This year’s programme has been specifically designed to benefit the following healthcare roles:

- Directors/Head of Patient Flow
- Directors/Head of Clinical Design
- Directors/Head of Operations
- Directors/Head of Organisational Effectiveness
- Directors/Head of Emergency Departments
- Directors/Head of Nursing
- Executive Directors of Nursing
- Clinical Nurse Specialists
- Workforce Strategy/Development Managers
- Clinical Directors of Emergency
- Directors of General Medicine / General Manager of Hospital
- Directors Strategy and Redevelopment
- Clinical Governance Unit
- Executive of Performance Improvement

Who will you meet at Achieving Performance Targets through Patient Flow 2016?

Dates: 23rd to 24th February 2015
Venue: The Royce Hotel, Melbourne
WELCOME

ABOUT THE APTPF 2016 CONFERENCE

We recognise that 97% of public hospitals in Australia are missing their targets. We also recognise the need for healthcare professionals to get together to swap ideas and learn from each other.

With the healthcare system constantly facing changes, it is getting harder to deliver quality of care with minimal funding. If not minimal funding, it may be adjusting to activity-based management funding or coping with significantly increasing presentation numbers that we find challenging.

Not only are we faced with limited resources, but with speculation of new efficiency and performance targets or contradictory KPIs, never before has it been more urgent to examine the strategies and technologies you can utilise to achieve a quality, streamlined and united organisation as a whole.

Hence, the national conference in Melbourne is designed to show case the best in class solutions, by providing a comprehensive and very diverse range of strategic and operational case studies from the likes of The Royal Children’s Hospital, Alfred Health, The Prince Charles Hospital, Wesley Emergency Centre, Queensland Health, Peninsula and many more with panels and interactive content to help address your current and future challenges.

Come together to challenge and disrupt your thinking with other healthcare professionals, tackling the following issues:

- Your hospital is not achieving the NEAT and NEST targets
- Your hospital needs to improve patient flow
- You need to analyse the possible root causes of inhibitors in process design and service capacity
- You would like to decrease clinical risk
- Your hospital has changed management recently
- You need to move closer to a business model of budgeting to become more cost efficient whilst producing the best service and patient/ workforce outcomes

Register today and save up to $550 with the early bird discount. Simply call 02 9229 1000, email registration@iqpc.com.au or book online at www.optimisingpatientflow.com.au

I look forward to meeting you in February!

Yours faithfully,

Samantha Young
Project Director
Achieving Performance Targets through Patient Flow 2016

SPEAKER PANEL

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<td>Kerrie O'Leary</td>
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<td>Director of Access and Flow</td>
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<td>Gold Coast HHS</td>
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- Aaron Doty
  Manager Performance Strategy, Department of Health & Human Services
- Adam Bystrzycki
  Director Sandringham Emergency Department, Sandringham Hospital / Deputy Director Emergency Services, Alfred Health
- Ben Roberts
  Nursing Unit Manager Psychiatric Emergency Care Centre/ ED Mental Health Team, Wyong Hospital
- Bronwyn Friend
  Nurse Manager, Mona Vale Hospital
- Cameron Duffy
  Nursing Director, Bundaberg Base Hospital, Wide Bay Hospitals & Health Service
- David Shearer
  Allied Health Services Manager, Macquarie Hospital Corporation Manly Waters Private Hospital
- Denis O'Leary
  Operational Performance & Improvement Consultant, Ballarat Base Hospital
- Esther Dawkins
  Program Manager Service Improvement Unit, Women and Newborn Health Services
- Gavan Doig
  Emergency Physician, Wesley Emergency Centre
- Iain White
  Nurse Unit Manager, Croydon Community Health Centre/ Concord Centre for Mental Health
- Jarred Brose
  Acting Divisional Director of Integrated Medicine and Emergency Services, Cairns Hospital
- Jodie Huntly-Forde
  Clinical Nurse, Queensland Health
- John Stanway
  Deputy Chief Executive Officer/ Executive Director Clinical Operations, The Royal Children’s Hospital
- Kate Murphy
  Director of Nursing, Auburn Hospital
- Luke Lawton
  Staff Specialist Emergency Medicine, Queensland Health
- Marcus Arrowsmith
  Deputy Nurse Manager, Peninsula Hospital’s Cardiac Angiography Unit
- Mark Putland
  Emergency Physician, Co-Director of Emergency Medicine Training, Bendigo Health, AECM Workplace Based Assessment Regional Panel
- Mohammed Kakkat
  Senior Hospitalist Department of Geriatric Medicine, Nepean Hospital
- Nirjhar Nandi
  Director of General Medicine, Cairns Hospital
- Paula Harding
  Grade Four Musculoskeletal Physiotherapist in ED, The Alfred
- Shyaman Menon
  Clinical Director of Emergency, Peninsula Health
- Steve Bickford
  Executive Director of Division 4 (ED/Surgery/ Anaesthetics), Cairns Hospital
- Tracey Hinke
  Patient Journey Facilitator, Shellharbour Hospital - Illawarra Shoalhaven Local Health District
methodology for LifesmilesGOLD:
In this session, Anne will detail how the implementation of a dynamic process ensuring timely response to variation in demand. The changes include a new patient pathway introducing a separate fast track for high priority patients. Improved analysis of the patient demand in relation to capacity to provide oral health services informs rostering and appointment book planning. This is a dynamic process ensuring timely response to variation in demand.

This process is able to be tweaked and applied to other scenarios. In this session, Anne will detail how the implementation methodology for LifesmilesGOLD:
- Changed mindsets of clinicians and the culture creating a clear and stronger model of care.
- Reoriented individual clinician points of view to a ‘Population Health Approach’.
- Created a leaner process to access oral health care with less potential contact points with patients before attending appointment.
- Reduced waiting times, patients on waiting list and cost of care per capita.
- Improved communication between clinics, patients and intake service with consistent processes and messaging and improved documentation.
- Allowed clinicians better ability to predict demand and plan rosters and report feeling more in control of the workload.

KEYNOTE
Anne Pritchard, Clinical Leader Oral Health, Southern NSW and Murrumbidgee Local Health Districts

9:20 Whole-of-Hospital Approach using TQC (Timely Quality Care) to Achieve NEAT
Sandringham and The Alfred is able to achieve and maintain NEAT targets by using a whole of the hospital approach. The TQC approach has worked so well, it has been observed, adapted and implemented by Western Health, St Vincent’s and Royal Adelaide Hospital. In this dual case study, Adam will detail the TQC approach and discuss how and why at:

- Sandringham Hospital:
  - The working partnership onsite with a private GP clinic bridges the interface between the private and public.
  - Is using TQC for the past 2 years to tackle internal targets of 90%.

- The Alfred:
  - Implemented TQC to meet targets and reduce access block in subacute and hospital exit issues / bottlenecks in patient flow, maintaining 90% NEAT.
  - Monetary incentives for meeting NEAT did not work.

Adam Bystrzycki, Director Sandringham Emergency Department, Sandringham Hospital - Deputy Director Emergency Services, Alfred Health

10:00 Rapid Improvement Process at Cairns Hospital, Warts and All! Working with CSIRO analytics, and being part of the ministerial task force on patient flow, James will demonstrate his extensive knowledge of patient flow strategies and share stories of his successful experiences working with Cairns Hospital, co-presenting with Steve. This will include:
- How to change performance in a short time frame (3 weeks)
- The change management process itself from the perspective of outside and inside the system
- The outcomes and sustainability

Steve Bickford, Executive Director of Division 4 (ED/Surgery/Anaesthetics), Cairns Hospital

10:40 Speed Networking
An effective structured interactive session designed to help you expand your network through one-on-one focused conversations.

11:00 Morning Tea Break

11:30 Using Clinical Redesign & Accelerated Implementation Methodology to Design Solutions to Back End Issues – (it’s surprising what you find!)
The implementation of the new care model at Shellharbour Hospital resulted in: 100% improvement in EDDs (expected date of discharge), 96% improvement in documentation of multidisciplinary team meetings, and reduction in referral delays from request in the medical record to entry in the eMR system from 6 hours to 14 mins (median). Also with a strong focus on improved patient and staff experience, Kerrie and Tracey will detail how the Triple CCC (Care, Communicate, and Coordinate) project was successful in:
- Access/demand management and improving EDD development/targets
- Increasing productivity by streamlining team referral processes
- Creating agreed work practices for post intake ward rounds
- Medical/workforce engagement through multiple communication processes
- Increasing compliance with state policy
- Improved patient safety with the use of the checklist approach
- Improved documentation for activity-based funding

Kerrie O’Leary, ISLHD Clinical Redesign Co-ordinator, Illawarra Shoalhaven Local Health District
Tracey Hinke, Patient Journey Facilitator, Shellharbour Hospital - Illawarra Shoalhaven Local Health District

12:10 Lunch Break

13:10 Steer this interactive panel discussion with your questions to the experts
Identifying the Root Causes of Inefficient Patient Flow
In this panel discussion, our patient flow specialists from public and private will come together to discuss your questions, which may include:
- Which relationships harbour disconnect across the continuum of healthcare?
- What are the barriers between information flowing from primary health and hospitals?
- How do different funding streams shift resource allocation?
- How do you identify the drivers of your business?
- Which sections of policy and framework need to be focused on?

James Lind, Director of Access and Flow, Gold Coast HHS
LEADERSHIP AND ENGAGEMENT

13:50 Focusing on Internal Communication Processes and the Patients for Admissions to Reduce and Improve Timing and Patient Flow
The management and leadership environments impact on performance target rates. In this session, Cameron will discuss how the Bundaberg Base Hospital was able to achieve and maintain NEAT for 6 consecutive months through effectively:
- Managing internal processes; the exchange of information and communications with key stakeholders in a fluctuating work force
- Identifying and working through timing of medical admissions issues through a planned approach
- Utilising process mapping strategies for duplication identification.
- Strong leadership and team decisions

Cameron Duffy, Nursing Director, Bundaberg Base Hospital, Wide Bay Hospitals & Health Service

14:20 Improving Patient Flow through a Focus on Culture and Accountability
Responsibility is sometimes unclear or shifted between departments. Good written policies would be meaningless and efficiency in hitting targets is dramatically reduced if communication and cultural shifts does not happen. Working in regional Bendigo Health hospital ED, Mark will portray the greatest inefficiencies in critical decision/acute units by looking at the root causes that create a slower system. He will do this by focusing on the following strategies:
- Building trust in management positions
- Risk management
- Discussing different management styles and creating a common culture
- Analysing and managing cultural shifts in order to support good policies

Mark Putland, Emergency Physician, Co-Director of Emergency Medicine Training, Bendigo Health, ACEM Workplace Based Assessment Regional Panel

14:50 RESCUERS: Reduce Elective Surgery Cancellations Utilising Existing and Realigning Services
“No bed” cancellations were running at 32% of all elective surgery cancellations, which increased patient dissatisfaction and poorer theatre utilisation with increased difficulty in meeting NEST. Over the past 2 years, Mona Vale Hospital has sustained 100% NEST. Detailing the elective surgery project conducted across the three hospital sites of Manly, Mona Vale and Hornsby, Bronwyn will demonstrate how Mona Vale hospital improved timely and equitable access to surgery by:
- Improved planning of theatre lists and hospital bed management, resulting in zero cancellations for “no bed”.
- The new 10 bed short stay unit has inadvertently created quarantining of surgical beds for elective surgical patients 28hr stay.
- Extended day surgery hours have increased day surgery procedures and was cost neutral with model of care change.
- Improved patient experience and outcomes through compulsory 2 hour multidisciplinary joint education sessions.
- Improved performance of the whole hospital by decreasing LoS in Orthopaedics.

Bronwyn Friend, Nurse Manager, Mona Vale Hospital

15:30 Afternoon Tea Break

IMPROVING SYSTEM CAPACITY

16:00 Taking a Close Look at Patient Units in order to Create Strategies that Decrease Access Block
In this session, Marcus will talk about how Frankston Hospital’s Emergency Cardiac Angiography consistently meets 100% of their workforce and budget targets by:
- Using Stemi code diagnostics to reduce waiting time and fast track service
- Cost reductions - strategies on saving money with equipment contracts
- Trialling various interventions and imaging processes for labs

Marcus Arrowsmith, Deputy Nurse Manager, Peninsula Hospital’s Cardiac Angiography Unit

16:40 The Future of Service Cohesion – Discharge and Care Planning used to Achieve KPIs.
Iain developed an integrated model of care that facilitated early discharge from inpatient units and transferred care back to the community, with home-based treatments provided by an Acute Care Team (ACT). By doing this, 28 days readmissions were reduced from 25% to 4% and overall readmissions reduced from 20% to 7% in one year for the Eastern Sector and Concord catchment. In this session, Iain will discuss:
- How the inpatient inefficiencies were identified
- The discharge and care plans
- The success of the client and relationship centered discharge and care plans
- The positive impact of the sustained project on LoS

Iain White, Nurse Unit Manager, Croydon Community Health Centre/ Concord Centre for Mental Health

17:20 Enhancing the Public System Model to Optimise Business Outcomes
There are many factors that make it challenging to enhance the public system model to a more efficient and effective business model. At Manly Waters Private Hospital, currently achieving operating profit of 65% with continual expansion of services, David has maximised business potential by delivering excellence through the effective execution of services. Over the past 2 years, targets have been set by management for the implementation and facilitation of an outpatients department, as well as an expanding role that now includes inpatients and allied health departments. In this session, David will discuss his experience in:
- Training, creation of new staff roles, sourcing talent and upskilling existing staff
- Working as part of team assessing financial and budget plans
- Facilitation of different units to maximise space
- Creating and managing streamlined referral processes
- Utilising current infrastructure on a revenue based model
- Coaching other national hospitals with the implementation of programs, policies and procedures to optimize their services
- Implementation of a health initiative, the first of its kind in a hospital environment in both New Zealand and Australia that has produced winning results

David Shearer, Allied Health Services Manager, Macquarie Hospital Corporation Manly Waters Private Hospital

18:00 Conference Closing- Remarks from Chair James Lind
18:10 Networking Drinks
WEDNESDAY, 24 FEBRUARY 2016

8:00  Registration and Morning Coffee

8:30  Welcome Address from Kerrie O’Leary

9:10  Improving Care and Creating Capacity through 3 Main Initiatives
The Royal Children’s Hospital has a large elective surgery waiting list and has seen a significant growth in emergency presentations. Through these three initiatives, John will demonstrate how the hospital reduced LOS, reduced the waiting list and improved NEAT, and significantly improved patient and family care and support. The three initiatives are:
- “Good to Go” – team improving access/patient flow
- “Complex and Chronic Care”
- “After Hours” aka “Hospital at Night”

John Stanway, Deputy Chief Executive Officer/Executive Director Clinical Operations, The Royal Children’s Hospital

9:40  Morning Tea Break

10:10  Improving Hospital Service through a focus on Clinical Service Redesign
The King Edward Memorial Hospital has recently undertaken several initiatives that have improved both their patient flow and hospital processes. In her presentation, Esther will focus on the improvements they have made in the following areas:
- Emergency Centre Working towards NEAT Clinical Service Redesign Project
- Elective Caesarean PAC to Recovery Clinical Service Redesign Project
- Gynaecology Pre-Admission Clinic “Streamlining our services” Clinical Service Redesign Project
- Gynaecology Community Handover at Discharge Clinical Service Redesign Project

Esther Dawkins, Program Manager Service Improvement Unit, Women and Newborn Health Services

10:40  Using Telehealth to Increase Bed Access Flow into Residential Aged Care Facilities
The estimated resident population percentage growth for the 70+ age group between 2011 and 2026 is 112% for Nepean Blue Mountains LHD compared to 63% for NSW and 78% for Victoria. Patients located in Residential Aged Care Facilities (RACFs) presenting to the Nepean Hospital ED result in poorer patient outcomes and increased LoS. After project implementation, the readmission rate patients were reduced from 19% to under 6%. In this session, Mohammed will detail:
- Improve accessibility and efficiency of patient care pre and post hospitalisation (using Telehealth – video conferencing)
- Clear communication processes between RACFs, VACS, EDMAU registrar and ED
- Inform and educate RACFs on the purpose of VACS through face-to-face education sessions and brochures
- Permanent fulltime VACS Clinical Nurse Consultant

Mohammed Faizal Kakkat, Senior Hospitalist Department of Geriatric Medicine, Nepean Hospital

11:10  Lunch Break

12:10  Steer this interactive panel discussion with your questions to the experts

Achieving Performance Targets through Patient Flow:
ED Perspective
In Queensland and Western Australia, only 22% of patients are admitted from hospital to ED within the 4 hour target. Only a slight improvement is made by the Northern Territory at 53%. In this panel discussion, our patient flow specialists from public and private will come together to discuss ED challenges and case studies; management projects, theoretical or clinical strategies and results of different trials.
- What is the range of frameworks in understanding ED problems?
- What happens when things break down?
- What are the external factors impacting on ED; inhibiting ED from achieving their results?
- What are your experiences in making a change?
- Discussing challenges in ED dealing with winter season influx in presentations

Gavan Doig, Emergency Physician, Wesley Emergency Centre
Mark Putland, Emergency Physician, Co-Director of Emergency Medicine Training, Bendigo Health, ACEM Workplace Based Assessment Regional Panel
Adam Bystrzycki, Director Sandringham Emergency Department, Sandringham Hospital/Deputy Director Emergency Services, Alfred Health
Luke Lawton, Staff Specialist Emergency Medicine, Queensland Health
12:40 **Improving ED Patient Experience by Reducing Waiting Times and Treatment Delays**
Wyong Hospital ED mental health presentations in 2013, only met 47% NEAT. Of the 396 admissions from the ED in this period, 69% waited longer than four hours to be admitted. With the Wyong population forecasted to expand by nearly 18% by 2021, it was essential to address barriers to treatment for this important patient group. In this session, Ben will discuss the detail and effectiveness of the following strategies that improved NEAT from 47% in 2013 to 90% on non-admitted and 76% overall:
- Installing second monitors and electronic patient journey boards
- FirstNet standing operating practices developed and published
- Staggered shift times
- ‘Nurse treat only’ and admission to Psychiatric Emergency Care Centre (PECC) standing operating practices have been drafted
- Collaborative education sessions between mental health and ED
- Employment of dedicated ED staff specialist to enhance collaboration and encourage communication.

**Ben Roberts**, Nursing Unit Manager Psychiatric Emergency Care Centre/ ED Mental Health Team, *Wyong Hospital*

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**13:10 Driving Proactive Planning through Effective Use of Data**
Over the past 5 years Denis has been working with Health Services across Victoria looking at how data can be used to begin conversations to enable streamlining of operations and processes in relationship to patient flow. In his session, Denis will focus on the following:
- Gathering effective and useful data to improve efficiency
- Sourcing talent and upskilling existing staff to draw insights from data
- Improving the analytical and design capability of staff to review and monitor data
- Strategies for data analysis
- Tracking the performance of new and existing systems
- Effectively utilising existing data to think strategically and influence decisions

**Denis O’Leary**, Operational Performance & Improvement Consultant, *Ballarat Base Hospital*

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**14:40 Afternoon Tea Break**

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**15:00 Implementation of a Rapid Assessment for Medical and Surgical Unit (RAMS) Supporting DUIT to Improve NEAT**
DUIT is an initiative to assist The Prince Charles Hospital, supported by RAMS, to improve NEAT performance, but also to ensure that patients are being reviewed in a timely way so that early decisions and decisions can be made and initiated. Prior to DUIT there was no alternative but to admit these patients to multiday inpatient beds. Jodie will discuss how they are continuing to:
- Further develop a “Pull” system from ED by monitoring emergency presentations and proactively going to the department and supporting the movement of patients out
- Flexible management of the patient cohort across chairs, day beds and in-patient beds, this includes facilitating discharges as well as pathways in

---

**15:30 Interview with Aaron Doty: Manager Performance Strategy, Department of Health & Human Services**
Cameron Duffy will facilitate a relaxed one on one interview with Aaron Doty about the how, what, where and when of the key focus areas in strategic direction, strategic policy and access support.
Insights may include:
- Where is Victoria going?
- What is the thinking on how to measure and monitor hospital performance?
- What are the dilemmas of the impact on measurement and benchmarking?
- What is the thinking on how to measure and monitor hospital performance?
- Strategic directions for the Victorian health service performance monitoring framework
- Setting strategic and policy direction

**About Aaron**:  
Aaron Doty is a project manager, strategic planner and policy analyst with over 15 years of experience in the healthcare sector, including both industry and government work. Prior to his role on strategic policy discussion and directions for health system performance monitoring, Aaron was the director of strategy and planning at Monash Health and Project Portfolio Manager Innovation and Improvement at Southern Health.

**Specialties**: policy analysis, project management, portfolio management, strategic planning, service line development, business planning, customer relationship management.

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**15:50 Gaining Efficiency between Budget and Workload through Whole Model of Care Change**
Though the implementation of the new 24-hour MAU sped up the patient assessment program, reduced LoS in hospital, and eased pressure on the ED; there were numerous other key activities within the system that were changed which contributed to Cairns’s successful turnaround. After MAU implementation, 90% are now consistently reviewed within an hour, as opposed to 20-30% before. Furthermore, time taken by medical registrar to process patients has decreased from 40-60 mins to 20-30 mins, while successfully managing doubled admissions. In this session, Nirjhar and Jarred will discuss why they:
- Focus on early consultant and allied health input, saving 3 days of LoS from the beginning
- Shifts responsibilities placed on different staff to reduce and distribute the workload of all medical teams, not just the general medical team.
- Choose a closed model of care
- Are able to evenly distribute inpatient numbers through MAU strategies

**Nirjhar Nandi**, Director of General Medicine, *Cairns Hospital*

**Jarred Brose**, MAU Nurse Unit Manager, *Cairns Hospital*
16:20 Champagne Roundtable Discussion
Assisted by free flowing champagne, bounce ideas off your peers and discuss solutions to patient flow challenges.

16:50 Expanding Scope of Practice (ESoP) Program to Increase Patient Flow: Musculoskeletal Physiotherapy in ED Service Improves Patient Flow and Meets NEAT
At The Alfred, a team of nine experienced musculoskeletal physiotherapists are providing a high quality, sustainable model of care. In the ED, patients presenting with musculoskeletal conditions are managed by a physiotherapist enabling the medical team to see more complex, acutely unwell patients. The patient journey has been improved with shorter waiting times to be seen, reduced length of stay in the ED, and earlier access to active rehabilitation. In addition to achieving key performance indicators, these services have demonstrated excellent satisfaction from patients and staff. In this session, through the ESoP perspective, Paula will discuss how:
• To improve the patient journey by reducing waiting times to be seen, and deliver appropriate care at the right time with medical liaison where required
• To optimise the use of the medical consultant’s time and expertise to attend to patients with more complex needs or who are ready and appropriate for medical intervention
• To provide a team of physiotherapists trained for advanced practice roles to deliver a sustainable service from the ED setting into the outpatient specialist consulting services
• To optimise the skills and expertise of the physiotherapy workforce to support the ED in responding to the rising burden of musculoskeletal disease in the community

Paula Harding, Grade Four Musculoskeletal Physiotherapist in ED, The Alfred

17:50 NEAT & ACRE: Sustainable Clinical Redesign in Townsville’s ED
Queensland Health has recently started a major clinical redesign project by the name of ACRE (Accelerated Chest pain Risk Evaluation), a state-wide innovation. ACRE draws in elements of risk management, flow, patient care and human factors in clinical redesign. The ACRE project has reported significant ED LoS time saved, increase in NEAT compliance for chest pain presentations and accelerated patients. In this session, Luke will discuss the experience of TTH ED in:
• the role of clinical research in clinical redesign
• translating research into practice
• the interaction of conventional medical models of care with patient flow issues
• outcomes - the time and efficiency benefits of an accelerated cardiac assessment model
• lessons learned, particularly in engaging clinician involvement in clinical redesign

Luke Lawton, Staff Specialist Emergency Medicine, Queensland Health

18:20 Closing Remarks from Kerrie O’Leary

18:30 Close of Conference
MASTERCLASS & WORKSHOPS
THURSDAY, 25 FEBRUARY 2016

MASTERCLASS
08:00 – 14:00

Creating Safety and Equality - Inclusive Redesign to Optimise Productivity

Though the solutions to back end coordination and issues are quite simple, understanding the complexity of the systems that underlay is a challenge and requires different kinds of investment. Having concrete change and demand management frameworks is paramount to success. Kerrie is an expert in clinical redesign methodology and with the help of Tracey, has successfully produced clinical excellence. Kerrie and Tracey will provide a master class that will guide participants on the common pitfalls and things to consider.

By attending this Master class, participants will:

- Understand how to structure communication and checklists
- Learn how to address safety and clinical risk
- Assess the patient experience and consumer engagement
- Learn how to understand staff experience and manage workforce engagement
- Learn how to make improvements in documentation
- Discuss a variety of steps in clinical innovation
- Share approaches to continuous capability building
- Understand implementation support structures
- Assess research and the measurable evidence-based inclusion of clinicians
- Assess service redesign and evaluation

Expert Facilitator:
Kerrie O’Leary
ISLHD Clinical Redesign
Co-ordinator, Illawarra Shoalhaven Local Health District

Tracey Hinke
Patient Journey Facilitator, Shellharbour Hospital - Illawarra Shoalhaven Local Health District

WORKSHOP
14:30 – 17:30

Decreasing Clinical Risk by Utilising Different Models of Care

The Clinical Access and Redesign Unit (CARU) in Queensland Health play a major role in improving patient flow by removing bottlenecks. Data obtained by the CARU showed initial success one year ago when the function of Day Unit for Investigations and Therapies (DUIT) to support NEAT. Jodie is working on the data showing that all emergency admissions to inpatient beds, with a length of stay of 1-2 days, could be safely and effectively treated in an ambulatory care model led by senior clinical decision makers with rapid access to diagnostics and therapies. Patient requiring medical day procedures, consultations, transfusions, dressings, biopsy and investigations can be seen through DUIT. This data was what lead to the RAMS (The Rapid Assessment for Medical and Surgical) unit becoming a permanent fixture. In this workshop, Jodie will facilitate discussion on identifying, accessing and managing clinical risk through projects that have proven successful.

By attending this workshop, participants will:

- Identify, access and discuss how to manage clinical risk
- Learn how to implement the 4P’s project (flls, faints, falls and funny turns) and day model to reduce need for inpatient beds: a QLD health project between Nambour hospital and the Prince Charles to improve treatment, referrals to RAMS or DUIT from triage and limit time spent in ED
- Understand how to provide direct admission to either unit from QAS or GP
- Develop strategies for ambulatory care (provided in the DUIT at Queensland Health)
- Build a day model utilised for reducing the need for inpatient beds
- Discuss alternatives to admitting patients to multiday inpatient beds
- Take away strategies and models designed to meet the needs of the patients who require inpatient interventions but do not need overnight stays in an inpatient bed

Expert Facilitator:
Jodie Huntly-Forde, Clinical Nurse, Queensland Health

WORKSHOP
17:30-20:30

24-Hour MAU Challenges and Designing Operational Strategies

This interactive workshop will focus on developing a closed model of care in order to increase patient flow and achieve or maintain performance targets and KPIs. Rate of presentations are increasing all over the public system, with Cairns Hospital ED presentations rising from 150-170 to 180-220 daily admissions over the past 18 months. Nirjhar and Jarred will provide a workshop that will guide participants on different strategies in implementing and managing a 24-hour MAU.

By attending this workshop, participants will:

- Assess project piloting issues and decision support tools
- Understand how to lobbying to work around obstructions and increase funding – using data and strategy to influence
- Setting up and benefits of inpatient intelligence rounding – inpatient Telehealth (video conferencing) to reduce inpatient transfer from other hospitals
- Discuss mobile phone acquisitions to improve patient flow
- Learn how to beat large daily increases in ED presentations and different demographics
- Challenge intensive allied health, medical and nursing assessments and their involvement in ensuring early diagnosis and treatment
- Assess diagnosis and recovery plans, with senior consultant reviews and senior input

Expert Facilitator:
Nirjhar Nandi, Director of General Medicine, Cairns Hospital

Jarred Brose, Acting Divisional Director of Integrated Medicine and Emergency Services, Cairns Hospital
# ACHIEVING PERFORMANCE TARGETS THROUGH PATIENT FLOW

**Dates:** 23rd to 24th February  
**Venue:** TBC, Melbourne

**Register Early & Save!**

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- **Register a team of 5 or more to the conference at the same time from the same company and receive a 30% discount**
- **Ask about multi-event discounts. Call +61 2 9229 1000 for more details**

**NOTE:** Please note: Only one discount applies per registration. No double discounts are applicable. Discounts do not apply to on-site tickets and are subject to availability and require payment at the time of registration.

**TEAM PACKAGES**

- Convert team learning into practical business strategy
- An exclusive private meeting & networking space
- VIP registration, conference seating and networking support.

To qualify: Register a team of 7 or more delegates to the conference at the standard conference rate.

**ACCOMMODATION**

The Rye Hotel
Melbourne 3004

When?
23-24 February 2015

**ACCOMMODATION**

The Rye Hotel is the official hotel for the Achieving Performance Targets through Patient Flow 2016 event and they have negotiated event rates specifically for attendees of this event.

To take advantage of these rates, contact the hotel and quote IQPC or go to [www.optimisingpatientflow.com.au](http://www.optimisingpatientflow.com.au) and click on the Venue & Accommodation page for a direct link to rates.

**PRIVACY - YOUR CHOICE**

Any information provided by you in registering for this conference is being collected by IQPC and will be held in the strictest confidence. It will be added to our database and will be used primarily to provide you with further information about IQPC events and services. By supplying your email address and mobile telephone number you are agreeing to IQPC contacting you by these means to provide you further information about IQPC products and services. From time to time IQPC may share information from our database with other professional organisations (including our event sponsors) to promote similar products and services. Please tick the box below if you do NOT want us to pass on your details.

**IQPC CANCELLATION AND POSTPONEMENT POLICY:** For details of IQPC’s Cancellation and Postponement Policy please visit: www.iqpc.com.au

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