



Transforming healthcare through connection

HealthtechX Asia

Dr Amith Shetty
Pedram Bidhendi

May 2025

NSW Health: A snapshot

In 2023/24...

8 million residents on 801, 150km²

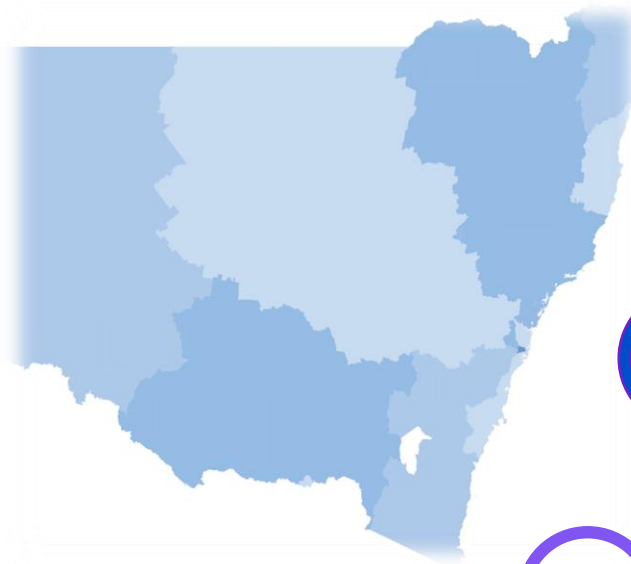
18% people aged 65 and over

34% people live in regional NSW

226 public hospitals in NSW

35% population was born overseas

29.5% households where non-English language is spoken.



\$31 billion in funding for healthcare services in 2023-24

3.2 million emergency department attendances

2 million inpatient episodes

Approximately 183,000 staff

142,761 full time equivalent staff

1.8 million calls to NSW Ambulance

1.4 million emergency incidents responded to by NSW Ambulance.

Over 340,000 surgeries performed



Emergency Department Relief Package

Avoid an estimated 290,000 visits to emergency departments each year once fully implemented



Connect more people across NSW with high quality, accessible and timely care, by expanding alternatives to the emergency department, and by improving the flow of patients through the system



Alternative Care Pathways

Single Front Door

- Expansion of the 'Single Front Door' with new virtual care services for patients with non-life threatening conditions.
- ~178,000 ED presentations avoided per annum at full implementation with all Single Front Door pathways.

Urgent Care Services

- Investment in urgent care services for a further two years through to June 2027
- 114,300 ED presentations avoided per annum at full implementation.
- 49% non-admitted triage category 3,4 & 5 presentations (excluding arrivals NSW Ambulance and NSW Police) could be managed by UCS.

Managing ED Demand

NewGen Matrix

- Development and implementation of an upgraded ambulance matrix (known as the NewGen Matrix)

Computer Assisted Coding

Computer Assisted Coding

- Implementation of an AI enhanced clinical coding system.
- Increased accuracy of coding including coding of more complex cases with real-time prompts for clinician/clinical coder to correct, augment or agree with AI

Creating Inpatient Capacity

ED Short Stay Units

- Investment in an additional 22 ED Short Stay Unit treatment spaces
- The 22 SSU treatment spaces will save around 76,800 ED hours each year at full implementation

Discharge and Concierge Program

- Development and implementation of a discharge and concierge program, to improve patient flow and support discharge planning.
- Release of inpatients bed days through early discharge especially those patients at risk of extended length of stay

Hospital in the Home

- Expansion of Hospital in the Home (HiTH) through the use of virtual care
- 8,800 Inpatient bed days saved per annum after full implementations

1

Operational Data Store

Pedram Bidhendi
Director, System Sustainability and Performance Division,
NSW Ministry of Health

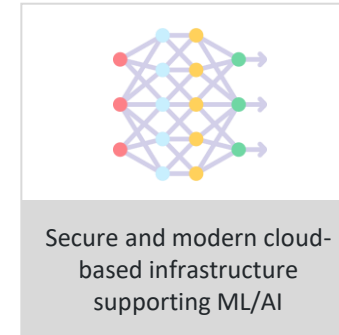
NSW Health's need for an Operational Data Store (ODS)

Past Framework

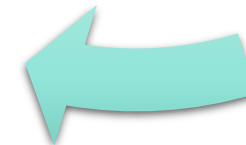
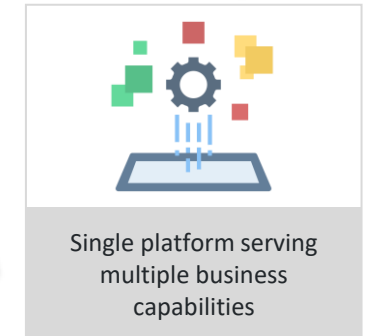
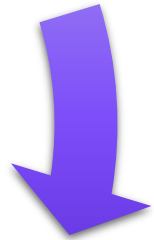
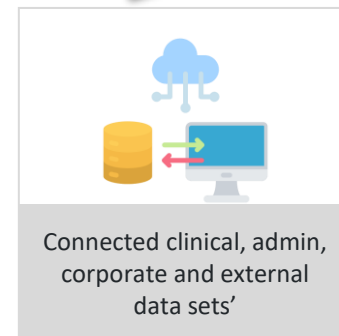
- Lack of seamless data exchange and interoperability across diverse healthcare settings
- Challenges in overseeing complex healthcare operations beyond individual patient-level data
- Focus on patient-centric perspectives rather than service-level insights to manage flow, demand, and capacity
- Dependence on unified, curated data for informed decision-making in health system management



Present Framework

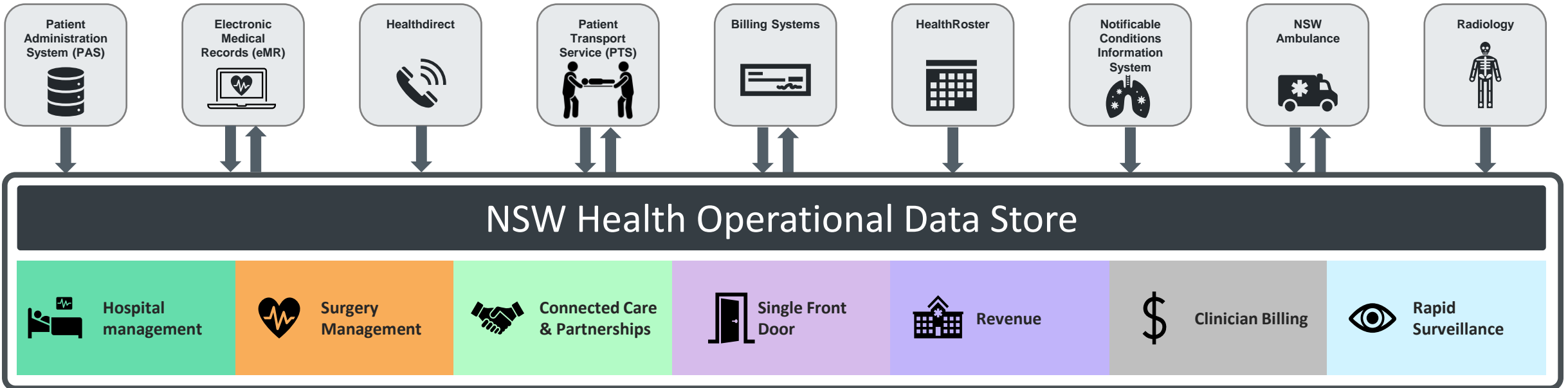


A
Common
Operating
Picture



Driving priorities and reform initiatives with the ODS

A mature, integrated system of services that can support ensuring people receive the **right care**, in the **right place**, at the **right time** in a financially sustainable manner

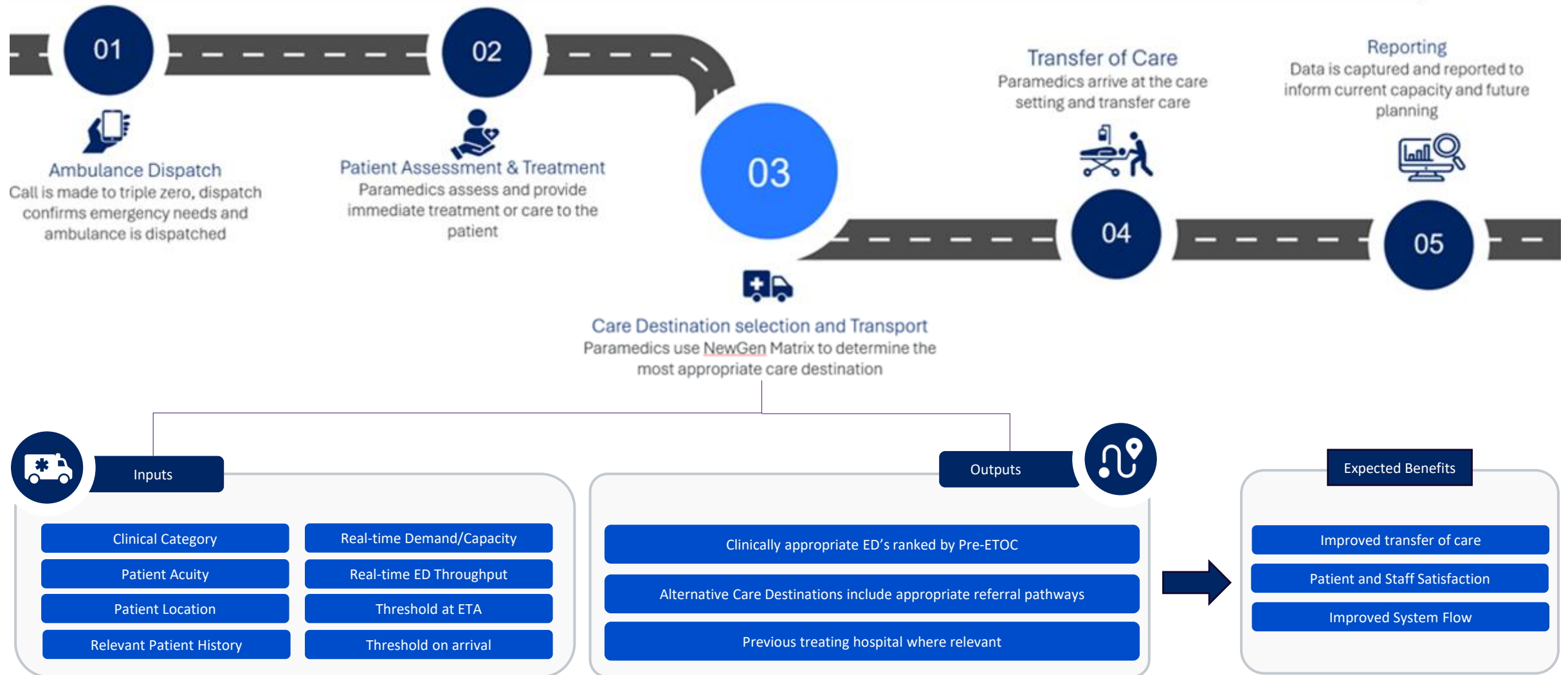


Whole of system enablers:

- Fit for purpose system structure, functions and leadership
- Timely and appropriate information available for informed decision making to support multiple capabilities using administrative, clinical and corporate data sets
- Integrated solutions through health industry standards and customised APIs



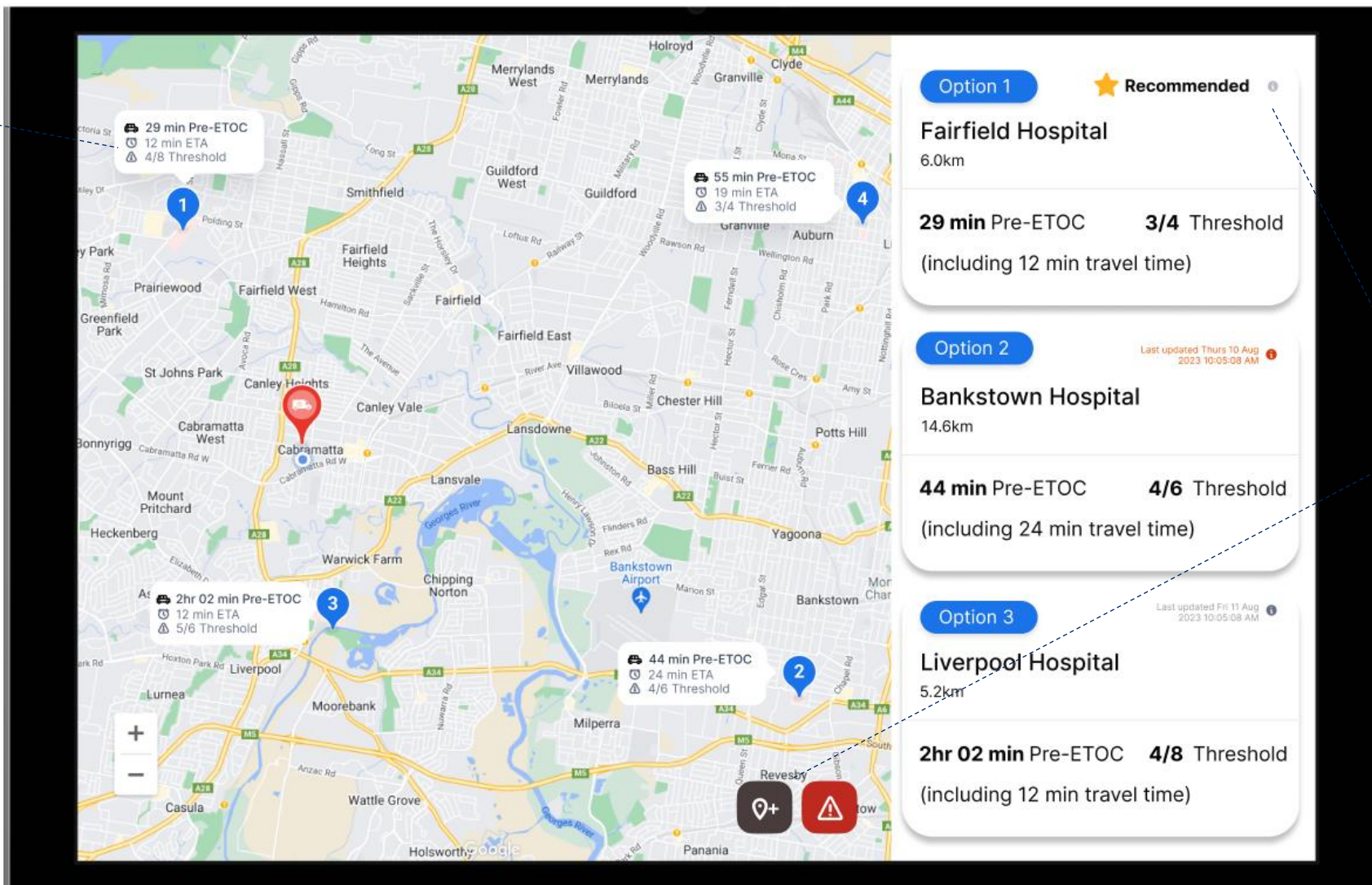
Using the ODS to power the Ambulance matrix





Using the ODS to power the Ambulance matrix

View real time
estimated transfer
of care and
hospital threshold



Recommended option
based on estimated
transfer of care and
travel time and where
similar across facilities
then hospitals nearer
to the patient will be
prioritised and
paramedics can
override

Note: The data shown in this wireframe is for the purposes of demonstrating user interface, and is not based on real or existing data



Inter Hospital Transfers & Patient Transport

Introduction of IHT Priority Categories and Medically Agreed Timeframe

- NSW Health handles **over 10,000 Inter Hospital Transfers** per month
- Prioritisation, planning and visibility of delays are essential to patient care and effective patient flow
- Using the ODS and the Patient Flow Portal, there is full visibility of transfers for proactive bed management and escalation of any breaches associated to transfers not occurring within agreed timeframes.

Inter Hospital Transfers

Total Records 4

Facility:

Royal North Shore Hospi...

Transfer Type:

Outgoing

Status:

Open

☐ Maternal Priority Patients
 ☐ Outpatient LHD Patients

Requested:

56

Delayed:

36

IHT	Cancel IHT	Confirm IHT	In Progress	Complete IHT	From Facility	To Facility	Patient	Patient ID	Current Ward	Priority	Medically Agreed Timeframe	Receiving Dr.	Accepting Specialty	I/R	IHT Status	W4V	
											11 ite...						
Edit IHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royal North Shore Hospi...	Longueville Private Hospital				3 - Acute	1h	SMITH, D...	Other Specialty	O	Requested at 22-04-25 11:30	T	1h 4m
Edit IHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royal North Shore Hospi...	Castlecrag Private Hospital				3 - Acute	1h	SMITH, A...	Rehabilitation Medi...	O	Requested at 22-04-25 11:25	T	1h 10m
Edit IHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Royal North Shore Hospi...	North Shore Private Hospital				3 - Acute	72h	AN...	Neurosurgery	N	Requested at 22-04-25 11:05		1h 29m

Medically agreed priority

Open Transfer Time

Medically agreed timeframe

Medically agreed
priority

Open Transfer
Time

Medically agreed
timeframe



Using the ODS to reserve transport and improve flow

PTS Reservations Model

- Reservations model for booking non-emergency transport further enhances discharge planning by having a confirmed pick-up time, providing greater certainty and improving discharge planning
- Clinicians can book transport directly from Patient Flow Portal, with the system returning a booking time
- Implementation of the reservations model has seen a **30% reduction in major transport delays** and a **46% reduction in transport crew overtime**
- Transport booking statuses are updated in real time through integration with Computer Aided Dispatch systems

PTS

Transfer Type: Transport Mode: Transport Reason: Booking Period:

Unplanned ¹ **Planned ⁶** Patient Awaiting Pick Up ¹ Patient Enroute to Destination ²

Edit PTS	View All PTS	Edit IHT	PTS	Transport Reason	From Location	To Location
<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>	<input type="text" value="Inter-Hospit..."/>
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Created Dt Tm: 22-04-25 10:00
Preferred Dt Tm: 22-04-25 12:00
Requested Dt Tm: 22-04-25 14:54
From Location: Royal Prince Alfred Hospital
To Location: Royal Rehabilitation Private Petersham
Booking ID: 4933804
Status: Planned
Awaiting Bed Confirmation: No
Requestor Name: [REDACTED]
Planned Pick-up: 22-04-25 15:01
Booked by: LORDAN, Mary
Transport Reason: Inter-Hospital Transfer (IHT)
PTS Service Timeframe: Within 120 minutes of requested time (or 30 mins of confirmed time for Transport Reservations users).

Realtime display of Transport Booking Status and ETA

Using the ODS to manage transport for well patients going home

Taxi and Rideshare Bookings

- Previously, low acuity patient transports were managed on an ad-hoc basis via community transport, taxi vouchers, or PTS, leading to inconsistent practices and impacting patient flow
- Taxi and rideshare services can now be booked for well patients ready to go home via the Patient Flow Portal thus providing a centralised and streamlined booking process

Add PTS HealthRide Request
For any issues or queries regarding bookings please contact Patient Transport Service on 1300 233 500 or click to view how to make a booking
 Click here to view the Patient Transport Service Clinical Guidelines

Patient: [Name] Gender: [Gender] Patient ID: [ID] D.O.B.: [DOB] Age: 57 AMO: ARNDT, Grace-antionette

Transport Details | Patient Requirements

Transfer Type:

Ready for Pick Up:

From Location: From Facility/Nursing Home/Aged Care:

From Address: GOSFORD HOSPITAL, 76-100 HOLDEN ST GOSFORD 2250

Current Ward: ASPALCOOS (AS Pall Care)

To Location:

To Address: 100 PITT STREET, SYDNEY 2000

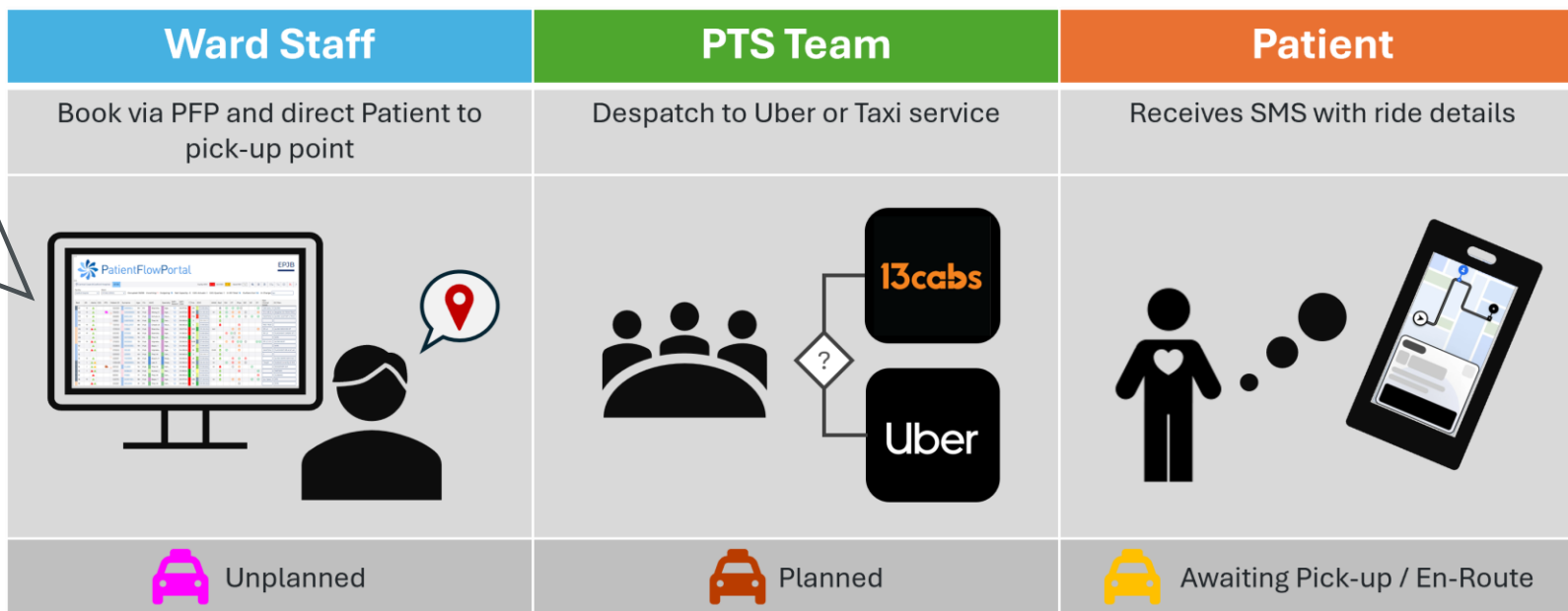
Requestor Name:

Ward/Unit Phone:

HealthRide Approver:

Patient Mobile phone # for SMS Notification:

Patient consents to submitting name and mobile number to HealthRide provider: ☒





Using the ODS to operationalise Patient Risk Algorithms

Improving Patient Flow by operationalising research developed ED START and Early Warning Score (EWS) algorithms by leveraging the state-wide data set and modern data analytics functions of the ODS to risk stratify patients in real time when presenting to the Emergency Department

START and EWS provide patient flow decision support and assist to reduce strain on healthcare staff and resources

Current Location	I/R	Alerts	Patient ID	Patient	Age	Aborig	Interp Req.	Adm Reason	Triage category	ED LOS	START SCORE	START Category	EWS	AMO	Specialty	Ward Allocation	Bed Reservation	PF Comm
▼	▼	▼				▼	▼		▼			▼			▼	▼	▼	
Emer...				Restricted		Yes	▼	Restricted	T2	3 hrs 1...	35	Very likely admis...	8 - Likely admission to ICU	KATSOGIANNIS, ...				
Emer...		▲		Restricted		No	▼	Rest...			31	Very likely admi...	8 - Likely admission to ICU	DUTTA, Krishna				
Emer...		▲		Restricted		No	▼	Rest...			0	Score ineligible	Extreme: Resp_Rate, Consciousness Last Updated: 08-11-2024 11:45	AZIEZ, Syed				
Emer...		▲ ▲		Restricted		No	▼	Rest...			24	Likely admission	3 - Higher care needed					
Emer...		▲ ▲		Restricted		No	▼	Rest...				Very likely admis...	0 - Low					
Emer...				Restricted		-	▼	Restricted	T4	1 day 1...	14	Indeterminate	0 - Low*					
Emer...				Restricted		No	▼	Restricted	T4	5 hrs 5...	11	Indeterminate	1 - Low					
Emer...				Restricted		No	▼	Restricted	T2	5 hrs 3...	15	Indeterminate	0 - Low	KATSOGIANNIS, ...				
Emer...				Restricted		No	▼	Restricted	T3	5 hrs 1...	15	Indeterminate	0 - Low	BADYARI, Javed				
Emer...				Restricted		No	▼	Restricted	T3	4 hrs 1...	15	Indeterminate	0 - Low	AZIEZ, Syed				
Emer...				Restricted		No	▼	Restricted	T3	1 hr 37...	14	Indeterminate	0 - Low	BVIRAKARE, Da...				
Emer...				Restricted		No	▼	Restricted	T3	8 hrs 5...			1 - Low	KATSOGIANNIS, ...				
Emer...		▲		Restricted		No	▼	Restricted	T3	4 hrs ...	0	Score ineligible	0 - Low	BADYARI, Javed				

START used to identify likelihood of admission

Early Warning Score used to identify high care need patients and those who need to be prioritised for admission to ICU

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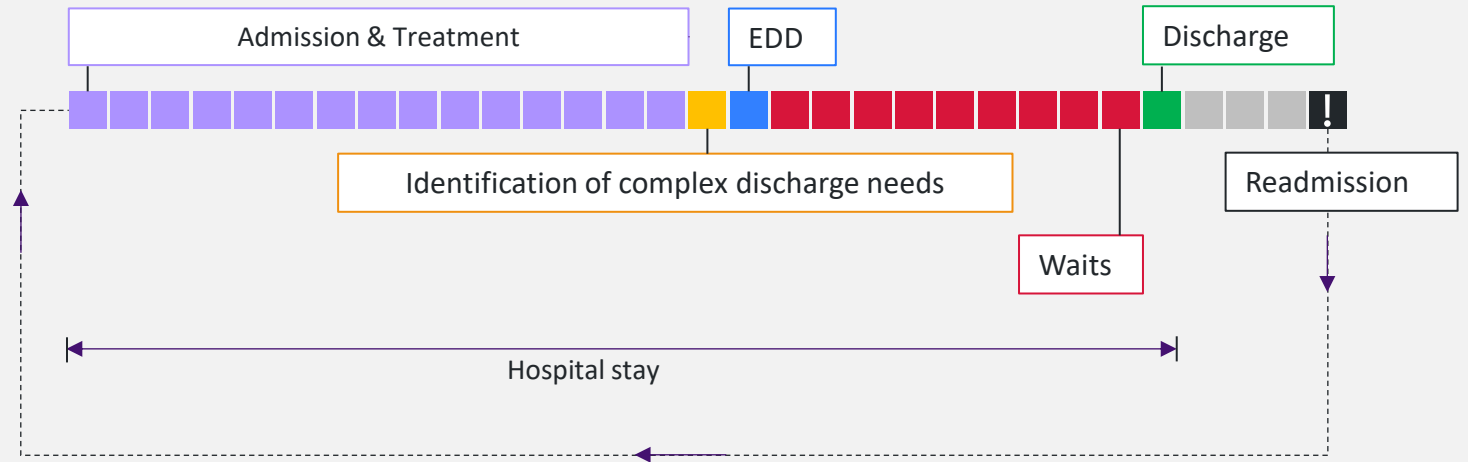


Using the ODS for complex discharge planning

Current State

Late identification of patients with complex discharge needs = delays, inefficiencies and prolonged length of stay.

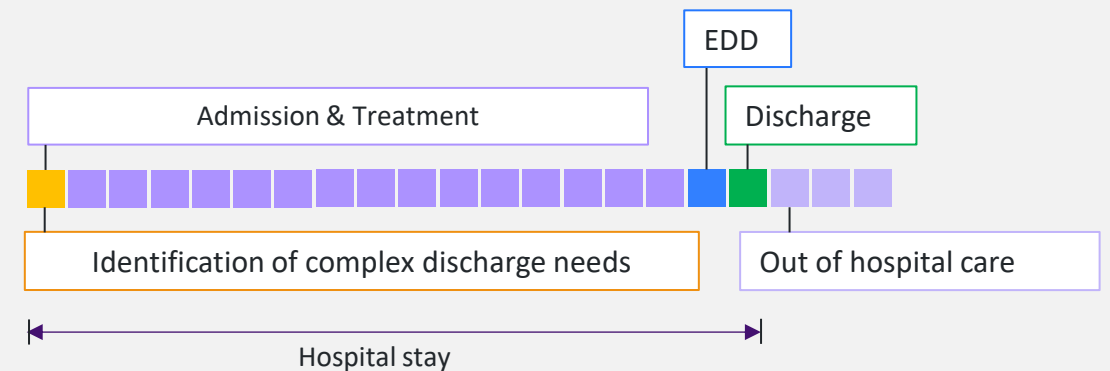
Patients at high risk of readmission often return to hospitals rather than being managed through alternative care models.




Future State

Early identification of patients with complex discharge needs = reduced length of stay and lost bed days.

Increased utilisation of out of hospital care models, e.g. Hospital in the Home (HITH).



Using the ODS for complex discharge planning


Administration ⁴⁵² EPJB Bed Board Dashboard Surgery Integrated Care Co-Commissioning Reporting Edmond Long Yin Ngai ¹

Northern Sydney > Royal North Shore Hospital
 Allocations ▾ Patient Views ▾ Bed Views ▾ Bed Clean ▾ Transfers ▾ Reporting ▾
 As at 28-01 18:09

All ED and Inpatients
 Total Records 413


☒ ED Accessible Wards Only ☒ Exclude HITH Patients
☒ Exclude Out of Hospital Care Patients

Ambulances En-route: 1 Non-admitted in ED: 67 Admitted in ED: 35 ED Acc Bed Occ %: 93% Total ED Acc Bed #: 440 ED Acc Bed Occ #: 410 Surge/Closed beds in Use: 29 Avail Adult ICU 1 Beds: 4
 Avail Adult ICU 2 Beds: 5 Avail -Ve Pressure: 6

LHD	Facility	PFP Ward Name	Bed	Alerts	I/R	Patient ID	Patient	Age	AMO	Specialty	HLOS	EDD	pLOS	pURR	W4W	G2G
Northern ...	Royal North Shore Ho...	SEC Ortho...	01 (Single)	⚠	A	2334668	Restricted	63	ELLIS, Andrew	Orthopa			3		T	
Northern ...	Royal North Shore Ho...	SEC Ortho...	01 (Single)		A	2298655	Restricted	41	GRAY, Randolph	Spinal In			7		M	
Northern ...	Royal North Shore Ho...	SEC Ortho...	02 (Single)	⚠ ⚠		2336429	Restricted	78	HANDFORD, Cameron li...	Orthopaedics		2	11			

Predicted Unplanned Readmission Risk

Y - Medium
 Last updated 18-12-24 10:28


Administration ⁴⁵² EPJB Bed Board Dashboard Surgery Integrated Care Co-Commissioning Reporting Edmond Long Yin Ngai ¹

Northern Sydney > Royal North Shore Hospital
 EPJB
 Facility STEP: 0 ▾ ED STEP: ? ▾ Ward STEP: ? ▾
 As at 28-01 18:39

Facility: Royal North Shore Hospi... Ward: 9A General Medicine (9A...
 Occupied: 33/30 Incoming: 0 Outgoing: 0 Series: 0 In ED Total: 22 Outliers Out: 37 In Charge: Prak 1100 Edit EPJB

Colour coding indicates if interventions in place

Nurse	Alerts	Bed	I/R	Patient ID	Surname	Specialty	AMO	Team Contact	HLOS	EDD	EDD#	G2G	DCL	pLOS	pURR	W4W	DC Plan	DT	Referrals	Non Clinical N
Tom/Anna		01		1630030	Restricted	Medical ...	De Silva,...		3	DD-N				8						
Tom/Anna	⚠ ⚠ ⚠	02		187994	Restricted	General ...	Krieger, L		7	DD-N				13						
Tom/Anna	⚠	02		2229451	Restricted	Cardioth...	Brady, P		253	03-01	-75			5			Rose Bay		STO...	

Predicted Length of Stay

8 ± 1 day(s)
 Last updated 19-12-24 15:04



Managing Hospital Demand and Capacity

Demand and Capacity

ODS driven demand and capacity data modelling with 14 days prediction.

BED DEMAND STATUS													
-19	2	30	3	-21	-16	0	0	-6	16	3	-20	-16	10
Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue
23/04/25	24/04/25	25/04/25	26/04/25	27/04/25	28/04/25	29/04/25	30/04/25	01/05/25	02/05/25	03/05/25	04/05/25	05/05/25	06/05/25

BED DEMAND STATUS		-20
		Wed
		23/04/25
Unplanned Admissions	Yesterday's Admissions still in ED	10
	Predicted Admissions via ED	54
	Predicted Direct Admissions	5
	Predicted Unplanned Admissions	69
Planned Admissions	Booked DOSA	10
	Booked Overnight	5
	Predicted Planned Admissions	15
Beds in Use	Surge Beds to be closed	0
	Unstaffed beds in use	
	EDO/23hr requiring an inpatient bed	
	Predicted Beds Required	0
Predicted total beds REQUIRED		84
Discharges	Predicted Discharges	64
Beds	Empty Available beds at 7am	0
Predicted total beds AVAILABLE		64

Scenario – Major tertiary Sydney hospital

Predictive modelling indicates:

- 10 patients remain in the ED from the day before
- 54 will be admitted via ED to an inpatient ward
- 5 patients will need to be transferred from other hospitals or direct from the community
- 15 patients will be booked for theatre or procedures requiring an overnight bed
- 64 patients will be discharged from the inpatient wards today

What happens with the extra 20 patients ?

Assists Hospital Managers to prioritise any delays around discharge or transfers or activate Short Term Escalation Plans such as:

- Adding surge beds
- Additional resourcing
- Potentially rescheduling elective surgery



Using the ODS to manage referrals to virtualKIDS and virtualADULTS services



Healthdirect

Virtual Care Pathway selection
triggers API to State ODS

Video call platform



ODS

Patient Matching
Clinical History
Previous Admissions



Patient Flow Portal

Clinician Assignment
Call initiation
Completion of Referral
Disposition

Harnessing the power of the ODS to match patient records from Healthdirect to NSW Health clinical records to support virtual care workflows around referral management



Using the ODS to digitise patient admission and chargeable patient workflows



Integrated workflow



Guided Interview questions



Digital Forms and Signatures

- NSW Health uses manual, paper-based system for patient admissions and billing, **which involves printing numerous forms for almost 2 million admissions each year**
- Current process is complex and involves many steps, such as moving forms between departments, manual checks, collation, filing, storage, and scanning
- Labor-intensive workflow is inefficient causing delays and frustration for both staff and patients
- Digital workflows and forms guide staff through interview questions, suggests a Financial Classification and generates electronic forms for digital signature on an iPad



2

Single Front Door

Dr Amith Shetty
Clinical Director, System Sustainability and Performance Division,
NSW Ministry of Health

NSW Single Front Door initiative

WHY

- Healthcare is complex for consumers to navigate
- Primary care access challenges
- Increased ED presentations for lower acuity issues

WHAT

- One contact for urgent, unplanned health needs
 - Information, advice, assessment and triage by RNs
 - Connection to clinically appropriate care
 - Unify and scale care options - primary, urgent, virtual models
- Access is quick, easy and free
 - Phone/web/app, language and hearing support, no cost, 24/7 - 365 days
 - 1800 022 222 - healthdirect.gov.au

WHO

- Led by NSW Health, delivered by Healthdirect Australia
- Advice and care for all ages

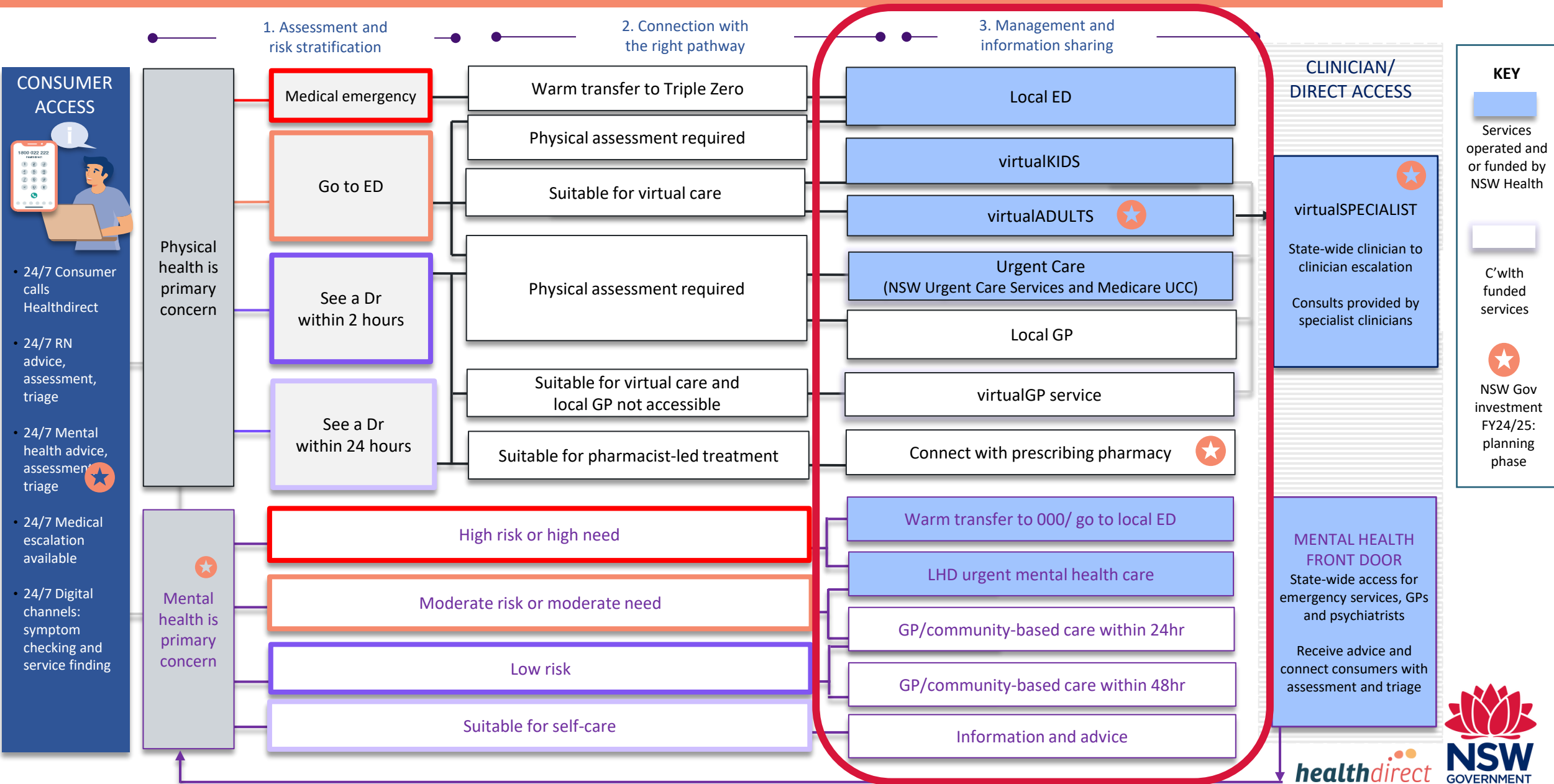
EXPECTED OUTPUTS

- Reduce avoidable ED demand
- Improve the experience of care for patients
- Improve equity of access with virtual options.

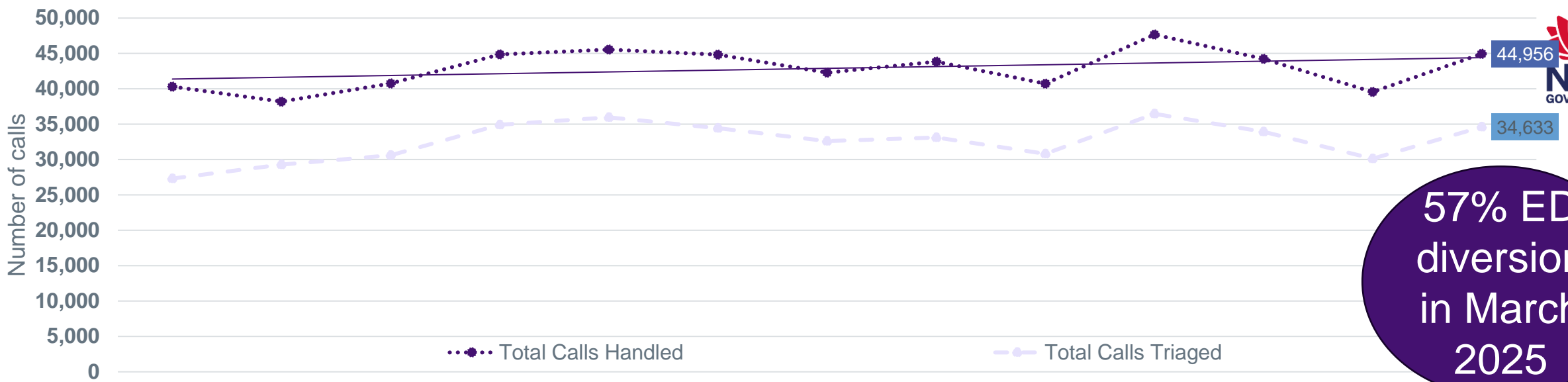
STRATEGIC ALIGNMENT

- Regional health strategic plan: Priorities 2, 5
 - Future Health: Strategic objectives 1,2,5,6
- Virtual Care Strategy 2021 – 2026: All focus areas
- Elevating the Human Experience 2020: Focus areas 1, 3, 4, 5, 6
- NSW Health Strategic Framework for Integrating Care
- NSW Aboriginal Health Plan 2013-2023: Strategic directions 3, 5
 - National Digital Health Strategy
 - NSW Digital Government Strategy

SERVICE LOGIC AND REFERRAL PATHWAYS SINGLE FRONT DOOR

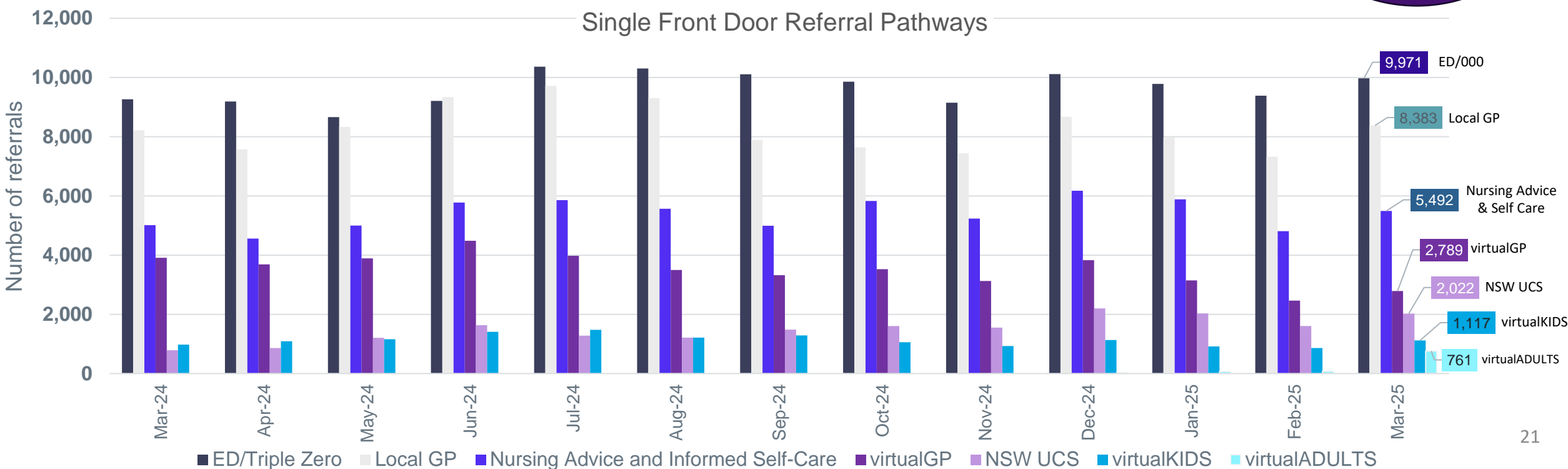


Single Front Door Call Volume



**57% ED
diversion
in March
2025**

Single Front Door Referral Pathways

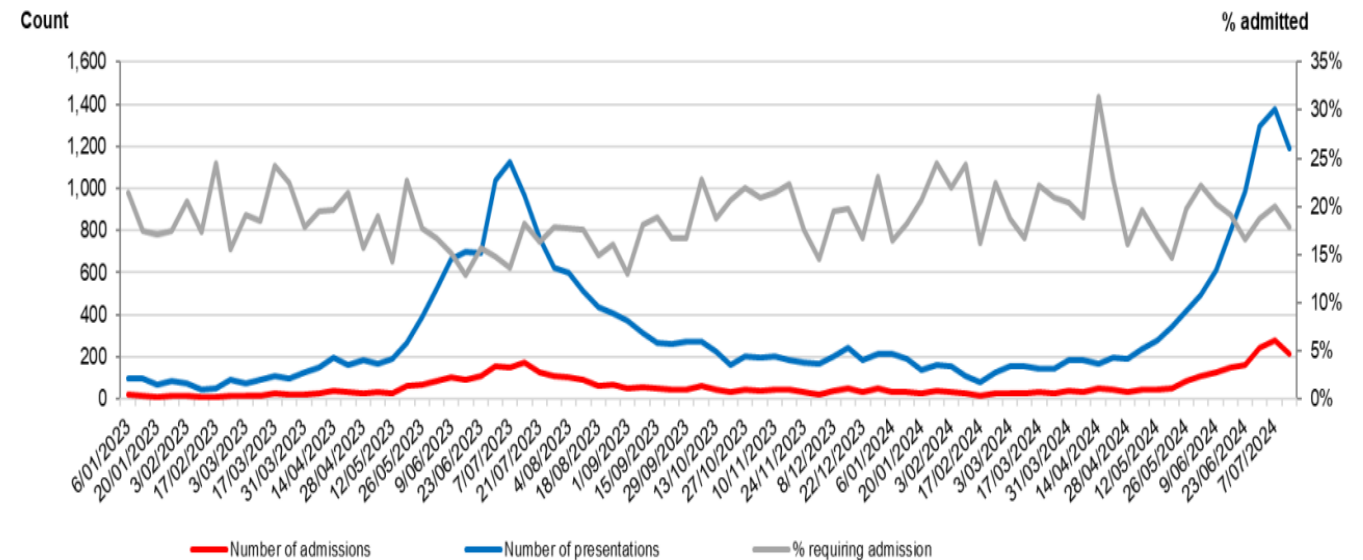


People in NSW going to EDs with flu-like symptoms has grown significantly (YoY)

ABC News Report:

- Influenza-Like-Illness Surge in NSW
- Impact on EDs: *"Influenza is having an enormous impact on our emergency departments at the moment,"* Health Minister Ryan Park said.

Figure 2. 'Influenza-like illness' weekly counts of unplanned emergency department (ED) presentations and admission following presentation, 2023-2024, persons of all ages



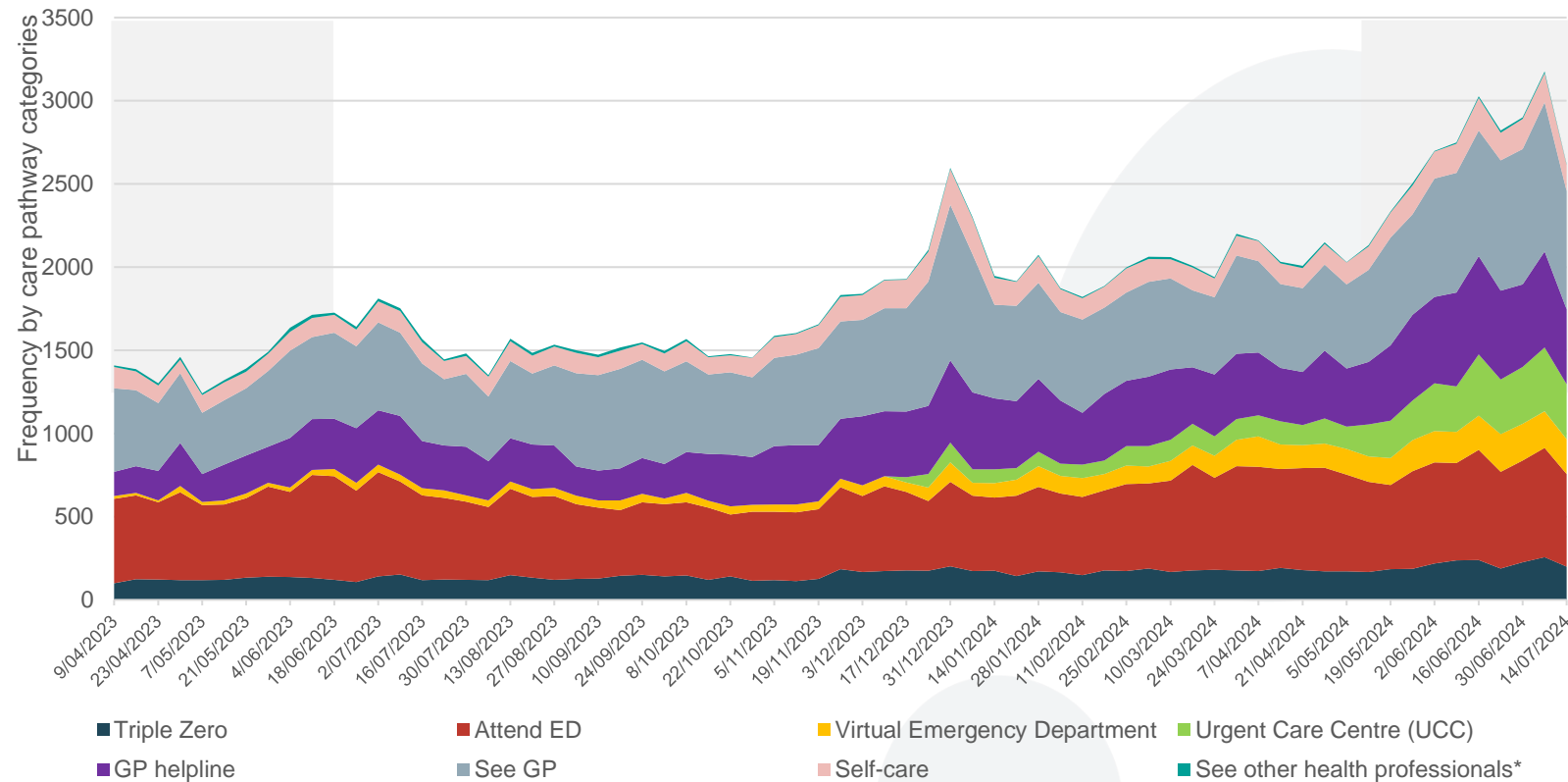
Source: [NSW Respiratory Surveillance Report - week ending 13 July 2024](#)

[NSW records almost 40 per cent increase in influenza cases over a week, with emergency departments seeing a rise in admissions - ABC News](#)

The NSW Single Front Door is working

NSW referral pathways are successfully moderating ED demand during flu surge period

Healthdirect helpline flu-like-illness symptom* weekly triage volume trend by referral outcomes NSW



Despite a significant increase in volume during flu surge period, the absolute volume of referrals to physical ED remain relatively stable

*Screening definition

*See other health professionals include pharmacist, dentist, mental health provider, primary maternity care, poison information center, etc.

PROGRAM PRIORITIES FY24/25-FY25/26 SINGLE FRONT DOOR


Referral pathways	<ul style="list-style-type: none"> • Expansion of linked alternative referral pathways: NSW UCS, virtualADULTS • Establishment of new services: Mental Health Single Front Door • Enhance consumer connection to expanded-scope pharmacists
Communication and engagement	<ul style="list-style-type: none"> • Public campaign to support consumer behavioural change: tailored messaging for CALD, Aboriginal, priority population groups • Clinician/internal communications to build awareness and trust
Digital	<ul style="list-style-type: none"> • Establish digital self-referral pathways to NSW Health services via Symptom Checker • Establish a NSW Single Front Door app
Program	<ul style="list-style-type: none"> • 3-digit strategy – National Front Door • Focus on Aboriginal access to SFD and cultural safety • Clinical governance: embed enhanced visibility between NSW Health and Healthdirect CG systems • Monitor and evaluate program and pathways: Treasury and others • Contract and performance management • Business continuity processes

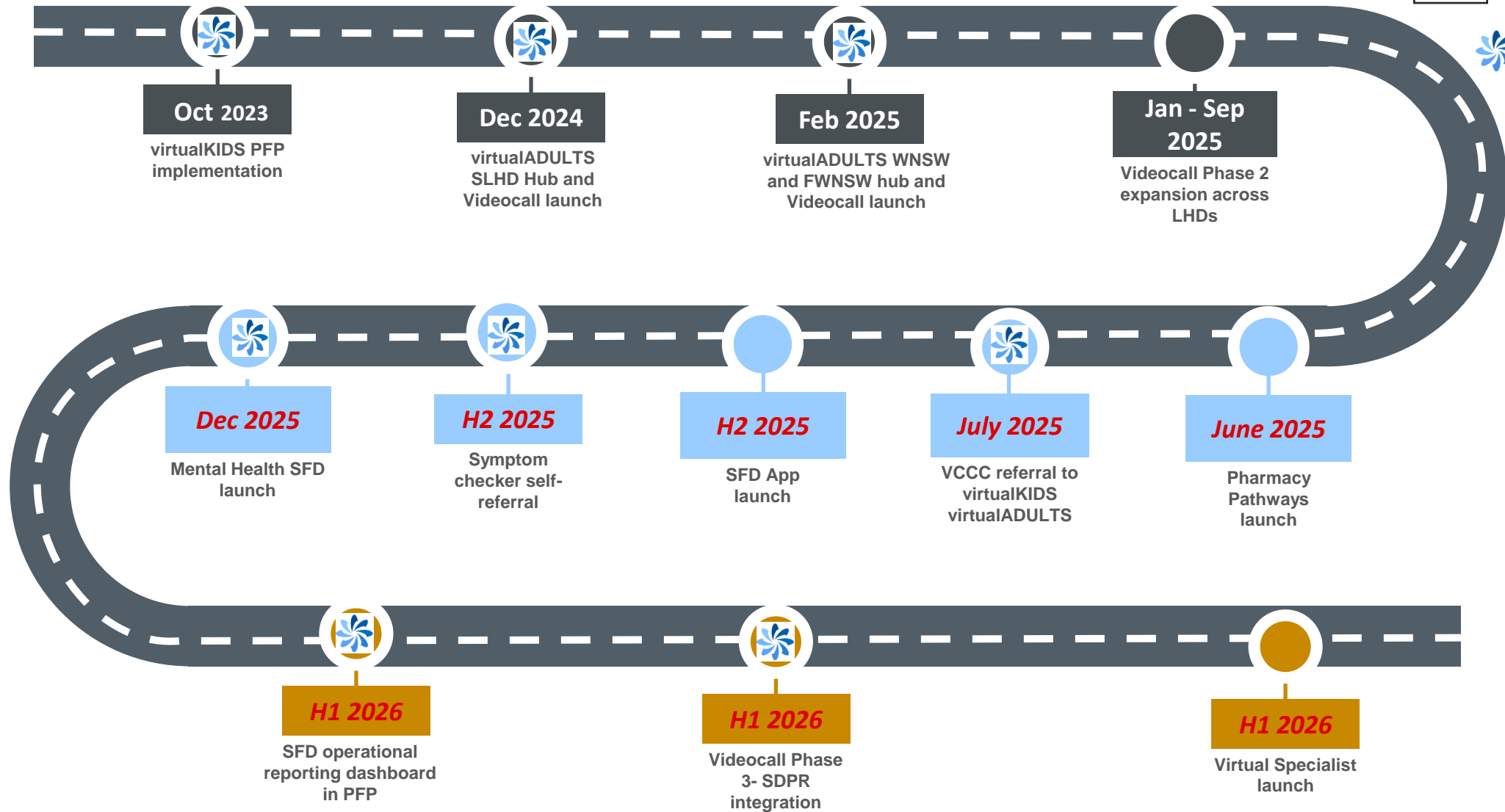
Single Front Door roadmap 2024-26

Green = Implemented

Blue/gold = planned

Italics = expected dates

 = ODS/PFP work required



Thank you.

NSW Health

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