



Delivering a Healthy WA

Metropolitan Clinical Services Planning

Briefing of Working Group Members

The Presentation

Mark Platell / Ros Elmes
(Clinical Coordinators)

- Introduction

Steve Cary (CC)

- Facilities context

John DeCampo
(Steering Committee)

- Objectives / outcomes

Mark Platell / Ros Elmes
(Clinical Coordinators)

- How are we going to get there?

Michael Hartfield (STH)

- Working Group information

- Questions

Facilities Context

Long-term objective

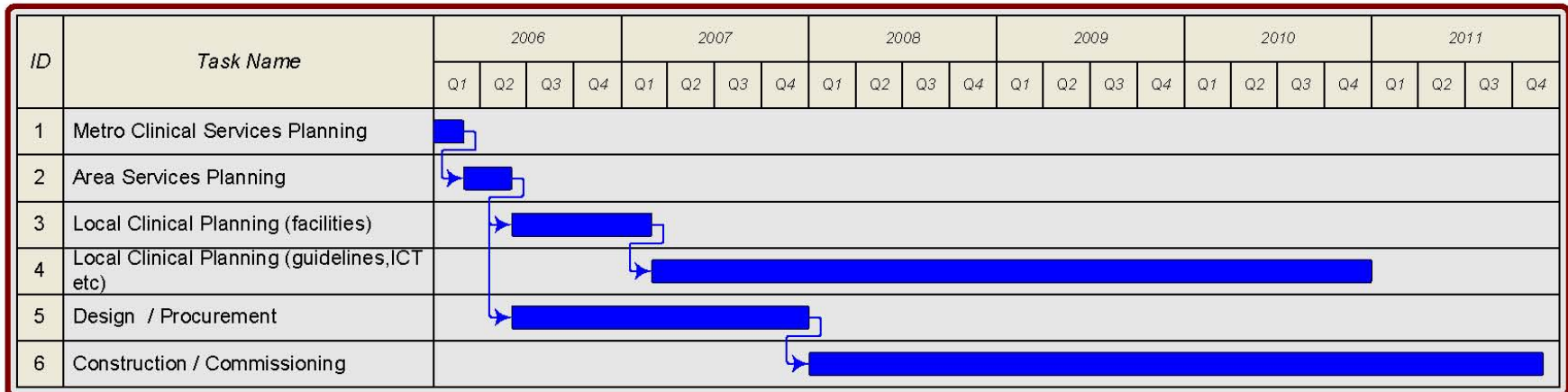
To provide facilities and infrastructure that complement the clinical services to facilitate a more efficient, sustainable and improved health system.

- Building more of the same is not the solution.
- Agreement must be reached on the manner in which health services are to be provided before any detailed hospital planning can be undertaken on any of the sites.

Program

The proposed date of 2011 for completion of the first stage of major health infrastructure necessitates that planning be expedited without compromising on quality.

Overview of Development Program for Southern Tertiary Hospital



Making a Good System Great



Linda Smith

Glyn Palmer

John de Campo

Reid Findings: 2004

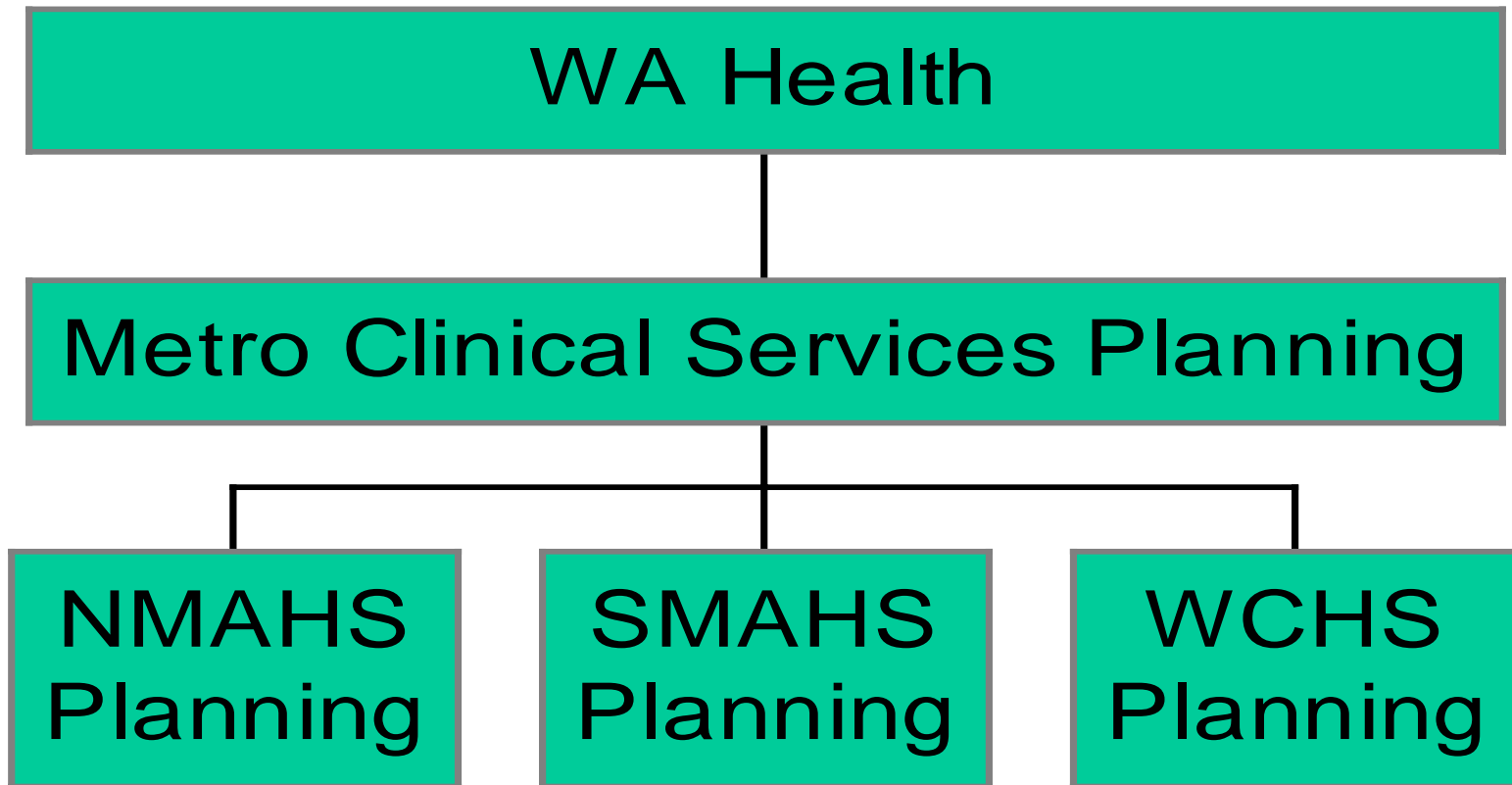
Better:

- Hospital location / distribution
- Hospital fabric required
- Evidence & safety
- Length of stay
- Demand management
- Community care
- Research & development

Post-Reid Steps

- Clinical Services Framework (CSF) 2005-2015
 - What services, Where?
- Metropolitan Clinical Services Planning
 - how services are provided in the future
 - best models of care
 - best setting for care and maintenance

Governance



Metro Clinical Services Plan Working Groups

- Metropolitan specialty-based working groups to represent the interests of each specialty
- Mix of medical, nursing and allied health staff
- Mix of tertiary hospital staff (RPH, FH, SCGH)*

* KEMH and PMH represented as required.

Note: secondary /primary care also represented as required

Clinical Networks

- Established Networks – involved in the formation of related working groups
- Networks (not yet established) – working groups may be the basis of future networks.
- Clinical Service Planning Working Groups – short-term
- Clinical Networks – long-term

Clinical Services Plan: The Future

- Funding increases guaranteed at 5.5%
- Work/lifestyle balance...fewer staff hours
- Evidence-based practice
 - *World's best practice ALOS*
 - *World's best practice admission rates*
 - *World's best practice prevention & ambulatory care of chronic disease*
- Safety a priority
- Information technology a priority to support hospital & community services

Alternative Models of Care

- To build on the Clinical Services Framework
- How is care provided?
- How is illness prevented?
- How is wellness maintained?

Inpatient Admissions per 100,000 in 65+ year-olds

| Group | NHS | Kaiser | California Medicare |
|--------------|------------|---------------|----------------------------|
| COPD | 699 | 558 | 1067 |
| By Pass | 144 | 97 | 296 |
| Hip | 342 | 256 | 602 |
| Knee | 344 | 367 | 479 |
| Hip # | 315 | 388 | 489 |
| Stroke | 823 | 788 | 1155 |

* BMJ 2003; 327;157-

Average Length of Stay in 65+year-old Patients

| Group | NHS | Kaiser | California Medicare | WA | Health Roundtable |
|--------------|------------|---------------|----------------------------|-----------|--------------------------|
| COPD | 9.9 | 3.8 | 5.3 | 7.5 | 4.2 |
| By Pass | 13 | 9.6 | 8.6 | 11.3 | 8.4 |
| Hip # | 27 | 5 | 6 | 9 | 2.8 |
| Hip | 12 | 5 | 5 | 10.5 | 5.6 |
| Knee | 11 | 4 | 5 | 9.3 | 4.7 |

* BMJ 2003; 327;157-

Multi-day Beds

Whilst beds are integral to every health system, they should not be considered as the (only) solution, but rather as a fallback position when the other care options are ineffective.

Clinical Services Plan Deliverables: 1

For major current inpatient disease groups

1. Well @ Home
2. HITH
3. Ambulatory plus HITH
4. Same day care
5. DO23/47
6. Multi-day

What is the percentage now and what will it need to be in the future?

Clinical Services Plan Deliverables: 2

- Key safety issues/resources
- Key clinical links
- Key research and teaching links
- Key prevention
- New technologies/horizon scan
- Role of ICT in your specialty

Summary of Goals

- Radical chronic disease maintenance programme
- Radical engagement with GP's & community agencies
- Self management & case management
- Radical surgical flow improvements
- Radical use of ICT
- Evidence, safety, ALOS

Health Services of the Future/Ideas

- Ambulatory care centres
 - Diagnostics, same day and overnight surgery
 - Chronic disease management - including MH
 - Well@Home, Hospital in the Home, GP Links
 - Self management, case management
- Overnight hospitals
 - Safe, evidence-based care, pathways
 - Outcome measurements
 - Paperless, bar coded drugs, pathways
 - Continuing education, academic involvement

Dr Mark Platell and Ros Elmes

Clinical Co-ordinators

Planning timeframes

- Metro Clinical Service Working Groups
2 –3 months (*this is you*)
- Area Clinical Service planning- 2 months
- Local hospital services planning – to follow

How does it all fit?

- Project Steering Group
- Metropolitan Clinical Services Plan Working Groups
 - » *Supported by the Facilitation Team*
 - » Clinical Services Planning Coordinators
 - » Working Group Facilitators(finalised by 2/12)
 - » Administrative Staff
 - » Researcher/Librarian

Roles and responsibilities

Clinical Services Planning Working Groups

- Medical, nursing & allied health
- Representing the interests of own specialty to achieve a position on
 - How your specialty service will be provided in the future ?
 - What are the best models of care ?
 - What is the best setting for clinical care and illness prevention/wellness?

Clinical Services Planning Working Groups

Leader of the working group:

- Selected by members of the group
 - *Or already identified*
- Chair the meetings
- Work with the facilitator
- Instigate discussion/involvement of other relevant clinicians and specialty groups as required

Clinical Services Planning Working Groups

Facilitators:

- Support working group leader & working group
- Encourage cross fertilisation of ideas and issues
- Exchange ideas with each other and the coordinators to identify links/barriers

Clinical Service Plan Coordinators (CSPCs)

- Attend every working group meeting
- Coordinate relevant information between each working group
- Provide overall housekeeping
- Ensure information & administrative support
- Keep process on track

Other roles

- Administrative staff
- Researcher/Librarian

Working Group Process

- Have preliminary meeting if necessary – 15 mins
 - Grin & greet
 - Select leader
 - **Review membership**
 - Identify any other information required
 - Clarify working group aims & timelines
 - Schedule next meeting

Working Group Process

- Next meeting before Christmas
- Instigate discussion/involvement of other relevant clinicians and specialty groups as required
- Report due mid February 2006

How To Get Things Done

- Direct any request for information or notification of changes of your group membership to your facilitator
- The group facilitator will liaise with the CSPCs
- Any concerns contact the CSPCs
- metroclinicalplanning @ health.wa.gov.au

Staying Informed

- Global email
- Press Release
- Web site -
<http://www.health.wa.gov.au/HRIT/home/>
- Working Party Leaders
- Working Party regular updates

Mike Hartfield

Clinical Services Planner

Whole of System Planning Principles

- Principles that underpin Clinical Services Planning – Reid are understood
 - **Major service reform Principles**
 - **System Management principles**
 - **Funding parameters**

Current Status of Clinical Service

- Service definition
- Activity/utilisation trends – ESRG,SRG,DRG
- Current workforce issues
- Clinical and laboratory research links

Achieving World's Best Practice

- Examples of 'world's best practice' in each clinical service
 - Home and community based care
 - Ambulatory care
 - Inpatient care
 - Other
 - Assessment of where we are at relative to 'wbp'
 - Web site links eg NHS Modernisation agency

Future Clinical Service Model Development

- Issues arising from CSF consultation process
- Whole of 'system' activity projections
- Reviewing demand/activity targets
- Major issues associated with reform
 - New models of care
 - Clinical governance
 - Workforce issues
 - Technology/ICT
 - Transitioning to new health infrastructure

Questions