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Ref: MIN24/1362

Rosalie Woodruff MP
Chair
Select Committee on Transfer of Care Delays (Ambulance Ramping)
Email: transferofcare@parliament.tas.gov.au

Dear Rosalie Woodruff MP

Thank you for your correspondence dated 28 June 2024, concerning the implementation of the *Transfer of Care Procedure* (the Procedure) and the *Independent Review of Tasmania's Major Hospital Emergency Departments* (7 May 2024).

The Procedure commenced on 22 April 2024, following extensive consultation across Ambulance Tasmania, the Tasmanian Health Service (THS), and relevant union bodies, including the Health and Community Services Union, Australian Nursing and Midwifery Federation (Tas) and the Australian Medical Association (Tas).

The Procedure requires transfer of patient care from Ambulance Tasmania staff to the care of THS Emergency Department (ED) staff within 60 minutes of arrival at the facility. The implementation period for the Procedure is 12 months from commencement, at which time a review will be undertaken.

Improved Transfer of Care

There has been a significant reduction in transfer of care delays, reflecting the new protocol as well as significant ongoing effort from hospital staff over the last 12 months to address this challenge.

I am advised that data for 2023-24 show there were 9,276 fewer hours of transfer of care delay in 2023-24. This is a reduction of 25.3 per cent compared to the prior year, with decreases at all four major public hospitals.

This is 9,276 hours of time returned to paramedic crews, ensuring greater availability for emergency responses.

Table 1 provides a breakdown by hospital.

Table 1: Hours of transfer of care delay

	2022-23	2023-24	Change
Royal Hobart Hospital	24,301	19,240	-5,061
Launceston General Hospital	10,975	7,134	-3,841
North West Regional Hospital	1,048	697	-351
Mersey Community Hospital	350	327	-23
Statewide	36,674	27,398	-9,276

Note:

1. For the purposes of recording hours of transfer of care delay, the first 15 minutes from arrival at triage within an emergency department is counted as routine transfer of care and any period of time exceeding those 15 minutes as delay. This is consistent with historical reporting allowing for comparability; however, it is recognised that in many instances clinically appropriate transfer of care will take longer than 15 minutes. Accordingly, this measure does not accurately measure transfer of care delays and should be considered alongside other performance information.
2. These data are measured using data from TrakED (the Emergency Department information system). This differs from the measurement of transfer of care within 60 minutes, which is calculated using Ambulance Tasmania information systems.
3. The data for 2023/24 is preliminary, and will be reviewed as part of end of year processes.

The policy has had a positive impact on the percentage of incidents where transfer of care occurs within 60 minutes, with Statewide performance exceeding 80 per cent in both May and June 2024, with the preceding months experiencing less than 80 per cent.

Table 2 provides an overview of performance against the transfer of care targets.

Table 2: Ambulance Tasmania transfer of care within 60 minutes

Performance Measure	Unit of Measure	Feb 2024	Mar 2024	Apr 2024	May 2024	June 2024
Transfer of Care within 60 minutes (Statewide)	Percentage	71%	74%	76%	83%	80%
Transfer of Care within 60 minutes (RHH)	Percentage	66%	63%	66%	75%	74%
Transfer of Care within 60 minutes (LGH)	Percentage	66%	75%	77%	84%	76%
Transfer of Care within 60 minutes (MCH)	Percentage	87%	96%	98%	96%	96%
Transfer of Care within 60 minutes (NWRH)	Percentage	83%	92%	93%	95%	93%

It is acknowledged that significant effort has been undertaken at all the THS facilities to work towards achieving the targets.

Monitoring and Reporting

Within the health service, there has been high visibility of the transfer of care activity, with real-time dashboards operating in Emergency Departments and Ambulance Tasmania operations areas. The dashboards are also accessible to senior members of these organisations, including the Department of Health Executive and other relevant parties.

Transfer of care reports are published on a daily, weekly and monthly basis. Where transfer of care does not occur within the 60-minute period, these cases are investigated to determine why this has occurred, to better understand any barriers and implement solutions where possible.

In May 2024, the Department of Health launched a new daily Health System Dashboard with a range of new indicators covering emergency department and ambulance performance. This dashboard includes the percentage of patients transferred within one hour, broken down by major public hospital, and can be access online at:

<https://www.health.tas.gov.au/patients/health-system-dashboard>

Independent Review of Tasmania's Major Hospital Emergency Department

Following the release of the *Independent Review of Tasmania's Major Hospital Emergency Departments* (7 May 2024), the Department of Health has placed considerable focus on the recommendations and is committed to working through this process methodically to ensure that our Health Services are positioned to provide the best possible care to those in most need of it.

It is pleasing to see the significant planning and policy work of the Department recognised in the report, alongside an acknowledgement of the hard-working, innovative, and dedicated health workforce who remain focused and dedicated to providing the highest levels of care to their patients and consumers.

Whilst the Department continues to make improvements across the system to address these long-term issues through the expansion of bed capacity across its major hospitals, additional efforts are required.

The final recommendations have been streamlined into key areas of focus and are underpinned by enhanced governance processes, by which all 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.

Demand Management Strategies – Local & State Level

This grouping of recommendations includes enhanced governance structures, by which all 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.

This is evidenced by work already completed to change the responsibilities and function of the Statewide Access & Patient Flow Program to focus on operational solutions and act as the project management team for local change management; alongside activities to establish a Statewide Integrated Operations Command Centre and frameworks to guide the roles and responsibilities in response to demand activity across the organisation by the end of the calendar year.

To support the local activities Chief Executives have outlined demand management project plans that provide detail on initiatives and activities that are being led across all arms of the health service to improve the flow of patients through the service, alongside both patient and staff experience.

Community & Home-Based Care

Building on the success of Care@home program, the Department will continue to develop this program of work to include sustainable service delivery models that promote integration across primary and secondary care and have a particular focus for people with chronic and complex conditions.

The recent appointment of an Executive Director of Nursing / Director of Services for the Department's home and community care program will further strengthen this program of work and ensure integration of programs of care that improve outcomes and conversely aim to reduce the rate of preventable hospitalisations.

Statewide Mental Health Services

The recommendations for mental health services come following significant and ongoing reform efforts. These recommendations acknowledge the success of current programs, such as Police, Ambulance and Clinician Early Response (PACER) and Mental Health Emergency Response (MHER) and a need to equitably adopt these initiatives across the state to better care for patients with a mental health related presentation.

Ambulance Tasmania Redesign

The Ambulance Tasmania Clinical Hub encompasses Secondary Triage, Community Paramedics, Extended Care Paramedics and telehealth services, with a focus on providing safe, effective medical care to meet the needs of lower acuity patients who ring Triple Zero and are assessed as not requiring an emergency ambulance response.

Under the Clinical Hub recommendations, there is a focus on integration with the Care@home and improved pathways for dealing with Triple Zero calls from Residential Aged Care Facilities and those needing assistance for Mental Health related conditions.

Recommendations under the Community Paramedic Program continue to progress as part of the ongoing expansion of the community paramedic skillset. The Department is providing regular monitoring and reporting against both the interim and final recommendations and performance targets, and I am pleased to say progress is being made against these targets which is benefiting both our community and health workforce.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Guy Barnett', with a long horizontal flourish extending to the right.

Hon Guy Barnett MP
Minister for Health, Mental Health and Wellbeing