

One State, One Health System, Better Outcomes

Tasmania's Health System

ACCESS SOLUTIONS

Progress Summary

Immediate Actions

Access Solutions Action(s)	
<ul style="list-style-type: none"> ● Access to Data – Priority: Immediate (within 2 weeks) <ul style="list-style-type: none"> ○ Improve access to high quality data to drive quality of care, communication and service efficiency through commencing prompt implementation of Medtasker for all medical staff at the RHH. Medtasker will also be integrated with TrakCare to streamline referral and communication. Development of ways in which Medtasker can automate notification of delays and flow impediments. ○ Prioritise implementation of live feed to the Integrated Operations Centre. ○ Provide appropriate support to senior clinicians to enable best use of available data. <p>Action taken:</p> <p>Medtasker</p> <ul style="list-style-type: none"> ● Project initiated for expanded rollout of Medtasker across all medical services at RHH. ● Existing Medtasker trial in operating theatres extended to support expanded rollout. ● Senior Project Manager identified to support expanded rollout. ● Clinical education plan will be rolled out as part of the project. <p>Integrated Operations Centre (IOCs)</p> <ul style="list-style-type: none"> ● Dedicated IOC staff within the THS Clinical Information Service are focussed on development of data dashboards, using Patient Flow Manager (PFM) to provide real time data to the IOC at RHH to support patient flow. ● First priority has been establishment of Emergency Department (ED) dashboard enabling identification of high-risk patients and ED wait times, to support patient flow management decisions. This dashboard is operational. ● Live feed of data to the IOC has commenced. <p>Support to clinicians:</p> <ul style="list-style-type: none"> ● A number of supports are available within the THS to assist clinicians to use available data. This includes the Clinical Information Service and eHealth System Service. 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<p>1. Timely and Quality Care – Priority: Immediate (within 2 weeks) RHH to implement the principles of timely and quality care:</p> <p>1.1 On arrival to the ED, all patients will be seen within 30 minutes by a member of an interdisciplinary team, led by the ED Team Leader, who will initiate assessment, investigations and treatment.</p> <p>1.2 Within 2hrs of triage a decision will be made by the ED Team Leader to discharge or admit the patient, in accordance with endorsed admission guidelines.</p> <p>1.3 Patients will be reviewed by the inpatient team within 1hr of being referred for admission.</p> <p>1.4 Patients will be admitted to a bed in the most appropriate clinical place, the first time.</p> <p>1.5 Patients will have their initial investigations, consultations and interventions performed as soon as possible, in order of request or clinical priority, and in no longer than 24hrs post admission.</p> <p>1.6 Patients will be reviewed daily by a senior decision-making clinician, and patients and their carers will be actively engaged in their care, to help ensure they are in hospital for only as long as is clinically necessary.</p>	

Action taken:	
<ul style="list-style-type: none"> Principles of timely and quality care have been shared and supported broadly across the Royal Hobart Hospital (RHH), and included in all clinical stream action plans for implementation. Principles of timely and quality care underpin many of the actions of the Access Solutions Action Plan and work in this area will be ongoing. Of particular relevance are the actions to support admission improvements (see Action 6 – Admission Improvements - Short Term Actions p 9). 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<p>2. Engagement of Private Hospitals – Priority: Immediate (within 2 weeks)</p> <p>2.1 Convene a working group with the private hospitals to establish a formal interface between the public and private hospitals.</p> <p>Action taken:</p> <ul style="list-style-type: none"> Initial Working Group meeting held on 12 July 2019 to agree focus and discuss practical considerations for establishing a formal interface between public and private hospitals. Follow-up meeting on 18 July 2019 confirmed the purpose of the Working Group: <ul style="list-style-type: none"> Establish a protocol to guide day-to-day communications between the three major hospitals in Tasmania’s southern region Pursue strategic opportunities to improve patient flow and drive better patient outcomes across the whole of the Tasmanian health system. Dedicated staff within DoH identified to support development of the protocol. In addition to convening the Working Group, there continues to be action to strengthen relationships between the public and private hospitals at the clinical and operational level, and between CEOs and key staff within THS and DoH. 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<p>3. Long Stay Review Committee – Priority: Immediate (within 2 weeks)</p> <p>3.1 Implement a long stay review committee to identify opportunities for a streamlined, safe discharge of patients with excessive length of stay.</p> <p>Action taken:</p> <ul style="list-style-type: none"> New Length of Stay Committee established, and first meeting held on 15 July 2019. These meetings have an agreed Terms of Reference. The purpose of the Length of Stay Committee is to develop a system-wide process for managing: <ol style="list-style-type: none"> long stay patients; short stay patients over the national average length of stay; and practical strategies for improving patient flow. The role and function of the Length of Stay Committee is: <ol style="list-style-type: none"> to develop a strategic approach to managing flow across THS South; to work with North/North West on statewide approaches to flow initiatives; and to implement and oversee all flow initiatives across THS South. Length of Stay Committee meetings provide a system-wide perspective and are supported by the Patient Flow Committee. Long Stay Rounds conducted every week at ward level to identify long stay patients and their barriers to discharge, and to develop an individualised plan to support discharge. 	

<ul style="list-style-type: none">• Work commenced to review Long Stay Rounds process and determine the best mechanism to facilitate these weekly reviews, while also developing a whole-of-hospital approach to management of long stay patients.	
Project	✓ Completed – rollout ongoing

Short-term Actions

Access Solutions Action(s)	
<p>4. K-Block – Priority: Short-term (before end July 2019)</p> <p>4.1 Develop a plan for the number and type of additional beds that should open immediately on the commissioning of K-Block - on top of the existing beds that transfer into the facility.</p> <p>Action taken:</p> <ul style="list-style-type: none"> • Government has received advice relating to the planning of bed openings in K-Block and advice is being considered. 	
Project	✓ Completed
Access Solutions Action(s)	
<p>5. Admission Improvements: Short-term (before end July 2019)</p> <p>5.1 Implement ED decision-to-admit authority, interim management plans, one-way referral and no right-of-refusal, to facilitate rapid transfer of ED patients to ward beds when available.</p> <p>5.2 Develop and implement policy to mandate entry of an Estimated Date of Discharge for all patients within 24 hours of admission, to enable real time identification and retrospective analysis of patients staying longer than clinically expected.</p> <p>5.3 Develop an accountability and authority framework for each part of the patient journey.</p> <p>Action taken:</p> <p>ED Decision-to-Admit Authority, Interim Management Plans</p> <ul style="list-style-type: none"> • The Decision-to-Admit Authority for ED Consultants is in place. • Interim management plan template and supporting protocol have been developed and endorsed and are now being used within RHH. <p>Estimated Date of Discharge (EDD)</p> <ul style="list-style-type: none"> • The THS Statewide Protocol <i>Operational Use of Patient Flow Manager Software</i> outlines the Estimated Date of Discharge process through Patient Flow Manager. • Compliance with the Protocol including requirement for entry of EDD within 24hrs of admission is being reinforced and monitored. <p>Authority Framework for Patient Journey</p> <ul style="list-style-type: none"> • RHH ED Admission Process Guideline outlines the patient journey through ED, from the ED Decision to Admit (within 2 hours), to the Inpatient Team Review (within 1 hour) and the Patient Leaving ED (1 hour). • The protocol identifies team member roles and responsibilities for each stage of the 4-hour patient journey through ED. • The protocol is supported by the ED Decision-to-Admit Authority, Interim Management Plans, one-way referral and no right-of-refusal, and the principles of timely and quality care. 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<p>6. Communications and Engagement: Short-term (before end July 2019)</p> <p>6.1 Develop a community, internal and external focussed communications program to support patient flow in partnership with key stakeholders including PHT.</p> <p>6.2 Implement weekly ED debrief meetings including relevant clinical staff to improve patient flow.</p>	

Action taken:	
Communications Program	
<ul style="list-style-type: none"> • Communications program has been developed and comprises a two staged approach: <ul style="list-style-type: none"> ○ Stage 1- Internal communications to support patient care and flow in the hospital system with a THS focus. ○ Stage 2 - Development of shared key messages to support Tasmanians to get the right care in the right place and at the right time, to improve health outcomes and to take unnecessary pressure off the hospital system. 	
ED weekly debrief meetings	
<ul style="list-style-type: none"> • Daily “Safety Huddle” meetings are taking place. • A plan has been developed to ensure the needs of the staff working in the busy ED environment are at the forefront of meetings. 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<ul style="list-style-type: none"> • Engagement Key Stakeholders: Short-term (before end July 2019) <ul style="list-style-type: none"> ○ Convene a meeting with key THS staff and aged care providers to support community care options. ○ Commence discussions with key stakeholders including PHT and GPs, on progressing ways in which patients can be better supported in the primary sector. 	
Action taken:	
<ul style="list-style-type: none"> • On 23 July 2019 the Secretary DoH convened a meeting to discuss the aged care and hospital service interface, and to consider future action to strengthen this interface and support community care options. • This meeting identified a number of potential strategies to improve the interface between aged and community services and the health system. 	
Primary Health and General Practitioners	
<ul style="list-style-type: none"> • These discussions are progressing across a number of forums, in particular – <ul style="list-style-type: none"> ○ The Secretary, DoH wrote to Primary Health Tasmania to incorporate the Access Solutions Action Plan into their workplan of collaborative activities for the next 12 months. 	
Project	✓ Completed – rollout ongoing
Access Solutions Action(s)	
<p>7. Culture: Short-term (before end July 2019)</p> <p>7.1 Design a cultural improvement program across the health system to support all departments and staff to work collaboratively to prioritise the interests of patients, eliminating silos by supporting initiatives that seek to optimise patient flow.</p> <p>7.2 The program to commence at the RHH and roll out statewide later.</p>	
Action taken:	
<ul style="list-style-type: none"> • A Cultural Improvement Plan has been designed. • The design is currently under consideration by DoH and THS, with rollout to occur over the coming year. • Specific programs identified to support culture improvement for the RHH includes Pathways to Excellence and Cognitive Institute’s “Speaking Up for Safety”. 	
Project Completion	✓ Completed – rollout ongoing

Access Solutions Action(s)	
<p>8. Previous Reviews: Short-term (before end July 2019)</p> <p>8.1 Prioritise relevant recommendations for implementation from previous reports, including criterion-led discharge, discharge planning, support for long stay patients, consistent admissions policies, etc.</p> <p>Action taken:</p> <ul style="list-style-type: none"> • Recommendations of previous reports have been considered. • Many recommendations have been implemented or work commenced in the relevant areas. • Outstanding recommendations have been prioritised and are being actioned through work occurring in response to the Access Solutions Action Plan or other relevant initiatives. 	
Project	✓ Completed
Access Solutions Action(s)	
<p>9. Strengthen Governance and Accountability: Short-term (before end July 2019)</p> <p>9.1 To support the first 12 months of the THS Act, review THS governance to strengthen local decision-making authority and accountability.</p> <p>9.2 Develop a clear accountability framework including rules for engagement to support empowerment of clinical leaders.</p> <p>Action taken:</p> <ul style="list-style-type: none"> • Review of THS governance has occurred. • Government has received advice and the advice is being considered. • Accountability framework, including rules of engagement, has been considered in the design of the cultural improvement program. 	
Project Completion	✓ Completed