Roadmapping Whole of Health Initiatives

Emma Malica, A/General Manager – NSW Health PMO
Melissa Willis, Manager PMO Partnerships – NSW Ambulance PMO
James Harrison, Project Officer – NSW Health PMO

Wednesday 7th of December 2016

NSW GOVERNMENT Health

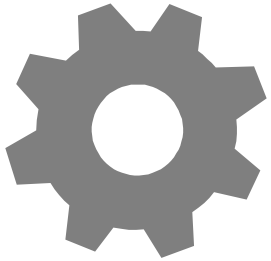
What does the PMO Do?

RIGOROUS
PROGRAM
MANAGEMENT

Project Management vs. Program Management

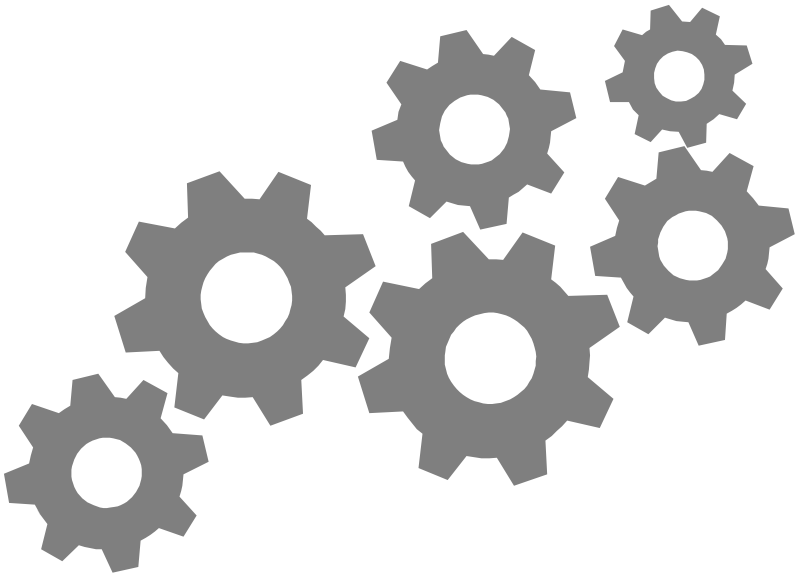
Project Management

Managing a single project



Program Management

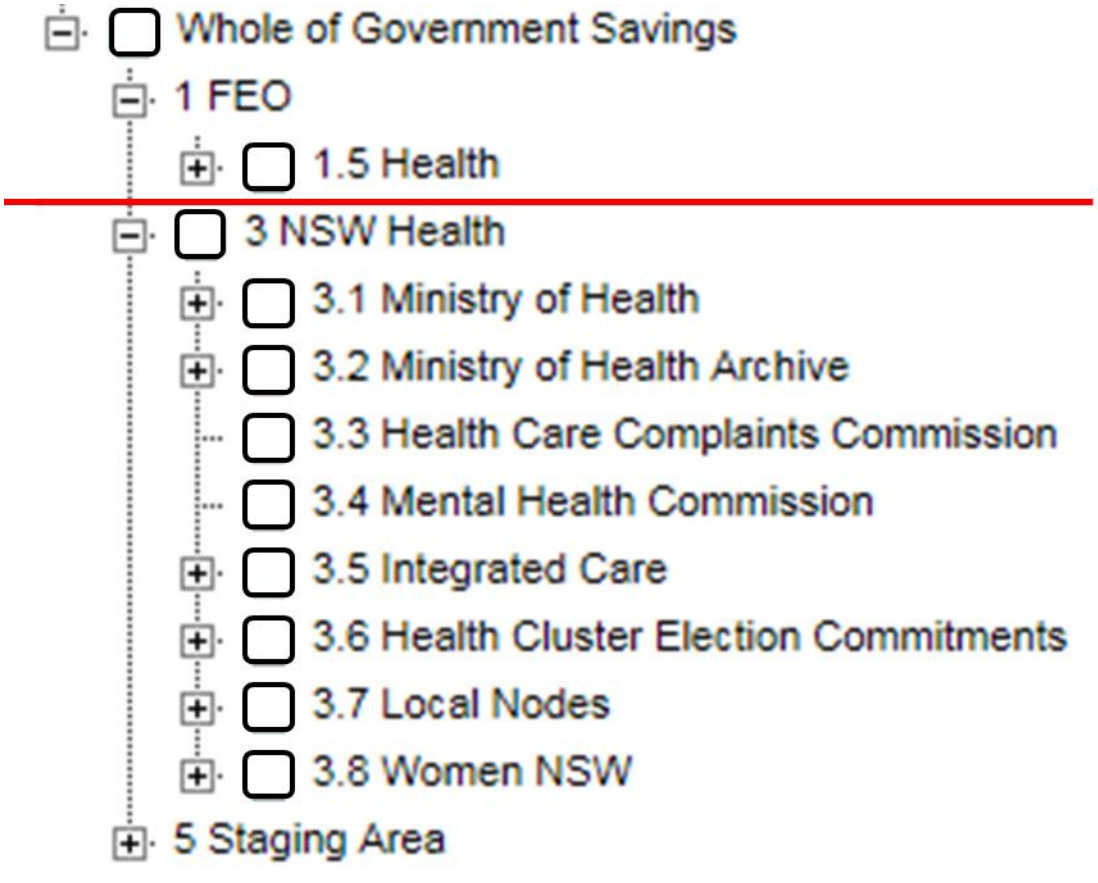
Managing a portfolio of projects



Rigorous Program Management-
The principles of RPM methodology:

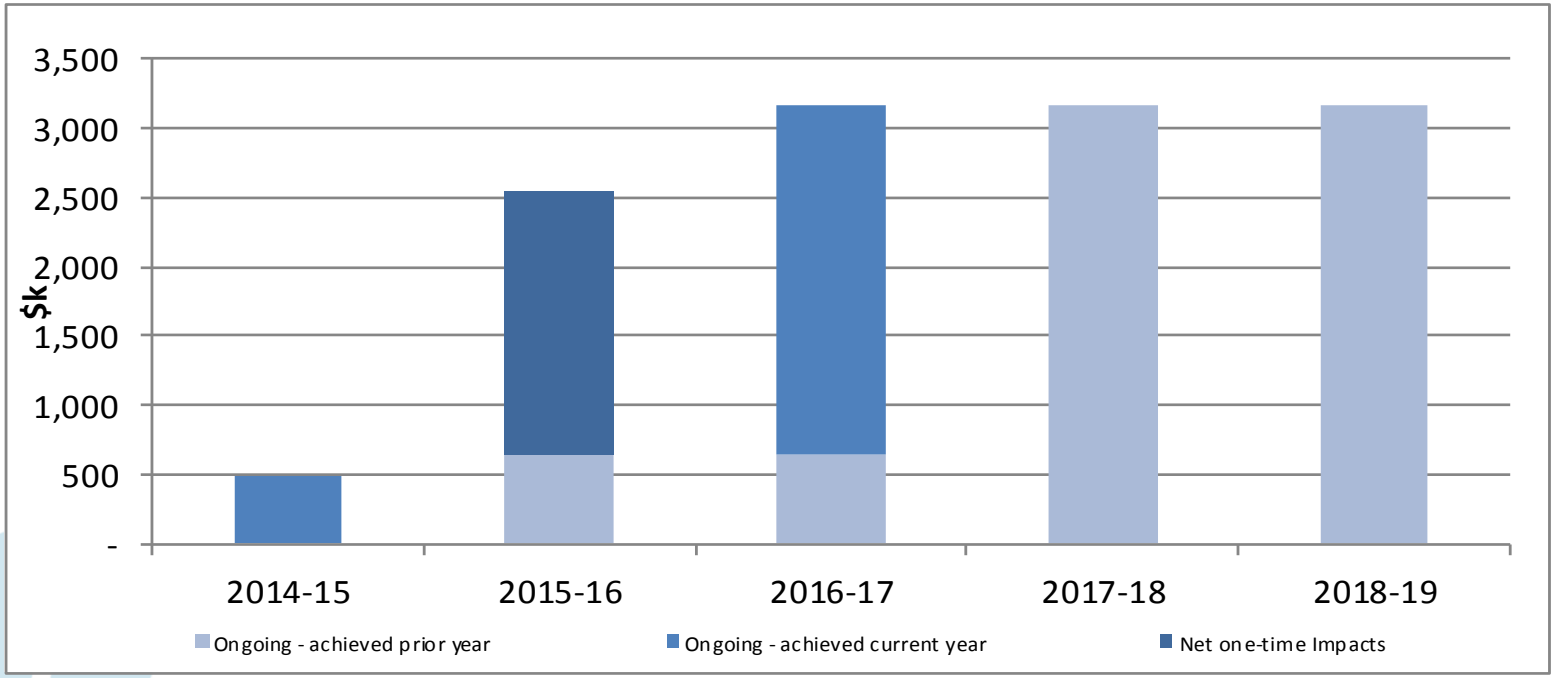
Forward-looking	**Designed to maximise forward visibility of likely outcomes to ensure early, proactive management of risks** • Allows senior executive to take course-correcting actions, well before impacts are delivered
Exceptions-based	**Focuses on the critical issues requiring senior input and effort to resolve, not all activities** • Spotlights key risks to the realisation of benefits to ensure outcomes are delivered
Objective	**Applies clear and consistent rules across whole program to limit subjectivity and debate and ensure senior effort focused on issues that matter** • E.g., consistent set of traffic lights rules

These principles inform the design of all aspects of RPM, from its overall philosophy to the underlying software and tools


Whole of Government Savings
1 FEO
1.5 Health
3 NSW Health
3.1 Ministry of Health
3.2 Ministry of Health Archive
3.3 Health Care Complaints Commission
3.4 Mental Health Commission
3.5 Integrated Care
3.6 Health Cluster Election Commitments
3.7 Local Nodes
3.8 Women NSW
5 Staging Area

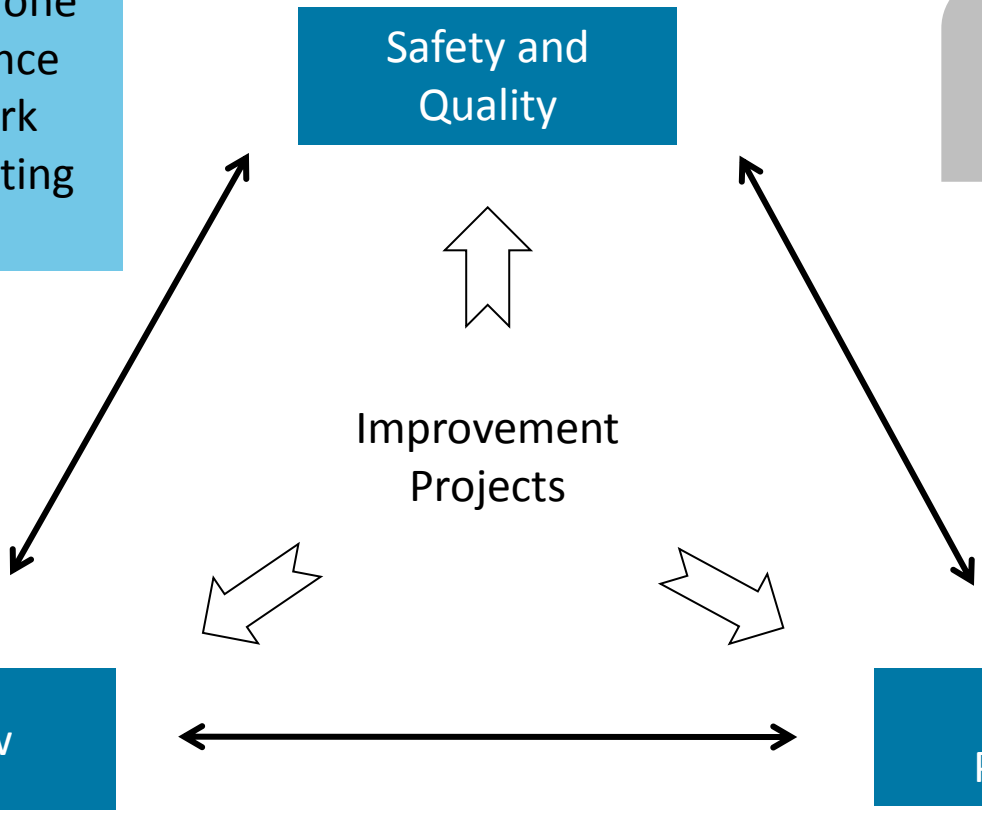
Total Savings Profile

	2014-15	2015-16	2016-17	2017-18	2018-19
Total Impact	477	2,540	3,175	3,175	3,175
Net one-time Impacts	-	1,905	-	-	-
Net ongoing Impacts	477	635	3,175	3,175	3,175
Ongoing - achieved current year	477	-	2,540	-	-
Ongoing - achieved prior year	-	635	635	3,175	3,175



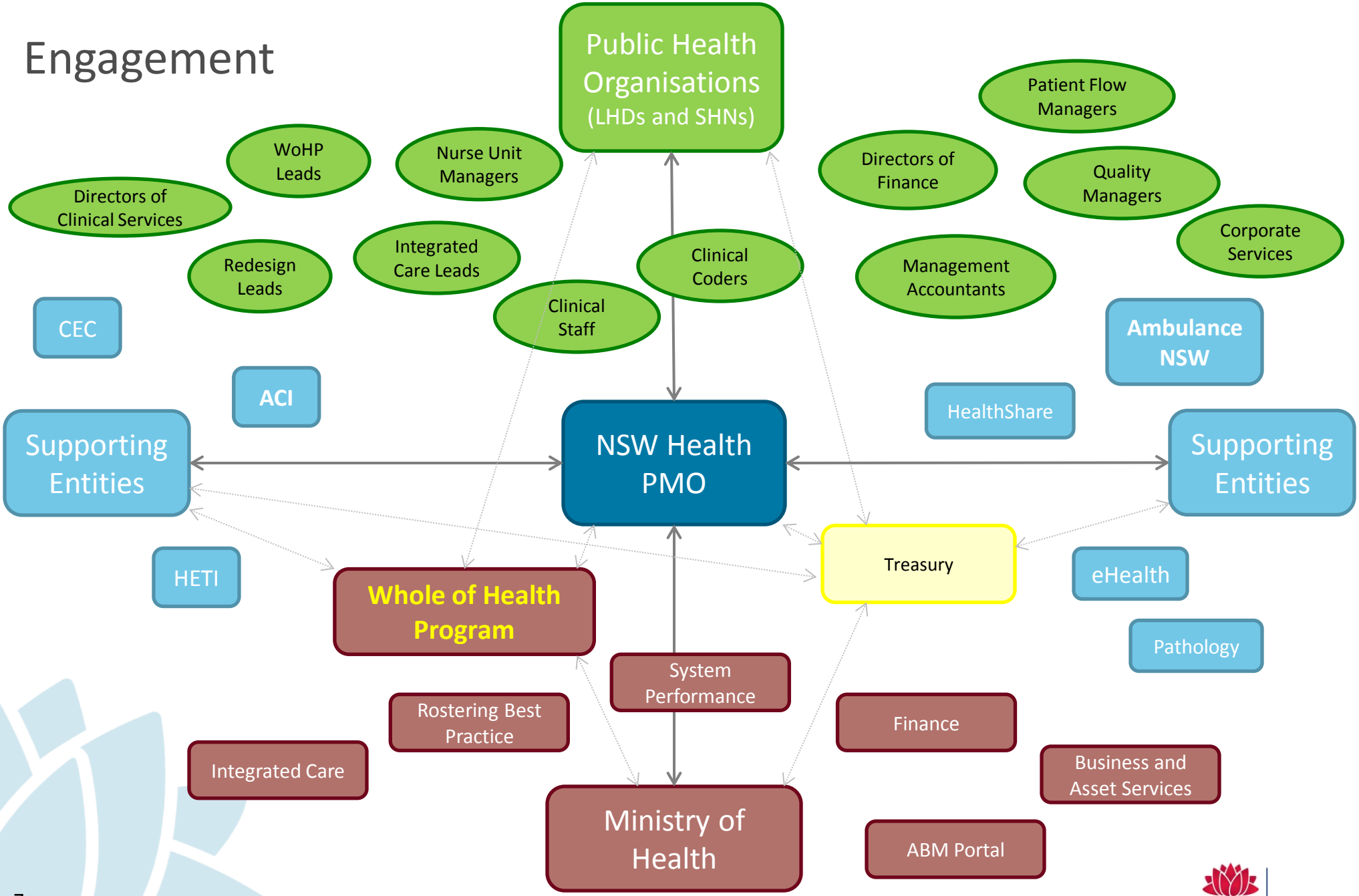
While a project may focus on one domain, it will have flow on effects to other domains…

An Improvement Project is any initiative which improves one domain of the Performance Management Framework without negatively impacting on the others.



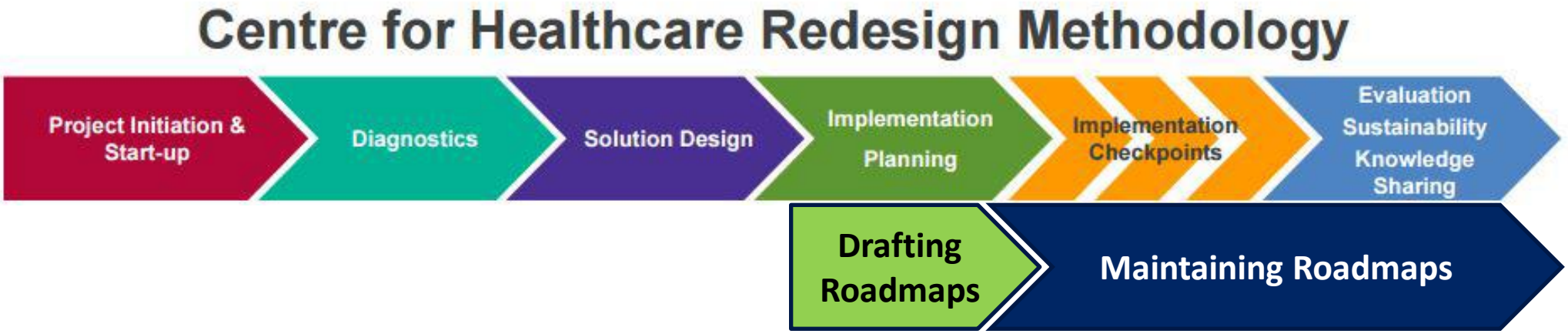
Includes clinical and non-clinical strategies.

Engagement



NSW GOVERNMENT Health

So what are these Roadmaps, and how do we use them?



PAC 4 RAC

Providing Appropriate Care for Residents in Aged Care

All Residential Aged Care Facilities across NSLHD for 2015

LOS for RACF patients is high, due to the number of diagnostic procedures conducted and reasons for admission being unrelated to the initial concern

5800 Calls to Ambulance

147 Calls to Ambulance

141 Transports of residents by Ambulance to NSLHD facilities

27 Reviewed and/or treated, then Discharged from ED

4000 Admitted to NSLHD facilities

114 Admitted to NSLHD facilities

Average LOS is 6.6 days
Cost: $1475 /day

26,400 Bed days
~ $38.94M

752 Bed days
~ $1.11M

6 Patients not transported

27 Discharged from ED

33 Patients who would have benefited from alternative treatment and management options.

Twilight Aged Care Facilities for 2015

Summary of the initiative

	Roadmap overview
Objectives and key metrics	To improve clinical outcomes for aged care patients by providing the most appropriate care for the presenting condition. For NSW Ambulance, Twilight Aged Care (TAC) and Northern Sydney LHD to collaboratively provide alternate and appropriate integrated healthcare options to best meet the healthcare needs of residents from TAC Facilities. By June 2017, the number of TAC residents transported via NSW Ambulance to emergency departments within NSLHD will be reduced by 25%. By June 2017, all agreed identified treatable conditions will be managed within RACF 50% of the cases. By June 2017, the number of “000” calls for NSW Ambulance for TAC residents will be reduced by 25%.
Financial background and assumptions	The targeted 25% reduction in calls is predicted to lead to an overall XX% drop in attendances at TAC Facilities, saving $XX per call-out.

Basics of Risk Mitigation and Stakeholder Engagement

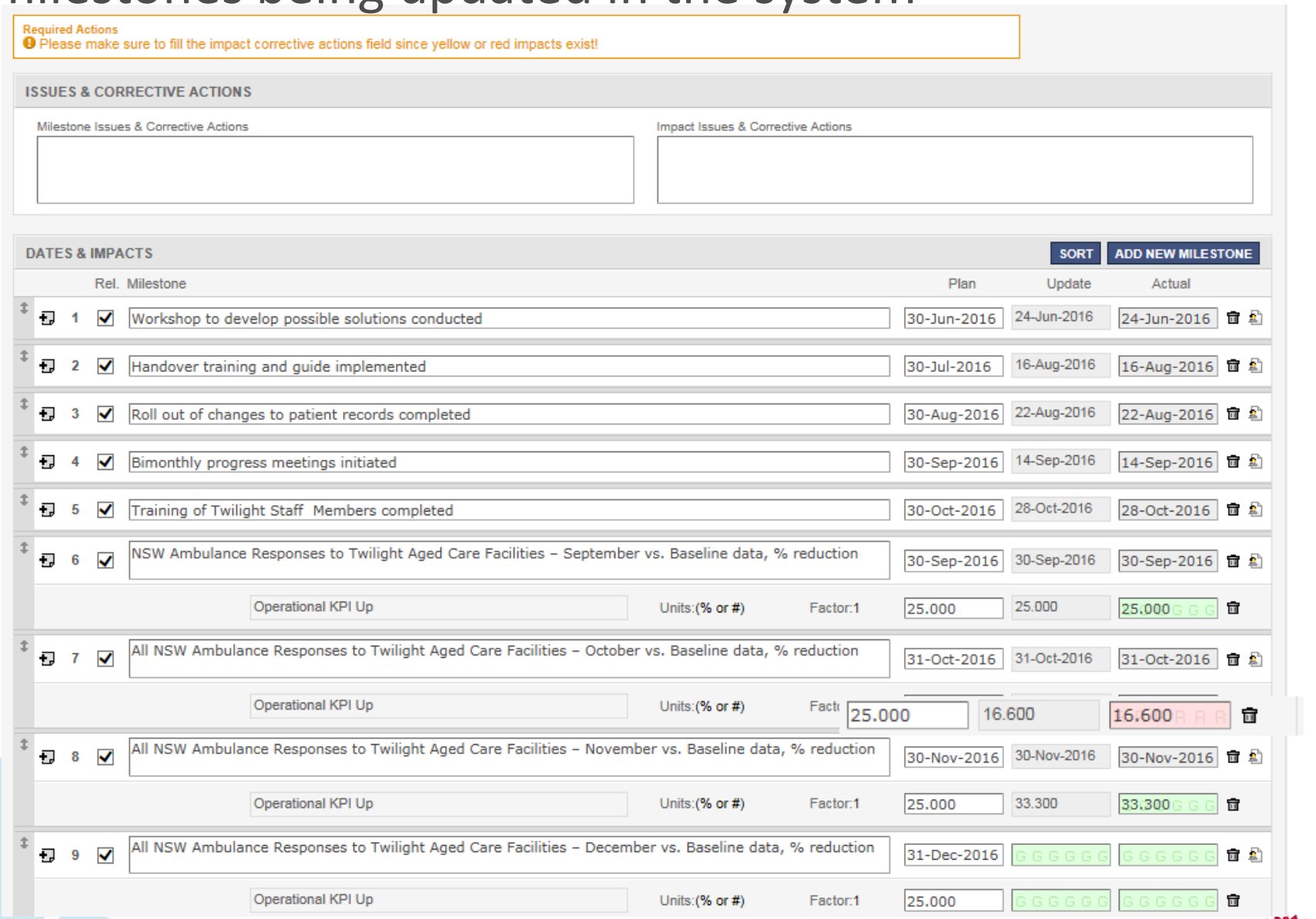
	Issues / risks to be managed	Mitigation Plan
Risks	Failure to call when they should	Careful strategy of education and communication
	Families still want residents transported	Open communication and consultation with residents and families

	Group	Engagement plan
Key stakeholders	Staff at Twilight Aged Care Facilities	Meetings, workshops, newsletters
	NSW Ambulance paramedics	Email updates
	NSLHD staff	Email updates

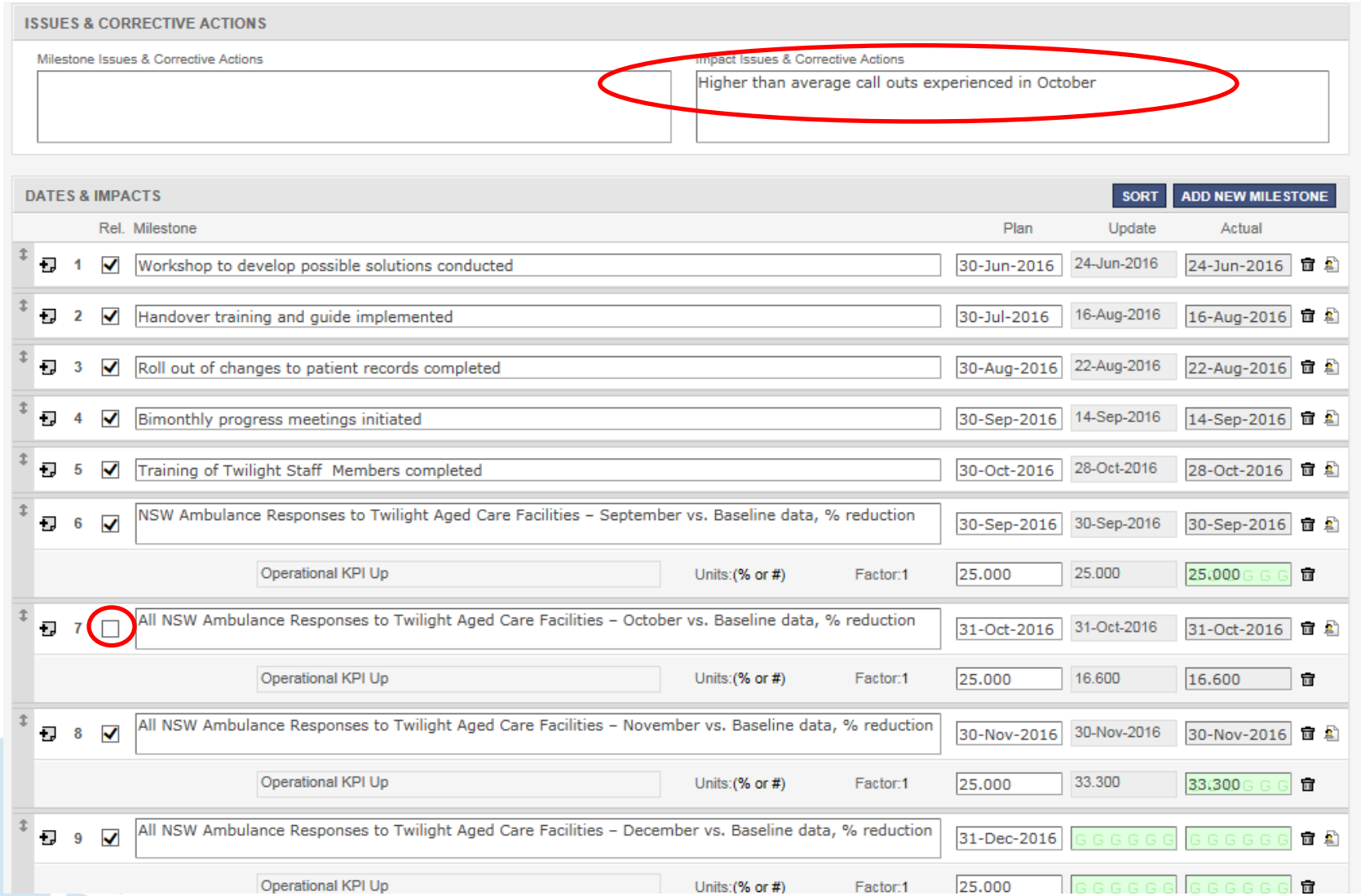
Key milestones set during planning

Milestone	Milestone owner	Milestone date dd/mm/yyyy	Operational KPI Up (# or %)	Operational KPI Down (# or %)
Workshop to develop possible solutions conducted	J. Tunhavasana	30/06/2016		
Handover training and guide implemented	J. Tunhavasana	30/08/2016		
Roll out of changes to patient records completed	C. Banister-Jones	30/08/2016		
Bimonthly progress meetings initiated	J. Tunhavasana	30/09/2016		
Training of Twilight Staff Members completed	C. Banister-Jones	30/10/2016		
NSW Ambulance Responses to Twilight Aged Care Facilities – September vs. Baseline data, % reduction	J. Tunhavasana	31/09/2016	25	
NSW Ambulance Responses to Twilight Aged Care Facilities – October vs. Baseline data, % reduction	J. Tunhavasana	31/10/2016	25	
NSW Ambulance Responses to Twilight Aged Care Facilities – November vs. Baseline data, % reduction	J. Tunhavasana	30/11/2016	25	
And onwards…				

Key milestones being updated in the system



Key milestones being updated in the system



ISSUES & CORRECTIVE ACTIONS

Milestone Issues & Corrective Actions

Impact Issues & Corrective Actions: Higher than average call outs experienced in October

DATES & IMPACTS — SORT — ADD NEW MILESTONE

	Rel.	Milestone	Plan	Update	Actual
1	☑	Workshop to develop possible solutions conducted	30-Jun-2016	24-Jun-2016	24-Jun-2016
2	☑	Handover training and guide implemented	30-Jul-2016	16-Aug-2016	16-Aug-2016
3	☑	Roll out of changes to patient records completed	30-Aug-2016	22-Aug-2016	22-Aug-2016
4	☑	Bimonthly progress meetings initiated	30-Sep-2016	14-Sep-2016	14-Sep-2016
5	☑	Training of Twilight Staff Members completed	30-Oct-2016	28-Oct-2016	28-Oct-2016
6	☑	NSW Ambulance Responses to Twilight Aged Care Facilities – September vs. Baseline data, % reduction	30-Sep-2016	30-Sep-2016	30-Sep-2016
		Operational KPI Up — Units:(% or #) — Factor:1	25.000	25.000	25.000
7	☐	All NSW Ambulance Responses to Twilight Aged Care Facilities – October vs. Baseline data, % reduction	31-Oct-2016	31-Oct-2016	31-Oct-2016
		Operational KPI Up — Units:(% or #) — Factor:1	25.000	16.600	16.600
8	☑	All NSW Ambulance Responses to Twilight Aged Care Facilities – November vs. Baseline data, % reduction	30-Nov-2016	30-Nov-2016	30-Nov-2016
		Operational KPI Up — Units:(% or #) — Factor:1	25.000	33.300	33.300
9	☑	All NSW Ambulance Responses to Twilight Aged Care Facilities – December vs. Baseline data, % reduction	31-Dec-2016		
		Operational KPI Up — Units:(% or #) — Factor:1	25.000		

Measuring Program Impacts

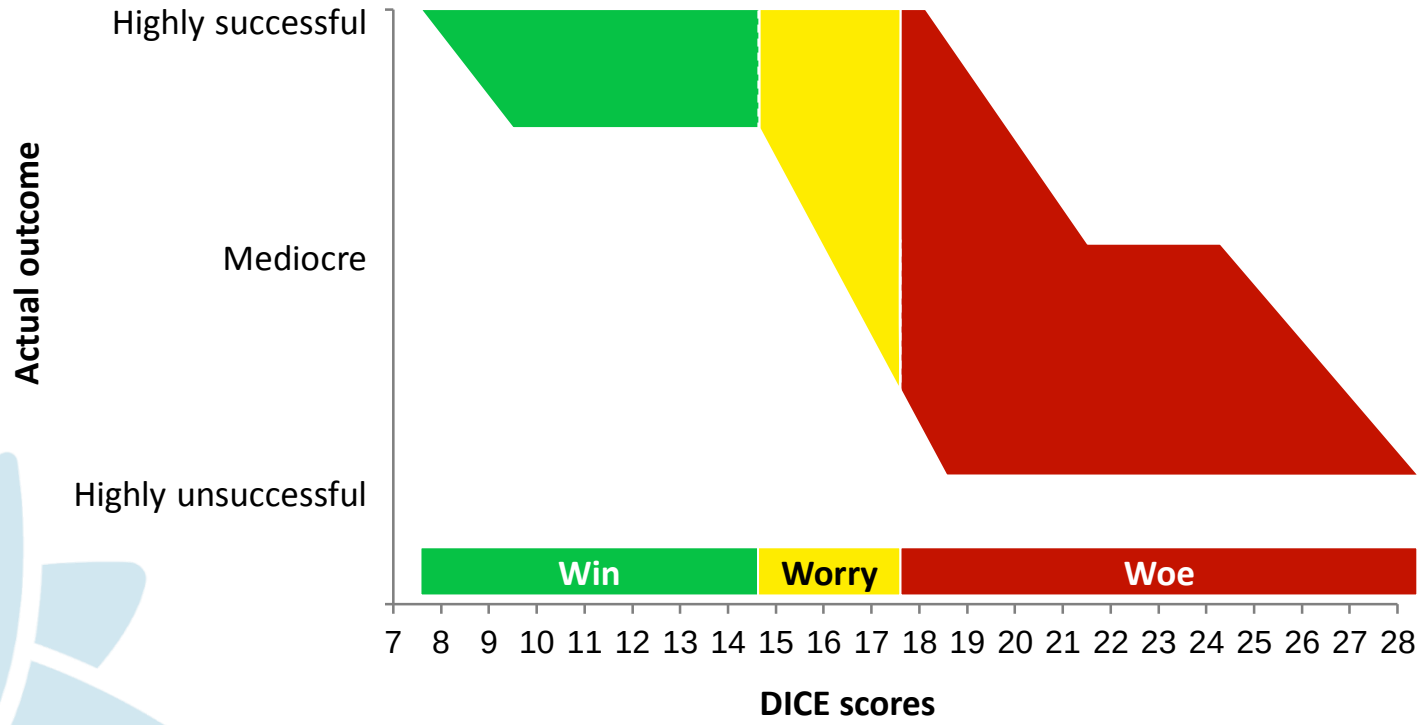
Group	Examples of metrics	
Resources	• Revenue • Expenditure on a line item e.g., nursing staff, or programme e.g., HITH or a subset of DRGs • FTEs, staffing hours • Overtime hours • No. of locums, locum hours • No. of bed days • No. of chargeable bed days	• Nursing time per bed day • No. or % of private hospital admissions • No. or % of private non-inpatients • Vol. drugs dispensed • No. of tests • Use of blood products • Equipment usage rates
Activity	• No. of admissions e.g., to hospital, to HITH, by source, by patient type. • Admissions per consultant • No. of unplanned admissions • No. of avoidable admissions • Time in ED (ETP, Transfer of Care) • Hours in ICU • Average Length of Stay	• % beds with delayed discharge • Bed occupancy rates • Theatre utilisation rates • No. of recalls to radiology • No. of allied health interventions • Procedural rates • Home dialysis rates
Quality and safety	• % readmissions (e.g., within 14 or 28 days) • No. of adverse events/medical errors • Infection rates (e.g. MRSA, MRAB, CLAB) • No. of bed days due to medication errors • Mortality/morbidity rates by disease, patient cohort • Waiting time from referral to surgery • Waiting time in ED	• Uptake of a new service/care plan • % patients on a clinical pathway • % adherence to protocols • No. of days sick leave, sick leave payments • Patient satisfaction rates • Staff satisfaction rates

Milestones Due

Roadmap	Milestone	Overdue
24-7 Peri-Op Service	Report on Patient Throughput during extended hours	<1Month
24-7 Peri-Op Service	Provide Q3 report to Executive Mangement Committee meeting and Perioperative Service Committee meeting	<1Month
24-7 Peri-Op Service	Confirm roster arrangements for the night shift is suitable; overtime is not being incurred; and the required amount of casual staff are available to cover unplanned leave (and thus prevent overtime)	<1Month
PPO Weekend Coverage	Provide Q1 report to Finance and Revenue Committee meeting; including number of patients converted by the weekend PPO service	>3Months
PPO Weekend Coverage	Weekend PPO to provide in-service for key weekend staff	>3Months
PPO Weekend Coverage	Provide Q2 report to Finance and Revenue Committee meeting; including number of patients converted by the weekend PPO service	1Month-3Months
PPO Weekend Coverage	Promotion of weekend PPO coverage to all staff	1Month-3Months
PPO Weekend Coverage	Calculation of Q3 revenue generated	<1Month

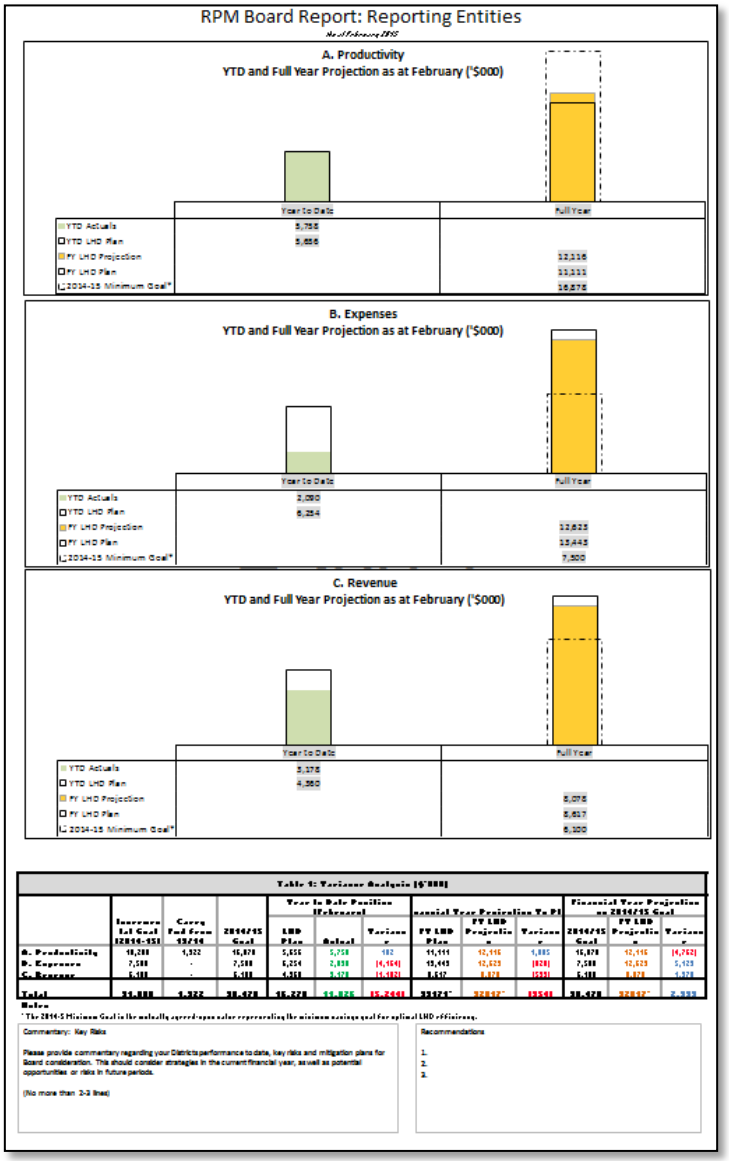
DICE tracks four elements critical to program success

- **D** The timeline or **Duration** either until completion of the project or the next learning checkpoint
- **I** The "Performance **Integrity**" of the project team
- **C** The **Commitment** to the change by senior management and local staff
- **E** The additional amount of local **Effort** (to normal working requirements) required during implementation

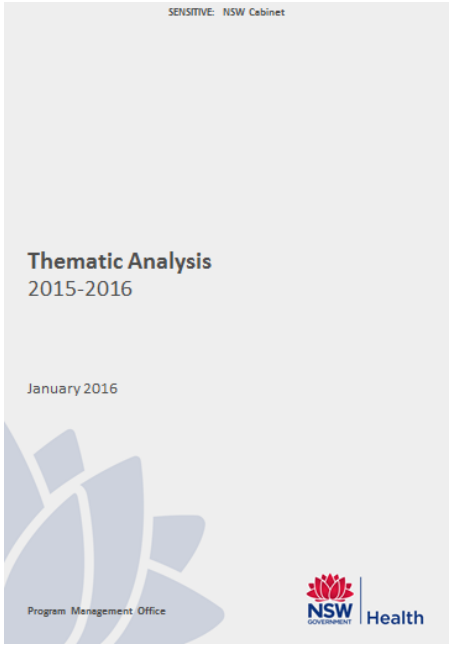


NSW GOVERNMENT Health

Executive and Board Reports



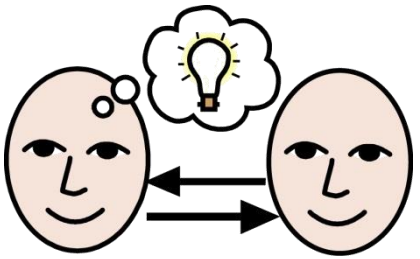
Resources



Australian Government

govdex

secure online collaboration for Australian government



Roadmapping

RIGOROUS PROGRAM MANAGEMENT

pmo@doh.health.nsw.gov.au

Find out who your local SuperUser is!