Independent Review of Tasmania's Major Hospital Emergency Departments

7 May 2024

Contents

Message from the Chair, Adj Professor Debora Picone AO

On behalf of the Panel, I am pleased to submit this final report on the *Major Hospital Emergency Department Review to Improve Patient Access and Flow.*

Patient access and flow challenges often result in pressure on our emergency departments, ambulance services, wards, and other health services. The causes are complex, involving the interrelationship between health service capacity, population needs, and effective service delivery.

When implemented, the recommendations in this Review will improve whole-system access and flow. Health Services will adjust their capacity in real time to optimise safe care; this is a complicated task that requires situational awareness at both a local and state level to ensure resources and risks are effectively managed.

Effective response to patient demand is crucial in healthcare. It positively impacts patient safety by ensuring timely care and helps create an environment where health staff can work effectively and feel valued.

With fellow Panel members Ann Maree Keenan, RN, GAICD, Professor Tony Walker ASM, Dr Niall Small, FACEM, we were tasked with the assessment of one of the most pressing challenges within the Tasmanian public health system – the facilitation and delivery of patient access and flow through the state's four public hospitals.

At the centre of our process was a focus on the safety and experience of the user, the consumer, from attendance at the Emergency Department (ED) through to ED treatment and discharge, ward admission and inpatient discharge.

Through this process we have worked collaboratively with the health workforce to identify areas for improvement and make recommendations to enhance capacity, which will ultimately help improve the experience of the service user and reduce risk of the occurrence of avoidable harm.

Capacity and demand for Tasmanian Health Services (THS)

The most recent national statistics released by Australian Institute of Health and Welfare (AIHW) showed Tasmania had 1 656 available hospital beds in 2021–22. This is 2.92 beds for every 1 000 people, which is well above the national average of 2.47 beds per 1 000 people.

The Tasmanian Government, in addressing demand, has increased overnight beds (298 by June 2024) across the system in the past three years and several community-based initiatives. However, there remains a mismatch between predicated discharges and admissions, alongside a variance in the utilisation of hospital beds. Tasmanian health service attendances will increase by 1.4 per cent each year from 2024; this equates to 30 beds or bed equivalents each year. While the Tasmanian government increased bed capacity by 15 beds during the nine months to 2024.

More capacity is required to meet current and projected demand and continue to act as the default service provider for failed Australian government long-term aged care, disability, and severe chronic disease programs.

Additional capacity is being rolled out for 2023 – 2024, with the remaining 46 beds of the 298-bed commitment due to open by the end of June 2024.

Further, it is estimated that up to an additional 86 bed equivalents could be made available if excessive lengths of stay for overnight patients were reduced to within 10 per cent of the national level for the relevant condition. Full implementation of the recommendations arising from this report will lead to significant improvements in this area.

Federal service delivery shortcomings

Tasmanian health services are the default providers for services that are the responsibility of the Australian federal government, such as long-term aged care, disability services, and severe chronic diseases.

This report highlights that 146 beds were occupied by patients awaiting placement in facilities or services (like nursing homes or NDIS services). This misuse of resources leads to daily bottlenecks in acute and sub-acute care services and is a contributor to the excessive lengths of stay outlined in this report.

If these services were provided in the correct care setting, the freed-up bed equivalents would equate to more than four and half years of Tasmania's forecast demand and capacity requirements.

These service delivery issues can be resolved, but not in the short term. They will be negotiable through the National Health Reform Agreement (NHRA). In our view, this resolution is urgent to ensure patient safety and to prevent moral injury to staff.

In the meantime, we have made various findings and recommendations related to the system.

The reason for patient delays in accessing services, particularly Emergency Departments (EDs), ambulances and urgent mental health services, is more complex than linear adjustments to hospital and health service capacity.

Healthcare is a complex human technical system, growing more complicated by the day with the impact of new technologies such as gene, cell and RNA therapies, machine learning on medical science, and the daily implementation of improved models of care.

Citizens understand that healthcare capacity and response to increasing demand for services require staff, equipment, and extraordinarily high levels of expertise – this requires constant planning and the operational deployment of those plans.

The Tasmanian government and the DoH have developed a proactive and responsive healthcare system. The development of the Long-Term Plan for healthcare in Tasmania to 2040 takes forward six action areas designed to deliver the strategic ambitions and visions set out in advancing Tasmanian health.

The Long-Term Plan is supported by three regional clinical service profiles that describe the clinical services to be delivered over the next five years in response to projected regional needs.

Progress towards this Long-Term Plan is already underway through initiatives such as Health Workforce 2040, the 10-year strategy for digital health transformation – improving patient outcomes and hospitals and Masterplans. The DoH has delivered significant achievements while successfully managing the COVID–19 pandemic and post-pandemic recovery.

Failure to manage patient access and flow challenges too frequently results in pressures in our EDs, ambulance services, and mental health services. The causes are complex, well-known, and entirely predictable. They involve the relationship between many processes and systems of care, individuals, and organisations.

Many of the recommendations arising from Tasmania 2040 long term planning will improve the whole system's access and flow by introducing new services and ways of providing care outside of the traditional settings.

This report sets out a series recommendations aimed at improving bed utilisation across the health system, alongside pathways to primary care alternatives and novel solutions to improve the effectiveness of care.

A key finding within the report is that current operational responses to demand management is not effective. It is clear from our engagement that staff, consumers, and the public, recognise the need for change, and have agitated for it.

Throughout the process the review team found a hard-working, innovative, and dedicated health workforce who remain steadfastly focused and dedicated to providing the highest levels of care to their patients and consumers.

The Panel delivered a set of interim recommendations in December 2023. These recommendations included a series of evidence-based strategies for immediate implementation to support discharge planning and improve the safe flow of patients to their next care environment.

The specific aim of the interim recommendations was to create capacity within the system, that would provide space and opportunity for the planning and execution of the next phase of recommendations. Whilst the data has not demonstrated significant improvements, a shift in attitudes, commitment and engagement has been seen. This is undoubtably a reflection of the leadership culture that is being fostered by the Chief Executives and their teams.

Our review has also identified many common themes that are not unique to Tasmania and that are shared with other jurisdictions across Australia. In many cases issues relating to capacity, staffing and the allocation of resources have impacted upon the operational capacity of hospital services, including emergency functions.

These issues are also impacted by deficits and inefficiencies across the Australian government's public sector health, long-term aged care, and disability operations due to policy and resource misallocation.

These issues will become more acute with projections showing public hospital utilisation in Tasmania will continue to increase significantly over the next 20 years with parallel growth estimated in ED presentations and increased utilisation by an aging population across the state of Tasmania.

While it is clear some efforts have been made to address these long-term issues by the Tasmanian government through the expansion of bed capacity across its major hospitals, additional capacity will be required to meet the projected demand in the short, medium, and long term.

This review recommendations when implemented will provide health system capacity to meet current and short to medium term health service demand.

It is the responsibility of everyone working in the health system – from the Minister through executive management, health teams to the people working at the frontlines to adopt this approach to help address one of the most pressing challenges in healthcare delivery.

Adjunct Professor Debora Picone AO
Chair
Major Hospital Emergency Department Review to Improve Patient Access and Flow

7 May 2024

Expert Panel

- Adjunct Professor Debora Picone AO (Panel Chair)
- Ann Maree Keenan, Registered Nurse
- Professor Tony Walker, ASM, Registered Paramedic
- Dr Niall Small, FACEM

Reference Group Membership[1]

- Chief Executive Hospitals (North, North West and South)
- Chief Executive Ambulance Tasmania
- Executive Director Medical Services (EDMS) (North, North West and South)
- Executive Director of Nursing and Midwifery (EDONM) (North, North West, South, Mental Health)
- Executive Director Allied Health (EDAH) (North, North West and South)
- Consumer Representatives (CCEC North/South Chair, Health Consumers Tasmania)

ED Review Project Team / Secretariat

- Ms Laura Pyszkowski, Acting Director Office of the Secretary
- Mr Roger Campbell, Principal Policy Officer
- Ms Sally Donnellan, Coordinator, Office of the Secretary
- Ms Georgina McCrossin, Policy Officer, GRaSP

[1]Full List of Reference Group Members.

Background to the Review

EDs in Tasmanian hospitals are experiencing increased pressure because of the rising numbers of people presenting for care.

In 2022–23, there were 173 979 presentations statewide, compared to 173 276 for 2021–22. Although this was a marginal increase of 0.4 per cent, the number of presentations is still at a much higher level than in 2019–20 and earlier years.[2]

Further modelling completed by the Tasmanian Department of Health (DoH) indicates that combined inpatient and ED episodes for Tasmania will increase by 30 per cent from 2021–22 to 2041–42.[3]

In addition to the demand at the 'front door;' hospital service utilisation continues to rise. A contributing factor to the anticipated levels of service demand are the distinct demographic and population health characteristics of the Tasmanian population. With an ageing, chronically comorbid population that is regionally dispersed, there are many operational and service delivery challenges for health services. These challenges either result in inadequate access to health services, or services functioning with excessive or high levels of demand.

Despite significant investment to increase the size and staffing of EDs and health services across the State, demand for health services continues to increase, alongside a change in profile with significant growth in the number of sicker, more complex patients. As a result, this demand is reflected in longer wait times between ED presentation and hospital admission.[4]

Delayed ambulance offloading (transfer of care) creates a bottleneck, hindering the ability of emergency services to respond promptly to new community-based patients. Transfer of Care delays specifically are a symptom of a broader issue of access block, and pose a significant safety risk to the Tasmanian community and health workforce.

The performance of the THS has come under scrutiny over the past decade and is highlighted as a particular area of concern. It is lagging compared to other jurisdictions in Australia, with the Launceston General Hospital being labelled as one of the worst performing EDs in the nation.

Hospital underperformance is most evident in the ED, where the ability to treat and discharge ED patients within the recommended timeframe is well below average. It is underperformance and demand for, and access to, acute and community services, and the flow of patients through these services, where the biggest improvement is to be made.

Health services need to use person centred and focused strategies to ensure patients are treated in the most appropriate care environment and in a timely manner. This involves harnessing a workforce that is characterised by flexibility, resilience, and a proactive approach to change.

Over the last two decades, the Department has participated in a range of activities focused on improving 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. This demonstrates the Department's commitment and drive to address one of the most significant risks for the health service delivery in Tasmania.

[2]Advancing Tasmania's Health.
[3]Advancing Tasmania's Health.
[4]Tasmanian Department of Health Submission to the House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping).

Establishment of the Independent Review

On 6 September 2023, the Tasmanian Government announced an independent review into the operation of EDs in all four of Tasmania's major public hospitals as part of its commitment to the ongoing improvement of Tasmania's health system. The review's primary goal is to consider and make recommendations to improve systems and processes to improve the performance of the health system.

The Review was to consider and provide recommendations on broader issues such as pathways to primary care alternatives when acute care is not required. The Review provides a key opportunity to help ensure that Tasmania's public EDs are well positioned to provide the best possible care to those who need it most.

On 11 September 2023, the Secretary of the DoH appointed Professor Picone AO as Chair of the Independent Review of Major Tasmanian Hospital EDs. The three additional expert Panel members were also appointed in September 2023 to support the Chair with the Review.

The Panel commenced meeting weekly in September 2023 and formed additional regular meetings to connect with DoH staff, Union Leaders and Consumer Representatives. These meetings included a weekly reference group comprising of senior THS and DoH leaders[5]. In November 2023, the Panel commenced regular regional communities of practice meetings comprising of nominated staff of all positions including clinical, nursing, allied health and head office.

The Terms of Reference for the Independent Review of Tasmania's Major Hospital Emergency Departments are detailed in Appendix 3.

Independent Panel

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

- **Adjunct Prof Debora Picone AO (Chair)** brings a wealth of experience from her previous role as Director-General NSW Health and 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.
- **Ms 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.
- **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.

[5]Appendix 2 – Schedule of Meetings.

- **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. 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.

Stakeholder Engagement and Consultation

Throughout the Review, the Panel was supported by a THS Reference Group with broad executive operational membership and representation from the regional Consumer Engagement Councils.

The Panel has also 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 into specific areas of patient demand management, including innovative ideas that form part of the final suite of recommendations.

The Panel valued and prioritised consultation with health services staff and stakeholders, 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 work led by 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 invitations to operational meeting/forums.

Review Methodology

The Panel adopted a mixed methodology approach to the Review, which enabled them 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 hospitals' 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 THS and their role as leaders to drive change.

Current and Projected Health Service Activity

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 demographic challenges, such as a dispersed population with high rates of ageing, comorbidity, disability, and disadvantage.

Presentations at Tasmania's public hospitals (ambulance and non-ambulance presentations) have steadily increased in recent years. This increase also encompasses a rising complexity in presentations, resulting in higher acuity patients in 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 the state.

The Making Care Appropriate for Patients (MCAP) data collected throughout the Review, has suggest that a sizeable proportion of patients admitted to overnight beds across the state are not qualified and could be receiving care in a different setting.

Notably in the bed snapshot completed on 31 January 2024, 148 patients statewide were identified through MCAP reviews as requiring either Residential Aged Care Facility (RACF) or National Disability Insurance (NDIS) level care.

The most recent national statistics released by AIHW showed Tasmania had 1 656 available hospital beds in 2020–21. This is 2.92 beds for every 1000 people, which is well above the national average of 2.476 beds per 1000 people.

The Tasmanian Government has responded to demand pressures by increasing overnight beds (298 by June 2024) across the system in the past three years and commencing several community-based initiatives. Using a Relative Stay Index (RSI) model to review performance demonstrates that there is widespread variation in the average length of stay between disease groups across Tasmania's hospitals. This data provides insights into opportunities that exist to optimise discharge timing and length of stay within an appropriate model of care; whilst freeing up hospital beds to treat more patients.

The information provided to the Panel throughout the Review highlighted 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 challenges observed by the Panel, echoed by staff and consumers, require adaptive and contemporary approaches. To achieve the required improvement and enable capacity within the system, a whole of system focus is required. This relies on our health leaders, workforce, consumers, and partners alongside both our governments working collaboratively and collectively, to achieve a better service for the people of Tasmania.

[6]A Long-Term Plan for Healthcare in Tasmania 2040.
[7]Digital Health Transformation – Improving Patient Outcomes.

Health Planning

The Department has several strategic 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[6] 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 level of exemplary planning is complemented by state government investment in infrastructure and technology that will enable contemporary and sustainable healthcare delivery enhancement over the next 5 – 10 years.[7]

The implementation of Health Workforce 2040 and the range of initiatives across the health system aimed at building partnerships, capacity and capability, leadership, management skills, and efficient and effective recruitment, will work to address current and future workforce challenges.

Work is required to ensure that the detailed planning and strategic vision is readily and rapidly transferred to defined operational planning, to demonstrate clearly to the workforce and community the efforts and impact this is having to improve the health service and address current issues related to demand.

A) Interim Recommendations

The interim recommendations[8] focused on implementing best-practice admission and discharge processes in public hospitals which are foundational to achieving effective demand management. These practices will significantly enhance the effectiveness and quality of patient care while optimising hospital resource use. Appropriate discharge planning ensures streamlined admission, improved bed management, and follow-up care while significantly reducing the risk of complications and subsequent readmissions.

The recommendations were designed to bring a whole of system view to the challenges faced by the Tasmanian Public Health Service. From a focus on pre-hospital care, 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 EDs.

To complement this and support the interface between EDs and the remainder of the system, the Panel 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.

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 was anticipated to foster a culture of accountability and support the health services in defining roles and responsibilities for improving hospital performance and demand management.

These included:

Implement best practice admission and discharge care

- Each patient/client/carer will receive an estimated discharge date (EDD) on admission (within 24 hours).
- Increase number of overnight patient/clients discharged between 10:00am and 12:00noon.
- Implement Statewide Transit Lounge Policy that provides a principles approach to optimising the use of Transit Lounge.
- Re-invigorate Criteria Led Discharge (CLD) program.

Optimise the safe flow of patients to their next care environment, reducing unnecessary presentation OR length of stay in the emergency departments

- Cease medically stable intra-hospital and health service transfers (including outpatient departments) being transferred through the ED through the implementation of the Inter-Hospital Transfers (IHT) Policy.
- *Statewide Admission from Emergency Departments Policy* to be operationalised (including Interim Inpatient Management Plans to be in place across all facilities) and compliance monitored.

Care of low acuity patients arriving by ambulance

- Implement *ED direct to waiting room pathway* to proactively manage demand by considering the appropriateness of Transfer to the Waiting Room for low acuity patients.

[8]Independent Review of Tasmania's Major Hospital Emergency Departments – interim recommendations.

Care of older people in residential aged care

- Focus all In-Reach care programs on the highest admitting RACFs to improve the model of care and support care in place.
- Aim to provide alternative methods for assessment, care, and management for aged care residents.

Optimise patient care and workload distribution through a comprehensive review of acute medical admitting process and ongoing referral to subspecialities including aged care

- Any revised Model of Care should consider re-distribution of staff to allow extended hours care and to meet current and anticipated service demands.
- Roster arrangements should be based on placement of staff to ensure appropriately skilled staff are available 24/7 and to meet anticipated service demands.

Implementing recommendations at the local level monitoring and reporting recommendations

Chief Executives are responsible and accountable for the implementation of the interim recommendations, with the support of the *Statewide Patient Access and Flow Program.*

It was determined by the Panel, and supported by the Secretary that the Reference Group meeting would be the nominated forum that would enable accountable members to report regularly on each of the recommendations assigned to it including:

- status of each recommendation
- any risks to delivery (such as budgetary risks)
- mitigation methods deployed
- timeframes for completion and,
- narrative regarding the anticipated impact of the implementation of individual recommendations, as well as the collective improvement of multiple recommendations to the quality of our service delivery.

Staff with the relevant expertise were to be tasked from business units to ensure that the recommendations allocated to Executive Members were successfully implemented by their due date, in a way that increases public and staff confidence in improving hospital performance and demand management.

To support local activities and strategies, a detailed key performance indicator (KPI) report was developed in consultation with Chief Executives to provide a daily snapshot of activity to assist with real time monitoring.

This reporting included a breakdown of the timely discharge, estimated date of discharge, transit lounge utilisation KPIs for all hospital wards, to enable local leadership to assess progress.

A weekly summary report was also provided to members which compared performance in November 2023 alongside performance over the past 7 and 28 days.

Reporting was also provided to the Health Executive and Tasmanian Health Service.

Implement best practice admission and discharge care

Each patient/client/carer will receive an estimated discharge date (EDD) on admission (within 24 hours)

EDD predicts the likely date that a patient will be clinically ready to leave their current care setting for discharge home or to another unrelated facility.

Through the development of a statewide policy and focus on EDDs, the Panel tasked operational areas to focus on this key clinical management tool, to optimise the flow of patients through our hospitals.

Recognising the value an accurate EDD has, to assist with care coordination and unnecessary waits in the patient journey alongside assisting leadership to manage capacity.

All areas have met this KPI throughout the review period, however work is to be completed on the accuracy of the EDD and its understanding/application to decision making and capacity management at a ward/unit base level i.e., what are the steps taken by units to understand what is causing the delays when breaches to the EDD occur.

Increase number of overnight patient/clients discharged between 10:00am and 12:00noon and increase Transit Lounge Utilisation

The Panel tasked operational leads to implement a Statewide Transit Lounge Policy that provided a principles approach to optimising the use of Transit Lounge.

The reason for this recommendation is to increase the number of timely discharges (prior to 12noon) within the hospitals to make beds available to patients awaiting admission from the ED. The success of this strategy relies on implementing evidence-based discharge principles that are person focused and underpinned by excellent planning, and communication i.e., start early – discharge planning, that would commence within 24 – 48 hours admission, well-coordinated – involves all members of the care team and the patient/family/carer and tailored – to the needs of the individual, their level of health literacy and function.

This work is complemented by the development of consumer information and promotion of the SAFEST framework[9].

The Panel recognised that across all facilities there are a range of environmental factors and barriers to transit lounge utilisation. This included the absence of a dedicated facility in the North West, through to limited bed spaces in the North, to a lack of facilities in the South to support patients managed under transmission-based precautions.

Similarly, there were challenges identified with data capture, support staff and resources (Pharmacy, Cleaning and Administration).

Despite these challenges, there was an increase in transit lounge utilisation, which demonstrated an increase in awareness and understanding of the role transit lounges play in optimising patient flow.

Re-invigorate Criteria Led Discharge (CLD) program

CLD is one evidence-based method that has been shown to reduce unnecessarily prolonged hospital stay[10].

There have been multiple attempts across the THS to implement CLD, as a both a care coordination and patient flow strategy. To support this interim recommendation the Statewide Patient Access and Flow Program (SPAFP) has undertaken a statewide implementation project to assist clinical units to utilise CLD to improve flow management, communication between the treating medical teams, and continuity of patient care.

There is now a suite of policy documents available in 'trial' format on the Strategic Document Management System (SDMS), alongside a range of education and support tools to enable clinicians and consumers to work together utilising a CLD framework.

[9]SAFEST Patient Journey Home Framework | Queensland Health.
[10]Lees-Deutsch, L & Robinson, J 2018, 'A Systematic Review of Criteria-Led Patient Discharge'. Journal of Nursing Care Quality, vol. 34, no. 2, accessed 1 May 2024, <https://journals.lww.com/jncqjournal/fulltext/2019/04000/a_systematic_review_of_criteria_led_patient.6.aspx>.

This work requires ongoing local commitment and engagement to ensure success. Identified improvement strategies include nominating discipline leads and champions to cascade and inform staff at all levels of the benefit and value of CLD, education and training activities that support the understanding and application of health round table data to promote the adoption of contemporary care models.

Optimise the safe flow of patients to their next care environment, reducing unnecessary presentation OR length of stay in the emergency departments

The aim of the *Inter-Hospital Transfer (IHT) Policy* is to ensure a consistent statewide approach to the relocation of patients who require a transfer to another facility to receive the level of care most appropriate to their condition. This may include escalation of care, return to a facility closer to home, or transfer to another facility for higher level care.

The Policy outlines that patients transferred will be direct transfers to the ward at their destination hospital, except in specific circumstances (including clinical deterioration en-route).

However, during early consultation with staff working across the THS, it was apparent to the Panel that this policy was not operational, and several facilities were still working in a manner where stable patients were being transferred from one facility to a new facility via the ED.

As the operational elements within the IHT process is governed by operational leaders and influence by local ways of working, the Panel task leaders to operationalise this policy immediately.

This work was embraced by Hospital North and North West leadership at both the Executive and Management level, with both facilities working to communicate and bring in to affect the statewide policy.

Statewide Admission from Emergency Departments Policy was further enhanced with the implementation of the *Interim Inpatient Management Plan (IIMP)* processes, both of which had been key priorities for ED clinical leads.

Data reporting through to the THS has demonstrated that in the past four weeks less than five per cent of IHT are via one of the states' EDs; which is reflective of the culture of right place, right time.

Care of low acuity patients arriving by ambulance

The Ambulance Tasmania statewide *Safe to Waiting Room Clinical Practice Guideline* (CPG) was implemented on 30 January 2024. Paramedics arriving at THS EDs clinically assess lower acuity patients for suitability to be directly transferred to the ED waiting room, with the patient then presenting themselves to the triage nurse.

Patients are assessed against medical criteria, ensuring that the patient's presenting condition is of lower acuity and therefore the patient can safely sit in the waiting room until they can be attended to by ED staff.

Interim results demonstrate that those patients assessed as an Australia Triage Scale Category 4 or 5 are experiencing less transfers of care delays when compared to November 2023. This approach has been successful because of cooperation between patients, paramedics, and emergency department staff. Clinical assessment and decision making provides for deviation from this pathway when lower acuity patients present with multiple comorbidities, and/or may not be safe to leave alone due to limited support family/friends support or where limited decision-making capacity is demonstrated.

Statewide Access and Patient Flow Program (SAPFP)

The SAPFP was tasked by the Department to deliver a system-wide framework for improving patient access to, and flow through, the THS.

In view of this clearly defined objective, the program and its resources were best placed to support the Chief Executives to achieve progress against the interim recommendations.

The outputs of the program are of a high quality and echo contemporary practice and approaches to demand management however, engagement and translation of policy to operational improvement is lacking.

Since the Review commenced the program has developed a suite of improved and enhanced statewide policies, protocols and educational resources alongside contributing towards the development of demand management plans to operationally support the THS to proactively approach periods of expected increased demand.

However, as demonstrated with the marginal improvements against the interim recommendations, there is inadequate capacity and capability to implement service delivery improvements at the local level. This is a gap that the current SAPFP have been unable to bridge.

Policies, Protocols and Frameworks that have been updated and/or initiated through the review include:

- **Criteria Led Discharge (CLD) – Statewide**
  - Provides the mandatory requirements for implementation of CLD to support appropriate, timely and safe discharge for patients within the THS.
- **Estimated Date of Discharge (EDD) – Statewide**
  - Provides the expected transfer date for patients moving to another ward, level of care, or related facility. This includes transfer within a hospital or to another Tasmanian public hospital or facility.
- **Transit Lounge Policy and Protocol – Statewide**
  - Provides mandatory requirements for Transit Lounge utilisation across the THS to ensure that patients awaiting a bed or discharge can receive safe quality care in the Transit Lounge.
- **SAFEST Patient Journey Home Framework**
  - SAFEST is a suite of patient flow strategies/principles that when used in conjunction with one another facilitate effective, efficient, accessible, integrated, and safe healthcare through the patient journey home.

Despite an uplift in activity, the lack of direction, accountability, and cohesion to operationalise the policies at a local level highlights the need for a structured approach to change management to enable an environment of success.

To achieve this, the intent, purpose, and resources of the statewide program will be deployed to the regions to support the local operation centres and the executive to work in collaboration with achieving both the interim and final recommendations the review.

B) Final Recommendations

1.0 Capacity and Service Delivery Models – State Level

Findings

- The Department is focused on improving healthcare service delivery, this is reflected through exemplary health planning and an aligned goal to provide better healthcare faster and improve access for all Tasmanians.
- Digital health technologies are emerging as a way forward to accommodate increased demand and support efficiencies in modern health care systems.
- The SPAFP is tasked with coordinating improvement in patient access and flow across our hospitals, is focused on policy development rather than implementing operational solutions that will support demand management and improve capacity across the health system.
- Barriers to implementation of a systemwide access and flow solutions is a direct result of a demand management approach that has lacked clear governance, direction, accountability, and influence across the system.
- Health Services need to forecast demand and adjust their capacity in real time to optimise safe care. This is a complicated task that requires situational awareness at both a local and state level to ensure resources and risks are effectively managed.
- The Department is continuing to participate constructively with the Commonwealth and other states and territories in the negotiations for the next National Health Reform Agreement (NHRA) Addendum for the period 2025 to 2030.
- The Department is focused on ensuring the new NHRA Addendum supports a whole-of-system reform that will improve patient outcomes and provide Australians with equitable access to the right care, in the right place and at the right time.
- Key priorities for the Department include developing innovative and optimal models of care, increasing care in the community, and implementing mechanisms that help to address issues at the interfaces between acute hospital services and adjacent care systems (such as primary care, aged care, and disability services), that will in turn help relieve pressure on public hospitals, support improved patient flow and improved patient outcomes.

It is recommended that:

1.1 A Statewide Integrated Operations Command Centre is immediately established to direct the flow of patients and resources across the whole health system.

1.2 An accountability framework is utilised that outlines the phased responses, roles and responsibilities and triggers to activate targeted and coordinated escalation and action in response to demand activity across the organisation.

1.3 The Studer Framework continues to be implemented in the North/North West and this program is rolled out statewide.

1.4 A Governance Committee, reporting to the DoH Executive, is established by which capacity and demand initiatives, improvements, results, and opportunities can be reviewed, agreed, enacted, measured, and celebrated as one health system across multiple services and sites.

1.5 The Department considers what role Artificial Intelligence can play to enhance triage systems using advanced algorithms to better predict patient inflows and severity, allowing hospitals to prepare and allocate resources more efficiently.

1.6 The Department implement triage models that integrate telehealth to allow patients to be assessed remotely and directed to the appropriate level of care without needing to visit the hospital.

1.7 Through the NHRA interface, the Australian government should increase residential aged care services, improve services for people requiring NDIS services, and establish integrated primary health care services for people with chronic and complex physical and mental health conditions.

2.0 Demand Management Strategies – Local Level

Findings

- Executive and staff engagement throughout the Review highlighted a commitment to improvement and willingness to address the access and flow challenges across all health services.
- Emerging leaders articulated a need for clear direction, accountability and whole of service approach to address the issues faced by operational staff.
- Staff and consumers echoed the organisations willingness for improvement, however were also quick to express concerns and frustration with the impact of increasing demand and transfer of care delays on patient safety and staff wellbeing.
- The Panel observed the daily operational huddles both in person and online during the period of the review. The focus on patient safety was commendable, alongside the role it played in providing situational awareness of the current activity.
- Each service had a clear cascade of huddles across the day, including the senior leadership team down to unit leaders like nurse unit managers. Opportunities exist for strengthening the role of operational huddles, data, and planning plays to support daily activities across the services and information dissemination.
- The Chief Executive and Operational Directors provide clear messages and expectations around patient flow, which contributes to facilitating a culture where patient flow is everyone's business.
- The slow implementation of the interim recommendations indicates poor operational demand and capacity management at the local level.
- Despite contemporary policies and procedures, implementation of activities was varied highlighting gaps in change management capability.
- The Panel found that provision, utilisation, and access of performance data was inconsistent, despite the sophistication and extensive information available to assess, monitor and manage performance.
- Monitoring, Reporting and Analysis, including the Clinical and Financial Analytics team, were responsive to the need of the Panel, actioning KPI reports and predictive analytic tools in a responsive manner.
- From an operational level an overwhelming focus was on accuracy of data as opposed to a culture of improvement, and translating the recommendations to actions that support improved patient outcomes and health care delivery.
- This Panel observed a disconnect between professional and operational lines of responsibility regarding the flow of patients through the health services.
- Professional leads will influence, innovate, and ensure modernisation across disciplines and use data with purpose to direct priorities of the organisation.

- The Panel met with groups of Nurse Unit Managers (NUMs) who were highly engaged and committed to providing high quality care. They had a range of suggestions applicable to both their local environments and the broader system all of which would improve patient flow and enhance work practices. These included the removal of clutter from ward corridors that would be stored in a central storeroom supported by an equipment officer, reviewing bed configuration to best meet specific patient cohort care needs, improved access to sub-acute care, increased engagement with the NUM on patient ward allocation and improved access to specialist services that would include the use of telemedicine.
- Management accountability frameworks will be aligned to strategic objectives and service plans. This will require support and engagement from all levels to ensure that staff across the organisation are clear on their roles and responsibilities with improving patient outcomes, healthcare delivery and culture.
- During the Review, the Panel observed a shift and emphasis on operational planning, with a focus on statewide plans with local application. This level of planning aligning directly with Department goals to implement a statewide integrated operational framework.
- The Department has a range of forums and established networks that they utilise to collaborate with clinicians, consumers, and the community to achieve better healthcare for the community. These forums provide a valuable opportunity for staff to work together to identify solutions, communicate strategies, and develop a shared understanding for improvement. It is important to recognise the value and expertise that staff bring to addressing problems within a complex system.

It is recommended that:

2.1 CEs immediately assess their services' capacity and capability to implement interim and longer-term recommendations from this report by developing a demand management project plan that encompasses planning and activities initiated throughout the review period i.e., the Interim Recommendations

2.2 The Department immediately changes the responsibilities and function of the SAPFP to focus on operational solutions and act as the project management team for local change management. This will require the redeployment of resources from the statewide team to the regions.

2.3 Local Health services to use the predictive analytics and clinical pathways as a cornerstone for demand management, enhancing the ability to anticipate healthcare needs and strategically deploy resources.

2.4 Hospitals Immediately implement changes to daily huddle(s) based on the Royal Hobart Hospital model, where the purpose, roles and responsibilities and actions are focused on improved patient safety, flow, and communication.

Implement Nursing Unit Manager (NUM) recommendations:

2.5 Establish a central storeroom to declutter wards, particularly corridors; by removing equipment clutter and storing it in a central storeroom managed by an equipment officer, the wards will be safer, more navigable, and provide places for staff and patients/ families to have private discussions.

2.6 Review of current hospital bed configurations. In hospitals, patient cohorting is a strategy used to group patients together based on the type of care needed. Tailoring ward organisation to meet the needs of specific patient cohorts will significantly improve individual patient care and safety. Grouping patients allows healthcare professionals to specialise in specific types of care, improving treatment effectiveness and outcomes. Tailoring the environment and equipment to the needs of specific patient groups will improve the effectiveness of care.

(i) The following patients should be cohorted together:

- **Patients with cognitive impairment**
- **Cardiology patients**
- **Patients requiring specialist mental health services should be transferred to acute mental health units as a priority.**

2.7 NUM to participate in the decision concerning patient transfers from the ED. Hospitals should ensure patient needs and staff capabilities are better aligned by involving NUMs more directly in the decision-making process regarding where patients are placed.

2.8 Expanding access to specialist services via telemedicine will bridge gaps in specialist care, particularly in remote or understaffed areas, ensuring patients receive the necessary expert consultation without requiring extensive travel.

2.9 Implement and consider the feedback and improvement opportunities shared from staff across the organisation to support the flow of patients through Tasmania's hospitals.

3.0 Care of Tasmanians with Severe Chronic Disease through the Care@home Program

Findings

- Tasmania has higher self-reported level of multimorbidity when compared with their mainland counterparts, except the Northern Territory.
- Tasmania has 11.5 per cent compared to 8.7 per cent of national self-reported proportion of people with three or more selected chronic conditions.[11]
- The Department found, using the Australian Institute of Health and Welfare AIHW Chronic Condition multimorbidity classification, 5.3 per cent of the Tasmanian population in 2022–23 were multimorbid and had been admitted to hospital.
- In Tasmania's public hospitals, multimorbid admitted overnight patients, have an average length of stay of 8.1 days compared to 5.3 days nationally and are admitted on average 3.9 times per annum.
- Despite comprising only 11.5 per cent of the population, multimorbid patients occupied more than half (53 per cent) of Tasmania's admitted overnight acute beds.[12]
- Reporting from the AIHW demonstrates that people with chronic condition who do not see a general practitioner (GP) when they need to are more likely to have potentially preventable hospitalisation.[13]
- This is compounded by a lack of equitable access to primary health care for Tasmanians' which can result in an exacerbation of medical conditions, and reliance on acute services. It is noted that the recent commitments of the current government aim to address some of these gaps through the employment of additional state based GPs.

[11]Chronic conditions, 2017-18 financial year | Australian Bureau of Statistics.
[12]Chronic conditions, 2017-18 financial year | Australian Bureau of Statistics.
[13]Coordination of health care: patient and primary care factors associated with potentially preventable hospitalisations for chronic conditions.

- More broadly services options for individuals with chronic diseases are frequently fragmented, and work in isolation, resulting in uncoordinated care, which also places individuals at risk of hospitalisation.
- This information highlights a need to better integrate hospital and primary care services for Tasmanian's impacted by chronic disease. A focus needs to on supporting patients in their communities, with integrated programs of care that improve outcomes and conversely reduce the rate of preventable hospitalisations in these populations.
- Expansion of Tasmania's Hospital in the Home (HiTH) beds, through the 298-bed commitment, is an excellent example of increasing capacity and service delivery using novel and integrated service models.
- The inclusion of sub-acute beds in the Southern Program, Hospital@home is providing an alternative solution to older patients who require Comprehensive Geriatric Assessment (Geriatric Evaluation Model), and a contemporary approach to addressing Tasmania's ageing population, ensuring appropriate health care is provided in the community and reducing demand for inpatient beds within public hospitals, with direct entry admission pathways.
- An opportunity exists to leverage the District Hospitals Network across Tasmania as a pathway and conduit to Care@home and in the community. This includes the use of Multipurpose Services/ Centres to deliver GEM models of care, and expansion of home care services (both home support services and home care packages).

It is recommended that:

3.1 The Department undertake a major enhancement and restructure of the Care@home program to establish a statewide severe complex and chronic disease delivery program by appointing a Chief Executive/Senior Executive officer to enhance accountability and delivery.

(ii) The program will focus on:

- **Chronic obstructive pulmonary disease (COPD)**
- **Kidney infections and urinary tract infections**
- **Heart failure**
- **Cellulitis**
- **Diabetes complications.**

3.2 Potentially preventable hospitalisations are those that could have been avoided if the person's condition had been managed better and earlier. Healthcare investment and policies must be used to coordinate different parts of the health system, such as primary care, specialists in the community, allied health care, and hospital care, to reduce potentially preventable hospitalisations.

3.3 Local Hospital Networks, Ambulance Tasmania, Primary Health Networks, and the Aboriginal Community Controlled Health Service sector to follow the following principles in developing severe chronic disease management programs, as described in the report of the Primary Health Care Advisory Group Better Outcomes for People with Chronic and Complex Health Conditions and consistent with the National Strategic Framework for Chronic Conditions.[14]

[14]National Strategic Framework for Chronic Conditions.

3.4 Care@home implements the following model of care for people with chronic and complex diseases:

(iii) Voluntary patient enrolment with Care@home to provide a clinical 'home base' for coordination of, management of, and ongoing support for the patient's care.

(iv) Patients, families, and carers as partners in care, where patients are activated to maximise their knowledge, skills, and confidence to manage their health, aided by technology and with the support of a healthcare team.

(v) A risk stratification approach that supports the identification of patients with high coordination and multiple providers needs to ensure personalisation of service provision.

(vi) Enhanced access by patients to care provided by their Health Care Home; this may include in-hours support by telephone, email or videoconferencing, and adequate access to after-hours advice or care.

(vii) Nomination by patients of a preferred clinician who is aware of their problems, priorities and wishes and is responsible for their care coordination.

(viii) Flexible service delivery and team-based care that supports integrated patient care across the continuum of the health system through shared information and care planning.

3.5 A commitment to care that is of high quality and safe, including care planning and clinical decisions that are guided by evidence-based patient healthcare pathways appropriate to the patient's needs.

3.6 Consideration should be given to the expansion of subacute services within this model and a review of the governance of Tasmania's District Hospital, Multi-Purpose Services (MPS), Multi-Purpose Centred (MPCs) and Aged Care Services, to enable connected care equitably across the state and integration with other operational service delivery arms.

3.7 Consideration be given to alternative models of care including establishment of locally based Medi-Hotels.

4.0 Statewide Mental Health Services

Findings

- Tasmania commenced Mental health reforms in 2015 as part of the One State, One Health System, Better Outcomes reforms. The pathway to further reforms is clearly documented in Rethink 2020: A state plan for mental health in Tasmania 2020–2025, Tasmania's overarching mental health plan.[15]
- Rethink 2020 is a best practice approach to building a contemporary, integrated model of mental health care. Its goal is to ensure every person living in Tasmania can receive more holistic support, in the right place at the right time.[16]
- Rethink has accelerated reforms to achieve the establishment of the Mental Health Integration Hub, Peacock House, Recovery College, and Safe Haven (Peacock Centre); continuing care teams, mental health hospital in the home, the Head to Health Centre in Launceston alongside strategies to promote mental health service innovation and enhanced care delivery.

[15]Rethink_2020_state_plan_2020-25_DoHTasmania.
[16]Rethink_2020_state_plan_2020-25_DoHTasmania.

- These strategies are further support by emergency response initiatives that reduce ED attendances and support care in the community i.e., Mental Health Emergency Response (MHER) and Police, Ambulance and Clinical Emergency Response (PACER). Although these emergency responses are not in place across the system.
- Significant numbers of mental health clients experience prolonged stays within EDs, in 2022 – 2023, there were 836 mental health patients that spent 24 hours or more in the ED.
- Avoiding ED presentations as well as expediating treatment and where necessary admission following presentation together with increasing discharge activity prior to midday remains a priority.
- SMHS Monthly Reports identify that statewide, between 8:00am to 9:00am ED presentations per month are mental health related attendances. On average a Mental Health Patient will stay 10.1 hours in Tasmania's EDs.
- The environment of the ED may not be beneficial for people experiencing severe crises. Lengthy delays exacerbate stresses for all patients experiencing mental distress and have the potential to increase the risk of violence and aggression in the ED.
- Services need to develop care pathways that facilitate and enable direct admission to inpatient beds.
- For those clients where presentation to the ED is unavoidable, models of care need to leverage mental health clinical nursing expertise that will support consumer-focussed triaging in ED's, assist with appropriate diversion from the ED, and timely navigation to an appropriate Mental Health Service to reduce ED waiting time for mental health clients.
- In recognition of resource challenges, consideration should be given to virtual and remote support provided in collaboration with other out of hospital care programs.
- As reflected in the earlier section relating to the interim recommendation, there is an urgent need to improve timeliness of discharge within the SMSH to facilitate access to inpatient beds and improve flow through EDs.
- To support the flow of patients through the services, the SMHS leadership have proposed a Mental Health Transit Lounge staffed with Lived Experience Workers (LEWS) to accommodate consumers who have been discharged from inpatient care.
- This proposal allows access to bed capacity for transfers from ED or direct admissions to the unit. LEWS have the knowledge and understanding that comes from living through a particularly challenging life event or situation and will be able to support clients as they transition from hospital admission to the next phase of care. This approach will also remove the barriers, perceived and actual, from accommodating mental health clients within established Transit Lounges.
- SMHS leadership also expressed concern in the current processes for submitting Mental Health Act documentation to the Tasmanian Civil and Administrative (TASCAT), highlighting that the process is time consuming and burdensome for staff and consumers and can impact negatively on consumers rights as they wait to be placed on/or off Orders.
- A large proportion of consumers require reviews and assessment in relation to Mental Health Act Orders. These are time sensitive and must take priority so as not to delay discharge processes.

- The review of TASCAT processes and practices is outside the scope of this Review. The Panel acknowledge the tension exists between process however encourage the Department to advocate for more contemporary processes to support clinicians and service users.

It is recommended that:

4.1 Introduction of Secondary Mental Health Triage Officer(s) to be based at Launceston General Hospital, North West Regional Hospital and Royal Hobart Hospital EDs. These roles should have dual focus and responsibility:

(i) To provide secondary triage for the PACER and MHER calls to triple zero

(ii) To provide Primary Triage for Mental Health consumers presenting to EDs, support the ED with completing triaging and service navigation for mental health presentations.

4.2 Mental Health Co-responder programs be expanded across the state to better care for patients with a mental health related presentation, with two new units in the North and Northwest of the state.

4.3 Consideration is given to the establishment of Transit Lounges/ Spaces within Mental Health Units to allow consumers to remain on the unit with support and therapeutic engagement from a LEWS.

4.4 Ensure that access, demand, and flow strategies are embedded in SMHS operational and strategic plans.

4.5 Advocate for the transformation and digitalisation of Mental Health Act Forms.

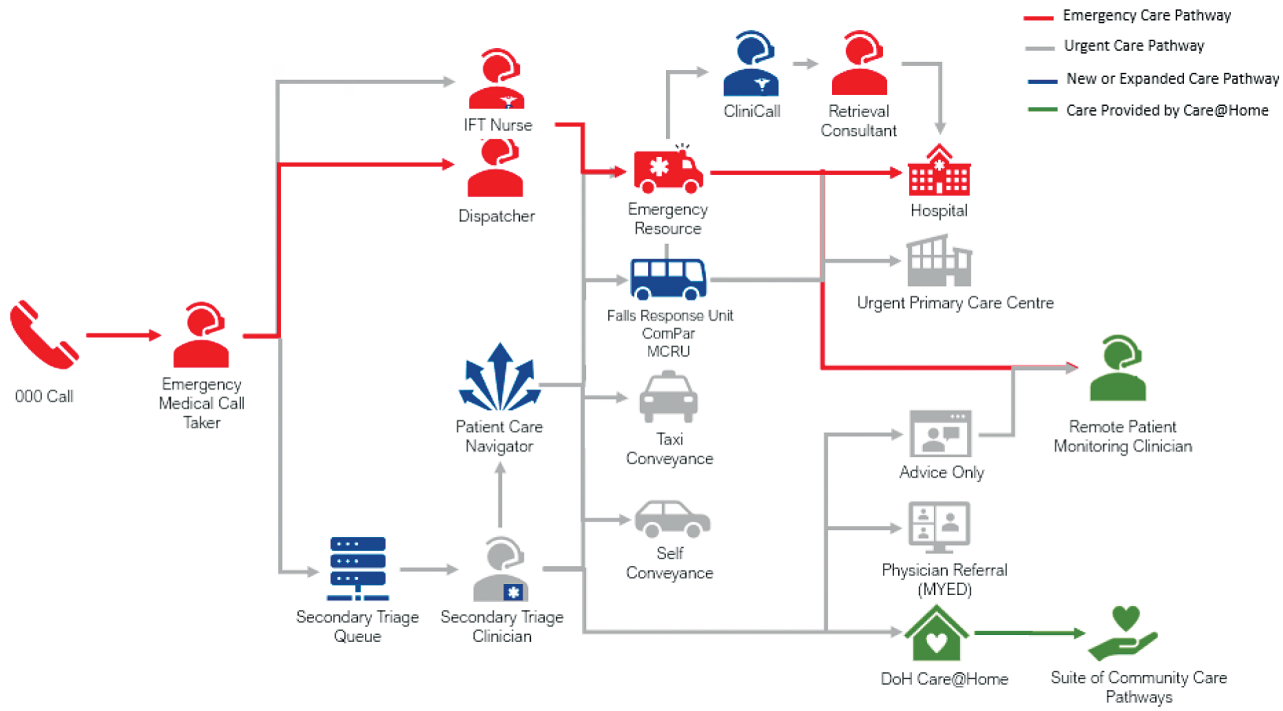
5.0 Ambulance Tasmania Redesign

Findings

- Ambulance Tasmania (AT) leadership and workforce are engaged and committed to transforming the way they work and deliver care to the Tasmania's community.
- This is reflected in the way that AT is adapting to growing demand, by expanding its services beyond the conventional model; this can be achieved through the redesign of its integrated clinical hub, mental health emergency response, and community paramedic workforce.
- AT's current virtual care strategies are rudimentary, and the overall system volume is very low, with minimal impact to overall system performance and patient care.
- AT should aim to integrate with the Care@ Home model to enhance access to virtual care alternatives and a wider range of community-based referral pathways, which will support the management of overall demand across the health service.
- Expansion of Clinical Hub Staffing: To manage increased secondary triage workload, including the introduction of 24/7 paramedic-led clinical advice and support.
- Introduction of Patient Care Navigator and Remote Patient Monitoring Nurse: To guide patients through transitions between AT and Care@Home teams, and to conduct follow-up calls for patients not transported to hospitals.
- Implementation of Technology: Including a dedicated secondary triage queue in the Computer Aided Dispatch (CAD) system and video consultation technology for improved patient assessment.

- 24/7 Mental Health Nurse Capability: To improve access to care for urgent mental health issues in the community. This has the potential to reduce ED transports by around 70 per cent based on the experience in other jurisdictions.
- Residential Aged Care Pathway: Connecting 000 calls from Residential Aged Care Facilities directly to the Clinical Hub for virtual clinical assessments and appropriate referrals. This could include My Emergency Doctor, Residential In-Reach Services, the patient's General Practitioner and AT's Community Paramedics.
- Expanding the Community Paramedic program, with a focus on attending and managing suitable primary care referrals from the expanded Clinical Hub secondary triage team, with additional units in Hobart, Launceston, and Ulverston.
- Providing Community Paramedics with additional skills to respond to, assess and manage the five hundred fall events occurring across the state each week.
- Implementing a prehospital frailty assessment for paramedics to better equip them to identify at risk patients, and development of an infield frailty care pathway providing increased detection and referral of patients to primary care services.
- The implementation of these changes would result in 50 per cent of 000 callers (around seventy-five per day) receiving telehealth consultations at the point of contact, reducing the hospital transports following 000 calls to around 35 per cent.
- This would relieve pressure on EDs, reduce transfer of care delays and ensure ambulances are available for patients with higher acuity needs.

Figure 1 – New alternate pathway for Ambulance Tasmania 000 calls.



It is recommended that:

5.1 The capacity and capability of the Ambulance Tasmania Clinical Hub be expanded to enable 50 per cent of patients accessing ambulance services to receive telehealth consultations at the point of contact, with provision of advice or self-care directions, or referral to clinically appropriate face-to-face or virtual care pathways.

5.2 24/7 Mental Health Nurse Capability for the Clinical Hub be implemented, in collaboration with Tasmanian Mental Health Services, to improve access to care for urgent mental health issues in the community and avoid unnecessary transports to the ED.

5.3 A Residential Aged Care Pathway be implemented to connect 000 calls from RACF directly to the Ambulance Tasmania Clinical Hub for virtual clinical assessments and appropriate referrals to enable care to be provided in the RACF and avoid unnecessary transports to the ED.

5.4 The Ambulance Tasmania Clinical Hub and the DoH Care@Home model be integrated to enhance access to virtual care alternatives and a wider range of community-based referral pathways.

5.5 Mental Health Co-responder programs be expanded across the state to better care for patients with a mental health related presentation, with two new units in the North and North West of the state.

5.6 The Community Paramedic program be further expanded to support increased management of suitable primary care referrals within the community.

5.7 Community Paramedics be provided with additional skills to manage fall events occurring across the state.

5.8 Paramedic pre-hospital frailty assessment and referral pathways be developed and implemented.

Implementation Approach

The Panel recommends that implementation, monitoring and management of both the interim and final recommendations is led by a senior executive, who can influence and operate with authority to drive the required improvements forward.

This approach will be supported by robust governance and assurance across all activities, with transparent reporting to consumers, partners, staff, executives, and government on progress.

To enable an environment of success, the program management approach will hinge significantly on effective engagement of staff and patients and well-executed change management principles.

Staff Engagement: Healthcare staff, including doctors, nurses, allied health, 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.

Consumer 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.

Change Management Principles

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.

The following recommendations should be supported by action plans, which are underpinned by the forementioned change management principles to enable an environment and momentum that will ensure success.

Appendix 1 – Interim Recommendations

Strategy	Action plan (how)	Target and completion date	Person responsible
Implement best practice admission and discharge care Apply evidence based, patient centred approach to improve access, reduce waiting times, length of stay and improved outcomes for patients/clients.	Each patient/client/carer will receive an estimated discharge date (EDD) on admission (within 24 hours).	Target 80 per cent 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 per cent each facility by the end of January 2024, 80 per cent by March 2024.	
	Implement Statewide Transit Lounge Policy that provides a principles approach to optimising the use of Transit Lounges including the use of available ward lounge/waiting areas.	Target 80 per cent Transit Lounge utilisation during opening hours.	
	Re-invigorate Criteria Led Discharge program. • Generic CLD Process + • Identified Specialities/Areas– Short Stay Units, Acute Medical Units, Trauma, Stroke and Ophthalmology.	Implementation Completed June 2024.	
Optimise the safe flow of patients to their next care environment, reducing unnecessary presentation OR length of stay in the EDs.	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. Statewide Admission from Emergency Departments Policy to be operationalised (including Interim Inpatient Management Plans to be in place across all facilities) and compliance monitored.	Implementation Completed January 2024.	Chief Executive, EDMS EDONM, EDAH and EDOP
Care of low acuity patients arriving by ambulance.	Implement ED direct to waiting room pathway to proactively manage demand by considering the appropriateness of Transfer to the Waiting Room for low acuity patients.	Implementation Completed January 2024.	Chief Executive AT Chief Executives, EDMS EDONM, EDAH and EDOP
Care of older people in residential aged care.	Focus all In-Reach care programs on the highest admitting RACFs to improve the model of care and support care in place. Aim to provide alternative methods for assessment, care, and management for aged care residents.	Commence January 2024 and complete implementation by April 2024.	Chief Executive, EDMS EDONM, EDAH and EDOP
Optimise patient care and workload distribution through a comprehensive review of acute medical admitting processes and ongoing referral to sub-specialities including aged care.	Any revised Model of Care should consider re-distribution of staff to allow extended hours care and to meet current and anticipated service demands. 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.	Commence review January 2024 and recommendations by March 2024.	Chief Executive, EDMS

Appendix 2 – Schedule of Meetings

Meeting type	Meeting dates			Overview of meeting themes/topics
Independent Panel Meetings	1 November 2023 8 November 2023 22 November 2023 29 November 2023 6 December 2023 13 December 2023 20 December 2023 3 January 2024 10 January 2024 17 January 2024 24 January 2024	7 February 2024 21 February 2024 28 February 2024 6 March 2024 13 March 2024 27 March 2024 10 April 2024 24 April 2024		Focus on Access and Flow strategies Presentations from key stakeholders and stream leads Workshopping interim and final recommendations Review of Data and current policies/ procedures Strategies and areas requiring improvement Forward planning SAPFP resources
Independent Panel Meetings with Review Sponsor	3 November 2023 8 November 2023 22 November 2023 6 December 2023 12 January 2024	17 January 2024 24 January 2024 7 February 2024 14 February 2024 21 February 2024		Updates of tracking against Interim recommendations Workshopping barriers to improving access and flow Forward planning
Reference Group Meetings	24 November 2023 10 January 2024 17 January 2024 7 February 2024 14 February 2024 21 February 2024 28 February 2024 13 March 2024 3 April 2024 24 April 2024			Tracking against Interim recommendations Safety Huddle review Presentations from key stakeholders and stream leads focussing on Access and Flow Review of Reference Group Actions Review of Data and statistics provided by MRA Update on Communication Plans
Union and Panel Meetings	7 May 2023 13 December 2023 10 January 2024 24 January 2024 7 February 2024 21 February 2024			Update on status of recommendations Socialising of potential recommendations Barriers and opportunities
Community of Practice Meetings	**South** 4 Dec 2023 18 Dec 2023 22 Jan 2024 6 May 2024	**North** 15 Dec 2023 1 Feb 2024 21 Feb 2024 6 May 2024	**North West** 21 Nov 2023 8 Dec 2023 19 Dec 2023 22 Jan 2024 7 May 2024	Update on status of recommendations Socialising of potential recommendations Presentations from key stakeholders internal and external Presentations and learnings from staff interstate visits
Ambulance Tasmania Town Hall	22 November 2023 12 December 2023 29 January 2024 28 February 2024			Avenue for in confidence ideas and recommendations from Ambulance Tasmania Socialising of possible recommendations
Nurse Unit Manager Town Halls	24 January 2024 – All NUMs 13 February 2024 – LGH NUMs 29 February 2024 – NWRH NUMs			Discussions of potential recommendations Avenue for in confidence ideas and recommendations from NUMs Socialising of possible recommendations
Panel and SMHS	22 December 2024 17 January 2024 25 January 2024 1 February 2024 15 February 2024			Updates of tracking against Interim recommendations Workshopping barriers to improving access and flow Forward planning

Appendix 3 – Terms of Reference – Major Tasmanian Hospital ED Review to Improve Patient Access and Flow

Background

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

The Review will also extend to the Royal Hobart Hospital (RHH), North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) so that learnings and recommendations regarding the ED and access and flow will apply across all major Tasmanian hospitals, with benefit also to transferring hospitals in the Statewide Hospital Network.

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, 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 EDs.

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 ED).

The review will provide an overview of the demand and patient journeys through the NWRH and MCH EDs, 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 & 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 DoH 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/information which should include but is not restricted to:

- Hospital Performance Data over the last 5 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, Finding 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 will be 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, which is 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.

Independent Advisory Panel Membership

The Advisory Panel will include experts in safety and quality, medicine and nursing including:

Chair: **Prof Debora Picone AO**

Member: **Ann Maree Keenan RN, GAICD**

Professor Tony Walker ASM

Dr Niall Small, Chief Medical Officer, FACEM

Tasmanian Health Service Reference Group

The Advisory Panel will be supported by a THS Reference Group with the following membership:

- Chief Executive Hospitals (North, North West and South)
- Chief Executive Ambulance Tasmania
- Executive Director Medical Services (North, North West and South)
- Executive Director of Nursing and Midwifery (North, North West and South)
- Executive Director Allied Health (North, North West and South)
- Consumer representative (CCEC North/South Chair, Health Consumers Tasmania representative)
- Other departmental representatives as requested by Advisory Panel and approved by Secretary.

Secretariat

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

Report Delivery

The Advisory Panel will report its action plan to the Secretary, DoH by 30 November 2023, with the final action plan submitted to the Minister for Health by the 15 December 2023.

Should the Advisory Panel require additional time to review and report, the Panel is requested to prioritise its review first to the LGH ED so that an immediate action plan to address access flow across the LGH is delivered by agreed dates.

Appendix 4 – Reference Group Members by Name

- **Mr Dale Webster PSM** – Deputy Secretary Hospitals and Primary Care
- **Ms Ann Rothwell** – CCEC Chair South
- **Dr Benison Elijah** – EDMS Statewide Mental Health Services
- **Mr Brent Foreman** – EDONM South
- **Mr Bruce Levett** – CEO Health Consumers Tas
- **Mr Cameron Dinnessen** – Director HR Management
- **Ms Cat Schofield** – EDON SMHS
- **Dr Clare Ramsden** – EDAH Services South
- **Ms Danielle Causer** – EDONM North
- **Dr John Gallichio** – EDMS South
- **Ms Dominica Kelly** – Nursing Director Child and Adolescent Mental
- **Ms Elizabeth Deards** – EDMS North West
- **Ms Elizabeth MacDonald** – EDAH North West
- **Ms Ellen MacDonald** – Health Consumers Tas
- **Ms Fiona Lieutier APM** – Chief Executive Hospital North
- **Ms Isabelle Skinner** – EDONM North West
- **Mr Jordan Emery** – Chief Executive, Ambulance Tasmania
- **Dr Josh Viney** – EDMS North
- **Mr Peter O'Sullivan** – CCEC Chair North
- **Ms Nadia Zalucki** – EDAH North
- **Ms Paula Hyland** – Chief Executive Hospitals North West
- **Dr Stephen Ayre / Mr Joe McDonald** – Chief Executive Hospitals South
- **Mr Tom Simpson** – Executive Director Statewide Pharmacy
- **Dr Viney Joshi** – EDMS, North