

## Queensland Metro North Health Services

### New Patient Journey best practice

Our Client is one of the largest health districts in Australia, providing a full range of health services including rural, regional and tertiary teaching hospitals. They also provide Acute, Aged, and Residential Care, Acquired Brain Injury Services, Primary & Community Health Services, Mental and Oral Health Services, and employ over 15000 FTEs.

Healthcare operates in complex systems with many connections, highly networked human relations, and undertakes complex decisions with many avenues for patients to be referred.

In view of the limited local capacity to respond to population growth and ageing, and other factors such as increasing rates of chronic disease, and long lead times to acquire additional capital infrastructure, the integration of services across the district, and alignment to service planning, was deemed crucial to achieve better utilisation of services.

Faced with the issue of doing more with the same and maintaining the same standard of care, Renoir was asked to help design a solution to ensure clinician engagement to embrace new models of care, new ways of working, respond to the health reform agenda and the implementation of an Activity Based Funding.

“Due to the collaborative approach adapted by Renoir we were able to achieve a common understanding of our issues and ownership of the proposed solutions.

The methodology and the structure that was established now allows our organization to interact internally with our key stakeholders.

I am happy to say that the project has been a great success.”

**Kerry Mahon**  
*District Director Planning  
and Corporate Services  
Metro North Health  
Services District*

### ANALYSIS

A four-week initial Analysis phase highlighted the issues facing the District:

- Lack of Transparency on the capacity, the cost and the range of services provided by the district and Non- Government Organisations. It was unclear which services were effectively meeting the patients' needs, which were over/under capacity, growing shrinking, etc.
- Inability to compare the cost effectiveness of its own services against those in the NGO sector
- Interfaces and processes between Hospitals and community services, were unclear leading to excessive stays in acute care beds
- Absence of agreed processes, a lack of agreed KPIs, Meetings, SLAs, and clarity leading to misalignment and demand bottlenecks
- Roles and Responsibilities not consistently understood within the organisation.

### PROJECT APPROACH

In only 16 weeks recommendations were made for hospital and community models of care, systems, processes and clinician engagement, which would improve the hospital-community interface and ensure the delivery of effective, safe and efficient services for acute care patients (right care, right place, and right time).

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## Key Results

Recommendation and solutions to address Hospital to Community Connections and improved models of care

Improvements and solutions owned by ground level clinicians

Cultural shift in the senior clinicians for the facilities and services involved, taking a District view and committing to it.

Collaboration with clinicians, hospital and service leaders, external partners – NGOs and other private providers – and internal partners such as the Centre for Healthcare Improvement, was critical to this success.

The process and Renoir’s approach enabled the District to strengthen their own capabilities, rather than becoming dependent on external support.

### TRANSPARENCY IN SERVICE

The District, with Renoir’s support, developed a straightforward “Patient Journey Transparency Model” providing a clear view of patients’ journeys through the District’s services. As a result, the District will have the ability to manage, target and track utilisation, and cost per service, enabling informed decision making.

The Transparency Model approach also provides a springboard to a more strategic application, to identify market needs against both internal and NGO capacity.

The District has transformed from an organisation that perceived itself simply as a provider to an active shaper in the market – instead of just reacting to them.

### MANAGEMENT CONTROL SYSTEMS (MCS) AND DISCHARGE PROCESSES

The team mapped every process for discharge, referral and transfer used by every facility, as well as each of the management systems around the processes. Best practices, internal & external – led to recommending the implementation of:

- A system to assign an Estimated Discharge Date (EDD) and manage a patient’s journey towards it, tracking root causes for delays
- Ward MCS, including a discharge meeting after rounds to assign, record and plan EDD for new patients, resolving issues preventing discharge for patients with EDD in the next 24-48 hours
- Scheduled outpatient appointments prior to discharge
- Anticipative pharmacy script-writing to facilitate last minute changes
- Definition of Roles, Responsibilities and KPIs to enable improved process control.

### MODELS OF CARE AND BEST PRACTICES

An extensive review compared hospital and community connection Models of Care, locally, nationally and internationally. More than 31 healthcare models were involved. Eight common, successful healthcare quality and efficiency improvement levers were derived and used to evaluate current vs ‘best practice’ models to identify and prioritise areas for improvement. Implementation plans were developed to impact specific issues, including:

- Removing inefficiencies and aligning needs with service provisions
- Improving referral volumes and appropriateness
- Restructuring services to be patientcentric and removing barriers to access

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## PROJECT RESULTS

- Annualised realisable benefit plan to achieve improvements: \$9.2Million
- Streamline and optimise service to deliver improved patient experiences
- Improve patient discharge for better patient experiences OBDS reduction
- Manage, target and track cost per service, enabling informed decision making
- Generate a Transparency Model approach, providing a springboard from which to scale up to strategic applications.

## THE RENOIR GROUP

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