





Cowra, Forbes, Parkes and Mudgee Health Services

Our case for change ...

Clinical variation is defined as "variation that cannot be explained by the condition or the preference of the patient; it is variation that can only be explained by differences in health system performance." (ACSQHC)

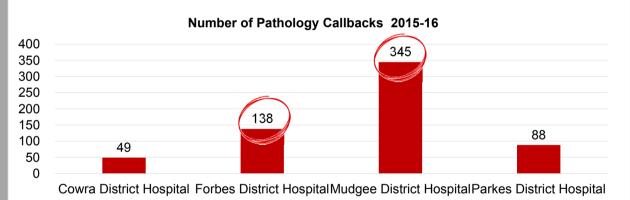
>\$150K

per annum to be invested back into direct patient care

Variation in pathology testing can create unnecessary patient discomfort; cause potential patient harm; consume limited health resources; and negatively impact on medical, nursing and laboratory staff efficiencies.

A review of Pathology data for the four Procedural sites of Cowra, Forbes, Mudgee and Parkes showed that there was variation between the sites. Whilst the number of orders were comparable, the cost per test varied. Reducing the average cost per test to a comparable rate between sites could potentially result in a \$152,000 (10%) reduction per annum in pathology costs – savings that could be invested back into direct patient care.

A further review of data identified call-backs as the key contributing factor to the variation between sites. This is depicted in the graph below:



Our goal and objectives ...

GOAL:

To reduce waste associated with variation in pathology testing between the four Procedural sites by 10% within 12 months, ensuring a cost effective, safe, evidence based model for pathology ordering.

Objective:

Increase Point of Care (POC) testing to 15% of total tests by 31 December 2017.

Objective:

Reduce the number of pathology callbacks from 620 to 209 (66%) by 31 December 2017.

Diagnosing the problem ...

As part of the diagnostics phase, critical data was collected and assessed to identify key issues to take forward to the solutions phase.

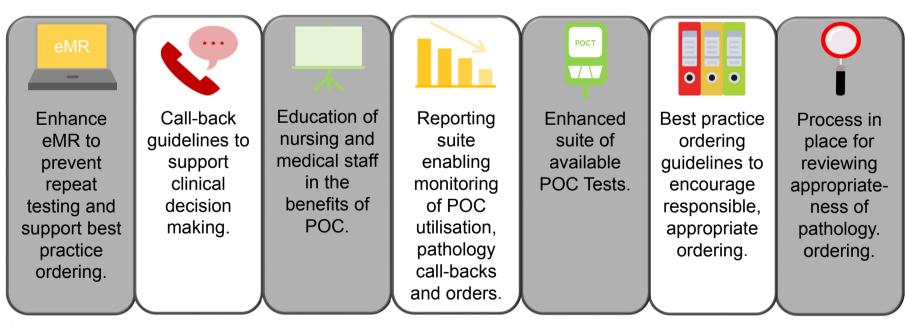
Tools utilised included data collection and analysis; focus groups; brainstorming; process mapping; patient survey; and staff interviews. A cause and effect diagram was developed to organise and prioritise the issues identified from the diagnostics and the degree in which each issue was an actual cause of the problem was determined.

Three key issues were identified as well as their root causes.

VARIATION 2. Avoidable 3. POC 1. Repeat Testing -POC plus call-back Call-backs **Utilisation** Clinician Lack of experience clinician and confidence in confidence in POC test POC. results. Limited Best practice range of is not POC tests. defined.

Our solutions ...

A Solutions Workshop consisting of key medical and nursing stakeholders from across the four Procedural sites was held. Results from a literature search using key word searches were used to inform this process. Brainstorming and nominal group technique were the key methods used at this meeting to develop and prioritise solutions. Solutions identified for implementation included:



Stakeholder meetings were subsequently held with key stakeholders where solutions were presented, discussed and validated.

How will we measure success ...

Implementation of the project is in its early infancy. Once solutions are implemented, results will be monitored using the following metrics:

- Reduction in the number of pathology call-backs.
- Increased Point of Care (POC) Testing.
- → Reduction in avoidable call-backs (where a POC equivalent and other testing has been performed).
- → Elimination of avoidable call-backs (where a POC only test has been performed).
- Reduction in repeat Sodium tests within 6 hours of original POC test.

How will we sustain the change ...

- Reporting and monitoring of key performance indicators.
- Ongoing stakeholder communication to increase awareness so change is supported.
- → Documentation of associated policies, procedures, protocols and guidelines to support interventions.
- Ongoing review of interventions to ensure solutions result in improvement and become part of everyday practice.
- Training and education of staff to support interventions.

Where to from here ...

Implementation of the project is in its early infancy. Given the solutions developed are universally applicable to other health services within the WNSWLHD, once implementation at the four procedural sites is completed and evaluated, initiatives will be implemented across the District as part of a larger project being driven by the WNSWLHD Strategic Planning process.

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Contacts ...

Pauline Rowston, Project Lead
Health Service Manager
Cowra Health Service, WNSWLHD
E: pauline.rowston@health.nsw.gov.au

Angela Bannon, Project Lead Manager Program Management Office Finance Directorate, WNSWLHD E: angela.bannon@health.nsw.gov.au





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