



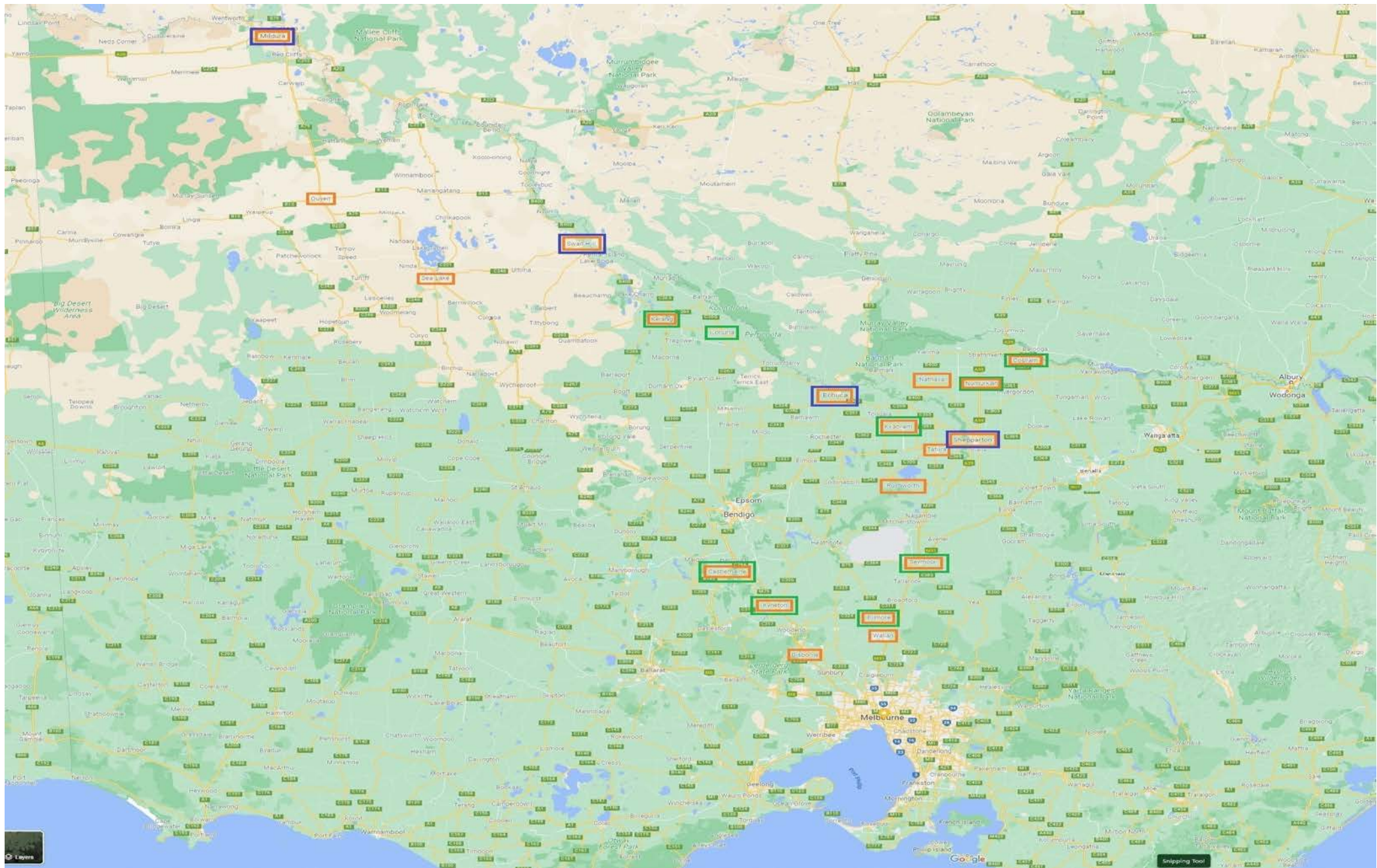
# Pathology Regional Expansion Project: From the Yarra to the Mighty Murray

# Drivers for Change

# The context

- National regulatory context
- Workforce changes and demise of the general pathologist
- Statewide public pathology networks exist in other states
- Dissatisfaction with some aspects of private pathology in regional areas
- Desire to return pathology from public hospitals to public pathology providers





# Considerations

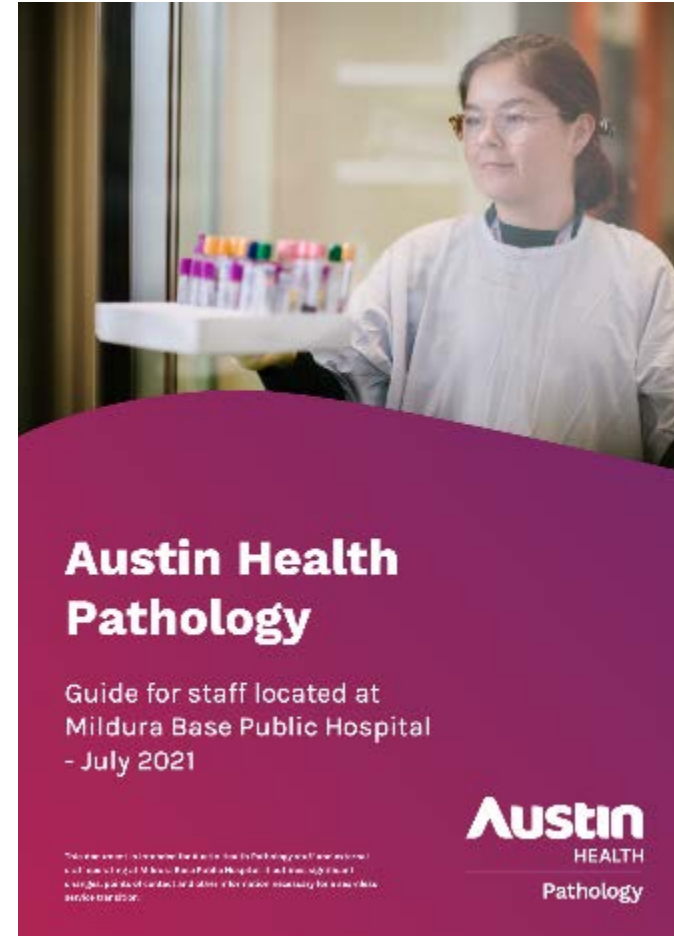
- Service planning
- Scope of testing
- Capital works / instrumentation
- Courier networks
- Supply chain network
- HR onboarding
- IT infrastructure
- Communications / GP and doctor setup / Client liaison
- Accreditation
- Supervision
- Transition project staffing – project roles, trainers, backfill for trainers
- Other Austin support (clinical etc)



# **Successes, Challenges and Opportunities for Improvement**

# Successes

- Pathology more sustainable for regional services
- Streamlined patient referral pathways
- Benefits of private system in a public setting – driven by a sense of equity
- High level diagnostic services and MDMs
- Collaboration across Austin Health departments strengthened
- Creation of new roles to support the network
- Building stakeholder engagement including strong governance structures



# Challenges

- Limited data available in planning phase
- Expectations / engagement of the regional health services
- Financial expectations of the regional health services
- Scalability
- Harmonisation of quality standards across a large service
- Move to standard offering across the service
- Distance
- COVID-19





# Challenges

- Courier network
- Procurement / supply
- Clinical referral pathways (challenge & opportunity)
- IT infrastructure and connectivity
- Report delivery
- Regional recruitment
- EBA requirements
- Volume of work referred to the Gx laboratory at Austin Health (AP, Microbiology, Complex Haematology and Chemistry)



# Providing a pathology service to GPs

## Challenge

- Range of required tests differs from a hospital setting
- Significant IT requirements that differ from a hospital setting
- Greater requirement for client liaison, and client IT support
- Limitations of current LIS

## Solution

- Discovery regarding scope of testing required, and attempting to integrate into scope of testing.
- Listening to regional GP clients
- Utilising Healthlink and GP practice software (eg Best practice) in a test environment



# Learnings and opportunities for improvement

- Improved approach to strategic planning and go live tasks
- Redesign and efficiencies
- Improved approach to onboarding clients
- IT connectivity
- Additional roles required to improve service delivery and meet the needs of provision of the diagnostic service

