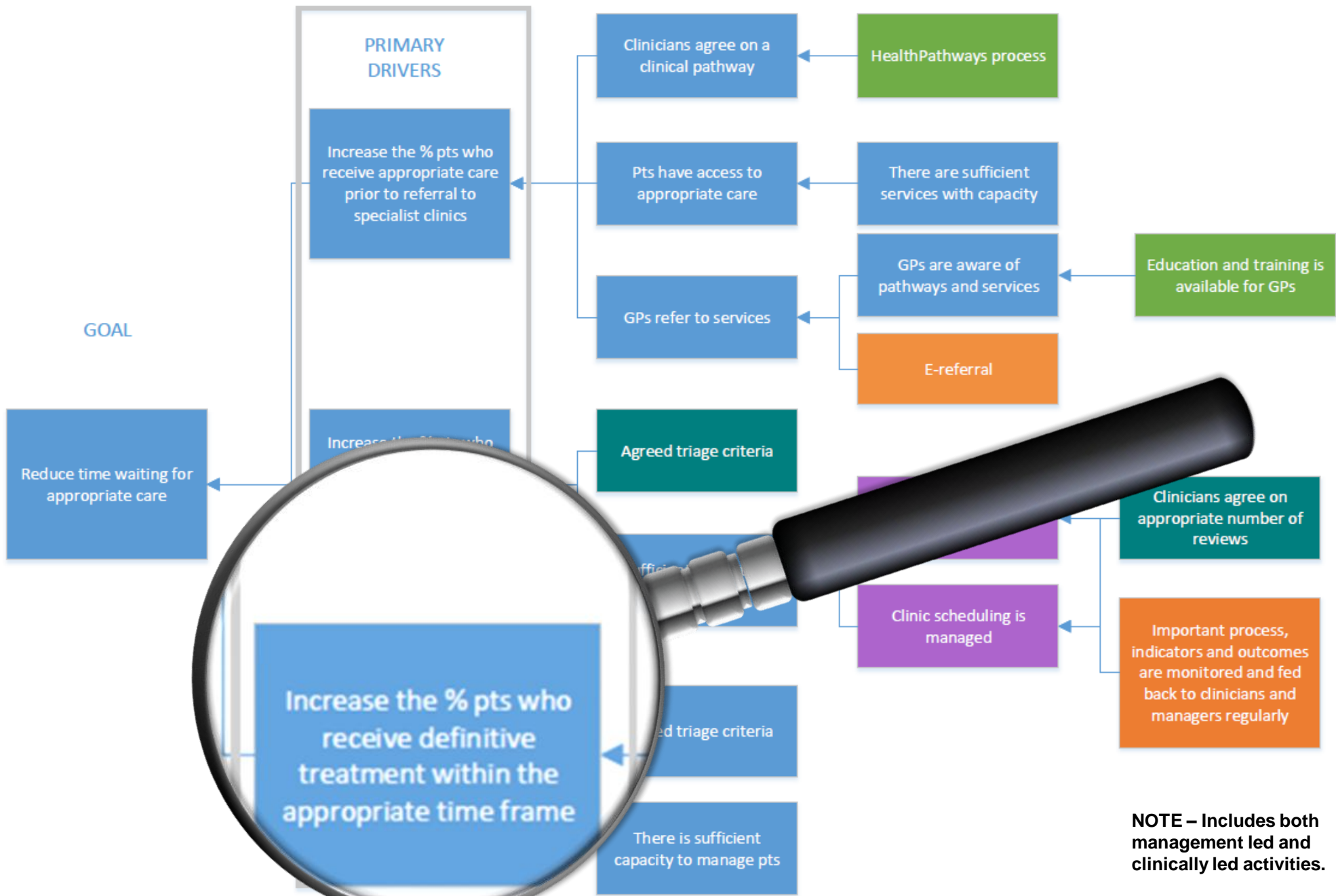
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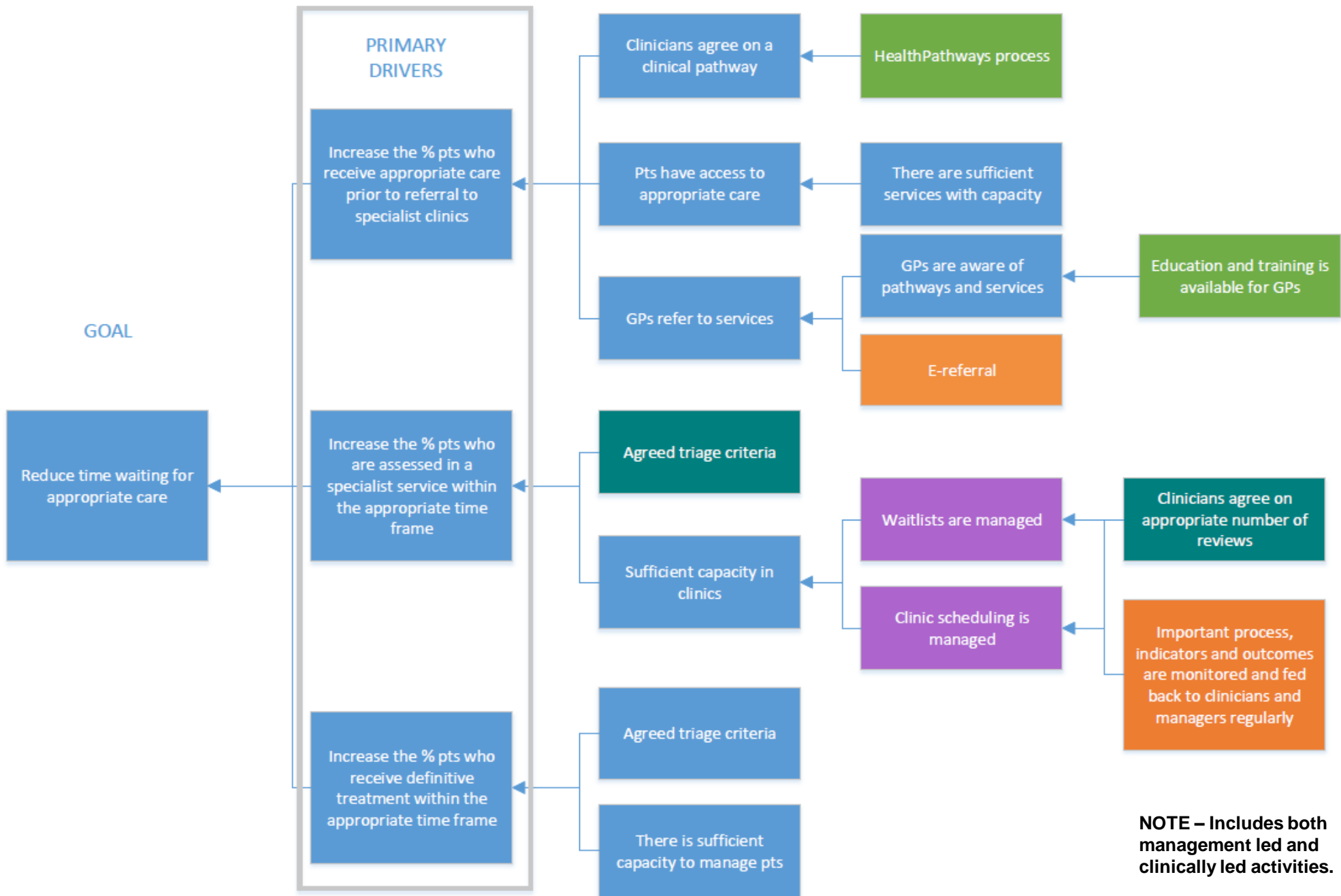
Hunter New England Health: Driver Diagram – Reducing Time Waiting for Ambulatory Care



Hunter New England Health: Driver Diagram – Reducing Time Waiting for Ambulatory Care



Hunter New England Health: Driver Diagram – Reducing Time Waiting for Ambulatory Care



The patient journey

Emergency
Department

Pathways for General
Practitioners

als pilot about to
commence

Specialist referral
hways unclear

Sample of Initiatives

Waiting list audits

Responding to changes in patients' needs and preferences

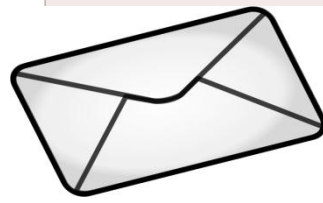
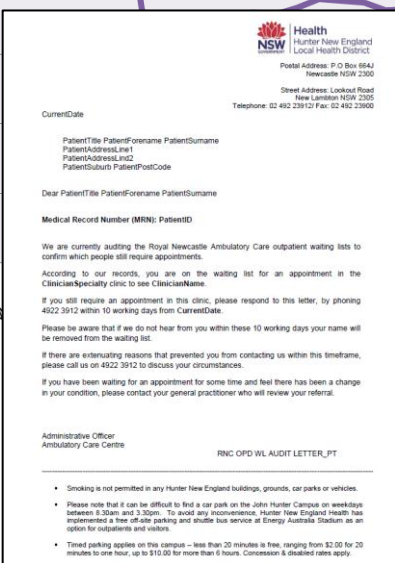
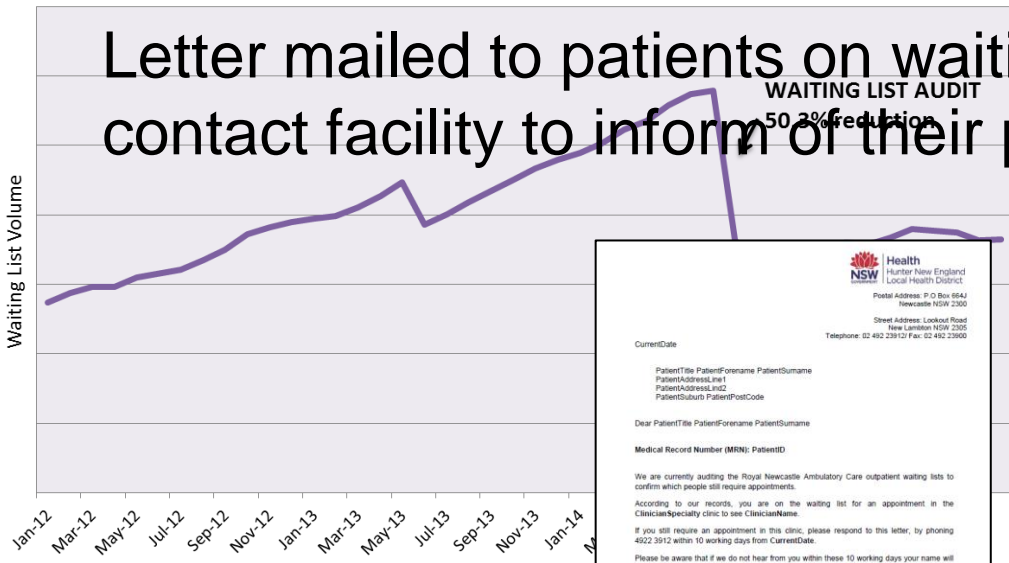
ENT Outpatient Waiting List

Ophthalmology Outpatient Waiting List

Letter mailed to patients on waiting list requesting that they contact facility to inform of their preference to remain on list

WAITING LIST AUDIT
56.9% reduction

WAITING LIST AUDIT
50.3% reduction

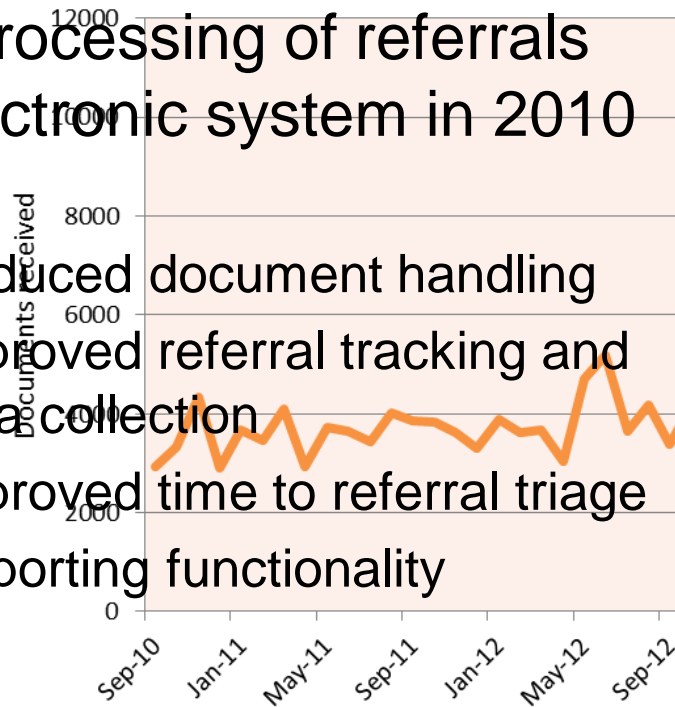


Sample of Initiatives

Referral Information Management System (RiMS)

Replacement of manual paper based processing of referrals with electronic system in 2010

- Reduced document handling
- Improved referral tracking and data collection
- Improved time to referral triage
- Reporting functionality



Referral information Management System v5
Hunter New England Local Health District

Current User: [Name] Log Out

Inquiry Reports

Referral Inquiry

Search [Clear] MRN: [] Surname: [] First name: [] Document: [] Specialty: [Search on specialty...] Document Status: [Search on status...] Clinician (WList Only): [Search on clinician...] Clinic Group: [Search on clinic group] Start Date: [] End Date: [] Use Date: [Select a date type]

Waitlist Referrals Search returned 0 Records

Document	Patient	MRN	Clinic Group	Specialty	Status	Recv'd	Completed	Modified	Modify By
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Document Comments [] Triage Comments []



Sample of Initiatives

Referral Quality Audit

142 randomly selected GP referrals audited using standardised tool

- 12% - reason for referral unclear
- 42% - no information about physical examination findings
- 55% - no information about previous management
- 55% - results of relevant investigations not included
- 21% - no information about past medical history
- 21% - no current medication list
- 24% - no information about allergies
- **1 in 6** considered **inadequate** to enable triaging of referral



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Sample of Initiatives

HealthPathways

- The HealthPathways website is a vehicle for communicating new ways of working to clinicians across HNE – public, private, primary, secondary and tertiary care
- HealthPathways was the foundation of the relationship that led to the Alliance
- There are currently **192** pathways live on HealthPathways
- Averaging over **6000** sessions a month

The screenshot shows the Hunter & New England HealthPathways website. The header includes the site name and navigation links like 'About HealthPathways', 'Fact Sheet', 'Contact Us', 'Subscribe to HealthPathways Updates', and 'Disclaimer'. A search bar is present. The main content area is divided into several sections:

- Latest Pathways:** Lists conditions such as Atrial Fibrillation, Heart Failure, Advance Care Planning (ACP), Starting and Monitoring Warfarin, Warfarin Over-anticoagulation, Immunisation in Pregnancy, MRSA, Multi-Drug Resistant Organisms (MDRO), Recurrent Staphylococcal Infection, Gonorrhoea, Herpes Simplex Virus, and Syphilis.
- Provider Directories:** Lists services like Interpreter Services, John Hunter Children's Hospital clinicians, Other Hospitals, Specialist Private Providers, Allied Health Private Providers, New England Health Service Directory, and Residential Aged Care Facilities (RACFs).
- Latest News:** Includes articles like 'Communicable Diseases Report – August 2015', 'Viral Hepatitis Service referral update', 'Heterosexual HIV Service (Poznet)', 'Ophthalmology Assessment and Referral Fact Sheet', and 'Evaluation of H&NE HealthPathways' (with sub-points for Phase 2 Report Summary and Phase 2 Full Report).
- General Practice Resources:** Lists resources such as 'Install the HealthPathways desktop shortcut', 'National eHealth Record System Provider Portal Login', 'NPS Medicinewise', 'TGA Medicines Shortages', 'Cancer Australia Online Modules', 'NSW STI Programs Unit', 'EviQ Cancer Treatments Online', 'How to Use HealthPathways', 'Palliative Care Curriculum for Undergraduates (PCC4U)', and 'AHHA - Palliative Care Online Training'.
- New England News:** Features the headline 'New England Medicare Local joins the HealthPathways Community'.
- Non-Localised HealthPathways:** Explains that pathways developed in New Zealand by the Canterbury Initiative are not yet localised for Hunter and New England.

The footer of the page includes the URL <https://hne.healthpathways.org.au/index.html> and logos for the NSW Government, Health Hunter New England Local Health District, and the phn logo.



Sample of Initiatives

Ophthalmology Services

Service Principle 1 – The service profile is clear. The service agrees on who they see and who they don't see. Alternatives are identified.

Ophthalmology Outpatient Waiting List

Semi-urgent or Routine Ophthalmology Assessment

Referral

1. Check criteria for referral.
 - [+ see](#)
 - [+ routine](#)

Note
Opht
2. If you are using an ophthalmologist, ensure the referral is maintained by
3. In all referrals, include [+ suggested referral information](#), highlighting reason for referral and:
 - Visual acuity (aided, corrected, pinhole and unaided).
 - Current diagnostic report by a community ophthalmologist or optometrist where required.
 - Copy of most recent eye examination report.
4. Send referrals via e-referral if available (preferred) or fax to a:
 - [private ophthalmologist](#)
 - [public ophthalmologist](#)

Related Topics

ment

ained by



Sample of Initiatives

GP ENT Clinics

- Pathway created for appropriate patients on ENT waiting list to be seen in GP ENT clinic
- 28 new patients per week from waiting list
 - 58% managed/reviewed in GP clinic and/or discharged
 - 42% expedited for ENT specialist consultation
- Improved access to appropriate care



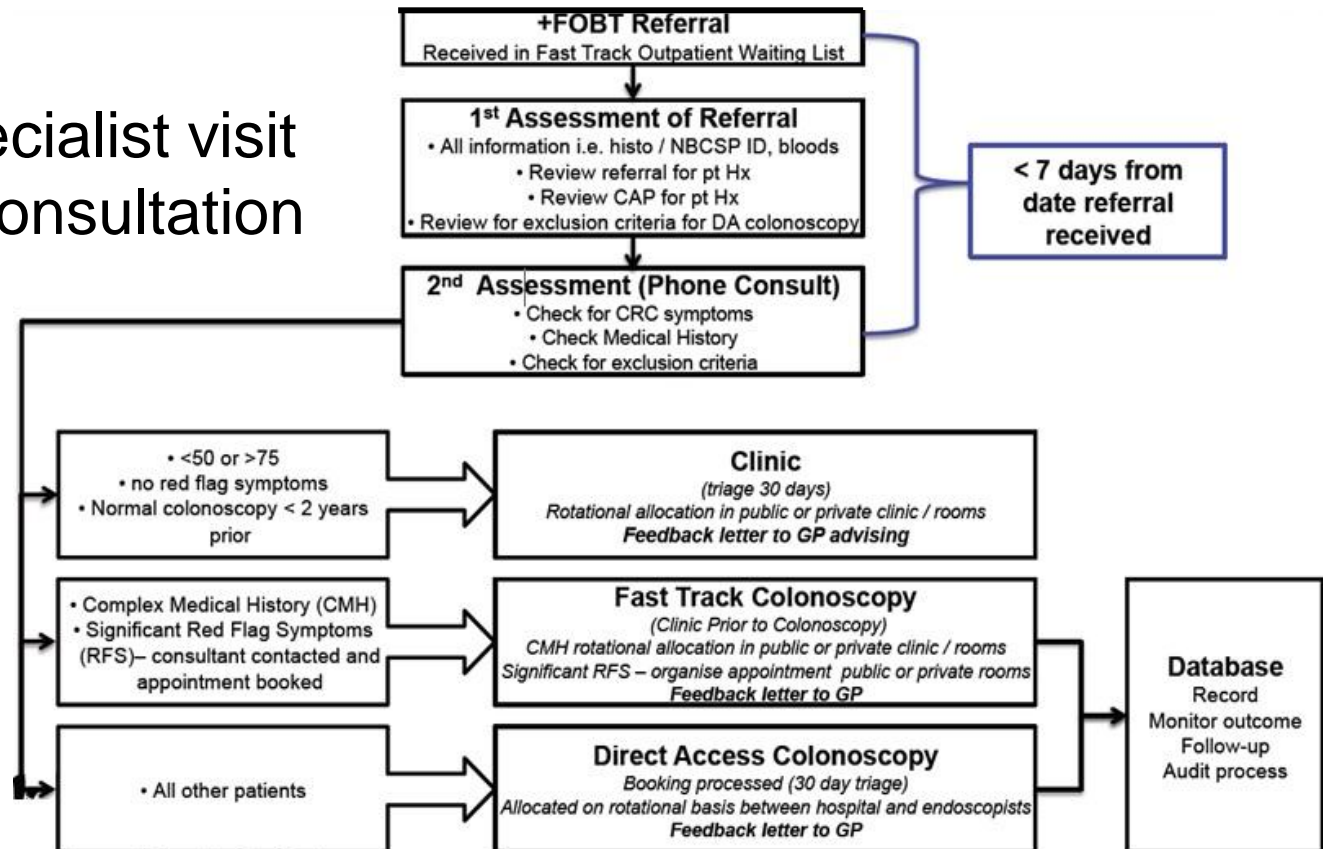
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Sample of Initiatives

Positive Faecal Occult Blood Test Pathway

- Provides patients with a pathway for rapid access colonoscopy
- Replaces initial specialist visit with nurse phone consultation

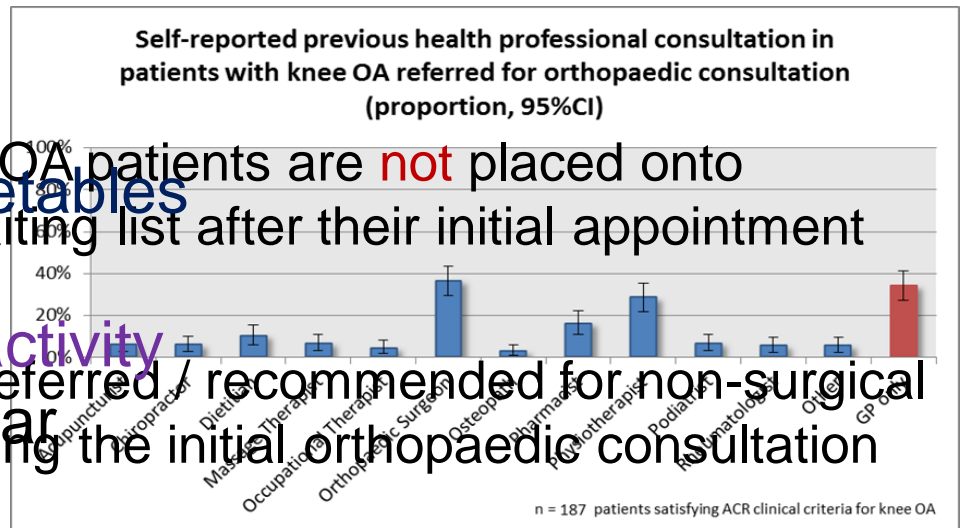
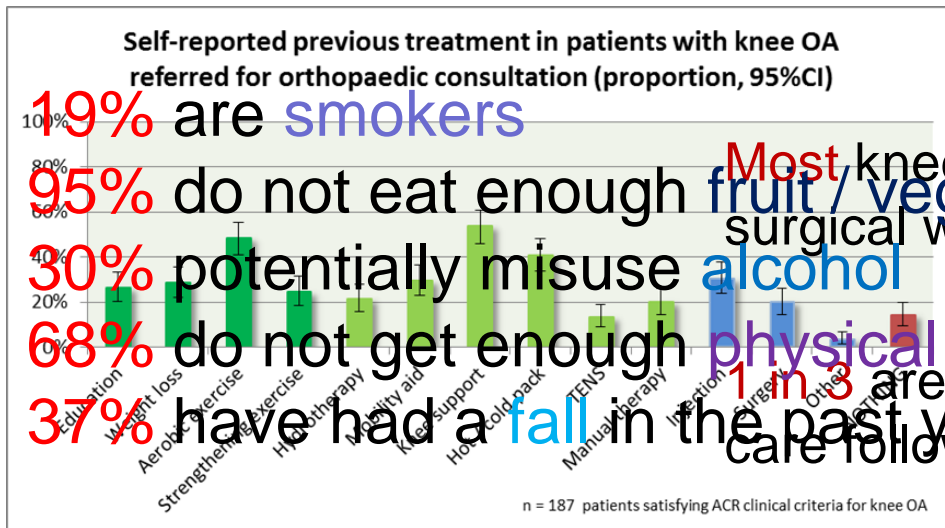


Sample of Initiatives

Orthopaedic – Knee Osteoarthritis

Primary Driver 1

Increase the % of patients who receive appropriate care prior to referral to specialist clinics



Non-surgical care is **underutilised**



Sample of Initiatives

Orthopaedic – Knee Osteoarthritis

Primary Driver 1

Increase the % of patients who receive appropriate care prior to referral to specialist clinics

Ambulatory Care Guiding Principles

- III. Care is evidence-based and continuously improving
- IV. The elements of care are integrated and coordinated
- VI. This is a focus on preventative healthcare

Currently trialling a **Musculoskeletal Service** which aims to:

- optimise use of non-surgical management
- help address adverse health behaviours
- help identify those of greatest need and those no longer needing specialist consultation

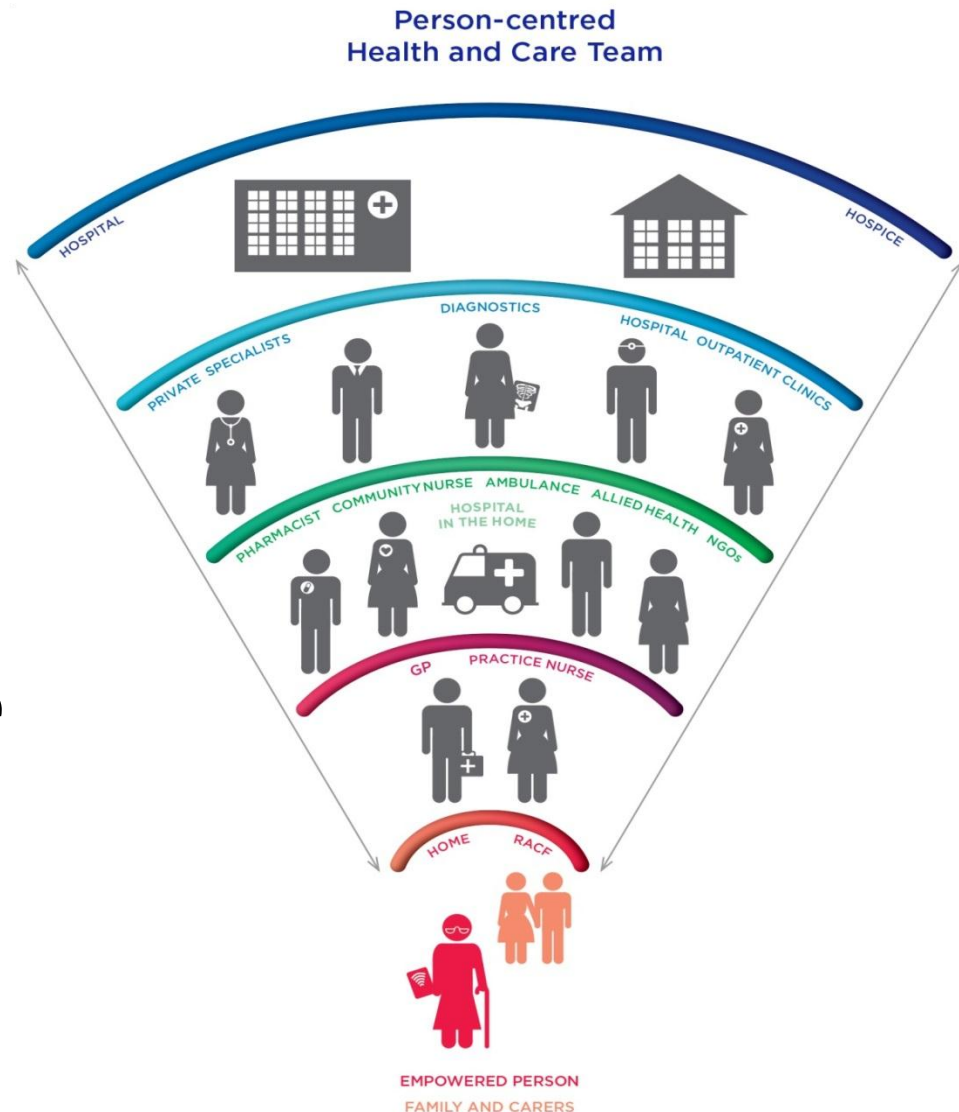


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For the whole system to work,
The whole of the system needs
to work
TOGETHER...

*...to provide the right
service, at the right time
in the right place.*



Future Initiatives

eReferrals

Phase 1 Implementation - Feb 2016

The image displays two screenshots of the SeNT Referral web application interface, showing the 'Referral To' section. The interface includes fields for Referral Date, Referral Length, Clinical Area, Condition/Issue, Severity/Urgency, Public/Private, Location, and Service Name. A 'Semi Urgent Appointment - 20 to 22 weeks' pop-up window is visible in the left screenshot, listing conditions such as Maternal age < 14 or = 40 years, Maternal weight > 100 kg or BMI = 35, Previous caesarean section, Jehovah's witness, Pelvic floor surgery (other than 1st or 2nd degree repair), Family history of genetic abnormality, Moderate to severe asthma, and History of: obstetric condition, neurological condition, mental health, gastrointestinal disease, and haematological condition. The right screenshot shows a dropdown menu for 'Service Name' with a list of medical professionals and centers, including D Ljiljana Miljkovic-Petkovic, Dr Gregory Hicks, Dr Jillian Spilsbury, Dr John Bailey, Dr Lakshmi Kasi, Dr Lyndal Harborne, Dr Matthew Holland, Dr Nandini Somanathan, Dr Oliver Brown, Lake Macquarie Obstetrics & Gynaecology, Newcastle Private Specialist Centre, and Specialist Medical Suites. The interface also includes a 'Primary Reason for Referral' field and a 'Select to display the Organisation's Address' checkbox. The bottom of the interface features 'Attach', 'Next', and 'Cancel' buttons.



Future Initiatives

Rapid Access Information Seminars for patients on outpatient specialist waiting lists

- Information and resources to help patients better manage their condition, inform their management preferences and prepare for their consultation
- Content/structure based on consumer engagement
- Trial in November with patients with knee osteoarthritis



Thank you for your time and interest



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