

OUR
HEALTHCARE
FUTURE

Transforming outpatient services

A four-year strategy to improve
access and quality of public outpatient
services in Tasmania

2022–26

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Image facing page: Buttongrass plains at Dempster Plains, south of Maytim (the Arthur River), site of the first Aboriginal cultural burn on a state managed park or reserve in Lutruwita (Tasmania) in 2021. Photographer – Jillian Mundy.

Acknowledgement of Country

The Department of Health Tasmania respectfully acknowledges Tasmanian Aboriginal people as the traditional custodians of the land on which we live, work and play and pays respect to Aboriginal Elders past and present.

Recognition statement

Tasmanian Aboriginal people's traditional lifestyle promoted physical and emotional health and wellbeing, centred around Country, Kin, Community and Spirituality. Aboriginal people continue to value the importance of culture, community connection and being on Country as vital components of health and wellness. Through colonisation, Aboriginal people experienced displacement and disconnection, which has significantly affected their health and

wellbeing. We recognise Aboriginal people are the knowledge holders and provide best practice in promoting health and wellbeing for Aboriginal people. We acknowledge and learn from the ongoing work of Aboriginal organisations in ensuring continued health and wellness. We commit to working in partnership with Tasmanian Aboriginal communities and health leaders now and into the future to improve health and wellbeing.



Contents

Message from the Minister	6
The Strategy	7
What We Will Do	8
Strategic Objectives	11
Success Measures	12
Timeline	13
Principles	14
Improvement Streams	16
Digital Health Transformation	25
Workforce	26
Infrastructure Strategy	27
Governance of the Strategy	28
Evaluation	29
Appendices	31
Appendix A – Improvement Streams Actions	31
Appendix B – List of Tasmanian public outpatient services by specialty	38

Message from the Minister

The Tasmanian Government has committed ongoing funding to transform public outpatient services to address growing demand, and make improvements that will reduce waiting times and improve outcomes for consumers.



I am pleased to present this four-year strategy which sets the future vision for outpatient service delivery in Tasmania and outlines the improvements we will make to deliver the service capacity needed to meet the current and future needs of our community.

At the core of this strategy is the aim of ensuring Tasmanians receive best practice and contemporary outpatient services within clinically appropriate time frames, regardless of where they live.

Tasmania, like the other Australian states and territories, has a rapidly changing health system and is experiencing growing demand and costs associated with health care services, including hospital outpatient services.

New models of care are increasingly being used to provide alternative and enhanced care options for services traditionally managed in hospitals. There is also a growing emphasis on continuous quality improvement, flexibility, and innovation in health service delivery.

This includes making best use of new information and medical technologies, and workforce redesign to improve treatment, management, and coordination of care for consumers.

We know that outpatient services delivery is complex. That is why we are delivering a staged approach to reform. Working with consumers, GPs, clinicians, clinic staff and our key partner Primary Health Tasmania, we will progressively introduce and enhance digital technology, virtual care and efficient business processes, and build new models of care. This will improve the timeliness, outcomes, experience and convenience for consumers in accessing outpatient services.

At the same time, we will take short term action to increase access to outpatient services through additional clinics, and by using evidence-based alternative care pathways for those who have been waiting longest.

This critical transformation program, forms part of Our Health Care Future, the Tasmanian Government's long term reform agenda, to build a highly integrated and sustainable health service, focused on better health outcomes..

It responds to and complements:

- Advancing Tasmania's Health
- Statewide Elective Surgery Four-Year Plan
- Health Workforce Tasmania 2040
- Digital Health Transformation 2022–32

This transformation program is ambitious, and we are committed to improving the quality and sustainability of services for Tasmanian communities, now and for the future.





The Strategy

This strategy outlines progressive reforms and improvement activities that will be taken to maximise current service capacity as well as support the healthcare system to plan for and respond to expected future health needs of Tasmanian communities.

Improvements we make under this strategy will help strengthen the capability of the system, utilising technology and designing flexible delivery models to contribute to a sustainable, safe, integrated, and person-centred health system for Tasmanian communities.

Our vision is for Tasmanians to be able to access the care and services they need, at the right time, in the right setting, as close to home as possible, as long as it is safe and appropriate to do so.



Tasmanians have access to quality specialist outpatient services, at the right time, in the right setting, by highly skilled health practitioners and staff and enabled by digital technology and virtual care.

What we will do

We are changing the way outpatient services are delivered in Tasmania to better meet the needs of our community.

- We will deliver new models of care
- We will make more appointments available
- We will standardise our administrative processes
- We will introduce patient online bookings
- We will provide more early intervention care pathways
- We will implement an eReferral system
- We will enhance telehealth and virtual care services
- We will publicly report our performance
- We will provide GPs with decision support tools

What this will mean

- Shorter waiting times
- Most people seen within twelve months
- Improved quality of care
- Better communication
- Quicker and easier booking processes
- More patient choice and convenience
- Better planning for the future
- Sustainable services
- Better coordination of care
- More efficient use of health providers' time

Where are we now?

We deliver around 600 000 occasions of service to the Tasmanian community a year, across 46 different specialties. Around 10% of these are new appointments for people who are on an outpatient waitlist. The remainder of appointments are for services that do not have a waitlist, for example cancer services, and for the review and management of people who require ongoing or follow-up care.

Tasmanian public outpatient services are complex and multilayered with numerous providers, varied workflows, models of care and systems. Most new appointments are face to face, during business hours and provided at, or close to, a major hospital. We use telehealth (including video and telephone) for some services, particularly for follow-up consultations.

There are a number of improvements we can make to the way we deliver outpatient services that will increase our efficiency and effectiveness. This will allow us to see more people within clinically recommended timeframes, deliver improved outcomes for individuals and provide more access for the whole community for specialist services when they need them.

Improving while reforming

This strategy focuses on the foundations required to deliver sustainable change and transformation in outpatient care to meet the future needs of the Tasmanian community.

While we are focusing on the future, we know that immediate attention is required to improve waiting times for outpatient services. While we are building our future capability, we will also take action on work that is already underway to improve access and quality of outpatient services.

Planning and policy context

The Tasmanian Government projects small overall increases in population over the next 20 years, but substantial shifts in the age mix to much higher proportions of residents aged 70 years and over. The largest increase in percentage terms is the cohort aged 85 and over, which is projected to increase by 85 per cent, from 12 616 in 2020 to 23 377 in 2040. See Figure 1.

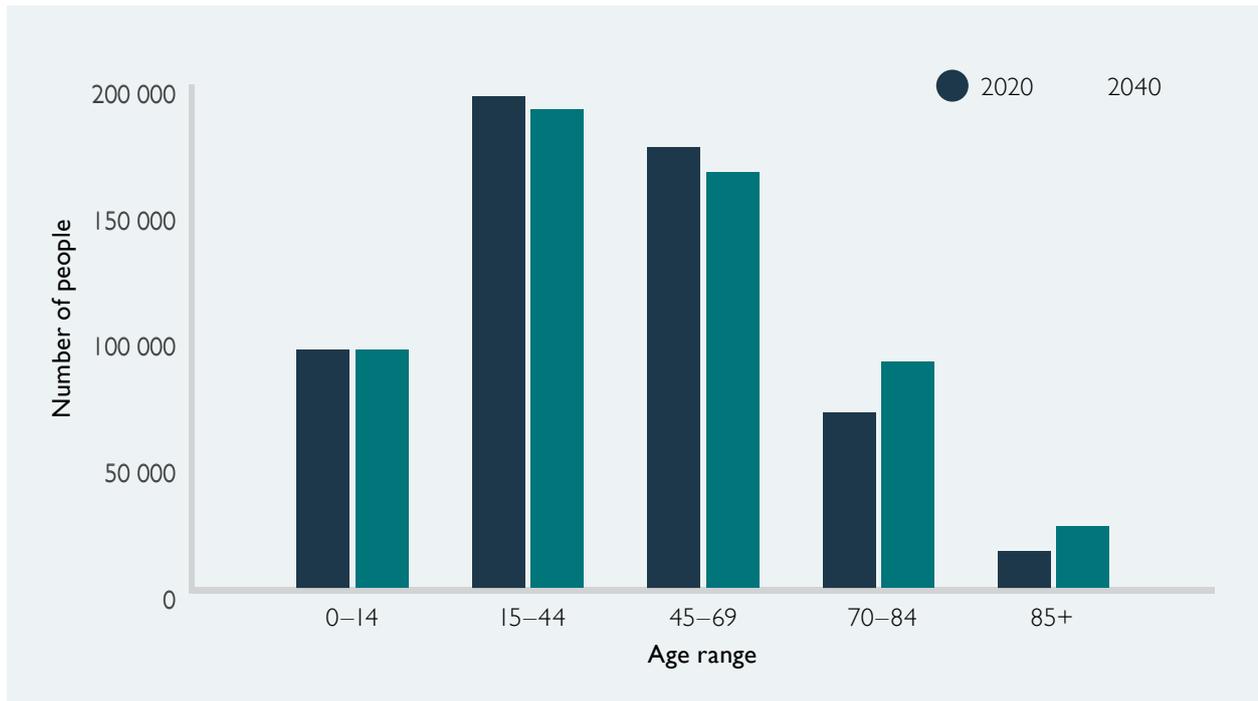
This demographic change will have the largest overall impact upon future service demand, with demand for services for more people with complex, long-term conditions expected to rise.

It is likely that this will result in a shift in the type, breadth and volume of services that may be provided in an outpatient setting. This strategy paves the way for us to respond to this projected increase in demand, through a set of high impact improvement strategies that will build the capacity we need now for the future.

This strategy forms part of the Department's broader strategic vision and plans as articulated in *Our Healthcare Future Stage 2* reforms, helping to build a sustainable health system, and connect and rebalance care across acute, subacute, rehabilitation, mental health and primary health to care in the community. Specifically this strategy will help deliver on the strategic ambitions outlined in *Advancing Tasmania's Health*:

- Better and More Accessible Community Care
- Strengthening Prevention
- Partnering with Consumers and Clinicians
- Building the Health Workforce
- Delivering the Health Infrastructure of the Future
- Strengthening Tasmania's Pandemic Response

Figure I. Tasmanian population by age ranges, 2020 (actual) and 2040 (projected)



About public outpatient services in Tasmania

Our dedicated and highly-skilled doctors, nurses and allied health professionals provide outpatient care for people who need:

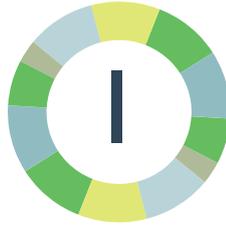
- Specialist diagnostic assessment, screening, and treatment
- Ongoing management of chronic and complex conditions
- Pre and post hospital care.

The range of conditions they look after in an outpatient setting is broad, including care for pregnant women, babies and children with specialist medical and surgical needs, people with cancer, people with chronic conditions and people requiring surgery. Refer to Appendix I for a full list of public outpatient services.

Referrals can be made via General Practitioners, emergency departments, hospital inpatient units or in some instances, self-referral (such as maternity). A health professional reviews the referral and prioritises appointments based on this information. Some people receive an appointment date straight away and others are placed on a waiting list to receive an appointment at a later date.

Generally, for Australian residents there are no out-of-pocket expenses for outpatient clinic appointments and hospital diagnostic tests, for example, pathology, x-ray received through the Tasmanian public health system. These services are covered by Medicare.

Strategic Objectives



Reduce waiting times

Provide the Tasmanian community with access to outpatient services and support, within clinically recommended timeframes.

Strengthen primary care relationships

Improve the interface between specialist outpatient services and primary care, enabling a patient's care to be coordinated and managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.



Improve consumer and provider experience

Improve the experience of those that receive and provide outpatient care including consumers, their families/carers, clinicians, clinic staff and referring practitioners.

Increase efficiency

Use contemporary practice management and quality management system principles to improve outpatient business processes and enhance patient and administrative flows.



Enable self-management

Empower and inspire people to actively participate in managing their own health care by providing access to support services and tools.



Success Measures

We will measure the success of our four-year Strategy against the following key performance indicators



Increase the number of appointments provided



Reduce the number of appointments not attended or cancelled



Reduce the median wait time for appointments



Reduce the number of people waiting longer than twelve months for their first appointment



Increase the proportion of appointments via telehealth and virtual care



Increase the utilisation of Tasmanian HealthPathways



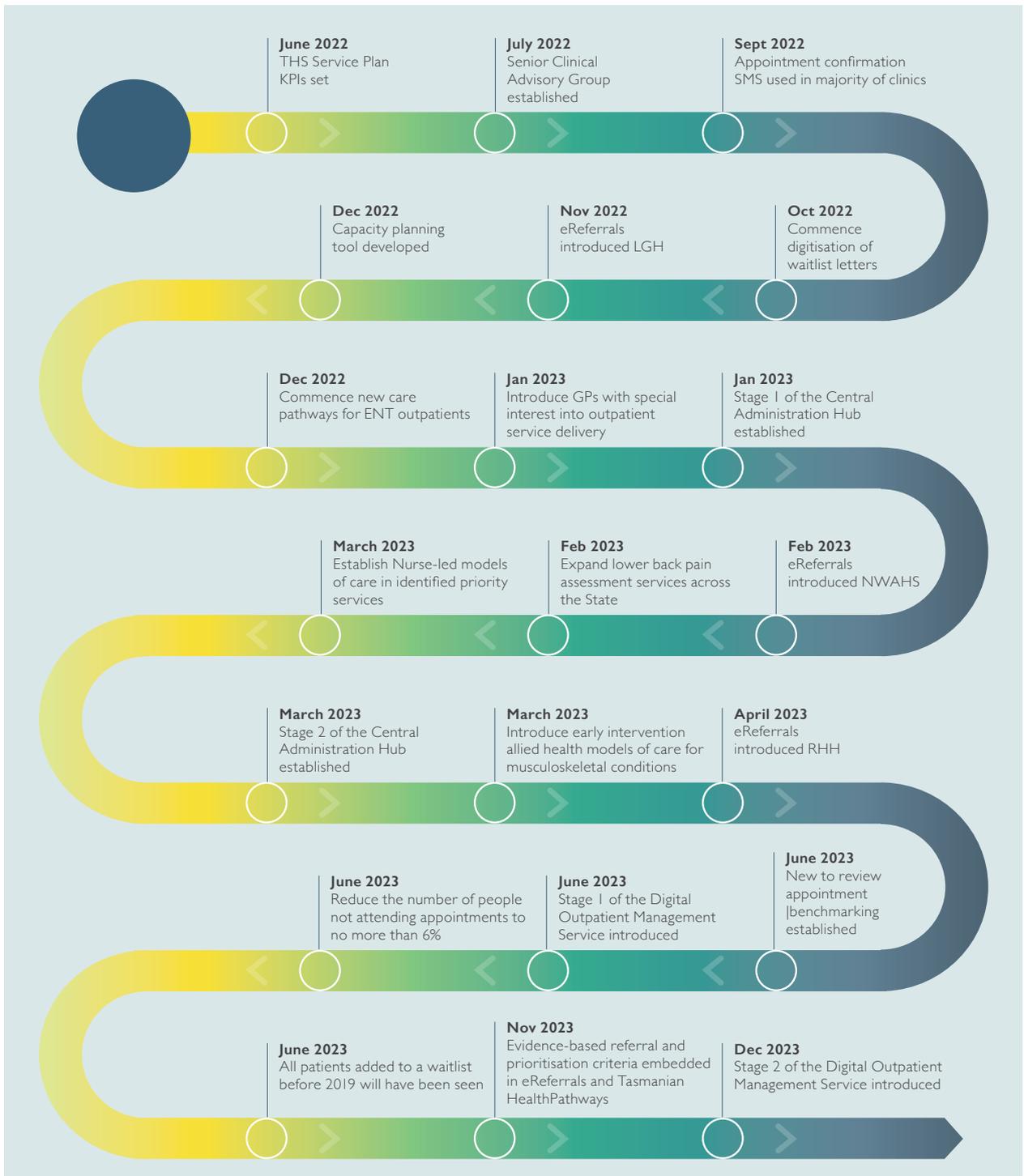
Increase the number of clinical prioritisation criteria embedded in the eReferral system



Increase the number of referrals received electronically

Year 1 Implementation

The next four years will see a number of changes for patients and staff. The below figure shows what we will be doing in the first year of this Strategy. Implementation plans for future stages of the Strategy will be updated and made publicly available each year.



Principles

Undertaking such an ambitious transformation program involves many people from many different settings and backgrounds, working together to make improvements, including:

- Consumers, their carers/families, and advocacy groups
- Clinicians, clinic staff and referring health practitioners
- Service development and capacity planning professionals
- Information technology, information management, finance, and human resource professionals
- Funders and administrators
- Professional and industrial organisations
- External vendors and suppliers

The following principles will provide universal and enduring guidance for all people involved in the transformation, and for those making investment, service design and delivery decisions:

Person centred

Care and services are culturally safe and respectful of, and responsive to, the preferences, needs and values of individuals.

Accessible

Services are designed to ensure that Tasmanian communities have equitable and timely access to safe and sustainable health services, regardless of where they live.

Evidence-based

Evidence-based, best practice care and service models are delivered in partnership with consumers.

Informed by data

Outcomes, performance and experience data and information are routinely monitored and analysed and used to identify and make improvements.

Consumer focused

Staff are trained and supported to provide high quality, person-centred care, and customer service, with a focus on service integration and coordination across all care settings.

Early intervention

Allied health and other treatment and support options are made more accessible as early intervention and care management strategies.

Innovative

New approaches to providing outpatient services that reduce waiting times, improve outcomes, and optimise consumer and staff experience are encouraged and pursued.

Co-designed

Consumers, families, staff, and other stakeholders work in equal partnership to co-design care and service models that deliver improved experience and outcomes.



The Australian Charter of Health Care Rights

The Charter describes the rights that consumers, or someone they care for, can expect when receiving health care.

These rights apply to all people in all places where health care is provided in Australia. This includes public and private hospitals, outpatient services, day procedure services, general practice, and other community health services.

My healthcare rights

This is the second edition of the Australian Charter of Healthcare Rights.

These rights apply to all people in all places where health care is provided in Australia.

The Charter describes what you, or someone you care for, can expect when receiving health care.

I have a right to:

Access

- Receive services and treatment that meets my needs

Safety

- Receive safe and high quality health care that meets national standards
- Be cared for in an environment that is safe and makes me feel safe

Respect

- Be treated as an individual, and with dignity and respect
- Have my culture, identity, beliefs and choices recognised and respected

Partnership

- Ask questions and be involved in open and honest communication
- Make decisions with my healthcare provider, to the extent that I choose and am able to
- Include the people that I want in planning and decision-making

Information

- Clear information about my condition, the possible benefits and risks of different tests and treatments, so I can give my informed consent
- Receive information about services, waiting times and costs
- Be given assistance, when I need it, to help me to understand and use health information
- Access my health information
- Be told if something has gone wrong during my health care, how it happened, how it may affect me and what is being done to make me safe

Privacy

- Have my personal privacy respected
- Have information about me and my health kept secure and confidential

Give feedback

- Provide feedback or make a complaint without it affecting the way that I'm treated
- Have my concerns addressed in a transparent and timely way
- Share my experience and participate to improve the quality of care and health services



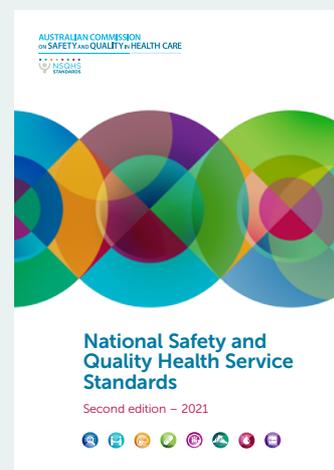
AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

For more information ask a member of staff or visit saq.gov.au/your-rights

National Safety and Quality Health Service Standards

The National Standards describe the processes and structures that are needed in healthcare services to help keep people safe and improve the quality of health care they receive.

In Australia, all public and private hospitals, including outpatient services, day procedure services and most public dental practices must be assessed against the Standards, under the Australian Health Service Safety and Quality Accreditation Scheme.





Improvement Streams

We will take a staged approach to delivering improvement, each year building on what we have achieved and learned to progressively transform outpatient services. In the first year, we will **develop** the key elements of our reform program including new digital technology, a new central administrative service and new service offerings and models of care.

In year two, we will **implement** these critical change platforms. We will **consolidate** our reform activities in year three, making sure that our new systems and processes are in place and working well, and in the fourth year and beyond, our foundations will be fully embedded, allowing us to continually **enhance** our services.

To deliver on the objectives and vision of this strategy, we have selected seven priority areas of improvement to work on over the next four years. These improvement streams will help to focus the collective efforts of everyone in the system on actions and activities that will deliver the highest impact.



I. Care delivery

Review and redesign models of care to increase clinic capacity, reduce waiting times and deliver evidence-based, best practice care.



The core role of the Tasmanian Health Service (THS), is to ensure the provision of safe, high quality and evidence-based care and services, meeting the service activity targets, key performance indicators and standards as outlined in the annual THS Service Plan.

To enable and support transformation of outpatient services as outlined in this strategy, THS service providers will undertake a review of their service delivery models, and develop annual implementation plans against agreed improvement actions (Appendix A), to be overseen by the Outpatient Transformation Steering Committee.

What this means

- Access to the right care at the right time
- Being seen within clinically recommended timeframes
- Receiving evidence-based and contemporary care
- Receiving care from a broader range of professionals
- Options as to how care is received e.g. in person or virtually
- Pathways for clinicians to extend their skills and clinical practice
- Clear processes that enable the best experience possible for patients

2. Business process redesign

Deliver an efficient and person-centred statewide central administrative service that enables high quality, efficient outpatient services and contemporary models of care.



The Tasmanian Government has provided funding to establish a statewide central administrative service to help streamline and standardise the business systems and processes required for high quality outpatient care and services. The scope of the administrative service will be determined through a detailed functional analysis and design process that will be co-designed with consumers, clinicians, clinic staff and referring practitioners.

A service development and implementation plan, approved and overseen by the Outpatient Transformation Steering Committee, will guide the process of building and implementing this new service (Appendix A).

What this means

- Services will be delivered with the needs of the patient at the centre
- Access to contemporary care in the right place, at the right time
- User friendly, consistent administrative processes across the State
- Efficient and effective processes that are patient focused
- Fully utilised clinics, with minimal unfilled appointments
- More appointment options and reduced waiting times
- Staff know how to do, what they do, and have the tools they need to do it
- Access to ongoing training and professional development
- A work environment that supports and encourages continuous improvement

3. ICT and virtual care capability

Optimise the use of digital technology and virtual care to enable contemporary models of care and increase efficiency of business processes.



The Tasmanian Government has provided additional funding to deliver digital technology solutions to support the transformation of outpatient services. The

eReferral and new outpatient management digital solutions will provide the necessary technology to modernise and streamline service delivery processes. They will help to resolve current business process inefficiencies, improve communications channels between consumers, referring practitioners, clinicians, and clinic staff, and enable the implementation of new models of outpatient care.

These projects have a shared governance arrangement with the Department's Digital Health Steering Committee responsible for the delivery of the digital solutions. The Outpatient Transformation Steering Committee is responsible for the business objectives that underpin each project. It does this by ensuring that business owner requirements are adequately delivered through the new technologies, making service-related decisions required to guide implementation and aligning change management processes across programs of work under this strategy.

What this means

- Easier communication with outpatient services
- Having the option to update personal information electronically
- Patients having the option to schedule their appointments at a time that suits them
- Access to care via a range of modes, including virtual care and telehealth
- Consistent and less complex administrative processes
- Increased administrative efficiency – less double handling

Telehealth – the use of telecommunication techniques for the purpose of providing telemedicine, medical education, and health education over a distance.

Telemedicine – the use of advanced telecommunication technologies to exchange health information and provide health care services across geographic, time, social and cultural barriers.

Virtual Care – Beyond Telehealth – an emerging term taking a broader view as to how health care services could be delivered now and, in the future, – integration of multiple digital sources (device, data, voice, video) – enabling health service to be delivered through multiple channels.



4. Service development

With our partners, use research and evidence to plan and deliver system level service developments to increase access and quality of outpatient services to Tasmanian communities.



The current ways of providing outpatient care are not sustainable, and there are other ways to configure and provide outpatient care to meet the changing needs of the Tasmanian community. Developing and implementing new service models will play a significant role in managing growing demand for outpatient services and improving service quality and access.

The Department will engage and work collaboratively across the whole of the Tasmanian health system, to lead research and evidence informed service development and planning programs in priority areas of need, to address service gaps, reduce demand for services and/or increase service capacity. Annual work plans to be overseen and monitored by the Steering Committee, will be developed against agreed actions (Appendix A).

What this means

- Being referred to the most appropriate service for the presenting condition
- Evidence based health pathways will be used to strengthen the ability of the primary care sector to manage patients in community settings

- More services focussed on early intervention
- Avoiding unnecessary surgical procedures
- Receiving care through a range of professionals e.g. nurses, allied health
- Being able to access services in clinically appropriate timeframes
- Services redesigned with patient needs at the core
- Service development driven by clinicians
- Career pathways that encourage and support professional development and build service capacity

5. Connecting care

With our key partners Primary Health Tasmania and the Tasmanian primary care sector, support GPs and hospital-based specialists to better manage and connect the care needs of their patients.



Critical to the transformation of outpatient services is better coordination, connection and communication between primary health providers (GPs) and hospital-based specialists.

This will allow GPs to look after their patients more effectively and for longer in the community setting. It will also help to improve efficient and effective shared transfers of care, through the quality of our referral, management and discharge processes in the outpatient setting, helping to provide better access to high quality specialist care and services when people need them.

Embedding Tasmanian HealthPathways and other decision support tools into our service system is a critical component of our outpatient transformation strategy, supporting best practice care, helping to connect health professionals with each other and improving the shared transfer of care between parts of the health system. Tasmanian HealthPathways, is a web-based information portal originating from Canterbury, New Zealand and used nationally. In Tasmania the HealthPathways system and activity is coordinated by Primary Health Tasmania¹ and guides best-practice assessment and management of common medical conditions. This includes information on how to refer people to public outpatient specialists and services in the most timely and efficient way and how to manage their care.

¹ Primary Health Tasmania (Tasmania PHN) is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. It is one of 31 similar organisations under the Australian Government's Primary Health Networks Program.

Through our partnership, the Department of Health and Primary Health Tasmania will work with each other and our primary care service providers to deliver on agreed actions (Appendix A).

What this means

-  **GPs will have access to specialists to coordinate care without patients having to visiting a specialist outpatient service**
-  **Improved understanding of appropriate referral pathways – patients referred to the right service at the right time**
-  **Access to up-to-date information regarding the services available**
-  **Comprehensive referrals to allow informed and timely triaging**

6. Monitoring and reporting

Drive improvements in quality, access and efficiency through data and information about activity, performance, outcomes, and experience.



The way that data and information about outpatient service delivery is captured, analysed, and used, is a critical component of service transformation. Everyone involved in the delivery of public health care, requires ready access to timely and relevant data and information to help them plan, deliver, and improve services.

The Department will work collaboratively with stakeholders to build a comprehensive monitoring and reporting framework for outpatient services, to be approved and monitored by the Outpatient Transformation Steering Committee (Appendix A).

Any personal information collected under the Strategy will be managed in accordance with the Personal Information Protection Act 2004.

What this means

-  **Easy access to estimated wait times to outpatient services**
-  **Easy access to informative data, when needed**
-  **Better understanding of what service improvements are required, and when**
-  **Access to information about service performance to drive improvement**
-  **More comprehensive data to assist planning for the future needs of the community**

7. Funding and performance

Identify, develop, and deliver purchasing, funding and performance models that drive service innovation, improvement, and efficiency.



The Australian Government and state and territory governments share funding of public hospital services, including costs associated with public outpatient services.

There are legislated frameworks and guidelines in place that govern funding arrangements in a public outpatient setting, for example, Medicare billing rules for telehealth appointments. These funding frameworks can add complexity to transformation initiatives and need to be considered when making service changes.

The Department plays a lead role in developing and applying funding models that can help to drive service innovation, improvement, and efficiency. It also has an important performance management role, using a range of activity, financial, safety and quality measures and standards.

The Department will work collaboratively across the service system and with the Australian and Tasmanian governments to develop funding and performance models to enable and drive improvement in outpatient service delivery, for endorsement and monitoring by the Outpatient Transformation Steering Committee.

What this means

-  **Service performance will be monitored and when necessary, addressed**
-  **Performance against quality standards will be clearer**
-  **Decisions relating to purchasing and resource allocation will be better informed**
-  **Services will have the tools and support they need to leverage funding models to help drive positive change**
-  **Funding models will respond to our needs and enable the development and establishment of new service models**



Digital Health Transformation

Information technology will play an important part in supporting the transformation of outpatient services. Our digital capability will be significantly uplifted by the introduction of a Digital Outpatient Management Service and eReferrals.

The *Digital Health Transformation – Improving Patient Outcomes* strategy was released in May 2022. Initiatives within the Strategy will provide the opportunity for Tasmania to become the first Australian State to deliver a fully integrated health care system that will increase capacity in the system so more Tasmanians can get access to the health care they need.

This strategy outlines how modern digital health technologies extends the capacity of our health system. Digital health technology is an academically and clinically proven partner in today's rapidly changing healthcare environment. For example, virtual care minimises unnecessary travel, facilitates a shorter length of inpatient stay, reduces 'did not attend' occurrences, while delivering care closer to home and contributing positively towards net zero carbon emission targets.

Digital health transformation can improve communication and the transfer of information across care settings. The Strategy will deliver a state-wide integrated care platform for hospitals, community health, GPs, specialists and allied health, to reduce hospital admissions and the cost of care, benefiting both patients and health professionals. Further, digital health streamlines and improves the processing and handling of referrals for outpatient consumers while reducing the time to triage, and care.

Our Vision is to empower consumers and enable healthcare professionals to deliver better patient outcomes through system-wide, digitally enabled technologies.

Digital Health Strategy Principles:

- Patient centred approach
- Optimise ways of working
- Real-time responsive and adaptive environment
- Harness innovation
- Clinically led
- Leverage proven solutions
- Close the digital divide
- Private, secure and high-quality patient data



Workforce

Released in September 2021, Health Workforce 2040 is a long-term strategy to shape the Tasmanian health workforce. It aims to:

- shape a health workforce that meets the needs of Tasmanians now and into the future
- look after those who dedicate their careers to looking after others
- provide opportunities to support our health professionals to follow their career ambitions

With an ageing population creating a demand for health services well above population growth, and the cost of providing health services rising year on year above the rate of inflation, planning is essential to build a sustainable and affordable health workforce for the future.

The Strategy was developed through extensive consultation with clinicians, stakeholders, education providers and consumers and includes the most up to date data sets available at the time of release.

Ensuring the sustainability of health services will be reliant on supporting new graduates into the workforce, utilising innovate and effective workforce models and supporting and using contemporary technology.

Focus areas

In response to these challenges, Health Workforce 2040 identifies six focus areas:

1. Shaping the health workforce
2. Education and training
3. Fostering innovation
4. Enhancing culture and wellbeing
5. Recruitment and effective working arrangements
6. Planning

Within each focus area there are numerous actions for implementation, many of which have already commenced.



Infrastructure

Building the infrastructure we need for our health future

To improve the health and wellbeing of Tasmanians it is critically important that we have the right facilities in the right places to provide healthcare services when and where they are needed.

The Infrastructure Strategy is being developed in two phases and will be complemented by regional Clinical Services Profiles. The first phase of the Infrastructure Strategy, a Strategic Asset Management Plan, was released in April 2022 and provides the overarching framework for the way we manage our assets, including identifying investment priorities. The second phase is a 20 Year Infrastructure Strategy, which is currently being developed and due for release at the end of 2022.

The Infrastructure Strategy takes a coordinated, statewide approach to managing our major hospitals, district hospitals, community health centres, ambulance services and mental health infrastructure. This represents a shift to a forward-looking, proactive model that delivers facilities to meet community need, and will support improved service delivery over the long term.

Key to planning future investment in modern health facilities is understanding demand, future service need and contemporary service delivery models. This “master planning” takes a holistic approach to determining the future vision, direction and the clinical services our facilities will provide. It is driven by clinical service planning undertaken by the Health Planning Unit in consultation with our staff, community and partners.

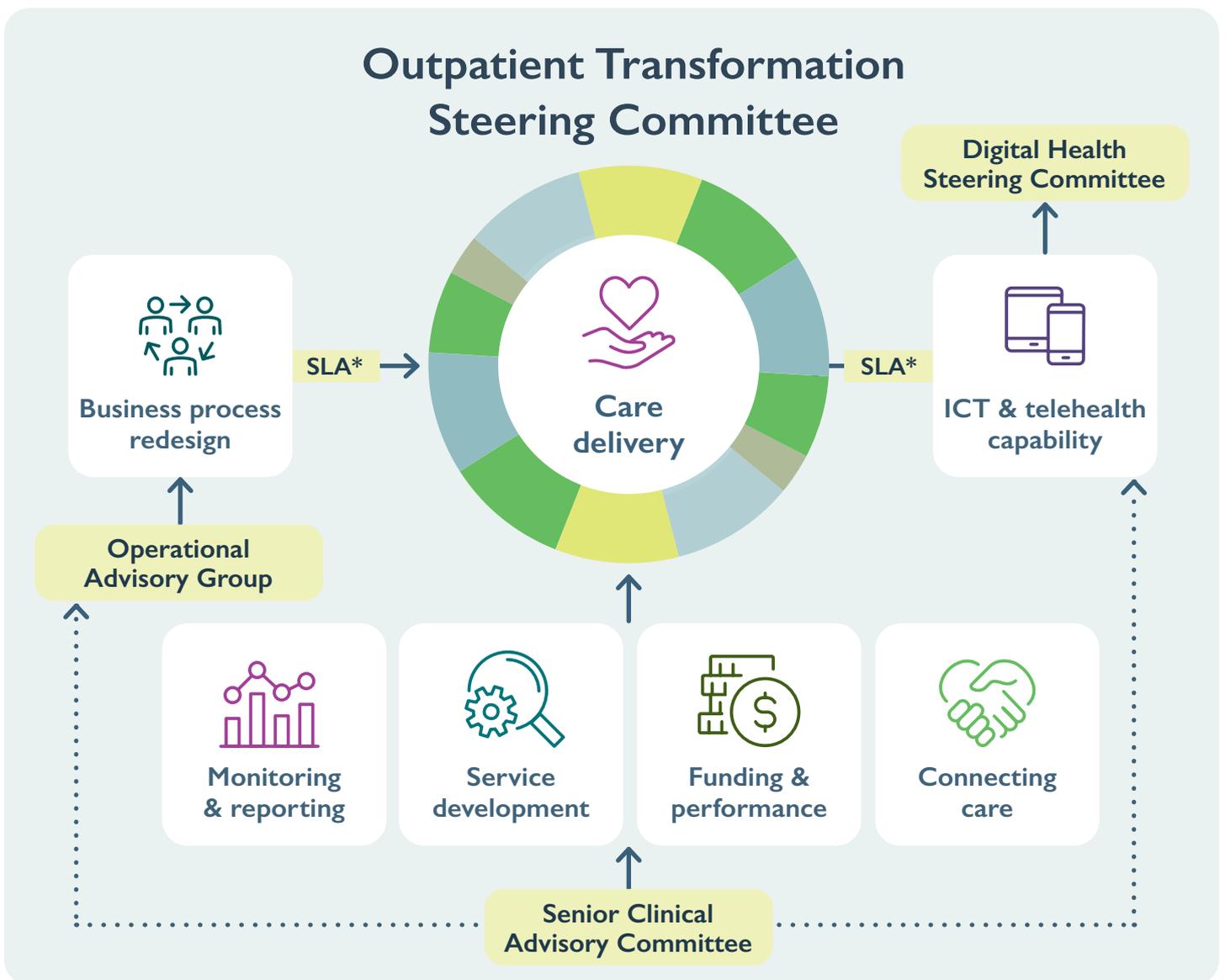
Future delivery of health services is also underpinned by a significant program of capital upgrades. This includes several projects that are currently underway or recently completed to support improved outpatient services. At the Launceston General Hospital, a new women’s and children’s outpatients service is nearing completion. At the North West Regional Hospital, construction of a purpose-built Antenatal Clinic was recently completed, and due to start taking patients in coming weeks. At the Mersey Community Hospital, works are underway on new Outpatients Clinics and Operating Theatres, which will deliver an expanded outpatient area.

Governance of the Strategy

The Outpatient Transformation Steering Committee comprises Department, THS and Primary Health Tasmania executives, and its role is to lead and oversee delivery of this strategy.

This includes endorsing implementation plans for each improvement stream, monitoring and reporting progress against the Strategy to the Health Executive, endorsing business cases and budget submissions, and resolving any system-level barriers to delivering outpatient transformation.

The below diagram shows the relationship between the seven improvement streams and how they work together under the oversight of the Outpatient Transformation Steering Committee, to collectively deliver the mission and objectives of the Strategy.



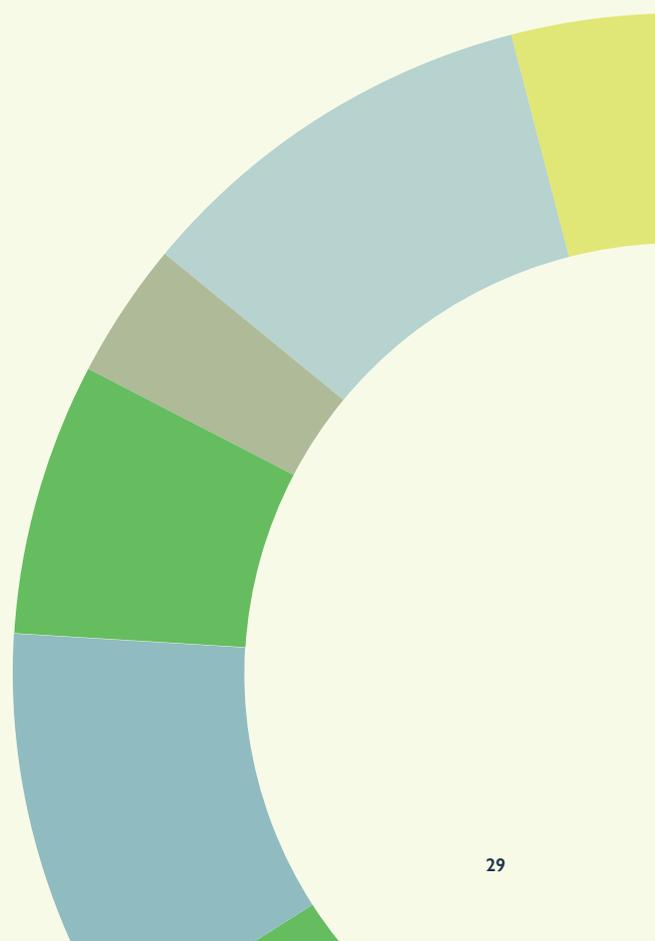
Evaluation



The evaluation plan for this strategy will be multi-faceted and involve progress against the seven improvement streams, as well as the review and analysis of a range of structural, process and outcomes measures throughout the life of the Strategy.

Activity and performance targets for THS service providers will be set annually in the THS Service Plan and will reflect the progressive improvements we expect to see as we lay the foundations for true service transformation.

A comprehensive evaluation plan will be built around the five key objectives of this strategy, to be approved and overseen by the Outpatient Transformation Steering Committee.





Appendix A

Improvement Stream Actions

I. Care delivery

Review and redesign models of care to increase clinic capacity, reduce waiting times and deliver evidence based, best practice care.

Actions	Responsibility
1.1. Ensure that clinical and administrative governance systems are in place to guide clinicians and clinic staff who are responsible for the delivery of quality outpatient care, for continuously improving health outcomes, minimising risk, and promoting an environment of excellence in service delivery for all patients in the Tasmanian public healthcare system.	<ul style="list-style-type: none"> • Hospitals South/North/North West • Community Mental Health & Wellbeing
1.2. Increase the number of outpatient appointments delivered by expanding existing service capacity.	<ul style="list-style-type: none"> • Hospitals South/North/North West • Planning, Purchasing, Performance & Reform
1.3. Prioritise those people who have been waiting longest for outpatient appointments.	<ul style="list-style-type: none"> • Hospitals South/North/North West
1.4. Foster the delivery of standardised approaches to outpatient care across Tasmania, with consumers at the centre, ensuring timely access to the right care, in the right place and at the right time, regardless of where people live.	<ul style="list-style-type: none"> • Hospitals South/North/North West • Community Mental Health & Wellbeing • Planning, Purchasing, Performance & Reform
1.5. Review and redesign services service models, including investigating innovative workforce roles (e.g., extended care paramedics, rural medical generalists, nurse practitioners, nurse and allied health professionals working to full scope and/or extended scope of practice) to provide evidence-based and contemporary models of care.	<ul style="list-style-type: none"> • Hospitals South/North/North West • Planning, Purchasing, Performance & Reform • Clinical Quality Regulation & Accreditation
1.6. Increase the use and integration of virtual care solutions into models of care, to help reduce waiting times, increase access and convenience for consumers and optimise resources.	<ul style="list-style-type: none"> • Hospitals South/North/North West • Health ICT
1.7. Ensure timely discharge of consumers back to their primary health care providers to streamline patient flow and increase the capacity of specialist clinics to treat new people. Although some complex and rare conditions will require lifelong involvement of specialists, most people need specialist care for a limited period and should be discharged to other service providers, as soon as clinically appropriate.	<ul style="list-style-type: none"> • Hospitals South/North/North West
1.8. Ensure staff are trained and supported to provide high quality outpatient care and services through continuing professional development and through targeted change management support where needed.	<ul style="list-style-type: none"> • Hospitals South/North/North West

2. Business process redesign

Deliver an efficient and person centred statewide central administrative service that enables high quality, efficient outpatient services and contemporary models of care.

Actions	Responsibility
2.1. Undertake detailed business process reviews and partner with consumers, clinicians, clinic staff and referring practitioners and our partner organisations, to co-design an operating model for outpatient administrative services that makes the best use of our people, processes, and technology to deliver efficient and consumer-centred outpatient administrative services.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing
2.2. Make best use of existing and new digital capability to streamline processes and improve communication with consumers, referring practitioners and clinicians.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing • Health ICT
2.3. Ensure that governance systems are in place to guide staff who are responsible for supporting the delivery of quality outpatient care for continuously improving health outcomes, minimising risk, and promoting an environment of excellence in service delivery for all people in the Tasmanian public healthcare system.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing
2.4. Develop and implement service level agreements with THS service providers, that outline the service expectations and standards of the central administrative service in enabling high quality outpatient services.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing
2.5. Investigate, develop, and implement digital technology solutions and other strategies to help reduce the number of people not attending appointments, and ensure that all available appointments are filled.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing • Health ICT
2.6. Develop standardised competency-based training and development packages to ensure staff have the tools, resources, and support to undertake their roles efficiently and effectively.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing
2.7. Establish and maintain an operational advisory group to help inform and drive improvements in service delivery.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing
2.8. Ensure staff are involved in, engaged, and supported effectively to develop, implement, and respond to changes in service delivery models.	<ul style="list-style-type: none"> • Hospitals & Primary Care • Community Mental Health & Wellbeing • Hospitals South/North/North West

3. ICT and virtual care capability

Optimise the use of digital technology and virtual care to enable contemporary models of care and increase efficiency of business processes.

Actions	Responsibility
<p>3.1. Deliver the phased rollout of electronic referrals (eReferrals) to streamline and standardise referral processes, improve timeliness and quality of referrals, and provide better referral communication pathways. The first phase will commence with roll out of standard forms, with enhanced forms delivered in phase two and integration of more advanced decision support tools (clinical prioritisation criteria) in phase three.</p>	<ul style="list-style-type: none"> • Health ICT
<p>3.2. Deliver a digital outpatient management software solution to improve the patient experience across the outpatient journey, removing existing process complexity and delivering an enhanced user experience for consumers, clinicians, and administrators. The solution will incorporate telehealth/virtual care capabilities that support the adoption of multi-channel service delivery options for consumers and clinicians. It will also improve communication and enable self-management strategies.</p>	<ul style="list-style-type: none"> • Health ICT
<p>3.3. Develop and implement service level agreements with THS service providers, that outline the service expectations and standards of ICT in enabling high quality outpatient services.</p>	<ul style="list-style-type: none"> • Health ICT
<p>3.4. Provide advice on other digital technology enhancements, programs and strategies that may be applied to support delivery of this strategy, including leveraging broader Departmental and whole of Government digital transformation and improvement strategies to support outpatient service enhancement and reforms.</p>	<ul style="list-style-type: none"> • Health ICT

4. Service development

With our partners, use research and evidence to plan and deliver system level service developments to increase access and quality of outpatient services to Tasmanian communities.

Actions	Responsibility
4.1. Invest in service and capacity planning capability to understand population needs, identify service gaps, and inform service model redesign and resource allocation decisions.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
4.2. Work with stakeholders to co-design evidence-based outpatient care and services in identified priority areas of need, focusing on the entire care journey, innovative workforce models and applying relevant clinical and safety and quality standards and improvement science methodology.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Hospitals South/North/North West • Clinical Quality Regulation & Accreditation
4.3. Investigate, develop, and implement early intervention and management strategies for people whose care needs could be better managed through alternative care pathways or models of care.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Hospitals South/North/North West
4.4. Contribute to improving quality of outpatient referral and triage processes by implementing clinical prioritisation criteria and other decision support tools for referring practitioners and specialist outpatient service providers.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Health ICT
4.5. Develop and manage a comprehensive evaluation plan to measure success of the seven improvement streams against the objectives of this strategy and make recommendations for amendment of the Strategy where expected improvements are not able to be achieved.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
4.6. Establish and maintain a clinical advisory group to help inform and drive improvements in service delivery.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform

5 Connecting care

With our key partners Primary Health Tasmania and the Tasmanian primary care sector, support GPs and hospital-based specialists to better manage and connect the care needs of their patients.

Actions	Executive Lead
5.1. Increase utilisation by GPs and specialists of Tasmanian HealthPathways, enabling people's care to be coordinated and managed in the most appropriate setting, strengthening shared decision making and avoiding unnecessary outpatient activity.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Primary Health Tasmania
5.2. Develop and maintain effective processes and governance arrangements for the routine review of Tasmanian HealthPathways to ensure they are clinician informed, contain the latest best-practice guidance, and reflect the provision of care in Tasmania.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Primary Health Tasmania
5.3. Improve quality and timeliness of outpatient referrals through the phased implementation of Clinical Prioritisation Criteria (CPCs) into Tasmanian HealthPathways and the eReferral system.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Primary Health Tasmania • Health ICT
5.4. Use Tasmanian HealthPathways to identify service gaps and opportunities and help drive and embed service efficiencies, enhancements and new models of care.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Hospitals South/North/North West
5.5. Improve quality and timeliness of outpatient discharge and care management through application of Tasmanian HealthPathways.	<ul style="list-style-type: none"> • Hospitals South/North/North West
5.6. Through the Department's Digital Health Strategy, support seamless communication between hospitals, community services, GPs and other primary health providers.	<ul style="list-style-type: none"> • Health ICT
5.7. Embed Tasmanian HealthPathways responsibilities as part of the core functions of Tasmanian Clinical Networks.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Tasmanian Clinical Network Chairs
5.8. Building on the Tasmanian Cardiac Network's successful Education Interface Program, facilitate consultant led education to GPs to support enhanced secondary prevention and improve the interface between primary health and secondary acute care services.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Tasmanian Clinical Network Chairs
5.9. Explore, develop and implement new models of care, workforce and funding models to address service gaps, including co-commissioning models, GPs with special interest working in outpatient clinics and enhanced virtual care.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Clinical Quality Regulation & Accreditation • Health ICT
5.10. Establish and maintain effective mechanisms to seek and use the view of consumers, GPs and other community primary health providers in the review and design of outpatient services.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Primary Health Tasmania

6. Monitoring and reporting

Drive improvements in quality, access and efficiency through data and information about activity, performance, outcomes, and experience.

Actions	Executive Lead
6.1. Provide timely and easy access to information tailored to the needs of users, that enables them to understand and respond to performance issues and help drive efficiency improvements and innovation in service design.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
6.2. Ensure the routine monitoring of a range of structural, process and outcome measures including (but not limited to) consideration of service performance, consumer experience, activity and healthcare outcomes.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
6.3. Ensure open communication with consumers and the community including publishing data and information on service availability, wait lists, demand pressures and performance.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
6.4. Develop and implement improvements to the collection of outpatient service information, to capture richer patient level data.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
6.5. Invest in business analytics capability as a resource for clinical services to help drive clinic efficiency, quality improvement and reform activities.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
6.6. Establish and maintain a statewide data and performance reference group to guide and inform the development, review and enhancement of the reporting and monitoring framework.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform

7. Funding and performance

Identify, develop, and deliver purchasing, funding and performance models that drive service innovation, improvement, and efficiency.

Actions	Executive Lead
7.1. Develop and implement a comprehensive approach to managing performance of public outpatient service delivery for integration into the broader THS performance framework, including minimum quality standards, activity and performance targets, and articulation of governance, roles, and responsibilities for monitoring and responding to performance concerns.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform
7.2. Ensure system-level purchasing and resource allocation decisions for outpatient services are informed and appropriate, delivery value for money and are responsive to changing needs of the community and Government priorities.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Finance & Business Support
7.3. Provide education, tools and support to clinicians and clinic staff to ensure revenue and billing practices are sound and to increase knowledge and understanding of how funding models can help drive transformation.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Finance & Business Support
7.4. Work in partnership with the Australian Government, Tasmanian Department of Treasury, and our partner organisations to develop funding models that effectively respond to and enable new service models to meet changing community needs.	<ul style="list-style-type: none"> • Planning, Purchasing, Performance & Reform • Finance & Business Support

Appendix B

List of Tasmanian public outpatient services by specialty

Aged Care

- Aged Care (including Parkinson's Clinics and Specialist Outreach Clinic)

Allied Health

- Audiology (Statewide)
- Lions Low Vision Clinic
- Lymphoedema Clinic
- Nutrition and Dietetics
- Occupational Therapy
- Physiotherapy (Community)
- Physiotherapy: Cardiorespiratory
- Physiotherapy: Continence and Women's Health
- Physiotherapy: Hands/Burns/Plastics Outpatients
- Physiotherapy: Musculoskeletal
- Physiotherapy: Paediatrics
- Plaster Clinic
- Podiatry
- Speech Pathology

Genetics

- Genetics (Statewide)

Medicine

- Back Assessment Clinic (Non-Emergency Low Back Pain)
- Cardiac Rehabilitation, Secondary Prevention
- Cardiology
- Dermatology
- Diabetes, including Diabetes Centres
- Diving and Hyperbaric Medicine (Statewide)
- Endocrinology

- Epilepsy Clinic
- Gastroenterology
- General Medicine
- Haematology, including oncological disorders
- Infectious Diseases
- Inflammatory Spinal
- Jack Jumper
- Nephrology (Renal)
- Neurology
- Obesity Clinic
- Pain Management
- Refugee Health Service
- Respiratory and Sleep Medicine
- Rheumatology
- Scleroderma
- Sexual Health Service Tasmania
- Tasmanian Specialist Immunisation and Allergy Clinic (SIAC) (Statewide)

Mental Health

- Alcohol and Drug
- Mental Health

Oncology

- Oncology (Medical)
- Oncology (Radiation)
- Oncology Late Effects Clinic

Oral Health

- Oral Health
- Oral Health – Healthy Smiles for Two – Antenatal Dental Service

Paediatrics

- Neonatal Follow up Clinic
- Outreach Clinics (Paediatric)
- Paediatric Surgery
- Paediatrics
- Tasmanian Paediatric Rehabilitation Service (TPRS)

Palliative

- Palliative

Rehabilitation

- Brain Injury
- Community Rehabilitation Unit (CRU)
- Multiple Sclerosis
- Parkinson's Clinic
- Rehabilitation
- Spasticity
- Spinal Injury Clinic

Surgery

- Breast Surgery
- Burns (Statewide)
- Cardiothoracic Surgery (Statewide)
- Colorectal Surgery
- Ear, Nose and Throat (ENT)
- Eye Clinic
- General Surgery
- Neurosurgery (State-wide)
- Obesity Surgery
- Ophthalmology (Eye Clinic)
- Oral and Maxillofacial Surgery
- Orthopaedic Surgery
- Plastics
- Urology
- Vascular Surgery (Statewide)
- Wound Clinics

Women's Health

- Colposcopy Clinic
- Gynaecologic Oncology (Statewide)
- Gynaecology
- Obstetrics

