NATIONAL HEALTH AND HOSPITALS NETWORK - NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING PUBLIC HOSPITAL SERVICES

CLINICAL SERVICES REDESIGN PROJECT IMPLEMENTATION PLAN

Emergency Department (Schedule C)

Project number:	5
Hospital/Location (not area health services generally)	The Clinical Services Redesign Program Centre for Healthcare Improvement Queensland Health
Project Description	The Clinical Services Redesign Program (CSRP) will deliver a program of clinical services redesign projects that address barriers to hospital services and collectively deliver transformational healthcare improvement. The CSRP will partner with clinicians, District Executive, Centre for Healthcare Improvement branches and external experts in process redesign to: 1. Undertake Clinical Process Redesign and Embed Improvements –deliver 10-12 major projects per year that review clinical service delivery processes and embed process improvements that collectively transform our health system. Our aim is to improve patient outcomes and service efficiency, and be a major contributor to National Health Reform access commitments and performance targets. 2. Build a Redesign Workforce –build a workforce with the redesign and continual improvement skills necessary to sustain real improvements in patient care and ensure an ongoing environment of continual improvement. Our aim is to ensure clinicians and administrators will possess the skills to expertly identify, assess and improve inefficient practices across clinical services. 3. Amplify and Spread the Redesign Success –engage with clinical leaders and District Executive across Queensland to amplify and spread change across the Queensland public hospital system. Our aim is to ensure that local service improvements are adopted and embedded across our public hospital network. – Although a range of improvements can be expected across the areas identified in the implementation plan the CSRP is primarily designed to address the ED performance target through improvements to patient flow both within the ED and inpatient wards. – Through improvements to inpatient ward processes (including reducing length of stay through improved discharge processes) there will be a marked reduction in access block in CSRP sites (major reporting hospitals) by clearing beds for ED admissions. Patients who require admission can then be admitted to the right bed at the right time without undue delay. – Further, many of the projects will address patient flow and processes within the ED - reducing the delays in assessment (such as processes and systems between the ED and imaging or pathology) and treatment for

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<tr><td></td><td>patients not requiring admission as well as reducing the time between presentation and admission for those who need an inpatient stay.
– The majority of the funding will be used to fund 10-12 major redesign projects pa with each project lasting 5 months and being focused on a major reporting hospital. For each project approx $250,000 will be spent on backfill for clinical staff seconded to the project and $400,000 to $500,000 on buying external consultants with the skills in the methodology and in change management. Each project will have a headline target of a transformational improvement in access block and a second major objective is skills transfer to local clinicians to allow continued improvements to ED and hospital performance after the project cycle.
– Other costs to be covered by the $10M pa are a small Program Management Office, costs relating to training and education programs for front line staff (Building a Redesign Workforce), and costs for spreading change to non project hospitals (Amplify and Spread the Redesign Success) through showcase events, forums etc.
– The first CSRP project will commence January 2011.
– It is expected implementation solutions will focus on process and system change, rather than infrastructure or additional staffing requirements at the District level.</td></tr>
<tr><td>Relationship with other Commonwealth or state funded activities</td><td>Nil</td></tr>
<tr><td>Expected improvement as a result of this project</td><td>The success of the Program is expected to create the following benefits:
– improved patient outcomes measured through reduced length of stay across the participating hospitals, reduced mortality in emergency departments and within hospitals, improved patient satisfaction through Patient Satisfaction Survey results and reduced rates of ‘Did Not Wait’ in emergency departments;
– improved workplace morale through greater time for patient care and improvements to workplace conditions – measured through Workplace Culture Surveys; and
– improved system outcomes through improved efficiency and throughput using existing resources and cost savings associated with reduced length of stay. This will assist Queensland Health in meeting the emergency department and elective surgery performance targets.</td></tr>
<tr><td>Estimated Cost</td><td>$40,000,000 over 4 years (2010-11 to 2014-15)
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<tr><td></td><td>2010-11</td><td>2011-12</td><td>2012-13</td><td>2013-14</td><td>Total</td></tr>
<tr><td>Operational</td><td>$10m</td><td>$10m</td><td>$10m</td><td>$10m</td><td>$40m</td></tr>
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<tr><td>Estimated Start Date</td><td>January 2010</td></tr>
<tr><td>Estimated Completion date</td><td>July 2015</td></tr>
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FINANCIAL STATEMENT

Project No.	Project Description	Estimated cost
	Clinical Services Redesign Program	$40,000,000