

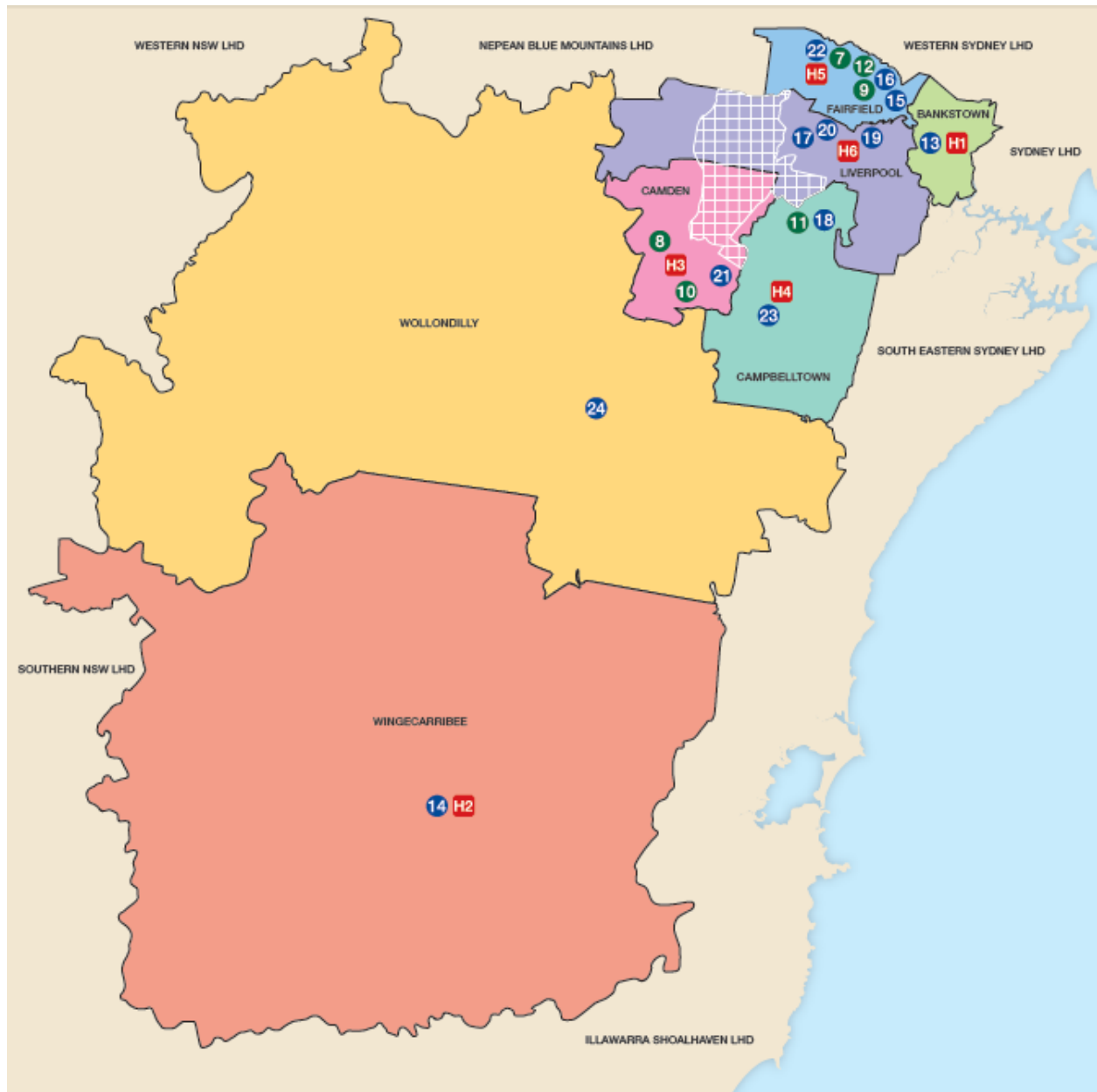


South Western Sydney Local Health District & South Western Sydney Medicare Local

Introduction & Planning Day HealthPathways South Western Sydney

Our Area

Both the South Western Sydney Local Health District and the South Western Medicare Local cover the same geographical area.



SWSLHD Hospitals

- H1** Bankstown-Lidcombe Hospital
- H2** Bowral and District Hospital
- H3** Camden Hospital
- H4** Campbelltown Hospital
- H5** Fairfield Hospital
- H6** Liverpool Hospital

Affiliated Health Organisations

- 7** Braeside Hospital
- 8** Carrington Centennial Care
- 9** Karitane
- 10** Karitane @ Camden
- 11** Scarba - South Western Sydney
- 12** Service for the Treatment & Rehabilitation of Torture & Trauma Survivors (STARTTS)

Major Community Health Centres

- 13** Bankstown
- 14** Bowral
- 15** Cabramatta
- 16** Fairfield
- 17** Hoxton Park
- 18** Ingleburn
- 19** Liverpool
- 20** Miller
- 21** Narellan
- 22** Prairiewood
- 23** Rosemeadow
- 24** Tahmoor

LOCAL GOVERNMENT AREAS

BANKSTOWN	CAMDEN	CAMPBELLTOWN	FAIRFIELD
LIVERPOOL	WINGECARRIBEE	WOLLONDILLY	SOUTH WEST GROWTH CENTRE

Table of Contents

Foreword	4
Planning Seminar Agenda	5
HealthPathways.....	6
2008 - New Zealand Canterbury District Health Board	6
2011 - Hunter New England Local Health District and Hunter Medicare Local	8
Outcomes achieved and benefits from both Programs.....	9
HealthPathways for SWSLHD and SWSML.....	9
Preparing for HealthPathways	10
SWSLHD perspective	10
SWSML perspective.....	10
SWSLHD and SWSML partnership	10
Clear vision for the future	10
Stakeholder confidence.....	11
Engaged and empowered clinicians	12
Pathway Process Development	12
Notes.....	13

South Western Sydney NSW Medicare Local and South Western Sydney Local Health District acknowledge that Aboriginal and Torres Strait Islander peoples are the first people of Australia. We acknowledge the traditional custodians of the land upon which we work, including Dharug, Tharawal, and Gundungurra Aboriginal Nations, and pay respect to Elders both past and present.

Foreword

South Western Sydney Local Health District (SWSLHD) and South Western Sydney Medicare Local (SWSML) pride themselves in healthcare service excellence; we provide world leading research, high quality education and leadership in acute and primary care.

SWSCLHD is responsible for providing healthcare 24 hours a day, 7 days a week, 365 days per year to more than 900,000 people, and covers 6,243 square kilometres and 7 local government areas.

The SWSML improves the health of the local population by coordinating the planning and delivery of sustainable, effective and equitable primary health care. SWSML is a leader in the promotion of our community's health, providing innovative and valued services for primary health care.

SWSLHD and SWSML are working collaboratively to develop clinical pathways that are driven by clinicians as part of a patient management process that will promote fast and timely care of patients in primary care settings as well as more effective referral of patients to secondary care clinicians. This process would not be possible without the support and guidance of Canterbury District Health Board, Streamliners NZ Ltd, the Agency for Clinical Innovations (ACI) and we also acknowledge the cooperation of other members of the Australasian HealthPathways Community.

The Boards and Executive of SWSLHD and SWSML are proud to support HealthPathways as an innovative way of working to ensure the healthcare needs of our community are delivered in a timely, high quality evidence-based and efficient manner.

Amanda Larkin
Chief Executive
South Western Sydney Local Health District

Rene Pennock
Chief Executive
South Western Sydney Medicare Local

Planning Seminar Agenda

8.30 COFFEE AND REGISTRATION

8:45 WELCOME AND INTRODUCTIONS (LOCAL HEALTH SYSTEM LEADERS)

- THE NEED FOR CHANGE AND A VISION FOR THE FUTURE
- COMMITMENT TO A COLLABORATIVE APPROACH TO SERVICE CHANGE AND TO THE LOCAL HEALTHPATHWAYS PROGRAM

9.10 OVERVIEW OF THE HEALTHPATHWAYS INTRODUCTION SEMINAR (IAN ANDERSON)

9:20 EXPERIENCES AND OUTCOMES FROM OTHER REGIONS

- THE CANTERBURY 'WHOLE OF SYSTEM' MODEL (DR. CAROLYN GULLERY)
- THE EVOLUTION AND IMPACT OF CLINICAL PATHWAYS / HEALTHPATHWAYS IN CANTERBURY (DR. GRAHAM MCGEOCH)
- EXPERIENCE FROM A RECENT IMPLEMENTATION (DR. MARGARET LYNCH, SYDNEY LHD)

GROUP DISCUSSION

10:45 MORNING TEA

11:00 MAIN ACTIVITIES IN THE WORK-PROGRAM (DR GRAHAM MCGEOCH)

- CLINICAL WORKGROUPS
 - REASONS FOR AND INITIATION OF WORKGROUPS
 - IDENTIFICATION AND CLASSIFICATION OF ISSUES
 - STEPS TO PROCESS A 'BUSINESS AS USUAL' PATHWAY
 - STEPS TO PROCESS A SERVICE CHANGE INITIATIVE
 - EDUCATION AND AUDIT
- RAPID LOCALISATION OF CANTERBURY'S PATHWAYS

GROUP DISCUSSION

12:45 LUNCH

1.30 THE HEALTHPATHWAYS SYSTEM – TRUE, RELIABLE AND TRUSTED (JUANITA GIBSON)

- KEY ELEMENTS OF WELL-CONSTRUCTED PATHWAYS
- MANAGEMENT AND TRACKING OF PATHWAYS AND FEEDBACK

GROUP DISCUSSION

2:15 SUMMARY OF KEY INFORMATION

2.45 LOCAL GOVERNANCE AND WORKPLACE ARRANGEMENTS (LOCAL LEADERSHIP TEAM)

3:00 THE HEALTHPATHWAYS COMMUNITY

3:15 GROUP DISCUSSION

3:30 CLOSE

HealthPathways

HealthPathways is an initiative between primary and secondary health providers in developing sustainable, clear, concise and localised pathways from a whole-of-system perspective. HealthPathways has been successfully integrated in the Canterbury region of New Zealand and its implementation has commenced in several Local Health Districts in NSW as well as in other states.

HealthPathways uses a web-based information portal for clinical condition pathways providing clinicians with single point information on how to assess and manage medical conditions, and how to effectively refer patients to local specialists and services in a timely manner. It includes service descriptions and contact information, as well as clinical resources and guidelines on the management of patients.

2008 - New Zealand Canterbury District Health Board

Canterbury District Health Board (CDHB) is a crown entity accountable to the Minister of Health. It plans, funds, and delivers healthcare to 500,000 people in community, general practice, secondary, and tertiary care settings. It has developed much of the intellectual property in the whole-of-system approach, and in the content of HealthPathways.

Streamliners is a private entity that has developed the HealthPathways platform and the associated methods, processes, software and services for editing and structuring the clinical content, sharing content between participating organisations, publishing it, and keeping it up-to-date.

In 2007, New Zealand's CDHB identified a number of issues, similar to the challenges in an Australian setting which included:

- Increasing ageing population
- A diminishing and ageing workforce
- CDHB was in financial deficit
- New Zealand (NZ) Government stipulated all outstanding referrals were to be actioned within 6 months

It was evident there was an increasing need for a more connected system, centred on people, where patients could stay well in their own homes and community. CDHB acknowledged the need to develop a new way of working – a collaborative approach to care which looked at the whole-of-system.

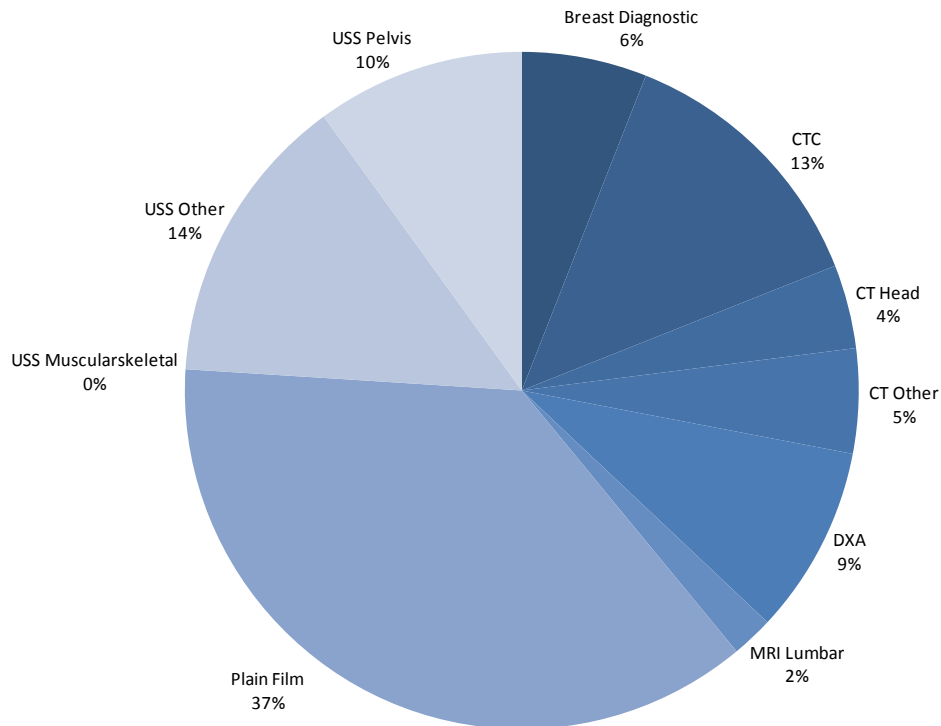
In 2008, the CDHB developed the HealthPathways initiative after General Practitioners identified that access to information was the key to enable them to care for their patients more effectively, efficiently and appropriately. HealthPathways brought GPs, specialist and other healthcare providers together to discuss clinical conditions and their best management at a local level. CDHB acknowledged that HealthPathways helped in achieving their three strategic goals:

- People take greater responsibility for their own health
- People stay well in their own homes and community for longer
- People receive timely and appropriate complex care

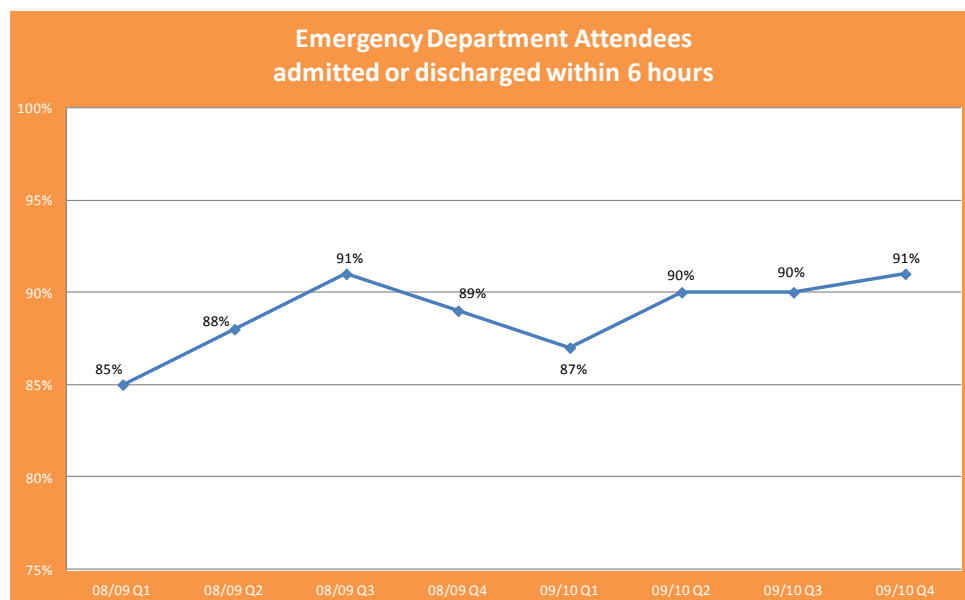
HealthPathways programs in Canterbury, New Zealand demonstrated significant improvements in waiting times, access to secondary care and patient satisfaction. These include:

- Program has saved a total of 1.5 million waiting days in four clinical areas:

- 996,319 days waiting to access secondary care dermatology
- 430,335 days waiting to access secondary care gynaecology
- 38,102 days waiting for a cholecystectomy
- Reduction of 91,649 bed days
- Development of a GP referred diagnostics which were delivered in the community with a maximum waiting time of 2 weeks

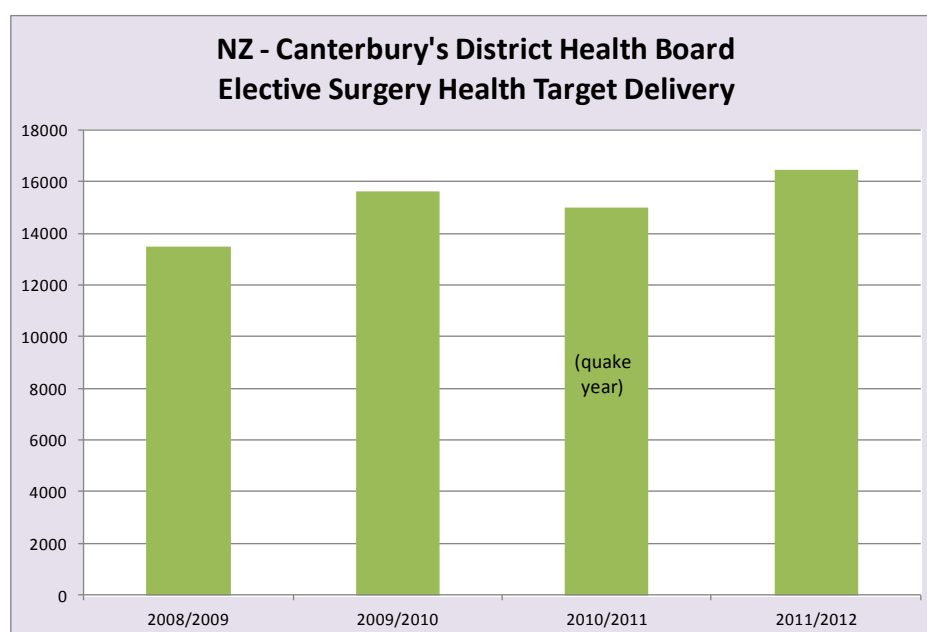


- Supported the achievement of national primary care and hospital KPIs
 - Achieving the 95% Short Stays in ED Health Target since the introduction of HealthPathways¹



¹ Shorter Stays in Emergency Departments is defined as '95 percent of patients will be admitted, discharged or transferred from an Emergency Department within six hours'. www.health.govt.nz.

- Potential to increase elective surgical delivery²



- Dynamic – new pathways are constantly being refined and reviewed to meet changing evidence, new technology and local changes. Also interconnected pathways are continually analysed to ensure coherency.
- Improved communication between clinicians and the management of patients between primary and secondary care, as well as enhancing collaboration with community and allied health providers.

The Canterbury District Health Board wishes to support an Australasian community of health organisations that apply the whole-of-system approach and that share between them expertise and lessons from their transformation activities, and any new or improved content they produce within HealthPathways. Building a strong community around the principles of the whole-of-system approach, and around the HealthPathways tool, is good for health care in Australasia, and will also strengthen the initiatives in Canterbury.

2011 - Hunter New England Local Health District and Hunter Medicare Local

In 2010, John Hunter Hospital's Royal Newcastle Centre identified similar issues to the CDHB – 11,000 of their referrals were unprocessed and thousands of patients were on their waiting list, some of whom had been waiting for up to 2 years.

Hunter New England Local Health District (HNELHD) in collaboration with Hunter Medicare Local (HML) developed strong partnerships with CDHB to replicate HealthPathways in the Australian setting. In 2011, GPs, Specialists and Allied Health (from both public and private sectors) were engaged and jointly participated in developing agreed pathways that were patient centred, evidenced based, pragmatic and locally relevant. Hunter New England HealthPathways currently covers the lower Hunter region but plans to expand coverage in the near future. Reports from the project's Clinical Leads indicate outcomes similar to those of the Canterbury Initiative.

² New Zealand CDHB saw a steady increase in elective surgery delivery since the implementation of HealthPathways in 2007.

Outcomes achieved and benefits from both Programs

Both HealthPathways programs have demonstrated significant benefits and improvements in outcomes. These have included:

- Multiple places to have access to care
- More people getting the right treatment
- Reduce the need for follow-up appointments
- Better patient management outcomes
- Establish ongoing partnerships
- Shorter waiting time for patient procedures
- Reduced admissions to hospital mental health services
- Decrease in emergency attendances
- Increase in shared care rate
- Great communication tool between public and private services
- Strengthening the relationship between the General Practice and Hospital based clinician
- Decreased number of patients coming into the hospital due to localised treatment within the community
- Increase the capacity to deliver elective services
- Decrease in bed days for residential aged care facilities

HealthPathways for SWSLHD and SWSML

The challenges that SWSLHD and SWSML face are similar to those experienced in New Zealand and the Hunter, with increasing number of attendances within emergency departments as well as referrals to secondary care. Also, there has been a lack of clear referral and patient management pathways for certain clinical specialities as well as inconsistent contact and communication lines between primary and secondary care for the management of patients.

It is evident that if both organisations are to meet future demand there is a need for a more connected approach to the delivery of healthcare and management of patients. HealthPathways is one of the proposed solutions to address this demand as well as providing structured pathways for the management of patients in primary, community and secondary care.

Preparing for HealthPathways

SWSLHD perspective

For an organisation largely involved in owning and running hospitals the management of current and future resources is of great importance. The forecasting of healthcare demand due to growing and ageing populations' shows that in most western countries there will be neither the capital nor the qualified health professionals available to meet that demand. That is unless there is a significant change in the way healthcare is delivered. The development of seamless networks of patient care is also a core component of the SWSLHD Strategic Plan (section 8.3) and SWSLHD is committed to achieving this outcome; the HealthPathways project being one of the ways this will be achieved.

SWSML perspective

Like their secondary care colleagues, primary care clinicians want to do the best for their patients and will be facing the same growing patient demands while unable to lift their capacity to respond, particularly if there are capacity constraints in secondary care.

SWSLHD and SWSML partnership

While there will always be opportunities to improve the quality and efficiency of healthcare within the separate silos of primary care and secondary care, the greatest opportunities for improvement will come from eliminating the silo approach and looking at the primary and secondary components of care together. Neither primary care nor secondary care services can tackle the burning platform issues on their own. To this end, SWSLHD and SWSML have a long history of working collaboratively together to improve quality and efficiency and HealthPathways is another advancement of that collaboration.

In establishing HealthPathways the following pre-requisites should be addressed:

- Clear vision for the future (through the interpretation of data to recognise current needs and future trending)
- Committed leadership
- Key stakeholders to have no fear of loss of domain
- Engaged and empowered clinicians

Clear vision for the future

An important starting point is the local forecasting of demand and supply factors for the next 10 – 20 years, and presenting it to clinicians and managers for discussion. This helps make the upcoming needs transparent and quantifiable and, in turn, provides the basis for informed discussion about planning a different future.

"Vision without action is merely a dream. Action without vision just passes the time. Vision with action can change the world". Joel A Barker

Part of painting the picture of the future is having a clear understanding of the current situation and direction. In 2007, CDHB identified a fragmented and ineffective health system:



The vision of the future is for a system with the patient at the centre, connected services, and no fragmentation irrespective of funding streams:



Committed leadership

Boards and CEOs of SWSLHD and SWSML have a shared understanding and a firm commitment to the whole of system approach.

Stakeholder confidence

A critical barrier to overcome for successful implementation of the Whole-of-System approach is stakeholder fear that their organisation, profession, or individual role will lose importance or resources in a proposed service redesign initiative.

The establishment of HealthPathways is based on principles of inclusiveness and cooperation between healthcare professionals and associated services. The process will engage with those seeking to place the patient at the centre of the discussion.

Engaged and empowered clinicians

The success of the pathways is highly dependent on the collaboration and commitment of both primary and secondary care clinicians who will be engaged to facilitate pathways development as well as implement the pathways into their ways of working for the benefit of our community.

Pathway Process Development

Significant involvement from both the Local Health District and the Medicare Local is important when developing the health pathways to ensure a high level of stakeholder engagement and robust discussion. It is encouraged that for each condition or speciality, modest HealthPathways workgroups are established to discuss and be accountable for identifying and progressing service improvement opportunities, and assigning pathways writing tasks. Each meeting would have duration of approximately 90 - 120 minutes with Clinical Leads present to lead the discussions. Any proposed services changes would then continue through a robust review process by a board of representatives. Program oversight would be provided through the HealthPathways Operations Group comprised of members from both SWSLHD and SWSML. The HealthPathways program will also receive Executive oversight from the joint SWSLHD and SWSML Governance Committee.

Following the models established by the Australasian HealthPathways Community indicates the following provisions when developing pathways:

- Clinical Leads from both the SWSLHD and SWSML are essential to ensure stakeholder engagement, robust governance and clear direction is provided
- A culture of collaboration and partnership will support the acceptance and engagement of the project
- It is encouraged that HealthPathways Workgroups (who assist the Clinical Editor in their writing of the pathway) are kept at a modest size and are from mixed ages and experience. The recommended format:
 - 2-4 General Practitioners
 - Up to 2 Specialists
 - 1 Clinical Lead
 - 1 Coordinator
 - 1 Clinical Editor
 - Allied Health and Nursing Staff as appropriate
- It is purposed that the duration of the HealthPathways workgroup sessions are 90mins: 30 mins for networking, 60 mins for service improvement discussions and assignment of pathway work.
- HealthPathways workgroup sessions are held after hours to enable the attendance of GPs and clinicians once practices and clinics are finished. Most teams are to meet 2 – 3 times or until the service improvement opportunities are clarified and confirmed.
- Preferred and endorsed HealthPathways are submitted to the medical technical writing team at Streamliners to ensure conformity with the successful HealthPathways format, check for gaps, link to related material, and upload the pathway onto the draft and subsequently live website.

Notes

[illegible]

[illegible]

SWSLHD & SWSML acknowledge the contribution of CDHB & Streamliners NZ Ltd as well as MNCLHD in the establishment of this publication. For additional information please refer to

Ben Neville
HealthPathways Program Coordinator
ben.neville@sswahs.nsw.gov.au
Ph: 0455 052 140