Outpatient improvement and innovation strategy

Progress report

June 2008
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Executive summary

The Victorian Government is committed to improving the quality and accessibility of specialist medical and allied health outpatient services delivered across Victoria’s public hospitals. It is widely recognised that there are many opportunities for Victoria's hospital outpatient services to benefit from, and contribute to the broader health reforms.

An Outpatient Improvement and Innovation Advisory Committee was established in November 2006 to provide advice, and make recommendations on priority issues regarding public hospital patients’ access to outpatient services in Victoria. The Advisory Committee members are:

Ms Nicole Feely (Chair) Chief Executive Officer, St Vincent’s Health
Ms Lisa Adair Nurse Unit Manager, Barwon Health
Ms Sophy Athan Consumer Representative
Ms Frances Diver Director, Access and Metropolitan Performance, DHS
Ms Sharon Donovan Director, Ambulatory Care & Mental Health Services, Bayside Health
Mr Garry Grossbard Head of Orthopaedics, Eastern Health
Mr Richard Hill Chief Technology Officer, St. Vincent’s Health
Dr Stephen Lew General Practice Liaison Officer, Western Health
Dr Kwang Lim Clinical Services Director for Medicine, Northern Health
Mr John Linke Chief Finance Officer, Barwon Health
Ms Catherine Nall Director of Physiotherapy, Austin Health
Ms Annette Pritchard Acting Manager, Statewide Elective and Outpatient Programs, DHS
Mr Greg Pullen Chief Executive Officer, Goulburn Valley Health
Mr Greg Young General Manager, Acute Ambulatory Care, Southern Health

Under the guidance of the Advisory committee, five sub committees have been established to lead and coordinate specific areas of work namely, Access and primary care interface, Data and performance measurement, Funding reform, Outpatient experience and Outpatient flow and workforce. The committees include broad representation from health services including clinicians, managers, and other key stakeholders.

The Outpatient benchmarking group, established in 2001 and comprising nurse unit and business managers from health service outpatient departments, continues to provide a forum for collaboration, information sharing and benchmarking.

Appendix one lists representation of the sub committees.

This report provides an overview of progress with implementation of the Outpatient Improvement and Innovation Strategy, and initiatives and reforms that have been implemented across Victoria's public hospital outpatient departments. The report also aims to support the sector to build on work that has already been undertaken, and support individual health services to utilise good practice and learnings to date.
Key priorities and deliverables to date

Since 2006, significant progress has been made in implementing the Outpatient Improvement and Innovation Strategy, and achieving service improvements across Victoria’s public health services.

To date, outpatient reform initiatives have focussed on the following priority areas:

- improving the patient experience
- supporting innovation, good practice and quality
- improving the outpatient journey
- supporting key enablers to reform including funding review, outpatient dataset and information and communication technology
- supporting information technology and communication
- developing policy and strategic directions.

Key deliverables to date for the Outpatient Improvement and Innovation Strategy, include:

- review of Victorian outpatient services
- patient experience program
- Victorian health services outpatient capability analysis
- Victorian outpatient innovation and improvement program
- Victorian referral service form for specialist outpatient services
- outpatient Care pathway project
- pilot of the outpatient minimum data set
- Victorian Ambulatory Classification and Funding (VACS) review
- private specialist ambulatory care services in public hospitals: Interim Resource Kit
- Strategic directions stakeholder workshop.


The Outpatient Reform Program can be contacted on phone: (03) **9096 8021** or by completing a feedback form at the Outpatients in Victoria website.

Implementation of the Outpatient Innovation and Improvement Strategy will continue in 2008 and will focus on disseminating good practice, implementing further service improvements and reforms, and finalising strategic directions—including development of a statewide outpatient service plan. This work will continue to be undertaken in consultation with stakeholders, and in the context of the national health reform agenda and Commonwealth health policy commitments, and Victorian Government health reform priorities.
A. Background

I. Outpatient services in Victoria

Victoria’s public hospital outpatient departments provide scheduled medical, nursing and allied health services to non-admitted patients. These include assessments pre and post-hospital admission and management of medical conditions, including chronic disease, complex health problems, and antenatal and postnatal care. Services also include diagnostic services such as pathology and imaging.

Patients are referred to outpatient services from a range of providers, including general practitioners (GPs), specialists and clinicians in emergency departments, inpatient units and other areas of the hospital. Patients may also access services through self-referral for clinical specialties such as maternity services.

Public hospital outpatient departments provide high volume services, with 1.2 million appointments each year. The number of outpatient attendances has grown steadily since 2001–02, when there were approximately one million attendances. Of outpatient encounters in 2006–07:

- 46.8 per cent were surgical
- 25.1 per cent were medical
- 25.6 per cent were for obstetrics and gynaecology.

In addition more than 0.5 million presentations were made to allied health professionals, representing a growth of 17.1 per cent since 2001–02.

II. Context for the strategy

The Outpatient and Improvement Strategy (OIIS) is being developed and implemented in the context of a rapidly changing health system.

As in other Australian states and territories, Victoria has experienced growing demand and costs associated with health care services, including hospital outpatient services. Demand and cost drivers include changing patient demographics, the growing complexity of patients’ needs, availability of high cost drugs and other treatments, and increasing community knowledge and expectations of healthcare.

The need to manage demand pressures and improve patient experiences and outcomes has led governments and health services to focus strongly on health promotion, prevention and early intervention. New models of care are increasingly being utilised in the Victorian health system to provide more alternative care options for people traditionally managed in hospitals. Specialist assessment services and enhanced community and home-based rehabilitation services are in place to support older people and people with chronic illness, injury or disability.

There is also a growing emphasis on continuous quality improvement, flexibility and innovation in health service delivery. This includes making best use of new information and medical technologies, and workforce redesign to improve patient treatment, management and coordination of care.

The strategy also responds to the Victorian Auditor-General’s Access to specialist medical outpatient care (June 2006) report, which made a range of recommendations highlighting the need for the Department of Human Services (the department) to improve strategic planning and performance in relation to outpatient services.
B. Achievements to date

1. Improving the patient experience program

Research has shown that patient experiences of particular services can influence their overall perceptions of health care and the health system. Improving patient experiences of health services is a key priority of the Victorian Government and one of the principles underpinning its health policy, *Victoria. A better state of health* (2005).

Improving the patient experience and delivery of person centred care has been a key OIIS priority. Initially, focus groups were held in early 2007 with outpatients’ staff and consumers to discuss their perspectives and experience of outpatient services, and to ensure consumer input into the strategy.

In May 2007, a review was undertaken of 28 public hospital outpatient services to examine physical amenities, information materials and communication practices. The independent audit process included development and utilisation of an Outpatient review tool, a review of the literature, tour of facilities, discussions with nominated health service representatives, and photographic documentation.

The review identified many examples of good practice and innovation across Victoria's public hospitals, and also a number of areas where substantial benefit could be gained from targeted improvements.

One of the key issues noted in the report was that, of the outpatient services reviewed, there was variation in the standard of amenities, and their design and location within hospitals. The review also highlighted variation in practice across hospitals in relation to communication and information for consumers.

The ‘critical success factors’ identified in the review were:

- communication enhancement, including training of frontline staff
- consumer information
- amenities upgrade
- signage and wayfinding.

Following the consumer focus groups and outpatient department review, an Improving the patient experience program was developed. In addition to the ‘critical success factors’, delivery of patient centred care was identified as a key principle that should underpin implementation of the program. Patient centred care involves:

- providing an environment that is responsive to people's needs
- providing information in a meaningful style and language
- making services simple to understand
- helping patients to navigate the system
- informing, communicating and educating.


Figure 1 outlines the interlinking initiatives that have been implemented as part of the Improving the patient experience program.
Figure 1. Components of the improving the patient experience program

Audit of Victorian public hospital outpatient departments

Consumer research

Development and implementation of the improving the patient experience program

Patient centred care

Communications enhancement
Delivery of training program for frontline staff
Consumer information

Physical amenities upgrade
Undertaking amenities upgrades across public hospital outpatient departments

Signage and wayfinding
Develop signage and wayfinding recommendations
Examine branding of ‘outpatients’
1.1 Communication enhancement

1.1.1 Communication training program

The *Review of public hospital outpatient services (2007)* identified that communication has significant impact on all aspects of a person’s experience, and can affect interpersonal relations with staff and consumers. A project was implemented in 2007-08 to enhance the effectiveness of communication in Victoria’s public hospital outpatient departments. The goals of the project were to:

- enhance the communication skills of outpatient department staff
- build positive interactions between staff and patients
- improve the patient experience.

Implementation of the project included the following phases:

- research on outpatient services
- field work and consultations with health services including site visits and staff and stakeholder interviews
- focus group to chart the outpatient journey from a patient’s perspective
- program design
- ‘test workshop’
- delivery of the training program at four pilot sites.

Some of the themes that emerged from the field work and consultations prior to design and testing of the program were:

- an outpatient service treats a high volume of patients and is often the ‘face of the hospital’ within the community
- outpatient staff reported they experienced negativity from patients in telephone interactions, and frustration from patients in waiting rooms and consulting rooms, as well as pressure from administrative systems and processes
- there is scope to improve communication between all outpatient department stakeholder groups.

Figure 2 presents key research insights from the focus group that was convened to map the outpatient journey from a patient’s perspective.
A ‘test workshop’ was held with outpatient staff from St Vincent’s Health, Western Health, Melbourne Health, The Royal Children’s Hospital, Northern Hospital and Peter MacCallum Cancer Centre to inform development of the training program. This approach provided an opportunity for program refinement, content review and delivery modification to ensure the training program was responsive to the needs of an outpatient setting.

The training program content focussed on acknowledging the communication challenges implicit in the outpatient setting, and gaining an understanding of the patient perspective using activities such as analysing typical patient scenarios and identifying behaviours, emotions and patient needs. Models were included to stimulate discussion on communication responses between staff and patients, and between outpatient staff.

Following the ‘test workshop’, two modules were finalised and delivered to 79 participants at four pilot sites - Peter MacCallum, Austin, Eastern and Bendigo Health using either a single session or two session format. The training program utilised an interactive approach with experienced facilitators. Based on data collection, 94 per cent of participants rated the content as useful or extremely useful. In addition, follow-up telephone interviews conducted with 15 per cent of participants from the pilot sites confirm the training program has led to behaviour change.1

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1. Right Management, May 2008

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| Source: Right Management, May 2008. | A ‘test workshop’ was held with outpatient staff from St Vincent’s Health, Western Health, Melbourne Health, The Royal Children’s Hospital, Northern Hospital and Peter MacCallum Cancer Centre to inform development of the training program. This approach provided an opportunity for program refinement, content review and delivery modification to ensure the training program was responsive to the needs of an outpatient setting. The training program content focussed on acknowledging the communication challenges implicit in the outpatient setting, and gaining an understanding of the patient perspective using activities such as analysing typical patient scenarios and identifying behaviours, emotions and patient needs. Models were included to stimulate discussion on communication responses between staff and patients, and between outpatient staff. Following the ‘test workshop’, two modules were finalised and delivered to 79 participants at four pilot sites - Peter MacCallum, Austin, Eastern and Bendigo Health using either a single session or two session format. The training program utilised an interactive approach with experienced facilitators. Based on data collection, 94 per cent of participants rated the content as useful or extremely useful. In addition, follow-up telephone interviews conducted with 15 per cent of participants from the pilot sites confirm the training program has led to behaviour change.1 |
Following evaluation of the training program, the program will be rolled out to all Victorian outpatient health services in 2008-09. It is anticipated that approximately 700 staff across Victoria’s public hospital outpatient departments will participate in the training program.

1.1.2 Consumer information materials

The need for quality, consistent and up to date consumer information was identified. A fact sheet, *Frequently asked questions* (FAQ) about outpatient services, was developed in consultation with members of the Outpatient experience sub-committee which includes consumer representation. The FAQ provides information for consumers about outpatient services, appointment, and what to expect upon arrival at an outpatient service.

The FAQ document was informed by review of similar material available across other jurisdictions and material about outpatient services, and what to expect upon arrival at an outpatient service.

The FAQ document was informed by review of similar material available across other jurisdictions and material about outpatient services currently available across the sector. The FAQ provides health services and general practitioners (GPs) with a resource that can be downloaded from the internet and given to patients. The FAQ document is also intended to supplement information that individual health services wish to provide about their local services. The document [www.health.vic.gov.au/outpatients/index.htm](http://www.health.vic.gov.au/outpatients/index.htm), has been placed on the outpatient website and is available in various community languages and has been circulated to health services and GP Divisions.
1.2 Amenities upgrades

Review of Victorian public hospitals outpatient departments (DHS 2007) provided a number of recommendations about physical amenities and the special needs of patients, children and families. The report also noted that there is strong evidence that small design modifications and improvements can have a positive impact on the patient’s experience.

A total of $1 million has been provided in 2007-08 for 14 metropolitan and four regional health services health services to undertake amenities upgrades as part of the Improving the patient experience program.

The funding was allocated via a submission process in line with the audit findings, and includes a broad range of improvements. Some key examples are safe children’s play areas, equipment for patients with special needs, improved seating, positive distracters in outpatient waiting areas, examination room refurbishments and initiatives to improve communication with patients waiting for appointments.

Figure 3 presents examples of amenities upgrades being undertaken by different health services in 2007-08.
Figure 3. Key themes: Outpatient amenities upgrades in 2007-08

<table>
<thead>
<tr>
<th>Outpatient department signage</th>
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<tr>
<td>• updated internal signage to improve communication and wayfinding.</td>
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<table>
<thead>
<tr>
<th>Clinical and reception areas</th>
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<tr>
<td>• modification to reception counters to improve privacy, communication and comfort</td>
</tr>
<tr>
<td>• double glazing to improve privacy</td>
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<tr>
<td>• adjustable plinths in consulting rooms</td>
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<tr>
<td>• private interview area</td>
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<tr>
<td>• supply of lockers.</td>
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<tr>
<th>Waiting areas</th>
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<tr>
<td>• improved seating in waiting areas including for elderly, obese and orthopaedic patients</td>
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<tr>
<td>• ergonomic seating</td>
</tr>
<tr>
<td>• expanded waiting room physical space</td>
</tr>
<tr>
<td>• painting of patient and staff areas</td>
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<tr>
<td>• pram storage facility</td>
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<tr>
<th>Communication</th>
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<tr>
<td>• upgraded intercom systems</td>
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<tr>
<td>• call bell system to public toilets</td>
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<tr>
<td>• Q-flow patient management system</td>
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<tr>
<td>• software and pager for automated queuing and call back systems</td>
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<tr>
<td>• increased phone capacity.</td>
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<th>Physical amenities for consumers with special needs</th>
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<tr>
<td>• designated areas for children with positive distracters designed and decorated to appeal to children</td>
</tr>
<tr>
<td>• interactive children’s gadget panels</td>
</tr>
<tr>
<td>• appropriate toys and diversional activities</td>
</tr>
<tr>
<td>• design and colour improvements</td>
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<tr>
<td>• wheel chairs.</td>
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<tr>
<th>General amenities</th>
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<tr>
<td>• access to refreshments</td>
</tr>
<tr>
<td>• refurbishment of public areas to improve patient privacy</td>
</tr>
<tr>
<td>• flooring upgrades</td>
</tr>
<tr>
<td>• supply of staff lockers</td>
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<tr>
<td>• toilet facilities upgrade.</td>
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<th>Positive distracters</th>
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<tr>
<td>• televisions</td>
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<td>• art work such as murals and prints.</td>
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<table>
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<tr>
<th>Information and communication</th>
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<tr>
<td>• consumer education packages for clinics such as pamphlets and DVD based programs.</td>
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</table>
1.3 Signage and wayfinding

*Review of Victorian public hospitals outpatient departments (2007)* identified that, despite most health services having signage directing consumers, signage was adequate and easy to follow at only a limited number of hospitals. The report also noted that people under stress of attending an appointment may be susceptible to information overload and have difficulties processing information. Therefore, it is essential that wayfinding material is clear, consistent, logical, legible and as straightforward as possible.

In response to the review recommendations, a project is currently being undertaken in 2007-08 to develop a recommended wayfinding and signage guide for health services to use when updating or making improvements to their departments. The project also includes a component that is exploring the branding of ‘outpatients’ within a public hospital setting. As part of this, consideration is being given to the term that best describes the services delivered in a public hospital outpatient setting.
2. Supporting innovation, good practice and quality

Work undertaken has focused on identifying and supporting system improvements, and building stakeholder linkages so that information about successful innovation and good practice can be shared across the system.

2.1 Capability Analysis

A Capability Analysis was undertaken in July 2007 to:

• identify existing expertise and innovation underway at individual health services
• identify local priorities
• determine alignment and progress of local service improvements against the OIIS reform agenda.

A template was developed to enable health service to provide information about improvements being undertaken including description of activities, future priorities and associated resource requirements.

Analysis of the findings identified that health services were implementing a range of service improvements that generally aligned with OIIS priorities, and responded to local priorities and service needs. The Capability Analysis also highlighted the potential for application of ‘good practice’ across the sector. Examples of the types of outpatient service improvements already underway included:

• utilising process redesign principles to support timely access, including streamlining processes, as well as building the skills for their introduction
• providing information about individual hospital outpatient services in a range of accessible formats for example, as web based links
• developing local access policy and guidelines in areas such triage, ‘new to review’ ratios and non-attendance
• developing appointment reminder systems
• developing standardised templates across a health service to improve communication at key points in the patient journey.
Example in practice

**SHOPS Reengineering Project: Monash Medical Centre Southern Health**

**Description of project**
A process reengineering project has been implemented at Southern Health following an external assessment of outpatient services (OPS) in 2006. Examples of challenges identified in the assessment included issues in making timely contact with the OPS, availability of timely activity data, and inefficiencies in referral, triage and booking management protocols. The assessment also identified the need for development of guidelines for OPS in areas such as “did not attend”, waiting list management, discharge and communication with patients, referring practitioners, emergency department, inpatient areas and other internal and external stakeholders.

**Aims**
- implement standardised processes, improve demand management, increase capacity and improve satisfaction and access to outpatient services
- reduce wait time for first routine appointment and involve patients in appointment scheduling
- improve communication with stakeholders
- reduce the 'did not attend' rate
- improve data integrity and reporting.

**Evaluation – key performance indicators**
Draft key performance indicators have been developed with further consultation with clinicians and referring practitioners planned over the next 6 months. They will be progressively implemented.

<table>
<thead>
<tr>
<th>Performance indicator</th>
<th>Benchmark</th>
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<tr>
<td>Time to first routine appointment</td>
<td>80 per cent of specialties within four months by July 2009</td>
</tr>
<tr>
<td>Number of patients not attending for appointment</td>
<td>15 per cent within twelve months, from August 2007 to August 2008</td>
</tr>
<tr>
<td>Transfer of care to other community care providers</td>
<td>20 per cent discharge rate across 90 per cent of clinics</td>
</tr>
<tr>
<td>Rescheduling of appointments</td>
<td>reduction in rescheduling appointments by 20 per cent</td>
</tr>
<tr>
<td>Key stakeholders satisfaction</td>
<td>90 per cent positive feedback</td>
</tr>
<tr>
<td>Written acknowledgment of referrals</td>
<td>100 per cent urgent within one day, 100 per cent non urgent within seven days</td>
</tr>
</tbody>
</table>

**Examples of outcomes to date**
Development of a discharge policy and tools such as discharge letters and care plans.
Following the development of communication tools and guidelines in August 2007, the number of patients that ‘did not attend’ decreased from an overall rate of 23 per cent in 2006 - 2007 to 12 per cent in April 2008.
A total of 62 clinical guidelines have been developed in consultation with clinicians. The guidelines include information such as access protocols and criteria for acceptance of referrals, and are currently being loaded onto the Southern Health GP Website.
A urology clinic pilot has been undertaken to improve the care pathway. Outcomes include better processes for transfer of care back to referring practitioners and improved access for new patients. For the period from March 2005 to March 2008, the wait time for a new routine appointment has decreased from 145 days to 110 days, and discharge rate has increased from 20 per cent to 35 per cent for the period.
A centralised triage pilot for urology referrals commenced in March 2008. The pilot includes a focus on ensuring patients have pre diagnostic testing prior to a new routine appointment.

*Source: Southern Health 2008.*
2.2 The 2007-08 Outpatient Improvement Projects

A total of $1 million has been provided to 15 metropolitan and 3 rural health services in 2007-08 for outpatient improvement projects. The projects provide opportunities to trial and evaluate strategies and concepts at individual health services that, if successful, could be adopted by other health services. A submission process was undertaken to ensure funded projects align with the OIIS priorities, support innovation, are patient centred, and build on ‘good practice’ already underway across individual health services.

Figure 4 provides an overview of key themes of improvement projects that have been funded in 2007-08. Appendix two provides a summary of specific projects underway at individual health services, and progress to date.

<table>
<thead>
<tr>
<th>Key themes</th>
<th>Health services</th>
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<tbody>
<tr>
<td>Trial of the outpatient minimum data set</td>
<td>Northern Health, Barwon Health, Royal Victorian Eye and Ear Hospital, St Vincent's Hospital.</td>
</tr>
<tr>
<td>Patient Flow</td>
<td>Bayside Health, Eastern Health, Royal Victorian Eye and Ear Hospital, Barwon Health, Peter MacCallum Cancer Centre.</td>
</tr>
<tr>
<td>Access</td>
<td>Austin Health, Eastern Health, Royal Melbourne Hospital, Peninsula Health, Southern Health, St Vincent’s Hospital, Mercy Health, Barwon Health, Goulburn Valley Health, Peter MacCallum Cancer Center</td>
</tr>
<tr>
<td>Workforce</td>
<td>Peter MacCallum Cancer Centre, Royal Victorian Eye and Ear Hospital, St Vincent’s Hospital, Royal Melbourne Hospital.</td>
</tr>
<tr>
<td>Patient Experience</td>
<td>Austin Health, Barwon Health.</td>
</tr>
<tr>
<td>Electronic communication</td>
<td>Austin Health, Peninsula Health, Western Health.</td>
</tr>
</tbody>
</table>
### Referral and booking management: Melbourne Health

**Project description**
A referral and booking management project is being implemented to formalise, coordinate and centralise outpatient referral, screening and triage.

**Aim**
- improve demand management, use of capacity and appropriate access
- implement a ‘Patient Choice’ booking system to support patient centred care for example choice of appointment times for orthopaedic and cardiac clinics
- develop access protocols including a referral template for use by the GP.

**Project activities**
- establishment of project working group
- development of evaluation measures
- development of coding standards to streamline patient bookings
- development of improved referral protocols including a GP template, processing of all new routine referrals within 7 days and ensuring GP notification within 3 to 10 days of receipt of referral
- development of key performance indicators in areas such as ‘new to review ratio’, ‘did not attend’, patient discharge rates and hospital initiated cancellations.

**Outcomes**
- change in triage practice in early 2007 has led to 25 per cent of orthopaedic referrals triaged to physiotherapy led clinics by March 2008
- improved coding standards showing triage coding status of all new patients are now incorporated in the booking system
- the average wait time for a new routine appointment has decreased from 8 months to 4 months in orthopaedics for the period October 2007 to June 2008
- decrease in the average time patients waited for a first appointment in cardiology from 3 months in May 2007 to 6 weeks in May 2008
- reduction in waiting lists for cardiac and some orthopaedic clinics (general).

*Source: Melbourne Health May 2008.*
Example in practice

**Patient Centred Scheduling: Project Bayside Health**

**Project Description**
A patient centred scheduling system is being implemented to improve the patient’s experience of the outpatient service. The focus of the project includes redesigning booking and scheduling processes to ensure optimal efficiency at reception and minimise waiting time in waiting rooms.

**Aims**
- review and improve scheduling processes utilising lean thinking methodology
- improve appointment booking and scheduling processes for outpatient appointments and the flow of patients through Specialist Consulting Clinics on the day of consultation
- improve patient and staff satisfaction.

**Project activities**
- employment of project officer
- establishment of a steering committee with representation from Executive and Unit Head
- focus interviews
- detailed mapping to outline the patient journey through outpatient services and the administrative process that support that journey-management of patient histories are a high priority for redesign
- evaluation plan.

Phase one of the project was completed in January 2008 which included recruitment of project officer, scoping of project, development of the steering committee, selection of clinical units (orthopaedics and diabetes). Key issues identified in the mapping exercise included history management, communication systems between staff and patients, referral management and alignment between the clinic process and the electronic schedule. A communication strategy for GPs has also been implemented to improve communication and referral protocols including use of referral template which will potentially prevent repetition of radiology and diagnostic testing.

Phase two will focus on utilising process improvement methodology to streamline administrative processes and ensure timely, efficient operation of outpatient clinics.

*Source: Bayside Health May 2008.*

**2.3 Health services communication forum**

A communication forum for public hospital outpatient department staff was convened in December 2007 to support dissemination of learnings about service improvements taking place across the sector, and provide an update on the OISS. The Chairs of each sub-committee presented work undertaken to date, and participants shared information about relevant projects underway at health services. The forum was attended by more than 50 health services staff. Feedback from participants indicated that the workshop was a very useful opportunity for dissemination of information and good practice. Participants indicated that they would like further opportunities to be kept informed about the work of the sub-committees and strategy.
3. Improving the outpatient journey

The increased demand for outpatient services provides a challenge in managing the flow of patients. Process redesign principles have been used in many health services to streamline patient flow and eliminate delays, duplication and potential for error. Since 2006, there has been significant work undertaken as part of the OIIS, and by individual health services, to streamline the patient’s journey through outpatient services.

The Outpatient flow collaborative undertaken in 2006 provided opportunity for many health services to utilise collaborative methodology, and to accelerate outpatient service improvements in areas such as the redesign of models of care. The Outpatient flow collaborative also highlighted that further improvements in the outpatient’s journey can be achieved through a coordinated interface between acute, ambulatory and primary care.

3.1 Improving the outpatient department interface with other parts of the health system

The referral process between General Practice, community agencies and outpatient services is a key focus of outpatient service improvements. The revision of the Victorian Statewide Referral Form (VSRF) was undertaken in 2007-08 to support efficient and effective use of information in the outpatient setting so that patients get the most appropriate and timely response to meet their needs.

The VSRF is a key component of the department’s Statewide Service Coordination Tool Templates (SCTT). The VSRF was developed in consultation with GPs and Divisions of General Practice, and provides a standardised form for the collection and transfer of patient information to ensure a quality referral from general practice to state funded public health providers. The VSRF is already supported by GP software vendors and uptake is increasing via GP Divisions as part of the Early intervention in chronic disease initiative.

The VSRF is being further developed to meet both clinical and technological requirements to enable GPs to send and receive relevant client information. This further work will aim to make the VSRF a more accepted common form for referral between general practice (including GPs and practice nurses) and acute public hospital services. As part of the revision, specialist referral data items are being embedded into the VSRF. This additional information will improve referral from GPs to outpatients, and support feedback loops for improved referral and discharge from outpatient services to GPs and other community services.

Urology specialty referral data items have been identified, which build on work undertaken by Barwon, Southern and Bayside Health in developing urology referral templates. Maternity speciality referral data items have also been identified, building on the Victorian maternity record and VSRF enhancements from Barwon Health, Royal Women’s Hospital, Southern Health and Mercy Hospital for Women. The extended VSRF incorporating the maternity items has become known as the ‘VSRF plus Maternity’, and aims to:

- improve the triaging of pregnant women into the most appropriate model and setting of care
- improve the level of information received from GPs for appropriate assessment from the outset
- facilitate instigation of investigations that can be undertaken in readiness for the first clinic appointment
- improve consumer satisfaction with their referral processes.
3.2 Care pathways

National and international literature indicates that standardised care pathways can improve the patient’s experience and health outcomes by facilitating timely and effective patient care. The Outpatient Flow sub-committee identified development of care pathways as a key priority to improve outpatient flow and minimise variation in care.

An Outpatient Care Pathways Project is developing pathways in specialty areas such as urology, orthopaedics, maternity, ophthalmology and colonoscopy. The project is being undertaken in two stages. Stage one of the project was conducted from January to May 2008, and involved development of a generic outpatient care pathway template that will inform development of care pathways for the priority specialties.

Initial phases of the stage one project included:

• research on outpatient services, the outpatient journey, and relevant literature (for example, a current outpatient pathway project being undertaken by the National Health Service (NHS) in 2008)
• consultation with stakeholders across 13 health services to identify key issues and pressure points, and to examine relevant initiatives underway across health services
• development of a generic pathway identifying critical decision points.

Review of literature and stakeholder consultations identified key themes in relation to development of an outpatient care pathway template and processes and practices to improve the outpatient journey. Examples of ‘critical success factors’ were:

• ‘best practice’ guidelines to assist clinicians at key decision making points
• ‘focus on patient needs and information’ to ensure patient’s preferences are taken into account when decisions about treatment and management are being made
• ‘action check lists’ to ensure appropriate and comprehensive action at decision making points
• ‘triage guidance’ to assist patients and clinicians.

The project team conducted two stakeholder workshops in February 2008 to:

• provide feedback on consultations
• seek advice on the proposed generic template
• present two examples of the ‘template in action’ for urology and spinal services
• brief stakeholders on trial the approach for pilot of the template.

Streaming definitions were developed and tailored for the two specialty areas that were trialled—gastroenterology and urology. The streaming categories were determined via a questionnaire that was completed for all patients at the two pilot sites, over a one week period. The generic outpatient care pathway template was piloted at two sites—St Vincent’s Hospital and Southern Health. The pilot aimed specifically to assess the value of triaging referrals into three streams: ‘see, treat and advise’, ‘simple’ and ‘complex’. Barriers to patient discharge were also explored during the pilot via a questionnaire administered by nursing and medical staff.

The template comprises a flow chart outlining the critical decisions points in the outpatient journey, and processes and practices to ensure best practice in decision making. The following diagrammatic representation provides an overview of the generic pathway template developed for the pilot.
Outpatient improvement and innovation strategy

Figure 5. The generic outpatient care pathway template


1. Patient Preferences: consideration of psychosocial facets of patient of possible reasons for symptoms and next steps (e.g., panic and “I won’t manage”)

2. Care Guideline: key issues about possible disease or disorder & what to test for and clinical indicators for imaging, etc.

3. Treatment Guideline: alternative treatments or how to manage disorder/disease, including prevention, lifestyle & education programs, medical pharmacologic & non-pharmacologic treatments, behaviour management & counselling programs.

4. Patient Preferences: consideration of psychosocial aspects of patient of planned treatments, mgmt approach or programs.

5. Referral Guideline: VSRF+ referral form showing patient & referring doctor information, including clinical information, progress notes & investigation results. Clinical indicators for referral to specialist.


8. Patient Preferences: patient preferences on urgency (“I am having problems and want to be seen ASAP”)


11. Linkages Guideline: information on coordination & case mgmt services available & how to access, particularly for HARP-CDM, SACS & OWL-MAPT.

12. Discharge Guideline: providing mgmt plan, what ongoing support patient needs, what support hospital can provide, incl. ongoing education programs, escalation thresholds (‘red flags’), communication with O/P specialist.

Start/end of an episode of care
Action
Decision
Query
email/post trigger activity
time trigger activity
Stage two of the Outpatient Care Pathways Project will be implemented following consideration of the consultant’s recommendations in relation to development of the care pathways across specific clinical specialties. The final report of Stage one of the project is available from the outpatient website www.health.vic.gov.au/outpatients/index

3.3 Promoting new service models

Promoting new service models will play a significant part in managing demand for outpatient services, and improving service quality and access. As part of the Better skills, best care strategy (BSBC), a range of workforce redesign and new or amended workforce roles have been explored. Workforce redesign aims to ensure the most appropriate set of skills is available and used effectively to provide the best level of care to meet community health needs.

In addition to BSBC initiatives, many health services are developing local innovative solutions to workforce challenges; for example, use of physiotherapist screening in orthopaedic outpatient clinics, audiologist led outpatient clinics for children with otological issues, nurse led telephone follow up for patients with localised prostate cancer and the Orthopaedic Waiting List (OWL) project.

The following table provides an overview of the ‘Physiotherapist in orthopaedic outpatients site: Austin Hospital’ pilot undertaken as part of Better skills, best care – stage one.³

Example in practice

Physiotherapist in orthopaedic outpatients site: Austin Health

Project Description
Establishment of a primary contact physiotherapist (PCP) role that completes clinical examinations, makes diagnoses and arranges appropriate management for patients.

Aim
• provide effective patient care, more effectively manage waiting times to see orthopaedic surgeons enhancing capacity for surgeons to manage patients requiring medical intervention and improve patient satisfaction
• evaluate outcomes such as waiting times to first appointment and decreased requests for radiological investigations.

Implementation
The physiotherapy-led low back pain triage program commenced at the Austin Hospital in 2002-2003.

Evaluation
A set of measures were developed to evaluate the impact of the pilot role and the following results were recorded.

Evaluation identified for the period 2005 to 2006 identified that:
• average wait time for patients to be seen by an orthopaedic surgeon was 14.8 weeks compared to 8.97 weeks for a physiotherapist
• 17 of the 105 (16 per cent) patients who were audited were fast tracked to an orthopaedic consultation-of these 9 (53 per cent) had surgery within 8 weeks of their initial physiotherapy contact
• 87 per cent of GPs agreed that the overall management of their patients in the physiotherapy led clinic was appropriate
• 94 per cent of GPs surveyed supported the continuation of the physiotherapist led clinic
• 78 per cent of patients attending the peripheral joint condition clinic required physiotherapy input only
• there were no adverse events.

Outcome
Further physiotherapy led triage clinics have been established and there are now six physiotherapists involved in three areas of orthopaedics, neurosurgery and pain clinics. These clinics continue to be assessed, and are proving successful in providing patients with effective physiotherapy management and supporting decreased length of time patients need to wait for clinical assessment and intervention.

Example in practice

Continuum of Care for the Management of Chronic Eye Disease: Royal Victorian Eye and Ear Hospital

**Project Description**
- Development of a continuum of care model commenced in 2008 to improve the outpatient management of glaucoma, diabetic eye disease, and age-related macular degeneration through a collaborative care model, supported by management tools.

**Aim**
- Trial and develop the continuum of care model in the community for expanded roles for eye care practitioners (optometrists and GPs), in 10 pilot sites. The pilot aims to broaden clinical competencies across the three streams improve the interface between RVEEH and community eye health care providers.

**Description**
The first stage of the pilot is utilising guidelines by the National Health and Medical Research Council - *Management of Diabetic Retinopathy guidelines with diabetic eye disease* to enhance clinical competencies. Three learning modules are being developed to support the implementation and uptake of clinical guidelines and pathways for the three disease streams with development of a referral framework. The project will also establish and explore the potential of telemedicine to improve access to specialist eye care minimising the need to attend outpatient appointments at the RVEEH.
- **Evaluation**
  - Areas identified for evaluation are:
    - Administrative indicators such as keeping hospital appointments and continuum of care
    - Clinical expertise and knowledge
    - Patient quality of life issues
    - Provider and participant’s feedback.

Development of criteria for continuum of care model is being undertaken by the Centre for Eye Research Australia who will work collaboratively with the steering committee, and key stakeholders.

**Deliverables**
Deliverables will include:
- A data base for content, data collection and analysis
- Three learning modules to support the implementation and uptake of clinical guidelines and pathways for the three disease streams
- A referral framework for the three streams will be articulated and clinical guidelines and pathways will be established for the three disease streams.

*Source: Royal Victorian Eye and Ear Hospital 2008.*
4. Implementing key enablers to reform

4.1 Outpatient patient-level data collection pilot project

It is widely recognised that the availability of timely, high quality outpatient data is a key enabler to supporting outpatient reform, development of a statewide outpatient service plan, and facilitating monitoring of activity and performance for outpatient services delivered across Victoria’s public hospitals.

Currently, the department’s data collection for outpatient services is limited to monthly aggregate counts categorised by type of clinic and patient. This data is collected via the Agency management system (AIMS), an online entry reporting facility. There is significant variation in data collection practices across public hospital outpatient departments. The Victorian Auditor General’s report ‘Access to specialist medical outpatient care’ 2006 highlighted a range of recommendations in relation to reporting of outpatient information.

An Outpatient patient collection project was implemented in 2007-08 to support development of a statewide outpatient minimum dataset. Key priorities for the project in 2007-08 are:

- develop a minimum data set (MDS) for pilot collection
- pilot the collection of data in pilot sites at Northern Hospital, The Royal Victorian Eye and Ear Hospital, Barwon Health and St Vincent’s Hospital
- evaluate and make recommendations on the scope, content, resource requirements and IT issues associated with collection of data on an ongoing statewide basis.

This is being conducted in partnership with the Commonwealth Department of Health and Ageing, which has contributed project funding.

A pilot outpatient minimum data set has been developed based on the existing Victorian Non Admitted Health (VINAH) integrated data collection infrastructure, and is providing information such as nature and volume of service contacts, time from referral to first appointment, patient demographics, nature of visits and mix of service provided.

As part of the Outpatient data project, the department has also continued to work with the Commonwealth Government towards implementation of a patient-level minimum data set that will include information about outpatient services. Work undertaken to date on the project is enabling Victoria to provide significant input into the national direction for the future development of a patient-level National Minimum Data Set (NMDS), and means that Victoria will be well placed to meet future national reporting obligations.

4.2 Victorian ambulatory classification and funding system (VACS) review

4.2.1 VACS funding review

Funding for outpatient services is provided through VACS, which was introduced in 1997 for 19 public hospitals. As part of implementation of the OIIS, a VACS Funding Review project has been undertaken in 2007-08 to evaluate the existing VACS system and make recommendations on the development of a more refined funding system for outpatient services.

Consultants were engaged by the department to analyse cost, activity, and financial data, and consult with health services to identify key reforms to the outpatients funding system that would improve its responsiveness to changing models of care, more accurately reflect care delivery costs, and to maximise health service flexibility in determining where and how services should operate.

Key recommendations in the final report of the VACS review provided to the department include:

- improving health service flexibility and autonomy through single weighted activity targets
- recognising emerging models of care through new clinic types and enhanced scope of practice
- potentially developing expanded VACS categories to reflect cost and clinical differences
- discontinuing the current base grant in favour of increased variable payment rate
- establishing reform and innovation funds to promote and continue reforms
• allocating teaching grant on total (VACS + MBS) activity
• discontinuing ambulance grants with retention of funds within the system
• re-assessing the need for some specified grants and conversion to variable payments.

The department’s formal response, including timelines and implementation plan for VACS enhancements, is expected to be finalised in 2008.

4.2.2 Private specialist ambulatory care services in Victoria’s public hospitals: interim resource kit

In 2007, the department developed a resource kit, Private specialist ambulatory care services in Victoria’s public hospitals: interim resource kit (DHS 2008) to guide the provision of private specialist ambulatory care services in public hospitals.

The interim resource kit was developed following extensive consultation with health services and outlines the scope of private specialist ambulatory care services, obligations of health services under the Australian Health Care Agreement, potential models of remuneration, responsibilities of medical practitioners and health services relating to MBS billing arrangements, and relevant medical indemnity issues.

The interim resource kit was distributed to health services in February 2008. Health services have been requested to provide feedback regarding their capacity to undertake private specialist ambulatory care services by 2008-09 in accordance with recommendations outlined in the resource kit. Following further consultations with the sector, the resource kit has now been finalised and is expected to be circulated to health services in May 2008.

4.3 Supporting information and communication technology

Information communication and technology (ICT) is a key enabler to outpatient reform. Health systems are increasingly dependant on information and communication connectivity to support integration of systems to allow for sharing of patient information, and to support greater efficiency, and increased safety and quality of care.

In view of the complexity and volume of ICT infrastructure developments and projects being planned or underway by a range of stakeholders within the health system, a scoping paper is being developed to review current ICT initiatives and how they relate to outpatient service delivery, in particular at the outpatient/referral and discharge interface.
It is recognised that key national ICT initiatives will impact on outpatient reform. For example, the Department of Human Services and Department of Health and Ageing have agreed to establish a project in Loddon region to prototype a Shared electronic health record (SEHR) system within the Victorian health context, with a view to statewide implementation of a SEHR in Victoria. This initiative will provide a link between GPs, specialists, allied health professionals and community care providers in improving the management of chronic disease.

The National e-Health Transition Authority (NeHTA) is also currently developing the standards and specifications that are needed to build a national set of e-health components (for example referral and discharge summary standards). It is also working with Victoria to develop a Jurisdictional impact statement to assess the impact of the introduction of national provider and patient identifiers.

A range of health services have also undertaken initiatives addressing the ICT/outpatient interface and provide learning’s and potential for application by other health services. Some examples include:

- Barwon Health has developed referral tools based on the VSRF. Referral guidelines have been developed for a range of specialties and an HL7 discharge summary is being developed.
- Western Health is implementing a support tool for use in the outpatient departments to enable improved monitoring and alerts of variations in bookings and communication with GPs and patients.

In addition, the OIIS 2007-08 innovation projects interface with ICT including projects at Austin Health, Bendigo Health, Eastern Health, Mercy Health & Aged Care, Peninsula Health, and Western Health.
5. Developing policies and a strategic directions

There is significant variation in practice across health services in relation to management of patients referred to outpatient services. One of the OIIS priorities includes developing an outpatient access policy. The aims of the outpatient access policy are to:

- improve access to outpatients services through good practice management of patients referred to outpatient departments
- provide transparent processes for determining access to outpatient services
- identify the rights and responsibilities of health services and patients
- improve communication between health services, general practitioners and relevant community based services
- provide a framework for the development of local policies and protocols.

A stakeholder workshop was held in 2007 to commence development of the access policy. Key issues discussed included draft principles for access to outpatient services, communication processes and systems for referral, management, triage and discharge. Following the workshop, development of the policy is continuing through the Outpatient flow and Workforce sub-committee and Outpatient benchmarking group. It is expected that draft access policy will be finalised in July 2008 for review by stakeholders.

The Victorian Government is committed to developing a clear vision and plan for the future of outpatient services. An Outpatient services in Victorian outpatient discussion paper was developed in 2007, and a strategic directions workshop held in September 2007. There was general consensus at the workshop that outpatient services should complement and integrate with other elements of the health care system, and should provide an episodic model of care with policy, funding and information and communication infrastructure to support this role. The discussion paper and full workshop report are available at: www.health.vic.gov.au/outpatients

The workshop laid the foundation for the development of medium to longer term strategic directions. Development of a strategic directions document, including a statewide outpatient service plan, will progress in 2008. This work will continue to be undertaken in the context of stakeholder consultation, Victorian Government policy directions and the national health reform agenda.
Access and Primary Care Interface  
Chair: Dr Stephen Lew, GPLO, Western Health  
Priorities to date:  
• Improving the communication and IT connectivity between primary care and outpatient services  
• Development of the Victorian Statewide Referral Form with embedded referral guidelines for specialties such as urology and maternity.

Data and Performance Measurement  
Chair: Mr Richard Hill, Chief Technology Officer, St. Vincent’s Health  
Priorities to date:  
• Development, trial and implementation of a statewide outpatient minimum dataset.

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Appendix 1 – OIS sub-committees representation and priorities to date
**Funding Reform**  
Chair: Dr Kwang Lim, Clinical Services Director, Northern Health  
Priorities to date:  
- VACS funding review  
- Development of a private specialist ambulatory services resource kit.

**Outpatient Experience**  
Chair: Mr Garry Grossbard, Head of Orthopaedics Unit, Box Hill Hospital, Eastern Health  
Priorities to date:  
- Development and implementation of an improve the Patient Experience Program.

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Outpatient Improvement and Innovation Strategy

Outpatient Flow and Workforce

Chair: Mr Greg Young, General Manager Acute Ambulatory Services, Southern Health and Ms Cathy Nall Director, Physiotherapy, Austin Health

Priorities to date:
• Improving the patient flow and supporting new service models
• Development and implementation of outpatient care pathways.

Benchmarking Group

Chair: Lisa Adair, Nurse Unit Manager Barwon Health

Priorities to date:
• Stakeholder representative group through which the OIIS Advisory Committee and subcommittees consult
• Forum for review and dissemination of innovations in service delivery.

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<td>Robert Sharrock</td>
<td>Acting Business Manager St Vincent’s Clinics, St. Vincent’s Health</td>
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<td>Sharon Trevorrow</td>
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<td>Marie Wintle</td>
<td>Nurse Unit Manager Outpatients, Box Hill Hospital, Eastern Health</td>
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<td>Lucinda Arizanov</td>
<td>Nurse Unit Manager Outpatients, Mercy Health</td>
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## Appendix 2 - Outpatient improvement projects 2008-08: details and progress

<table>
<thead>
<tr>
<th>Health</th>
<th>Project details</th>
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| Austin Health   | • enhance scheduling to improve patient flow via improved communication between the outpatient services and primary care provider  
• improve outpatient processes and data collection  
• implement a partial booking system offering patient choice  
|                 | • establishment of stakeholder working group and steering  
• commenced training needs analysis  
• three month pilot of partial booking commenced in May 2008 for neurology and colorectal clinics                                                                                                                    |
| Bayside Health  | • implement process redesign utilising Lean Thinking methodology in specialist outpatient clinics to improve patient flow for example streamlining the appointment booking and check in processes  
• develop a patient focussed booking model offering patient choice and participation                                                                                                                             | Stage one completed  
• project scope defined and will focus on Orthopaedic and Diabetes clinical groups  
• steering committee established (includes Executive and Unit Head representation) communication strategy for clinic staff developed and implemented  
• project officer engaged  
Stage two commenced (diagnostic phase) with completion of:  
• high level mapping of clinic processes completed  
• focused interviews with key stakeholders completed  
• detailed mapping commenced |
| Barwon Health   | Separate projects  
• implement patient focused booking (PFB) offering patient choice and participation  
• minimise the number of long term follow up appointments for joint replacement patients through a range of initiatives such as screening patients post operatively using a questionnaire and x-ray  
• pilot site for trial collection of the statewide outpatients minimum data set | • framework for roles and responsibilities finalised  
• policy for management of all new referrals (via waiting list) using PFB documented  
• infrastructure update complete  
• pathway for pilot project documented and implemented  
• patient management project brief complete and implemented  
• on-going patient survey commenced  
• clinics operational  
• project lead identified  
• working group of project leads established  
• gap analysis identifying a consistent methodology for data identification and collection completed  
• collection and transmission of outpatient data commenced |
| Bendigo Health  | • design and implement a web based service directory for GPs  
• develop and implement standardised referral forms for outpatients clinics and utilise web based technology to improve communication with GPs  
• enhance processes for outpatient data collection and reporting                                                                                              | • service directory has been developed for web with clinic information and business rules  
• existing systems examined and changes identified for the required automatic referral acknowledgement and a secure site for GP access  
• referral documents drafted working closely with the GP network to ensure they are able to be embedded in Medical Director software  
• instruction manual has been developed for data entry to ensure consistency  
• trend reporting will be undertaken over the next 3 months |
| Eastern Health  | • scope outpatient business rules for referral, referral criteria, process management, discharge and onward referral  
• develop web-based outpatient service information across sites  
• establish guidelines and protocols to guide outpatient management  
• develop a referral and booking system across sites                                                                                                           | • project working group established across the 3 Eastern Health sites  
• consultant engaged to scope the website project  
• communication strategy developed  
• consultation with all stakeholders undertaken  
• update of website content and functionality undertaken |

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| Goulburn Valley Health         | • enhance referral management, including undertaking a compliance audit on use of referral criteria manual, providing information to GPs regarding waiting times and categories, and reviewing internal referral management such as from emergency department | • specialist Consulting suite Intake Referral Co-ordinator appointed  
• stakeholder consultation completed  
• referral manual validation undertaken  
• compliance audit at 6 months post manual launch in Feb 2008  
• automated notification to patient of appointment &/or wait times in development  
• consultation on development of a GP Access site/web portal to provide useful outpatient information to GPs underway  
• involved in the implementation group for e-referral @ G.V. Health  
• internal referral education to ED staff completed |
| Melbourne Health               | • formalise, coordinate and centralise outpatient referral and screening, to improve demand management, use of capacity and appropriateness of access to services  
• provide improved booking systems for greater patient choice including a system of "Patient Choice" booking | • project working party established  
• access protocol developed with actions for all referral procedures  
• referral database coding standards reviewed and streamlined  
• template to support GP referral developed  
• redesign of data information for clinician access undertaken  
• process developed for patient choice booking system |
| Mercy Hospital for Women       | • review and develop materials in a range of formats for GPs and patients to ensure provision of consistent information, including web based information                                         | • access data base with capacity to examine the demographics of the catchment area of the MHW developed  
• report on demographic profile of catchment completed  
• enhanced database for analysis of gynaecology throughput developed  
• stakeholder consultation completed |
| Northern Health                | Separate projects  
• pilot collection of the outpatients minimum data set  
• increase the efficiency of scheduling post-discharge appointments utilising process redesign in outpatients | • project lead identified  
• working group established  
• gap analysis undertaken and methodology for data identification and collection developed  
• collection and transmission of outpatient data has commenced  
• project lead identified  
• stakeholder consultation and  
• design of a quick reference "cue card" has been to improve appointment booking in the plastics clinic -to be rolled out across all specialties  
• design of additional electronic templates to support the transfer of appointment information on discharge summary sheets  
• training for clerical support on a one to one basis to support the process redesign work has commenced. Initial indicators suggest there are improved levels of booking accuracy |
| Peninsula Health               | • establish electronic messaging to support referral to the outpatients orthopaedic clinic  
• develop and implement web-based referral guidelines for orthopaedic outpatients  
• provide support for GPs in their use  
• provide more timely assessment and management for non surgical patients by a musculoskeletal physician /rheumatologist | • installation of dedicated mail server to support electronic messaging and referral underway  
• stakeholder consultation completed  
• referral guidelines finalised |
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| Peter MacCallum Cancer Centre        | Separate projects  
• review outpatients clerical and admissions processes and protocols for example clerical roles and work practices  
• establish a nurse led telephone follow up clinic for patients with localised prostate cancer  
• develop improved referral processes including development of prioritisation guidelines and template | • review completed and final report scheduled for completion in May 08  
• patient satisfaction tool validated for evaluation of phone based follow up services  
• templates for referral management developed  
• framework tumour stream completed in readiness for pilot |
| Royal Victorian Eye and Ear Hospital | Separate projects  
• pilot site for trial collection of statewide outpatients minimum data set  
• provide support for a Commonwealth Eye Health Demonstration Grant including development of a continuum of care model for the better management of Glaucoma, diabetic eye disease and aged related macular degeneration (AMD) that will be trialled at ten pilot sites for shared care | • project lead identified  
• working group established  
• gap analysis undertaken and methodology for data identification and collection developed  
• collection and transmission of outpatient data has commenced  
• literature review was undertaken to examine evidence based guidelines  
• criteria for evaluation of the continuum of care model is being developed  
• RVEEH Human Research and Ethics Committee (HREC) has approved the application to trial the Eye health demonstration program |
| St. Vincent’s Health                 | • develop referral guidelines and pathways with a focus on clinics with high demand and complexity: urology, neurosurgery, gastroenterology / colonoscopy  
• communication enhancements between GPs and clinics                                                                                                                                                                  | • steering group established and project officer appointed  
• identification of best practice undertaken and ongoing  
• stakeholder consultation forum undertaken  
• development of communication strategy commenced  
• evaluation criteria developed and confirmed  
• collection of relevant data commenced  
• draft referral guidelines developed for gastroenterology, urology and neurosurgery  
• mapping the flow of referrals from receipt to booking  
• redraft of neurosurgery patient appointment letter  
• improved availability of clinic information to support GP referral |
| Southern Health                      | • support establishment of an Outpatient Access Unit utilising process redesign to support a consistent, standardised and centralised approach for referral management – project is being undertaken within the context of Southern Health Services reengineering of outpatient services project which commenced in January 2006 | • baseline data collated to evaluate new processes to support referral, triage and appointment bookings  
• process audits undertaken  
• process mapping completed  
• stakeholder consultation forums undertaken and ongoing protocols currently being developed and will be piloted in one specialty |
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| Western Health | • implement the ‘Miya High Performance outpatient services system’ initiative at Western Health to improve clinical safety and service performance by targeting waiting lists, mitigating clinical risks, implementing process improvements and monitoring activity and business | • detailed process analysis has been undertaken in order to identify workflow practices within the OPD. This has been used to develop an intelligent IT system that can capitalise on service improvements while mitigating both clinical risks and process gaps within the system.  
• system has been rigorously tested and resulting system updates have been implemented.  
• outpatient staff training has commenced  
• additional clinician workshops and training is planned which will add additional refinement to the system. This will also involve the development of clinic specific pathways and business rules around clinic bookings  
• MIYA - base system testing has been completed  
• implementation of MIYA high performance system to be staged between May and June 08 |