

Prioritised Clinical Assets Replacement Plan

Smart Choices About the Costs and Benefits of
Health Services

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Aim

- Establish a prioritised five year Clinical Equipment Replacement Plan
- Allocate the Hospital's limited equipment funds as efficaciously and fairly as possible
- Create a mandatory process for departments to obtain equipment funding
- Transparency of the overall plan with ranked prioritisation accessible on the Hospital intranet site

Nature and Extent of the Problem

- No prioritised clinical asset replacement plan existed
- Existing Equipment List was a wish list with no relationship to clinical strategic planning or clinical / operational risks
- No agreed method for determining importance or urgency of listed equipment
- Limited ability to escalate critical assets requiring replacement – learned helplessness
- Funding to replace aging equipment was an ongoing issue

Strategic importance

- The Clinical Asset Replacement Plan ensures that the Hospital is able to make smart choices about the costs and benefits of equipment to be purchased
- It allows CHW to integrate our clinical equipment needs with the overall goals and strategic directions of NSW Health

Planning & Implementing solutions

- Development of a set of clinical and financial questions to determine an overall score for prioritising equipment
 - Questions formulated based on the Hospital's Vision, Mission and Values statements, and NSW Health's Quality and Safety policies
 - Prioritisation matrix developed using an analytical criteria method (The Memory Jogger Plus+®[®], GOAL/QPC 1989) which compared the relative importance of the criteria in a pair-wise fashion to assign weights

Planning & Implementing solutions

- Creation of a process governing how equipment would be placed on the Clinical Asset Replacement Plan
 - An electronic form was designed to incorporate the designed questions and weightings and placed on the intranet
 - Departments complete the online form to have their equipment registered on the asset replacement plan
 - The Equipment Committee review prioritised requests and make recommendations to Senior Management
 - Fundraising were included in the process to ensure that only items on the list are funded

Outcomes & Evaluation

- Planned and funded equipment at each priority level (high, medium and low) are tracked on a quarterly basis.

Actual Measure	Description	Qtr 1 06/07	Qtr 2 06/07	Qtr 3 06/07
Clinical Weighted Score >= 85.0 or Corporate high	Planned High Priority	\$8,989,189	\$8,866,789	\$11,143,771
	Funded High Priority	\$134,660	\$287,200	\$2,136,616
Clinical Weighted Score >= 70.0 or Corporate Medium	Planned Medium Priority	\$2,046,761	\$2,000,836	\$2,338,751
	Funded Medium Priority	\$0	\$350,000	\$9,500
Clinical Weighted Score <69.9 or Corporate Low	Planned Low Priority	\$1,413,729	\$1,580,451	\$1,497,755
	Funded Low Priority	\$0	\$0	\$0

Outcomes & Evaluation

- Overall the equipment purchased during 2006/07 increased 300% compared to previous years
- More items are being added to the list each quarter
- Items funded have all been from the high or medium priority level
- Feedback from the Equipment Committee, Fundraising Department and requesting departments has been extremely positive
- A contingency fund has been created to allocate funding for urgent equipment replacement

Sustaining Change

- We now have an agreed, transparent list which is not bypassed
- There are regular meetings to review and discuss issues
- Fundraising, in conjunction with clinical staff, are able to align potential donors with urgent equipment in the value range of the donation they are willing to fund
- The success of the process ensures that staff will continue to use it

Lessons Learned

- Overall change took several models to end up with the preferred solution
- Some staff were sceptical but when they benefited they communicated the positives to other staff
- Key staff were designated to roles to resolve business process
- Clinical staff are now wanting to plan equipment replacement
 - A transparent process ensures participation
 - Updating staff on funding of urgently needed equipment reinforced the positives
- Need to ensure equity in funding urgently needed equipment
 - Some departments have easier access to funding however this process provided more equity

Future Scope

- The individual questions/criteria used in the prioritisation matrix can be easily modified to reflect local priorities and can therefore be applied to any healthcare setting
- At CHW the prioritisation matrix methodology has since been used to allocate resources for clinical service planning
- This process could easily be used in any large Area Health Service, across NSW Health or by a worldwide health organisation.