



Health

Hunter New England
Local Health District

Evaluation of the Demand Escalation Framework: HNE Challenges, Solutions and Learnings for 2017

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Demand Escalation Framework

- Executive decision to adopt Framework
- Widely distributed
- Initial scope level 4-6 Facilities implement



SIMPLES!

Challenges: Framework dependent other key elements



Ideal State	HNE
<p>Governance: Senior management well engaged, acknowledge as a priority and incorporate into accountability meetings</p>	<p>Commitment +++ evident Executive and Facility meetings established</p>
<p>Performance Data: Robust analytics and alignment to Service Priorities have informed triggers and associated metrics</p>	<p>Good access to performance/planning data/need to formalise relationship/role with LHD Flow Steering Committee.</p>
<p>Communication: Systems, Technology and tools utilised are lean and appropriate 'fit for purpose'</p>	<p>Significant progress utilising SMS alerts/text. Ongoing focus driving compliance to communication escalation process and utilising Dashboards developed e.g. ToC, PFP</p>
<p>Real time monitoring: Monitoring: Dashboards/PAS contain accurate data and supported by 'real time' PAS data entry updating practices</p>	<p>Local protocol JHH developed –need LHD PCP. Hub and spoke support models for PAS data entry 'Real Time' are being implemented currently but gaps remain.</p>
<p>Efficacy of Strategy: Strategies identified have been tested and can be actualised and in timeframes stipulated.</p>	<p>Local weekly Flow meetings/winter debriefs have occurred identified gaps. Tabletops useful in testing strategy/awareness</p>
<p>Role/Accountability alignment: Key positions identified in STEP understand their role/responsibilities and have the authority to enact strategy.</p>	<p>Excellent examples where 'lean thinking principles' applied and good alignment exists in STEP.</p>
<p>Patient Focus: Safe and Timely Access to care is the underpinning principle and key message reflect this.</p>	<p>'Excellence' Framework '<i>Every patient every time</i>' underpinning platform.</p>
<p>Expertise to support Capability building: Available internal Expertise in PFS and PFP to coach/train and supporting program to build capability in Monitoring and Managing Flow</p>	<p>Growth in internal expertise occurring but limited to relatively small group when compared to LHD as a whole. Gaps –No local training program currently. LHD level need to revisit orientation programs. Consider Learning sets to further develop capability.</p>
<p>High performing teams/individuals: Framework in place to support/manage 'low and middle performers' to a high performing state</p>	<p>Still work on focussing on the variation that exists when key positions under/unable to perform e.g. knowledge, training, behaviours. Excellence Framework Tools: aligning goals, behaviours and processes</p>

Themes emerged from 2016

- Framework excellent guide/can be tailored into any context
- Ensure STEP has rigour and works-user acceptance testing in simulated conditions (Tabletops, debriefings)
- Monitoring/Transparency: Document escalation status/actions in understood 'language' in a tool/via a system that is visible to all stakeholders (PFP/SMS)
- Build 'critical mass' internal expertise in Flow
- Target redundant communication systems
- Embed systems and compliance to support real time data entry update in PAS

Solutions for HNE 2017

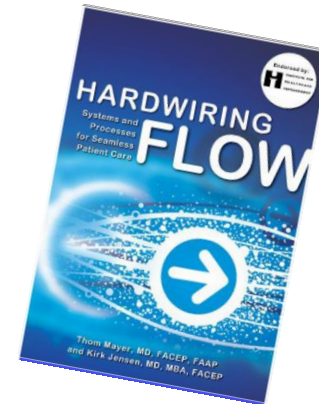
- **Governance of Patient Flow (District Level)**
 - Review Steering Committee
 - Consider merger opportunities with other committees
 - Flow Business Rules/Supporting PCP (SOP)
 - Annual Review LHD STEP
 - Aligned to SLA/District priorities
 - Lead Capacity Action Planning (Seasonal/other)
 - Stakeholder Engagement

Solutions for HNE 2017

“The term *flow* is used almost with an inherent assumption that we understand its meaning, even if it hasn’t been precisely defined”

Thom Mayer and Kirk Jensen ‘Hardwiring Flow’ (2009)

- Building better understanding and enhanced capability in monitoring and managing ‘Flow’



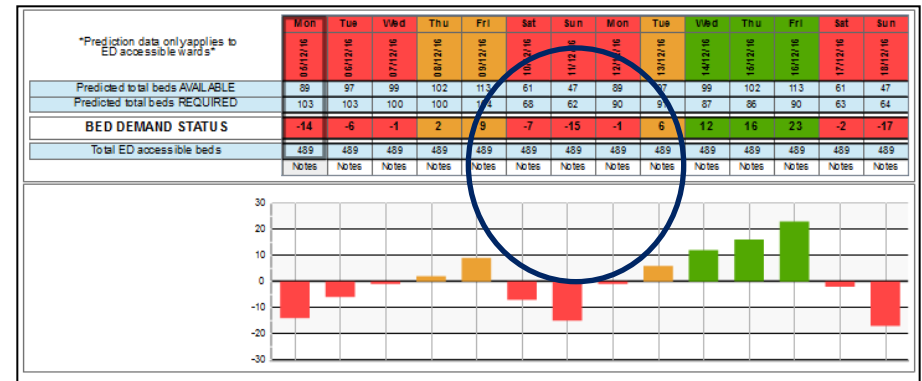
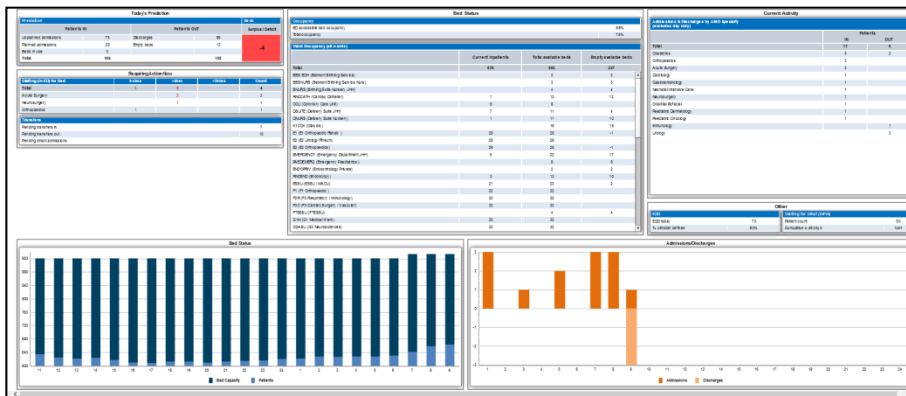
Solutions for HNE 2017

- Embed 'forecast planning' using PFP predictive data
 - Capacity Action Plan

Today (Reactive)



Next 2 weeks (Proactive)



- Create collated District Calendar of other known system impacts/threats

Month	Holidays	Identified Trends (Capacity)	Conference Events	Workforce	Key RPI Dates NEAT/NE ST	Capital Works 2012/13	Medicare Local RACF Private Sector	Mitigation Strategy	Executive Director's Responsible
December 2012	School Holidays of Public Holidays			ASNDW Phase 1 Roster reform	NSW Phase 1 (28)	Capital Works (28)		Develop Interagency Transfer/Transport Plan re: afterhours NEPT (2400-0900hrs)	Dir Acute Networks Dir N&M
January 2013	School Hols 20/12/12 To 29/1/13	Planned downturn			NSW Phase 1 (28)	Capital Works (28)	Private Sector surgery/KU closures		Dir Acute Networks Dir N&M
February 2013	Public Holidays		Physician Exams (1 day)	Registrar Changeover 21 Jan			Private Sector surgery/KU re-open	1. Recruitment Winter Surge beds 2. Thematic analysis/WFW 3. Interagency Winter Planning workshop	Workforce Dir N&M Dir Acute Networks Dir Communications
March 2013								1. Recruitment for Winter beds 2. Infl. Influenza Program starts -Vaccination	Dir Acute Networks Dir N & M Dir

