

Outpatient Improvement and Innovation Strategy



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The Story So Far...

- 1997 Literature Review, *Non-admitted Patient Services*, Victorian Department of Human Services
- 1999-2000: Hospital Demand Management Strategy
 - Emergency patient care
 - Elective surgical services

Current Context

- Auditor General's report: 'Access to specialist medical outpatient care' (June 2006)
 - <http://www.audit.vic.gov.au/reports>
- Care in your Community'
 - <http://www.health.vic.gov.au/ambulatorycare/>



Outpatient Services



Outpatient Services in Victoria

- 1.2 million encounters per year through VACS
- 115,000 attendances at non-VACS services
- VACS breakdown:
 - 35% surgical
 - 26% medical
 - 25% obstetrics and gynaecology
- \$400m approx, including \$66m non-VACS
- Patient profile- older, chronic illness, CALD, lower socio-economic

Continued...

- Heterogeneous groups in same setting/ clinics:
 - Pre and post surgical and inpatient admission
 - Chronic disease patients
 - Referred by GP for assessment/diagnostics
 - 'too hard' patients
- Patients there for reasons other than clinical management:
 - Access to interpreters
 - Access to high cost drugs

Patient and Clinician Experience

- Frustration:
 - Little information with which to direct patients to the right care
 - Patients don't arrive with the correct tests
 - Patients don't arrive!
 - Doctors don't arrive!
 - Patients who need to come compete for time slots with those who shouldn't be there
 - Discharge doesn't happen as often as it should
 - Clinics are overbooked

The Cinderella Service

**Poor
communication**

Long waits

**Not
glamorous**



Low profile

**Not seen as
a priority**

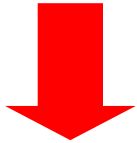
Crowds Call For Revolution



What are we doing in Victoria?

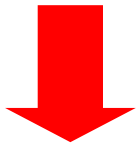
Short Term:

Focus on improving the current context of outpatient services



Medium Term:

ACHA negotiations



Long Term:

Transformation!

A Changing Health System

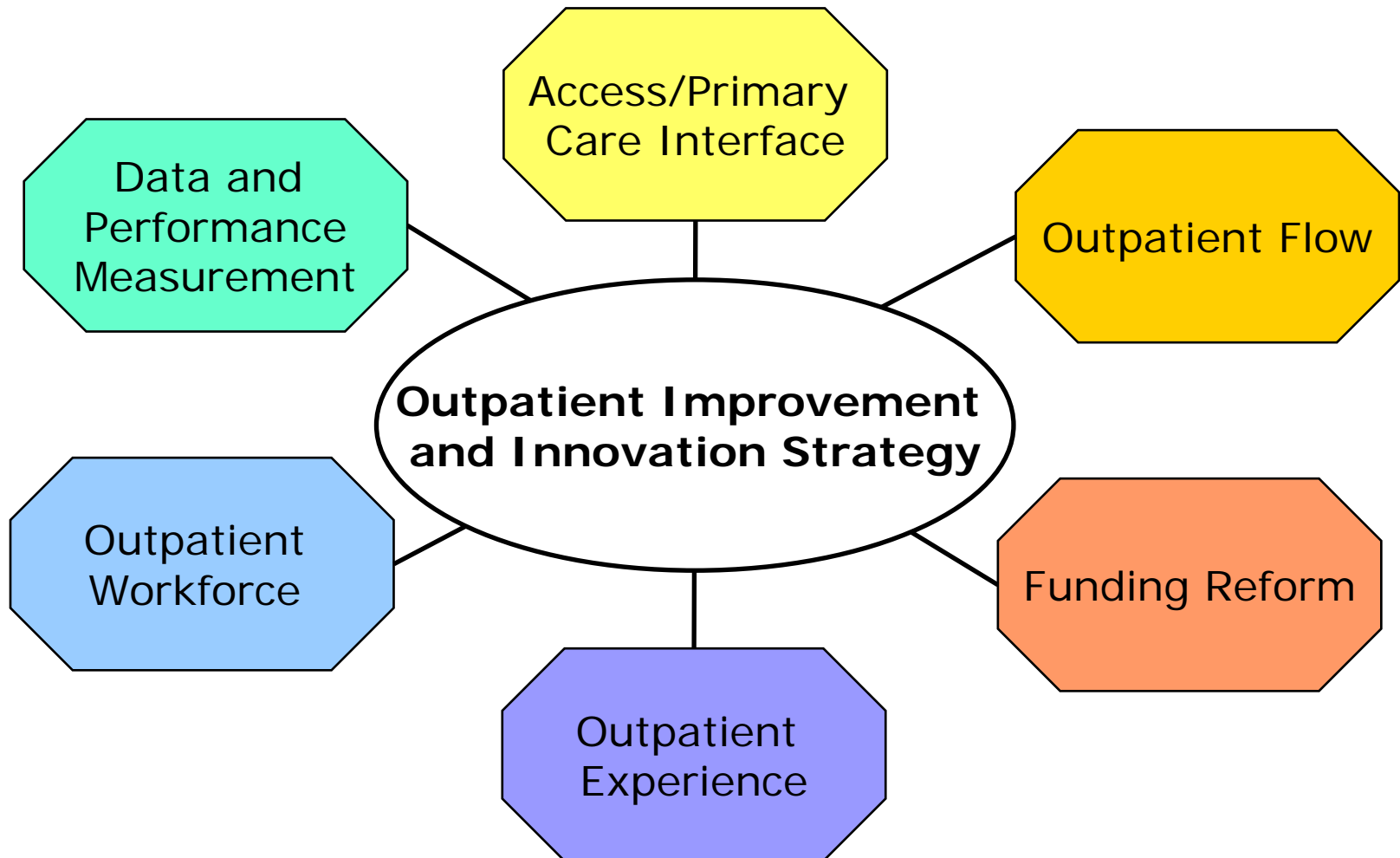
- Increasing consumer expectations
- E-health and new technologies
- Prevention and early intervention
- New methods of service delivery
- Care in Community-based Settings

The Outpatient Improvement and Innovation Strategy



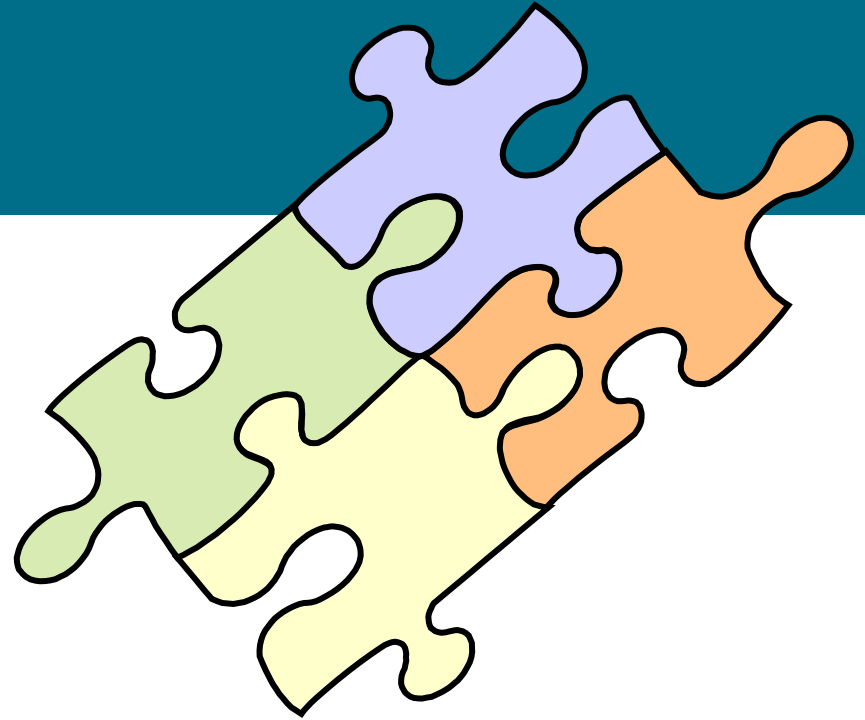
DWW

Key Themes



Also...

- Better skills best care
- The OWL project
- Hospital Admission Risk Program (HARP)



Hospital Admission Risk Program

- Chronic disease management
- Alternatives to hospital treatment
- Improve patient outcomes and prevent admission
- Eight core principles:
 1. Client-centred
 2. Carer involvement
 3. Collaboration
 4. Integration
 5. Leadership
 6. Workforce Development
 7. Evidence based practice
 8. Quality

Barriers



Longer Term Work

- Strategic directions framework
- Vision statement for outpatient services
- Role and definition of outpatients services in Victoria
- Achieving the vision

Principles Of The Strategy

- Deliver patient-centred services
- Deliver timely, accessible and appropriate services
- Ensure responsive, flexible services
- Ensure continuum of care for patients
- Ensure supply of an appropriately trained and flexible workforce
- Ensure efficient and appropriate utilisation of resources
- Utilise information technology and data management solutions
- Support continuous improvement, innovation and research

Outpatient Heaven

Better for the patient

**Better for
staff**

**Improved
utilisation**



**Increased
profile**

**Improved
information**

**A consistent
approach**

Right Care, Right Place, Right Time

