

RHH ACCESS SOLUTIONS ACTION PLAN

A number of actions have been identified to improve patient flow and maximise emergency department efficiency. This includes streamlining collaboration between hospital departments, improving culture and empowering staff to implement change within hospital environments, and ensuring accountability to guarantee that measures to improve patient outcomes and timely care are implemented.

The Action Plan has been informed by the Royal Hobart Hospital (RHH) Access Solutions Meeting, input from the Australasian College for Emergency Medicine, previous expert reviews, the Auditor General's Report, government commitments and funding profile for new beds, action already underway at the RHH and governance requirements.

The Department of Health and Tasmanian Health Service are collaborating to address and improve patient flow and maximise emergency department operation. The following identifies the actions as immediate, short term, medium term and long term.

Public updates will be provided at the end of each quarter.

Immediate actions (within 2 weeks)

Focus	Action
Access to Data	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 a live feed to the Integrated Operations Centre. Provide appropriate support to senior clinicians to enable best use of available data.

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Timely and Quality Care	RHH to implement the principles of timely and quality care.
	Principle 1 On arrival to the Emergency Department (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.
	Principle 2 Within two hours of triage a decision will be made by the ED Team Leader to discharge or admit the patient, in accordance with endorsed admission guidelines.
	Principle 3 Patients will be reviewed by the inpatient team within one hour of being referred for admission.
	Principle 4 Patients will be admitted to a bed in the most appropriate clinical place, the first time.
	Principle 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 24 hours post admission.
Principle 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.	
Engagement of Private Hospitals	Convene a working group with the private hospitals to establish a formal interface between the public and private hospitals.

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Long Stay	Implement a long stay review committee to identify opportunities for a streamlined, safe discharge of patients with excessive length of stay.
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Short terms action (before end of July 2019)

Focus	Action
K-Block	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.
Admission Improvements	<p>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>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>Develop an accountability and authority framework for each part of the patient journey.</p>
Communications and Engagement	<p>Develop a community/internal and external focussed communications program to support patient flow in partnership with key stakeholders including PHT.</p> <p>Implement weekly emergency department debrief meetings including the relevant clinical staff to improve patient flow.</p> <p>Schedule engagement forums to hear staff-driven solutions, including health professionals and other employees of the hospital</p>

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Engagement with Key Stakeholders	<p>Convene a meeting with key THS staff and aged care providers to support community care options.</p> <p>Commence discussions with key stakeholders including Primary Health Tasmania and GPs, on progressing ways in which patients can be better supported in the primary sector.</p>
Culture	<p>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>The program to commence at the RHH and roll out statewide later.</p>
Previous reviews	<p>Prioritise relevant recommendations for implementation from previous reports, including criterion-led discharge, discharge planning, support for long stay patients, consistent admissions policies etc.</p>
Strengthen Governance and accountability	<p>To support the first 12 months of the THS Act, review THS governance to strengthen local decision-making authority and accountability.</p> <p>Develop a clear accountability framework including rules for engagement to support empowerment of clinical leaders.</p>

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Medium term actions (before end October 2019)

Focus	Action
Hospital in the Home	Develop a trial for a hospital in the home service and consider the role of Aged Care Assessment Teams to support patient flow (noting ACATs are funded by the Commonwealth) while construction is completed on K-Block.
Pharmacy Operations	Trial admission medication charting by pharmacists aimed at reducing length of stay and medication errors.
Process Improvement	<p>Establish a quality improvement group to start trialling new approaches to improve patient flow.</p> <p>Evaluate and implement improved processes.</p> <p>Consider speaking up for safety programme cognitive institute.</p>
Mental Health	Develop the model for an integrated approach for mental health services inclusive of a hospital avoidance program.
General Medicine	<p>Implement a rolling admission roster for General Medicine.</p> <p>Review medical emergency team composition.</p>
Reporting	Review public reporting of patient flow indicators to improve transparency of information relating to access to health care.
Community Services	Complete review of southern public primary health and community care services including utilisation of rural in-patient facilities to improve patient flow.
Clinical Risk	<p>Whole of hospital system approach to clinical risk</p> <ul style="list-style-type: none"> • Develop a system approach to clinical risk to ensure everyone takes collective responsibility for patient care and patient flow. • Ensure 24 hour ED stats are red flag events and incorporated into patient flow meetings.

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Sub-Acute Care	<p>Review of referral pathways to sub-acute.</p> <p>Review length of stay for rehabilitation and model of care.</p> <p>Develop a handover process for end of life care.</p>
Workforce Strategy	<p>Release the Workforce Strategy to inform decisions regarding recruitment and retention.</p>

Long term actions (before end May 2020)

Focus	Action
K-Block	Commissioning of inpatient wards in K-Block in February 2020, including additional beds at RHH.
Mental Health	Implement the model for an integrated approach for mental health services inclusive of a hospital avoidance program.
Review	Review of the actions in this plan and progress.