



HEALTH  
ROUNDTABLE

## Imaging & Diagnostics Improvement Group

**HRT1910 26 & 27 June 2019**  
**RACV City Club, Melbourne**

### Confidential Briefing Package

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COURSE

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

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# Agenda

## HRT1910 Imaging Improvement Group

RACV City Club, 501 Bourke Street, Melbourne

Day 1 - Wednesday, 26 June, 2019	
8.00 – 8.30am	Registration (Arrival Tea and Coffee)
8.30 – 9.00am	<b>Welcome and Introductions</b>
9.00 – 10.00am	<p><b>INSIGHT - Herrmann Brain Dominance Instrument</b></p> <ul style="list-style-type: none"> <li>• The workshop theme is exploring and improving the Medical Imaging-Hospital interface. This whole of group exercise will preface and assist the rest of the discussion.</li> <li>• For those interested in some pre-reading:               <ul style="list-style-type: none"> <li>○ <a href="https://www.herrmann.com.au/what-is-whole-brain-thinking/">https://www.herrmann.com.au/what-is-whole-brain-thinking/</a></li> <li>○ <a href="https://en.wikipedia.org/wiki/Herrmann_Brain_Dominance_Instrument">https://en.wikipedia.org/wiki/Herrmann_Brain_Dominance_Instrument</a></li> </ul> </li> </ul>
10.00 – 10.30am	Morning Tea
10.30 – 12.00am	<p><b>INSIGHT - Imaging Data Analysis</b></p> <ul style="list-style-type: none"> <li>• <b>Group discussion and learning transfer</b></li> </ul> <p>A review of the benchmarked Imaging reports from across the membership with a discussion of trends and exemplars.</p>
12.00 – 12.15am	<p><b>INSIGHT – 15 years of Open Access (Interface Case Study)</b></p> <ul style="list-style-type: none"> <li>• Presentation by Drs Andrew Jones and James Nol, Western Sydney</li> </ul>
12.15 – 12.30pm	<p><b>INSIGHT – Waiting for What? (Interface Case Study)</b></p> <ul style="list-style-type: none"> <li>• Presentation by Tony Gabbert, Monash Health</li> </ul>
12.30– 1.30pm	Lunch
1.30 – 3.30pm	<p><b>INNOVATION – Innovation Poster Presentations</b></p> <p>With a focus on multi-disciplinary team interactions, how have member sites improved the interface between their service and others within the hospital?</p>
3.30 – 4.00pm	Afternoon Tea
4.00 – 4:30pm	<p><b>COLLABORATION - Building the narrative</b></p> <ol style="list-style-type: none"> <li>1. Combine today's learnings about interface improvement and apply these to the scenarios in broader groups</li> <li>2. Looping back to last year's Aim Statements</li> </ol>
4.30pm	Meeting Ends for Day One
6.30pm	Group Dinner
	<p><b>Movida Aqui</b>     <a href="https://www.movida.com.au/aqui/">https://www.movida.com.au/aqui/</a></p> <p><b>2 min walk from RACV City Club</b></p>

# Agenda

## HRT1910 Imaging Improvement Group

RACV City Club, 501 Bourke Street, Melbourne

Day 2 - Thursday, 27 June, 2019	
8.45 – 9.00am	Arrival Tea and Coffee
9.00 – 9.30am	Welcome and reflections from Day One
9.30-10:30am	<p><b>INSIGHT - The Rise of 3D Printing and the role of Medical Imaging</b></p> <p>Presentation by:</p> <ol style="list-style-type: none"> <li>1. Dr Jas Coles-Black <ul style="list-style-type: none"> <li>• Surgical Fellow, The Austin Hospital</li> <li>• Masters of Surgery Candidate, the University of Melbourne</li> <li>• Twitter: @JasmineCB</li> </ul> </li> </ol> <p>Small group discussion</p>
10.30 – 11.00am	Morning Tea
11.00 – 12.30pm	<p><b>COLLABORATION – Influencing the System</b></p> <ul style="list-style-type: none"> <li>• Volunteer Model <ul style="list-style-type: none"> <li>○ explanation and use</li> </ul> </li> <li>• Influence Mapping <ul style="list-style-type: none"> <li>○ Who are the 4/5 people in your system that you need to influence?</li> <li>○ Building a shared view</li> </ul> </li> <li>• Conversations that make the difference <ul style="list-style-type: none"> <li>○ The power of great conversations</li> <li>○ Quality and timing for success</li> </ul> </li> </ul>
12.30-1.15pm	Lunch
1.15 – 2.15pm	<p><b>COLLABORATION AND INNOVATION</b></p> <p>How do we put this into action at your site? What is your focus for the coming year?</p> <p>Team Action Planning: Work within your Imaging team to refine the Aim Statement and Action Plan for the upcoming year using local knowledge and inspiration from two days with your peers.</p> <ul style="list-style-type: none"> <li>• Creating your ideas</li> <li>• Identifying the likely obstacles</li> <li>• Communication for understanding and buy-in</li> <li>• Empowering others to act</li> <li>• Producing short-term wins</li> </ul>
2.15 - 3.15pm	<p style="color: #4caf50;"><b>So what...now what?</b></p> <p>What's your narrative?</p> <ul style="list-style-type: none"> <li>• Teams will briefly present their plans to the group for general improvement/discussion/suggestions by other teams.</li> </ul>
3.15 – 3.30pm	Determine 2020 Aim statements and workshop theme
3.30pm	Workshop ends for 2019

# Thought Starters

Conversant	Colin Pidd	Our Facilitator (See bio below) <a href="#">LinkedIn</a>
Austin Health	Dr Jas Coles-Black Twitter @JasmineCB	Research Fellow Co-founder of Austin 3D Printing Lab

## Dr Jasmine Coles-Black MBBS



Dr Jas Coles-Black is a Vascular Research Fellow at Austin Health, where she is a founding member of 3D Med Lab.

She received her Doctor of Medicine from the University of Melbourne in 2016. Her research interests are in the emerging applications of 3D printing in the medical field. To date, she has published numerous articles on the subject.

Jas is on a crusade to upskill fellow clinicians in medical 3D printing and raises the general public's awareness of the technology via traditional and social media channels.

## Colin Pidd



Colin has been a senior executive in both the public (broadcasting) and private sectors (retailing and finance). Based in Australia, Colin has worked for clients in Europe, North America, the Middle East, Africa, and Asia.

Colin's work with his clients includes strategic planning and implementation, executive development, unit/organisational merger implementation, performance management training, and leadership coaching.

Colin's clients include Ogilvy and Mather, Dell, St. George Bank, Australian Broadcasting Corporation, Northeast Health Wangaratta, Agilent Technologies, Australia Post, Credit Lyonnais, Hewlett-Packard, State Revenue Office, Victorian Education Department, Komatsu, ANZ Bank, WHO, Alex Fraser, Coca-Cola Amatil, Department of Human Services, Qualcomm, Banyule City Council, and Nokia.

Colin is also an award-winning broadcaster who created the Australian Broadcasting Corporation series "Managing Matters" and the "Business Report." As a result, he has had the opportunity to visit many of Australia's winning organisations and interview some of the world's leading managers and management theorists.

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## Conversant Team

Conversant	Colin Pidd	Our Facilitator (See bio on page 5)
Conversant	Max Affleck	Facilitation and pendulum thinking

## Health Roundtable Team

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# Executive Summary

The Imaging & Diagnostics Improvement Group has grown in membership and engagement. The Imaging Advisory Group determined the theme for our 2019 activities including the annual workshop. This briefing document is intended to prepare attendees for the 2019 workshop.

The theme of the workshop is **The Medical Imaging-Hospital Interface**.

Medical Imaging services almost every part of the hospital but has little control over demand. Service provision is heavily workforce and equipment dependent, and requires Imaging teams to balance a consistently growing workload with varying capacity. Patient Flow metrics/KPIs add steady pressure to the delivery of high-quality and safe patient care. Interfacing with myriad care partners is required, and these must function with smooth efficiency to aid patients and staff alike.

- How effective are the interactions between your team and the hospital?
- Do they impact on your delivery of patient care?
- Do your teams have the knowledge to assess and improve each interface?
- What success have other sites had in creating efficient processes and relationships?
- How do you raise the profile of your Imaging service within the hospital?

Technology has always driven Medical Imaging output and the future holds new changes and opportunities. The expanding use of 3D printing is likely see an emerging role in Medical Imaging. Accordingly, this year's workshop will include a **presentation from the Austin 3D Printing Lab**.

The key objectives of this Roundtable are to:

- Determine the strengths of, and opportunities for, your service,
- Identify exemplars from benchmarking reports and discuss their approach,
- Network with peers dealing with similar challenges,
- Be inspired by innovating Imaging & Diagnostics members across ANZ,
- Leave with a sense of how to improve your service and who can assist.

# Membership analysis

## Member appeal

Stable and growing membership is required to maintain robust data quality and consistently improve benchmarking. An analysis of the Imaging & Diagnostics Improvement Group membership is as follows:

HRT Imaging & Diagnostics Improvement Group	2018	2019
<b>Members</b>	23	28
<b>Sites</b>	33	30

The Imaging & Diagnostics membership is distributed across five states:

- **Queensland – 10 members across 10 sites**
  - Cairns & Hinterland HHS – Cairns Hospital
  - Darling Downs HHS – Toowoomba Hospital
  - Metro North – The Prince Charles Hospital
  - Metro North – Redcliffe Hospital
  - Metro North – Royal Brisbane and Women's Hospital
  - Metro South – Logan Hospital
  - Metro South – Princess Alexandra Hospital
  - Metro South – Redland Hospital
  - Sunshine Coast HHS – Sunshine Coast University Hospital
  - West Moreton HHS – Ipswich Hospital
- **Victoria – 8 members across 10 sites**
  - Alfred Health – The Alfred, Caulfield and Sandringham Hospitals
  - Austin Health – Austin Hospital
  - Barwon Health – Geelong University Hospital
  - Melbourne Health – Royal Melbourne Hospital
  - Monash Health – Monash Medical Centre
  - Monash Health – Moorabbin Hospital
  - Monash Health – Casey Hospital
  - Monash Health – Dandenong Hospital
- **New South Wales – 7 members across 7 sites**
  - Central Coast LHD – Gosford Hospital
  - Illawarra Shoalhaven LHD – Wollongong Hospital
  - Illawarra Shoalhaven LHD – Shoalhaven Hospital
  - Illawarra Shoalhaven LHD – Shellharbour Hospital
  - South Eastern Sydney LHD – St George Hospital
  - St Vincent's Health - St Vincent's Hospital (Sydney)
  - Western Sydney LHD – Blacktown/Mt Druitt Hospitals
- **Western Australia – 2 members across 2 sites**
  - South Metropolitan Health Service – Fiona Stanley Hospital
  - East Metropolitan Health Service – Royal Perth Hospital
- **Australian Capital Territory – 1 member across 1 site**
  - Canberra Health Service – Canberra Hospital

Seven sites have had **ten or more consecutive years of membership**

- Alfred Health, Athene, Dionysis, PAH\_QLD, Polaris, RBWH, & RPH\_WA.

Eleven sites have had **six consecutive years of membership**

- Alfred Health, Athene, Dionysis, Echidna, Melb\_Health, PAH\_QLD, Polaris, RBWH, RPH\_WA, Sandringham & Wollongong.
- Fox and Rebel have been members five out of the previous six years

## Member Engagement

### Reports

The Imaging & Diagnostics suite of reports was uploaded to the HRT website in the week before the workshop (16 June 2019).

Your report can be found [here](#)

### Workshop

The 2019 Imaging & Diagnostics Improvement Group workshop has 73 registered delegates representing 86% of the member sites with an average team size of 3 staff.

This aligns with Health Roundtable recommended team numbers to maximise the likelihood that innovations drawn from the workshop will see successful implementation on return to the member sites.

Member	State	Workshop attendees	Dinner attendees	Innovation presentation (as at 20/6/19)
Alfred Health	VIC	5	3	Y
Illawarra Shoalhaven LHD (Wollongong)	NSW	1	1	
Illawarra Shoalhaven LHD (Shellharbour)	NSW	-	-	
Illawarra Shoalhaven LHD (Shoalhaven)	NSW	-	-	
Barwon Health (Geelong)	VIC	4	-	
Western Sydney LHD (Blacktown/Mt Druitt)	NSW	2	2	Y
Sunshine Coast HHS	QLD	4	4	
St Vincents Hospital (Sydney)	NSW	3	3	
Metro South HHS (Logan)	QLD	2	2	
Metro South HHS (PAH)	QLD	4	4	Y
Metro North HHS (Royal Brisbane)	QLD	5	-	
Austin Health	VIC	8	1	
Darling Downs HHS (Toowoomba)	QLD	4	4	
East Metropolitan Health Service (Royal Perth)	WA	-	-	
Metro South HHS (Redland)	QLD	2	2	Y
South Eastern Sydney LHD (St George)	NSW	4	4	Y
Canberra Health Services (CHS)	ACT	3	-	
Central Coast LHD (Gosford)	NSW	2	-	
South Metropolitan Health Service (Fiona Stanley)	WA	-	-	
Metro North HHS (Prince Charles)	QLD	3	3	Y
Metro North HHS (Redcliffe)	QLD	3	3	
Monash Health (Clayton)	VIC	2	1	Y
Monash Health (Casey)	VIC	1	1	
Monash Health (Dandenong)	VIC	1	1	
Monash Health (Moorabbin)	VIC	1	-	
Cairns and Hinterland HHS	QLD	1	1	
Melbourne Health (Royal Melbourne)	VIC	5	-	
West Moreton HHS (Ipswich)	QLD	3	3	

# Data analysis

## An explanation of Health Roundtable reporting

Upon joining the Health Roundtable, each hospital submits inpatient, emergency and other clinical data and, in return, receives a series of benchmarked core reports as follows:

- Executive Briefings
- KPI Performance Indicator Reports
- National Standards Indicator Reports
- Inpatient Briefings by Department and DRG
- Emergency Presentation Analysis

Each hospital member can additionally join one or more Improvement Groups such as:

- Allied Health
- End of Life
- Clinical Costing
- **Imaging**
  - o 28 members and referred to as the Improvement Group
- Maternity
- Medical Journey
- Medication
- New Zealand Chapter
- Nursing
- Paediatric
- Patient Safety
- Sub-acute Care
- Surgical Journey
- Whole of System
- Rural and Regional Health Services
- Hospital in the Home
- Emergency Care
- Patient Blood Management

These groups may require the submission of additional data for the generation of a separate suite of reports.

The Imaging & Diagnostics Improvement Group seeks to continuously fine-tune both the collection and presentation of Health Roundtable information and determine the reporting members deem useful.

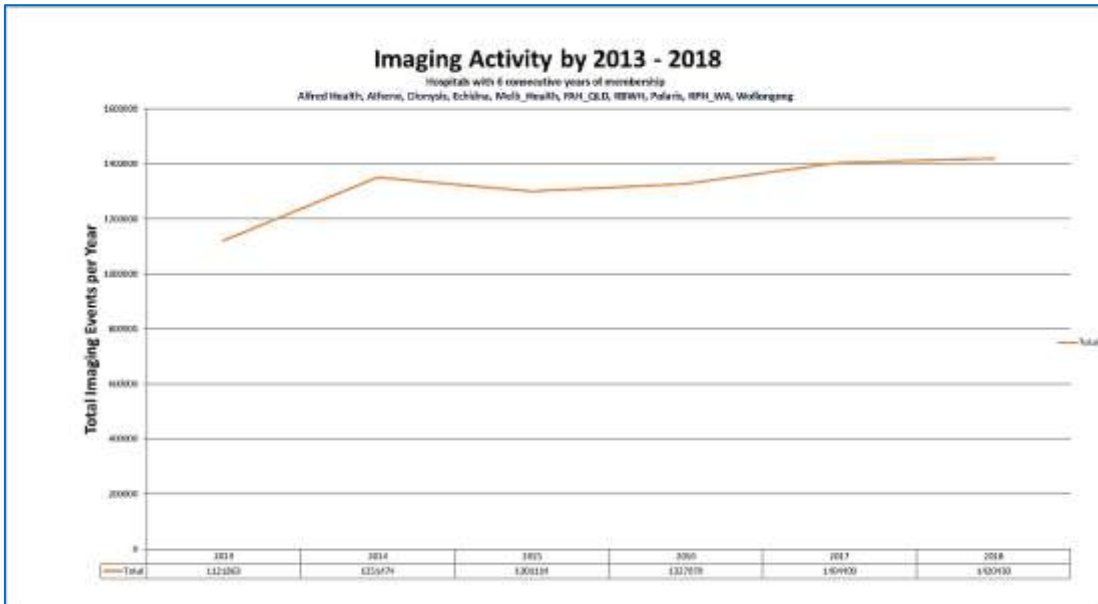
# Benchmarked Analysis for the calendar year 2018

The Imaging & Diagnostics suite of reports has evolved over a decade and incorporates components of other non-Imaging Health Roundtable reporting. The report produced for each member provides information in three chapters:

- Access – can the patient gain appropriate access to your service?
- Safety – is the care delivered safely to the patient?
- Value – will the patient (as a consumer) get value for time/money at your service?

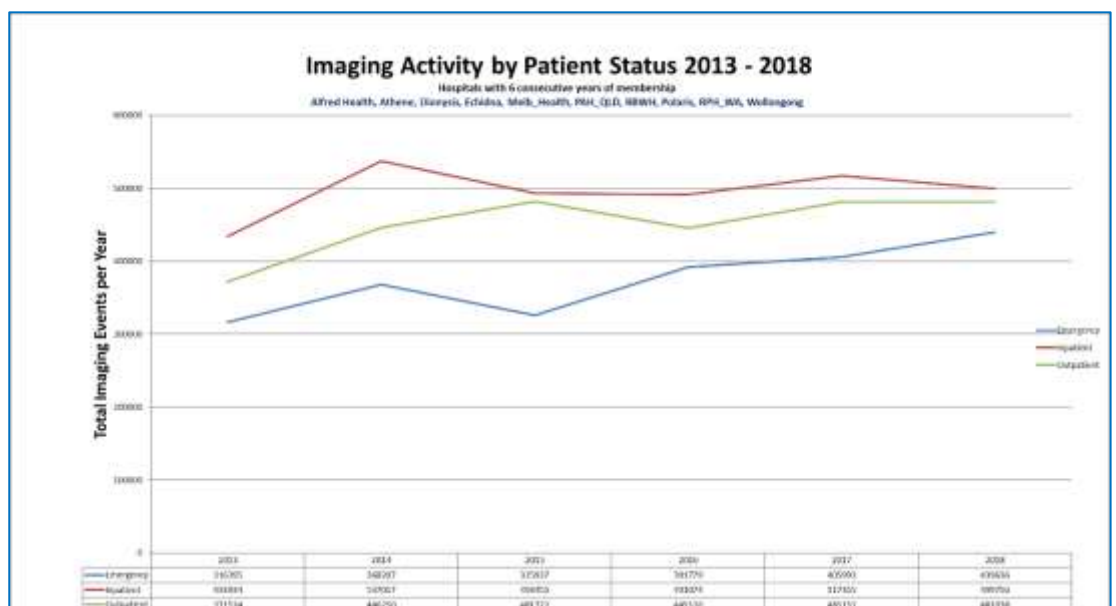
## Access

Health Roundtable's core data reports are generated from Casemix data streamed to HRT from each site. However, Imaging data must be supplied individually from each member site meaning overall activity levels can fluctuate depending on membership. To gain an accurate sense of changes in activity over time, sites with at least six years of consecutive HRT Imaging membership and data submission are isolated and demonstrated below.

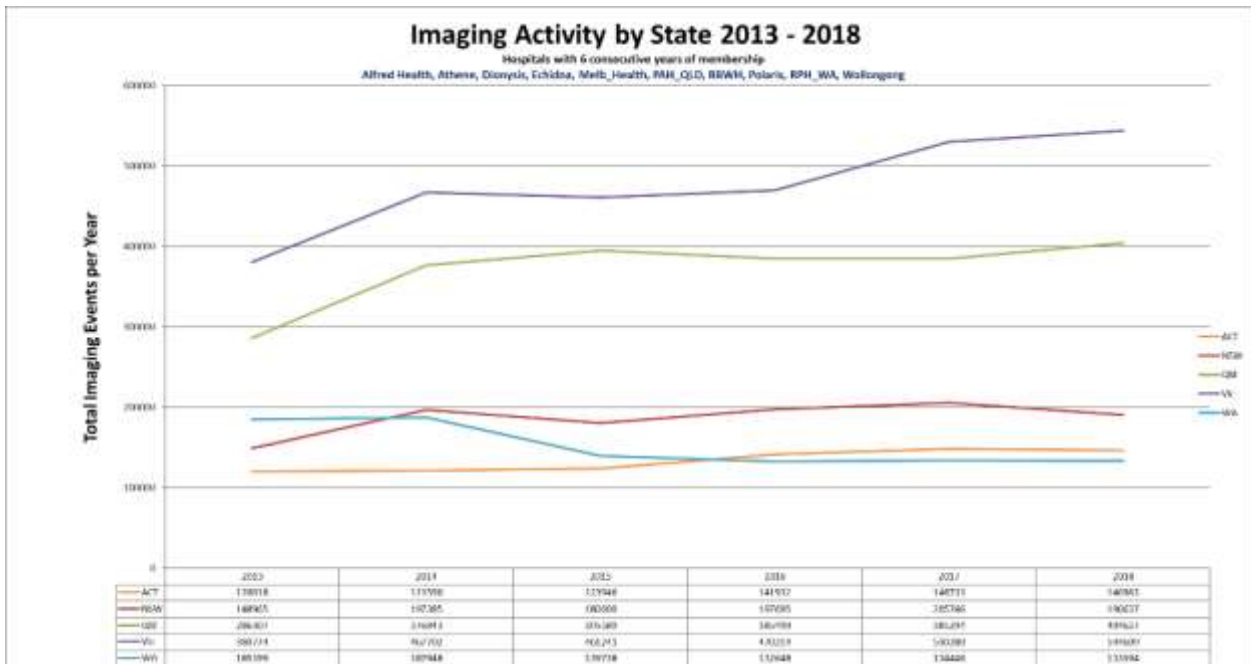


Overall Imaging activity has risen 1.1% across the indicator sites during 2018 compared to 2017.

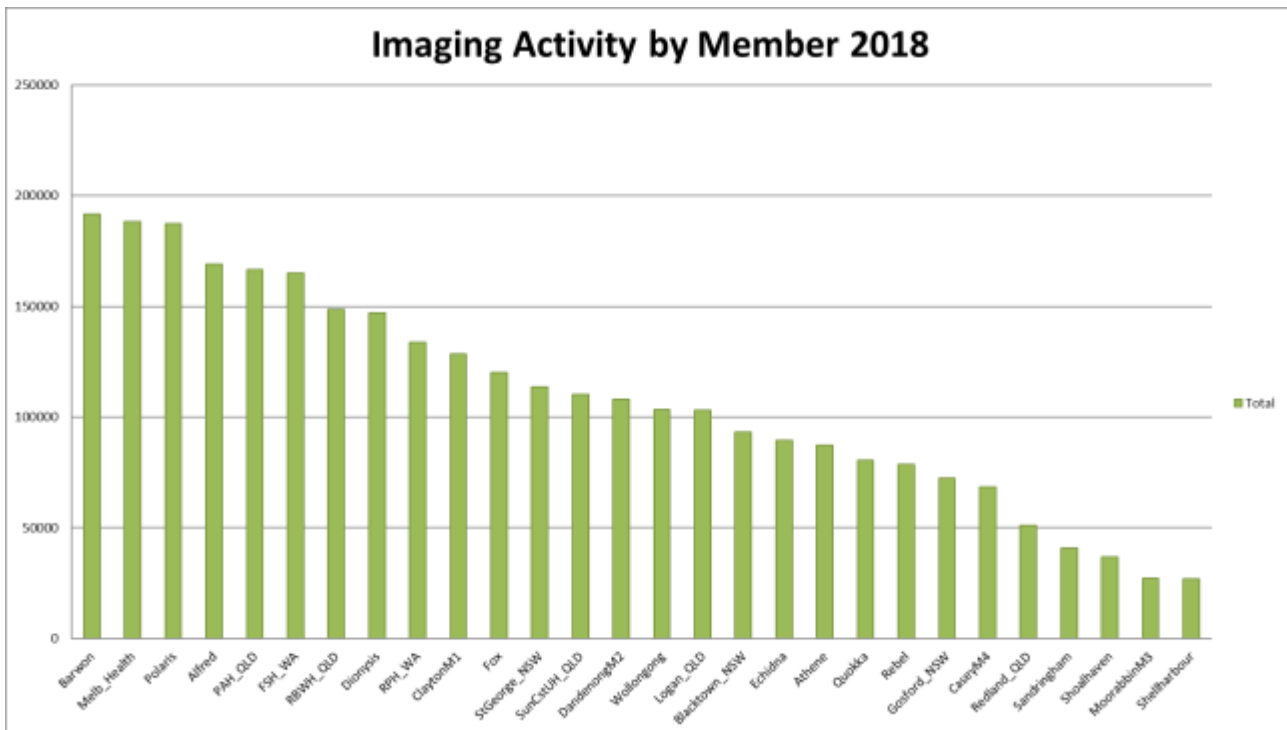
Demand from Emergency Departments has risen consistently over the last six years as per the graph at right. A dip in 2015 was a data-related issue at PAH\_QLD which has since been corrected.



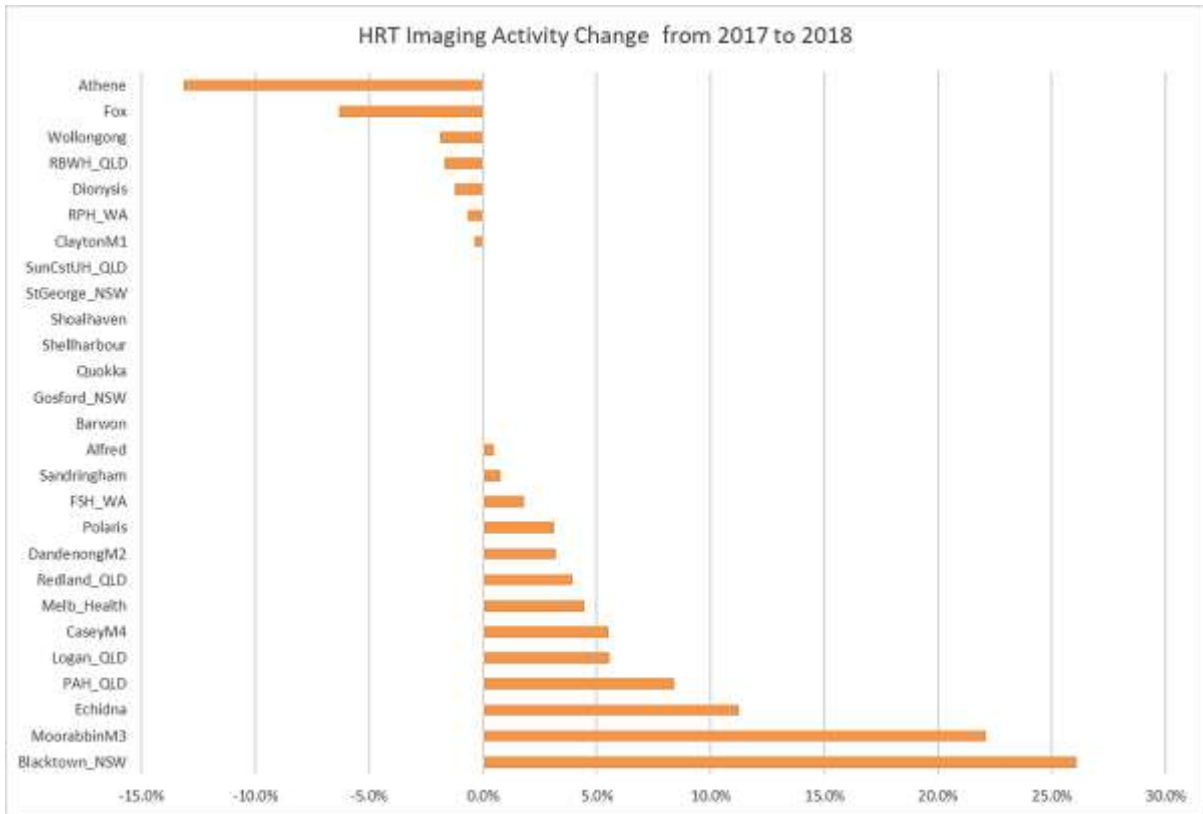
The quantities demonstrated in the following graph relate to the number of representatives from each State in the indicator group. Trend information suggests Victoria continues its leading growth in activity from 2017.



Comparative levels of activity across all HRT Imaging members are shown below:



Some sites have actually seen a contraction in their annual activity through 2018 when compared to 2017.

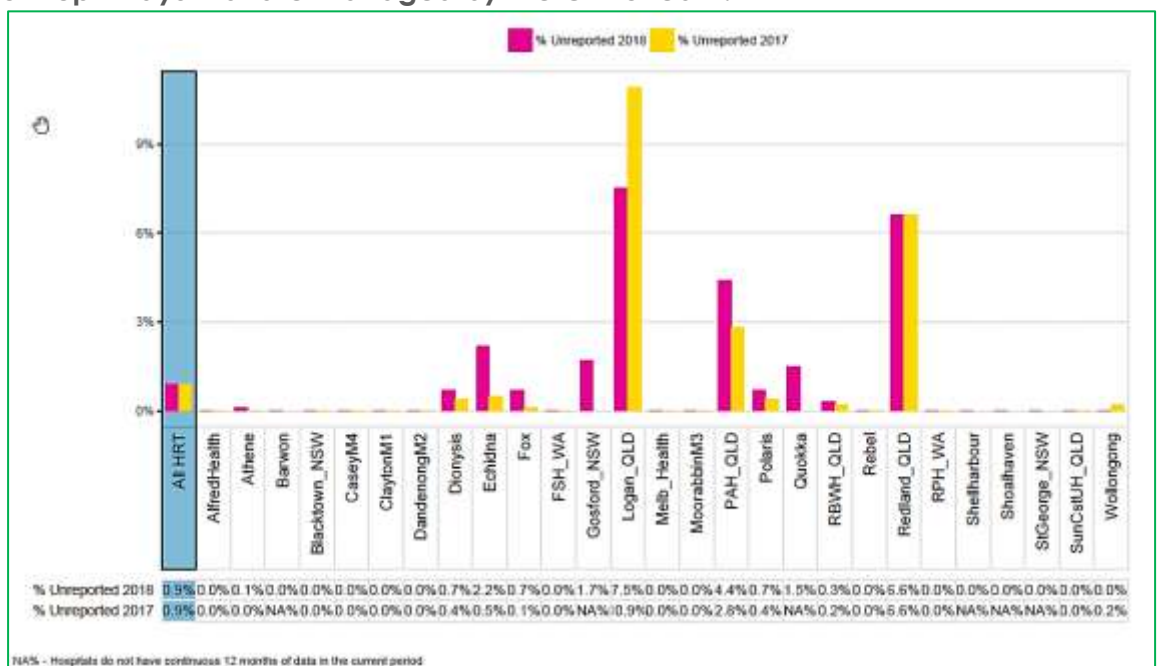


## Safety

The Safety category currently includes the following reports:

- **Percentage of examinations unreported**

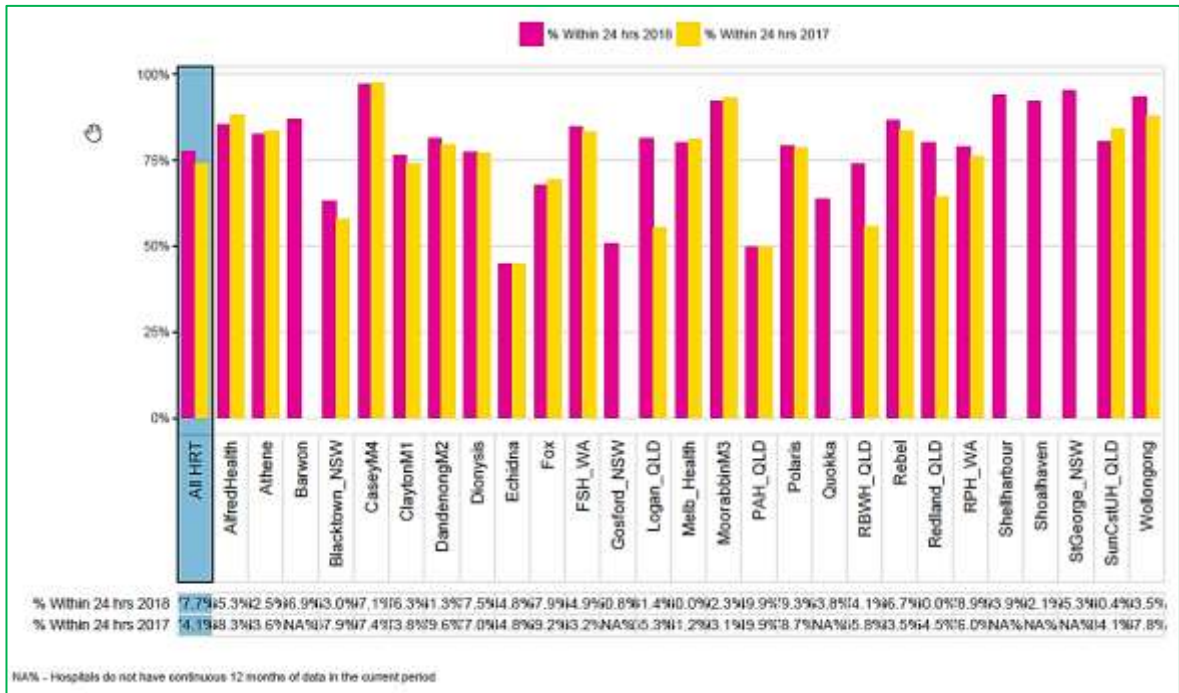
Logan\_QLD outsources reporting on a fee/report basis and has determined not to report follow-up x-rays that are managed by the Ortho team.



Exemplar: Several

- Percentage of reports available at 24 hours post completion of imaging

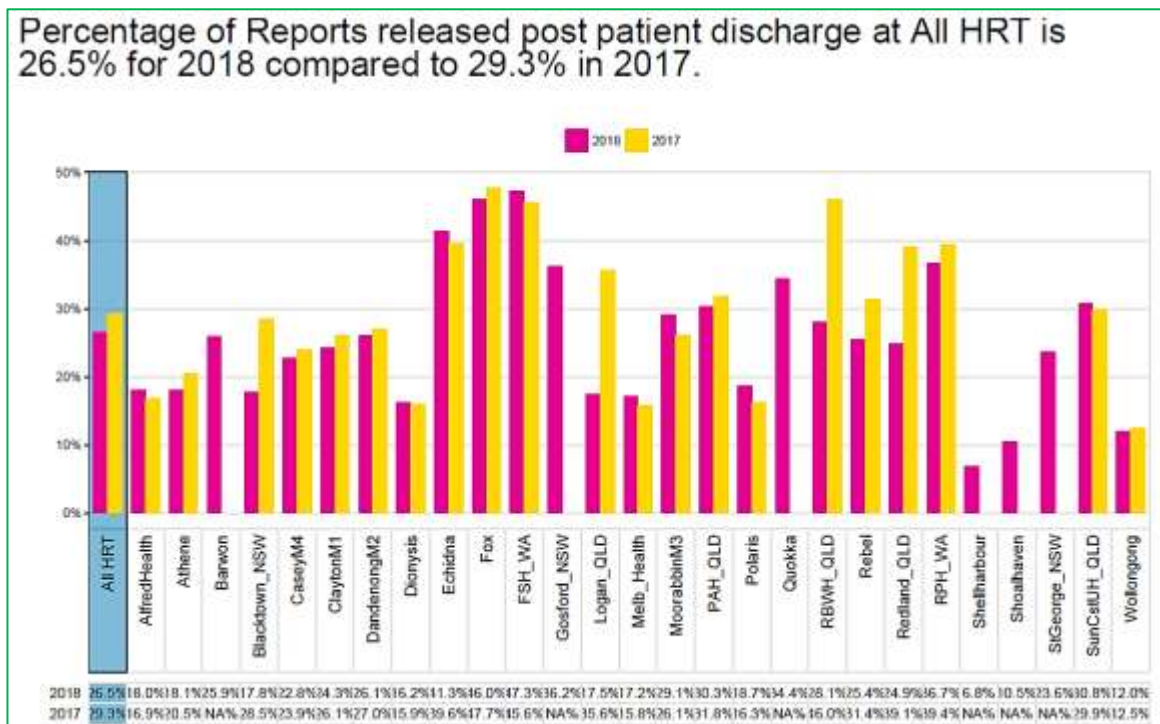
Most sites saw improved results in 2018 when compared to 2017.



Exemplar: Monash (Casey), Wollongong & St George Hospitals

- Percentage of reports released post patient discharge

Notably high results across the board. During the workshop, Logan and RBWH will explain how they achieved a significant drop in this metric.

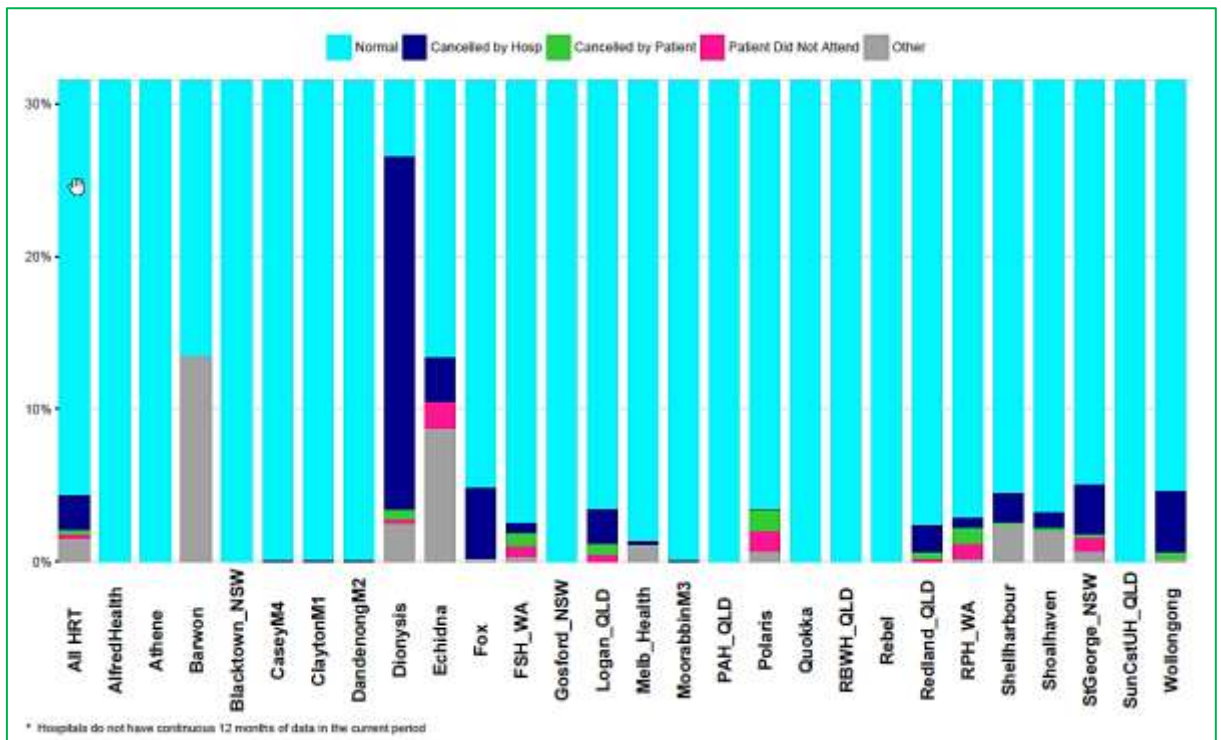


Exemplar: RBWH and Wollongong Hospital



- Percentage of cancellations and Did Not Attends

Dionysis changed RIS providers during 2018 and believe this outlier result is an administrative error.

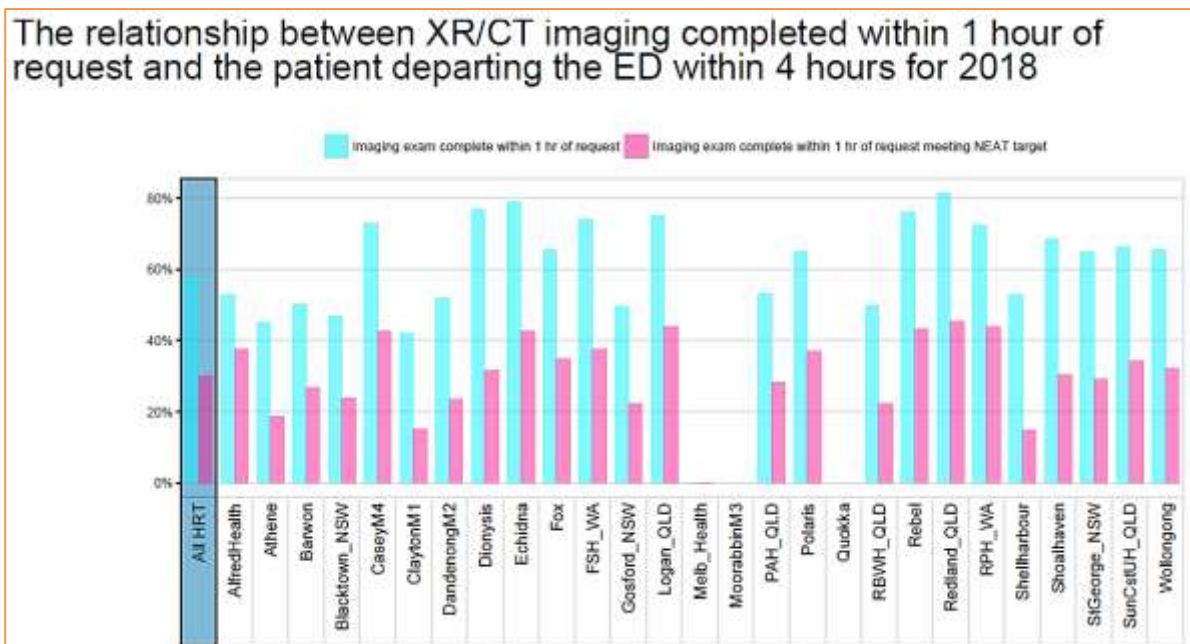


Exemplar: Several

## Value

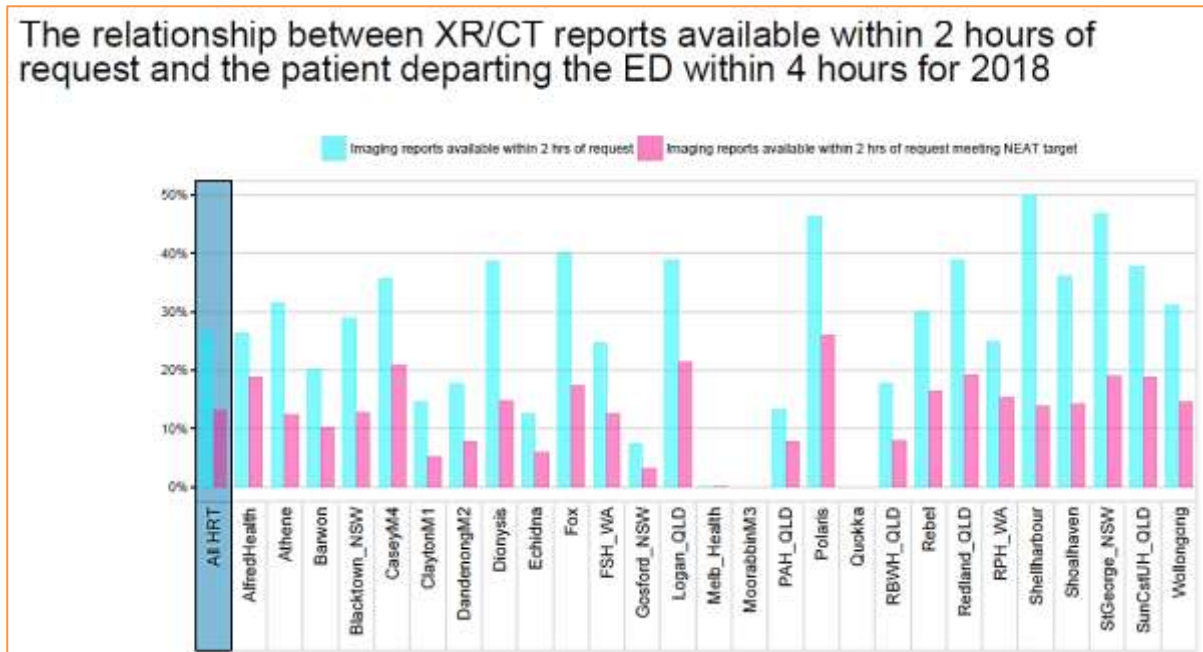
During the 2018 workshop, members suggested a useful Value report might correlate the efficient delivery of Imaging to Emergency patients with their eventual length of stay within the Emergency Department (ED).

A new report for 2019 looks at the most commonly requested Imaging investigations by ED (X-Ray and CT) and demonstrates what percentage saw images available within 1 hour at



each site. The graph then identifies what percentage of that cohort was discharged from the ED within 4 hours.

Similarly, another report shows the percentage of ED-requested X-Ray and CT investigations that saw reports available within 2 hours correlated with the percentage discharged within 4 hours.



The Imaging & Diagnostics reports are intended to be an evolving output for this Improvement Group. Workshop attendees will discuss the usefulness of these reports, and what other reporting they would like Health Roundtable to create for next year.

# Member Aim Statements

HRT1910 Imaging & Diagnostics Aim Statements from 2018		
Member	Code Name	Statement
Redcliffe Hospital	Rebel	Improve patient access and increase revenue through an MNHHS approach within six months of full RIS implementation across all sites.
Wollongong Hospital	Wollongong	1. Develop and implement a Business Plan.
		2. Improve internal communications as measured by PMES
Melbourne Health	Melb_Health	1. Complete phase 3 of the roster review process - matching shifts to activity by end 2018.
		2. Implement a radiographer assistant bank by the end of 2018.
		3. Gather data from patients/referrers re radiology experience.
		4. Map out the need for flow and relationship management, and business development role in the setting of raising radiology profile and involvement across the organisation
Austin Health	Polaris	1. To develop a plan for a revised radiographer structure that is patient-focused, invested in staff development and sustainable. November 2018
		2. Stop printing film. Push CD/USB/online avenues. HRT meeting 2019
		3. Contrast administration systems (e.g. Transflux system) for OP CT. HRT meeting 2019
		4. Investigate options for flagging unexpected abnormal results HRT meeting 2019
Princess Alexandra Hospital	PAH_QLD	Extraction of accurate data points - for example, to calculate KPI's. This will allow us to monitor workload, asset utilisation, efficiency, accurately measure interventions, address wait times, nurture patient experience and address workload concerns and staff culture.. oh, and world peace... and a glitter unicorn...
Alfred Health	Alfred	Improve patient experience in the waiting rooms - feedback from consumers - sequentially over 12 months Build a social media profile - framework (in line with hospital policy), administrator/s - 12 months
Fiona Stanley Hospital	FSH_WA	Maximise billing of compensable patients by justifying and subsequently self-funding a Medical Imaging focussed revenue officer as a joint initiative between FSH and PCH. Historical revenue data will be used as a baseline, and success measured by increased revenue relative to imaging activity (past vs future)
Redland Hospital	Redland_QLD	Medical Imaging Department Space Activation of patient waiting areas and staff work areas. Aim to engage staff in building a more patient-focused environment, raising patient awareness of their Imaging pathways within the department and re-engage staff to support the patients and their colleagues within this.
St Vincents Hospital (Sydney)	Aphrodite	1. Improve patient experience in DSD waiting area with queue numbering, real-time information (i.e. urgent trauma from ED currently), education information screen (oral contrast, our cutting edge machines, etc.) , and consumer feedback near the exit (3 categories, happy, neutral sad, these are measurable markers).
		2. Staff satisfaction survey anonymous (like FAB-o-Meter, and similar to patient feedback, on a smartphone) - get baseline and improvement
		3. Structured job description, orientation and training guidelines - starting from nursing, admin, doctors, and radiographers etc. etc
Sunshine Coast HHS	SunCstUH_QLD	Reduce outpatient waitlist for SCHHS MRI to 14 days by the end of 2018.
Toowoomba Hospital	Echidna	To improve clinician satisfaction with our MRI service through improving access, clinical benchmarking, clinician confidence and relationships with subspecialty medical referrers.
Monash Health	ClaytonM1	By May 2019, we will improve ED access. To CT services, 95% performed within 2 hours from receipt of imaging request.
Canberra Hospital	Dionysis	1. increase MRI resource pool
		2. Introduce Cardiac MRI

# About the Health Roundtable

The Health Roundtable Limited is a membership organisation structured as a not-for-profit company limited by guarantee. The aims of the organisation are:

- To provide opportunities for health executives to learn how to achieve Best Practice in their organisations;
- To collect, analyse and publish information comparing organisations and identifying ways to improve operational practices; and
- To promote interstate and international collaboration and networking amongst health organisation executives.

## Members

Organisational Membership in The Health Roundtable is open to health services across Australia and New Zealand. Organisations nominate their most senior operational executive to serve as a Personal Member of the Roundtable. Personal Members elect a Board of Directors to provide administrative governance and meet as a group twice yearly to shape the agenda and review progress. Members may invite a limited number of guests to participate in activities of The Health Roundtable.

Activities of The Health Roundtable are supported by annual membership fees, subscription fees, and corporate sponsorships. We receive no direct government funding. Individual and organisational members must meet their financial commitments to retain membership in The Health Roundtable.

## Confidentiality and the “Honour Code”

Since its inception in 1995, The Health Roundtable has focused on operational improvement by identifying best practice within the membership, and then sharing insights amongst the members to improve practices. Data provided to The Health Roundtable are freely shared amongst participating members, but not disclosed to other organisations, in order to maintain frank and open discussion.

The information in this Briefing Package has been prepared for the exclusive use of members of The Health Roundtable. It should be made available only to those persons who agree to abide by The Health Roundtable Honour Code:

- No member shall criticise the performance of other member hospitals, or use any of the information to the detriment of a fellow member.
- No external distribution of data or conclusions based on Health Roundtable data is made without the unanimous consent of all contributors.

Member's data is de-identified and aggregated for approved research.

In the event that you are unwilling to assume this confidentiality obligation, please return this document and all copies in your possession promptly to The Health Roundtable.

# Corporate Sponsors of the Health Roundtable

The Health Roundtable offers corporate organisations the opportunity to participate in its activities to learn more about the issues facing major teaching hospitals. The following organisations agreed to support the activities of The Health Roundtable this year. In return, they are given the opportunity to participate in meetings where there is no direct conflict of interest and have agreed to abide by The Health Roundtable Honour Code to protect the confidentiality of all Roundtable discussions. The Health Roundtable welcomes appropriate participation in its discussions of key issues by health industry vendors. For additional information, please contact the General Manager of The Health Roundtable.

	<p><b>AstraZeneca Australia</b> is the ninth largest pharmaceutical company operating in Australia. It is one of the country's largest manufacturers of medicines and is a key exporter to 20 international markets.</p> <p>AstraZeneca produces medicines in a range of therapeutic areas including Oncology, Cardiovascular &amp; Metabolic Diseases and Respiratory.</p> <p>AstraZeneca contributes significantly to clinical trials in Australia with over 55 concurrent trials. AstraZeneca's innovative medicines are used by millions of patients worldwide. For more information visit <a href="http://www.astrazeneca.com.au">www.astrazeneca.com.au</a></p>
	<p><b>Novartis</b> is caring and curing. Novartis is committed to research and development and since 2007 Novartis has invested 20% of its net pharmaceutical sales globally in R&amp;D – in Australia Novartis invest around \$AUD 30 million annually.</p> <p>Novartis dedication to research drives innovation and has one of the strongest pipelines in the industry. In Australia, the Novartis Group is comprised of – Pharmaceuticals, Alcon, Sandoz, Consumer Health, Animal Health and Vaccines &amp; Diagnostics. To find out more visit <a href="http://www.novartis.com.au">www.novartis.com.au</a></p>
	<p><b>Roche Products Pty Limited</b>, the Australian pharmaceutical division of the international Roche Group, has been committed to improving the health and wellbeing of people in Australia for over 60 years. Today, the company is dedicated to the clinical development, registration, sales, marketing and distribution of innovative pharmaceutical medicines.</p> <p>Over the last two decades, Roche has become a leading specialist in biotechnology focused on developing medicines in oncology (cancer), immunology, ophthalmology, infectious diseases and neuroscience.</p> <p>Australian patients have access to around 40 Roche medicines, and the company is the leading provider of cancer medicines in Australia by sales.</p>
	<p><b>Baxter</b> provides a broad portfolio of essential renal and hospital products, including home, acute and in-centre dialysis; sterile IV solutions; infusion systems and devices; parenteral nutrition; surgery products and anaesthetics; and pharmacy automation, software and services.</p> <p>Baxter's employees worldwide are building upon the company's rich heritage of medical breakthroughs to advance the next generation of healthcare innovations that enable patient care.</p>

# The Health Roundtable Library

At every Health Roundtable meeting, we receive innovative presentations that feature the excellent work hospitals across Australia and New Zealand. To increase accessibility to these leading practices, the Health Roundtable has made improvements to its website and search library.

From the home page, select "Search Library"



Presentations are assigned a relevant category within the HRT Library. The list of categories appears below, and we recommend you search using these terms. Otherwise, free text is also acceptable.

Searchable groups include meeting number, improvement group name, hospital name, service line and category group. Examples of category groups, improvement groups and service line categories are below.

## Category

Accreditation  
Allied Health  
Ambulatory  
Change  
Management  
Coding  
Community  
Competition  
Coordination of  
Care  
Deteriorating  
Patient  
Discharge  
Early Supported  
Discharge  
ED Access Target  
Efficiency /  
Throughput  
Falls Prevention  
Finance  
Governance  
Health Literacy  
Health Reform  
Healthcare  
Associated  
Infection  
High Performing  
Orgs  
Human Resources  
Information  
Management  
Integrated Care  
Leadership and  
Management  
LOS (Length of  
Stay) / Beds Saved  
Measurement and  
Performance  
Medication Safety  
Occupational

Health and Safety  
Open Disclosure  
Patient & Carer  
Experience  
Patient  
Identification  
Primary Care  
Quality  
Readmissions  
Regulation

### Improvement Groups:

Allied Health  
Emergency Care  
End-of-Life  
Financial  
Imaging  
Maternity  
Medical Journey  
Medication  
Mental Health  
Nursing  
NZ Chapter  
Paediatric  
Patient Safety  
Subacute  
Surgical Journey

### Special Interest Groups:

Hospital in the  
Home  
Pathology  
Patient Blood  
Whole Of System

## Service Line Categories:

Allergy &  
Immunology  
Anaesthesia and  
Perioperative  
Medicine  
Blood Transfusion  
Burns / Trauma  
Cancer Services  
Cardiology  
Cardiovascular  
Medicine  
Cardiovascular  
Surgery  
Case Management  
Colorectal Surgery  
Dental  
Dermatology  
Drug and Alcohol  
Ear Nose and  
Throat (ENT)  
Emergency  
Department (ED)  
Endocrinology/Dia  
betes  
Environmental  
Services  
Facility  
Food Services  
Genetics  
Gerontology  
GI -  
Gastrointestinal  
Including  
Endoscopy  
Haematology  
Hospital-wide  
Imaging  
Infectious Disease  
& Control (ID)  
Intensive Care Unit  
Lab / Pathology

Mental Health  
Neurology  
Neurosurgery  
Nursing  
Nutrition /  
Dieticians  
Occupational  
Therapy  
Ophthalmology  
Orthopaedics  
Paediatrics  
Pain Management  
Palliative Care  
Pharmacy  
Physiotherapy  
Plastic Surgery  
Podiatry  
Primary Care  
Radiology  
Rehab  
Renal / Dialysis  
Respiratory  
Rheumatology  
Social Work  
Speech pathology  
Surgery (General)  
Transplant Surgery  
Urology  
Women's Health  
(OB/GYN)

In addition to our "Search Library" functionality, you can also find meeting materials on the website under the "Improve Performance" tab.

# The Health Roundtable Website

The Health Roundtable website is your secure portal to access all of the reports that we produce along with innovations presentations from member hospitals. Click “Create Account” on the <http://www.healthroundtable.org> website—and use your health service email address to set up your account.

Once logged in, you will be directed to the “My Data” page, from where you can download your reports.

The latest reports for your hospital are presented with a green circle next to them.

An ‘online chat’ function is now available if you have any other questions in the bottom right corner.

The screenshot shows the 'My Data' page of the Health Roundtable website. At the top, there is a navigation bar with the Health Roundtable logo and links for 'My Data', 'Join Us', 'Attend Events', 'Improve Performance', 'Get News', and 'Library'. Below this, a breadcrumb trail indicates 'You are here: My Data'. The main content area is divided into three sections: 'My Data' (with links for Mortality, Custom Report (ADRTA), Glossary, and HRT 101), 'Innovations' (with links for Download Presentations and Calendar of Events), and 'Data Submission' (with links for Specifications, RPI Data Entry, Timelines, and FAQ). A central announcement box highlights 'Jan 2017 - Dec 2017 core reports' as 'NEW' and provides information about 2018 ADRTA custom reports. A search bar and a list of categories (Allied Health, Australian National Standards, Chronic Disease Utilization, Costing, Departmental Reports, DRG Workshop, Emergency Department, End Of Life Care, Executive Briefings, Grattan Questionable Care) are visible on the left. On the right, there is a 'Latest News' section with several articles and a 'us first ask' chat widget with a 'Click here to chat with us!' button and a 'Try our message form' link.

# Glossary of terms

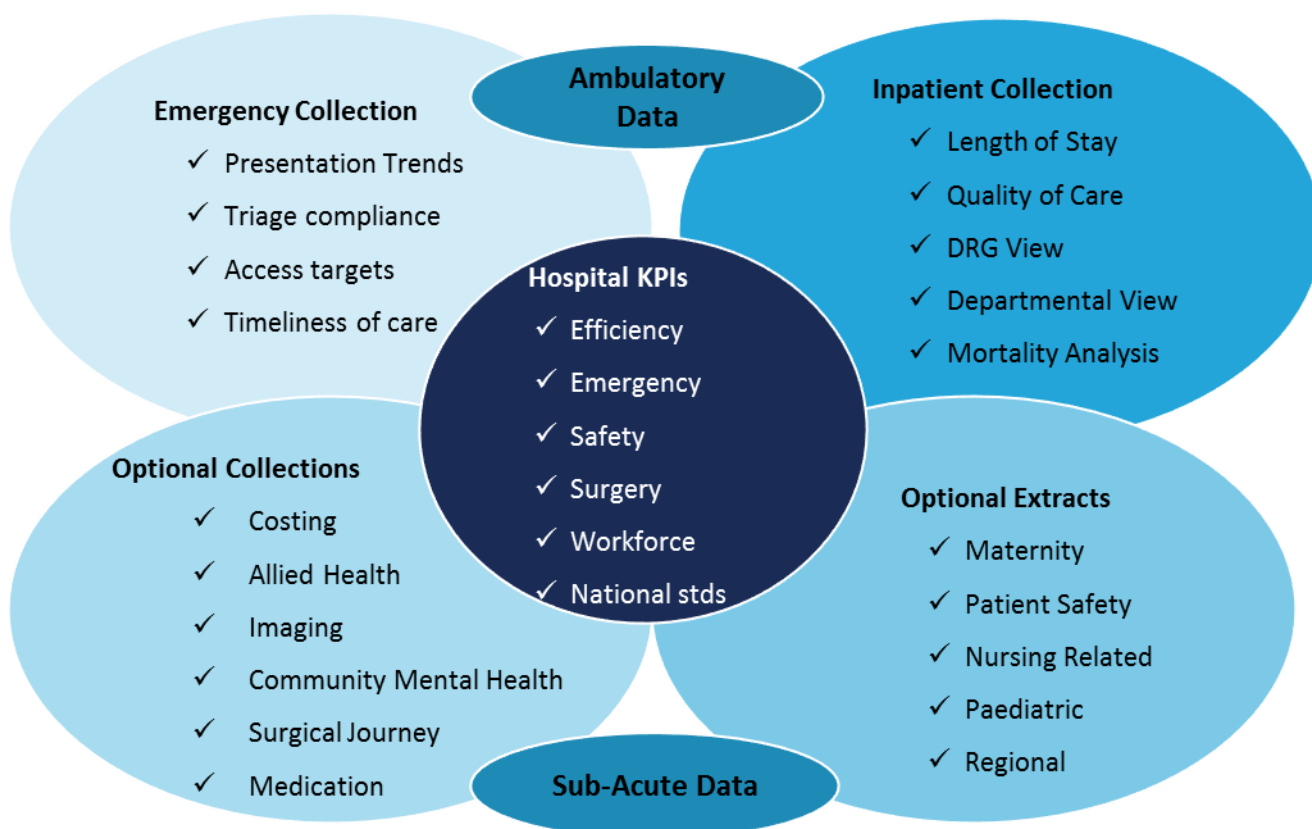
<https://www.healthroundtable.org/ImprovePerformance/Reference/GlossaryofTerms.aspx>

The Health Roundtable glossary is regularly updated and a useful place to find definitions for terminology used in our reports.

## Overview of Core and Optional Reports

The Health Roundtable produces the following core reports quarterly:

## Health Roundtable Comparative Data



### Top Ten Reports

The Top Ten Report is intended as an executive level review tool. It summarises the top 10 Diagnosis Related Group (DRG) families where potential bed day savings are greatest. Potential annual bed day savings are calculated against the weighted average of the four exemplar hospitals in the group. The Top 10 report also lists any DRG families where your RSI results are in the leading group of hospitals.

### Inpatient Briefing Reports

Detailed DRG-level reports show how you compare to peer health services on key measures such as length of stay, readmission rate, complication rate, and discharge home rate.



## Department Reports

Reports compare your clinical units with the closest comparable peer departments across Australia and NZ.

## Mortality Reports

A report detailing mortality results and trends for the past six months using hospital standardised mortality ratios. This report is restricted to hospital personnel receiving specific approval from their senior hospital executive.

## Emergency Department Reports

A detailed report of Emergency Department activity with monthly trends including overall volume, access targets (NEAT for Australia, 6 hours for New Zealand), and clinical service targets by triage category.

## Hospital KPI Reports

An overview of your performance on a balanced scorecard of measures of efficiency, safety, surgery and workforce.

## Subacute Feed-In Reports

The Health Roundtable developed a sub-acute benchmarking report to help understand the overall patient journey across acute, sub-acute and community sectors. The subacute feed-in report is designed to assist with the analysis of the patient journey within a health service showing the length of stay contribution at each phase.

## Ambulatory Reports

The ambulatory reports include analyses and comparisons of Tier-2 activity, NWAU revenue, and New to Review ratios. These are produced for the whole of hospital and also for high volume clinics in each hospital.

## Optional Reports

The Health Roundtable also produces many other reports as part of the optional improvement groups it runs during the year. For the full list of activities, please visit [www.healthroundtable.org](http://www.healthroundtable.org)>Join Us>Calendar.

# The 8 Step Process for Successful Change – John Kotter

Kotter is an internationally recognised change management expert and professor at the Harvard Business School. His 8-step approach for introducing and sustaining change in an organisation is outlined below.

<p><b>Set the Stage</b></p>	<p><b>1: Establish a Sense of Urgency</b> Develop a sense of urgency around the need for change to spark the motivation to get change underway. Start an honest and convincing dialogue about the need for change; why things need to be different. If many people start talking about the change, the urgency can build and feed on itself. This sense of urgency is often referred to as “the burning platform”. Share the urgency before moving onto the next steps.</p> <p><b>2: Create a Guiding Coalition</b> Assemble a group of people who are in broad agreement about the kind of change needed before deciding what the change will be. This will be your “guiding coalition” who need to work as a team, continuing to build urgency and momentum around the need for change as well as managing the next few steps.</p>
<p><b>Decide What To Do</b></p>	<p><b>3: Develop a Vision and a Strategy</b> Kotter is clear what a vision is: it's not a vague aspiration, but a ‘picture of the future with some implicit or explicit points on why people should strive to create that future’. A clear vision can help everyone understand why they're being asking to do something. The Strategy is deciding how you are going to achieve that vision. This is where your problem analysis skills will come to the fore.</p>
<p><b>Make It Happen</b></p>	<p><b>4: Communicate for Understanding and Buy-In</b> What is done with the vision after it has been created will determine its success. The message for change will need to be communicated with a level of authority and frequency to be visible amongst the day-to-day communications within the organisation.  Create a story that illustrates your vision; make it real by using real people and real situations. Talk about it every chance you get and use the vision daily to make decisions and solve problems. What you do is more important - and believable - than what you say – “walk the talk”. Demonstrate the behaviour that you want from others.</p> <p><b>5: Empower Others to Act</b> To enable the vision to become a reality, remove as many barriers as possible to empower people to make it happen.</p> <p><b>6: Produce Short-Term Wins</b> Nothing motivates more than success. As soon as possible, there needs to be some visible and clear successes. This can be helped when the strategy is created in Step Three by creating short-term targets - not just one long-term goal. Each smaller target should be achievable.</p> <p><b>7: Don't Let Up</b> Kotter advises that many change projects fail because success is declared too early. Quick wins are only the beginning of what needs to be done to achieve long-term change. Applying LEAN to a stock room or process is great. But if you can do this in 10 areas or across organisational boundaries, then the whole system is really working! To reach that 10th success, you need to keep looking for improvements.</p>
<p><b>Make It Stick</b></p>	<p><b>8: Create a New Culture</b> Adopt the new ways of behaving and make sure they succeed until they become strong enough to replace old tradition. When the changes are described as being “the way we do things round here” then a new culture based on the changes has been created.<sup>1</sup></p>

<sup>1</sup> 2005, Dan S Cohen & John P Kotter, The Heart Of Change Field Guide