

Outpatient Improvement and Innovation Strategy



Outpatient Reform Team Access and Metropolitan Performance

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Team Leader

Current Position

- Largely hospital-based
- Range of clinical specialties
- State and Commonwealth funded

Current Outpatient Services

- >5.5 million VACS oos per year
- 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

Context

- DHS report in 1997
- Auditor General's report: 'Access to specialist medical outpatient care' (June 2006)
- \$44 million over four years from 2006-07
- Metropolitan Health Strategy
- Care in your community (January 2006)

Outpatient Reform is like a game of pick up sticks



Aim Of The Strategy

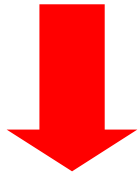
' To improve the quality and accessibility of specialist clinical services provided to non-admitted patients.'

Principles Of The Strategy

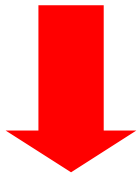
- Deliver patient centred services
- Deliver timely, accessible and appropriate services
- Ensure responsive, flexible services
- Ensure continuum of care for patients
- Ensure supply of an appropriately trained and flexible workforce
- Ensure efficient and appropriate utilisation of resources
- Utilise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

Scope For Victoria

Short Term: Focus on improving the current context



Medium Term: Develop State/Commonwealth positioning paper



Long Term: Radical re-consideration of approach

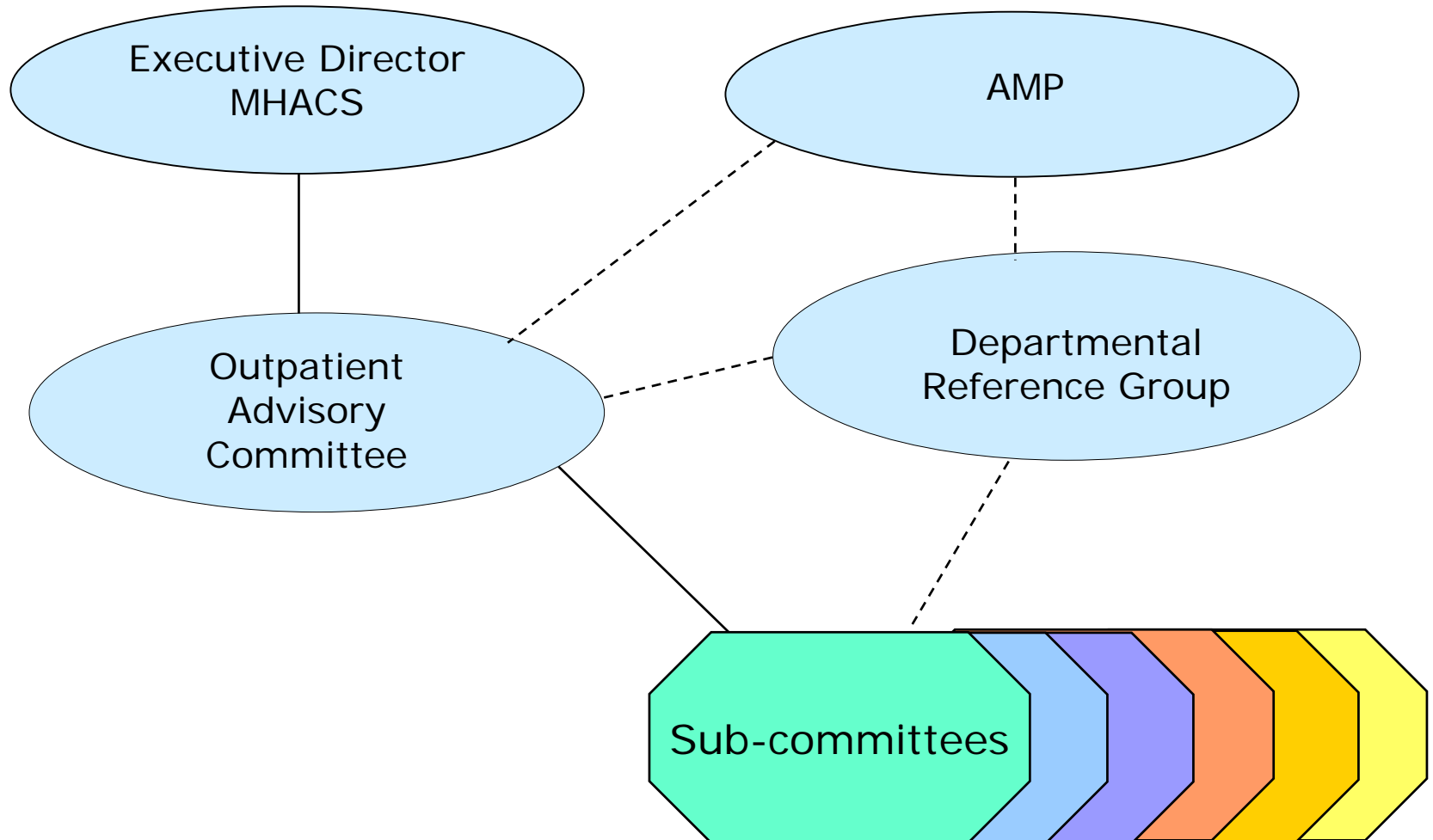
Consumer Feedback

- Low expectations
- Parking
- Signage
- Physical environment
- Communication
 - GP and expectations
 - Letter: map and reference to having to wait
 - Waiting time in clinic
 - Fact sheets about condition

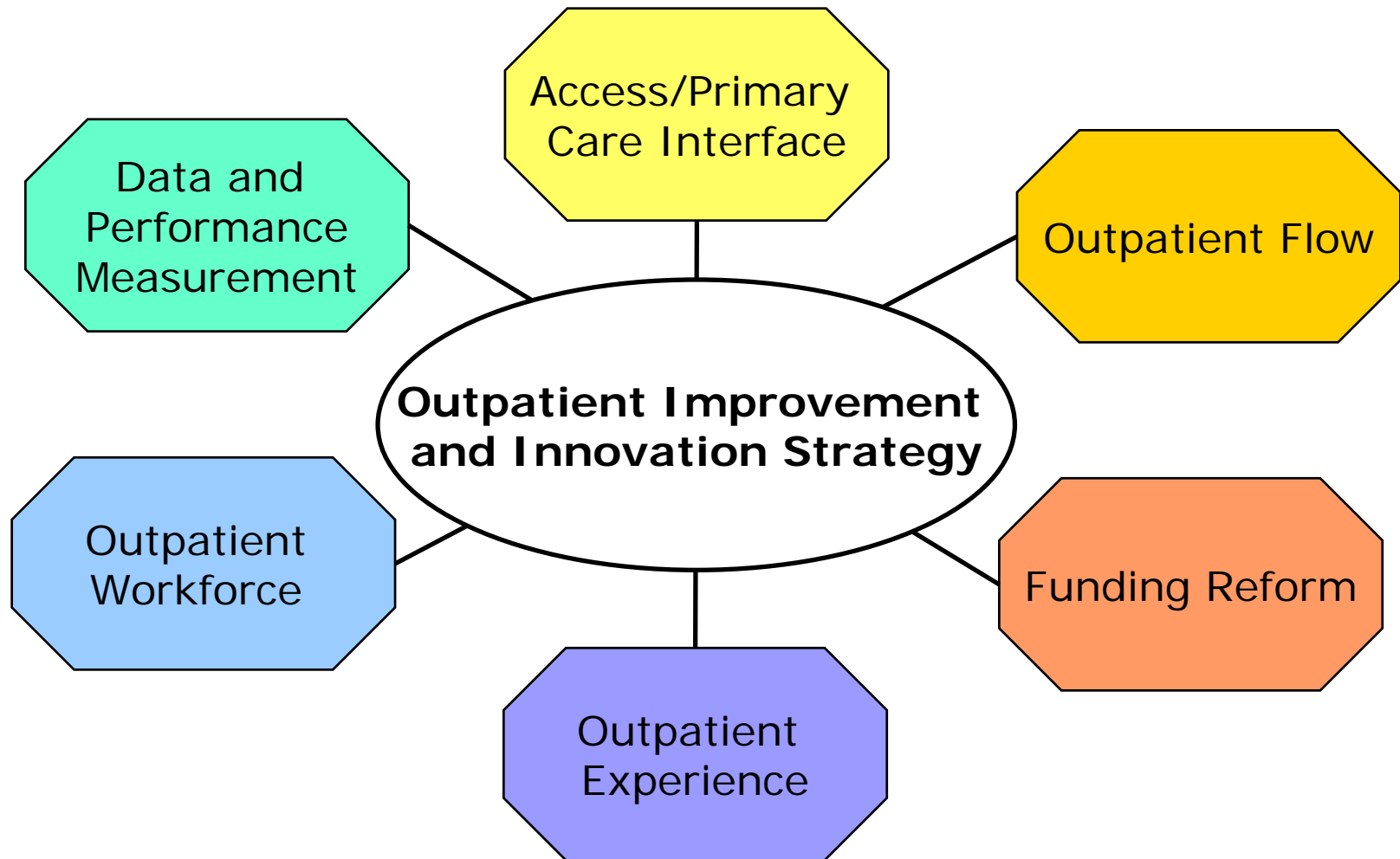
Staff Feedback

- A place to work
 - ‘Dumping ground’
 - Less exciting area of work
 - Personal enjoyment – friendly workplace
 - Management of clinics and triage
- Reception staff – indispensable
- Doctors
 - Lack of commitment
 - Communication with patients

How we will do it



Key Themes



Access and the primary care interface



www.generalcomics.com

Focus on the primary care interface:

- access to information about waiting times
- referral guidelines
- booking systems
- appointment reminder systems
- improved methods of communication e.g. letters
- GP involvement in delivery of services

Outpatient flow

- Development of patient care pathways and interface with the community
- Increased knowledge about clinic profiles
 - length of waiting times
 - new follow up ratios
 - did not attend rates
- Improved clinical systems and processes
- Organisation and management of clinics



"Age? You mean now or when we first sat down?"

Funding reform

- Evaluation of the current funding system
- Development of a more refined VACS/output based funding system
- Alignment of funding policy with service/policy directions
- Provision of incentives for alternative care pathways/ new care models

Patient experience

- Signage and physical amenities
- Front line staff communication
- Patient satisfaction
- Volunteers



Workforce

- Advice regarding new and substituted roles
- Examine team based approaches
- Support training and education

Data and performance measurement

- Data definitions
- Minimum data set (VINAH)
- Key performance indicators
- Use of ICT to support front line decision-making

What we do have...

- A way forward...



- Significant challenges!

