A Tale of Two Systems

Canterbury Health System Transformation
Stella Ward – Executive Director Allied Health

I have nothing to declare.
He aha te mea nui o te ao
What is the most important thing in the world?
He tangata,
he tangata, 
he tangata
It is the people,
it is the people,
it is the people

Maori Proverb
About the Canterbury District Health Board...

• 2nd largest in New Zealand
• CDHB has 9,000 direct employees
• The Canterbury Health System employs 16,000 people
• CDHB spends $1.6 billion annually
• There is more to health than hospitals
  • 131 General Practices
  • 116 community pharmacies
  • 109 dentists
  • 105 aged care facilities
  • 56 mental health providers
  • Community and Public Health services ....
Health is a complex adaptive system – we have tried to over simplify

But people experience healthcare over time
Harm may not be about a single event
Harm is not always by error
Harm occurs over time across multiple events and between many organisations
The solution to a growing and aging population

Delivering the right care at the right time in the right place (which may be the person’s home)

- Increased responsiveness to support primary care
- Increased access to acute assessment
- Increased access to surgery
- Increased focus on rehabilitation
- Reduced residential care admissions
- Reduced waiting time
- Reduced patient harm

A balanced, person centric, clinically and financially sustainable system
Understanding complexity
A “new” approach to quality

with reference to Deming’s system of profound knowledge

• Healthcare is a system
• Seek to understand variation in the system and its causes
• Use data in a systematic way and dynamic process of continual improvement
• Create an environment of trust, relationships, interdependence and shared purpose
We started with a **vision**

A connected system

That aims not to waste their time

Centred around people
Canterbury’s bringing to life its vision for an integrated and connected health system...

... and the Coast is on a similar journey.
Three Strategic Goals

- **People take** greater responsibility for their own health.
  - The development of services that support people/whānau to stay well and take increased responsibility for their own health and wellbeing.

- **People stay well in their own homes and communities.**
  - The development of primary care and community services to support people/whānau in a community-based setting and provide a point of ongoing continuity, which for most people will be general practice.

- **People receive timely and appropriate complex care.**
  - The freeing-up of hospital-based specialist resources to be responsive to episodic events and the provision of complex care and support and specialist advice to primary care.
Our collaborative way of working...

One health system, one budget...

- Removing barriers and perverse incentives created by contracts and organisational boundaries by planning and working collaboratively across the public, private and NGO sectors.
- Getting the best outcomes possible within the resources we have.

It’s about people...

- The key measure of success at every point in the system is reducing the time people waste waiting.
- Right Care, right place, right time, delivered by the right person.
Focus on leadership…

- The DHB’s role is to buy the right thing for the population
- Clinicians are enabled to do the right thing the right way.

Takes a ‘whole of system’ approach…

- Understand and respond to the needs of population
- Use information to plan and drive service improvements
- Manage the short term in the context of the long term
- Focus on improving productivity by doing the right thing the right way at the right time
- Make decisions based on where services are best provided:
  - What is best for the patient?
  - What is best for the system?
Our collaborative way of working...

Health professionals from across the system working together to

It’s about people...
- Clinicians are trusted
- Care pathways are redesigned
- Funding is rearranged to support
- The patient is in the middle of the process
- The system responds well to external shocks
- Adaptive leadership in action
Health is not about hospitals. It’s about a resilient system.
A sustainable health system needs…

- Services that support people to stay well
- Services close to the home
- Highly functional primary care
- Secondary care freed to support an efficient primary service.
Integrating health services – measurable IFHS Success

Observations of Travis Medical Centre’s consultation data, the enrolled population’s use of secondary care and surveys indicate the following achievements since the start of the practice’s journey through the IFHS Programme.

- **14%** increased enrolment
- **25%** average capacity freed up across all GPs
- Better relationships with community providers & associated health professionals & patients
- Reduced unnecessary waiting & improved access for patient care
- More planned care for patients
- Increased satisfaction among staff & patients
- **Average ED visit rate**
  - 180/1000 | Canterbury
  - 90/1000 | Travis MC
- Better care for patients with complex needs
- Zero frequent COPD attenders in the past 12 months
- Lifestyle changes and better work/life balance achieved for GPs
- **50%** increase in PN consultation with same FTE
- Emergency Department presentations by enrolled patients decreased
- No negative impact on the practice’s bottom line (all investments repaid through benefits achieved)
Integrating health services - IFHS

“We found we had lots of acutes and perhaps we weren’t managing them as well as we should. So we changed the way we worked...It’s made us more efficient.”

Linda Adams, Practice Manager

“In the morning we huddle...We’ll look at my patients for the day and we’ll look at the whole...[and ask] what else can I do while they’re here to meet their needs?”

Nicky Scott, Practice Nurse

“We’ve changed things so the patients provide a lot of their own care and we give them the tools to do that... There’s been a shift that the patient is their biggest health provider and we are there to guide them with that.”

Dr David Pilbrow
IFHS – changing the model of care

25% capacity gain for GPs – largely in over 65s
14% increase in enrolment
A planned system

- Integrated health system outcomes framework
- Live data for day to day operations
- Analytics for forecasting, planning and service improvement
- Investment logic mapping
- Benefits realisation
Our Priorities

The absolute priority is to **Improve patient flow** for:

1. Frail elderly people
2. Enhanced Recovery after Surgery (ERaS)
3. Faster Cancer Treatment
4. Theatre capacity / Utilisation
5. **100 days** (Elective Services Performance Indicator)

We also place priority on **Mental Health** services due to the significant increase in demand in recent years.
### CHRISTCHURCH HOSPITAL KEY TRIGGERS

<table>
<thead>
<tr>
<th>POTENTIAL ISSUE ARISING</th>
<th>IMMEDIATE ACTION REQUIRED</th>
</tr>
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<tbody>
<tr>
<td>5 patients in ED waiting to see the 1st doctor.</td>
<td>6 patients in ED that are waiting for a specialty doctor.</td>
</tr>
<tr>
<td>4 Free beds in AMAU.</td>
<td>6 patients in ED that have been referred to a specialty.</td>
</tr>
<tr>
<td>3 Free beds in SARA.</td>
<td>20 ACUTE operations booked for the remainder of today.</td>
</tr>
<tr>
<td>9 Free beds in GENERAL MEDICINE.</td>
<td>68 ELECTIVE operations booked for the remainder of today.</td>
</tr>
<tr>
<td>8 Free beds in GENERAL SURGERY.</td>
<td>6 ICU/CICU patients with a STAY 10 DAYS OR LONGER.</td>
</tr>
<tr>
<td>7 GENERAL MEDICINE patients with a STAY 10 DAYS OR LONGER.</td>
<td>18 ORTHOPAEDIC patients with a STAY 10 DAYS OR LONGER.</td>
</tr>
<tr>
<td>9 GENERAL SURGERY patients with a STAY 10 DAYS OR LONGER.</td>
<td>13 GENERAL MEDICINE patients not in a HOME ward.</td>
</tr>
<tr>
<td>6 ICU/CICU patients with an OVERDUE DISCHARGE DATE.</td>
<td>11 GENERAL SURGERY patients not in a HOME ward.</td>
</tr>
<tr>
<td>18 ORTHOPAEDIC patients with an OVERDUE DISCHARGE DATE.</td>
<td>50 ORTHOPAEDIC patients not in a HOME ward.</td>
</tr>
<tr>
<td></td>
<td>30 GENERAL MEDICINE patients with an OVERDUE DISCHARGE DATE.</td>
</tr>
<tr>
<td></td>
<td>25 GENERAL SURGERY patients with an OVERDUE DISCHARGE DATE.</td>
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Canterbury people are well and healthy in their own homes & communities

- No wasted resource
- People are supported to stay well
- Equity
- Improved environment supports health and wellbeing
- Delayed/avoided burden of long term conditions
- Living within our means
- Death with dignity
- People are seen and treated early
- No harm or needless death
- Decreased avoidable mortality
- Decreased adverse events
- Decreased institutionalisation rates
- Decreased wait times (Communally, at diagnostic)
- Increased planned care rate
- Decreased acute care rate
How does Canterbury compare to New Zealand? Key outcomes

- Acute discharges being held to low growth
- As a result of investment in primary and community services
- Increased planned activity (electives)
- New models of care
Key outcomes

Canterbury has held acute medical admission rates flat resulting in decreasing acute medical bed days
New models to reduce bed demand and keep people well

Falls Prevention
In three years since February 2012 (compared with expected trend):
• 1083 fewer falls at ED
• 373 fewer #NOF
• Saved over 20 hospital beds each year
• 86 fewer deaths at 180 days post discharge

CREST ~2000 pa
Medication management ~1700 pa
Falls prevention ~1700 pa
Acute demand management ~30,000 pa
Community services ~14,000
Frail Older Person’s Pathway

Program focusing on:

- Patient Journey
- Transfer of Care
- Assertive Case Management
Addressing rurality – integrated care using technology as an enabler

• Challenge of delivering quality care, closer to home, sustainably to the most rural of communities in New Zealand
  • To meet these challenges the West Coast health system is continuing to move to a more integrated way of working
  • The use of technology such as telehealth provides enablers to provide care closer to home in a sustainable way
Telehealth – new models of service delivery

Most paediatric patients don’t travel from the Coast

Estimated 39,000 hours of patient travel time avoided
Fewer people end up in hospital

- One of the lowest ED attendance rates in Australasia
- 30% lower acute medical admissions than national average
- 7800 fewer bed days than in 2012
- Last year alone, almost 30,000 people received treatment in their own homes rather than in hospital
Our Digital vision is central to delivering quality healthcare in this rapidly changing environment

The fundamental principles

• Patient centric - use technology to support health workers to deliver patient care that is safe, effective, efficient and enhances the patient experience
• Integrates people, systems and technologies
• Future proof facilities – “long life, loose fit”
  ➢ Punctuated by new Hospital builds but NOT limited solely to
  ➢ Deployment of new technologies will be based on clinical and business benefit
The Digital vision is a central component of an integrated Health System

• Getting there will require a planned and coordinated multi-year programme of work
  ➢ Evolution not revolution
  ➢ Better utilize existing technology investment

• Achieving our vision will require a combination of automation, innovation, health and business analytics, and change management

• The Facilities Development Programme creates opportunities to improve the way we work and the technologies that we use – but so does BAU.
Health is not about hospitals......

.........It's about a complex system
What are we dealing with in health?

- Decision over how best to use a limited amount of resource;
- Different professional and community groups have different interests and priorities which often need to be reconciled;
- Organisation have interests in their own viability and influence:
- Information is often unclear, only available in the longer term, or incomplete for the system as a whole;
- Easy to get trapped into short term adversarial positions in a zero sum game.
- Impact on health system often responsibility of other public services – education, justice…
Elements of success in Service delivery

- Team based approach
  - The people (clinicians and patient) closest to the decision are best able to make it

- Person-centred solutions
  - Innovation is driven by the people who face the problem

- Enabling framework
  - With the right incentives, tools, data and frameworks people will make the right decisions.

- Trust
  - “we value ad trust your judgment”

- Across government agency collaboration
  - New social investment initiatives and piloted interagency initiatives
In Canterbury we have a **shared vision**

- A way of working
- A “whole of system approach”
- Now the only way we work
- Drives change based on best care for patients irrespective of and despite structures
- Continues to adapt and evolve