

Ambulatory Care

A Management Initiative or a Clinical Need?

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Deputy Chief Executive & Chief Operating Officer

- Before Alfred Centre

- Access to services compromised
- Cancellation of elective surgery (>30%)
- Imbalance of emergency and elective surgery
- Ambulance diversions
- ED delays
- Increasing Financial pressures
- Service demand growing
- Aging and Inflexible infrastructure

Comments when asked !

'Management Initiative'	Clinical Imperative
Failing on key Government indicators	Capacity to operate when clinically indicated
Complaints	Patients receive intervention when planned
Lost revenue opportunities	Surgeons operate when they are scheduled
Length of stay benchmarking	Patients in hospital only as long as they need
Theatre utilization	Revenues are optimized for reinvestment in clinical initiatives
Complex infrastructure for simple procedures	Surgeons want a balance between elective and emergency surgery
Enable innovation	Innovate and best practice

Redesign requires clinical and Executive leadership

- CEO or senior executive regular and ongoing involvement or sponsorship
- Not a focus on projects by consultants or redesign teams rather than line management
- Don't get “stuck in the middle” between a professional reporting line and a program or Divisional structure.....
- Need to be clear about who is responsible for what
- Support for managers and leaders
- Ensure people have the necessary information
- Manage the issue not around the issue
- Controls often have to change

- *“It’s the ED’s problem”..... “the doctors won’t round early enough”..... “the nurses have too many meetings.....” “we just need more resources.....”, “the medical staff will not turn up to the meeting”*

To state the obvious.....

- There is no single perfect answer. What and how we do things is context dependent and needs to be flexible
- We are very busy delivering services to our patients and supporting our staff
- We are very busy with meeting the expectations of our funders and adapting to a changing healthcare environment
- Organizational form needs to make this easier not harder and it needs to make sense

Redesign and \$

- **Right patient in the right bed at the right time**

Equals

- **Most efficient, safe and cost effective care and use of resources**

Which allows you to

- **Treat more patients, improve flows, generate more income, invest in patient safety, research, infrastructure.....**

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