A Road Map

to the delivery of excellence – 2014–2017

SESLHD Board
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The NSW Ministry of Health (MoH) mandates that the “The provision of quality, timely and accessible healthcare to all the people of NSW is a fundamental commitment that we have made as a government. Quality healthcare is based on having a skilled workforce, delivering services in the best possible facilities, with the best possible equipment and being guided by the best possible evidence and practices that can be obtained” (NSW Minister for Health, 2012).

In a recent, wide ranging speech to the Senior Executive Forum, the Minister for Health set out her priorities for the future in three main areas:

1. Strong support for research  
2. Strategic planning supporting devolution  
3. Providing support to those involved in local operations by
   a. helping to solve financial issues  
   b. helping to solve performance outcomes  
   c. supporting our workforce  
   d. making information more available and providing improved Information Technology  
   e. investment in infrastructure

The Minister stressed the need to build closer links between the NSW hospital system and community health, General Practitioners and Medicare Locals through to the community. She stressed the need to create further devolution ensuring decision making is made locally, where local clinicians and managers are best placed to implement changes to best serve the needs of their community. She emphasised the need for greater collaboration, including with the not-for-profit and the private sectors, building new models of care for hospital in the home and ambulatory care, and stressed the need to build on the work done in population health. To achieve integrated care across the system, the Minister laid equal emphasis on the need to plan and further devolve decision making to Local Health Districts. The Minister set out how each of the priority areas are being supported through infrastructure investment and innovative grants to test each of the areas of prevention, integration and support for real-time information that is available to frontline staff.

The Chair of the South Eastern Sydney Local Health District (SESLHD) Board convened a Board working dinner and full day governance workshop on 31 January and 1 February 2014, in order to review the current challenges facing the Board. Some of the time was devoted to a stocktake of the current situation and this will be dealt with in a separate paper to be drafted by the Chief Executive. The picture painted was one of an organisation clearly stressed, with Board members expressing concern with the current performance and financial infrastructure.

A number of parallels can be drawn from the priorities outlined in the Minister’s speech and the ambition expressed at the recent Board Governance Workshop. For example, in terms of the Board’s agreed purpose the following was documented:
• reducing avoidable deaths and disability in our community
• provide services which minimise increasing demand
• ensure patients receive the most appropriate care i.e. in a safe place that is as close as possible to their home, from clinicians who are operating within their full scope of practice
• recognise that the Local Health District does not have to be the provider of all services, outsourcing and collaboration are important
• continuous improvement through world class research, training and development.

Board members went on to emphasise the following;

• The need to establish collaborative relationships with Medicare Locals, GPs and the community itself. This was particularly important in understanding the preventable burden of care in hospitals
• understanding of waste in the system as a strategic issue, not a tactical one
• the management of risk and the important governance role the Board has in understanding and managing the major risks facing the District
• The need for greater understanding of the structural nature of the finances of the District. Too much emphasis is placed on tactical and transactional reporting of information which leads to a lack of confidence by Board members in the true financial and performance issues of the District.
• Board members showed great determination in tackling the balance of governance and management and the effective discharge of their responsibilities as Board members. Board members were particularly concerned about establishing the most effective relationships with clinicians through the Clinical Councils.

This paper brings the Minister’s speech and the Board’s conclusions together and articulates a Road Map for the District, aimed at achieving the District’s strategic responsibilities while resolving the underlying concerns about current performance.
1. INTRODUCTION

This paper sets out a new and accelerated focus on a number of priority areas for action in the form of a Road Map for the delivery of excellence in improving the health of our population, while delivering safe and effective health care in a patient centred manner. It summarises some of the excellent achievements we have delivered over recent years.

Over the next few years the demands on health care and the circumstances in which they will be delivered will be radically different. It is our job to ensure that we continue to deliver the high quality health and care services that our population expects and deserves. We must collectively recognise and respond to the most immediate and significant challenges we face. These include the health needs of our population who experience relative inequalities in the provision of health care, our ageing population, the increasing expectations arising from new drug treatments and technologies and the impact of an increasingly difficult fiscal environment.

We will have a health care system where care is integrated and there is a focus on prevention, anticipation and supported self-management. When hospital care is required, same-day treatment will be the norm. Whatever the setting, care will be delivered to the highest standards of quality and safety, with the patient at the centre of all decisions. There will be a focus on ensuring that people return to their home and community as soon as appropriate, with minimal risk of readmission.

2. OUR RECORD OF EXCELLENCE

SESLHD has considerable experience and success in delivering and improving high quality and sustainable healthcare services. It is important that we recognise and continue to drive our areas of excellence, many of which are recognised for their merit at a state and national level.

SESLHD has achieved its successes through its commitment to delivering high quality, patient focussed health services and through working collaboratively with its internal and external partners. Looking ahead our model remains one of integration, collaboration, outcome focussed, values, trust and innovation.

3. THE ROAD MAP

Partnership is fundamental to achieving progress in each of our priority areas. SESLHD’s partnerships with other Local Health Districts and Specialty Networks, neighbouring Medicare Locals, the Pillars, our colleagues in the MoH on behalf of our government both state and national, other government agencies, the not-for-profit sector, increasingly the private sector, and most importantly our population, will be essential. In addition, we need to have greater emphasis on developing our workforce and building capacity in leadership across our entire system.
We must maintain a focus on performance as agreed by our Service Level Agreement (SLA) with the MoH. The focus must be on measurable improvement with the emphasis on outcomes. In order to support this we will need to further develop our governance role, being clear about accountability for the effectiveness of the services we deliver.

The Road Map describes 10 priority areas for action with clearly assigned responsibility for delivery. The nine priority areas are encompassed by the ‘triple aim’ framework, which was developed by the Institute of Health Improvement, Scotland (See here). The Triple Aim Framework describes an approach to optimising health system performance and is characterised by three dimensions;

I. Quality of Care
II. Health of the Population
III. Value and financial sustainability

Under these three dimensions sit the 10 priority areas which are further fleshed out into 34 key actions, requiring focussed attention and acceleration. It is vital however to emphasise the need for a continued focus on ensuring that the underpinning foundation of high quality health and care services are maintained as business as usual. These include: performance, governance, planning (services, workforce, finances and capital works), information technology and measured improvement.

I. Improving the quality of care we provide

3.1. Increasing the role of Primary Care

There is now a strong consensus on the need for an expanded primary care role and general practice in particular. This is at the heart of any vision we have for shifting the balance of care, particularly the management of long term conditions and the growing burden of disease in our population and promoting prevention, early detection and early intervention. It is a prerequisite to tackling the challenges facing unscheduled care, preventable disease burden and dealing with inequalities of health care delivery.

3.1.1. Key Deliverables 2014/15

- Establish formal working programs with Medicare Locals designed to shift the balance of care in long term conditions and unnecessary presentations to our emergency departments.
- Establish formal working programs with Medicare Local designed to promote prevention, early detection and early intervention across the life course to promote health attainment and prevent or delay escalation of disease burden
- Bid for and secure funding from the MoH for innovation in the integrated care program.
• Build effective alliances with our partners in the not-for-profit and private sectors and Non-Government-Organisations (NGO) encouraging innovation in new models of health and social care in the community setting.

3.2. Accelerating our programs to improve safety in all health care environments

Critically examine the evidence of best practice where there is further opportunity to reduce harm. This requires us to build on successful programs in clinical governance satisfying the MoH requirement for compliance on published standards and state-wide measures.

However the growing evidence worldwide is to develop systems that reliably measure harm in care settings, building capacity and skills to equip frontline staff to improve consistently. The staff who make the greatest difference are those that touch the patient!

3.2.1. Key Deliverables 2014/15

• Complete stocktake of current programs in the first quarter.
• Complete training needs analysis for frontline staff, including current training and development support in the same timeframe.
• Secure Board support for the next phase of patient safety programs for the District.

3.3. Improving the way we deliver emergency care.

It is important that we establish improvement plans that identify the high impact changes with a focus on reducing the number of inappropriate presentations to our emergency departments, or at the very least, minimise growth in overall activity. This will involve action in primary care, community health, the ambulance services and effective improvement programs in patient flow, in and through, our emergency departments.

3.3.1. Key Deliverables

• As part of our other work on integration, we need to establish collaborative partnerships to build on existing and produce well-defined out-of-hospital programs across the District.
• Produce clear flow management programs in our emergency departments that take the opportunity for redesign in our refurbished facilities, producing consistent target achievement.

3.4. Person centred Health and Care services.

We will give our patients and the public a voice on their experiences to drive up the quality of care. We will promote the message that rights must be balanced with responsibilities; we will promote personal responsibility for health and well being and support self management, so that people are able to maintain their health and manage periods of ill health. This will include a focus on improving resources and support to people to help them navigate and
understand the system and their health care pathway, so that they become more involved and engaged with their health care. We will also ensure that additional supports are in place for those people, who for a variety of reasons are less able to manage their own health care needs.

3.4.1. Key Deliverables 2014/15

- Consumers and/or carers are supported by the health service organisation to actively participate in the improvement of the patient and carer experience and patient health outcomes.
- Governance structures are in place to form partnerships with consumers and/or carers.
- Consumers and/or carers receive information on the health service organisation’s performance and contribute to the development of effective self-care, ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

3.5. Improving our approach supporting and treating people who have multiple and chronic illnesses

We will deliver improved outcomes for people living with multiple morbidities, including mental health. We will consider the whole pathway of care with particular attention to those communities where there is clear evidence of inequalities in access to care and treatment. This will link closely with the work to expand the role of primary care, to improve emergency care and to integrate health and care services across all of the agencies responsible.

3.5.1. Key Deliverables 2014/15

- We will critically examine the pathways of care for the most commonly occurring combinations of long term illnesses. We will identify and action the opportunities for redesign of these pathways with frontline clinicians in the lead.
- With more detailed analysis of existing data, people at risk will be identified and anticipatory plans will be implemented.
- There will be evidence of more effective collaboration across disciplines to manage individuals with complex comorbidities.
II. Improving the health of the population

3.6. Reduce rates of obesity

We will deliver targeted programs; support and coordinate activity in relevant education settings; build community and service capacity; target disadvantaged communities (especially Aboriginal people) and work in collaboration with local councils, Medicare Locals and other stakeholders.

3.6.1. Key Deliverables 2014/15

- Reduce overweight and obesity rates of children and young people (5–16 years) via implementation of a range of MoH and other key agency programs.

3.7. Reduce rates of diabetes

We will achieve highly integrated, coordinated and timely diabetes health care services to patients. This will improve prevention strategies, reduce diabetes related complications and acute hospitalisations, improve education and coordinated pathways in all diabetes care settings.

3.7.1. Key Deliverables 2014/15

- Reduce representations and length of stay for patients with diabetes
- Improve the patient journey and experiences of patients and carers accessing services in primary health care, community and hospital settings.
- Enhance and develop the communication, build on the partnerships of health care providers in the diabetes management teams within all settings and improve sharing of health care information to optimise outcomes for patients.

3.8. Reduce levels of communicable diseases (HIV/Hepatitis B & C/sexually transmissible infections)

We will improve access to and awareness of communicable diseases and promote prevention, early detection, testing and treatment for priority populations (Aboriginal people, sex workers, CALD, people who inject drugs, young people and young people recently released from custodial settings).

3.8.1. Key Deliverables 2014/15

- Increase HIV, STI and Hepatitis C prevention, testing and treatment occasions of service.
3.9. **Improve immunisation rates**

We will implement activities aimed at improving coverage and timeliness of immunisation among Aboriginal and non-Aboriginal children, particularly in areas with comparatively low immunisation rates. We will collaborate with GPs and Medicare Locals, the MoH and local schools. We will continue to monitor vaccine preventable illness in the community and provide general immunisation advice to the general public.

3.9.1. **Key Deliverables 2014/15**

- Increase the number of Aboriginal and non-Aboriginal children who are fully immunised.
- Increase coverage, particularly in identified areas of low immunisation coverage relative to the previous year.

3.10. **Reduce tobacco use**

We will monitor tobacco legislation in our community, implement community programs targeted at various population groups, collaborate with stakeholders and tailor initiatives for priority populations.

3.10.1. **Key Deliverables 2014/15**

- Reduce smoking rates for Aboriginal and non-Aboriginal people.
- Reduce the rate of smoking by pregnant Aboriginal women and non-Aboriginal women.
- Increase Quitline referrals, particularly among Aboriginal women who smoke.
- Reduce the proportion of students who have ever smoked.

III. **Value and sustainability**

3.11. **Securing added value and financial stability of the health services we provide**

In times of fiscal challenge, it is vital that we secure the right level of resources and deploy them as effectively as possible on behalf of the population we serve. In securing added value, we must ensure that the maximum resources are deployed to frontline services. In order to achieve this, we need to equip frontline staff with the right information to allow them to make informed decisions that secure value without compromising the quality of care delivered.

Internationally, there is growing evidence of the impact of waste; unwarranted variation and harm consume the resources we can deploy at the front line. It is vital that we have a system of robust information that allows us to tackle these issues. It is equally vital that we deploy our resources much more effectively to report and monitor progress, and not merely report on budgetary performance through the rear mirror.
3.10.2. Key Deliverables 2014/15

- Through a newly created team we will ensure the appropriate level of resource is deployed to the frontline. From there, we will construct a three-year plan that meets the challenges of Activity Based Funding (ABF), as well as the relative inefficiencies in our systems of care.
- We will design a program of Service Line Reporting; a methodology to align reporting to the district business entities operationally.
- We will reconstruct our budget setting processes and reflect this in a new way of reporting and managing performance. The basis of this will be through the methodology of service line reporting.
- We will construct a formal program of tackling waste and variation, giving our staff the skills and time to refocus their efforts away from tactical cost saving measures.
- We will overhaul our information systems and measurement of performance that gives clinicians the right information to inform their decisions on their services.
- We will look to agree a timeline with MoH to bring the District back into fiscal balance with the delivery of all non-fiscal targets through 2014/15.
- We will implement a new process for determining strategic decisions on capital investment, equipment and maintenance and improvement of our estate.
### 4. Figure 1: Road Map 2014-2017

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<th>Triple Aim</th>
<th>10 Priority Areas for improvement</th>
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