

Royal Hobart Hospital

ACCESS SOLUTIONS COMMUNIQUE

19 June 2019

A collaborative determination to forge and deliver genuine solutions to improve patient flow at the Royal Hobart Hospital and drive better patient outcomes was one of the key outcomes of today's access solutions meeting.

In a unique first, the Tasmanian Government joined with the Australasian College for Emergency Medicine to co-host a meeting of more than 50 key stakeholders, influencers, staff and consumer representatives to develop clear strategies to streamline patients' admission through the emergency department and into the hospital.

Participants agreed that as the State's largest hospital, access block not only caused delays in the hospital's emergency department, but also impacts safe care across the health system and inpatient services.

With a mandate to assign responsibility for actions and provide the necessary support to achieve them, the meeting served as a prime opportunity to advance solutions that can be deployed in the hospital and across the state improve patient outcomes.

The meeting, held in Hobart, discussed and acknowledged that against a backdrop of increasing demand for emergency medical services, access block was impacting on patient care through longer waits for admission to wards, and also on staff through increased pressure and an overall more difficult workload with patients requiring to be managed in the emergency department.

The meeting also discussed the importance of developing immediate and medium term sustainable solutions to access block that would continue to benefit patient care following the completion of the hospital's K-Block, supporting models of care that can both manage periods of high demand and deliver high-quality emergency medical care.

The Minister noted the State Government had invested in additional staff at the hospital, but that further work was needed to maximise the benefit of additional funding to deliver improved patient outcomes. He expressed his gratitude to be working side-by-side with the College and the meeting attendees in what was a genuine collaboration of government and clinical and other stakeholder expertise aimed at developing contemporary health solutions.



ACEM stated that following the meeting they would like to see that a number of daily events would no longer be acceptable and tolerated at Royal Hobart Hospital. As result of a hospital-wide systems that supports admission to ward and discharge processes that means;

- Patient care is not compromised due to unacceptable delays through the health system.
- Working towards compliance with national time based targets, including a zero tolerance for 24 hour stays in the emergency department.
- Putting in appropriate system measures to eliminate ambulance ramping as soon as possible.

We recognise that maximising patient flow can benefit other hospitals in Tasmanian and there will be an expectation that solutions agreed today could be applied to other Tasmanian Hospitals. With accountability for implementation the result will be a health system that Tasmanians can rely upon and trust.

ACEM was heartened by the combined agreement on the issues and actions required to bring about sustained change, and will closely monitor and support progress. We acknowledge that the hard work starts following today's meeting.

The meeting agreed to a number of initiatives to improve patient flow and maximise emergency department efficiency. This includes work to streamline collaboration between hospital departments, improving culture and empowering staff to implement change within hospital environments, and ensuring accountability to guarantee that measures to improve patient outcomes and timely care are implemented.

The State Government and ACEM will work together over the coming days to finalise an action plan for the strategies agreed to at the meeting and will provide a public update.

The Minister agreed that these initiatives would be priorities for the Department of Health and Tasmanian Health Service to implement, and that these would be publicly reported against.

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