



# Review-Renew-Refresh HealthPathways Sydney Reviews Redesign

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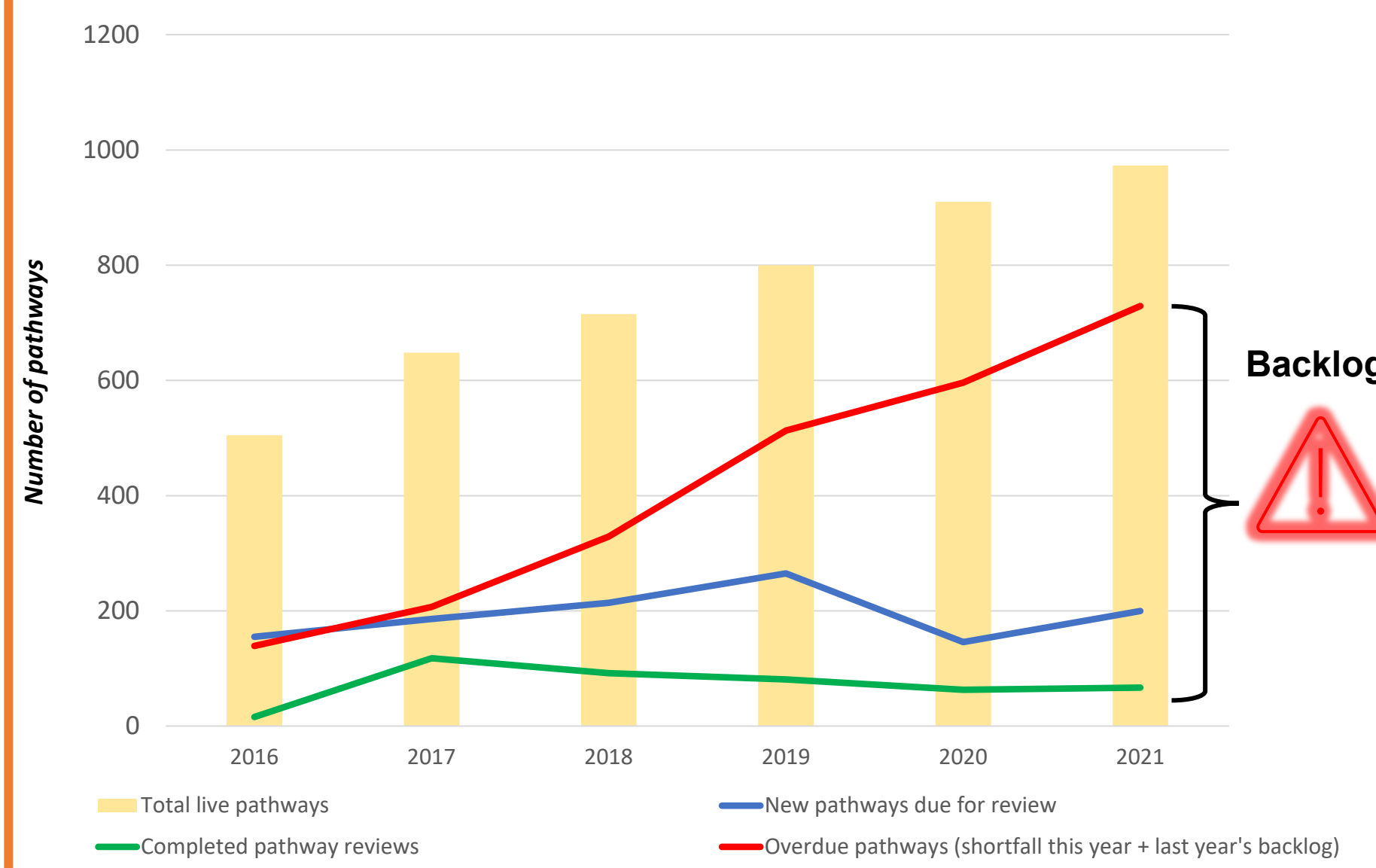


Sydney Local Health District

## Case for Change

- HealthPathways is an online tool that helps primary care clinicians assess and manage medical conditions according to local resources and guidelines.
- It aims to ensure **patients receive the right care at the right time in the right setting**.
- The HealthPathways Sydney (HPS) program has **over 1000 locally-developed pathways**.
- A formal review process is used to **maintain pathways at regular intervals** to ensure the **accuracy and safety** of clinical and service information.
- Based on current processes, the gap between what is required for review and what can be realistically reviewed has widened exponentially. **The current process is not fit for purpose.**
- Outdated content may **compromise the patient care journey**.

## HealthPathways Sydney Reviews Trajectory (based on the 2-year cycle)



## Goal

To improve the effectiveness of the HealthPathways Sydney (HPS) Periodic Reviews Process by February 2025 using SLHD Diabetes\* Services to foster integrated patient care through improved clinician understanding.

## Project Objectives

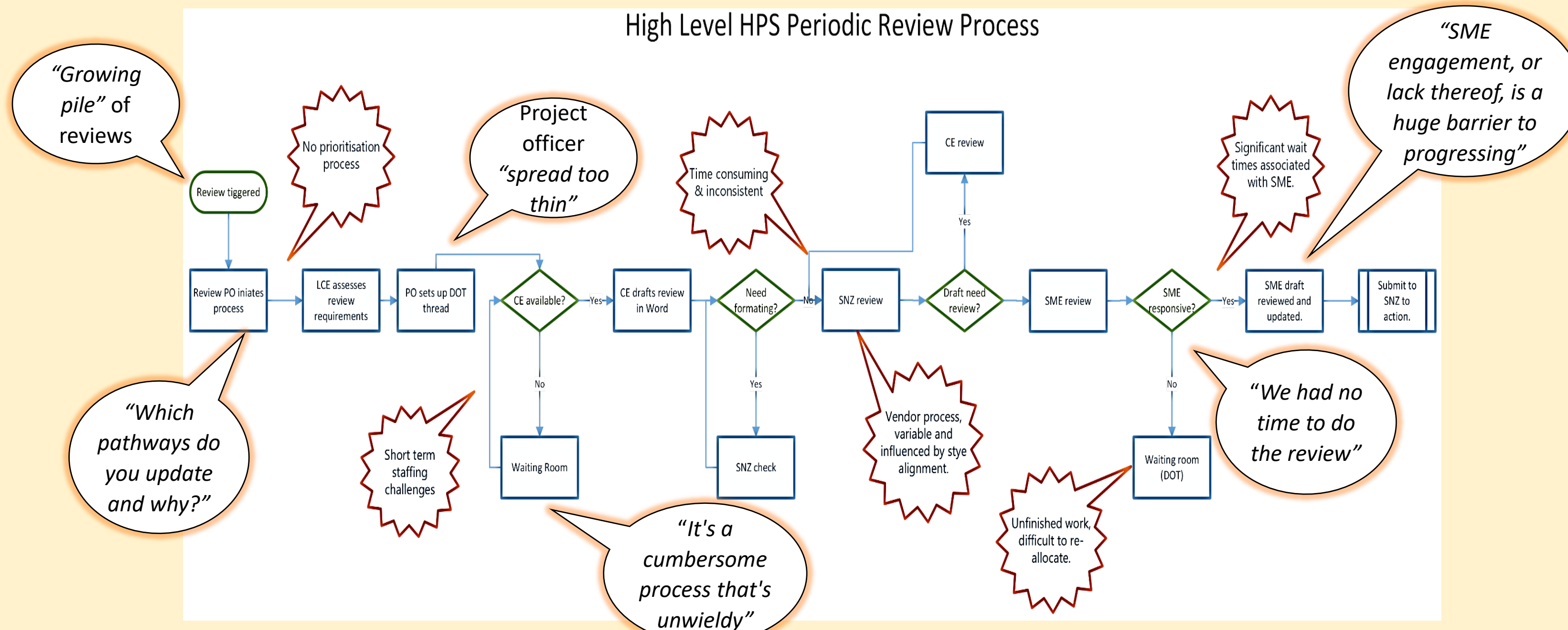
- To reduce the number of diabetes pathways overdue for review by 90% by February 2025, staged over two years:
  - 50% (30 – 15) by February 2025
  - >90% (30 – 3) by February 2026
- Reduce the average time taken to complete a periodic review (609 days) by:
  - 50% by February 2025
  - 75% by February 2026
- To increase utilisation of Diabetes referral pathways (urgent and non-urgent) by 50% by February 2026.

\*Diabetes was chosen as a pilot area for the purpose of the redesign

## Diagnostics – Methods and Results

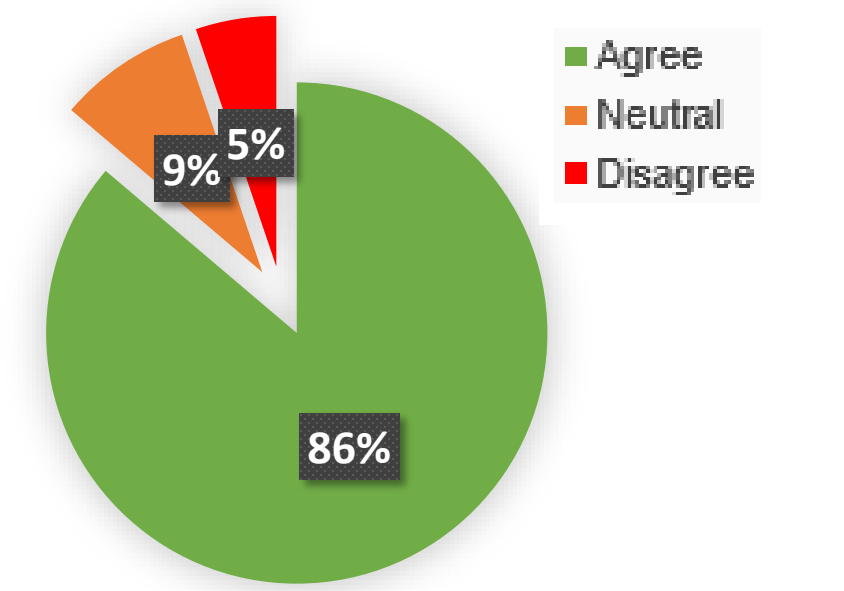
A summary of diagnostic activities and key findings is represented below.

Proof of concept – impact of HPS use on the patient care journey	Barriers and facilitators to an efficient reviews process
Diabetes patient experience survey (n=33)	Process mapping
Primary care referral audit (n=90)	HPS Operational team online survey (n=3)
End user online survey (n=56)	HPS GP Clinical Editor online survey (n=5)
SLHD clinician online survey (n=16)	HPS GP Clinical Editor Focus Group (n=9)
SLHD referral triage clinicians semi structured interview (n=4)	HPS Operational team and executive sponsors semi-structured interviews (n=5)
End user pathway utilisation (Google Analytics)	Technical vendor semi-structured interview (n=3)
	Value stream mapping – individual pathway review journeys

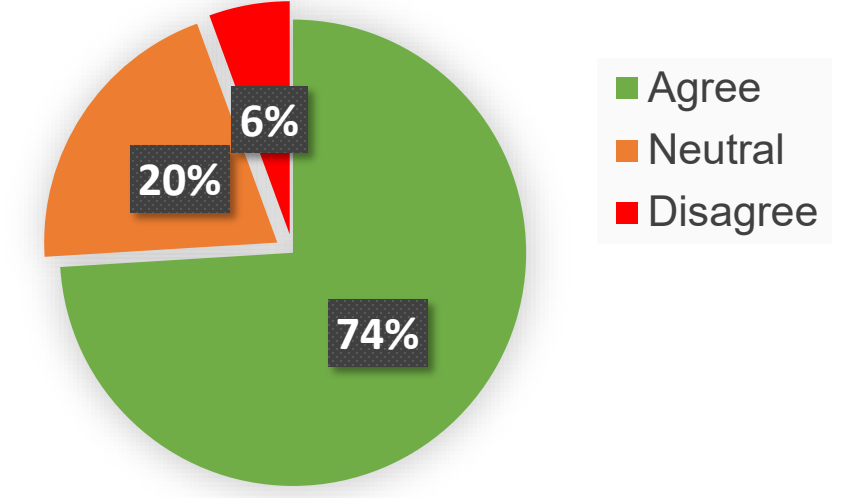


## End-user (GP) feedback

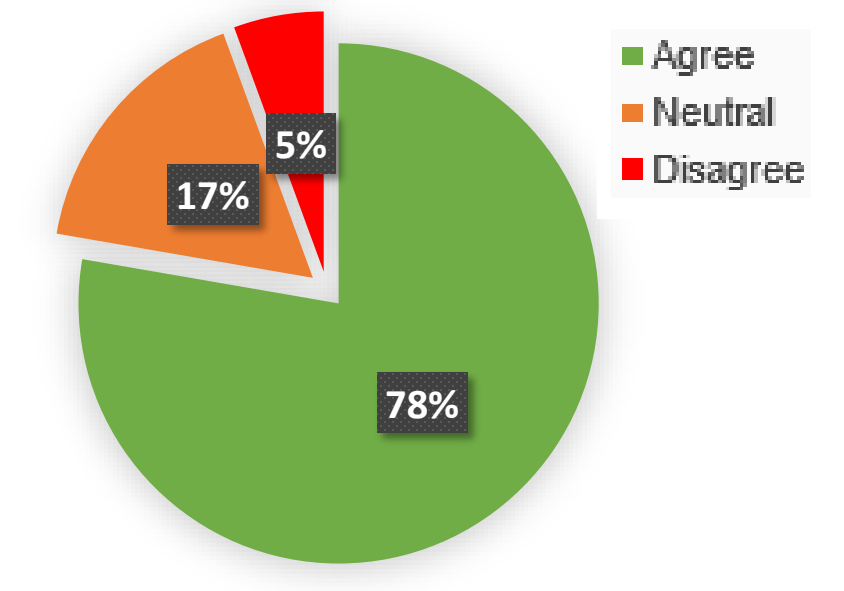
HPS improved the care I provide to my patients?



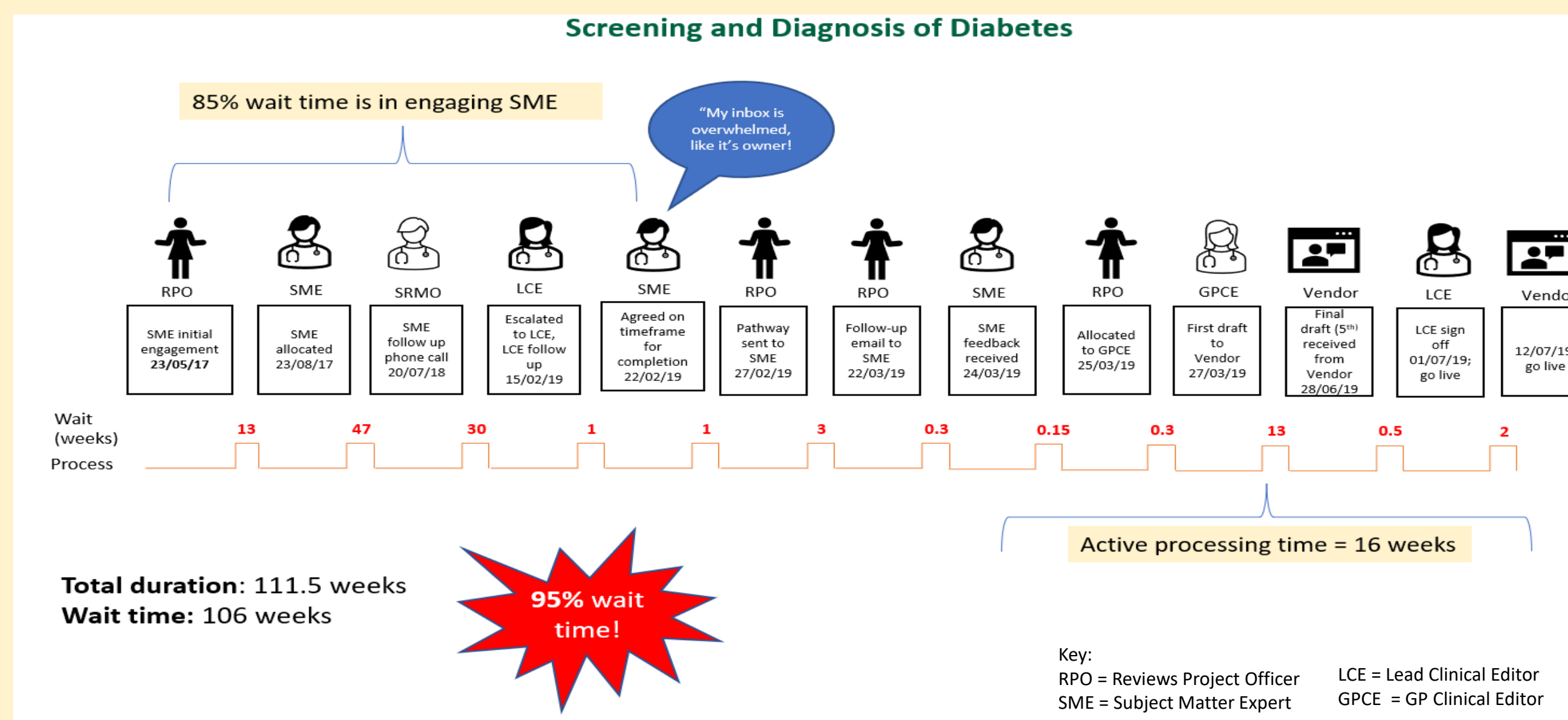
Use of HPS supports the diagnostic process?



I trust that HPS diabetes content is up-to-date?



## Value stream mapping individual reviews – identifying waste and wait



### The Patient's Voice

In the past 12 months, 15% recorded diabetes-related Emergency Department presentations, 27% recorded diabetes-related hospital admissions.

"I'm a complex patient with two double transplants, a foot ulcer, and type 1 Diabetes Mellitus... I was managed by my GP for two months with weekly dressings by the practice nurse... After two months, with no change, I asked to be referred to the diabetes centre, which then organised the High Risk Foot Service appointment. That has been good, as they saved my foot where the bone was poking out of it."

24% of people referred to the diabetes service did not know why they had been referred.

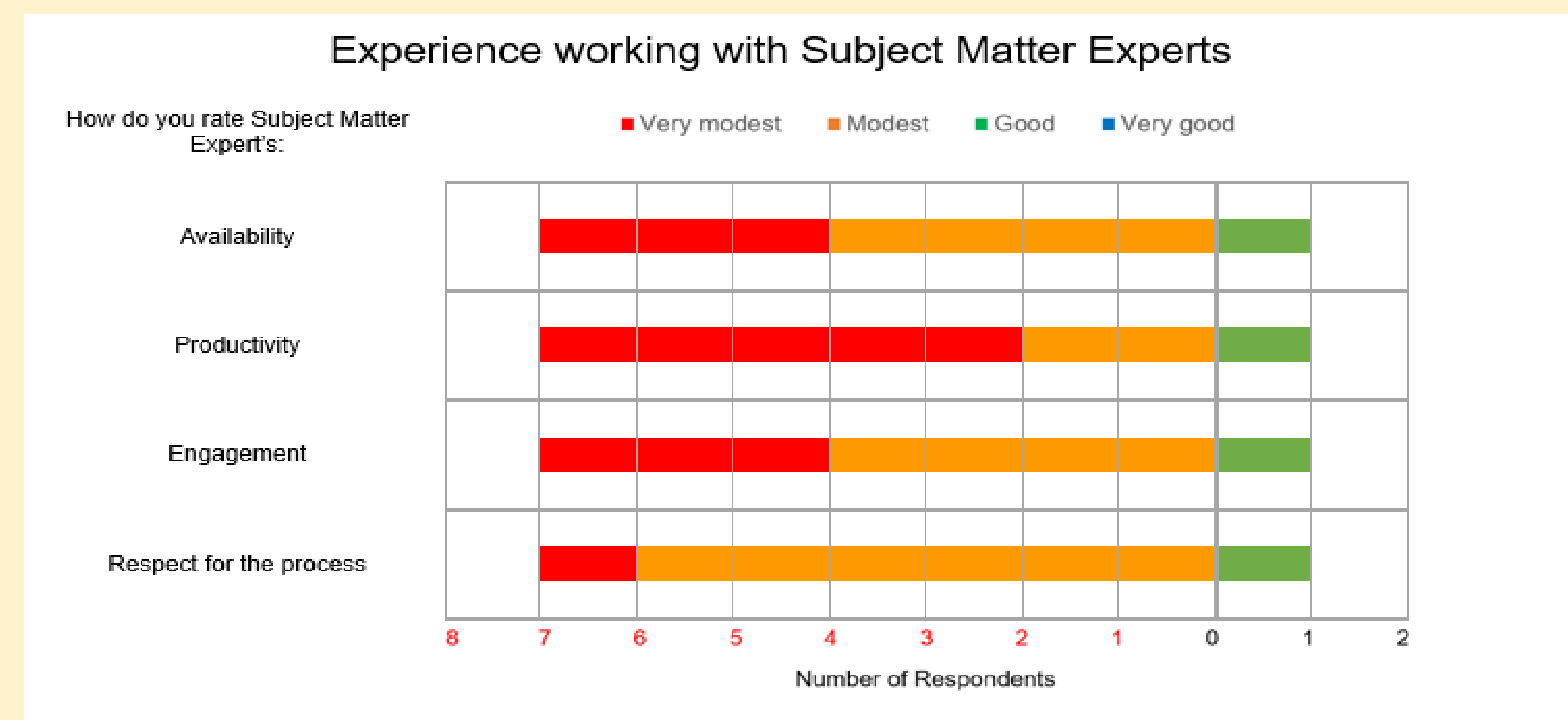
21% indicated that they first visited the diabetes service through the ED or another hospital-based department, not via their GP.

Feedback demonstrated missed opportunities for surveillance, diagnosis and ongoing management of diabetes within primary care.

## Primary Care referral Audit

- 94.1% General practitioners are the main source of referrals. Generally, referrals received by the SLHD Diabetes Services **do not provide adequate information to triage an appointment.**
- 62.4% Referrals did not include referrers treatment for referring problem. Many **did not** include clinical information or history relating to diabetes.
- 55.3% Appropriately referred to SLHD Diabetes Services. A large number could have been managed safely in primary care or lived outside the district and had an established service closer to home.

## HPS Program Team feedback



## Diagnostic Issues Summary

Vendor platform specific challenges

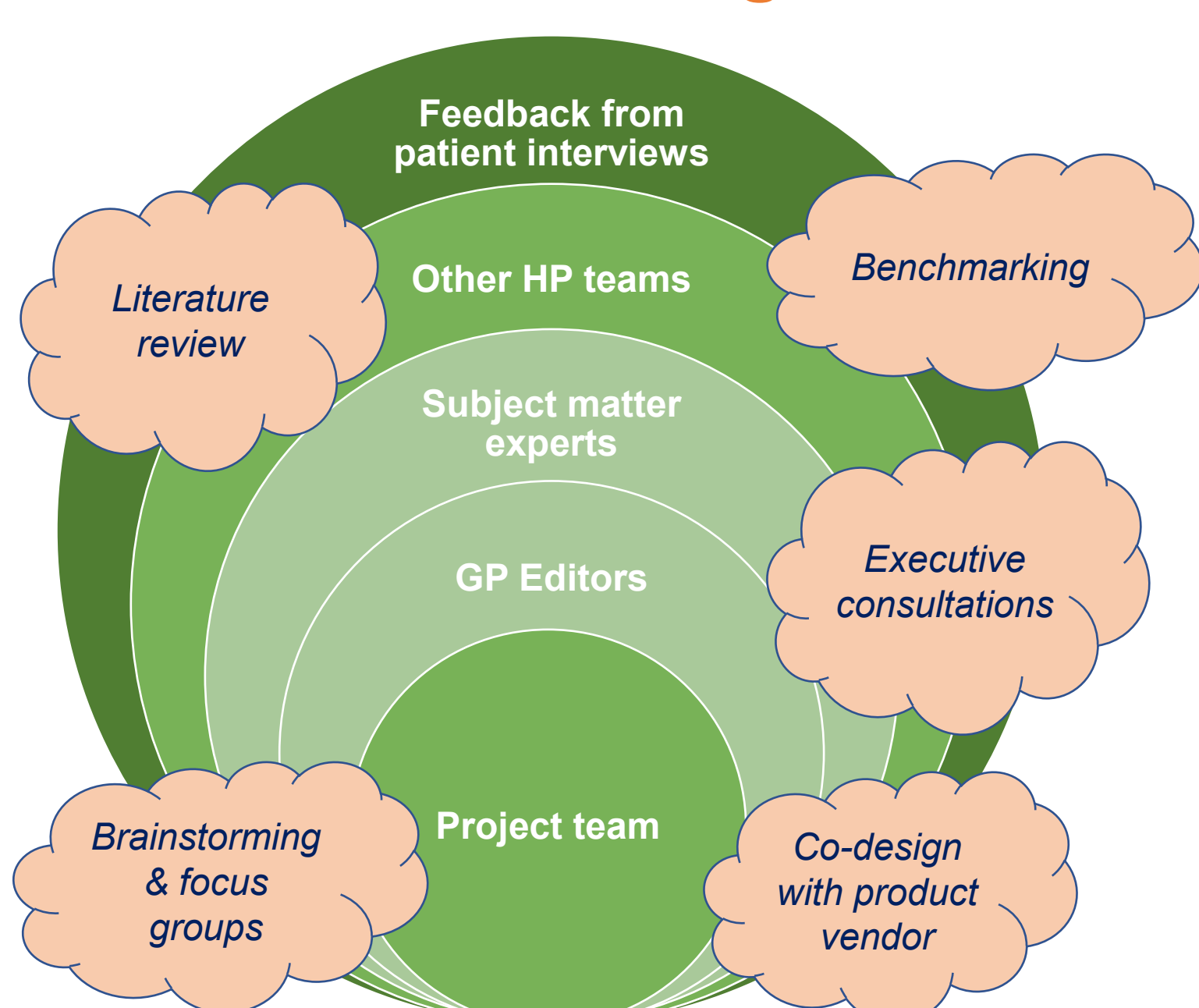
Lack of operational procedures

**Main Issues (thematic)**

Lack of SME engagement & governance

Roles & responsibilities/ staff wellbeing

## Solution Design



## Solution 1 Issue - Subject Matter Expert Engagement and Governance In Development

**Root causes – lack of capacity, lack of reinforcement, poor program understanding**

- Business case development and widespread promotion
- Embed HPS work as "business as usual" within departments – defined reporting & roles/responsibilities
- Introduce multidisciplinary workgroups for review suites

## Solution 2 Issue – Lack of Operational Procedures and Roles/Responsibilities In Development

**Root cause – the 2-year review cycle was over ambitious for team resourcing leading to demand-capacity mismatch**

- Repurpose the review into its components – clinical safety vs. quality improvement
- Explore the introduction of a new activity – "clinical safety check" – vendor co-design
- Investigate appropriate prioritisation frameworks

## Sustaining change

- Implementation of solutions is planned to commence from January 2024, with evaluation of the project to begin in late 2024.
- The project Steering Committee will continue to meet at regular intervals to monitor progress against objectives.
- Leveraging activities within existing committees (e.g. Ambulatory Care Business Unit meetings)

## Quick Wins

- Re-introducing HPS on the agenda of service and stream reports.
- Developing an HPS operational program manual, including dedicated GP Clinical Editor support resources and checklists.

## Conclusion

Key learnings from the project include:

- The importance of all levels of sponsorship – executive sponsorship is paramount to embedding the change.
- The results of this project provide new evidence validating the original HealthPathways Sydney program logic and "raison d'etre".
- Successful implementation of solutions can confer **long-term program sustainability**.

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