

# Transforming Health News

Welcome to the first edition of Transforming Health News.

This publication will be issued regularly to keep you up to date on the progress of Transforming Health and provide further information on key milestones.

## Planning underway to provide the best care this winter

It's important that emergency departments work efficiently, especially during busy periods like winter.

Processes need to be in place to make sure patients are moved safely and efficiently through the hospital from the moment they arrive at an emergency department.

Doctors and nurses also need to be able to access the tests they need when they need them, like blood tests or x-rays, so that they can make decisions quickly and either admit the patient to hospital or treat and discharge them so they can go home.

During the peak winter period of 2014, more patients visited South Australia's metropolitan emergency departments and were admitted to hospital than ever before. These record numbers were due in part to a bad flu season but also because of difficulties in getting people in and out of hospital efficiently.

As part of Transforming Health, significant work is underway to improve the way patients move through the system at two of the largest metropolitan hospitals, Flinders Medical Centre and the Royal Adelaide Hospital.

Healthcare system specialists, McKinsey and Co, are now working with SA Health doctors, nurses and allied and scientific health professionals to find ways to improve the system and have them in place, ready for winter.

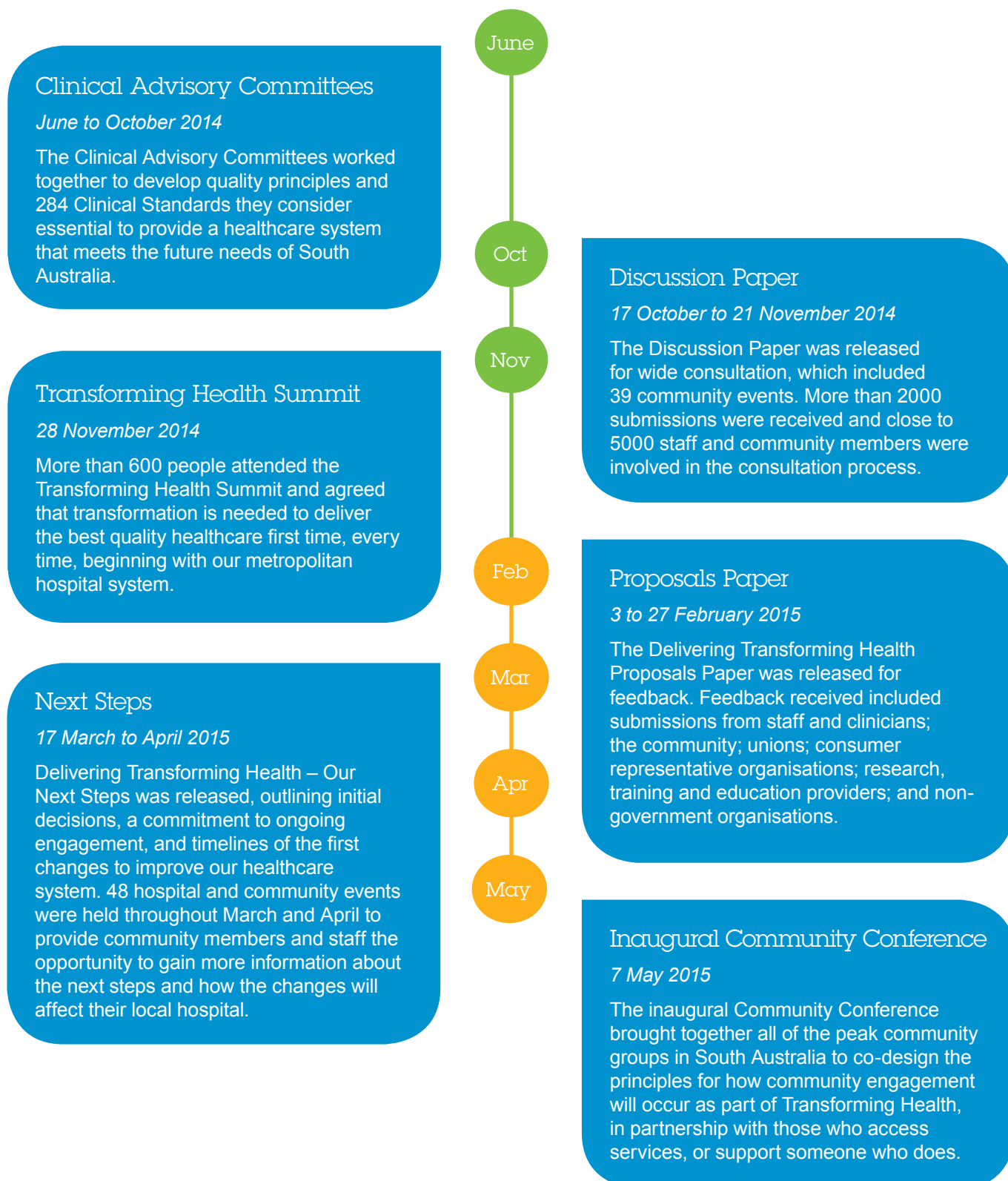


Together they will:

- > Identify the issues that cause delays and redesign processes so that patients don't wait longer than they need to
- > Implement new ways to care for mental health patients
- > Develop the tools and capability to continuously review and improve processes to make sure they meet the needs of patients
- > Build the leadership, change management and service planning skills of doctors, nurses and allied and scientific health professionals.

## The Transforming Health journey so far

Transforming Health is a systematic approach to ensuring all South Australians can access and receive the right care, first time, every time, while making sure our healthcare system is sustainable for future generations.





## What does “unlocking capacity” mean?

In *Delivering Transforming Health - Summary* (PDF 997KB) there is a lot of talk about “unlocking capacity” but what does that actually mean?

“Unlocking capacity” is about doing things differently to reduce the amount of time people spend in hospital to an appropriate level. Implementing changes to make the healthcare system more efficient will lead to reduced waiting times and better managed care for patients.

Some examples of ways to unlock capacity in the health system include:

- > Having senior nurses and doctors available overnight and on weekends, as well as making allied health staff available over weekends, so that patients can be admitted to hospital faster, start treatment earlier and get treatment for their conditions more quickly
- > Allowing nurses, midwives, and other allied health professionals, as well as doctors, to discharge patients who meet a set criteria, so that they can return home sooner
- > Having rehabilitation services and medical services available at the same place so that rehabilitation can start as soon as the patient is ready, even while they are still recovering
- > Collocating and consolidating some services so that patients have better health outcomes. This involves creating new processes that will reduce the risk of elective procedures being cancelled and will ensure specialist clinical teams see the recommended numbers of patients to retain their high-level skills
- > Implementing statewide models of care to provide consistency in care across the state
- > Converting multi-day surgical cases to surgical day cases where safe and appropriate, and ensuring consistency in theatre start times, scheduling and calling of patients for operations
- > Developing new ways to treat mental health consumers so that they don't need to attend an emergency department for care, and reducing the long waits for those who do.



## Expert panel starts planning for new PTSD Centre for Excellence



*Derrick McManus, Robert Manton, A/Prof Susan Neuhaus, Brigadier Laurie Lewis.*

An expert panel set up to advise the government on the establishment of a new Centre for Excellence for the treatment of Post-Traumatic Stress Disorder (PTSD) met for the first time on Tuesday 24 March.

The panel is co-chaired by Associate Professor Susan Neuhaus C.S.C., Chair of The Repatriation Hospital Foundation and Professor Dorothy Keefe P.S.M., Transforming Health Clinical Ambassador and will provide advice about the model of care and what type of building is required.

The inaugural meeting brought together a number of clinical experts, Veteran representatives, emergency services and senior Department for Health and Ageing staff.

At the meeting, members agreed to establish communication channels to share information about the work of the panel with interested stakeholders, including releasing a bulletin after each meeting to detail the work in progress.

On Tuesday 14 April, the panel held a workshop to begin the journey of carefully considering the key elements of a proposed model of care for the Centre for Excellence, which will replace Ward 17 at the Repatriation General Hospital in providing essential PTSD treatment to the Veterans' community of South Australia.

Dr Taryn Cowain, Head of the Department of Psychiatry at the Repatriation General Hospital, opened the workshop by outlining the current services provided by Ward 17. The panel then began the process of exploring the current and future mental health needs of Veterans to determine an appropriate model of care.

The potential location for the Centre for Excellence will be considered once all the elements of the model of care have been decided.

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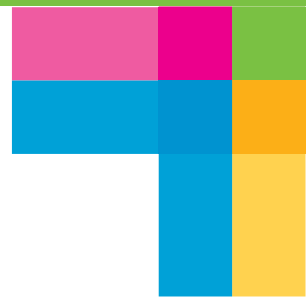
## 48 community events held across metropolitan Adelaide

Following the release of [\*Delivering Transforming Health - Summary \(PDF 997KB\)\*](#) on 17 March 2015, 48 Transforming Health information sessions were held at hospitals and community locations across metropolitan Adelaide throughout March and April 2015.

These events gave community members and staff the opportunity to gain more information about the next steps for Transforming Health and how the changes will affect their local hospital.

More than 800 people attended an event which is the start of an ongoing, consultative process with staff, community and industry organisations.





## Q&A with Dorothy Keefe, Clinical Advisory Group Chair



**Professor Dorothy Keefe P.S.M. is the Clinical Ambassador for Transforming Health and the Chair of the Clinical Advisory Group, which will provide clinical leadership on the implementation of Transforming Health initiatives.**

### What is your vision for the Clinical Advisory Group?

Health reform works best when it is clinician-led, patient-centred, evidence-based, data-driven and supported by an electronic health record. My vision is for the Clinical Advisory Group – doctors, nurses and midwives and allied and scientific health professionals who work in our healthcare system – to provide clinical leadership and guide the way we implement Transforming Health.

The role of the Group is to outline the details for how we plan to transform health in each service area. For example, for stroke, we are starting by reviewing the changes to stroke services and defining what the 24 hour statewide service will look like, what supports it will need and where, and how all the teams around the state will work together to get patients to the right place to receive the right care, and then home again quickly.

The Clinical Advisory Group will ensure that everything we do as part of Transforming Health fits with the principles and standards developed by our doctors, nurses and midwives and allied and scientific health professionals.

### How will the Group's work influence the Transforming Health process?

The Clinical Advisory Group plays a key role in developing the changes that will take place under Transforming Health. We will develop, review and approve health reform initiatives and provide them to the Transforming Health Program Board, which will ratify them and oversee implementation in the Local Health Networks.

### Who is a part of the Clinical Advisory Group and how often do you meet?

The Group currently has 28 members, including doctors, nurses and midwives and scientific and allied health professionals from across SA Health.

The Chief Medical Officer, Chief Nurse and Midwifery Officer and Chief Allied and Scientific Health Advisor are also members of the Clinical Advisory Group. We meet on a fortnightly basis and have had two meetings and a training session so far.

### What is the Group's current focus?

We have prioritised our first three areas of work. We will work across all areas of Transforming Health but we are starting by focussing on developing detailed plans for stroke services, fragility fractures and acute coronary syndrome. We have also developed our Terms of Reference and started leadership training for our clinicians to make sure they have the skills needed to effectively lead health reform.

### What are the Group's key challenges?

One of our biggest challenges is that everyone is keen to get the work done immediately, but that is not really possible. We have to set up each area of the system, test that it works, refine it as we go along, and make sure that the changes we make result in better health outcomes for South Australians. That means that evaluating our outcomes is a key priority.

### What outcomes would you like to achieve?

I would like to see the Group deliver health reform initiatives in all identified areas of service delivery and for us to monitor the success of Transforming Health. Success will be evident in two ways:

- > An increase in consistent quality care as measured against our principles and standards
- > A reduction in the amount of time patients spend in hospital, which will reduce the number of blocked beds in our hospitals so that we can get better flow through the system, from presentation at an emergency department to discharge home.

## SAHMRI to lead evaluation of Transforming Health

The South Australian Health and Medical Research Institute (SAHMRI) will lead the evaluation of Transforming Health, bringing together skilled researchers and data infrastructure from across the state to evaluate the impact and outcomes of Transforming Health.

Professor Steve Wesselingh, Executive Director at SAHMRI, will co-chair the Advanced Health Research and Translation Centre Executive Group for Transforming Health, along with Jenny Richter, Deputy Chief Executive at SA Health.

The group is responsible for evaluating Transforming Health to ensure it is having a positive impact on the health of South Australians and that changes lead to improvements in quality outcomes.

As an independent health and medical research institute, SAHMRI is well placed to lead this research. SAHMRI has a unique collaborative model that brings together South Australia's three largest universities, with the SA Government, the former Medicare Locals,

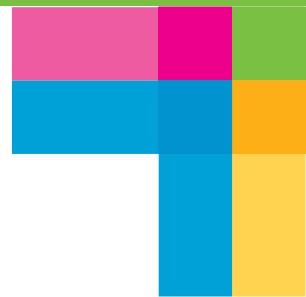
the Aboriginal Health Council SA, and the Health Consumers Alliance, in research that delivers health outcomes and community impact.

SAHMRI has recently been recognised as being amongst the world's best for using medical research to improve patient care, being awarded the title of Advanced Health Research Translation Centre by the National Health and Medical Research Council (NHMRC).

Throughout the research and evaluation process for Transforming Health, SAHMRI will engage researchers, health services, industry and the community to translate data-driven evidence into practice and policy that delivers enhanced health service delivery and improved health outcomes for the state.

The Advanced Health Research and Translation Centre Executive Group held their inaugural meeting on Wednesday 29 April 2015.





## Indicative timeline for change

2014/15

### Capacity building:

- > Work will start on initiatives that improve patient access and flow, which will create hospital capacity and support improving the flow of patients through Emergency Departments. Initiatives will include the Winter Demand Management strategy priorities in the Southern Adelaide Local Health Network, Central Adelaide Local Health Network and Mental Health.

### Engagement:

- > Collaborate with the Health Consumers' Alliance of South Australia to co-create the consumer and community engagement strategy and principles.
- > Establish the peak Research, Education and Translational Practice forum with Universities, research institutes, and any other key partners.
- > Establish formal Transforming Health union consultative forums.
- > Establish clinical engagement programs.
- > Finalise the plan for leadership and capability support and training for staff.

### Ways of working:

- > Implement the governance structure and teams (internal and external) to support Transforming Health.

- > Establish clinical groups and begin activities to support statewide governance and models of care in key areas like stroke, cardiothoracic surgery, neurosurgery, surgery for paediatrics, SA Ambulance Service protocols.
- > As a priority, establish the clinical group and begin activities to introduce statewide governance for neonatal services.

### Capital planning and development:

- > Plan for building the infrastructure will begin, including exploring opportunities to construct new Ambulance stations.

2015/16

### Capacity building as outlined 2014/15, plus:

- Capacity building as above, plus:
- > Create more capacity in the system by implementing productivity initiatives, for example conducting more day surgeries, establishing an orthogeriatric pathway of care and restorative care beds.

### Engagement:

- > Start the process of employing additional senior staff for out of hours work where needed, for example senior doctors and nurses and allied health staff who will be rostered over 7 days a week.

- > Implement engagement strategies.

### Ways of working:

- > Start implementing service moves, in line with identified clinical networked models of care, for example cardiothoracic surgery.
- > Start implementing service moves in line with service delineation by, for example streaming elective surgeries.

### Capital planning and development:

- > Contracted completion of the new Royal Adelaide Hospital.
- > Begin construction of new facilities at Flinders Medical Centre, including rehabilitation building, older persons mental health service and a multi-level car park.
- > Start refitting acute rehabilitation facilities at the Lyell McEwin Hospital to include gyms integrated within wards
- > Start refitting Modbury Hospital to support the eye service and improved inpatient rehabilitation, including a gym and hydrotherapy pool.
- > Start refitting wards at The Queen Elizabeth Hospital to improve inpatient rehabilitation with a gym and hydrotherapy pool.
- > Investigate bringing forward the relocation of the Women's and Children's Hospital to North Terrace with the new Royal Adelaide Hospital.

2016/17

### Capacity building, as outlined 2014–16, plus:

- > Continue to create more capacity in the system by continuing with productivity initiatives such as increasing day surgery, implementing the orthogeriatric pathway of care, introducing restorative care beds, criteria led discharge and agreed models of care.

### Engagement:

- > Ongoing engagement strategies continue.

### Ways of working

- > Transfer any remaining activity from Hampstead Rehabilitation Centre to the new Royal Adelaide Hospital (spinal and neuro acute rehabilitation).
- > Consolidate any remaining specialities and services.
- > Shift any remaining appropriate activity to local catchment.

2017/18 & beyond

- > Start transferring services from Repatriation General Hospital to the new buildings at Flinders Medical Centre.
- > Continuous clinical improvement and engagement.



## Example of a patient journey: The cost of elective surgery cancellations

John is a 70 year old man who was booked in for his elective hernia operation at The Queen Elizabeth Hospital.

John struggles to get around these days as his eye sight is declining and arthritis has set in, but he still does a great job caring for his wife Elsie. Elsie has Parkinson's Disease which has now progressed to the stage where she is in a wheelchair and needs extra care for daily activities such as showering. Between John and the Royal District Nursing Service, Elsie is able to be cared for in her own home.

On the day of John's surgery, his daughter Emma has planned to take the day off work so that she can pick him up early and get him to hospital on time. After waiting to make sure her Dad is okay after the surgery, Emma plans to head back to her parents' house to check on Elsie, who will be looked after by a carer as John will be in hospital overnight.

John is also a diabetic and Emma worries about him fasting overnight and not having breakfast in preparation for surgery. She has heard that sometimes surgery can be postponed to late in the day which could mean her Dad would have to go a long period of time without eating. Emma worries about both of her parents and their health.

Late on the afternoon before John's planned surgery, the hospital rings. They are very apologetic and advise him that they need to cancel his surgery as

the theatre is needed for emergency surgery, creating a backlog in elective surgery. The hospital assures John that his surgery will be rebooked soon. The postponement is not only an inconvenience for John, but also for his daughter Emma, his wife Elsie and the carer enlisted to look after Elsie while John is in hospital.

Under Transforming Health, John will be able to choose to have his surgery at a dedicated elective surgery centre, where it is less likely to be postponed due to emergency surgery.

Through Transforming Health, three dedicated elective surgery centres will be created, with multi-day surgery provided at The Queen Elizabeth Hospital, day surgery at Noarlunga Hospital and eye surgery at Modbury Hospital. Having specialist streams will mean fewer cancellations, shorter waiting times, teams that see enough patients each year to maintain and improve their skills and better planned and managed care for patients like John.

Elective surgery will continue at other hospitals and all metropolitan hospitals will increase their provision of elective day surgery procedures.

We are committed to improving the performance of our systems of care, including elective surgery, so that stories like John's are rare and so that patients and their families can rely on our health system to provide the best care, first time, every time.

### Get in touch

If you have any Transforming Health stories you would like to share or questions you would like answered, please email [transforminghealth@health.sa.gov.au](mailto:transforminghealth@health.sa.gov.au)

For more information

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