

Reimagining the Future of Healthcare Redesigning Our Healthcare Models - Workshop Summary

17 people attended the Redesigning Our Healthcare Models Online Workshops between the 7 - 11 August 2023. Mentimeter, an online tool, was used to capture participant responses.

A thematic analysis of responses was completed, and a summary of responses is provided below.

1. What do you see as the biggest challenges for Redesigning Our Healthcare Models?



2. How will these challenges or opportunities change redesigning our healthcare models?

| Theme | Participant Responses |
|--------------|--|
| Employment | People are attracted to working in Health if they're proud of the model they contribute to |
| | More efficient/innovative in the way we deliver care |
| | Increased opportunities for flexible work |
| | Different delineations and reviewing the scope of professional roles |
| | Funding across disciplines rather than a focus on medical |
| Patient Care | Improved patient care |
| | Necessity for patients & carers managing chronic conditions |
| | Opportunities for transdisciplinary models |
| | Culturally responsive |
| | Preventative care |
| | Streamlined approach and gaps in services are filled |
| | Care is delivered in the right setting |
| | Acknowledgement of limitations for our service delivery when physical assessment is required |
| | Hybrid models of care |



| Access to health | Limitations when accessing GPs & services and the impact of co-payments |
|------------------|--|
| care | and other costs to consumers |
| | Greater access for patients who have limited mobility |
| | Increased virtual care – access, use and skills with technology; remote monitoring; pre- and post engagement strategies with patients after care episode/appointment in the hospital using digital tools |
| | Services tailored to community |
| | Increased service provision in community-based settings and outreach, decentralisation of healthcare from hospital-based care to health care neighbourhoods/homes |
| | Networking approach |
| Innovation | Embedding innovation |
| | Opportunities to pioneer new models |
| Sustainability | Sustainable models - environmental and financial |
| | Improved resources allocation and redirection of funding |
| | Value based models of care, effectiveness, efficient, evidence based and financially sustainable |
| Consumers | Consumers as leaders and drivers |

3. How should SWSLHD respond to the challenges/opportunities of redesigning our healthcare models?

| Theme | Participant Response |
|---|--|
| Managing | Embrace change from the top |
| change | Viewing change as an opportunity, rather than a challenge |
| | Support staff ideas for: innovation; throughout the whole change process, not just in the planning phase |
| | Support change management with greater support from leadership |
| | Invest for long-term benefits and planning for the future (eg: 20-year plan) |
| | Develop evaluation process and share learnings |
| Broaden consultation and strengthen voices | Giving multiple people in the team a voice – consult at all levels of the organisation and with a wide variety of people (frontline staff, patients, managers, community feedback and stakeholders such as Primary Health Network and private providers) |
| | Ensure staff gain perspectives outside their specialities |
| | Learnings from national and international examples |
| | Strategic planning: seeking diverse and varied feedback across entities (public, private, NGOs). Listen to our consumers and use feedback in strategic planning |
| | Consistency in documentation of models and transparency of models across the LHD |
| | Curiosity about why models are delivered in a certain way and whether they are still fit for purpose |
| Models of care | Engage consumer and carers in developing models / services |
| and Change | Integrated care models |
| initiatives | New model for disability coordination |
| | Develop innovative models aligned with best practice |
| | Promote innovation and reward new care models and approaches |
| | Fund new innovative models and the positions required to deliver them |
| | Consider how we can move non-acute services into the community |
| | Prioritisation tool to fund clinical service enhancements |
| | Enhance staff training |



4. What is an innovative approach you or your team could take to respond to the challenge/opportunity of redesigning our healthcare models?

| Theme | Participant Response |
|--|---|
| Amplifying voices | Give a variety of people in the team a voice - regardless of their position or reporting line Continuous consultation and co-designing process instead of a one-off session |
| Reviewing models of care/service delivery | Transition from intervention to supportive end-of-life care e.g., using SPICT/Amber care to support model of care for frail aged or patients nearing end of life to prevent futile interventions and improve quality of life Embedding virtual care impacts Continue to review and refine services in line with LHD/State direction Review SWS services to support the acute to community alignment Be curious about why models are delivered in a certain way and whether they are still fit for purpose |
| Principles/Ways of working | Use principles of Human Centred Design framework in consultations Being open and curious to new ideas Standardisation of services across the District. e.g.: there is considerable variation in non-admitted care delivery across departments/facilities |
| Supporting models of care development | Provide education and support for model of care development framework including documentation, templates and resources District wide approach to supporting change management, standardised processes/procedures, onsite delivery and support at each facility / service |