14/5/15

Wait Time Program – High level work breakdown structure (over 3 years)

Work Stream	Benefits	Deliverable	FTE Required New	FTE Required Existing	FY 14/15 Cost (sunk cost)	FY 15/16 Cost (sunk cost)	FY 16/17 Cost (sunk cost)	Sub Total 3YR Cost (sunk cost)
Engagement *Organisational culture, media, public relations, change management, internal communications*	Campaign design and management concerning wait time commitments supporting ministerial directive ensures all stakeholders are appropriately informed about the wait time commitments, and what it means for them. Organisational communications and change management will support operationalising the wait time commitment and maximise stakeholder engagement and buy in by: • Supporting staff with policy, process and system changes • Supporting referral parties (eg. GPs) with process and system changes • Supporting patients in the understanding and uptake of the patient portal	Deliverables include: • External communication strategy, plan and materials • Stakeholder engagement register • Stakeholder analysis and management plan • Internal communication strategy, plan and materials • Change impact assessment • Sponsorship action plan • Transition management plan • Change network approach and plan • Training strategy, plan and materials	23	1	$10.84M ($0.24M)	$7.75M ($0.13M)	$7.81M ($0.14M)	$26.40M [1]/ ($0.51M)
Performance Monitoring and Reporting *Local and statewide monitoring, reporting*	Business intelligence will provide dashboard views of data, based on 0,0,0 wait time KPIs, to relevant stakeholder groups to monitor, measure and control. Escalation and support processes (such as contact centres and coordinated transfer) will be put in place to assist HHSs in meeting their KPIs.	Deliver business intelligence solution including: • Data warehouse, including data extraction, transformation and loading procedures based on data governance requirements. • Data presentation portal with access control. • Reports and dashboards to support stakeholder requirements.	2	30	$3.38M ($2.95M)	$4.34M ($4.03M)	$4.42M ($4.10M)	$12.14M / ($11.08M)
Capacity *Demand and supply modelling, workforce planning, infrastructure, supply and capability development*	Capacity Management and Planning Framework While the program implements a solution to provide visibility into wait times, a framework is required to align capacity with demand. There are many gaps in workforce capacity and physical capacity that if left unchecked, could result in an over utilisation of transferring of referrals to other providers at premium rates.	Delivery of capacity planning and reporting framework, that if utilised, could provide a reduction in the currently anticipated costs of: • Transferring patients at the 11 hour (at high premiums) • Better utilisation of internal resources to reduces transfer numbers. Support the calculation and display (in the online service catalogue) of wait list graphs based on capacity.	4	0	$0.96M ($0.04M)	$0.65M ($0.05M)	$0.65M ($0.05M)	2.26M ($0.14M)

[1] *Note: This includes $15 4M for external communication. The remainder is change management cost, including consultation and training.*

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Business and Systems Architecture *Frameworks, systems and process enablers*	Supports the objectives of the program by documenting requirements, specifying data and integration definitions and managing system implementation(s). For the following work streams this includes: • Policy and procedures – deliver an online capability to implement CPC which will support GP referrals, outpatient triage and elective pre assessment. • Engagement – support on process and system capabilities to inform messaging. • Performance Monitoring and Reporting – linked datasets to support requirements for business intelligence and reporting. • Capacity – support for requirements gathering, standards and systems to address capacity gap analysis. • Implementation standards and Business Process Improvement – implement process and business rules into systems to support workflows, wait time counting, automated 2 way messaging to patients to improve fail to attend rates. • Resourcing – provide a system capability to facilitate transfers based on resource capability and frameworks.	The key system deliverables by stakeholder group include: • For GPs: o GP Referral Portal providing access to CPC referral criteria and a service catalogue listing specialties by HHS/facility and wait list volumes, with the ability to lodge and track referrals online. • For HHSs: o Referral Management System (RMS) supporting accurate recording of wait times for outpatients and diagnostics/medical in line with wait time counting business rules. o RMS will improve messaging for outpatient, medical and diagnostic appointments (eg. Regular 2 way SMS reminders leading up to appoint confirming intent to attend), resulting in a decrease in fail to attend (FTA) rates. o Integration into existing Patient Administration Systems (PAS) providing for the first time, an integration view of the patient journey across outpatients, diagnostic and elective surgery. • For patients: o A Patient Portal will provide access to wait times, appointments, diagnostic needs, care plans/diaries and pre-assessment questionnaires and consent forms. Increasing transparency to the patient/public. • For QH: o Linked data sources across the patient journey to inform business intelligence and reporting requirements for wait times. o Ongoing support and maintenance capability including level one contact centre for user enquiries.	16	0	$13.90M ($0.00M)	$12.64M ($0.00M)	$4.67M ($0.00M)	$31.21M ($0.00M)
Policy and Procedures *Clinical prioritisation*	Timely access for patients with the greatest need. Improved demand management strategies Improved equity of access to first medical specialist	Standardised, statewide clinical prioritisation criteria for medical and surgical clinical services (approx. 50 clinical services) Referral guidelines:	15	0	$1.65M ($0.04M)	$2.45M ($0.04M)	$2.48M ($0.04M)	$6.58M / ($0.12M)

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Work Stream	**Benefits**	**Deliverable**	**New**	**Existing**	**Cost (sunk cost)**	**Cost (sunk cost)**	**Cost (sunk cost)**	**Cost (sunk cost)**
criteria to improving the quality of referrals and reduce submission of invalid referrals.	outpatient appointment and interventions e.g. elective surgery service for patients across the state.	• Guidelines for practitioners referring patients for first medical specialist outpatient appointment (information and investigations required as part of referral and referral threshold). • Clinical Prioritisation Criteria (Outpatients): Categories for triage of urgency for first medical specialist outpatient appointment – Urgent (max 30 days) and Routine (max 365 days) customised for each clinical service. • Clinical Prioritisation Criteria (Interventions): Criteria to determine if the patient's condition meets a threshold for further intervention by the specialist (e.g. elective surgery) or whether alternative treatment should be pursued and to categorise the urgency of any further intervention.						
Business Process Improvement *Clinical redesign, business process improvement, alignment of work custom and practice*	Support the Wait Time Program by contributing: • Expertise in Standardised terminology, data definitions etc. to support productivity initiatives and performance benchmarking • To alignment of best practice business and clinical processes • Supply consolidated patient journey data to support the patient portal and reporting 0,0,0 wait time KPIs	Dedicated training and development programs to support implementation of Wait Time Program reform agenda: • Co-design (with Renewal) of data governance framework to support Business Intelligence deliverables. • Collate and communicate best practice business and clinical processes into a single framework which will underpin the programs functional requirements and design deliverables.	0	29	$2.87M ($2.87M)	$3.94M ($3.94M)	$4.01M ($4.01M)	$10.82M / ($10.82M)
Implementation Standards *Business rules to fairly and consistently calculate wait times*	Define the business counting rules for wait times for outpatients and diagnostics/medical, including rules allowing clocks to be paused under agreed conditions. Updated implementation standards to articulate business rules to stakeholder groups.	Development of implementation standards for elective surgery and specialist outpatient services Contribute the business rules to the Referral Management System business requirements specification.	4	0	$0.50M ($0.06M)	$0.58M ($0.00M)	$0.59M ($0.00M)	$1.67M ($0.06M)
Resourcing *Local and state-wide cost modelling and*	Provide a supporting service to HHSs which provides for sourcing specialty based services from the private sector to meet the 0,0,0 wait time KPIs	Development of a strategic sourcing strategy for Ophthalmology Development of a strategic sourcing strategy for ENT, Orthopaedics and endoscopy and all other standing offer	12	8	$3.64M ($0.90M)	$2.46M ($1.00M)	$2.50M ($1.02M)	$8.60M[2] / ($2.92M)

[2] *Note: This includes $7.06M for contract management and strategic sourcing of services from the non-government providers.*

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strategic sourcing	This will be achieved by: • contestability in the provision of healthcare services, leading to significant savings in the cost to deliver the services • Enabling HHSs to leverage off system-wide purchasing power • Development of in-house strategic sourcing and contract management capacity • Financial risk to Queensland Health from the implementation of the Wait Time program is controlled	arrangement Evaluation plans for request for proposals for all services Negotiation packs for all services Evaluation reports for request for proposals for all services Service provider agreements for Ophthalmology, Orthopaedics, ENT and endoscopy Standing offer arrangement from service providers for all other speciality Revised Surgery Connect contracts that enable purchase procedures and/or large cohorts of specialty Modelling the activity cost to clear the elective surgery and outpatient wait list Modelling the cost to maintain the long waits at zero New purchasing and performance management framework Contract management of health service providers						
		Total FTE	**76**	**68**				
		Gross Totals			**$37.74M** **($7.10M)**	**$34.81M** **($9.19M)**	**$27.13M** **($9.36M)**	**$99.68M** **($25.65M)**
		Overheads[3]			**$2.21M** **($1.09M)**	**$2.33M** **($1.18M)**	**$2.34M** **($1.19M)**	**$6.88M** **($3.46M)**
		Net Totals			**$31.76M**	**$26.77M**	**$18.92M**	**$77.45M**

[3] Overheads include project governance, management and non-labour based operations costs for the program.