Clinical management in an Activity Based Funding environment – 'Providing Opportunities not to be sniffed at'

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Introduction to CHQ

- Children's Health Queensland
  - Lady Cilento Children's Hospital
  - Child & Youth Community Health Service
  - Child & Youth Mental Health Service
  - Statewide & Specialist Services

- 2017/18 Total CHQ Budget $720m
- 2016/17 ABF Budget $472m

Lady Cilento Children's Hospital

- Opened 29th November 2014
- Major Specialist Paediatric Hospital for Queensland & Northern New South Wales
- 360 Beds

2016-17 Summary Performance

66,760 emergency presentations

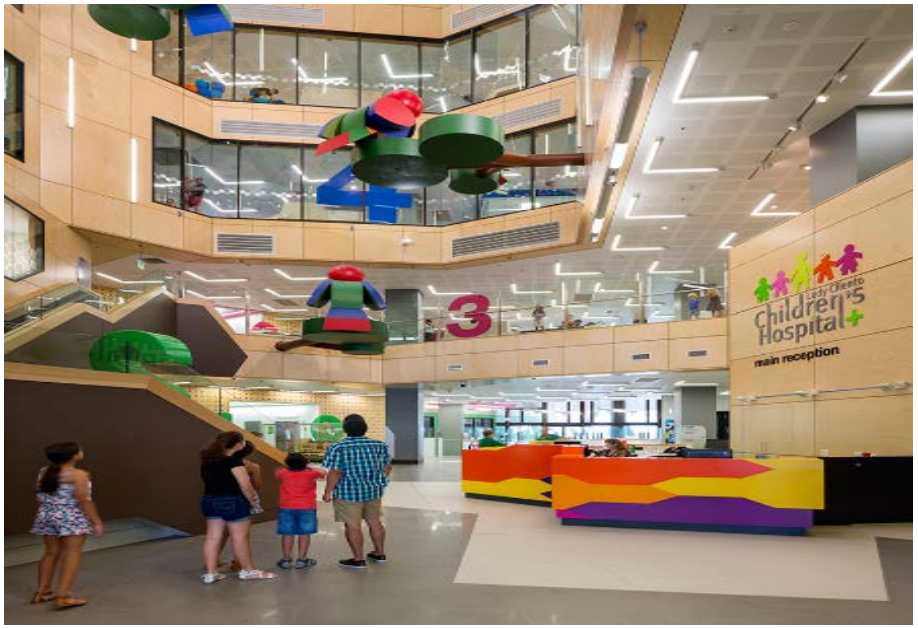
40,761 hospital admissions

139 Hospital in the Home patients

227,919 outpatient appointments

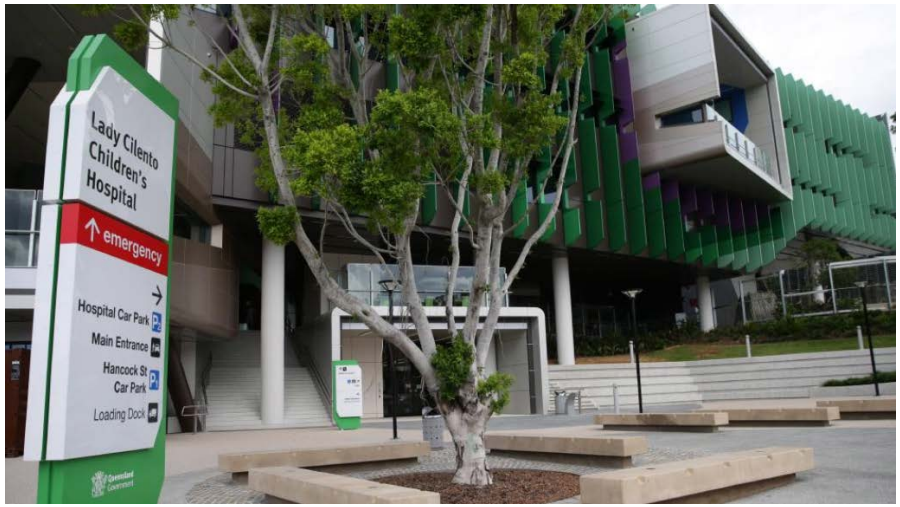
Activity Based Management at CHQ Overview

- Best possible outcomes for our children and families
- Advancing value based health care
- Delivery of sustainable services
- Promoting Performance meetings
- Business Partnership Model



Critical Care & ED History

- Multiple services- Emerg, Med Imag, PICU, QPCS, Anaesthetics, Pain, VAMS, SToRK, Retrieval services, CATCH.
- Biggest budget and FTE for CHQ
- Management team is comprised of; Med Div Dir, Ops manager, ND, Management accountant
- Area leadership structure- (Most not all) Med Dir, NUM, Admin team lead



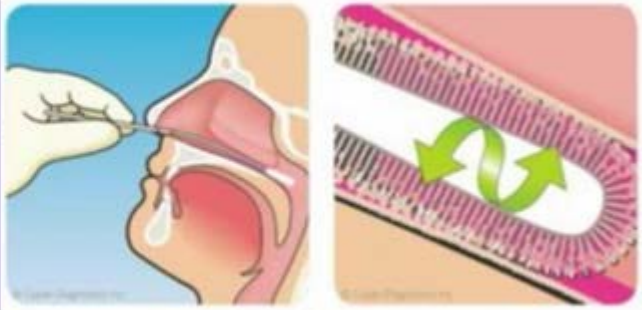
Clinical Engagement

- The pathway for our clinical leaders
- More with the same concept is a hard sell
- Strategies to ENGAGE
- We want…….but this is how we think we can afford it

- Identified the test had questionable impact on:
  - decision making,
  - clinical outcomes, and
  - Illness prevention/ diagnosis
- Does this add value to the patients journey?

Respiratory PCR

BD Universal Transport Kit
(includes swab)



Method of Collection

- Nursing time to undertake
- Cost of the kit ($60)
- Why do we do it?
- Invasive, unpleasant experience for the child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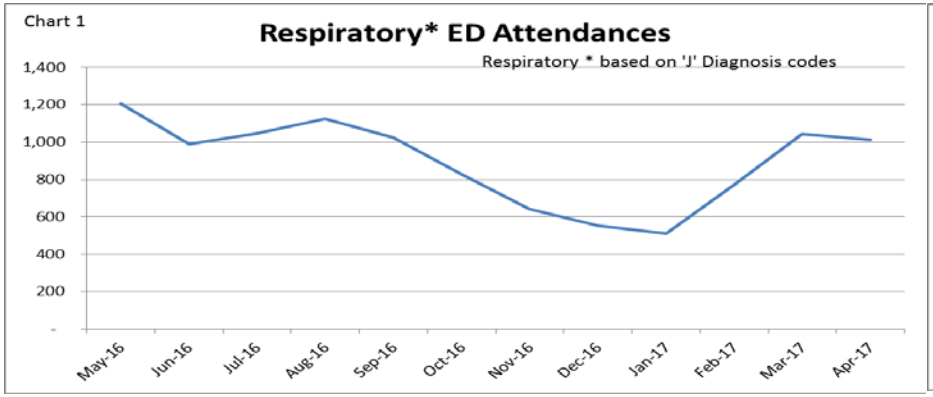
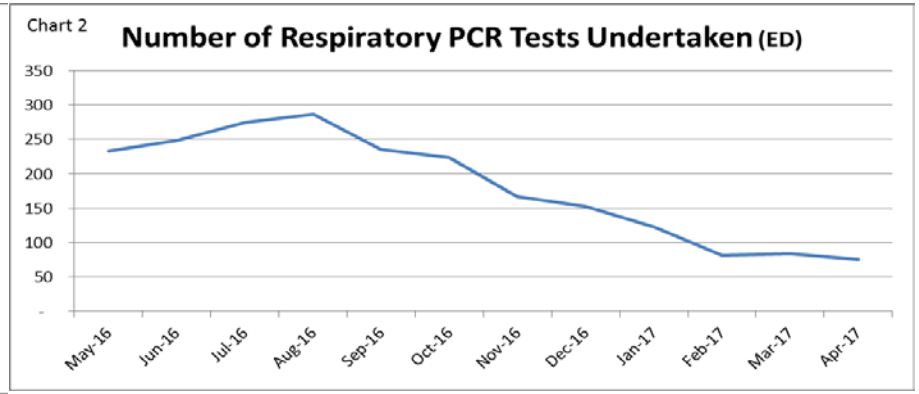
Outcomes

- Working together and engaging teams across finance, business management and clinical teams to analyse pathology test reason, cost and rationalisation has proven to be a significant factor in reducing the number of Respiratory PCR tests ordered, improving the budget within the Emergency Department (and other departments) as well as improved patient satisfaction and minimising invasive procedures.





Review of Respiratory PCR Testing (ED only)

	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Apr-17	May - Oct 16	Nov 16-Apr	Variance	% Variance
Respiratory PCR Tests Undertaken	233	248	275	286	235	224	167	152	123	82	84	76	1,501	684	(817)	(54.43%)
'Respiratory' ED Attendances	1,207	988	1,049	1,124	1,024	826	643	552	509	774	1,045	1,013	6,218	4,536	(1,682)	(27.05%)
Respiratory PCR per Attendance	0.19	0.25	0.26	0.25	0.23	0.27	0.26	0.28	0.24	0.11	0.08	0.08	0.24	0.15	(0.09)	(37.53%)
Respiratory PCR Costs	$13,626	$14,503	$15,472	$16,090	$13,221	$12,602	$ 9,395	$ 8,552	$ 6,920	$ 4,613	$ 4,726	$ 4,276	85,514	38,482	($47,032)	(55.00%)

ED - Emergency Department

Data Sources: DSS NECTO and Emergency Department Information System

Conclusion

- The strategies used to influence and create sustainable change in challenging funding environments are transferrable to all health areas to ensure health care can be provided that is efficient, cost effective and improves patient outcomes and experience.
- CHQ continues to work to engage clinicians in the wider organisational agenda
- In the end we have an easy decision making process……”is this in the best interest of the child and family?”, “how do we ensure we have our services for the next generation?”

Questions