
Independent Review of Tasmania's Major Hospital Emergency Departments



Interim Action Plan

Executive Summary

This interim report presents the provisional observations and recommendations of the ongoing *Major Tasmanian Hospital Emergency Department Review to Improve Patient Access and Flow* (the Review). The intent and purpose of the review is to independently examine the policies, protocols, systems, and culture to support safe, high quality, efficient, effective, and timely patient access and flow within the four major hospitals.

The Independent Panel was appointed in September 2023 and has been meeting weekly since 11 October 2023. Activities of the panel have included a review of contemporary literature (including past reviews), a jurisdictional scan, data collection and analysis, and significant engagement and communication activities with staff across the Health Service.

The interim findings from the Review reveal a mixed scenario in terms of demand management and patient flow. The Tasmanian Health Service has conducted many thorough reviews on demand management, detailing patient access and flow strategies. These strategies align with contemporary best practices, indicating a proactive approach.

However, there is a crucial gap between planning and execution. Most of these well-conceived initiatives have only been partially implemented. This incomplete implementation is a significant concern and has undermined the effectiveness of these strategies.

The COVID-19 pandemic exerted extreme stress on clinical and managerial staff, requiring the implementation of strategies to meet patient needs. These essential personnel faced excessive workloads, risk of infection, and psychological burdens. The relentless demands led to increased reports of burnout and stress. As the health system moves on from the pandemic phase, health workers are now moving to implement evidence-based best practices in patient demand management.

The performance of the Tasmanian health service is highlighted as a particular area of concern. It's noted to be lagging compared to other jurisdictions in Australia. This underperformance is most evident in emergency department overcrowding and ambulance offloading delays.

Such situations pose safety risks to patients and healthcare staff. Overcrowding in emergency departments leads to prolonged waiting times and worsening patient outcomes. Delayed ambulance offloading creates a bottleneck, hindering the ability of emergency services to respond promptly to new community-based patients.

These findings underscore the need for well-planned healthcare strategies and their full and effective implementation. Ensuring that these plans are fully realised is crucial to improving the effectiveness and safety of healthcare services.

This action plan outlines activities that are evidence-based strategies that are consistently used to support hospitals and health services to improve emergency access and patient flow across the entire system yet have remained poorly implemented, or not sustained across the Tasmanian Public Health Service.

The panel acknowledged the potential and opportunity for the DoH to significantly improve their performing as a service, signalling firmly to hospital executives their pivotal role in aligning the organisational direction for access and flow and leading transformation in this space.

The panel would like to thank everyone for their invaluable contributions, trust, and commitment to this process and the continuous improvement of healthcare provision for all Tasmanians.

Establishment of Independent Review process

On 6 September 2023, the Parliament of Tasmania passed a Motion to independently review the Launceston General Hospital (LGH) Emergency Department (ED) and implement actions to address access and flow across the hospital.

The review has been expanded to examine the operations of all Tasmania's public hospital Emergency Departments as part of the Tasmanian Government's commitment to the ongoing improvement of health services across the State.

Terms of Reference

The Secretary released draft the Terms of Reference (ToR) for consultation on via Reach on 12 September 2023. Feedback on the draft ToR closed on 17 September 2023

The final ToR is as follows:

Purpose

The DoH is committed to improving patient access and flow across our Health System and it is reflected as a [Strategic Priority](#).

The Review will independently examine the policies, protocols, data, systems, and culture to support safe, high quality, efficient, effective, and timely patient access and flow within the major hospitals, with reference to appropriate national and State and Territory performance targets and benchmarks as applicable.

The Review will adopt a staged approach to firstly examine the current state of Emergency Demand in Tasmania and focus in the first instance on the patient journey through the LGH and RHH Emergency Departments.

The Review will consider and make recommendations to improve:

- Systems and processes that guide the patient journey from triage to assessment/treatment, admission, or discharge.
- Bed Utilisation including Acute, Sub-Acute, District Hospitals, Hospital in the Home, Interim Care Beds and Private Hospital Beds
- Effectiveness of current measures being undertaken by DoH to support increasing demand across the health service.
- Pathways to primary care alternatives when acute care is not required either pre or post Emergency Department (ED)

The review will provide an overview of the demand and patient journeys through the North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) Emergency Departments, with a focus on outlining observations and recommendations for improvement of these EDs in the context of the Statewide Hospital Network.

Focus of the Review

The Review will identify the current access and flow challenges and opportunities to improve health services in the short, medium, and long term through the development of an action plan.

Specifically, the Review will consider, but not limited to:

- Implementation and prioritisation of initiatives identified as part of the Improving Access and Patient Flow across our Health System Strategic Priority.
- Identification of gaps and implementation of access and flow policies and protocols including but not limited to transfer of care, direct admission, estimated date of discharge and criterion led discharge, including recommendations on the management of patients at night and on weekends.
- Communication and escalation protocols between and within Ambulance Tasmania and the major hospitals
- Review of business processes to identify contemporary improvements that will benefit the patient journey.

Hospital performance monitoring against:

- Estimated date of discharge entering and compliance from date of admission
- Discharge targets per hospital and sub-areas within hospital
- Bed and Transit Lounge utilisation across all THS facilities.
- Length of stay against national and peer group benchmarks.
- The use of technology to drive system-wide improvements.
- Review a selection of past coronial inquiries, serious adverse events relating to transfer of care or ED patients to identify what has been implemented as a result and any further improvement opportunities.
- Implementation and evaluation of culture programs (where initiatives have been in existence for over 12 months) including Pathways to Excellence, Speaking up for Safety and Studer Group.
- Policies, procedures, protocols, quality and safety frameworks, systems, and data as they relate to the above.
- Draw possible strategies, initiatives, and actions from other jurisdictions that DoH should consider addressing issues impacting the performance of EDs and Hospitals

The Review will be informed by current Department of Health improvement programs such as the State-wide Access and Patient Flow Program, the One Health Culture Program, and the Digital Transformation Program.

The Advisory Panel will be given access to all available data and information which should include but is not restricted to:

- Hospital performance data over the last five years that reflect ED performance, access, and flow metrics in addition to staff wellbeing and patient experience surveys.
- Ambulance Tasmania data regarding transfer of care, staff, and patient satisfaction
- Health Round Table or other benchmarking data if available
- Workforce data including benchmarking, staff turnover/retention, sick leave, and crude FTE data.
- Coronial inquiries and serious adverse event reports, findings and recommendations
- Previous reviews of the hospital and health service in the last 10 years including outcomes of recommendations made.

Consultation with health services staff and stakeholders is central to the review. With communication and engagement activities undertaken through established clinical care networks, operational meetings, and forums, in addition to tailored approaches as needed.

The Review will inform the Select Committee on Transfer of Care Delays in Tasmania, due to report by the 28 March 2024.

The Panel will have access to the established working groups as part of the Select Committee on Transfer of Care Delays in Tasmania. This will optimise resources, support, and information available to the Review and ensure a synchronous approach to both activities.

Action Plan Delivery

The panel was positioned to report its action plan to the Secretary, Department of Health by 30 November 2023, with the final action plan submitted to the Minister for Health by the 15 December 2023.

Considering the complexity of the landscape and the value of staff and consumer engagement in sustainable change across the health service, the panel has identified that additional time was required to enable them to complete a comprehensive review. An extension for provision of the action plan was granted by the Associate Secretary on 6 December 2023.

In view of this request the panel proposed that a set of interim recommendations are made to the Department of Health following the completion of both intrastate and interstate visits in December by staff and the panel.

Extension of the review to 1 March 2024 will enable the panel to consider the medium to longer term actions that are required to enhance and improve service delivery and reduce risk to our health service, consumers, and staff.

Membership

The **Independent Panel** consists of the following highly respected, experienced, and tertiary educated leaders in public services:

- **Adjunct Prof Debora Picone (Chair)** brings a wealth of experience from her previous role as CEO of the Australian Commission on Safety and Quality in Health Care, alongside valuable knowledge of the Tasmanian health system having most recently chaired the LGH Governance Advisory Panel in response to the Tasmanian Commission of Inquiry into Child Sexual Abuse in Tasmanian Institutions.
- **Ann Maree Keenan**, Registered Nurse, is a highly respected health leader who has led significant healthcare reforms, workforce development changes, quality and safety reviews and Statewide improvement initiatives. Ms Keenan held the position of Chief Nurse and Midwifery Officer and Deputy CEO at Safer Care Victoria for six years until July 2022 and she spent 12 years as the Executive Director of Ambulatory and Nursing Services at Austin Health.
- **Dr Niall Small**, FACEM, was the Townsville Hospital Director of ED for 18 years, subsequently a medical director and is now the Chief Medical Officer (CMO) at Townsville Hospital and Health Service based at the Townsville University Hospital (TUH). As CMO he was integral to the Covid 19 pandemic response. Dr Small has a longstanding interest in system improvement across the spectrum of community, ED, and hospital-based care, with a priority on improving flow and building teamwork, while maintaining a clear focus on improved patient outcomes and experience.
- **Professor Tony Walker**, ASM, is a Registered Paramedic with over 37 years' experience working across senior clinical, operational and leadership roles within the ambulance sector. He was previously Chief Executive Officer of Ambulance Victoria, where he led significant transformation to improve the health and wellbeing of their workforce and the response they provide to the community.

The Panel is supported by a **Tasmanian Health Service Reference Group** with broad executive operational membership and representation from the regional Consumer Engagement Councils. The Reference Group meets weekly.

The Panel has convened **Regional Communities of Practice** to represent the wider health workforce and to ensure a diversity of views and perspectives are represented in the Review process. These groups provide invaluable insight in to specific areas of patient demand management.

The Office of the Secretary provides the **Secretariat** function. This will include providing support to the Independent Panel with meetings, research, the provision of documents and information for the Review as requested by the panel.

Consultation with health services staff and stakeholders is central to the review, with frequent communication and consultation forums held with key staffing groups such as Ambulance Tasmania, Statewide Access and Flow Program, The Tasmanian Emergency Department Network and Union Representations.

Feedback and contribution to the panel has been encouraged with staff providing valuable insights to the panel through a variety of means i.e. staff interviews, written submissions, information sharing and invitation to operational meeting/forums.

Review Methodology

By adopting mixed methodology approach to the review, the panel has been able to identify the breadth and range of the issues impacting demand management across Tasmania's Health Services.

- **Quantitative analysis:** Analysis of information from multiple sources to evaluate hospital performance and the delivery of safe quality care. This includes comparative analysis of hospital performance against peers nationally and internationally.
- **Qualitative analysis:** Initiate and attend several key operational forums/meetings with staff to gain insights into current state and challenges and how does this compare to quantitative data.

Other factors informing the review:

- **Peer Review and Expert Opinion:** Incorporate expert evaluations or opinions from healthcare professionals in relevant fields to provide a comprehensive view of the hospital's quality and practices.
- **Site Visits:** Panel members conducted local site visits to observe facilities, infrastructure, patient care, staffing levels, and connect with staff to gain a first-hand understanding of the operational experiences working across the health service.
- **Study Tour:** Emerging leaders across the healthcare service were identified to participate in visits to interstate hospitals to allow participants to observe concepts or practices that could be readily applied to the Tasmanian context. The tour also provided participants with opportunity to reflect on the achievement and opportunities that exist within the Tasmanian health service and their role as leaders to drive change.

Current State

There are a broad range of factors contributing to growing levels of demand on Tasmania's Public Health Services. Projections of public hospital utilisation show that if current trends continue, public hospital demand will increase significantly over the next 20 years. This increase in demand is further compounded by challenges in the primary care setting alongside less favourable demographics, such as a dispersed population with high rates of ageing, comorbidity, disability, and disadvantage.

Presentations at Tasmania's public hospital (ambulance and non-ambulance presentations) have steadily increased in recent years. Over the last five-year period, the total number of ED presentations has increased from 165 837 in 2018-19 to 173 979 in 2022-23. This increase also encompasses a rising complexity in presentations, resulting in higher acuity patients in our EDs, which results in patients needing to spend more time in the ED being stabilised before being able to be transported to units for treatment and to wards.

Admissions to public hospitals have also increased in recent years, between 2009-10 and 2022-23 admissions increased by over 89 per cent from 103 966 in 2009-10 to 196 912 in 2022-23. Conversely, the system is faced with long-term aged care and NDIS related discharge delays, and the impacts of these on ED and inpatient public hospital capacity are critical areas of concern across state.

Despite addressing demand with increased overnight beds across the system in the past 3 years and several community-based initiatives, there remains a mismatch between predicated discharges and admissions, alongside a variance in the utilisation of district hospital beds. It is suggested from the Making Care Appropriate for Patients (MCAP) data that a proportion of patients admitted to overnight beds across the state are not qualified and could be receiving care in a different setting, e.g., Residential Aged Care, Sub Acute, Rehabilitation or Community based care. Likewise, Health Round Table data provides insights into opportunities that exist to optimise discharge timing and length of stay without compromising care, which can be measured through monitoring of length of stay and relative stay index metrics. The data and information provided to the panel readily highlight the need to consider alternative and novel approaches to care to optimise the patient's journey and experience through the systems and the opportunities that present for home-based care solutions.

The panel has witnessed firsthand the impact that the growing demand for services has on healthcare staff, not only from an increased workload perspective but also in terms of impact on their health and well-being. A strong organisational culture is critical to supporting staff wellbeing and driving the changes required to address growing demand and improve performance whilst prioritising the safety of staff and patients.

The DoH has introduced its One Health Culture Program (One Health) designed to drive cultural improvement, supporting staff to work together, learn, collaborate, and problem-solve; share risk; and empower and respect each other. It is acknowledged that the program and the One Health Values will be critical to addressing the issues emerging from this review. The program is seen as a key enabler in boosting morale and energising the healthcare workforce in the change strategies outlined.

The Department also has several initiatives and reforms underway to address the growing demand that the Tasmanian population will face in years to come. The Long-Term Health Plan 2040 provides the blueprint for the future of healthcare in Tasmania, a system-wide direction and strategy for the delivery of health services to achieve our goal of a sustainable, integrated, and balanced health system that delivers the proper care, in the right place, at the right time for our population. It has been developed in partnership with consumers, clinicians, and policy makers across Tasmania. This plan is complemented by state government investment in both infrastructure and technology that will enable contemporary and sustainable healthcare delivery enhancement over the next 5 – 10 years.

Progress against previous Access and Flow Review Recommendations:

Over the last two decades, the Department has participated in a commission, an inquiry; initiated new services and teams, plans, programs, projects, reports, reviews, and studies to improve access and flow within our hospitals, from the 2004 Richardson Report (Tasmanian Hospital System: Reforms for the 21st Century) to the 2023 Transfer of Care Parliamentary Inquiry and now this review.

Analysing the former reforms, you discover a narrative of common themes that links them together. The Report of the Auditor-General (2019) meticulously examines these themes and gives explanations.

It's evident that these thirty plus recommended initiatives have not achieved an optimal or acceptable outcome, given the ongoing and growing demand. On review and exploration, there is little to no quantifiable measures available to understand why these reforms have been insufficient.

Previous reforms have provided explanations and solutions to improve access and flow but without robust performance monitoring and reporting processes, they hold no tangible authority. Without clearly defined goals, accountabilities, and timeframes, there is a lack of accountability for driving, engaging with, and achieving reforms. Explicit definitions and obligations for responding to unsatisfactory performance are essential to maintaining progress.

Past reforms acknowledged that most of the causes of access block and ED overcrowding are outside the control of the ED, compounded by suboptimal inpatient discharge practice and access to services across 7 days within the tertiary and primary care setting.

Notwithstanding there are cultural and process barriers that are impeding improvements to access and flow. Reforms consistently acknowledged the importance of an effective whole-of-hospital approach to improving patient flow, along with the need to address longstanding cultural and process barriers to change. However, long-standing practices and behaviours within hospitals continue to contribute to dysfunctional silos, poor coordination between inpatient areas and EDs. This leads to an absence of a shared sense of risk across the organisation and impairs attempts to improve access and flow.

All staff should strive to work collaboratively to prioritise the interests of patients by diligently supporting initiatives that seek to optimise patient flow and the care of patients and staff.

Change Management

The complexity of healthcare environments cannot be overstated, and the successful operation of such systems hinges significantly on two key aspects: effective engagement of staff and patients and well-executed change management.

Effective Engagement of Staff and Patients:

Staff Engagement: Healthcare staff, including doctors, nurses, technicians, and administrative personnel, play a pivotal role in care delivery. Engaging them effectively means ensuring they are motivated, well-trained, and involved in decision-making. When staff feel valued and are part of a collaborative culture, it can lead to improved patient care, increased job satisfaction, and reduced turnover rates.

Patient Engagement: This involves empowering patients to take an active role in their care. Educating patients about their conditions, involving them in treatment decisions, and encouraging self-management where appropriate can lead to better health outcomes. Technologies like patient portals, mobile health apps, and telehealth services can enhance patient engagement by providing easier access to health information and services.

Well-Executed Change Management:

Understanding the Need for Change: In healthcare, change is often driven by technological advancements, evolving health policies, and changing patient demographics. Recognising and understanding these drivers of change is crucial for effective management.

Planning and Implementation: This involves developing clear, strategic plans that outline the desired changes, the steps required to achieve them, the resources needed, and the timelines. Successful implementation also requires regular monitoring and adjustment of strategies as necessary.

Communication and Training: Effective communication is essential to ensure all stakeholders understand the reasons for the change and how it will be implemented. Additionally, providing appropriate training to staff to adapt to new technologies, processes, or policies is crucial.

Addressing Resistance: Resistance to change is expected in any organisation. In healthcare, this can be mitigated by involving staff in the change process, addressing their concerns, and providing support during transitions.

The complexity of healthcare environments requires a well-planned, executed, and pragmatic approach that combines the engagement of staff and patients with strategic, well-planned, and sensitively managed change processes. Such an approach will result in more effective healthcare systems, improved patient outcomes, and a more motivated and satisfied workforce.

It is the intention of the panel to set short to long term strategies with clear action plans that are underpinned by the forementioned changed management principles to enable an environment and momentum that will ensure success.

Initial Observations

Through consultations with key stakeholders, observation and analysis of operational activity, the following high-level themes have emerged throughout the review to date:

Organisational culture and change management

- Implementing strategies that continue to help build and drive an organisation culture that supports open communication, embraces change, encourages employee involvement, and align values with organisational goals.

Decision making and accountability

- Fostering a culture of accountability across all service levels that is supported by transparent, person centred, and data driven decision making that prioritises consumer and staff safety.

Demand Management

- Developing clear and service-aligned strategies and practices that enable the organisation to manage demand effectively and efficiently, considering its resources and capability. Current access and flow processes are streamlined using data, technology, communication, and standardised methodology across all facilities. Current access and flow processes are streamlined using data, technology, communication, and standardised methodology across all facilities focused on patient safety and continuous improvement.

These themes underscore the need for well-planned system wide healthcare strategies and align with contemporary evidence that continues to acknowledge that EDs are part of a complex system, interconnected with multiple other components of the system.

To enact strategies to improve ED and hospital performance, strategies need to be focused across the entire care continuum. Whilst the strategies within the action plan are well-conceived initiatives that have been in place for some time, the understanding of everyone's role in enacting and sustaining these practices has been either absent or flawed.

The actions outlined by the panel aim to bring a whole of system view to the challenges faced by the Tasmanian Public Health Service. With a focus on pre-hospital care initiatives such as the requirements for the management of patients assessed as clinically suitable to be transferred from ambulance to placement in the ED waiting room, alongside those that optimise the safe flow of patients to their next care environment, reducing unnecessary length of stay in emergency departments. To complement this and support the interface between EDs and the remainder of the system, the panel has outlined actions and performance targets that will support the timely transfer or discharge of patients from hospitals, by ensuring early identification, intervention, and management of barriers using a range of evidence-based strategies. Work will also be undertaken to review resourcing profiles to ensure that current in reach programs are focused on areas where there is highest demand; in addition, that medical workforce roster arrangements match clinical workload and demands.

Bringing together executive leaders, staff, and consumers across all divisions of the public health service to lead and co-design the implementation strategies for improvement across the entire system will foster a culture of accountability and support the health services in defining roles and responsibilities for improving hospital performance and demand management.

A comprehensive implementation plan including a communication plan will be developed. This will include the process for regular monitoring and reporting against the targets to both the Health Executive and Panel.

Interim Recommendations

Strategy	Action plan (how)	Target and Completion Date	Person responsible
<p>Implement best practice admission and discharge care:</p> <p>Apply evidence based, patient centred approach to improve access, reduce waiting times, length of stay and improved outcomes for patients/clients.</p>	Each patient/client/carer will receive an estimated discharge date (EDD) on admission (within 24 hours)	Target 80% for each ward and unit by the end of January 2024	Chief Executive, EDMS EDONM, EDAH and EDOP
	Increase number of overnight patient/clients discharged between 1000am and 1200noon.	Target 50% each facility by the end of January 2024, 80% by March 2024	
	Implement Statewide Transit Lounge Policy that provides a principles approach to optimising the use of Transit Lounge including the use of available ward lounge/waiting areas.	Target 80% Transit Lounge utilisation during opening hours.	
	<p>Re-invigorate Criteria Led Discharge program.</p> <ul style="list-style-type: none"> • Generic CLD Process + • Identified Specialities/Areas– Short Stay Units, Acute Medical Units, Trauma, Stroke and Ophthalmology. 	Implementation Completed June 2024	
<p>Optimise the safe flow of patients to their next care environment, reducing unnecessary presentation OR length of stay in the emergency departments</p>	<p>Cease medically stable intra-hospital and health service transfers (including outpatient departments) being transferred through the ED through the implementation of Inter-Hospital Transfers (IHT) policy.</p> <p>Statewide Admission from Emergency Departments Policy to be operationalised (including Interim Inpatient Management Plans to be in place across all facilities) and compliance monitored.</p>	Implementation Completed January 2024	Chief Executive, EDMS EDONM, EDAH and EDOP

Interim Recommendations continued

Strategy	Action Plan (How to)	Target and Completion Dates	Person Responsible
<p>Care of low acuity patients arriving by ambulance</p>	<p>Implement Emergency Department <i>direct to waiting room pathway</i> to proactively manage demand by considering the appropriateness of Transfer to the Waiting Room for low acuity patients.</p>	<p>Implementation Completed January 2024</p>	<p>Chief Executive AT Chief Executives, EDMS EDONM, EDAH and EDOP</p>
<p>Care of older people in residential aged care</p>	<p>Focus all In-Reach care programs on the highest admitting RACFs to improve the model of care and support care in place.</p> <p>Aim to provide alternative methods for assessment, care, and management for aged care residents.</p>	<p>Commence January 2024 and complete implementation by April 2024</p>	<p>Chief Executive, EDMS EDONM, EDAH and EDOP</p>
<p>Optimise patient care and workload distribution through a comprehensive review of acute medical admitting process and ongoing referral to sub-specialities including aged care.</p>	<p>Any revised Model of Care should consider re-distribution of staff to allow extended hours care and to meet current and anticipated service demands</p> <p>Any new roster arrangements (if required) should consider re-distribution of staff to ensure appropriately skilled staff are available 24/7 and to meet anticipated service demands.</p>	<p>Commence review January 2024 and recommendations by March 2024</p>	<p>Chief Executive, EDMS</p>

Next Steps

- **Further Data Collection:** Continued monitoring and analysis of hospital performance and operations.
- **Stakeholder Engagement:** Ongoing consultation with health care workforce and consumers to develop patient centred evidenced based strategies
- **Final Action Plan Preparation:** Development of a final set of recommendations.

This initial observation underscores the critical nature of the challenges faced by Department of Health and sets a clear path towards substantial improvements in patient care.

The final report will build upon these observations to deliver a comprehensive strategy for enhancing the quality and effectiveness of Access and Flow strategies across Tasmania's Public Health Service.

