

ACT & Southern NSW Joint Operations Committee - Key Priorities and Business Plan 2023 – 2024

Our Shared Vision: The right patient, to the right service, in the right time, the first time. Employ *One Health Service Model of Shared Care* and *Care Closer to Home* principals across ACT and Southern NSW

For the purpose of this document:

- **Service** refers to the interdependent relationships between Canberra Hospital and Health Service, Calvary Public Hospital Bruce, and Southern NSW and Murrumbidgee Local Health Districts.
- **Committee** refers to the membership of the ACT & Southern NSW Joint Operations Committee as outlined in the Terms of Reference

	Key Priority	Key Actions	Delivery Mechanism	Success Measurement	Executive Lead
Objective One – Whole of Service Patient Flow					
We will jointly ensure that our services provide timely access to the right care provided in the most appropriate location					
1.1	<p>Whole of Service Patient Flow</p> <p>The Services will collaboratively manage access and capacity of our services across the region to ensure timely treatment of patients in the most appropriate location.</p>	<ol style="list-style-type: none"> 1. Collaboratively manage demand and capacity through: <ol style="list-style-type: none"> a. Regular joint patient flow meetings supported by timely access to data b. Annual review of patient flow KPIs and targets to ensure measures reflect agreed expectations and priorities c. Monthly Reporting of agreed KPIs 2. Continue to strengthen communication pathways between the Services to effectively manage patient flow for existing services and in development of any new services 3. Develop referral pathways that ensure appropriate patient placement for delivery of timely care. The focus for 2023-24 will be reinvigorating of Health Service Specific transfer of care guidelines to be published on the Health Pathways Platforms. 4. Identify opportunities to improve access to outpatient and non admitted services to support care closer to home including SNSWLHD outpatient clinics, telehealth clinics as an alternative to patients travelling to ACT, outreach clinics from ACT to SNSW sites and other services including infusion and community health services. 5. Ensure there is clear and consistent understanding of the capacity and capability of services at each SNSW and ACT site to support discharge planning and transfers, inclusive of medical, nursing allied health and community services. 	<ol style="list-style-type: none"> 1. Regular meetings of the JOC, daily patient flow discussions, joint executive meetings 2. Maintain process for communicating information relating to demand, capacity and hospital transfer processes. Including escalation protocol monitoring and reporting systems. 3. Undertake feasibility study for improving care closer to home for outpatient services and establish action plan for agreed recommendations. 4. Development of site based pages for SNSWLHD for the Health Pathways platform. 5. Key Stakeholders tasked with coordinating delivery of key actions <ol style="list-style-type: none"> a. Director of Nursing Patient Flow CHS b. Manager Patient Flow, Waitlist, Whole of Health Program), SNSWLHD c. Patient Flow Manager (PFM), Calvary Public Hospital Bruce (CPHB) d. Capital/Public Health Network (C/PHN) 	<ol style="list-style-type: none"> 1. Ongoing monitoring of performance against agreed measures including: <ol style="list-style-type: none"> a. Timeliness of transfers between SNSW facilities to ACT facilities b. Timely supply of data to support patient flows c. Communication pathway and escalation 2. Establish new KPI reporting and escalation on discharge delays 3. Develop and commence implementation of plans for agreed targeted areas for flow reversal and associated referral pathways. 4. Reduction in SNSW residents travelling to ACT for outpatient services. 5. Site based information established on the Health Pathways platform. 6. Established forum for ACT and NSW that includes relationship building between PF personnel, capacity understanding, planning and education. 	Director of Operations, SNSWLHD Chief Operating Officer, CHS

	Key Priority	Key Actions	Delivery Mechanism	Success Measurement	Executive Lead
1.2	NSW Patient Flow Portal (NSW PFP) Develop a shared approach to the sharing of bed availability and patient demand across the region through the use of appropriate standardised platforms.	<ol style="list-style-type: none"> 1. Establish access to the NSW PFP for ACT Staffers, with a focus on Calvary Public Hospital Bruce, Territory Wide maternity Services and Retrieval Services. 2. Establish use of NSW PFP to provide visibility of all IHT between ACT and NSW 3. Establish the use of the NSW PFP to provide visibility for critical care services between ACT and NSW. 4. Investigate potential for the NSW PFP to be used to support management of paediatric patients between ACT and NSW facilities. 5. Southern, Calvary and TCH to have access to each other's capacity and flow data. The gap in availability of Calvary data will be addressed by DHR implementation. 	<ol style="list-style-type: none"> 1. Provision of NSW contingent worker status for ACT staffers. 2. Joint protocol for network and platform access between ACT and SNSW. 3. Establish joint business rules 4. Establish sustainable education process 5. Key Stakeholders tasked with coordinating delivery of key actions <ol style="list-style-type: none"> a. Director of Nursing Patient Flow, CHS b. Operations Manager Patient Flow, CHS c. Manager Patient Flow, Waitlist, Whole of Health Program, SNSWLHD 6. Monthly reporting parameters to be agreed upon covering flow metrics, ICU and available bed capacity. 	<ol style="list-style-type: none"> 1. Use of the NSW PFP is integrated into ACT daily workflow. 2. Patient outcomes are improved through decreased delays in transfer for definitive care. 	Director of Operations, SNSWLHD Chief Operating Officer, CHS
Objective Two – Elective Surgical and Procedural Care					
We will work together to manage the demand for and access to pre, operative and post elective surgical and procedural care in order to reduce waiting times and provide care closer to home whilst respecting patient choice					
2.1	Surgical Services We will develop a shared understanding to the provision of surgical services across the region that provides access to the right level of care where appropriate whilst respecting patient choices.	<ol style="list-style-type: none"> 1. Implement agreement between parties on reversal of elective surgery and procedural flow between ACT and SNSWLHD. 2. Embed an understanding of SNSW Surgical Role Delineation within ACT health services. 3. Maintain Surgical Service Directories (per current role delineations) to facilitate best appropriate referrals. 4. Conduct a review of 36 months of data. (NSW patients receiving surgery in ACT) to understand demand by speciality. 5. Identify elective procedures via speciality/demand that could be reversed flow back to SNSWLHD sites post data review. 6. In conjunction with CHS Central Health Intake look at ways to clear the waitlist backlog and effectively redirecting referrals 	<ol style="list-style-type: none"> 1. Deliver review of 36 months of cross-border demand data between SNSW and ACT. 2. Establish and implement agreed process for sharing of ACT waitlist data for NSW residents and regular liaison to progress movement of suitable RFAs. 3. Define a process/model for the reversal of patients from the ACT elective waitlist to SNSWLHD elective waitlist. 4. Maintain a current Directory of Surgical Services for all surgical services in SNSW. 5. Develop a surgical referral pathway for identified regions in SNSW for inclusion on the Health Pathways platform. 6. Undertake targeted engagement with GPs to support changing referral patterns <ol style="list-style-type: none"> a. Manager Territory Wide Surgical Services. 	<ol style="list-style-type: none"> 1. An agreed process/model for the reversal of patients from the CHS elective waitlist to SNSWLHD waitlist. 2. Referral pathway established in Health Pathways platform. 3. Baseline dataset established to track progress on surgical flow reversals 4. Monthly supply of waitlist data 	Director, Territory Wide Surgical Services Director of Operations, SNSWLHD

	Key Priority	Key Actions	Delivery Mechanism	Success Measurement	Executive Lead
			b. Manager Patient Flow, Waitlist, Whole of Health Program, SNSWLHD		
Objective Three – Endoscopy					
We will work together to develop appropriate models to manage the rising demand for endoscopy procedures ensuring appropriate access and best practice efficient procedural care is provided					
3.1	Endoscopy We will develop a shared understanding to the provision of procedural services across the region that provides access to the right level of care at the most appropriate location whilst respecting patient choices.	<ol style="list-style-type: none"> 1. Establishment an agreement including governance arrangements between ACT and NSW on reversal of endoscopy flow and allocation of ACT endoscopy lists to NSW 2. Ensure reversal of endoscopy referrals received by CHS to QHS as clinically appropriate. 3. NSW to implement direct access model for endoscopy and public outpatient clinics at QHS to support flow reversals. 4. SNSWLHD to identify sites where procedural services could be expanded. 5. Collaborate with Health Pathways and GPs to establish appropriate referral pathways. 6. Increase reporting frequency to monthly outlining scopes to NSW residents and number of scopes redirected by NSW for CHS and Calvary. 	<ol style="list-style-type: none"> 1. Define a process/model for the reversal of patients from the CHS procedural waitlist to QHS procedural waitlist. 2. Identify additional activity on the CHS wait list that could be allocated to QHS. <ol style="list-style-type: none"> a. Business Manager, Davison of Medicine CHS. b. Manager Patient Flow, Waitlist, Whole of Health Program, SNSWLHD. 	<ol style="list-style-type: none"> 1. Existing endoscopy lists at QHS operating at maximum capacity. 2. Any additional endoscopy lists at QHS established. 	Director of Operations, SNSWLHD Chief Operating Officer, CHS
Objective Four – Stroke Management					
We will ensure that all residents of the region have timely access to stroke services					
4.1	Stroke management We will develop and implement a stroke pathway and associated care network for the region.	<ol style="list-style-type: none"> 1. Review and update agreement to allow NSW Ambulance to access acute stroke services within a 90 minute drive as per NSW Ambulance protocols to account for new telestroke sites across SNSWLHD. 2. Establish a pathway for the interface between the tele stroke model being implemented in SNSWLHD and stroke services provided by ACT to SNSWLHD. 3. Monthly reporting to JOC on agreed KPI's 	<ol style="list-style-type: none"> 1. Signed agreement to allow NSW Ambulance to access acute stroke services within a 90 minute drive as per NSW Ambulance protocols. 2. Review and update protocols for management of stroke patients to support local management across ACT and NSW sites and transfer to Canberra Hospital as appropriate. 	<ol style="list-style-type: none"> 1. KPI reporting established on access to stroke service. Baseline data reporting to establish targets for future years. 2. Agreed pathway for stroke patients from SNSWLHD treated under the tele stroke model to flow into the ACT 	Director of Operations, SNSWLHD Chief Operating Officer, CHS General Manager, CPHB

	Key Priority	Key Actions	Delivery Mechanism	Success Measurement	Executive Lead
			a. EDMS and Director Clinical Governance Nursing and Midwifery, SNSWLHD, CH rep, Calvary rep		