



# NEW WAYS OF WORKING AT CALHN

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All Staff Briefing

**OUR RECOVERY PROGRAM**

Central Adelaide Local Health Network

## ACKNOWLEDGEMENT OF COUNTRY

“We would like to acknowledge that this land we meet on today is the traditional land of the Kurna people, and that we respect their spiritual relationship with their country.

We also acknowledge that the Kurna people are the custodians of the Kurna land, and that their cultural and heritage beliefs are still important to the living Kurna people today.”



# OUR VISION

Why are we here?

Our vision is to reposition CALHN as a **high-performing and accountable** healthcare network

**DELIVER  
BETTER  
PATIENT  
OUTCOMES**

CALHN is trusted by our patients and the community to deliver industry leading care.

**OPERATE A  
MODERN  
HEALTH  
SERVICE**

CALHN embraces modern, 'fit for purpose' ways to enhance clinical services and the patient experience.

**BE A GREAT  
PLACE TO  
WORK**

We have strong people systems and a self-regulating culture that empowers our people to deliver great outcomes.

**CONTRIBUTE  
TO BETTER  
LEADERSHIP  
OF  
ADELAIDE'S  
HEALTH**

We are recognised as pivotal to the SA health system and to the wellbeing of our community.

**SUSTAINABLY  
ALLOCATE  
RESOURCES**

We work towards achievable financial goals and we recognise sustainability as an important goal.

# OUR RECOVERY PROGRAM

The first 100 days

## OUR STRATEGIC PRIORITIES



DELIVER  
BETTER  
PATIENT  
OUTCOMES



OPERATE A  
MODERN  
HEALTH  
SERVICE



BE A GREAT  
PLACE TO  
WORK AND  
LEARN



BETTER  
LEADERSHIP OF  
ADELAIDE'S  
HEALTH



SUSTAINABLY  
ALLOCATE  
RESOURCES

## KEY OUTCOMES BY PROJECT STREAM

### Service Delivery & Efficiency

- Held 'Stop Ramping' workshop and introduced a Roadmap to stop ramping
- Launched revised 'huddles' to minimise patients 'length of stay'
- Launched 'Don't Delay, Ask Today' (4 questions) campaign to empower patients to play a more proactive role in their care

### People, Culture & Governance

- Held over 40 'Share and Listen' workshops with over 350 staff to understand current 'ways of working' and identify opportunities for improvement

### Information, Evidence & Insights

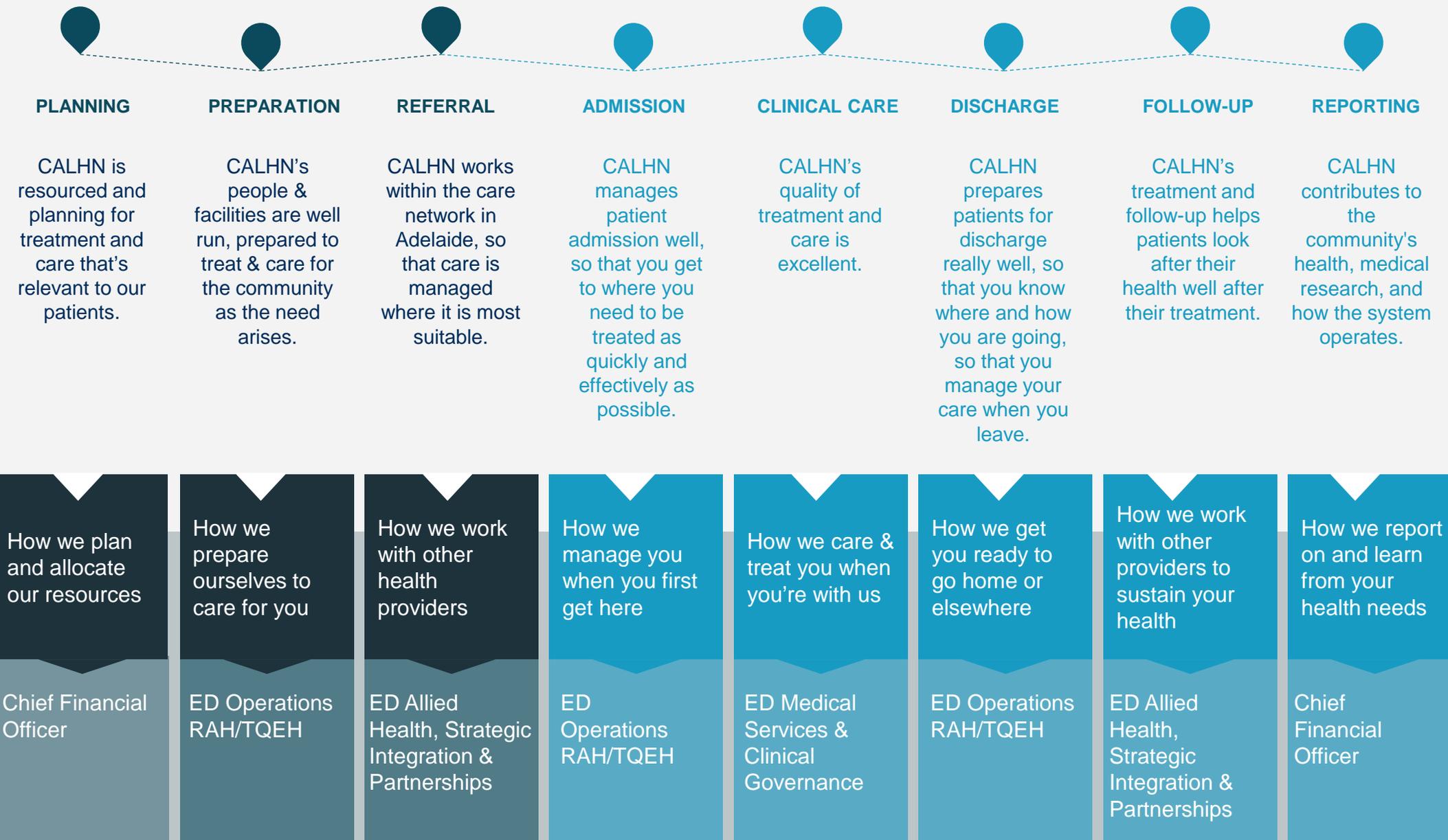
- Launched a new Executive performance framework to drive accountability and performance
- Cleared clinical coding backlog from >6,000 records in December 2018 and met SA Health target (this has not been met by CALHN for many years).

### Finance, Cost and Revenue Management

- Continued to allocate activity to establish an Activity Based Budget.
- Held introductory sessions with Business Operations Managers to introduce Activity Based Budgeting.

# WE'RE GUIDED BY THE PATIENT JOURNEY

Designing new ways of working starts with the patient, not our structure





# WHAT WE'VE HEARD

You've shared and we've listened



Share & Listen Workshops



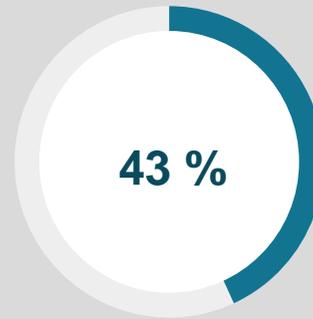
Employees

Insights gained from these workshops have been used to inform our proposed new ways of working.

## At each step of the patient journey, who is accountable for the outcome?

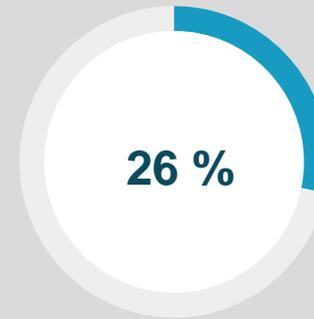
- On average, each outcome received over 17 different responses to this question
- This highlights the lack of clarity among our people when it comes to roles and responsibilities across our four directorates.

## Top 3 responses: What are we doing well?



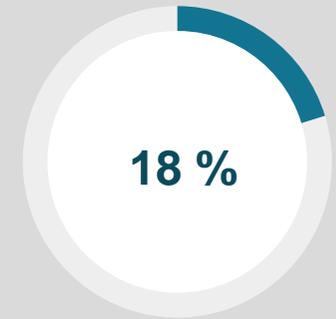
### PATIENT CARE

We're dedicated to quality and patient focused care



### DEDICATED & RESILIENT PEOPLE

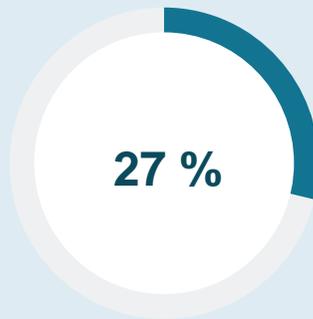
Our workforce is dedicated and resilient



### CLINICAL EXCELLENCE

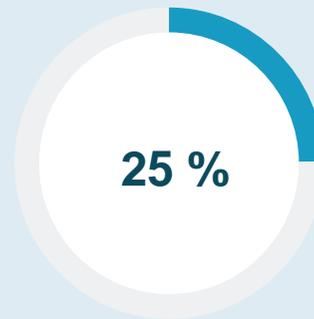
Excellence in research, clinical care, clinical initiatives and MDTs

## Top 3 responses: What can we improve?



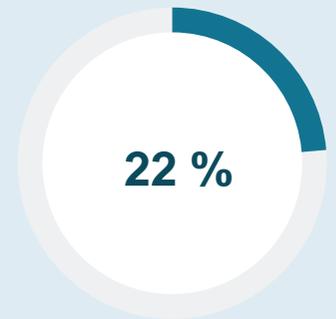
### WORKFORCE MANAGEMENT

Role capacity, workforce development & retention



### WAYS OF WORKING

Ways of working: Structure, governance, process and policy



### WORKING TOGETHER

Working together: Communication and collaboration



# THE CASE FOR CHANGE

Why we need to change



Roles and responsibilities often overlap, making it hard to identify who should be making decisions

A complex management structure means that decision-makers aren't close enough to care delivery

Information doesn't flow easily, both inside directorates and specialties and across them.

Directorate leadership teams are stretched across too many patient care units

**WHY WE NEED TO CHANGE**

**WE WANT TO**

**WHAT'S OUR VISION?**

**Make it easy to understand who is accountable for what**

**Ensure clinical leaders have capacity to be visible and accessible**

**Organise ourselves to effectively collaborate across teams, specialties and disciplines**

**Setup leaders with the resources they need to deliver organisational outcomes**

CALHN's leadership structure is clear and easy to navigate when escalations are required

CALHN's clinical leaders are setup to prioritise optimising delivery of care in their unit

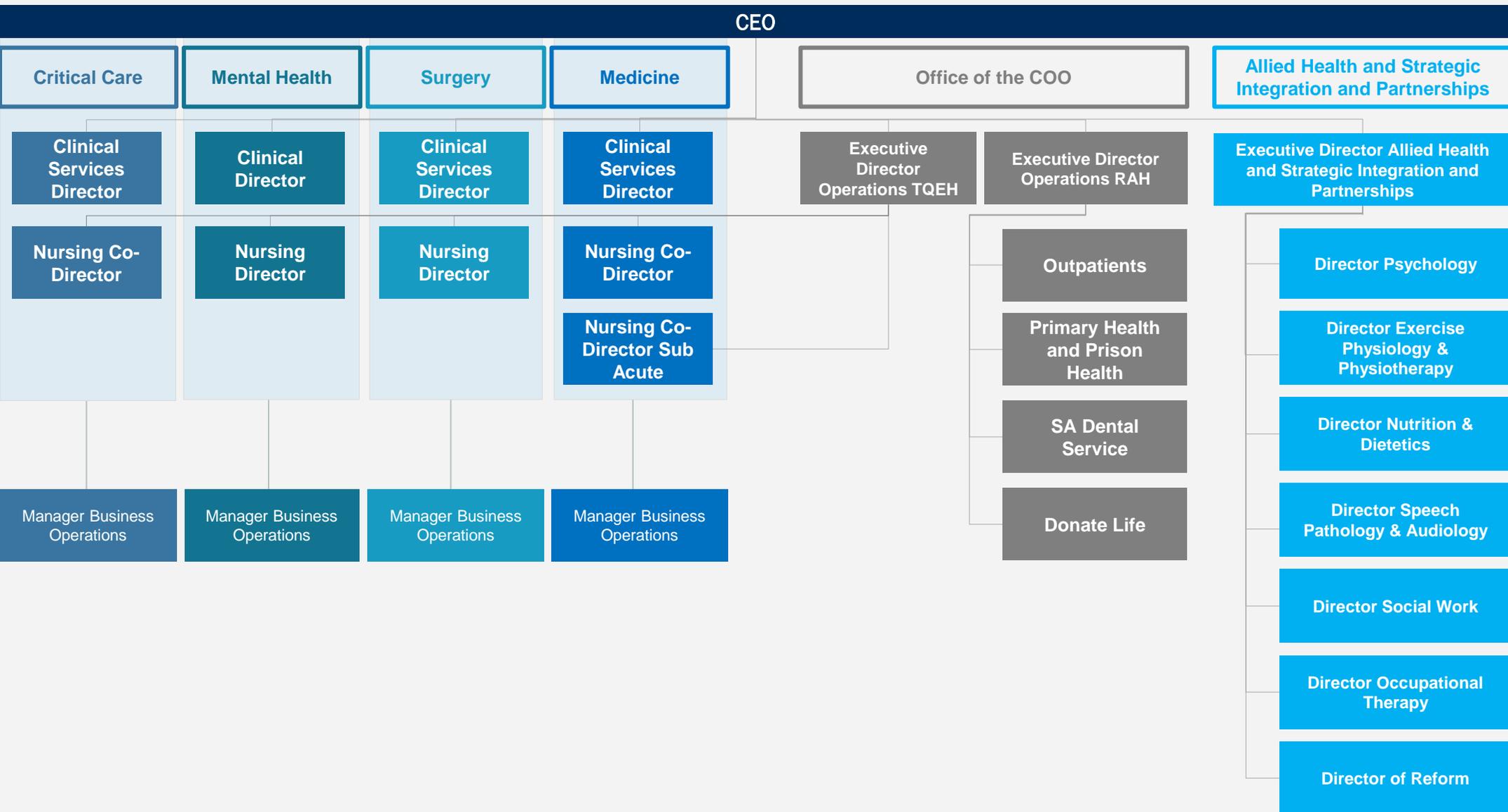
CALHN's operating model facilitates easy collaboration across the organisation

CALHN leaders have the resources they need to deliver the outcomes they're accountable to

# CURRENT STATE

## Operational structure in directorates

- Below is a simplified representation of our current operational teams
- Each directorate is very large and disciplines are segregated, which means clinical leadership teams find it difficult to work to a unified strategy and plan as they manage day to day operations



# PROPOSED PROGRAM MODEL

## New ways of working

- This proposal outlines a collaborative, multi-disciplinary model to manage the patient journey
- The following eight clinical programs would replace our four directorates
- As shown below, each patient care unit would be reshuffled into one of the eight programs

Executive Director Operations RAH   Executive Director Operations TQEH																Leadership, Innovation & Learning																																																
Specialty Surgery		Specialty Medicine		Acute and Urgent Care		Perioperative, Anesthetics, ICU		Cancer		Heart & Lung		Injury & Illness to Recovery		Mental Health																																																		
MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY		MANAGER – CLINICAL PROGRAM DELIVERY																																																		
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Specialty Surgery	Urology	Otolaryngology	Ophthalmology	Gynaecology	Vascular Surgery	Oral Maxio Facial	Craniofacial	Orthopaedics	Burns Unit	Breast	Endocrine	Plastic Surgery	Upper GI	Colorectal	Hepatobiliary	Endocrine	Diabetes	Renal	Transplant	Dialysis	Gastro-enterology	Rheumatology	Dermatology	Infectious Diseases	Clinical Immunology and Allergy	Clinical Pharmacology	General Medicine and AMU	General Surgery and ASU	Geriatrics	Emergency Department	Trauma	Care awaiting placement	Perioperative Medicine	Anaesthetics	Hyperbaric ICU	Theatres / Technical Suite, MER	Acute Pain	Endoscopy	Adolescents & Young Adults	Haematology	Medical Oncology	Radiation Oncology	Palliative Care	Support Services	Cardiology	Cardiothoracic Surgery	Respiratory	Spinal Unit	Neurology	Stroke	Neurosurgery	General Rehabilitation	SA Spinal Cord Injury Services	SA Brain Injury Rehabilitation Service	Chronic Pain	Community Mental Health	Inpatient Mental Health	Education and Training	Professional Development	Safety and Quality Training	Leadership Programs	Wellness & Spiritual Care	Centre for Creative Health	Research
				*Due to its size, Acute and Urgent Care will have a Nursing Lead and Medical Lead based at RAH, plus an additional Nursing Lead and Medical Lead based at TQEH.								*Due to its size, Perioperative, Anaesthetics & ICU will have a Nursing Lead and Medical Lead based at RAH, plus an additional Nursing Lead and Medical Lead based at TQEH.																																																				

# PROPOSED PROGRAM MODEL

## Program leadership roles

- The leadership structure for each of the proposed eight clinical programs includes three new roles – Nursing Lead, Medical Lead and Manager – Clinical Program Delivery
- An Allied Health Director would be assigned to each program as the Allied Health Lead. Their current roles would not change.

 <b>Manager – Clinical Program Delivery</b>	 <b>Nursing Lead</b>	 <b>Medical Lead</b>	 <b>Allied Health Lead</b>
<ul style="list-style-type: none"> <li>• Strategic and operational leadership of the program</li> <li>• Critical performance indicators</li> <li>• Budgeting</li> <li>• Ensuring a successful multidisciplinary model of care to deliver better patient outcomes</li> </ul> <p><b>REPORTING LINE</b> Executive Director Operations</p> <p><b>DIRECT REPORTS</b> Nursing Lead, Medical Lead, Allied Health Lead</p>	<ul style="list-style-type: none"> <li>• The delivery of nursing services across the program</li> <li>• Leading the program's nursing team – professional advice, leadership and management</li> <li>• Effective and efficient use of resources to deliver the program</li> </ul> <p><b>REPORTING LINE</b> • Manager – Clinical Program Delivery (Operational)</p> <p>• Executive Director Nursing (Professional)</p> <p><b>DIRECT REPORTS</b> • Level 3 and 4 nurses</p>	<ul style="list-style-type: none"> <li>• The delivery of medical services across the program</li> <li>• Leading the program's medical team – professional advice, leadership and management</li> <li>• Effective and efficient use of resources to deliver the program</li> </ul> <p><b>REPORTING LINE</b> • Manager – Clinical Program Delivery (Operational)</p> <p>• Executive Director Medical Services (Professional)</p> <p><b>DIRECT REPORTS</b> • Heads of Unit</p>	<ul style="list-style-type: none"> <li>• The delivery of Allied Health services across the program</li> <li>• Supporting the program's Allied Health team in conjunction with other relevant Allied Health Directors – professional advice, leadership and management</li> <li>• Effective and efficient use of resources to deliver the program</li> </ul> <p><b>REPORTING LINE</b> • Manager – Clinical Program Delivery</p> <p>• Executive Director Allied Health</p> <p><b>DIRECT REPORTS</b> • As per current Allied Health Director role</p>

### The Perioperative, Anaesthetics & ICU Program and Acute and Urgent Care Programs

Due to the size of these two programs across two locations, each will have a dedicated Nursing Lead and Medical Lead based at RAH, plus an additional Nursing Lead and Medical Lead based at TQEH who will work across both of these programs

# PROPOSED PROGRAM MODEL

How does this relate to the patient journey?

WHO IS NEEDED TO DELIVER?	1.0 PLANNING	2.0 PREPARATION	3.0 REFERRAL	4.0 ADMISSION	5.0 PATIENT CARE & TREATMENT	6.0 DISCHARGE	7.0 FOLLOW-UP	8.0 REPORTING
 <b>MGR CLIN. PROGRAM DELIVERY</b>	✓	✓						✓
 <b>NURSING</b>	✓	✓	✓	✓	✓	✓	✓	
 <b>MEDICINE</b>	✓	✓	✓	✓	✓	✓	✓	
 <b>ALLIED</b>	✓	✓	✓	✓	✓	✓	✓	
<b>WHO IS RESPONSIBLE FOR THE RESULT?</b>	 <b>MGR CLIN. PROGRAM DELIVERY</b>	 <b>MGR CLIN. PROGRAM DELIVERY</b>	 <b>ALLIED</b>	 <b>NURSING</b>	 <b>MEDICINE</b>	 <b>NURSING</b>	 <b>ALLIED</b>	 <b>MGR CLIN. PROGRAM DELIVERY</b>
<p>While the Manager – Clinical Program Delivery is accountable for all outcomes within their program, they delegate the responsibility of delivery to their most appropriate leader.</p>	<p>Facilitate Clinical Program Planning to understand demand and allocate resources to deliver outcomes.</p>	<p>Engagement with CALHN support to ensure availability of facilities &amp; services required to deliver the Program.</p>	<p>Plan, mobilise and manage the network and pathways into the Clinical Program from the community.</p>	<p>Plan and manage an effective and efficient Patient Admission into the Clinical Program.</p>	<p>Plan and deliver effective patient care and treatment through medical practices and workforce.</p>	<p>Plan and manage an effective and efficient Patient Discharge out of direct CALHN care.</p>	<p>Plan, mobilise and manage the network and pathways out of the Clinical Program into the community.</p>	<p>Monitor &amp; Manage Clinical Program Reporting and Funding.</p>

# PROPOSED PROGRAM MODEL

New ways of working



Clinical Programs organised around our **patient's conditions and treatment needs.**

Acute and Urgent Care	Heart & Lung	Cancer	Specialty Medicine	Specialty Surgery	Perioperative, Anaesthetics, ICU	Injury to Recovery	Mental Health
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## CLINICAL PROGRAM DELIVERY

### CLINICAL PROGRAM DELIVERY MANAGEMENT

Shape and manage an integrated, end to end plan to mobilise resources and deliver a clinical program.



#### NURSING

Deliver exceptional care & a great patient experience.



#### MEDICAL

Provide effective treatment to deliver patient outcomes.



#### ALLIED HEALTH

Support integrated patient treatment and recovery.

Senior program management to **drive end to end planning, delivery and measurement.**

**Aligned clinical leadership** driving integrated care and treatment.

**Aligned organisational support** to deliver the clinical program plans.

### CALHN FACILITIES & SUPPORT FUNCTIONS

Provide the platforms and services to support the delivery of clinical programs.



# PROPOSED PROGRAM MODEL

## Consultation Phase

### What do you think? We want to hear from you...

- ▶ Over the next month or so, we will be running consultation sessions to get your feedback on the proposed change – look out for the details in my Friday bulletin
- ▶ We gained so much insight from the ‘Share and Listen’ sessions that we ran in March and look forward to benefiting from the cooperation and participation of staff, unions and other stakeholders through this consultation phase
- ▶ Sessions will be a mixture of ‘question and answer’ and working with you to identify impacts of the change on our patients, people, processes and technology.

### After consultation

- ▶ At the end of the consultation period (anticipated to be 3 May 2019), we will work through your feedback and insights and use it to inform any final design of the solution
- ▶ We’re aiming to have this new way of working implemented by July 1 2019 in order to align with the start of the new financial year
- ▶ Please support each other, chat to your leader and utilise the Employee Assistance Program if you need further support.



# CONSULTATION AND SUPPORT CHANNELS

Where do I go?

## For more information

- All the material you have seen today will be available in **Staff Areas** and on the Our Recovery Program **Intranet page**
- **Email** any questions or feedback to [Health.CALHNRecovery@sa.gov.au](mailto:Health.CALHNRecovery@sa.gov.au)
- Look out for the details of our upcoming **Consultation Workshops** – we'll get you details as soon as they're ready.

## For support

- Chat to your leader
- Email any questions [Health.CALHNRecovery@sa.gov.au](mailto:Health.CALHNRecovery@sa.gov.au)
- Utilise the Employee Assistance Program:
  - Phone 1300 66 77 00 or (08) 8215 67099
  - Online portal [www.accesseap.com.au](http://www.accesseap.com.au) (username: SA Health | password: Health)
  - App: 'Our EAP' on iTunes or 'My EAP' on Google Play

IF NOT

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US

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THEN

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WHO?

# NEW WAYS OF WORKING AT CALHN

APPENDIX

# PROPOSED PROGRAM MODEL

## Appendix – proposed roles of each discipline at each step of the patient journey

	1.0 PLANNING	2.0 PREPARATION	3.0 REFERRAL	4.0 ADMISSION	5.0 PATIENT CARE & TREATMENT	6.0 DISCHARGE	7.0 FOLLOW-UP	8.0 REPORTING
MANAGER – CLINICAL PROGRAM DELIVERY	Facilitate Clinical Program Planning to understand demand and allocate resources to deliver outcomes.	Engagement with CALHN support to ensure availability of facilities & services required to deliver the Program.	Monitor the pathways for referral against the Program Plan anticipated demand and resourcing.	Monitor the Patient Admission experience against desired measures.	Monitor Patient Care & Treatment Outcomes against desired measures.	Monitor the Patient Discharge experience against desired measures.	Monitor Patient Follow-up experience against desired measures.	Monitor & Manage Clinical Program Reporting and Funding.
NURSING	Participate in the planning process to incorporate Nursing needs and responsibilities.	Shape and prepare the Nursing workforce required to deliver the Clinical Program.	Monitor the pathways for referral to support effective patient admission into the Program.	Plan and manage an effective and efficient Patient Admission into the Clinical Program.	Support patient care and treatment through effective Nursing practices and workforce aligned to the model of care.	Plan and manage an effective and efficient Patient Discharge out of direct CALHN care.	Active engagement of the pathways for referral to support effective patient discharge out of the Program.	Undertake the required reporting activity to reflect patient nursing care.
MEDICINE	Participate in the planning process to incorporate Medical needs and responsibilities.	Shape and prepare the Medical workforce required to deliver the Clinical Program.	Engage peers in community health to support effective referral of patients into the Program.	Support effective & efficient Patient Admission with medical criteria, decisions, and resources.	Plan and deliver effective patient care and treatment through medical practices and workforce.	Support effective & efficient Patient Discharge with medical criteria, decisions, and resources.	Engage peers in community health to support effective referral of patients into Community care.	Undertake the required reporting activity to reflect patient medical care.
ALLIED	Participate in the planning process to incorporate Allied Health needs and responsibilities.	Shape and prepare the Allied Health workforce required to deliver the Clinical Program.	Plan, mobilise and manage the network and pathways into the Clinical Program from the community.	Support effective & efficient Patient Admission with allied health criteria, decisions, and resources.	Support patient care and treatment through effective Allied Health practices and workforce aligned to the model of care.	Support effective & efficient Patient Discharge with allied health criteria, decisions, and resources.	Plan, mobilise and manage the network and pathways out of the Clinical Program into the community.	Undertake the required reporting activity to reflect patient allied health care.