

# Leading the way:

Tasmania's health professionals shaping future care

JUNE 2009



## Minister's Foreword

Our healthcare system faces unprecedented challenges and must continue to evolve if we are to meet future demands.

Tasmania has an ageing health workforce and population, more people living with chronic disease, challenges recruiting healthcare staff and increasing demands for costly new technology.

These are universal challenges, but because of Tasmania's size, location and more rapidly ageing population than elsewhere in Australia, they pose bigger issues for our health services.

Recognising this, Tasmania's Health Plan identified workforce sustainability as essential to healthcare reform.

*Leading the Way: Tasmania's Health Professionals Shaping Future Care* responds to these issues. It addresses our need for a flexible healthcare workforce with skills to match patient and client needs while ensuring Tasmania keeps pace with international health workforce developments.

The strategy builds on a study tour to the US and the UK last year by the Leading the Way Taskforce, a group of Tasmanian health professionals.

The strategy results from work by study tour participants and responses to the *Tasmania's Health Professionals Leading the Way: Shaping Future Care* discussion paper, which gave Department of Health and Human Services staff the chance to feedback on initiatives observed by the Taskforce.

I am pleased to say that staff contribution to the process was encouraging and I thank the Taskforce for all of their hard work.

This strategy provides an opportunity to build a momentum for change through the creation of a corporate culture that puts the patient at the centre of all we do.

It is an opportunity to develop an environment where healthcare providers drive healthcare reform in four strategic areas: valuing people's experiences; safety and quality; supporting strong leadership at all levels; and new ways of working.

The strategy implementation plan will build on these areas identified in the consultation process.

This is a great opportunity for Tasmanian healthcare professionals to shape future care in partnership with patients and clients.

I am confident these reforms will ensure we deliver high quality, safe and modern services into the future so Tasmanians may live well and live longer.

A handwritten signature in blue ink that reads "Lara Giddings".

**Lara Giddings MP**

Deputy Premier

Minister for Health

# Introduction

## Showing is Better than Telling

When I joined a group of health professionals from the Department of Health and Human Services (DHHS) on a study tour of the US and the UK in July 2008 my hopes were high.

We visited healthcare centres of excellence in San Francisco, Minneapolis, London, Oxford and Derby to get some insight into new patient-centred ways of working and delivering healthcare.

My expectations – and I think those of most, if not all, participants – were exceeded.

The chance to see systems in action and to talk with health professionals as well as patients about their experiences and issues was inspiring and invaluable.

This was first-hand experience delivering first-rate ideas.

We will use these experiences to complement and tailor our own new ways of working. Ways of working that will overcome many of the challenges confronting our Tasmanian healthcare system and improve patient outcomes.

This is an exciting time for all of us involved in healthcare in Tasmania. We are on the cusp of a new era.

Over the past 12 months we have already transformed many structures within DHHS. We've shifted decision-making into local health management areas, closer to the people who use our services, and are breaking down artificial barriers between primary and acute care.

As a result of our study tour and subsequent consultations with Tasmanian healthcare professionals, we are launching *Leading the Way: Tasmania's Health Professionals Shaping Future Care*.

This care strategy is a roadmap for transforming our workforce in a way that will allow staff to tackle today's challenges and embrace ways of working that put patients and clients at the very centre of *everything* we do.

Leading the Way will help us create a vibrant, energised, supported and responsive workforce with new and expanded roles.

This action strategy is the culmination of work undertaken by the Leading the Way Taskforce – including 47 separate presentations made to more than 700 staff – and feedback on ideas presented in a widely circulated discussion paper released following our study tour.

*We are already turning ideas into action with several initiatives underway.*

Leading the Way outlines key action areas and is at the same time an invitation for health professionals and/or groups to participate in the next stage of realigning our health workforce.

This will include registering projects and initiatives that reflect the themes outlined in Leading the Way.

I would like to acknowledge the work of the Taskforce members and their commitment to the development of Leading the Way.

I commend this new care strategy and look forward to working with all health professionals to put it into practice.

### **Adjunct Associate Professor Fiona Stoker**

Chief Nursing Officer

Department of Health and Human Services

June 2009

# The Strategy

*Leading the Way: Tasmania's Health Professionals Shaping Future Care* is a key reform strategy of the Department of Health and Human Services (DHHS). Part of Future Health, the strategy embeds Leading the Way objectives and vision by establishing a process to identify healthcare community projects that further the aim of Leading the Way. This will ensure that the patient is at the centre of care and the focus of service delivery.

## The Aim

*To see the person in the patient and continuously improve their experience of healthcare by putting them first and placing them at the centre of care.*

This is consistent with the vision for DHHS as outlined in the Department's *Strategic Directions 2009-2012*:

*High quality, safe services for the people of Tasmania when they need them, so they can live well and live longer.*

## The Mission

To ensure the development of a vibrant, energised, supported and responsive healthcare workforce focused on:

- providing timely and appropriate access to healthcare for all Tasmanians
- meeting the current and future challenges in healthcare with patient-centred, innovative and cost-effective solutions
- a strong culture of respect, inter-professional collaboration, service integration and team work that values the contributions of all to the way healthcare is provided.

## The Values

- Valuing and respecting all people as individuals
- Putting the patient at the centre of all we do and all that health professionals do, and seeing the person in the patient
- Working together as a team within and across services and service groups
- Making time to care a priority
- Effective leadership at all levels
- Effective systems that support and promote safety and quality of healthcare
- Using meaningful and accessible data to plan, evaluate and improve the effectiveness of interventions.

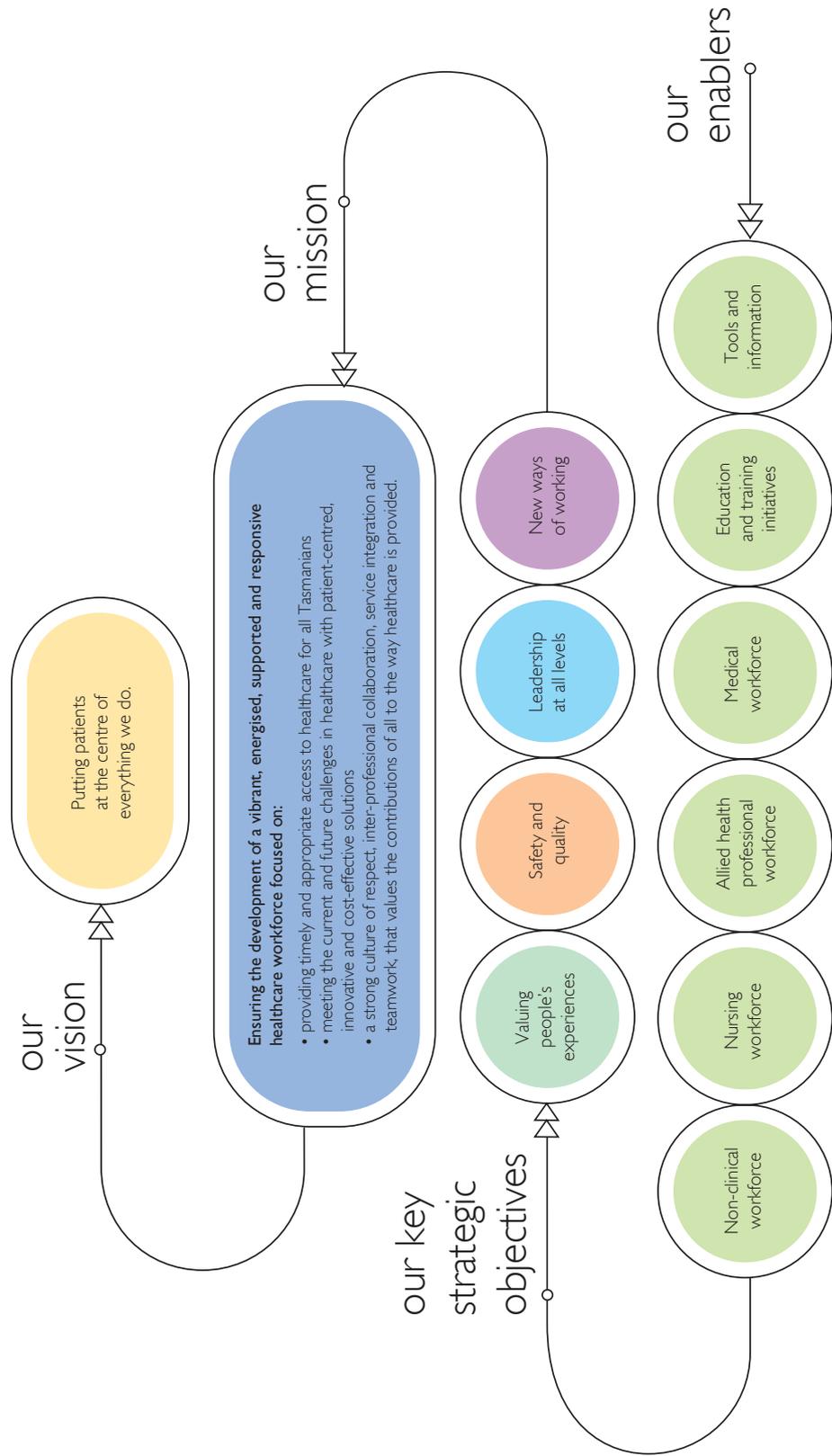
## Strategic Objectives for Leading the Way

The key strategic objectives for *Leading the Way: Tasmanian Health Professionals Shaping Future Care* are based on the key themes identified by the Leading the Way Taskforce. These are:

- valuing the patient/client experience
- safety and quality
- supporting strong leadership
- new ways of working.

This strategy incorporates the Leading the Way objectives and vision, by establishing a process to identify healthcare community projects that further the aim of Leading the Way, and ensure the patient is placed at the centre of care and service delivery. These projects will also represent ways in which the Department is meeting the strategic objectives identified in Leading the Way.

**Figure 1: Leading the Way Strategic Framework**



# Leading the Way – Strategic Objective 1

## Valuing the Patient Experience

To make a difference by focusing on improving the patient experience to achieve positive health outcomes and satisfaction with the service they receive. Health professionals will see the person in the patient and work with them as a partner in their care.

The patient experience of healthcare is a product of the whole continuum of care. The experience needs to be identified in the events and interactions that occur in the course of care. Healthcare professionals recognise the compelling need to focus on the patient experience as an integral part of service planning, evaluation and improvement.

### What this means

#### For Patients

I will receive timely and appropriate access to health services.

I will receive clear and accurate information about health services.

I will only attend appointments necessary to manage my condition.

I will be involved in planning and decision making about the care of my condition.

#### For Healthcare Professionals

I will consider the impact on the patient's experience when providing care.

I will regularly evaluate the impact to improve the way I deliver care.

I will include consideration of the patient experience in all aspects of care redesign.

I will involve and discuss the care I am providing with the people receiving the care.

### How we will achieve it

Healthcare professionals will work in partnership with the community to:

- create environments that focus on patient-centred care
- foster a culture of dignity, respect and discipline in the workplace, combined with the promotion of equality and diversity, and these will be inclusive
- ensure the care provided is patient-centred and considers the whole person and their family members and respects individuals' values and choices
- redesign patient-centred work to add value to care processes resulting in better clinical outcomes
- ensure the provision of care is free from waste and promotes efficient patient flow pathways
- have care provided by professional teams that provide easy, timely and effective access to healthcare
- develop mechanisms that let the community feed back to health professionals about their care.

## Key Action Areas

Throughout Tasmania, work is already underway that reflects this objective. The aim of this strategy is to highlight planned projects and others already underway, and to foster enthusiasm and motivation to meet this objective. The following are the key action areas:

- The rollout of a consistent ward approach
- Implementation of a Patient Satisfaction System
- Development of a process to ensure projects undertaken benefit the patient
- Continually improve the organisation of care for the patient.

# Leading the Way – Strategic Objective 2

## Safety and Quality

The community will have access to safe, high quality services that meet its needs at an acceptable cost. Patients/clients will receive care based on quality evidence that shows effective clinical outcomes.

Nurse and patient-sensitive indicators, and the systems within which they exist, assist in the development of a safety culture where risk is acknowledged, blame-free reporting is supported and all members of the team strive to find solutions to improve care.

### What this means

#### For Patients

I will receive care of the highest quality and safety at all times.

I can easily access the service's evidence of compliance with a defined range of indicators.

I will be informed of any adverse events related to my care in a timely fashion.

#### For Healthcare Professionals

I will provide care in an environment that recognises the importance of safety and quality.

Safety and quality activities will become a part of my day-to-day care.

Professional growth and development is recognised and valued as a vital component of my professional competence.

### How we will achieve it

Healthcare professionals will work in interdisciplinary teams to ensure that safe quality care is provided and that indicators are measured and evaluated to improve patient outcomes. We will ensure high quality safe care by:

- fostering a strong patient safety culture throughout the organisation
- ensuring care is delivered using the best evidence to support effective patient outcomes
- developing frameworks that use best practice standards and indicators as benchmarks for practice
- undertaking audits that allow performance measurement and patient care improvements
- developing statewide reporting capabilities by individual teams, units and services to enable benchmarking, public reporting, and measuring targets to improve bedside care
- developing means of measuring performance in a range of expected interventions in specific conditions that allow improved performance
- engaging the community in how the healthcare service is performing in a range of indicators
- ensuring healthcare professionals are competent to deliver the service.

## Key Action Areas

Throughout Tasmania, work is already underway that reflects this objective. The aim of this strategy is to highlight planned projects and others already underway, and to foster enthusiasm and motivation to meet this objective. The following are the key action areas

- Healthcare Hospital Acquired Infections Strategy (*Sharing the Responsibility – Tasmanian Healthcare Associated Infection Strategy*)
- Promotion of ways to measure safety and quality performance, such as the use of patient-sensitive indicators
- Development of an information environment that will support improved access to relevant data by patient care teams engaged in quality and safety activities.

# Leading the Way – Strategic Objective 3

## Supporting Strong Leadership at all Levels

Leaders will be visible and support a clear vision that provides direction for the organisation and its employees. Strong supportive leadership is a key element in healthcare reform that leads to successful service improvement. The importance of visible leadership at the site of healthcare cannot be underestimated.

The patient experience of healthcare is a product of the whole continuum of care. The experience needs to be identified in the events and interactions that occur in the course of care. Healthcare professionals recognise the compelling need to focus on the patient experience as an integral part of service planning, evaluation and improvement.

### What this means

#### For Patients

I will receive care provided by health professionals who accept accountability and responsibility for their performance.

I will have access to organisation leaders to answer questions or take responsibility for addressing concerns, when requested.

I understand what is expected of me and how I can get information about my care. I can provide feedback about my experience and it is valued.

I will be involved in planning and decision-making about the care of my condition.

#### For Healthcare Professionals

I will work in an environment where leadership is valued and encourages innovation that contributes to service improvement and development.

I will have opportunity to pursue leadership roles in the organisation.

I will work with leaders who inspire and motivate, accept accountability and responsibility for the team within which I work as well as encourage personal growth and professional development of others.

I will work in an environment where constructive comments are recognised as a valuable contribution to the team.

## How we will achieve it

Health professionals will be aware of, and work towards, the vision and strategic objectives of the DHHS *Strategic Directions 2009-2012*. Clinical leadership is an important part of clinical governance and is key to ensuring safe, effective care for patients/clients.

Supporting strong leadership at all levels will be achieved through:

- frameworks that support excellence in clinical leadership
- the development of leadership programs for health professionals
- the development of programs that prepare and support health professionals in management roles
- enabling staff to perform from the 'ward to the board'
- the development of networks for clinicians
- communication and dissemination of information about innovations and best practice
- mentoring and preceptorship
- ensuring performance appraisal mechanisms nurture future leaders.

## Key Action Areas

Throughout Tasmania, work is already underway that reflects this objective. The aim of this strategy is to highlight planned projects and others already underway, and to foster enthusiasm and motivation to meet this objective. The following are the key action areas:

- Development of leadership and management programs for all health professionals
- Improve support for nurses, midwives and allied health professionals in practice
- Development of Leading the Way awards that recognise achievement of groups' and individuals' fulfilment of the key objectives of Leading the Way
- Expansion of the Leading the Way website to promote projects and outcomes.

# Leading the Way – Strategic Objective 4

## New Ways of Working

Patient care will be provided from the appropriate healthcare professional in the appropriate place and at the appropriate time.

Greater emphasis will be placed on strengthening models in health promotion and prevention to address the causes of chronic disease and provide early intervention. To address the changing demographics and increasing prevalence of chronic disease in our community, there is a need to explore new models of healthcare that support people closer to their homes.

### What this means

#### For Patients

I will receive care that meets my needs at places that are close to where I live, and not necessarily at hospitals.

I will receive care that meets my specific needs from a wide range of skilled healthcare professionals.

I will have better access to services with less waiting times and with a greater focus on helping me stay fit, healthy and live a long and healthy life.

#### For Healthcare Professionals

I will work in a system that addresses the needs of patients.

I will have the opportunity to develop my scope of practice in new and dynamic ways to practice to the full extent of my training and capacity.

I will work in an environment of professional respect where each member of the team is valued and essential to the patient's care.

## How we will achieve it

New ways of working will be implemented to improve the health status of individuals, promote self management, maintain functional ability and help patients/clients to remain living in the community with access to required healthcare in the community setting.

New ways of working will improve the quality of life for patients/clients through:

- exploring and developing new models of care that support care closer to home
- ensuring that existing skills and competencies of health professionals are fully used
- the use of clinical and performance data to inform interdisciplinary team decisions
- changes to the scope of practice of health professionals bringing a greater understanding of the skills and contributions of all professional groups resulting in a culture where collaborative practice is highly valued
- the introduction of new roles that support the needs of patients/clients and the continuity of care in a range of settings
- the development of professional career pathways that expand the clinical pathway to encompass advanced levels of practice
- the introduction of a range of support workers that lets health professionals spend more time in direct care
- the development of flexible education and training pathways that encourage a broad section of the Tasmanian community to pursue a career in health and human services.

## Key Action Areas

Throughout Tasmania, work is already underway that reflects this objective. The aim of this strategy is to highlight planned projects and others already underway, and to foster enthusiasm and motivation to meet this objective. The following are the key action areas:

- Development of the framework for extended scope of practice for nursing, midwifery and allied health; this will include review of relevant legislation and policy to support contemporary and emerging practice
- Development of extended roles in nursing and midwifery
- Improved education and training pathways to encourage greater flexibility within the healthcare workforce
- Development and implementation of a framework to facilitate full and extended scopes of practice for allied health professionals
- Implementation of a policy framework for the employment of allied health professionals
- Investigation of the role of healthcare support workers in a range of healthcare settings.

# Leading the Way Implementation Plan

## Purpose

The strategy implementation is a high level plan to be led by the Chief Nurse and Allied Health on behalf of the Leading the Way Taskforce.

This document will be reviewed bi-annually and will be amended to meet changed conditions or objectives during its life span.

## The Program Sponsor and Business Owners

The sponsor for the implementation for Leading the Way is the Secretary of the Department of Health and Human Services.

The business owner is Chief Nurse and Allied Health supported by:

- Leading the Way Taskforce
- Nursing and Midwifery Executive
- Allied Health Professionals Executive Committee
- Agency Midwifery Reference Group
- medical practitioners.

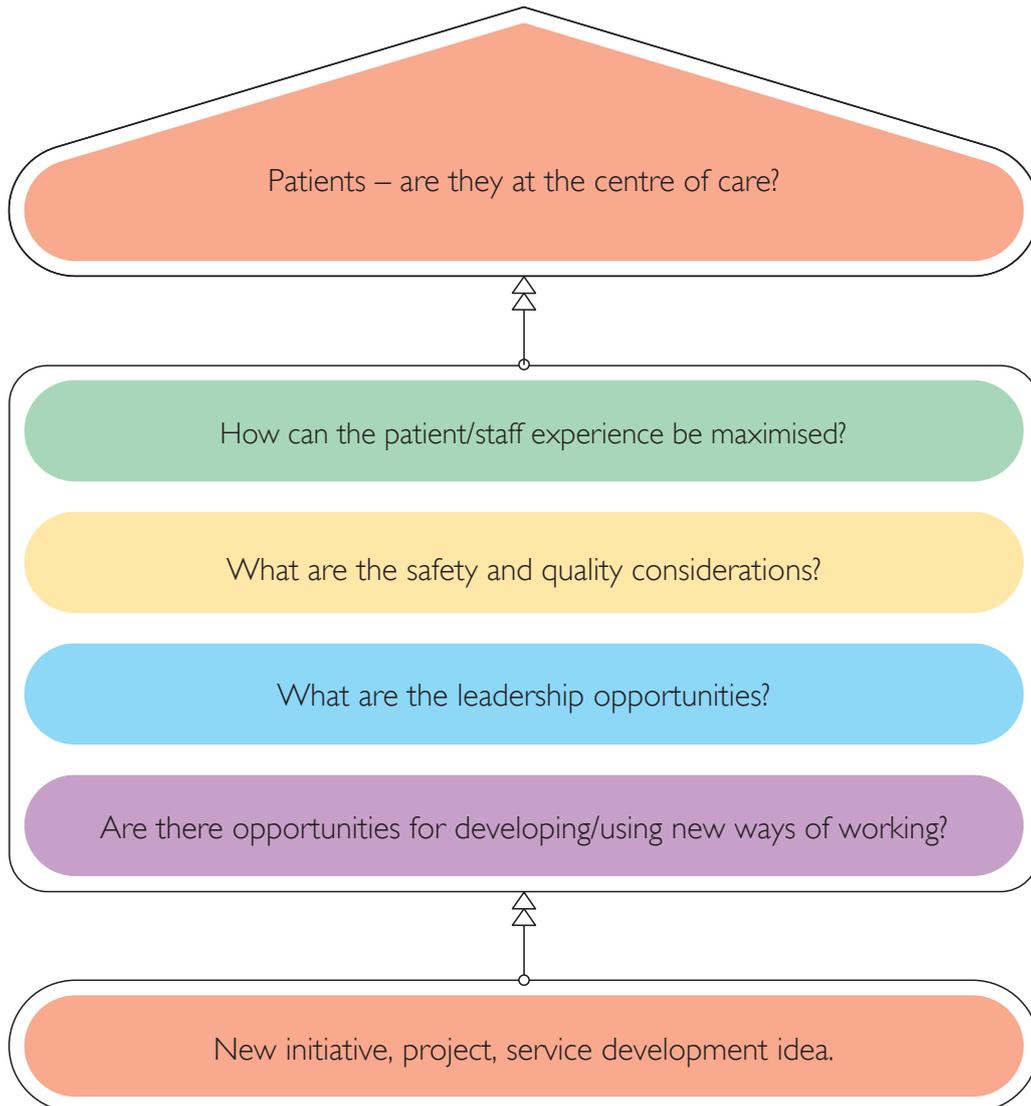
## Leading the Way Demonstration Projects

Leading the Way represents the next stage in the development of the ideas presented in the discussion paper that arose from the themes identified in the July 2008 US and UK study tour. The strategy has been directly informed by the feedback the Taskforce received to its discussion paper following the consultation period in January and February 2009.

Leading the Way is a strategy that applies to all DHHS health professionals. In conjunction with the accompanying strategic objectives and key action areas, it is intended to provide all Tasmanian health professionals with a framework for the development of current and future service initiatives, projects, developments and reform strategies relevant to their individual workplaces that fulfil and promote the principles and key themes of Leading the Way.

The themes within this strategy should also be applied to all DHHS projects. Project initiators should ask the following questions throughout their service development idea (see Figure 2).

**Figure 2: Leading the Way Strategic Project Qualification**



## Registration of Projects with the Leading the Way Taskforce

The Taskforce encourages all Tasmanian health professionals to register their current or planned ideas for service development, innovation and reform as Leading the Way projects.

Through this, projects will be developed across DHHS that align with and promote the principles and key themes of Leading the Way. The projects will be showcased across the Agency, signifying leadership in healthcare development and reform.

Registration of projects with the Taskforce will also operate as a mechanism to encourage and facilitate sharing of ideas for service development and reform with other health professionals. It will also promote the development of other projects across the organisation that might have the mutual benefit of enhancing services at the local level and further contribute to the impetus for change across the whole organisation.

Registered projects may also gain access to financial incentives and support from outside their work areas that might create the opportunities to continue or further develop the initiatives beyond the scope of the original project.

It is envisaged that some key activity areas will need a project management framework. Working groups and project teams will reflect local and community perspectives as well as organisational requirements.

All questions or queries about how to register projects, service developments or initiatives should be directed to: [leadingtheway@dhhs.tas.gov.au](mailto:leadingtheway@dhhs.tas.gov.au).

## Showcasing Initiatives

A travelling exhibition is planned to showcase the work being undertaken. This will promote the sharing of achievements, service development and reform with other health professionals and the Tasmanian community.

Awards will be given in recognition of initiatives that have furthered the strategic objectives of the care strategy and the aim of continually improving the experience of patient healthcare by placing them first and at the centre of that care.

## Further Information

Reference groups and forums will be convened as required and the use of natural or existing structures is preferred wherever possible.

The use of health professionals in informing and advising on the process cannot be over-emphasised.

The progress of the implementation plan will be reported through the Chief Nurse and Allied Health to DHHS's Departmental Executive and System Management Executive committees.

# Leading the Way Implementation Plan

## Valuing the Patient Experience

Key Action Areas	Description	Responsibility	Timeframes
Tasmanian health professionals will implement the consistent ward across the area health services in the South, North and North West.	The Department of Health and Human Services will provide a nominal budget to start the development of the consistent ward project within the Northern and North West Area Health Services and further support the work on this commenced at the RHH within the Southern Area Health Service.	Area health services Executives  Nursing and Midwifery Executive	December 2009
Implementation of a Patient Satisfaction System.	A Patient Satisfaction System will be developed that enables patients and their relatives to feed back their appraisal of the service provided.	Care Reform and Chief Nurse and Allied Health	March 2010
Processes are developed to ensure projects undertaken in the organisation are of benefit to patients.	A framework will be developed to ensure projects are developed within the organisation that enhance the patient experience of care.	Chief Nurse and Allied Health  Taskforce  Care Reform	October 2009
Continual improvement to the organisation of care to the patient.	Provide input into the National Maternity Plan that is being coordinated by the Australian Government.  Investigate the establishment of caseload midwifery within midwifery group practices.	Chief Nurse and Allied Health with Maternity Services Clinical Network  Allied Health Professionals Executive Committee  Agency Midwifery Reference Group	June 2010  December 2009

## Safety and Quality

Key Action Areas	Description	Responsibility	Timeframes
Develop and implement the Tasmanian Healthcare Associated Infection Prevention Strategy.	Healthcare-associated infections continue to cause substantial patient morbidity and cost to the health service. The Tasmanian Healthcare Associated Infection Prevention Strategy aims to support the reduction of these infections by developing a consistent infection control strategy.	Tasmanian Infection Prevention Control Unit  Chief Nurse and Allied Health  Nursing and Midwifery Executive  Allied Health Professionals Executive Committee	September 2009
Promotion of ways to measure safety and quality performance, such as the use of patient-sensitive indicators and bundles of care.	Promote and develop the concept of dashboards that reflect patient-sensitive indicators at the unit level.  Promote evidence-based care and the development and use of bundles of care within service areas.	Area health services  Nursing and Midwifery Executive  Medical practitioners  Allied Health Professionals Executive Committee  Chief Nurse and Allied Health	June 2010    June 2010

## Supporting Strong Leadership at all Levels

Key Action Areas	Description	Responsibility	Timeframes
Improving leadership and the preparation for management for nurses, midwifery and allied health professionals.	<p>Develop leadership and management programs for nursing, midwifery and allied health professionals with the provision of seeding funding for up to 50 education places in 2009–2010.</p> <p>Explore the inclusion of the principles of Magnet hospitals in the Tasmanian context.</p>	Care Reform and Chief Nurse and Allied Health	<p>January 2010</p> <p>April 2010</p>
Improved support for nurses, midwives and allied health in practice.	Develop mechanisms for ensuring quality preceptor and mentoring programs for nursing, midwifery and allied health.	<p>Chief Nurse and Allied Health</p> <p>Nursing and Midwifery Executive</p> <p>Allied Health Professional Executive Committee</p>	December 2009
Health professional innovations in practice awards will recognise the achievement of group and individual fulfilment of the key objectives of Leading the Way.	<p>Build an awards system that recognises innovations in practice and leads to improvements in patient-centred care.</p> <p>Establish mechanisms to celebrate innovations in practice with an associated exhibition of innovations in practice.</p>	<p>Chief Nurse and Allied Health</p> <p>Nursing and Midwifery Executive</p> <p>Allied Health Professional Executive Committee</p>	February 2010
Promote Leading the Way projects and outcomes through the internet.	Expand the Leading the Way website to provide a warehouse for innovations and Leading the Way projects.	Chief Nurse and Allied Health	August 2009

## New Ways of Working

Key Action Areas	Description	Responsibility	Timeframes
Develop frameworks for extended scope of practice for nursing and midwifery.	The Department will review the nursing and midwifery career structure as determined by clause 16 of the Nurses Enterprise Agreement.	Chief Nurse and Allied Health and Care Reform	December 2009
	Enable expanded scope of practice for nurses and midwives through legislative and policy frameworks.		April 2010
	Review the role and scope of practice of the enrolled nurse.	Chief Nurse and Allied Health	June 2010
Develop extended roles in nursing and midwifery.	The Department will provide opportunities across the system to create new, or convert existing, nurse positions as nurse practitioners. Priority will be given to roles that build on system integration, chronic disease and those that link to the strategic directions of DHHS.	Area health service CEOs and Directors of Nursing  Chief Nurse and Allied Health	June 2010
	Develop the role of the remote area nurse to support extended practice in rural areas.		June 2010
	Investigate the advanced enrolled nurse role and determine areas of workforce need.		February 2010
Improve education and training pathways to encourage greater flexibility within the healthcare workforce.	Collaborate with education providers to maximise articulation between the vocational education and training sector and the tertiary sector.	Care Reform and Chief Nurse and Allied Health	June 2010
	Develop a strategy to increase opportunities for enrolled nurses within DHHS.		

## New Ways of Working (continued)

Key Action Areas	Description	Responsibility	Timeframes
Develop and implement a framework to facilitate full and extended scopes of practice for allied health professionals.	Build on the current review of extended scope of practice to develop a framework for the implementation of advanced and extended scope of practice for allied health professionals.	Chief Nurse and Allied Health  Allied Health Professionals Executive Committee	June 2010
Implement a policy framework for the employment of allied health assistants.	Build on the current review of allied health assistants in DHHS to develop a policy framework for the employment of allied health assistants to ensure quality and safety of practice and enable full use of the role.	Chief Nurse and Allied Health  Allied Health Professionals Executive Committee	June 2010
Investigate the role of healthcare support workers.	Review the role of healthcare support workers in Australia and determine their role within the context of Tasmania's healthcare system.	Chief Nurse and Allied Health  Nursing and Midwifery Executive	March 2010

# Background to the Strategy

To encourage the health workforce to engage in the development of a strategic direction for health professionals for the future, a group of health professionals<sup>a</sup> from the Department of Health and Human Services (DHHS) undertook a study tour of the US and the UK in July 2008. Centres of excellence in healthcare were visited in San Francisco, Minneapolis, London, Oxford and Derby to provide participants with insight into healthcare delivery and the workforce in two different countries.

The study tour participants now form the Leading the Way Taskforce, which used the information gathered on the study tour to develop the discussion paper, *Tasmania's Health Professionals Leading the Way: Shaping Future Care*. The discussion paper was released in January 2009 and the subsequent consultation and feedback has been used to inform the development of this care strategy for Tasmania.

The Leading the Way Taskforce identified the following key ingredients as contributing to successful healthcare staff engagement:

- A strong, shared corporate vision that provides a clear direction for action on widespread service improvement
- An environment and culture that actively supports strong, effective leadership and action at all levels
- Teamwork across all sectors and professional and work groupings, and valuing the diversity of roles and the contributions of the whole health workforce to patient<sup>b</sup> care
- A vibrant, energised, supported and responsive workforce with new and expanded roles to meet the emerging challenges in healthcare
- Having the time to care in order to provide safe, high quality services to patients
- A strong safety and quality culture with effective clinical governance structures, and the ability to collect, measure and improve on a range of meaningful, useful patient and clinical care sensitive indicators.

These key components are incorporated into the four key themes identified by the Taskforce and provide a framework for discussion and structure for the strategy. The key themes that underpin the strategic objectives are:

- valuing people's experiences
- safety and quality
- supporting strong leadership at all levels
- new ways of working.

<sup>a</sup> List of Study Tour Participants in Appendix I

<sup>b</sup> In this document patient equally refers to the client, patient, service user and/or resident receiving care services

## Context

Tasmania is facing unprecedented challenges to its healthcare system. The state has an ageing workforce, there are increasing demands on the system from an ageing population and an increasing number of Tasmanians are living with chronic disease. There are also many challenges in attracting new healthcare staff.

Tasmanians have the right to expect safe, high quality care and everyone who works in the health system must strive to ensure that this happens. To achieve this, DHHS will provide a comprehensive, high quality, safe and sustainable health and human services system within the resources available. Tasmania's health and human services strategic objectives are:

- supporting individuals, families and communities to have more control over what matters to them
- promoting health and wellbeing and intervening early when needed
- developing responsive, accessible and sustainable services
- creating collaborative partnerships to develop healthier communities
- shaping our workforce to meet changing needs and future requirements.

There is a number of important strategies already in place, including the components of the Agency-wide reform agenda, shaping Future Health and Future Communities. Leading the Way is a component of Future Health which also includes:

- Tasmania's Health Plan
- Bridging the Gap: Reform of Mental Health Services
- Improving Time to Treatment: Tasmania's Elective Surgery Improvement Plan
- Working in Health Promoting Ways: a Strategic Framework for DHHS.

# Development of the Leading the Way Strategy

This strategy was developed following dissemination and feedback from the *Tasmanian Health Professionals Leading the Way: Shaping Future Care* discussion paper that was released in January 2009. The discussion paper was developed by the members of the Taskforce following a study tour to the US and the UK. The aim of the discussion paper was to create a momentum for change within the health professional workforce in Tasmania, through consistently improving the patient's experience by putting them at the centre of care.

The discussion paper presented some of the initiatives observed during the study tour and prompted discussion about their usefulness and applicability in the Tasmanian context. Throughout the discussion paper, questions were posed for consideration with links to relevant websites included for further information.

Health professionals are recognised as the key people who provide care within the system and as such, should actively drive improvements. All were invited to help develop the strategy by providing feedback. Information and feedback sessions were held within DHHS during January and February 2009. The discussion paper was placed on the DHHS intranet site and videoconferences were advertised for different locations.

In total, 47 separate presentations were provided to more than 700 Departmental staff, from Dover to Flinders Island, St Helens to Queenstown, and many places in between. Health professionals from a variety of backgrounds, including nurses, allied health professionals, doctors and non-clinical staff, were represented at these sessions.

Taskforce members reported generally positive responses to the themes and ideas outlined in the discussion paper. Feedback indicated:

- strong endorsement of some of the ideas, including extended scope of practice roles, patient-centred services and leadership strategies, to concern over the proposed greater use of support workers
- dialogue around Taskforce processes, methods to improve and better embed quality and safety initiatives; and the issue of leadership generally
- that the values should be embraced by DHHS as a guide for day-to-day service delivery and a catalyst for cultural change, while others argued for modifications to ensure enthusiasm for the intentions are sustained and that their practical applicability is enhanced, particularly for smaller or more remote areas
- concerns by some as to the need to look internationally when there are a range of successful initiatives underway in Australia
- some concerns about the focus on hospitals with little mention of community health or services in areas such as those delivered by Human Services
- positive responses to the idea of senior leaders being more visible within the workplace, formal leadership programs, leadership networks, mentoring programs and communities of practice were all identified as ways to foster leadership and better entrench a leadership culture within DHHS
- acknowledgement that a strong safety and quality culture is integral to placing the patient at the centre of care
- the need for quality consistent data as fundamental to improving the existing systems of safety and quality across most service areas

- many of the ideas for new ways of working were also strongly supported. While the issue of enhancing the role of support workers in clinical areas was approached with caution by some staff, others embraced the idea and promoted service developments in their clinical areas that enhanced the scope of these roles.

Overall, most staff agreed that putting the patient at the centre of care was a crucial strategy in providing quality healthcare. Most responses were positive about having the opportunity to provide input into the process.

A large amount of written feedback to the discussion paper (67 responses) was submitted, ranging from two line emails to five page detailed submissions addressing the questions posed in the paper. Respondents included individuals as well as those representing larger services, groups or work units. About 50 per cent of responses were from nurses, 30 per cent from allied health professionals and 20 per cent from doctors or other stakeholders. Sixty per cent of respondents were from southern Tasmania, 13 per cent from statewide services, 10 per cent from each the North and North West, with a small number unidentifiable.

A summary of the feedback can be found on DHHS website at [www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au).

## Leading the Way Key Themes Explored

The four key themes identified by the Taskforce have now become the strategic objectives of the strategy:

- valuing people's experiences
- safety and quality
- supporting strong leadership at all levels
- new ways of working.

These themes are described in detail in *Leading the Way* and summarised below. Examples for the Australian context are also included.

### Valuing People's Experiences

Research and consultation in the UK has shown that there are four key areas that are important to patients in receiving care<sup>1</sup>. Patients want health professionals to:

- get the basics right
- fit in with their lives
- value people's time
- treat them as a person and
- see them as a partner in their health plan<sup>2</sup>.

Patients want to be treated well all the time. The attitude and approach of health professionals is a very important part of creating a feeling that they are cared about as well as cared for, as part of their experience. A positive experience promotes healing and can shorten their stay in hospital<sup>3</sup>.

Health professionals also benefit from improving the patient experience in that most want to make a difference, enjoy close contact with their patients, deliver high quality care, and work as a part of an extended team to improve patient outcomes.

By putting the person at the centre of all we do, the experience for both patients and the health professionals can be improved. Many health professionals report that the quality of relationships with their patients positively influences job satisfaction. It has been identified that they value many of the same things as their patients and the general public<sup>4</sup>.

1 Darzi A., High Quality Care for All. NHS Next Stage Review Final Report: Department of Health 2008

2 Maben J., Griffiths P, Nurses in Society: starting the debate 2008; National Nursing Research Unit Kings College, University of London.

3 Henderson A, Van Eps MA, Pearson K, James C, Henderson P; 'Caring for' behaviours that indicate to patients that nurses care about them, *Journal of Advanced Nursing*, 2007; 60 (2): 146

4 Maben J, Griffiths P, Nurses in society: starting the debate, *National Nursing Research Unit*, Kings College London, October 2008

Of particular note, the discussion paper provides details of:

- the Productive Series<sup>5</sup> which is a program of initiatives that improve processes and environments to help nurses and allied health professionals to spend more time on patient care, thereby improving safety and efficiency. Initiatives in the UK include the Releasing Time to Care program and the Productive Ward. These initiatives are based on 'lean thinking' principles currently used throughout the world within industry and within healthcare.
- Transforming Care at the Bedside<sup>6</sup> is a similar concept. Both focus clinical units on improving outcomes for patient care in areas such as pressure ulcers, falls and infection rates.

In Australia, there is a number of similar initiatives that are linked to 'lean thinking' principles, such as redesigning care at the Flinders Medical Centre<sup>7</sup> in South Australia. The Centre has also used lean thinking to streamline their flow through the Emergency Department. In addition, Victoria's health website has a number of tools available<sup>8</sup> that support lean thinking within their health system. It also outlines individual, collective and priority demonstration projects undertaken throughout Victoria.

Queensland Health<sup>9</sup> has identified lean thinking as part of the planning and design of their new hospital on the Sunshine Coast. Lean thinking tools and approaches are used by Queensland Health to:

- focus on improving processes from the start to the finish
- make things as visible as possible so staff can see if and when there is a problem
- create detailed, standardised processes to avoid error, ambiguity and confusion
- redesign the work to reduce unnecessary work or waste, whether in the form of excess inventory, excess processing, excess movement of people or things, or waiting and queuing
- resolve problems by identifying their causes.

Excellent patient care cannot be provided without skilled, caring and committed healthcare professionals. One stream of activity within ACCESS RHH (see case study on page 32 ) where leadership capacity is developed among all staff to enable them to undertake work environment improvement programs is the Consistent Ward program (see case study below).

5 [http://www.institute.nhs.uk/quality\\_and\\_value/productivity\\_series/the\\_productive\\_series.html](http://www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html)

6 <http://www.ihl.org/IHL/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm>

7 King DL, Ben-Tovim DI, Bassham J Redesigning Emergency Department Patient flows; application of Lean Thinking to health care

8 <http://www.health.vic.gov.au/redesigningcare/>

9 [http://www.health.qld.gov.au/schospital/pdf/fs\\_lean\\_think.pdf](http://www.health.qld.gov.au/schospital/pdf/fs_lean_think.pdf)

# CASE STUDY: Consistent Ward

The Consistent Ward program supports staff to learn and apply new skills while working through a series of modules developed for Australia and New Zealand by a company called KM&T.

Module examples include:

**Organising the Ward** to simplify workflow and reduce waste such as duplication and time searching in order to increase patient care time. One ward also saved \$18 000 by improved inventory control which is now available for reinvestment in ward improvements.

**Measuring the Ward** builds staff capacity to develop and use performance measures relevant for ward level improvements but also aligned to accreditation criteria and broader organisational goals.

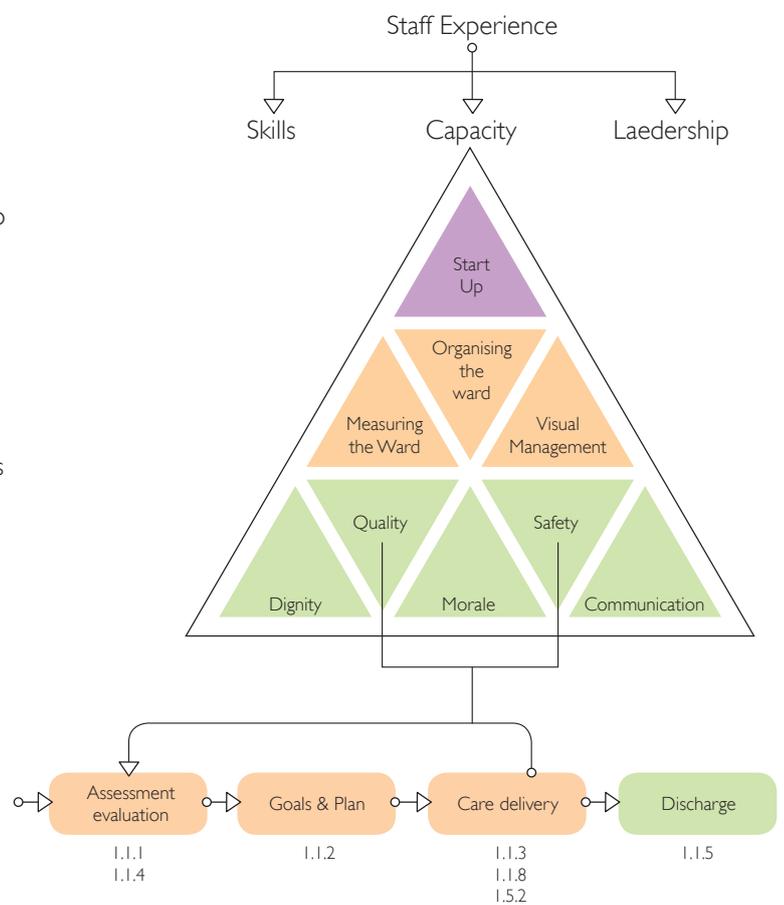
**Visual Management** provides an information-rich environment to contribute to situational awareness and communication. One example, Journey Boards (see below), improves team coordination, tracks referrals and interdisciplinary care, and discharge planning.

**Standardised Flexibility** (a concept developed at RHH as part of clinical handover) also underpins the hospital's approach to redesign by ensuring consistent items across the hospital, but at the same time, the inclusion of specific elements unique to each specialty.

## Journey Board



## Consistent Ward Environment



## Mandatory Clinical Criteria

- 1.1.1 Assessment
- 1.1.2 Care planning
- 1.1.3 Informed consent
- 1.1.4 Evaluation of care
- 1.1.5 Discharge needs
- 1.1.8 Comprehensive and accurate health record
- 1.5.2 Infection control

(EQIP Standards, Australian Council of Healthcare Standards)

## Safety and Quality

In the US and UK, there was an opportunity to explore the ways that safety and quality in the healthcare environment are continually managed, improved and developed. While a number of new initiatives was highlighted, the overwhelming point was that safety and quality must be embedded into everyday activities of the healthcare systems with regular processes of review at unit and service level.

The US ranks its top 100 hospitals per year based on safety and quality indicators. Each hospital must measure a standard set of indicators regarded as a measure of how well each hospital performs and is benchmarked against other hospitals in the US. Performance information on each hospital is available through the internet for the community to see how well their hospitals are performing<sup>10</sup>.

Lord Darzi's 'Next Stage Review'<sup>11</sup>, indicated that quality should be defined to include clinical outcomes plus the patient's experience of care. In all the areas visited, data was used to inform practice and was readily available and easily accessible to staff. Data on key indicators was displayed on ward dashboards, a feature of Releasing Time to Care<sup>12</sup> and Transforming Care at the Bedside<sup>13</sup>.

Releasing Time to Care is part of the Productive Series<sup>14</sup>, allowing health professionals to increase the time spent in providing hands-on care. Transforming Care at the Bedside is a similar concept in the US.

Both concepts focus clinical units on improving outcomes for patient care, in areas such as pressure ulcers, falls and infection rates. In both the US and UK, key data elements are required by external agencies for the purposes of monitoring the safety and quality of health services, service levels and service targets. In the UK, the National Health Service's (NHS) Better Care, Better Value Indicators<sup>15</sup> provided a scorecard for an organisation.

There was a growing emphasis on prevention in the areas of adverse events and infection control. This was apparent with the development of tools through the National Patient Safety Agency<sup>16</sup> in the NHS such as the Manchester Patient Safety Framework<sup>17</sup>, the Foresight Training Program<sup>18</sup> and the Cleanyourhands<sup>19</sup> campaign.

Manchester Patient Safety Framework assisted healthcare teams to measure their progress towards making patient safety a central focus within their organisation. It helped to identify areas of particular strength or weakness which then helped to channel resources appropriately to best improve their patient safety culture.

The Foresight Training<sup>20</sup> program uses the James Reason-based work on human factor analysis to help health professionals identify the scenarios, interpersonal and environmental conditions under which patient safety is most likely to be at risk, as a means of creating a heightened awareness of patient safety on an everyday basis. Foresight Training has been specifically designed to be flexible, so that it can be used in team meetings, handovers, mandatory training sessions and stand-alone sessions, facilitated by members of staff.

The Cleanyourhands campaign was designed to improve hand hygiene compliance of healthcare professionals and was a key component of hospitals' core business. The aim of the campaign was to reduce healthcare-associated infections and it was run parallel to other initiatives and strategies in the area of healthcare-associated infections.

10 <http://www.100tophospitals.com/>

11 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_085825](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825)

12 [http://www.institute.nhs.uk/quality\\_and\\_value/productivity\\_series/productive\\_ward.html](http://www.institute.nhs.uk/quality_and_value/productivity_series/productive_ward.html)

13 <http://www.ihl.org/IHL/Programs/StrategicInitiatives/TransformingCareAtTheBedside.htm>

14 [http://www.institute.nhs.uk/quality\\_and\\_value/productivity\\_series/the\\_productive\\_series.html](http://www.institute.nhs.uk/quality_and_value/productivity_series/the_productive_series.html)

15 <http://www.productivity.nhs.uk/>

16 <http://www.npsa.nhs.uk/>

17 <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/humanfactors/mapsaf/>

18 <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/humanfactors/foresight/>

19 <http://www.npsa.nhs.uk/cleanyourhands/>

20 <http://www.npsa.nhs.uk/nrls/improvingpatientsafety/humanfactors/foresight/>

The Track and Trigger<sup>21</sup> system is another initiative that focuses on ensuring good patient monitoring and assessment and timely communication between nursing and medical staff to improve early intervention in the management of deteriorating patients which resulted in a better outcome for the patient.

In Australia, the Australian Health Ministers' Conference has tasked the Australian Commission on Safety and Quality in Health Care with developing a National Safety and Quality Framework. Following consultation with consumer organisations, jurisdictions, the private healthcare sector, the primary care sector and other healthcare stakeholders, a proposed National Safety and Quality Framework has been developed. The proposed Framework is designed to guide action to improve the safety and quality of the care provided in all healthcare settings over the next decade and contains 22 strategies for improving the safety and quality of care for patients and consumers. The core theme is that safe, high quality care is always:

- patient-focused
- driven by information
- organised for safety.

Consultation on the proposed Framework is open until 11 September 2009. Please visit [www.qualityhealthcareconversation.org.au](http://www.qualityhealthcareconversation.org.au) for more details.

The Australian Commission on Safety and Quality in Health Care also has a national agenda for the development and use of observation charts to identify patients at risk. The Commission has commenced a new program to improve the identification and management of patients at risk of critical illness and serious adverse events.

There are three initiatives included in this program:

- The development of a standard observation chart that supports recognition of deterioration and prompts action
- Development of minimum standards for rapid response systems
- Examination of the way in which concepts arising from the work on patients at risk and rapid response systems can apply in primary care.<sup>22</sup>

There are a number of initiatives underway in various sections of DHHS to address these issues, including improving, standardising and promoting the publication of reliable data and quality metrics on ward and service unit dashboards. Access RHH is an example of a program that, among other things, seeks to improve collation and display of quality metrics at ward, service and hospital level.

DHHS in Tasmania is moving towards transparency of data and has recently published the Tasmanian Acute Public Hospital Healthcare Associated Infection Surveillance Report, which covers the period 2005-2008 and is available on the Tasmanian Infection Prevention and Control Unit section of the DHHS website ([www.dhhs.tas.gov.au](http://www.dhhs.tas.gov.au)).

The Tasmanian aged care industry has for many years published all accreditation and site visit reports on the internet<sup>23</sup>. This provides an excellent example of transparency and sharing information with the public and consumers of the service.

Several areas of Primary Health in Tasmania are exploring ways to apply the Manchester Patient Safety Framework, to help healthcare teams measure their progress towards making patient safety a central focus within their organisation. It helps to identify areas of particular strength or weakness that lead to a channelling of resources to best improve their patient safety culture.

21 [http://www.oxfordradcliffe.nhs.uk/obrc/brcdocs/bitpres.ppt#521,28,Slide 28](http://www.oxfordradcliffe.nhs.uk/obrc/brcdocs/bitpres.ppt#521,28,Slide%2028)

22 For further information see: [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

23 [www.accreditation.org.au/about-us/aged-care-meets-the-standards-in-tasmania/](http://www.accreditation.org.au/about-us/aged-care-meets-the-standards-in-tasmania/)

# Case Study: DANGERS

Patients/residents in hospital or residential aged care facilities are at risk of becoming acutely ill for a variety of reasons, including underlying diagnosis, associated co-morbidities, increasing age and infections. A deteriorating patient can be identified before a serious adverse event occurs. One of the major factors that can positively affect the outcome of a deteriorating patient is the ability of the nurse to recognise that the patient is deteriorating and to take prompt and appropriate action. Another major factor that can significantly affect the outcome for a deteriorating patient is the response of the medical practitioner.

The DANGERS (Doctors and Nurses General Emergency Response System) 'observe and respond' program (originally devised in NSW and implemented in Shellharbour Hospital in late 2005 by Dr M. Hutchinson) was implemented by Primary Health, Tasmania within its acute hospital and emergency facilities in 2008. This program provided a framework for nurses to:

- identify patients who might have a deteriorating condition
- take action early to notify the doctor to ensure appropriate intervention at the earliest opportunity.

The key features of this rapid response system are that this model does not have the tertiary hospital focus that other medical emergency teams have; it has a strong emphasis on doctor/nurse communications; it ensures a consistent approach with type and frequency of observations; it ensures a diagnosis and treatment plan is written for all admissions; it has evidence-based physiological parameters; and it allowed for the development of a primary health specific escalation pathway.

The program was embedded in policy and procedure, leadership and governance was provided by the Safety and Quality Unit and an implementation strategy and evaluation framework was developed. Capacity-building and leadership workshops were provided to all senior staff. All sites were provided with a resource manual and other material. Staff were engaged in a variety of ways including team meetings, education sessions, surveys, interactive CDs, provision of physical assessment booklets and one-on-one sessions. Individual sites have adopted DANGERS according to their implementation plans.

## Supporting Strong Leadership at all Levels

It was evident in a number of the health care facilities in the US and the UK that strong supportive leadership is a key ingredient in the delivery of quality health care. Commitment to leadership in health care generates enthusiasm and excitement about the possibilities of change, improvement and appropriate innovation. Strong leaders will attract similar people to the organisation as they will be inspired by what they have achieved.

The key themes that emerged on this topic during the study tour were identified as:

- the importance of leadership at both the strategic and clinical levels
- the importance of a supportive corporate culture and a clear vision or direction
- the need for a sound organisational infrastructure and resources to underpin this
- the importance of engaging healthcare workers in strong intra professional relationships with communication channels across units, departments and sectors
- the importance of the visibility of leaders and managers at the site of healthcare service delivery
- the need for leadership development programs to support new and emerging leaders.

Strong clinical leadership is a key component of the US's Magnet<sup>24</sup> hospitals' successes in attracting new staff and improving retention of existing staff. Magnet hospitals' successes in recruitment and retention are based on strong leadership, inclusive management style, autonomy for nurses, positive nurse-physician relationships, good resources, quality career development and further training, and good prospects for promotion.

While clinical leadership is required at all levels, it is equally critical that senior clinicians are both seen and involved in executive decision making within the Agency. The UK Kings Fund's<sup>25</sup> report *A Seat at the Top Table*<sup>26</sup>, described the high value the NHS Health Boards place on senior nursing leaders with the ability and skills to support and engage in corporate decision making and to present the patients' stories.

The critical importance of effective clinical leadership has been recognised by the Royal College of Nursing in the UK by the development of its clinical leadership program<sup>27</sup>. The program supports clinical leadership in nursing, midwifery and the allied health professions, and many examples were identified in relation to its applicability to the whole health workforce. The Clinical Leadership Program framework represents key areas that clinical leaders need to develop, in order to enhance their leadership capabilities and become more patient-centred clinical leaders. This includes learning to self manage, effective relationships within teams, developing a consistent patient focus on care, networking and political awareness.

In Tasmania, the DHHS Positively Managing People (PMP) program has widespread support. A specific leadership program that aligns with key elements of the PMP but includes broader aspects relevant to leadership such as ethics, self-management and feedback mechanisms was recommended in feedback to the discussion paper. The cost implications of developing these programs, particularly relevant to smaller cost centres, were strongly highlighted.

24 [http://www.nursingsa.com/office\\_magnet.php](http://www.nursingsa.com/office_magnet.php)

25 The Kings Fund is an independent charitable organisation that works to improve healthcare in the UK by providing research and health policy analysis, publications, leadership development and service improvement

26 [http://www.kingsfund.org.uk/applications/site\\_search/?term=a+seat+at+the+top+table&searchreferer\\_id=2](http://www.kingsfund.org.uk/applications/site_search/?term=a+seat+at+the+top+table&searchreferer_id=2)

27 <http://www.rcn.org.uk/development/practice/leadership>

## Case Study: Clinical Leadership

Led by joint clinical leaders Lee Wallace (Nurse Manager Rehabilitation) and Dr David Dunbabin (Specialist Geriatrician), the Aged Care and Rehabilitation Clinical Network provides a new way for clinical leadership and information exchange across the state in these sectors. The aim of the Clinical Network is to increase the involvement of clinicians, service providers, and consumers in the state wide planning, delivery, evaluation and improvement of aged care and rehabilitation services in Tasmania, and projects are already underway in several areas to address key issues identified by network members – including addressing issues around assessment tools and information sharing, terminology around long stay older patients, and developing a toolkit for health professionals and others to use when making decisions around a person's 'capacity'.

The clinical leaders were appointed in late 2008 after a broad call for expressions of interest from leading practitioners in the aged care and rehabilitation sectors, and the clinical leaders now work in conjunction with a highly motivated steering committee made up of 14 members from a wide variety of backgrounds, geographical locations and experiences in Aged Care and Rehabilitation, including representatives from industry, the Commonwealth Department of Health and Ageing, peak bodies and carers. Together, the clinical leaders and the steering committee are working to foster a statewide view of service planning, policy and clinical reforms in the sector; to improve information exchange between the Department, providers and consumers; and to enhance professional development opportunities and increasing leadership opportunities for the nearly 400 members of the Clinical Network. The Aged Care and Rehabilitation Clinical Network is a new model that encourages members to work together across the boundaries of the sectors, to deliver more integrated, consistent, and evidence based services to people needing aged care and rehabilitation in Tasmania.

## New Ways of Working

A range of new service delivery models were seen in the US and UK across acute and community sectors. The key themes that emerged from the visit included:

- care closer to home
- integrated services across the acute and community sectors
- changes to the scope of practice of professionals
- collaborative practice models that include support workers
- the use of clinical and performance data to inform team decisions.

Part of reforming the way services are provided is the redesigning of healthcare workers' roles around the needs of patients. The involvement and engagement of clinicians and other staff is recognised as an important factor in this process.

Innovative nurse practitioner roles have been introduced into the US, focusing on systems rather than an individual disease, for example, chronic disease. Patients are able to be seen by one nurse practitioner who manages their total care in collaboration with a physician rather than several practitioners who specialise in one part of the disease process. This is challenging for the nurse practitioner in the first instance as it requires them to have a sound understanding of managing diabetes, renal and cardiac disease.

Nursing and midwifery roles in the US and the UK operate in a range of settings, including ambulatory care areas such as Walk-in Clinics, and provide specialist care in aged care homes. In the US, home health aides are projected to be the fastest growing occupation through to 2014. There are numerous jobs available and the role is utilised in caring for clients in mental health, disability services, nursing care facilities, hospitals, people's homes and residential care facilities.

At the same time in the UK, nursing, midwifery and allied health have seen the emergence and increase of other workers to support the provision of care. Support workers must be appropriately trained, supervised and monitored and a project has been initiated and developed in Scotland to produce standards, a Code of Conduct and a Code of Practice for employers, to provide a quality framework for the employment.

DHHS can learn from the experience of other countries and use the evidence of their value locally and nationally to drive changes in the way the workforce is structured and care is delivered to meet the projected demands of our population.

Expansion of the breadth of clinical career pathways within each profession, as well as an increase in the depth of career pathways, can provide opportunities for flexible service development and delivery, to meet the changing healthcare needs of Tasmanians. There is a range of examples in the discussion paper but one role that stood out for the members of the Taskforce was the role of the modern matron.<sup>28</sup>

The following roles have been recognised as areas that could be further explored and developed to meet the challenges facing the Tasmanian health system:

- health visitor
- modern matron's role – improving the patient experience
- community matron
- nurse practitioner aged and transition care

28 [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4008127](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008127)

- consultant allied health professional roles
- healthcare support workers.

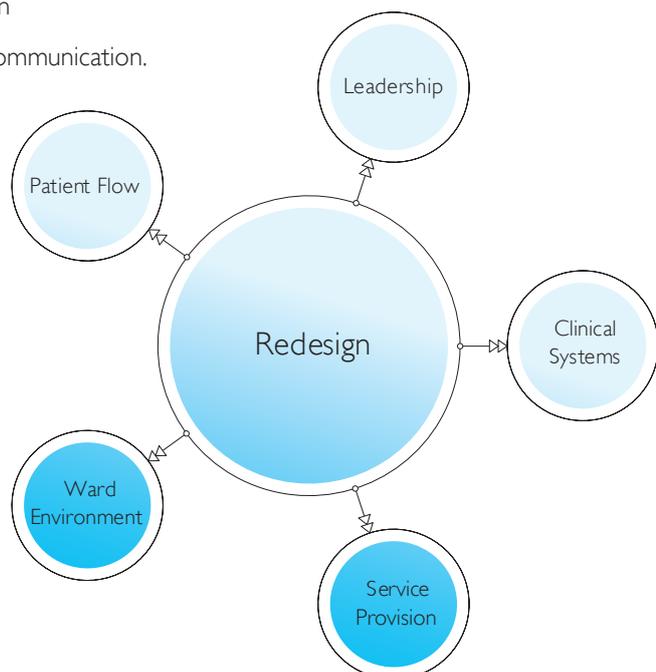
In Tasmania, the health workforce includes staff working in roles such as personal care workers, allied health assistants/aides and assistant practitioners. These staff complete a formal program of education and training in preparation for these roles and currently play an integral and valued role in our healthcare teams in a number of areas. Feedback from the discussion paper highlighted the potentially contentious nature of future developments in this area. However, the Taskforce suggests that if there is to be a concurrent movement in the nursing, midwifery and allied health professional workforce towards extended scope and specialisation to meet the current and emerging challenges in healthcare delivery in Tasmania, that further analysis and consultation within the Tasmanian healthcare sector about the development of these roles is essential.

## Case Study: Royal Hobart Hospital ACCESS RHH

The Royal Hobart Hospital is engaged in a patient-centred, hospital-wide innovation program that empowers staff to manage and drive redesign in their workplace to improve:

- patient access, experience and outcomes
- patient safety and quality of care delivery systems
- staff role effectiveness and satisfaction
- interdisciplinary and organisational communication.

Using a mixture of action learning and Lean methodology, the RHH has focused on redesigning emergency and elective patient pathways through admissions, assessment, treatment, discharge and continuing care processes (see figure).



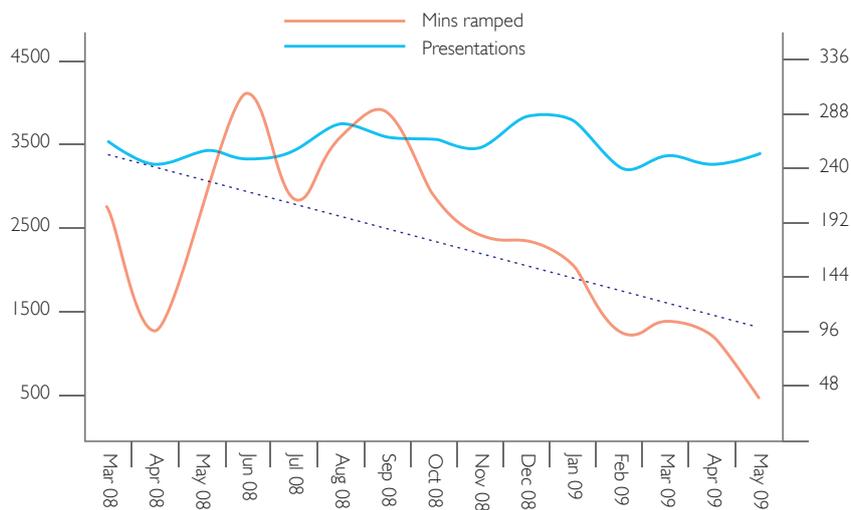
## Outcomes to date include:

- Emergency admissions: Improved access to emergency services with 90% reduction in ambulance ramping (see figure below). (June 2008-June 2009)
- Elective Admissions: An extra 103 patients per month received elective surgery. (October 2008-June 2009)
- Clinical Systems: A focus on quality and safety.

One improvement developed by RHH staff is a comprehensive, evidence-based patient assessment system that improves timely patient access to multi-disciplinary services, as well as informing patient goal setting and care planning decisions. The assessment tool also provides aggregate data to underpin ward based quality and safety improvements.

Excellent patient care cannot be provided without skilled, caring and committed healthcare professionals. One stream of activity within ACCESS RHH where leadership capacity is developed among all staff to enable them to undertake work environment improvement programs is the Consistent Ward program.

### Ramp minutes vs presentations



# Appendix I

The DHHS Study Group was comprised of DHHS nurses (representing a cross section of nursing), a representative of the Australian Nursing Federation, two senior executives from DHHS, two allied health staff from operational and management areas, and a medical specialist.

## Study Tour Participants

1. Fiona Stoker – Chief Nursing Officer
2. Caroline Ball – Nurse Unit Manager, Ambulatory Care Centre, RHH
3. Gina Butler – Director of Nursing, Primary Health/Manager Safety and Quality Unit
4. Maree Dakin – Nurse Unit Manager, Department of Emergency Medicine, LGH
5. Francine Douce – Assistant Director of Nursing, Midwifery, NWRH
6. Hayley Elmer – Clinical Nurse Educator, NWRH
7. Kim Ford – Project Nurse, WACS RHH
8. Johanna Hodgson – Speech Pathologist, LGH
9. Cameron Hunter – Staff Specialist Respiratory/General Medicine, RHH
10. Fred Kamphuis – Clinical Nurse Educator, Mental Health Services
11. Sophie Legge – Primary Health Coordinator, North
12. Kerry Leonard – Nurse Unit Manager, Medical/Oncology, LGH
13. Noni Morse – Primary Health Area Services Coordinator, North West
14. Neroli Ellis – Branch Secretary (Tasmania), Australian Nursing Federation
15. Susan Price – Executive Director of Nursing, RHH
16. Cassandra Sampson – Assistant Director of Nursing, Surgical Services, LGH
17. Paul Shinkfield – Manager, Physiotherapy Services, RHH
18. Madeleine Smith – Clinical Nurse, Operating Suite, LGH
19. Lynda Styles – Nurse Unit Manager, Orthopaedic Services, RHH

The Nursing Board of Tasmania's Chief Executive Officer, Moira Laverty, accompanied the study tour.





June 2009