THE HEALTH ROUNDTABLE

program of activities

2017
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This workshop is endorsed by ACN according to our Continuing Professional Development (CPD) Endorsed Course Standards. It has been allocated 13 CPD hours according to the Nursing and Midwifery Board of Australia – Continuing Professional Development Standard.
Core Membership Services 2017

The Health Roundtable offers a variety of services for your Core Subscription:

- Annual CEO workshop & AGM
- Medical Directors Workshop
- Getting best Value from Health Roundtable Reports
- Super User Certification
- Executive Briefings
- Innovations Workshops & Awards
- Key Performance Indicator Scorecard & National Standards Report
- Inpatient Care Comparisons
- Inpatient Hospital Mortality Comparisons
- Emergency Presentation Analysis
- Inpatient Sub acute and Ambulatory Reports
- Chat room to discuss any issue of concern

Information about the core activities is included in the following pages. Each member has their own client relationship manager who is their key connection to The Health Roundtable providing regular updates by phone, webcast and at least one annual onsite briefing. In addition, access to the website is available to unlimited numbers of staff of the member’s organisations at no additional cost. This an important communication portal to access the data reports, innovations and other resources indexed in the library.

Core Services can focus on your health service as a whole, or on one facility within that service. If you have multiple facilities within the health service that you want to compare separately, there is a small additional fee for each one.

Optional Health Roundtable Services
The Health Roundtable offers a wide range of optional services to its members at a low fixed price per member, per year. Please see the Improvement Groups, Optional Roundtables and specialised program brochures for more information.

Additional Membership Benefits
The Health Roundtable is an international member of the USA University Health System Consortium that is now part of the larger Vizient group https://www.vizientinc.com/. Membership offers all Roundtable organisations and their staff free access to a huge online library of performance improvement presentations, technology briefings, and forecasts regarding the health care practices of major academic medical centres and community hospitals in the USA. The Roundtable is also an associate member of the International Hospital Federation (IHF) providing access to international trends. https://www.ihf-fih.org/

Deadline
Membership must be renewed by 15 Jan 2017

Cost
The full suite of core activities for 2017 costs $A20,400 plus GST for the first facility and $12,000 for each additional facility

Enquiries
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Each organisational member of The Health Roundtable appoints a **Personal Member** to the Roundtable. This is usually the Chief Executive or a senior executive from the management team. Personal Members meet formally once a year to review trends and progress across Australia and New Zealand and to plan activities. This input is crucial to focus The Roundtable services on members priorities.

In 2017, the **Annual General Meeting and CEO Workshop** will be on 15-16 March in Brisbane. The formalities of the AGM are brief and the main focus of the day is the CEO workshop. The Roundtable sponsors world class leaders in healthcare to shine a light on emerging trends and improvement solutions.

Personal Members are encouraged to attend with their liaison representative responsible for coordinating Roundtable engagement. The workshop also provides a valuable networking opportunity for senior executives.

All Roundtable Client Relationship Managers are in attendance and are available for ‘one-on-one’ discussions about key findings from your data. They will also highlight the key learnings from Roundtable meetings to help you improve patient care and organizational performance.

**Personal Visits** by senior Health Roundtable staff can also be provided at a small daily fee covering travel and professional time. This enables you to involve more staff from your health service in patient-care improvement activities and increase the networking with “exemplar” sites across Australia and New Zealand.

**Recent international invited speakers for AGM and CEO workshops**

### Key benefits

- **Improve patient care by learning how ‘exemplar’ health services operate**
- **Learn about new trends from international and national experts of ‘hot topics’**
- **Discuss issues of specific concern to your hospital**
- **Meet and share solutions with senior health executives facing similar issues**

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### Key Personal Member Dates

**15 March, 2017**

AGM & CEO Workshop, Brisbane

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### COST

Included in core membership

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### ENQUIRIES

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[www.healthroundtable.org](http://www.healthroundtable.org)
Special Roundtable
Medical Directors
Mortality Analysis 2017
16 March 2017, Brisbane
Meeting Code HRT1705a

Key benefits

✓ **Specifically tailored to the needs of Medical Directors and senior clinical leaders**

✓ **Understand new approaches to HSMR analysis and difference between jurisdictional analysis of HSMR**

✓ **Receive assistance in analysing your hospitals customised suite of Mortality Reports**

✓ **How to identify areas of concern—Does your hospital have higher mortality on weekends? Learn how other hospitals have improved**

✓ **What to do if your results are higher than expected. How to investigate concerns**

✓ **Gain insight into legal issues surrounding action or inaction**

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How to use the new HRT Hospital Standardised Mortality Rate Reports and what to do if results are not as expected?

In late 2016, The Roundtable introduced a new HSMR methodology using a more detailed analysis of diagnoses to determine risk of death. This model with improved predictive accuracy can better adjust for differences between patients. Our updated episode viewer allows users to see the risk calculation in action with a diagnosis by diagnosis breakdown at the individual patient level.

Figure 1. HSMR Funnel Plot. Index hospital highlighted in Red

The Health Roundtable provides quarterly updates on the in-hospital standardised mortality rate (HSMR) for each member health service. The approach is consistent with that used by governments in England, Canada and Australia, but is standardised on the extensive multi-year database of our own member hospitals. Our mortality analysis is based on a period of data containing over 9 million episodes and around 100 thousand deaths.

At this workshop, participants will:

- Receive a special customised HSMR report for their hospital.
- Find out if there are different mortality rates that occur for patients admitted on a weekday compared to those admitted on a weekend.
- Understand the differences between The Roundtable and other jurisdictions for reporting HSMR
- Undertake a step by step interpretation, explanation and analysis with The Roundtable’s expert statistician, Rohan Cattell.
- Specifically, participants will learn how to check the validity of their data and what extra steps should be taken if results are not within expected ranges.

In addition, Mr John Snowdon, a medico legal expert and legal counsel at Northern Health, will discuss a number of issues relating to high HSMR rates and what actions may be required.

Figure 2. Does your service have excess mortality on weekends? HSMR ratios between weekdays and weekends >1 indicate there may be a problem

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**COST**

$895*pp inclusive of customised reports for your organisation
* excl GST

**ENQUIRIES**

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The Health Roundtable
Data Masterclass

2-3 May 2017, Sydney
Meeting Code HRT1708

How to use HRT Data to Identify Exemplar Practices
Following the success of the inaugural masterclass in 2016, we are hosting another masterclass in 2017 to review the last 12 months’ reports and help you identify opportunities to optimise the patient journey. We will explore patient-centric analysis and interactive web-based analytic tools. Health Roundtable staff will answer your questions and help you identify the solutions developed by ‘exemplar’ health services.

Participants will learn how to use Health Roundtable reports to quickly understand key issues affecting your organisation and how the data can be presented in a way to engage senior clinicians and managers. Interactive workshop sessions will highlight the latest analyses and get your feedback on:

- Patient-centric analysis
- Sub-acute care comparisons
- Interactive web-based analytics solutions
- Emergency Dept. comparisons
- Inpatient care and mortality comparisons
- Ambulatory care comparisons

Attendance at this masterclass is a prerequisite for certification as a Health Roundtable Super-User of HRT Data and Reports (being held on 4th May)

Overview of Core and Optional Reports

Hear the latest updates from IPHA and provide feedback on developments

The Independent Hospital Pricing Authority (IHHA)

IHHA is an independent government agency established by the Commonwealth as part of the National Health Reform Act 2011. IHHA was established to contribute to significant reforms to improve Australian public hospitals. A major component of these reforms is the implementation of national Activity Based Funding (ABF) for Australian public hospitals.
The Health Roundtable
Super User Certification

4 May 2017, Sydney
Meeting Code HRT1709

In 2017, we are hosting a one day certification training to enable Hospital staff become Super Users of the Heath Roundtable data reports. We will help you to review and understand your organisations’ reports from the last 12 months. This will follow on from the Data Review Workshop held 2-3 May 2017 in Sydney.

The certification will involve
- Structural questioning template (training materials)
- Pre-work
- Dive into own reports to answer questions
- Roundtable data experts to help

Why Participate?
- Test competency knowledge
- Identify the anomalies and findings to ask questions
- Identify priority opportunities for improvement
- Learn how to make the best use of Health Roundtable analytics to address key issues
- Become a Roundtable Super User!

What you need to do?
- Designate a data liaison representative as a key contact for the Health Roundtable.
- Attend the Annual Data Review Workshop
- Organise group of up to 2 senior end users to attend

Structure
- What
- Where
- When
- Extent
- Other safety & quality issues

Using relevant questions for each of the reports, to come to a 'better conclusion' and get clarity.

COST
Fee is $550* per delegate
*excl GST

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Please note, this meeting is following on from the Health Roundtable HRT1708 Data Review Workshop held on Tuesday 2nd and Wednesday 3rd May 2017 in Sydney.
Executive Briefings

Key benefits

✓ Personalised explanation of the significant changes and implications of your quarterly results
✓ Comparison of your organisation’s performance with peer hospitals that have a similar casemix
✓ Identify priority opportunities for improvement
✓ Learn from the best performers and share your expertise to improve patient care
✓ Access to a chat room to discuss any enquiry

Many members believe that apart from the actual reports, the briefings are the most valuable benefit of being a member. These comprise;

Executive Briefings—After the release of the quarterly reports, the Client Relationship Managers contact each member hospital to arrange an executive briefing as a team presentation highlighting the significant changes since the last report.

At least once a year, these briefings occur in the members hospital. Other briefings throughout the year occur via teleconference or video conferencing.

Personal member briefings—offer one on one discussions with the CEO that not only explain all of the significant reasons of change in the data reports, but also highlight opportunities for improvement. Where appropriate, information about innovative improvements from other HRT hospitals and visiting national and international presenters to HRT are shared with your staff.

Additional Personal Visits by senior Health Roundtable staff can also be provided at a small daily fee covering travel and professional time. This enables you to involve more staff from your health service in patient-care improvement activities and increase the networking with “exemplar” sites across Australia and New Zealand.

Chat room - The Chat room service is available during normal working hours and is easily accessible on the HRT website. This service provides direct access for any member of your organisation to ask questions about any facet of HRT reports directly to the HRT support team.

Included in core membership

Chat started

Support Team
Hi there, please let us know if we can help!

Type your message here

Options - Sign in

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Key benefits

✓ Get up to speed quickly on key innovations you can implement to address major issues
✓ Learn how to use Health Roundtable to improve your services
✓ Expand your network of colleagues working on similar projects to share ideas and improvements and Steal ideas shamelessly

We are doing it again in July! Share your innovative practices with your colleagues across Australia and New Zealand!

The Health Roundtable has been working with its member organisations throughout Australia and New Zealand since 1995 to identify practical innovations that can be implemented to reduce the pressures you are facing across all aspects of patient care. By sharing issues and innovations with 92 health services, you will be able to reduce the pain and help your colleagues improve the care of patients everywhere.

In the past 4 years over 500 innovations have been presented at the Innovations Workshops and Awards. Members across Australia and New Zealand have been challenged and motivated by rapid fire presentations covering an extensive range of innovations on topical health and hospital related themes.

In 2017 The Health Roundtable will host a two-day event to share innovative practices grouped across four topic streams:

- Improving Centred Patient Care
- Improving Performance
- Preparing for the Future
- Improving with Health Roundtable Data

We will have four mini-workshop sessions in each of these areas to enable participants to discuss their issues and innovations in informal poster sessions.

Please review the above information and pick an innovative practice from your health service to share with your colleagues. All that is required is a simple PowerPoint-style presentation outlining the issue you faced and the solution you implemented to address it.

The winning innovation presentations were:

Stream One: Improving Patient Care
In home specialist Telehealth Paediatric Care
Amy Holmes
Sunshine Coast HSS

Stream Two: Improving Operational Performance
Waste Management - Our Story
Gavin Johnson
Metro South HHS, Redland

Stream Three: Meeting Clinical Performance Targets
PROMPT2U
Paul Russell
Northern Sydney LHD

COST

Presenters no charge
Non presenters $100* per day
*excl GST

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Hospital KPI Report & National Standards Report

Key benefits

✓ Use a Balanced Scorecard approach to review overall performance
✓ Identify improving and declining areas using simple "traffic lights"
✓ Compare notes with members who are performing better on key indicators

What you need to do

✓ Designate a KPI liaison person to act as a contact for questions and follow-up
✓ Enter indicator data for manually collected measures of interest to your health service on a sample basis once each six months
✓ Review the reports to investigate "Red Traffic Light" items Re-submit data if errors are discovered

Australian National Standards Indicator Reports bring together information derived from inpatient and emergency data that help members in accessing their progress against the National Standards and to identify exemplar services. The report provides senior executives an overall view that:

✓ provides trend information of performance over time, and
✓ benchmarks performance indicators with peer hospitals

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Inpatient Care Comparisons
Reports by Department & DRG

Key benefits

✓ Compare your length of stay, readmission rates and quality of care with relevant peers
✓ Quickly identify 'exemplar' health services to contact about their practices
✓ Engage clinicians and staff on key issues
✓ Identify ways to improve quality of your coding and counting of inpatient episodes

Quarterly Inpatient Briefings for 2017
Every three months the Health Roundtable produces a suite of customised inpatient briefing reports to assist in finding opportunities for improvement. Although focused on length of stay, the reports also provide data on readmission and DOSA rates, complications of care, and drill down to the principal diagnosis and procedure level.

“Top 10” Bed Day Opportunities for your health service

<table>
<thead>
<tr>
<th>Name</th>
<th>RSI</th>
<th>Eps</th>
<th>Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>STROKE &amp; OTH CEREBROVASC DSRD</td>
<td>131%</td>
<td>91</td>
<td>819</td>
</tr>
<tr>
<td>DMNTA&amp;CHRNIC DISTURB CRBRL FN</td>
<td>135%</td>
<td>91</td>
<td>596</td>
</tr>
<tr>
<td>DEG NERV SYS DIS</td>
<td>152%</td>
<td>192</td>
<td>479</td>
</tr>
<tr>
<td>CHRNIC OBSTRT AIRWAY DIS</td>
<td>101%</td>
<td>265</td>
<td>479</td>
</tr>
<tr>
<td>RESPIRATORY INFECTN/INFILAMM</td>
<td>90%</td>
<td>407</td>
<td>448</td>
</tr>
<tr>
<td>HEART FAILURE &amp; SHOCK</td>
<td>97%</td>
<td>314</td>
<td>405</td>
</tr>
<tr>
<td>INJ LIMB, ELBUN, LEG, ANKLE</td>
<td>109%</td>
<td>160</td>
<td>349</td>
</tr>
<tr>
<td>INJuries</td>
<td>135%</td>
<td>236</td>
<td>317</td>
</tr>
<tr>
<td>NON-SURG SPINAL DISORDS</td>
<td>100%</td>
<td>164</td>
<td>292</td>
</tr>
<tr>
<td>DELIRIUM</td>
<td>110%</td>
<td>67</td>
<td>272</td>
</tr>
</tbody>
</table>

Savings: 5,050

could save 140 bed days annually by moving from a relative stay index of 83% to 72% of the RSI of the 4 exemplars’ weighted average

What you need to do

✓ Designate an inpatient data liaison person to act as a contact for questions and follow-up
✓ Review the reports and provide suggestions for improvement at the Data Review Meeting
✓ Upload data quarterly by the assigned deadlines

Departmental Reports—compare performance against peers

Comparison of episodes by DRGs
Jul 2014-Jun 2015

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www.healthroundtable.org
Key benefits

- Keeping your patients safe
- Track excess mortality for nights and weekends
- Access to support with our expert analysts
- Investigate down to the patient level

What you need to do

- Designate a mortality data liaison person to act as contact for questions and follow-up
- Review the reports to learn where improvement is needed, and provide feedback on ways to improve reporting
- Upload data quarterly by the assigned deadlines

Mortality Data Analysis

The Health Roundtable provides quarterly updates on the in-hospital standardised mortality rate (HSMR) for each member health service. The approach is consistent with that used by governments in England, Canada and Australia, but is standardised on the extensive multi-year database of our own member hospitals. Our mortality analysis is based on a period of data containing over 9 million patient care episodes and around 100 thousand deaths.

A new methodology was introduced in late 2016 that uses a more detailed analysis of diagnoses to determine risk of death. This new HDxSMR is based on a model with improved predictive accuracy, better adjusting for differences between patients. You can use our updated episode viewer to see the risk calculation in action with a diagnosis by diagnosis breakdown at the individual patient level.
Emergency Presentation Analysis Reports

Key benefits

✓ Find out how your health service performs compared to peers on key emergency targets
✓ Quickly identify the leading health services to learn from
✓ Understand overall trends in Emergency presentation volume by triage category, month, and time of day

What you need to do

✓ Designate an emergency data liaison person to act as contact for questions and follow-up
✓ Review the reports to learn where improvement is needed, and provide feedback on ways to improve reporting
✓ Upload data quarterly by the assigned deadlines

Emergency Data Reports are produced quarterly to provide trend information for your health service compared to your peers.

Succinct Executive Overview of Key Measures

Overview
- At [redacted] there were 62783 emergency presentations in the Jul 2014 - Jun 2015 period, a decrease of 2.65% over the Jul 2013 - Jun 2014 period
- Of these, 31% of presentations were admitted as inpatients, placing [redacted] in the middle group
- At [redacted] 53% of patients departed ED within 4 hours which is below the VIC emergency access target for 2015 (90%)
- 66% of patients discharged home from ED depart within 4 hours, placing [redacted] in the lowest quartile

Trends over time

The busiest hour of the day for presentations to ED at [redacted] was 11 AM in the Jul-2014 to Jun-2015 period

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Ambulatory Data Reports are produced quarterly to provide trend information for your health service compared to your peers.

Comparisons with Peers

The average NWAU revenue per ambulatory service at [redacted] was $324 in the Jul 2015-Jun 2016 period

Succinct Executive Overview of Key Measures

Executive Summary

- This report covers Tier-2 clinic activity at [redacted] which totalled 240,736 in the Jul 2015-Jun 2016 period
- The average number of ambulatory services per person in the Jul 2015-Jun 2016 period at [redacted] was 6.3 compared to the group weighted average of
- Total NWAU revenue generated at [redacted] was $78.0 million in the Jul 2015-Jun 2016 period
- The average NWAU revenue per ambulatory service at [redacted] was $324 in the Jul 2015-Jun 2016 period
- The most active clinic at [redacted] was Radiation Therapy (Treatment)

Inpatient Sub acute Data Reports

The Sub-acute Feed-In report is designed to assist with analysis of patients’ journeys across care types within a health service with particular emphasis on the length of stay contribution of each phase, and the care type sequence as compared with peers.

The combined ALOS at [redacted] is 14.6 days
Australasian Healthcare Evaluation Data (A-HED) is an online solution enabling healthcare organisations to measure, compare and understand clinical performance, in order to improve patient care and deliver financial savings.

Key Benefits

- Benchmark against 150+ hospitals from Australia, NZ and the UK
- Use Hospital-level KPI dashboard to identify variation
- Drill down to patient level by specialty, clinician or diagnosis to quickly investigate variation
- Use risk adjustment and methodologies tailored to the Australasian setting
- Improve the analytical tools through collaborative user group input

AORTA Premium is an upgraded version of AORTA Basic, the online custom reporting tool, which allows users to generate the following reports with their own peer selection and with data updated on a monthly basis:

- Inpatient Briefing Report (for any DRG, Department, Diagnosis, or Procedure)
- Australian National Standards
- Executive Briefings
- Emergency Department Report
- Departmental Reports
- KPI Report
<table>
<thead>
<tr>
<th>QUARTERLY ADVANCED</th>
<th>AORTA MONTHLY</th>
<th>MONTHLY ADVANCED</th>
</tr>
</thead>
<tbody>
<tr>
<td>$1,000* + GST, per month</td>
<td>$2,000* + GST, per month</td>
<td>$3,500* + GST, per month</td>
</tr>
<tr>
<td>Review every quarter</td>
<td>Review every month</td>
<td>Review every month</td>
</tr>
</tbody>
</table>

### Features

**AORTA Basic Online Tool**
- Run Inpatient Briefing reports with your own peer selections against the following variables:
  - DRG Family & DRG
  - Department
  - Diagnosis
  - Procedure

**A-HED Lite Interactive Dashboard**
- Benchmark against 150+ hospitals
- Hospital KPI dashboard
- Inpatient, Emergency and Costing Indicators
- Customisable reports
- Drill down to patient level detail
- Customisable email alerts

**AORTA Premium Online Tool**
- All AORTA Basic features, plus the ability to run the following reports on a monthly basis:
  - Key Performance Indicators
  - Emergency Department
  - Executive Briefings
  - National Standards

**A-HED Premium Interactive Dashboard**
- All A-HED Lite features, plus UK data for international comparisons
- Data refreshed monthly

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* Signing up to the above programs requires a core Health Roundtable data subscription which includes the following quarterly reports:

- Ambulatory Report
- Australian National Standards
- Executive Briefings
- Emergency Department Reports
- Departmental Reports
- Inpatient Briefings
- KPI Report
- Mortality Reports
- Subacute Reports

For more information or to arrange a demonstration, please contact us: +61 2 8041 1421, contact@healthroundtable.org
Why Participate in Optional Roundtable Meetings?

✓ Focus on key improvement opportunities
✓ Identify exemplars across Australia and New Zealand
✓ Work with peers to improve patient care

In addition to the regular improvement groups the members are offered Special Roundtables to address hot topics. The Health Roundtable uses benchmarking analysis and augments data with surveys designed to elicit exemplar practice. In 2017, we are planning five optional Roundtables in response to requests from members.

- R1. Improving Patient Pathways for High Volume Investigations Special Roundtable
- R2. Improving Care of Complex Multi-Trauma Patients - Special Workshop
- R3. Improving Effectiveness Of Pathology Services Special Roundtable
- R4. Improving Hospital in the Home (HITH)
- R5. Improving Patient Blood Management (PBM)

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.

Select Roundtable R* on your subscription agreement and return by email to:
accounts@healthroundtable.org

COST

$A5,000 per Member Facility (plus GST). Additional facilities $4,000. Individual delegate venue fees are billed separately.

Earlybird discount of 2% if subscription and payment is made by 30 November 2016.
Why Participate?

✓ **Identify potential efficiencies in booking and scheduling**
✓ **Understand how to better embed new procedures into existing pathways**
✓ **Learn lessons from other leading organisations**
✓ **Evaluate links between timely investigations and clinical outcomes**
✓ **Develop action plans to improve**

**SUBSCRIBE**

Select Roundtable R1 on your subscription agreement and return by email to: accounts@healthroundtable.org

**COST**

$A5,000 per Member Facility (plus GST). Additional facilities $4,000. Individual delegate venue fees are billed separately.

Earlybird discount of 2% if subscription and payment is made by 30 November 2016.

**ENQUIRIES**

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**Special Roundtable**

**R1. Improving Patient Pathways**

22-23 February 2017, Sydney

Meeting Code HRT1701

**Right Patient, Right Test, Right Time**

**Improving Efficiencies for High Volume Investigations**

This workshop will focus on two critical areas for pathways incorporating high volume investigations:

- **Making Good Decisions;** Ensuring the right patients receive appropriate tests at the right point in their care pathway. This will include embracing new investigation technologies (e.g. PET scans)
- **First Class Scheduling;** Applying production planning approaches to scheduling high volumes

The programme will include key note speakers who are experts in this field with real examples of successful and innovative tips to help you create your own action plans.

There will be dedicated time for networking and sharing ideas.

The workshop will also provide delegates with custom prepared reports and insights drawn from their own data to support the theme.

Delegate feedback from the previous workshops

✓ "Lots of excellent and very useable ideas"
✓ "Over and above my expectations"
✓ "Motivated me to implement some great work!"
✓ "Major opportunity to network and share ideas"
✓ "Excellent - inspiring presentation"
✓ "Very informative ideas"

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
R2. Trauma Patient Improvement Group

Special Roundtable
5 April 2017, Sydney
Meeting Code HRT1707

Why Participate?

✓ Identify variations in the treatment of complex multi trauma patients
✓ Compare ISS scores Vs LOS and RSI for all facilities
✓ Share issues and innovations with your colleagues
✓ Develop action plans to improve practices at your health service

The 'Trauma Patient Improvement group' will be benchmarking and identifying different models of care for the complex multi-trauma patient. This year’s focus will be on the “complex coordination of care provided by the multiple surgical and medical teams” that treat such patients. We will also be benchmarking the various clinical measures including the ISS scores to identify hospitals that are achieving substantially different outcomes and asking how they achieve this.

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The group will work together to compare results on key indicators to identify the data collection and clinical practice differences that contribute to different results.

The Health Roundtable will provide assistance with data analysis and meeting facilitation.
R2. Trauma Patient Improvement Group

What do you need to do?

- Designate a liaison representative as a key contact for this group, to coordinate communications including data and/or survey submissions, definitions, practices and policies.
- Complete the pre-meeting survey to identify how you compare to other leading health services.
- Identify an innovative practice at your health service to share with others at the meeting.
- Organise a delegation of up to four people to attend the meeting.

What does The Health Roundtable do?

- Work with key liaison contacts to plan pre-meeting survey and data collection process for the Roundtable meeting.
- Provide data reports and a briefing package prior to the meeting.
- Facilitates the meeting to help you identify innovative practices and assist with preparation of action plans.
- Provides on-going support and one additional data collection round during the year.

Trauma Patient Improvement Group Key Dates

- 2017 February 15th — Pre-meeting survey available online
- 2017 March 1st — Pre-meeting survey closes for completion
- 2017 March 21st — Pre-meeting Briefing package distributed
- 2017 April 5th — Attend annual Workshop in Sydney

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
Special Roundtable
R3. Pathology Improvement Group
18-19 October, Brisbane
Meeting Code HRT1720

Why Participate?

✓ Identify "exemplar performers" in the design and utilization of pathology services
✓ Learn how the exemplars are continuing to add value to the patient journey at less cost
✓ Identify ways to improve networking between pathology services

In 2017, we will be starting a new Pathology Improvement Group to look at questions such as:

- Ordering the right test at the right time
- Understanding the future of pathology testing - point of care vs central labs; new advances like genomics
- Benchmarking overall costs of pathology testing (in-house vs commercial contracts)
- Ensuring that pathology results are recorded in patient records for coding/treatment purposes
- Benchmarking pathology productivity - relative value units per FTE

The 2017 Improvement Group meeting will take place in Brisbane, QLD and will enable participants to hear speakers talking about leading-edge innovations from Australia and New Zealand, as well as share ideas with each other.

Who should participate?

- This Roundtable is intended to share "good practice" ideas and innovations for reducing readmissions.
- Organise a cross-disciplinary team.
- You may bring up to four people per health service.

The Health Roundtable will:

- Work with experts to identify key trends and innovations.
- Survey participating health services for innovative practices.
- Collate and analyse results.
- Summarise the meeting and circulate all presentations.

SUBSCRIBE

Select Roundtable R3 on your subscription agreement and return by email to:
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COST

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ENQUIRIES

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Clinical pathology testing is likely to continue to see accelerated growth due to:

- Aging population
- R&D leading to more sophisticated specialised testing e.g. in genomics
- Increased recognition of value of early detection
- Increased affordability
- Change in technology - most tests currently ordered by clinicians - changes in technology may lead to growth in point of care testing, in physicians offices and on the high street, and home testing.

This group will investigate and discuss some of the key issues around clinical pathology testing:

- Is there scope to speed up the pace of change in pathology to deliver the benefits available from service reconfiguration and technological development?
- Are there opportunities (to adopt) new investigations and procedures employing innovative technologies?
- Can we strengthen links between primary care and laboratories to improve turnaround times and reduce inappropriate requests for pathology tests?

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
The theme for 2017 for Hospital in the Home Services is improving Governance, increasing utilisation and scope.

For many years health systems have recognised the need to deliver acute care in the home as an alternative to care in a hospital setting. 79 of the 185 member facilities of The Health Roundtable deliver Hospital in the Home services, however, there is considerable variation in utilisation of HITH amongst current providers.

The Roundtable has developed benchmarking for utilisation. Services can review the gap in their HITH referrals against similar services and share innovations to improve.

There is an increasing confidence to care for highly complex patients who have long stays as well as simple acute care for example cellulitis.

**Why Participate?**

- Improve patient outcomes and satisfaction
- Reduce harm to vulnerable patients
- Increase bed capacity without capital
- Reduce bed block
- Develop practical action plans to improve your service over the next year

**Who should participate?**

- This Roundtable is intended to share "good practice" ideas and innovations for HITH services.
- Ideally, a cross-disciplinary team of those who are interested in improving HITH.
- You may bring up to five people per health service.

**The Health Roundtable will:**

- Work with experts to identify key trends and innovations.
- Survey participating health services for innovative practices.
- Collate and analyse results.
- Summarise the meeting and circulate all presentations.

**TIME FOR A RETHINK!**

**IS YOUR HOSPITAL MAKING THE BEST USE OF ACUTE FACILITIES?**

With the increasing sophistication and use of telehealth and remote monitoring, there are substantial opportunities to provide efficient and safer medical services to patients in their home or nursing home.

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**COST**

$A5,000 per Member Facility (plus GST). Additional facilities $4,000. Individual delegate venue fees are billed separately.

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Existing HITH Services
By comparing your service with the exemplars for each of the top 20 principle diagnosis associated with HITH admissions, it is possible to calculate the capacity to improve and set realistic goals for your service. The Health Roundtable will use the most recent data to:
✓ Quantify potential episodes suitable for HITH admissions
✓ Quantify bedday savings by improving HITH utilisation and set goals
✓ Benchmark Length of Stay of HITH episodes with non HITH Episodes
✓ Benchmark Length of Stay of HITH episodes
  • Hospital component
  • HITH component
✓ Benchmark 28 day readmissions after an episode with HITH

For New HITH Services
Take this opportunity to learn from established services and set realistic goals. Share important innovations and develop peer networks that will help you implement HITH services in your facility.

### Table 2. HITH beddays as a percentage of all acute beddays. For example in 2015, at Bilby, 9.0 K of beddays were HITH inclusions; Caretype A only (Acute/, Exclusions; Sameday episodes)

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<thead>
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<tbody>
<tr>
<td>Bilby</td>
<td>6.3%</td>
<td>7.1%</td>
<td>5.4%</td>
<td>5.7%</td>
<td>4.6%</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

This service could substitute 1407 beddays into HITH for L03 Cellulitis if they met the exemplar benchmarks for HITH utilisation.
Special Roundtable
R5. Improving Patient Blood Management
26-27 June 2017—Sydney
Meeting Code HRT1725

THE PROBLEM: International consensus:
10% of blood transfusions are appropriate
30% have uncertain benefits
60% inappropriate
Large variation in transfusion practice among Roundtable members.

THE OPPORTUNITY: Patient Blood Management is an important safety and quality initiative with the potential to improve patient outcomes whilst also reducing hospital expenditure.

- Red Blood Cell (RBC) transfusion is independently associated with increased morbidity, mortality, hospital and ICU length of stay, and increased cost.
- On average, RBC transfused patients stay 2.5 days longer, with increased odds ratio of death of 1.7.
- A recent West Australian study estimated the total hospital-associated cost of RBC transfusion across a five hospital health service to be $77 million per year.
- Blood product costs will be devolved to public hospitals and incorporated into the ABF framework.
- Existing wide variation: RBC transfusion rates vary from 8% to 93% in cardiac surgery, and 9-92% in orthopaedics. A large number of transfusions may be inappropriate and avoidable.
- Australian NSQHS Standard 7 requires that hospitals have systems in place to ensure safe and appropriate prescribing and use of blood and blood products, and that they are consistent with national evidence-based guidelines.

THE SOLUTION: Can we afford NOT to do Patient Blood Management? Western Australia is a world exemplar in PBM, we can all implement workable solutions based on the WA strategies and experience.

Why Participate?
- **Reduce patient harm:** Reform transfusion practice
- **Learn how Western Australia is a world exemplar in PBM**
- **Share strategies to meet #7 of the National Standards**
- **Reclaim excess beddays**
- **Reduce Blood product costs**

Who should participate?
- This Roundtable is intended to share "good practice" ideas and innovations for PBM programs.
- Ideally, a cross-disciplinary team of those who are responsible for PBM.
- You may bring up to five people per health service.

COST
$A5,000 per Member Facility (plus GST). Additional facilities $4,000. Individual delegate venue fees are billed separately.

Earlybird discount of 2% if subscription and payment is made by 15 December 2016.

Who should participate?
- Work with experts to identify key trends and innovations.
- Survey participating health services for innovative practices.
- Merge your pathology and Casemix data to benchmark blood utilisation.
- Collate and analyse results.
- Summarise the meeting and circulate all presentations.

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Enquiries
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The problem: Western Australia Metro Data on Transfusion and Cost Retrospective cohort study from a five hospital health service in Western Australia between (July 2011 - June 2012).

After adjusting for age, gender, admit type (emergency or elective), DRG and patient complexity (HRT complexity), compared with non-transfused:

- Mean inpatient cost 1.83 Times higher in txed group.
- Estimated total hospital associated cost of RBC transfusion AUD $77 million, representing 7.8% of total hospital expenditure on acute-care inpatients.
- Significant dose-dependent association between the number of RBC units transfused and increased costs after adjusting for confounders.

The Solution PBM program and benchmarking
Financial Performance Improvement Group (B1)

2015/16 Cost & Revenue
8-9 March 2017, Melbourne,
2016 Subscribers
Meeting Code HRT1704

This group's goal is to maximise the utility and timeliness of peer, patient cost and revenue comparisons in the pursuit of efficiency, and safe, high quality patient care. Activity Based Funding will continue as the primary Commonwealth Hospital funding mechanism for at least the next three years. More Health Services are looking for cost and revenue improvement opportunities across all programs. The Health Roundtable provides the most timely, in depth cost and revenue analyses, and peer comparisons in Australia.

Join the Financial Performance Improvement Group for 2017 and we will collect, analyse and report costs and revenues for 2016/17 across the continuum of care - Emergency, Acute Inpatients, Mental Health, Sub-acute and Ambulatory services. We will benchmark your costs and NWAU revenues with your peers and highlight significant savings opportunities. We will highlight the huge cost impost of poor patient care and sub-optimum safety and quality. We will show your profit and loss for each of these streams using your own NWAU units. See how much you are making or losing for each episode, clinical service, clinical department, service stream or your entire health service. New group members are also invited to attend the March 2017 meeting in Melbourne to review the 2015/16 reports and benchmarking.

Why participate?

- Identify high and low cost and revenue services compared with peers for review and action
- Quantify the financial impost of poor safety & quality
- Pinpoint input cost variations with peers - wards, diagnostic services, ICU, medical costs etc
- Take action to bring costs into line with exemplars
- Better manage outputs/outcomes

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops and other activities.
Allied Health Improvement Group (B2)

25-26 October 2017, Adelaide
Meeting Code HRT1721

Our Allied Health Improvement Group, in partnership with the Australasian Allied Health Benchmarking Consortium (AAHBC) has been collecting and comparing Allied Health activity data for over 17 years. The data is used to drive change and innovation in the delivery of patient care.

In 2017 we will continue to focus on variation in Allied Health care provided by our member hospitals. In 2016 we investigated and benchmarked the "7-day hospital service" with very interesting results.

Allied Health Reports Available

- Understand how your Allied Health activity compares with your peers
- Identify innovative Allied Health strategies that contribute to organisational priorities
- Share issues and innovations with your colleagues
- Develop practical action plans to improve your service over the next year

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COST

$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

ENQUIRIES

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7-day Allied Hospital service comparisons
What do you need to do?

- Designate a liaison representative as a key contact for this group.
- Provide detailed activity data from your Allied Health system.
- Use the Allied Health reports to identify differences in practice, and contact other participants to identify innovations in patient care.
- Select an improvement project based on the data, and share your results with other organisations at the annual meeting.
- Organise a delegation to attend the annual meeting—up to 4 delegates.

What does The Health Roundtable do?

- Collect and process your annual Allied Health data.
- Merge Allied Health data with inpatient episode data to provide a suite of comparative reports. Convene and facilitate webcasts to plan the annual meeting and address issues relating to the next submission cycle.
- Facilitate the annual meeting to identify innovative practices and encourage action to improve the patient journey.

### Timeline and key dates for 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 August</td>
<td>Submit allied health activity data for 2016/17</td>
</tr>
<tr>
<td>28 August</td>
<td>Meeting agenda circulated</td>
</tr>
<tr>
<td>5 October</td>
<td>Allied Health activity reports on website</td>
</tr>
<tr>
<td>23 October</td>
<td>Meeting briefing package distributed</td>
</tr>
<tr>
<td>25-26 October</td>
<td>Allied Health Improvement Group Meeting</td>
</tr>
</tbody>
</table>

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
The 2017 theme is linking benchmarking and innovation with daily Imaging measures. Members of the group will detail what simple daily and weekly Imaging measures are used to drive efficient Imaging performance. The Imaging benchmarking reports will be used to validate good performers.

Members of the group provide detailed activity data for each patient encounter for comparative analysis by The Health Roundtable. This is merged with inpatient and ED episode data to provide additional insights. The workshop will provide time to discuss issues and innovative practices to improve your Imaging service.

This year we will again provide our new executive summary report allowing you to see at a glance how your imaging department compares with other members across key modalities and patient groups.

Why Participate?

✓ Identify good performers in key areas and learn from their practices
✓ Compare local practices with the latest Australasian and worldwide trends
✓ Share issues and innovations with your colleagues
✓ Develop practical action plans to improve your service over the next year

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What do you need to do?

- Designate an imaging liaison representative as a key contact for this group
- Extract "RIS" imaging data for your health service and submit as requested
- Organise a multi-disciplinary imaging team of up to 4 people to attend the Group meeting
- Identify an improvement innovation and share progress with other member health services

What does The Health Roundtable do?

- Work with key liaison contacts to plan the annual meeting
- Analyse RIS data to provide key comparisons amongst participants
- Provide reports comparing the timeliness and cost effectiveness of imaging services by modality and DRG
- Facilitate the annual meeting to identify innovative practices
- Track progress on action plans

A continuing rise in imaging demand, which places pressure on waiting and reporting times:

This year we can see a continuing trend that demand for imaging is continuing to rise which in turn places additional pressure on services in the form of increased turnaround times:

- The median wait for an IP MRI scan is 9.7 hours, rising to 28 hours at the 75th percentile
- On average the wait for an ED MRI is over 24 hours
- There is pressure on reporting with X-Rays (IP/ED and OP) taking between 13 to 17 hours to report.

The proportion of ‘high end' imaging technologies (MRI/CT/PET) continues to grow:

The use of MRI, CT and PET examinations continues to grow—these are expensive imaging technologies and in 2010-11 constituted just over 16% of all visits to imaging departments in our member group. In 2013-14 that percentage has risen to 22.2%. We have also carried out a comparison of these figures for hospitals that have been members of this group for any of the last 4 years—this trend is visible almost everywhere.

There are different patterns in the use of imaging between members:

For example, the use of CT for patients with suspected stroke is well documented, yet from our imaging journey reports we can see that the percentage of patients with stroke who receive CT imaging varies from between 40% to 90% between the 19 members of the imaging group who provided data.

Our imaging referral practices survey shows some interesting differences between hospitals:

The imaging survey looked at which members of hospital staff were able to make referrals for imaging examinations;

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Why participate?

- **Identify differences in patient outcomes that can be addressed by changing nursing care**
- **Compare progress on key initiatives with other leading organisations**
- **Evaluate linkages between staffing levels and patient care indicators**
- **Develop action plans to improve nursing care**

The theme for 2017 is "Developing the next generation of Nurse leaders".

We will have national and international experts in this field, present to the group on identifying and nurturing the next generation of Nurse leaders. What motivates the different generations? What are the best methods to engage the Gen Y’s and Gen Z’s of the Nursing profession?

The purpose of the Nursing Improvement Group is to enable Nurse leaders to improve patient outcomes and ensure a stable and productive nursing workforce. We will discuss strategies to assist our emerging Nurse leaders to take the next step.

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**COST**

$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

**ENQUIRIES**

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What do you need to do?

- Designate a nursing liaison representative to coordinate communications including data and survey submissions, definitions, practices, and policies
- Participate actively in teleconferences to plan the annual workshop
- Report progress on current Aim Statements and improvement plans
- Identify an innovative idea for implementation to improve patient outcomes
- Organise a delegation of up to four people to attend the annual workshop

The Health Roundtable assists by:

- Extracting casemix-adjusted patient outcome indicators from existing data collections for participating health services
- Organising external speakers who can provide innovative ideas to improve nursing practice or patient outcomes on the selected topic
- Facilitating the annual meeting, and provide a meeting summary
- Follows-up with participants to track

Delegate feedback from the 2016 workshop:

> "Lots of excellent and very useable ideas"
> "Over and above my expectations"
> "Motivated me to implement some great work!"
> "Excellent meeting and very well run"
> "The two days helped me hugely to network and meet 'new'
> "Like minded awesome nurses. We will definitely be back next year to feedback our planned work"
> "Excellent - inspiring presentation"
> "Very informative issues and ideas"
> "Great keynote presentation"
> "Very much enjoyed the last two days. Found it very interesting. Great ideas. All hospitals facing the same battles".

<table>
<thead>
<tr>
<th>Dates</th>
<th>Timeline 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 Mar</td>
<td>Review of July-Dec 2016 data</td>
</tr>
<tr>
<td>10 July</td>
<td>Pre-meeting survey</td>
</tr>
<tr>
<td>7 Aug</td>
<td>Pre-meeting survey returned</td>
</tr>
<tr>
<td>6 Sep</td>
<td>Briefing materials circulated</td>
</tr>
<tr>
<td>13-14 Sep</td>
<td>Nursing Improvement Workshop—Brisbane</td>
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Maternity Service Improvement Group (B5)
Management of Post Partum Haemorrhage
22-23 March 2017, Melbourne
Meeting Code HRT1702

The aim of this group is to improve the provision of safe maternity care by sharing information on implementing innovative and effective practices. The group receives 6-monthly reports that contain both operational and clinical data and shares information through an annual workshop.

Post partum haemorrhage (PPH) remains a cause of significant maternal morbidity and is a traumatic event for women and their families. Key to the successful management of PPH is communication and coordination of care.

The Maternity Improvement Group meeting is an excellent forum for discussion of how guidelines have impacted on rates of PPH and outcomes for mothers. It is also a great opportunity to hear from leading experts in the field and share innovations from our membership.

We hope you can join us and share your wisdom as well as gaining new knowledge from your peers.

Why participate?

✓ Learn how other organisations are providing safe maternity care
✓ Track clinical and operational trends on key maternity indicators
✓ Compare notes with peers on key issues and innovations in maternal care
✓ Develop action plans to improve maternal and neonatal care

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COST
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$ 9.09 - Rate of blood transfusion during birth admission for vaginal birth

Here is your trend on this indicator compared to all health service facilities in this reference group

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentile 1st</th>
<th>Percentile 25th</th>
<th>Percentile 50th</th>
<th>Percentile 75th</th>
<th>Percentile 97th</th>
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<tbody>
<tr>
<td>2012 Jan-Jun</td>
<td>0.5%</td>
<td>1.0%</td>
<td>1.5%</td>
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<td>2012 Jul-Dec</td>
<td>0.5%</td>
<td>1.0%</td>
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<tr>
<td>2013 Jan-Jun</td>
<td>0.5%</td>
<td>1.0%</td>
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<td>2013 Jul-Dec</td>
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<tr>
<td>2014 Jan-Jun</td>
<td>0.5%</td>
<td>1.0%</td>
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<td>2014 Jul-Dec</td>
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<td>2015 Jan-Jun</td>
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Maternity Service Improvement Group

What do you need to do?

- Designate a maternity liaison representative to act as a key contact with The Health Roundtable on maternity-related issues
- Review definitions and updated reports for questions, comments, or issues
- Report progress on current Aim Statements and improvement plans
- Organise a delegation to attend the annual workshop—up to four people
- Identify an improvement objective for implementation based on innovative ideas learnt at the workshop, and track progress

What does The Health Roundtable do?

- Produce reports extracting data from the inpatient episode collection, highlighting trends and differences in performance
- Work with key maternity contacts to organise the annual meeting and any special survey materials
- Invite expert speakers who can share innovative ideas on the key topic for the workshop
- Facilitate the annual meeting, and provide a summary report based on the discussions
- Provide phone and webcast support to all members to assist with data interpretation

At the meeting we will discuss:

- Rates of post partum haemorrhage in our member hospitals
- Mode of birth and influence on PPH, care setting - primary, secondary, tertiary and influence on PPH
- Your innovations that reduce PPH rates
- Your innovations that reduce morbidity and mortality from PPH

<table>
<thead>
<tr>
<th>Date</th>
<th>Timeline and key dates for 2017</th>
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<tbody>
<tr>
<td>11 Jan</td>
<td>Pre-meeting survey circulated</td>
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<tr>
<td>25 Jan</td>
<td>Pre-meeting surveys returned</td>
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<tr>
<td>8 Feb</td>
<td>Data submission deadline</td>
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<tr>
<td>22 Feb</td>
<td>Maternity data reports on website</td>
</tr>
<tr>
<td>10 Mar</td>
<td>Briefing packages distributed to members</td>
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<tr>
<td>22-23 Mar</td>
<td>Maternity Workshop—Sydney</td>
</tr>
</tbody>
</table>
Why participate?

✔ Compare your mental health service with your peers on key performance indicators

✔ Share issues and innovations with your colleagues

✔ Develop practical action plans to improve your service

The aim of this Group is to improve the provision of safe mental health services by sharing information on implementing innovative and effective practices. The group receives a series of annual reports that contain both inpatient and community data as well as some outcome measures. Separate reports are provided for adults, aged and CAMHS services. Members share information at an annual workshop.

The 2017 workshop will focus on the special topic of "Addressing the strategic imperatives in Mental Health - workforce, change, ABF and outcomes". Members will share information on a broad range of topics including how to address workforce issues; how to respond to change; how to respond to the new ABF requirements and best practice in measurement of outcomes.

Members will share information about their practical experiences and innovations.

Comparison across hospitals in both graphs:

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ENQUIRIES

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What do you need to do?

- Designate a mental health contact for each service group to be represented: CAMHS, Adult, or Aged Care
- Provide an annual extract of your community mental health data for processing, and review draft data reports
- Report progress on current Aim Statements and improvement plans
- Organise a delegation to attend the annual workshop—up to four people per stream, including a community agency representative
- Identify an improvement objective for implementation based on innovative ideas learnt

What does The Health Roundtable do?

- Extract mental health inpatient data from existing health service datasets
- Collect and analyse mental health community data, including HoNos outcome scores
- Produce reports by Mental Health service group on key performance indicators, and inpatient DRGs
- Facilitate the annual meeting of each service group, and provide a summary report based on the discussions
- Provide phone and webcast support to all members to assist with data interpretation

Comments from the 2016 meeting

"My first attendance at HRT. Found it very helpful. Lots to take back, share and implement."

"It's great - I've been before and it met my expectations."

"Excellent presenter"

<table>
<thead>
<tr>
<th>Date</th>
<th>Timeline 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 Mar</td>
<td>Submit 2016 community mental health data</td>
</tr>
<tr>
<td>25 May</td>
<td>Mental Health reports available on website</td>
</tr>
<tr>
<td>13 April</td>
<td>Pre-meeting survey distributed</td>
</tr>
<tr>
<td>4 May</td>
<td>Deadline for return of pre-meeting surveys</td>
</tr>
<tr>
<td>1 June</td>
<td>Briefing materials distributed</td>
</tr>
<tr>
<td>7-8 June</td>
<td>Mental Health Improvement Workshop—Melbourne</td>
</tr>
</tbody>
</table>
Members of the Patient Safety Improvement Group meet annually to share ideas and innovations that focus on improving the safety and quality of care within their health services. They monitor progress against the Health Roundtable Patient Safety Checklist and share information on the latest patient safety and quality initiatives.

Safe and reliable person centred care requires a culture of safety where leaders drive effective teamwork. There needs to be a visible process of continuous learning creating reliable standards, measurement and transparency.

At the workshop members will share experiences and information on implementing innovative and effective practices and review results from the Patient Safety report that is provided 6-monthly.

- Identify and share "Good Practice" techniques to reduce harm
- Compare with peer hospitals on risk-adjusted adverse event data
- Compare notes on how to make sustainable improvements in patient safety
- Develop Action Plans to make specific improvements over the next 12 months

In 2016 a new format for the patient safety reports was presented that allowed the group members to compare with peers and all hospitals in The Roundtable. The example above shows the risk adjusted SMR for acute myocardial infarction. The report has been streamlined to include the data, raw and risk adjusted, as well as the two year rolling trend analysis on the same page.

Episode viewers, above, allow you to review an individual patient’s episode history to share insights with your clinical teams.
Patient Safety Improvement Group

What do you need to do?

✓ Designate an executive sponsor as the key liaison for your health service to lead your patient safety work with The Health Roundtable
✓ Review definitions and updated reports for questions, comments, or issues
✓ Report progress on current Aim Statements and improvement plans
✓ Organise a multi-disciplinary team to attend the annual workshop—up to four people
✓ Identify an improvement objective for implementation based on innovative ideas learnt at the workshop, and track progress

The Health Roundtable assists by:

✓ Working with key patient safety contacts to organise the annual meeting including designing and reporting back the results from a member survey
✓ Inviting expert speakers who share innovative ideas on the key topic for the workshop
✓ Facilitates the annual meeting, and provides a summary report based on the discussions
✓ Produces reports extracting data from the inpatient episode collection, highlighting trends and differences in performance
✓ Provides phone and webcast support to all members to assist with data interpretation

Why aren’t we safe yet?

• Why do adverse events continue to occur?
• Why do many events recur (especially if we fixed it the first time)?

The Roundtable brings international faculty to Australia to share insights from exemplar services. Raj Behal, Chief Quality Officer from Stanford University Hospital, has been a generous contributor to Patient Safety Improvement in Australia.

What does NOT work

► Addressing human factors with education
► Addressing policy violations with education
► Addressing forgetfulness with education
► Adding double checks to a broken process
► Making stronger policies without addressing error-producing conditions
► Assuming the fixes worked
► Adding warnings and alerts without improving the process or reducing the hazard

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
Surgical Journey (B8)
Improvement Group
11-12 October 2017, Brisbane
Meeting Code HRT1719

The Surgical Journey Improvement Group benchmarks the surgical patient’s journey from entering the hospital through to theatre and on to discharge.

The Roundtable benchmarks activity against National targets and other similar hospitals. We analyse common surgical complications, and compare the efficient use of theatres.

In 2017 the theme for our meeting will be “Enhanced recovery after surgery (ERAS).” We will use the data to identify the exemplar hospitals in this area, so that they may showcase their innovative approaches to this improvement, with a lessons learnt approach.

We will continue to benchmark and identify the most productive theatres, hospitals with the lowest complications, facilities with the shortest time between ED presentation and theatre.

At the annual workshop delegates share information with the exemplars to learn what measures they have in place that makes them different.

Why Participate?

✓ Understand how your Operating Theatre activity compares with your peers
✓ Identify ways to improve session utilisation and to improve your patients’ journeys
✓ Share issues and innovations with your colleagues
✓ Develop practical action plans to improve your service over the next year

SUBSCRIBE
Select Roundtable B8 on your subscription agreement and return by email to: accounts@healthroundtable.org

COST
$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

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Waitlist Cancellations by Hospital
Comparison of large variations in cancellation rates across hospitals identifying hospitals that minimise cancellations through various innovations they have implemented.
What do you need to do?

- Designate a key liaison contact for questions and follow-up
- Provide detailed session times and activity data from your Operating Theatre system
- Participate in the six-monthly meetings and periodic webcasts to identify data issues and compare performance with other leading health services
- Identify an improvement project based on the data and share your results with other organisations at the annual meeting

What does The Health Roundtable do?

- Analyse and reports on theatre session utilization
- Extracts and analyses procedure time data from existing casemix data, to report on session efficiency.
- Provides tools for you to compare waiting list indicators, cancellation rates, and return-to-theatre rates
- Facilitates the annual workshop and provides a summary report based on the discussions
- Provides phone and webcast support to all members to assist with data interpretation

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### Dates Timeline 2017

<table>
<thead>
<tr>
<th>Dates</th>
<th>Timeline 2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>10 June</td>
<td>Distribute data specifications</td>
</tr>
<tr>
<td>1 Aug</td>
<td>Provide data to The Health Roundtable</td>
</tr>
<tr>
<td>5 Oct</td>
<td>Briefing materials distributed</td>
</tr>
<tr>
<td>11-12 Oct</td>
<td>Surgical Journey Workshop — Brisbane</td>
</tr>
</tbody>
</table>

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
The End of Life Care Improvement Group aim is to improve the provision of high quality end of life care by sharing information on implementing innovative and effective practices across the Districts.

The group receives reports that contain both operational and clinical data including access to palliative care, admissions to ICU as well as admissions to hospital in the last 6 months of life for illnesses such as cancer, COPD and heart failure.

In 2017 members will explore Safety and Quality at End of Life including indicators. Further development will continue on the incorporating support and pathways for patients in the community including residents from aged care facilities.

60% of people say that making sure their family is not burdened by tough decisions is "extremely important".

56% have not communicated their end-of-life wishes.

Across the Roundtable the Median Length of Stay in episodes (acute plus subacute) ending with death ranges from 3.6 day to 8 days.
What do you need to do?

- Designate a key liaison contact for questions and follow-up
- Submit surveys as required
- Track progress and report on current improvement projects
- Organise a delegation to attend the annual workshop—up to four people
- Identify an improvement objective for implementation based on innovative ideas

What does The Health Roundtable do?

- Works with national and international experts to identify key trends and innovations in End of Life Care
- Surveys participating health services to identify innovative practices that are already improving End of Life Care
- Collates and analyses survey results
- Summarises the meeting and circulates all presentations
- Tracks progress on your action

The average number of admissions for patients with heart failure in the last 6 months of life averaged for All Roundtable is 2.4. Range from 0.8 to 3.0.

At All HRT, Palliative Care, the emergency readmission rate is 18.36%

At All HRT, the emergency readmission rate is 18.36%.
Why Participate?

✓ Compare performance across NZ health services in key areas of mutual interest
✓ Share issues and innovations with your colleagues
✓ Develop practical action plans to improve your service over the next year

In New Zealand the Health Roundtable works with a lead Chief Executive to ensure HRT is meeting the needs of NZ members. There is also a special Memorandum of Understanding with the Health Quality and Safety Commission to work together to share health quality and safety measurement information.

As part of the NZ Chapter, all DHBs receive NZ specific reports on a six monthly basis to allow meaningful comparisons at a national level. This includes reports covering stroke services as well as inpatient briefings and other special reports depending on the theme of each workshop.

In 2017 the Health Roundtable will run a two day national workshop. The theme and process for each workshop will be agreed by this year’s New Zealand Chapter Meeting participants and will reflect a topic of national interest.

The meeting will also report upon some of the early findings of collaborative work commenced in 2016, between the HRT and a number of New Zealand DHB’s and PHO’s. This work is designed to gather data that allows better understanding of the patient journey as patients move between hospital and community based care.

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops and other activities.
What do you need to do?

- Designate an executive sponsor to act as a key liaison with The Health Roundtable on meeting attendance, data and survey submissions, definitions, practices and policies
- Regularly review updated reports for questions, comments or issues
- Report on progress made on improvement aims
- Organise a multi-disciplinary team to attend the annual workshop
- Identify improvement objectives for implementation based on innovative ideas learnt

What does The Health Roundtable do?

- Produces tailored NZ only reports six monthly, extracting data from the inpatient episode collection, highlighting trends and differences in performance
- Invites expert speakers who can share innovative ideas on the key topic for the workshop
- Facilitates the annual meeting, and provide help identifying innovative practices for implementation
- Provides phone and webcast support to all members to assist with data interpretation.
- Liaises with the NZ Steering Group to make sure The Health Roundtable data and meetings are relevant for NZ priorities

### Dates 2017 | Timeline
---|---
17 Oct | Distribute pre-meeting survey
1 Nov | Deadline for return of pre-meeting surveys
15 Nov | Briefing materials distributed
22-23 Nov | NZ Chapter Workshop
Dec | New Zealand Chapter Data on Website

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
Paediatric Care Improvement Group (B11)

29-30 March 2017, Sydney
Meeting Code HRT1706

This year’s theme is "Paediatric patients in the Emergency Department and beyond".

The group will examine different models of care and compare results across the member hospitals. What impact do they have on Emergency Access Targets? How is Length of stay effected? Is there an impact on re-presentations to the Emergency Department?

In the July–2015 to June–2016 period, admitted 25% of presentations, compared to the peer group average of 37%.

Why participate?

✓ **Compare performance in Paediatric care with other specialist services**

✓ **Track clinical and operational trends on key Paediatric indicators**

✓ **Share issues and innovations with your colleagues**

✓ **Develop practical action plans to improve your service over the next year**

In addition, each Hospital will receive an extra version of the National standards report, Hospital KPI report adjusted to only include Paediatric patients. This will lead to much more meaningful comparisons across the membership group.

Select Optional Activity B11 on your subscription agreement and return by email to: accounts@healthroundtable.org

$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

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Select Optional Activity B11 on your subscription agreement and return by email to: accounts@healthroundtable.org

**COST**

$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

**ENQUIRIES**

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Paediatric Care Improvement Group

What do you need to do?

- Designate a key liaison contact for questions and follow-up
- Regularly review updated reports for questions, comments or issues
- Report on progress made on improvement aims
- Organise a multi-disciplinary team to attend the annual workshops
- Identify improvement objectives for implementation based on innovative ideas learnt

What does The Health Roundtable do?

- Produce tailored 'Paediatric only' reports six monthly extracting data from the inpatient episode collection, highlighting trends and differences in performance
- Invite expert speakers who can share innovative ideas on the key topic for the workshop
- Facilitate the annual meeting, and provide help identifying innovative practices for implementation
- Liaise with the Paediatric Steering Group to make sure The Health Roundtable data and meetings are relevant for your priorities

Health Roundtable Reports for Paediatric Group members include a "Top 10 DRG" report highlighting potential opportunities to reduce length of stay compared to other hospitals with paediatric patients. This report will be age restricted.

<table>
<thead>
<tr>
<th>Date</th>
<th>Timeline 2017</th>
</tr>
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<tbody>
<tr>
<td>23 Jan</td>
<td>Pre-meeting survey distributed</td>
</tr>
<tr>
<td>24 Feb</td>
<td>July—Dec 2016 IP data on Website</td>
</tr>
<tr>
<td>22 Mar</td>
<td>Pre-meeting Briefing package distributed</td>
</tr>
<tr>
<td>29-30 Mar</td>
<td><strong>Paediatric Group Workshop-Sydney</strong></td>
</tr>
<tr>
<td>Nov</td>
<td>Jan—June 2017 data on website</td>
</tr>
</tbody>
</table>

Comments from workshops:

- Great to see non tertiary centres being involved
- Very interesting to know differences. Also reassuring to know similarities
- Great resources on website, excellent networking opportunities

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.

The Health Roundtable (ABN 71 071 387 436)
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Surry Hills NSW 2010
General Enquiries
Tel: +61 2 8041 1421

www.healthroundtable.org
Sub-Acute Improvement Group (B12)
15-16 November 2017, Sydney
Meeting Code HRT1722

This group is dedicated to the timely benchmarking of Rehabilitation and Geriatric Evaluation and Management (GEM) programs as integral components of the patient journey.

The group will continue the progress made in previous meetings by:
- Developing specific sub-acute benchmarking reports that focus on quality and safety of patients
- Examining and benchmarking different models of care
- Collecting and benchmarking a consistent and complete data set of SNAP coded patient data
- Measuring and benchmarking performance across the total patient journey including ED, acute, sub-acute and ambulatory care

Why participate?

- Benchmark with your peers to understand how your sub-acute services compare
- Identify opportunities for improvement in patient care, counting, coding, and costing sub-acute patients
- Share issues and innovations with your colleagues
- Develop practical action plans to improve your service

Select Optional Activity B12 on your subscription agreement and return by email to: accounts@healthroundtable.org

$A5,000 (plus GST) for first facility in your network. $A4,000 for each additional facility. Individual delegate venue fees are billed separately.

Activity Based Funding of the Patient Journey
Sub-Acute Improvement Group (B12)

What do you need to do?

✓ Designate a subacute liaison representative to act as a key contact with The Health Roundtable on meeting attendance, data and survey submissions, definitions, practices and policies
✓ Regularly review updated reports and ensure distribution in your organisation
✓ Report progress on current Aim Statements and improvement plans
✓ Identify an innovative idea for implementation to improve patient outcomes
✓ Organise a delegation of up to four people to attend the annual workshop

What does The Health Roundtable do?

✓ Produces periodic reports highlighting sub-acute performance within the total patient journey
✓ Invites expert speakers who can share innovative ideas on key topics for workshops
✓ Facilitates the annual meeting and assist in identifying and sharing innovative practices
✓ Provides ongoing support around data and reports

The proportion of the most common DRG family at Antares is 7%, compared to the 2 exemplars weighted average at 3%

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Cases</th>
<th>Cholecystitis</th>
<th>Aortic</th>
<th>Heart</th>
<th>Neuro</th>
<th>Res</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>503</td>
<td>RESPIRATORY INFECTION/IMM</td>
<td>9%</td>
<td>8%</td>
<td>7%</td>
<td>9%</td>
<td>5%</td>
<td>3%</td>
<td>6%</td>
</tr>
<tr>
<td>593</td>
<td>OTH OB/GYNEC OPN ABD/ABDOMEN</td>
<td>3%</td>
<td>2%</td>
<td>9%</td>
<td>1%</td>
<td>2%</td>
<td>2%</td>
<td>4%</td>
</tr>
<tr>
<td>693</td>
<td>BONY/JOINT INJURIES</td>
<td>2%</td>
<td>5%</td>
<td>3%</td>
<td>5%</td>
<td>7%</td>
<td>8%</td>
<td>6%</td>
</tr>
<tr>
<td>792</td>
<td>HEART FAILURE &amp; SHOCK</td>
<td>18%</td>
<td>1%</td>
<td>6%</td>
<td>4%</td>
<td>1%</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>881</td>
<td>OTHER SURG/OP NERVES/GS</td>
<td>5%</td>
<td>12%</td>
<td>6%</td>
<td>3%</td>
<td>4%</td>
<td>10%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Top 8 codes as % of total: 30% 20% 21% 23% 16% 20% 21% 20% 17% 20%

SNAP Code Analysis

Date | Timeline and key dates for 2017
---|---
April | 2016/2017 data
6 Sept | Meeting agenda finalised
6 Sept | Pre-meeting survey circulated
4 Oct | Pre-meeting surveys returned
7 Nov | Briefing packages distributed to members
15-16 Nov | Sub-acute Workshop—Sydney

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
Regional Health Services
Improvement Group Workshop (B13)

28 July, Brisbane
Meeting Code HRT1715

Why Participate?

✓ Gain a better understanding of the issues facing community and regional hospitals
✓ Find your areas of opportunity for improvement
✓ Learn of the most recent innovations that have substantially improved patient care in hospitals of similar size in similar locations.
✓ Even if your hospital is not a member, your hospital can be represented

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COST

$5,000 (plus GST) for first facility in your network. $4,000 for each additional facility. Individual delegate venue fees are billed separately.

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Regional and non-metropolitan hospitals often face a number of different challenges to the large teaching hospitals based in the Capital Cities of Australia and New Zealand. Yet these hospitals still have to meet the same standards of patient care that are expected by national and local authorities, and of course meet patient expectation.

In 2017, the Health Roundtable will run a special one day workshop for all suburban, regional, community and rural hospitals focusing on the issues that are of special relevance to these sized hospitals.

This roundtable will demonstrate how standard Health Roundtable reports can highlight those areas that present opportunities for improvement in patient care. Some additional reports will also be prepared to investigate special areas of interest for this group’s attendees.

In addition, the Health Roundtable will showcase the best innovations in patient care and service delivery to improve patient care. Members of the Health Roundtable have noted that over the last three years, many of the best innovations have come from hospitals within this group.

As working collaboratively with community PHN’s (Aust) and PHO’s (NZ) is a key necessity for effective continuity of patient care, special consideration will be given to considering opportunities for improved data sharing between organisations.

Why the difference?

Gain a better understanding of the issues facing community and regional hospitals
Find your areas of opportunity for improvement
Learn of the most recent innovations that have substantially improved patient care in hospitals of similar size in similar locations.
Even if your hospital is not a member, your hospital can be represented

Why Participate?
What do you need to do?

- Designate a liaison representative as a key contact for this group
- Organise a multi-disciplinary of up to 4 people to attend the Group meeting
- Come to the meeting with one or more ‘burning issues’ affecting your hospital
- Identify and bring to the meeting, at least one of your improvement innovations that you would like to share with other member health services

What does The Health Roundtable do?

- Works with key liaison contacts to plan the annual meeting
- Analyses hospital data to provide key comparisons amongst participants
- Helps identify exemplar services that may have the key to improving your local burning issues,
- Assists with your planning to implement an improvement activity when you return home
- Provides resources and networks to help support your implementation plans

### Dates Timeline 2017

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 May</td>
<td>Submission of issues your hospitals wants considered at the meeting</td>
</tr>
<tr>
<td>5 June</td>
<td>Submission of additional data if required</td>
</tr>
<tr>
<td>21 July</td>
<td>Pre-meeting Briefing package</td>
</tr>
<tr>
<td>28 July</td>
<td>Workshop - Brisbane</td>
</tr>
</tbody>
</table>

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
The Medication Improvement Group was formed to bring together a multi-disciplinary group of Pharmacists, Physicians, and Nurses.

In 2017 the theme for the meeting is “to understand data classifications of drugs to be used within EMRs, and reduction of Adverse Drug Reactions.”

In 2017 we will also be benchmarking Medication use down to the patient level and comparing outcomes.

Why Participate?

✓ Identify good performers in key areas and learn from their practices

✓ Compare medication safety practices with other health services

✓ Share issues and innovations with your colleagues

✓ Develop action plans to improve practices at your health service

The group will work together to compare results on key indicators to identify the data collection and clinical practice differences that contribute to different results. The first part of the meeting will explore a basic set of indicators, that are easily collected from existing data sources. The Group will then identify other indicators that may be useful for future comparison and analysis.

The Health Roundtable will provide assistance with data analysis and meeting facilitation.
Medication Improvement (B14)
Group Workshop

What do you need to do?

- Designate a liaison representative as a key contact for this group, to coordinate communications including data and survey submissions, definitions, practices and policies.
- Complete the pre-meeting survey to identify how you compare to other leading health services.
- Identify an innovative practice at your health service to share with others at the meeting.
- Organise a delegation of up to four people to attend the meeting.

What does The Health Roundtable do?

- Work with key liaison contacts to plan pre-meeting survey and data collection process for the Roundtable meeting.
- Provide data reports and briefing package prior to the meeting.
- Facilitates the meeting to help you identify innovative practices and track progress on action plans.
- Provides on-going support and one additional data collection round during the year.

20 March 2017 — Pre-meeting survey available online
13 April 2017 — Membership Subscriptions close for 2017
4 May 2017 — Pre-meeting survey closes for completion
9 June 2017 — Pre-meeting Briefing package distributed
Internationally, and across Australasia, Hospital Funders are increasingly "paying for outcomes" and penalising health services who have high inappropriate readmission rates for selected conditions. A recent systematic review shows that a median proportion of 27% of readmissions were potentially avoidable. In addition, there are increasing trials of capitated care models where high levels of acute care and/or readmissions will be unaffordable.

Reducing unplanned avoidable readmissions is also becoming a key quality issue and requires a hospital wide strategy for improving systems for ALL patients. Relying on inefficient approaches such as case finding, or employing one FTE to reduce readmissions, reduces their impact. Frequent hospital admissions can be a sign that patients with chronic diseases and long term conditions are not provided with adequate access to non-hospital services and social support.

Evidence suggests that the rate of avoidable re-hospitalisation CAN be reduced by:

- Improving core discharge planning and transition processes out of hospital.
- Improving transitions and care coordination at the interfaces between care setting.
- Enhanced coaching, education and support for self-management.

The 2017 Improvement Group meeting will take place in Brisbane, QLD and will enable participants to hear speakers talking about leading-edge innovations from Australia and New Zealand, as well as share ideas with each other. Members are encouraged to bring their partner Primary Healthcare and other NGO organisations to the workshop.

Who should participate?

- This Roundtable is intended to share "good practice" ideas and innovations for reducing readmissions.
- Organise a cross-disciplinary team.
- You may bring up to four people per health service.

The Health Roundtable will:

- Work with experts to identify key trends and innovations.
- Survey participating health services for innovative practices.
- Collate and analyse results.
- Summarise the meeting and circulate all presentations.
Understanding and Reducing Avoidable Readmissions (B15)

Sample Analysis of Readmissions by Diagnosis compared to Other Facilities (Jul '14 to Jun '15)

This chart shows the 10 principal diagnoses with the highest volumes of readmissions at All HRT. The readmission rate for All HRT is shown with 95% confidence intervals.

In the 2016 meeting we heard that, in order to tackle their high readmission rates, Calvary Mater in Newcastle developed a model of care aimed at caring for the Very Intensive Patient (VIP). Since this was done they have observed a reduction in VIP readmission rates for older patients (age 80+) which has been noted since solutions were implemented in July 2015.
Chronic Care Improvement Group (B16)
Working with PHNs and PHOs to improve care for patients
with Chronic Conditions
29-31 August 2017, Christchurch, NZ

Why Participate?

✓ Identify "exemplar performers" in coordination of care for chronic diseases
✓ Learn how the exemplar hospitals are working together with primary care providers
✓ Identify ways to improve coordination with your primary care services
✓ An opportunity to visit the Canterbury DHB Design Laboratory

The focus of the Chronic Care Improvement Group is to discuss appropriate care, including options for treatment and prevention activities outside of a hospital, for patients with chronic disease.

Overall, we know that patients with chronic disease do not suit an episodic model of care - which is generally more expensive and offers a fragmented patient experience. Radical overhaul of current care models, along with early intervention and coordination with Social Care, is required in Australia, New Zealand and the rest of the world as a 'Chronic Disease Epidemic' impacts on ageing populations. Many new models of care are being tried around the world.

Key points that arose from our latest reports (including the Health Roundtable’s new Chronic Care Journey utilisation reports):
- Health Roundtable members have experienced a significant rise in the number of IP admissions for major chronic conditions (Diabetes, Chronic Obstructive Pulmonary Disease and Chronic Heart Failure). This trend shows no sign of levelling off.
- Patients with chronic conditions use over 25% of the bed days in HRT member hospitals, even though they account for less 9% of the total number of patients in the respective hospitals.

The 2017 Improvement Group meeting will take place in Christchurch, New Zealand and will enable participants to hear speakers talk about leading-edge innovations from Australia and NZ, as well as share ideas with each other. Members are encouraged to bring a partner Primary Healthcare and other NGO organisations to the workshop.

Who should participate?

✓ This Roundtable is intended to share "good practice" ideas and innovations for reducing readmissions.
✓ Organise a cross-disciplinary team.
✓ You may bring up to four people per health service.

The Health Roundtable will:

✓ Work with experts to identify key trends and innovations.
✓ Survey participating health services for innovative practices.
✓ Collate and analyse results.
✓ Summarise the meeting and circulate all presentations.
Increasing rates of hospitalisation for Chronic Diseases have been observed in Roundtable members

Charts showing the growth in the number of IP Chronic Obstructive Pulmonary Disease (Left) and Chronic Heart Failure (Right) presentations over the last 6 Financial Years for 26 Roundtable hospitals who had complete data for 6 years.

In the 2016 meeting we heard about a revised service delivery model for Whanganui Health Service in New Zealand. Whanganui DHB currently ranked 2nd nationally in terms of workforce development, self-management, community resources, organisational systems and information systems.

The project involved whole of system change was undertaken in the primary sector (focusing on early intervention, prevention and follow up) and a key lesson learned was that this also needs to be undertaken at the specialist level.

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.
<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
<th>Location</th>
<th>Meeting Number</th>
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</thead>
<tbody>
<tr>
<td>JAN</td>
<td>No workshops scheduled</td>
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<tr>
<td>FEB</td>
<td>Wed 22 - Thur 23: Improving Patient Pathways Workshop&lt;br&gt;Special Roundtable - High Volume Investigations</td>
<td>Sydney</td>
<td>HRT1701</td>
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<td></td>
<td>Wed 1 - Thur 2: Optimising Readmissions Improvement Group Workshop&lt;br&gt;Understanding and reducing Avoidable Readmissions</td>
<td>Brisbane</td>
<td>HRT1703</td>
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<td></td>
<td>Wed 8 - Thur 9: Financial Performance Improvement Group Workshop&lt;br&gt;Future Directions for Costing and Pricing</td>
<td>Melbourne</td>
<td>HRT1704</td>
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<td></td>
<td>Wed 15: CEO Workshop &amp; Annual General Meeting&lt;br&gt;Whole of system approach to excellence @ UTAH University Hospital, ranking # 1</td>
<td>Brisbane</td>
<td>HRT1705</td>
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<td>Thur 16: Executive Directors Workshop&lt;br&gt;New approaches to driving all of the systems improvements in clinical care and data-driven decision making. Learning from UTAH.</td>
<td>Brisbane</td>
<td>HRT1705a</td>
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<td>Tues 21: A Systems Approach to Improving Clinical Care&lt;br&gt;Special Roundtable - Sandi Gulbransen, Director Of Quality, UTAH University Hospitals, All of systems approach to improving clinical care</td>
<td>Auckland</td>
<td>HRT1705b</td>
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<td></td>
<td>Wed 22 - Thur 23: Maternity Improvement Group Workshop&lt;br&gt;Management of Postpartum Haemorrhage</td>
<td>Melbourne</td>
<td>HRT1702</td>
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<td></td>
<td>Wed 29 - Thur 30: Paediatric Improvement Group Workshop&lt;br&gt;Paediatric Patients in the Emergency Department and beyond</td>
<td>Sydney</td>
<td>HRT1706</td>
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<tr>
<td>APR</td>
<td>No workshops scheduled</td>
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<td>MAY</td>
<td>Tues 2 - Wed 3: Data Masterclass&lt;br&gt;Getting Best Value from Health Roundtable Reports</td>
<td>Sydney</td>
<td>HRT1708</td>
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<td>Thur 4: Health Roundtable Super User Certification Training</td>
<td>Sydney</td>
<td>HRT1709</td>
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<td>Wed 10 - Thur 11: End of Life Care Improvement Group Workshop&lt;br&gt;Up skilling Health care workers, and partnering with patients to deliver safe, quality care</td>
<td>Melbourne</td>
<td>HRT1710</td>
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<td>Wed 17 - Thur 18: Imaging Improvement Group Workshop&lt;br&gt;Linking benchmarking and innovation with daily imaging measures</td>
<td>Sydney</td>
<td>HRT1711</td>
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<td>Thur 8 - Fri 9: Mental Health Improvement Group Workshop&lt;br&gt;Addressing the strategic imperatives in Mental Health – workforce, change, ABF and outcomes</td>
<td>Melbourne</td>
<td>HRT1712</td>
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<tr>
<td>JUNE</td>
<td>Wed 21 - Thur 22: Medication Improvement Group Workshop&lt;br&gt;Understand data classifications of drugs to be used within EMRs and reduction of Adverse Drug Reactions</td>
<td>Brisbane</td>
<td>HRT1713</td>
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<td>Mon 26 - Tue 27: Patient Blood Management&lt;br&gt;Special Roundtable – Benchmarking to improve PBM. Learning from W.A. a world leading exemplar</td>
<td>Sydney</td>
<td>HRT1725</td>
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<td>JUNE</td>
<td>Wed 26 - Thur 27: Health Roundtable Innovations Workshop and Awards&lt;br&gt;Sharing Innovations to shorten your search for answers! Steal shamelessly!</td>
<td>Brisbane</td>
<td>HRT1714</td>
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<td>Fri 28: Regional Health Service Improvement Group Workshop&lt;br&gt;Focussing on the issues of suburban, regional, community and rural hospitals.</td>
<td>Brisbane</td>
<td>HRT1715</td>
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<tr>
<td>AUG</td>
<td>Tues 29, Wed 30 &amp; Thur 31: Chronic Care in the Community Improvement Group&lt;br&gt;Treatment and prevention activities outside of the hospital for patients with chronic disease</td>
<td>Christchurch</td>
<td>HRT1716</td>
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<tr>
<td>SEP</td>
<td>Wed 6 - Thur 7: Improving Hospital In The Home&lt;br&gt;Special Roundtable – Creating Opportunity: improving governance, service models, referrals and safety</td>
<td>Brisbane</td>
<td>HRT1724</td>
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<td>Wed 13 - Thur 14: Nursing Improvement Group Workshop&lt;br&gt;Developing the next generation of Nurse Leaders</td>
<td>Brisbane</td>
<td>HRT1717</td>
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<td>OCT</td>
<td>Wed 11 - Thur 12: Surgical Journey Improvement Group Workshop</td>
<td>Brisbane</td>
<td>HRT1719</td>
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<td>Wed 18 - Thur 19: Improving Effectiveness of Pathology Services&lt;br&gt;Special Roundtable</td>
<td>Brisbane</td>
<td>HRT1720</td>
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<td>Wed 25 - Thur 26: Allied Health Improvement Group Workshop</td>
<td>Adelaide</td>
<td>HRT1721</td>
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<td>OCT</td>
<td>Wed 15 - Thur 16: Sub-acute Improvement Group Workshop</td>
<td>Sydney</td>
<td>HRT1722</td>
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<td>Wed 22 - Thur 23: NZ Chapter Meeting&lt;br&gt;Integrated care</td>
<td>Auckland</td>
<td>HRT1723</td>
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<td></td>
<td>Wed 29 - Thur 30: Patient Safety Improvement Group Workshop&lt;br&gt;Getting it right for patients and staff: improving safe, high quality and appropriate care</td>
<td>Brisbane</td>
<td>HRT1718</td>
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Note: Please contact your Relationship Manager to arrange your on-site Health Roundtable briefing.
The Coding Integrity Program ensures that your health service receives the appropriate value for the clinical work performed and you are not disadvantaged by a DRG version change.

Changes to DRG classification systems pose a medium term risk to health services’ weighted activity and future budget allocations. This program will:

- Maximise your ABF activity from your current patient base
- Help you reach your ABF targets without increasing activity
- Enhance your downstream documentation to improve safety, quality and maximise ABF value
- Know where to target coding audit

A coding integrity program has been developed to manage this risk.

The Health Roundtable has analysed millions of episode records comparing the results in the new DRG system with those from the previous system to highlight the episodes which have the greatest change in weightings.

In addition, we have examined the differences in coding between the episodes that received the highest complexity scores and those that received the lowest scores.

We have developed the Coding Integrity Program with Roundtable members to assist hospitals ensure they are using the most appropriate diagnosis codes for the patients they are treating, as well as identifying documentation or coding improvement opportunities.

<table>
<thead>
<tr>
<th>CODING INTEGRITY PROGRAM</th>
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<tr>
<td>$8,000</td>
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<tr>
<td>(ex GST, per month, minimum 3 months)</td>
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</tbody>
</table>

- Monthly suite of core Roundtable reports
- Basic excel episode viewer
- Top 100 episodes for investigation
  - Coding audits
  - Missing code analysis

Only those episodes that are scored as likely to change DRG will be reported, and will be ranked in descending order of interest. Besides this analysis being listed in excel, a PDF to print file will be provided for each episode with the audit details that can then be distributed internally to your team for auditing and review purposes.

Please contact your hospital’s client manager or Aman Dayal at aman.dayal@healthroundtable.org / 0430097930 if you would like a customised solution.