

The future of outpatient services in Queensland

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Change Champions Conference

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Australian Context

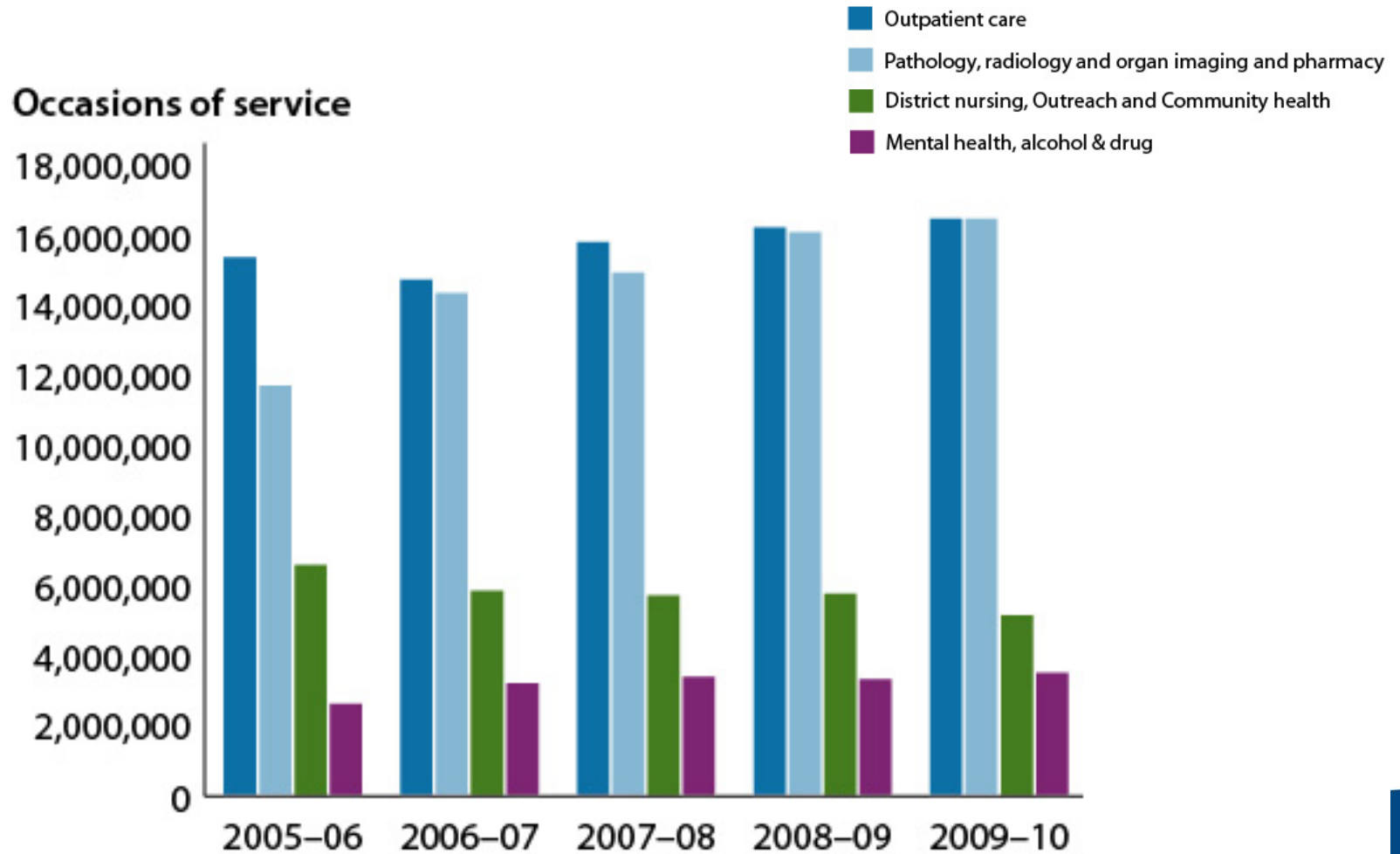


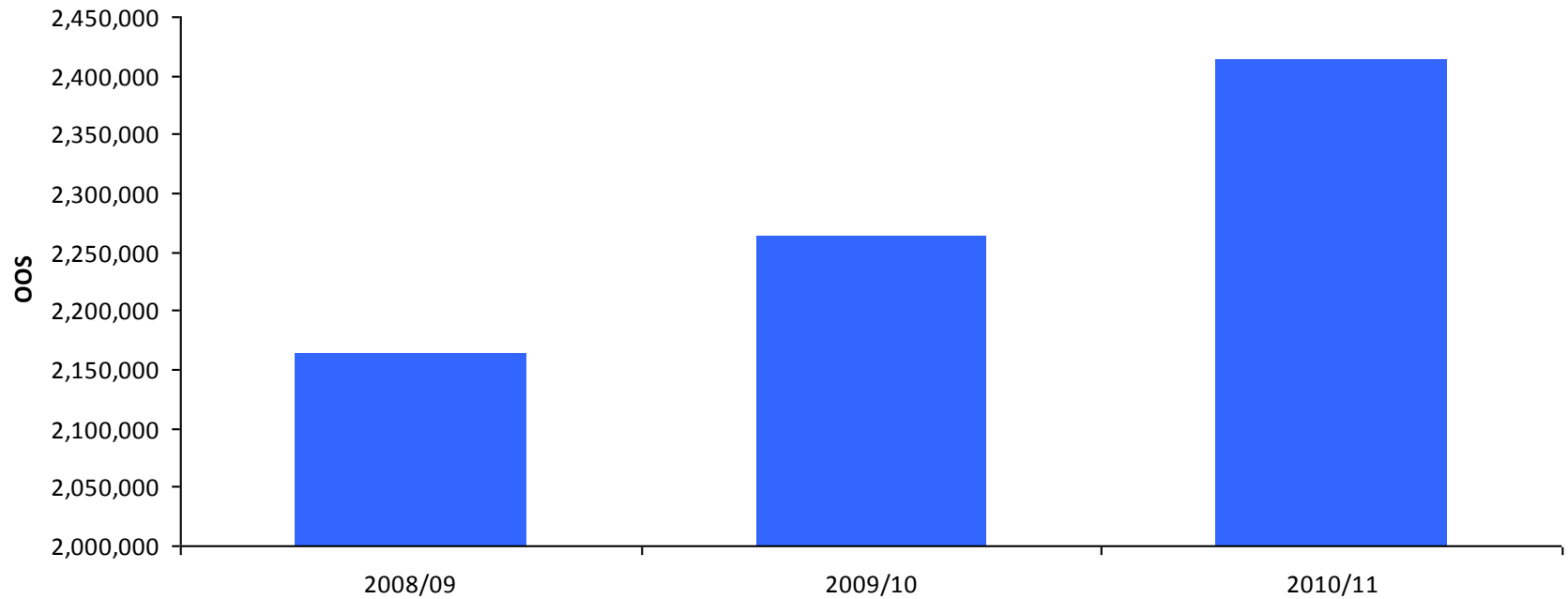
Figure 14: Non-admitted patient services, public hospitals, 2005-06 to 2009-10

National Drivers in OPD reform

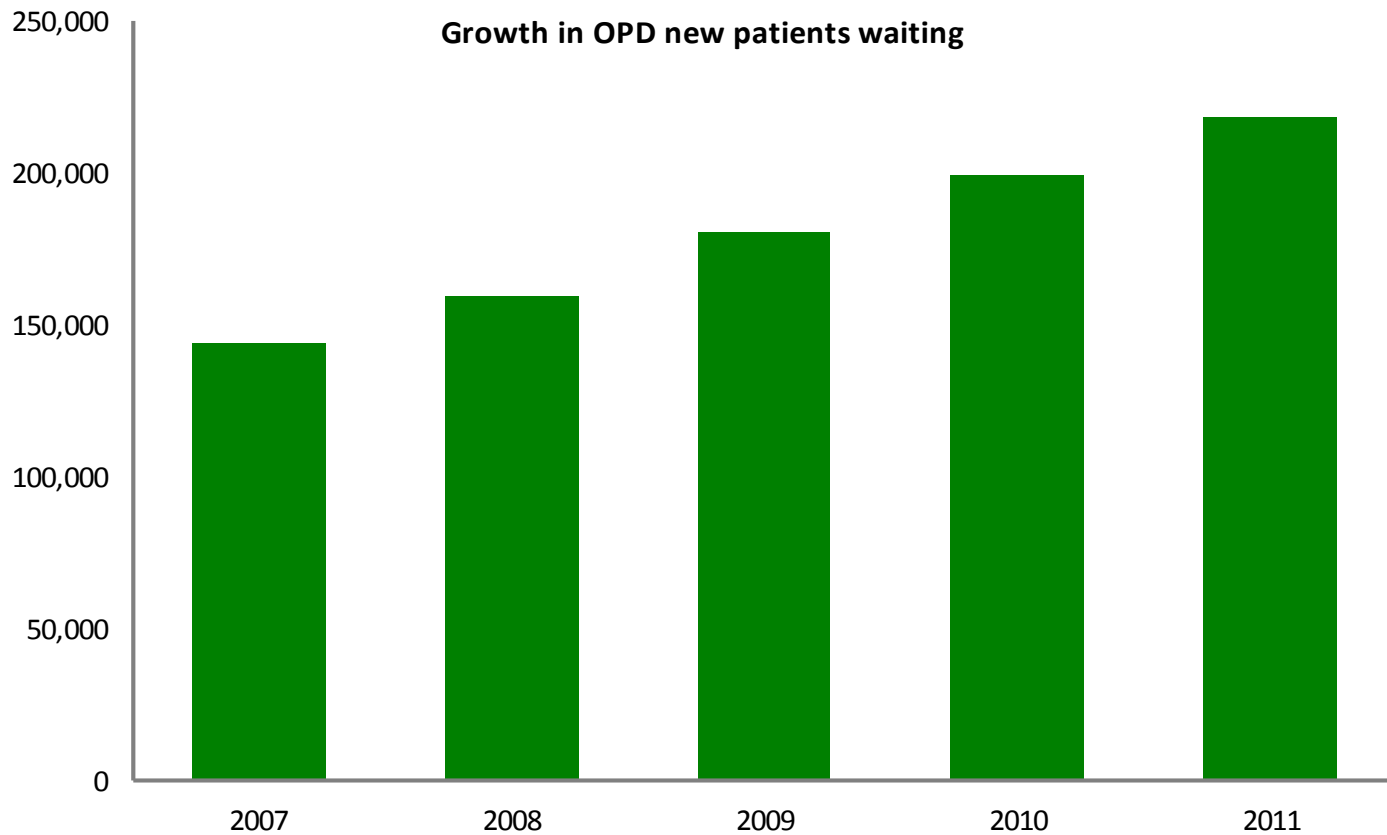
- Clinical Demand
 - Growing demand with some instances of our sickest patients not being seen
- National Health Reform
 - Implementation of Activity Based Funding
 - National Pricing Authority setting an efficient price for OPD service delivery
 - System manager identifying what will be purchased

Queensland setting

Statewide OOS

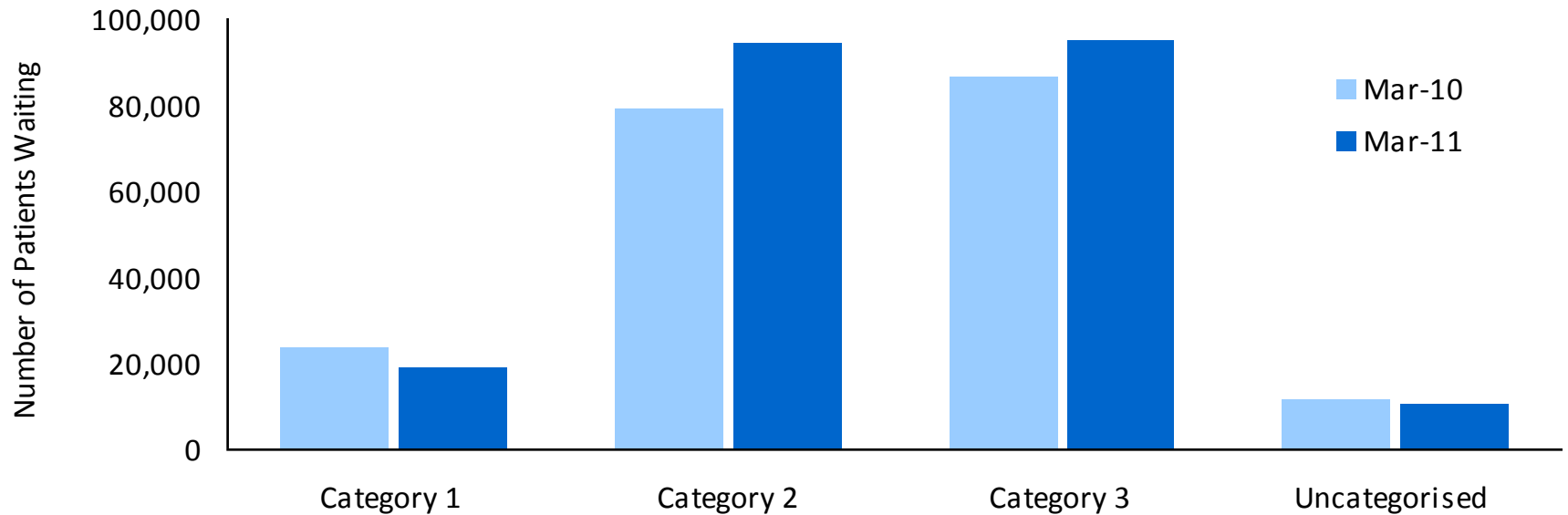


Queensland OPD waiting lists



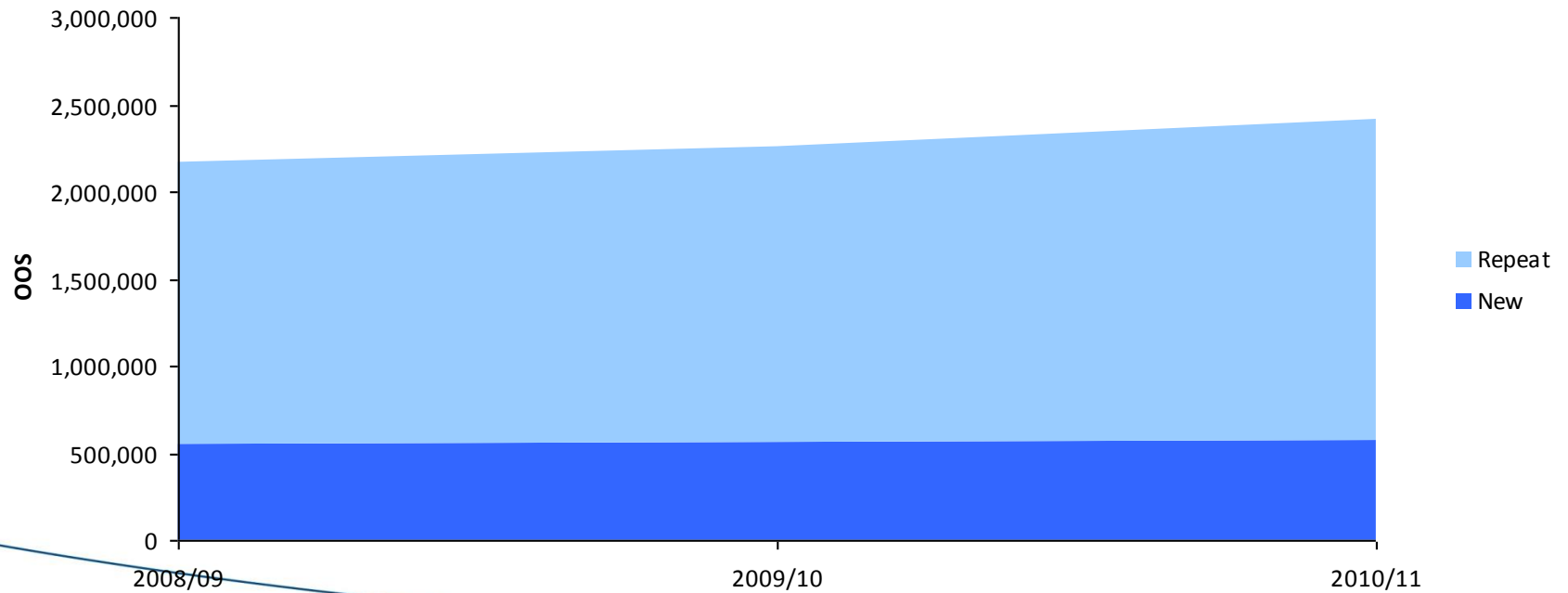
Who is waiting?

Statewide, Number of Patients Waiting by Urgency Category



Who are we seeing?

Statewide New and Review OOS



The Queensland Approach to Outpatient Reform

- a comprehensive approach to
ambulatory care service delivery

Patient Flow Strategy

Core principles

Improving the patient journey

Increasing access to services

Delivering best practice

Enabling principles

Promoting innovation

Delivering process improvement

Effectively engaging

Providing leadership

Driving accountability

System-wide priorities

Efficient use of emergency department resources — Patients should only stay in the emergency department for the minimum time needed to safely assess, stabilise and transfer care or discharge home safely. ED stay should be less than six hours for admitted patients and even less for non-admitted patients.

System-wide governance — Patient flow is a system-wide issue affecting the entire facility and requires commitment and leadership of the hospital executive, with cascading responsibilities throughout the organisation.

Appropriate bed management practices — Active bed management assists with the delivery of quality care and hospitals should ensure that policies, procedures and governance arrangements are in place to support this practice.

Efficient discharge processes — Estimated dates of discharge (EDD) improve patient management and the patient's journey. Patients should have a discharge date estimated early in their admission.

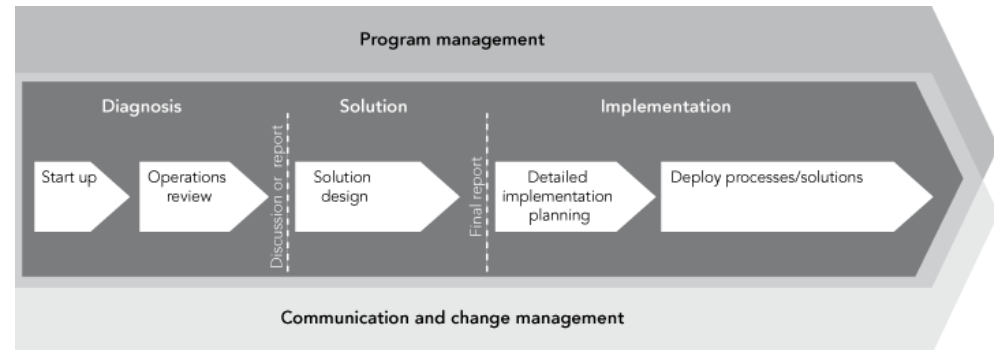
Identifying patient flow problems — Diagnostics help identify patient flow issues and select interventions. Hospitals need to understand their problems and underlying causes before initiating solutions.

Measuring and monitoring performance — An operationally sustainable process for evaluating and monitoring performance is necessary to ensure accountability and appropriate action.

Improving the patient journey -Clinical Services Redesign

- Patient focused (access, experience, safety, quality)
- Clinical staff driven
- About addressing the process and system issues - reducing waste, inefficiency and frustration
- Systematic and methodical
- Quick with tight timeframes (18-22 weeks)

Clinical process redesign is concerned with improving patient journeys by making them simpler and better coordinated

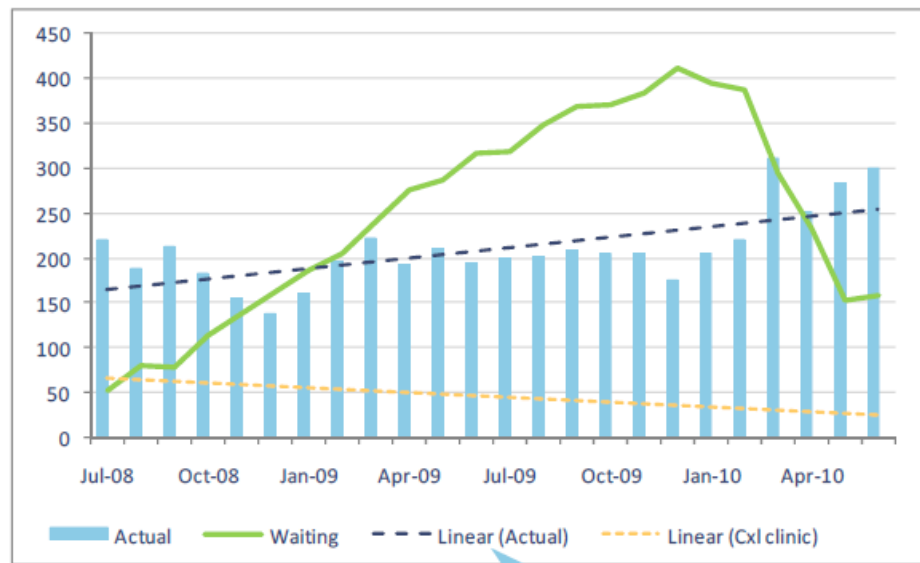
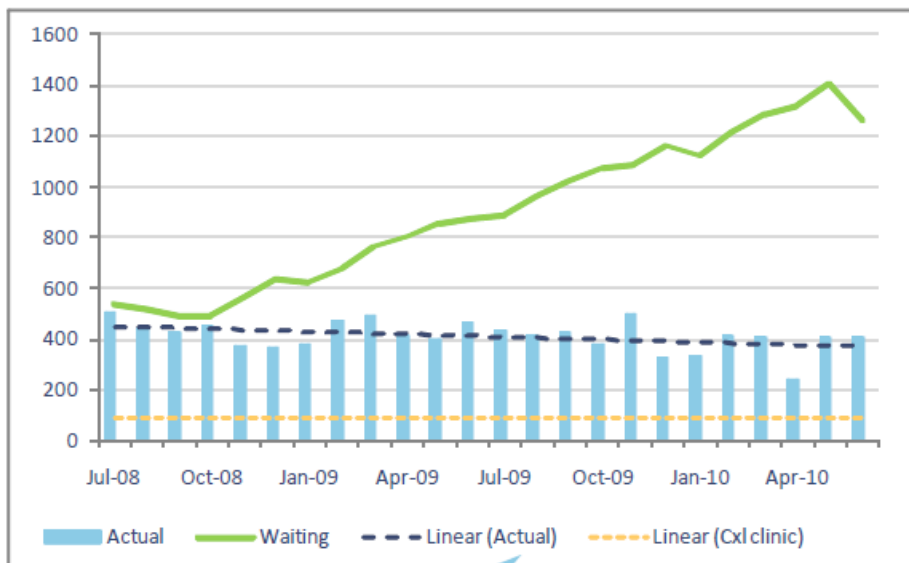


Leadership and governance



When clinical leaders proactively manage clinic throughput, they can reduce waiting times and manage growing service demand.

A tale of two services



Source: Queensland Health, HBCIS

Exhibit A

- Activity is steady
- Cancellations are steady
- Waiting list grows cumulatively.

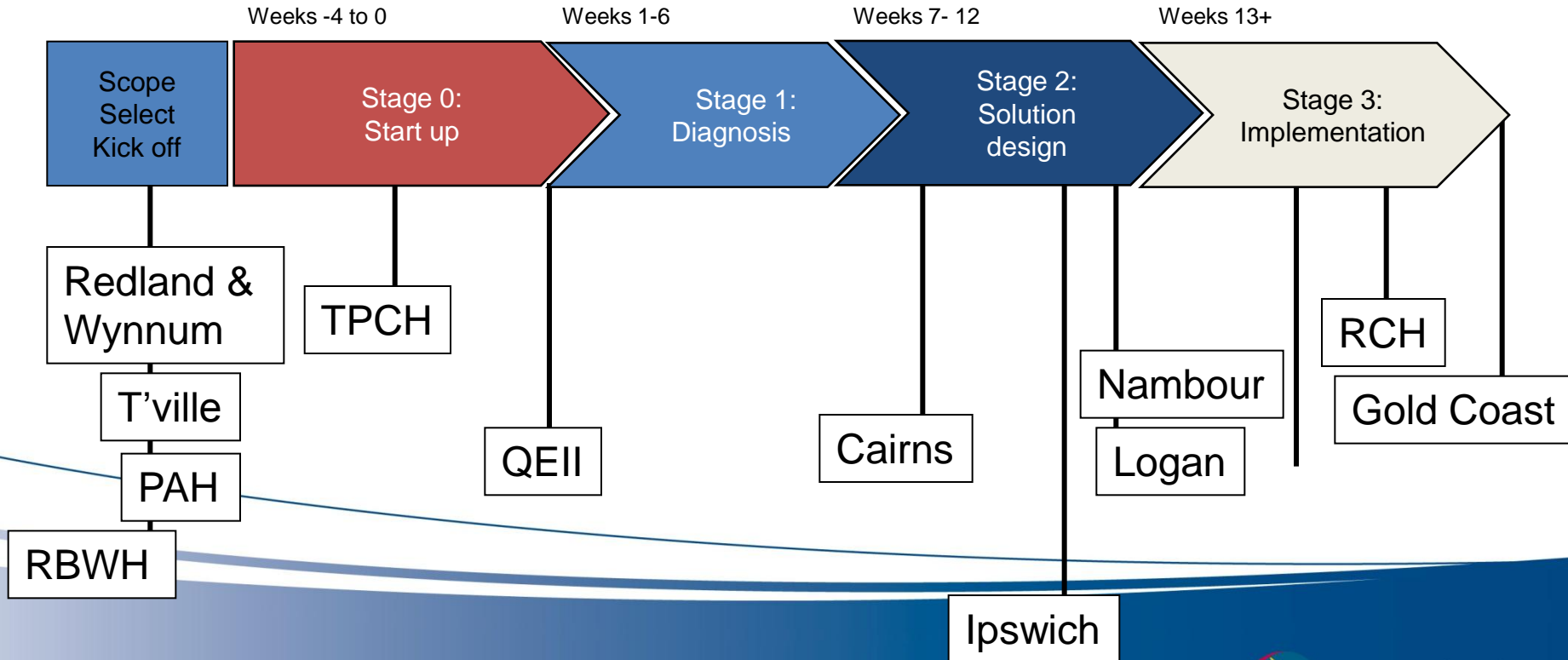
“Staff see the size of the wait list and think the problem is unmanageable.”

Surgeon, GCHSD

Exhibit B

- Activity is growing
- Cancellations are reduced
- Waiting list decreases.

Current Project Status



Increasing capacity



- Developing collaborative projects with primary care to increase the capacity to manage chronic disease
- Developing new models for service delivery incorporating expert knowledge of alternative providers
- Deep dive review of high volume specialties to introduce new models for service delivery

Transparency and reporting

Queensland Reporting Hospitals

Overview

There are currently 33 reporting hospitals in Queensland. Together they admit almost a million patients, provide more than one and a half million emergency services and about 3,500,000 outpatient services a year.

Information for end of June 2011

Staffing

Indicators	Doctors	Nurses	Health practitioners / professional / technical
Staff	7,686	32,432	10,790
Change from June 2005	+69%	+48%	+56%

Note: statewide figures refer to all Queensland hospitals, which includes smaller/ medium facilities as well the Reporting Hospitals.

Service areas

Emergency Department

	Jul 2011
Attendances	102,153
Median wait (mins)	24

[see more](#)

Elective Surgery

	Jul 2011
Operations	10,235
Median wait (days)	30

[see more](#)

Hospital Activity

	Jan, Feb, Mar 2011
Admissions	217,408

[see more](#)

Specialist Outpatient

[see more](#)

Oral Health

[see more](#)

Hospitals by name

Select Hospital

Hospitals by postcode

Related links

- Our Performance
- MyHospitals
- Centre for Healthcare Improvement
- Healthier Queensland

Did you know?

Throughout the June quarter 2010 in Queensland Health 394,015 emergency services were provided statewide.

[Feedback](#)

Empowering health consumers to be partners in their own care

Improving information systems

- Linking with the E-Health strategy to drive
 - Implementation of the e-referral across Qld Health sites
 - Development of an e-scheduling solution to provide standardised/statewide support and reporting
 - Developing electronic discharge summaries for use in the OPD setting
 - Investing in new technology to drive efficiency

Using funding mechanisms to enhance clinical service delivery

- Engaging clinicians in developing funding models which drive best practice
- Funding drivers will support investment in innovation and new ways of doing business

Supporting staff in innovation

Queensland Health staff continue to rise to the challenge of delivering better services to patients.