



**PARLIAMENTARY STANDING COMMITTEE OF
PUBLIC ACCOUNTS**

REVIEW OF AUDITOR-GENERAL'S REPORT

NO.11 OF 2018-19

***PERFORMANCE OF TASMANIA'S FOUR MAJOR HOSPITALS IN
THE DELIVERY OF EMERGENCY DEPARTMENT SERVICES***

MEMBERS OF THE COMMITTEE

LEGISLATIVE COUNCIL

Hon Ivan Dean MLC (Chair to 26 March 2021)

Hon Ruth Forrest MLC
(Chair from 23 June 2021)

Hon Meg Webb MLC (from 22 June 2021)

Hon Josh Willie MLC

HOUSE OF ASSEMBLY

Dr Shane Broad MP (from 24 August 2021)

Mr Nic Street MP
(Deputy Chair to 18 February 2022)

Mr David O'Byrne MP (to 26 March 2021)

Ms Madeleine Ogilvie MP (from 22 June 2021)

Mr John Tucker MP (to 26 March 2021)

Ms Rebecca White MP (22 June to 7 July 2021)

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CHARTER OF THE COMMITTEE

The Public Accounts Committee (the Committee) is a Joint Standing Committee of the Tasmanian Parliament constituted under the *Public Accounts Committee Act 1970* (the Act).

The Committee comprises six Members of Parliament, three Members drawn from the Legislative Council and three Members from the House of Assembly.

Under section 6 of the Act the Committee:

- must inquire into, consider and report to the Parliament on any matter referred to the Committee by either House relating to the management, administration or use of public sector finances; or the accounts of any public authority or other organisation controlled by the State or in which the State has an interest; and
- may inquire into, consider and report to the Parliament on any matter arising in connection with public sector finances that the Committee considers appropriate; and any matter referred to the Committee by the Auditor-General.

1 ABBREVIATIONS

ACEM	Australasian College for Emergency Medicine
AHPF	Australian Health Performance Framework
ECN	Emergency Care Network
ED	Emergency Department
EMU	Emergency Medicine Unit
DoH	Department of Health
HPI	Health Performance Indicator
ICU	Intensive Care Unit
IOC	Integrated Operations Centre
IV	Intravenous
KPI	Key Performance Indicator
LGH	Launceston General Hospital
MCAP	Making Care Appropriate for Patients
MCH	Mersey Community Hospital
NWRH	North West Regional Hospital
PMO	Project Management Office
PPA	Providing Professional Accountability
REB	Reportable Event Brief
RHH	Royal Hobart Hospital
SAC	Severity Assessment Code
SHSJG	Statewide Health Service Joint Executive
SPFC	System Performance and Forecasting Committee
SUFS	Speaking Up for Safety Cultural Change Program
THS	Tasmanian Health Service
TECN	Tasmanian Emergency Care Network

2 EXECUTIVE SUMMARY

The Committee resolved to undertake a follow-up review of the Department of Health's (DoH) response, and actions taken in response, to the Auditor-General's performance audit to assess the efficiency and effectiveness of Tasmanian Emergency Departments (EDs).

The Auditor-General considered the efficiency and effectiveness of Tasmanian EDs from the perspective of patients on their journey through an ED and whether the Tasmanian Health Service (THS) was managing EDs effectively, including from a governance and leadership perspective.

The audit examined the operation of EDs over the period of 1 July 2009 to 30 June 2018. The Auditor-General's Report included ten (10) recommendations to address matters related to leadership, access block, patient flow and the underlying factors contributing to inefficiency and ineffectiveness across these areas.

This Committee's report details responses from the Minister and government related to the Auditor-General's Report recommendations, the actions taken (or in progress) and actions or measures yet to be completed that respond to these recommendations.

The Committee notes the impact the COVID-19 pandemic has had on the delivery of health services and the capacity of the government to progress some actions related to the Auditor-General's recommendations.

The Committee notes Tasmania's border reopening to mainland states and international arrivals will have impacted aspects of these initiatives and been a test of the efficiency and effectiveness of these measures.

The Government's decision to re-open the Tasmanian border to all mainland states, has exacerbated demand on, and staffing of, Tasmania's health services. This has further highlighted the need for efficient and patient outcomes-focussed services where staff are supported and actively engaged in decision making.

The Committee acknowledges the many measures taken by the DoH and THS to address the issues identified by the Auditor-General and the commitment to address all recommendations. However, caution must be exercised to ensure that when establishing new committees and/or processes, regular evaluation is undertaken to assess the achievement of intended outcomes.

The Committee found that a significant amount of work has been done to address the inefficiencies, governance and cultural challenges within the health services. These actions need to be reviewed and reported on to provide assurance to the public and the Parliament that matters identified by the Auditor-General are effectively addressed and performance improvement in all areas are sustained.

The Committee notes further detail related to the work being undertaken is also available on the DoH website at: <https://www.health.tas.gov.au/about/what-we-do/strategic-programs-and-initiatives/our-healthcare-future>.

The Committee made eight recommendations following the follow-up review that appear throughout this Report and are summarised in the following chapter.

In addition to the recommendations contained with this Report, the Committee recommends the Department of Health:

- review effectiveness of all initiatives implemented in response to the Auditor-General's Report with a focus on patient outcomes and staff wellbeing;
- ensure responsibility is clearly assigned to regularly review areas raised by the Auditor-General, including ED access and patient flow, workplace culture, staff engagement and leadership, performance and management, investigation and reporting of adverse events; and
- provide a written response to the Committee to this Report and recommendations.

A handwritten signature in black ink, appearing to read 'R. Forrest', written in a cursive style.

Hon Ruth Forrest MLC
Chair

23 February 2022

3 SUMMARY OF FINDINGS

The Committee found:

- F1. The majority of performance measures considered by the Auditor-General have not experienced improvement since the release of the report.
- F2. The COVID-19 pandemic may have contributed to these challenges and longer-term reporting of data is necessary to assess measures implemented to address the recommendations of the Auditor-General and the Committee.
- F3. A new DoH executive structure has been implemented to bring together executive leadership for the Department and the THS including mental health and primary and community care with all positions reporting to the Secretary.
- F4. The DoH has released and is currently implementing Health's Strategic Priorities 2021-23.
- F5. The establishment of the positions of Chief Executive Hospitals South and Chief Executive Hospitals North/North West have clarified the roles and responsibilities of operational areas within the Department of Health.
- F6. Integrated Operations Centres (IOCs) at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital are staffed by dedicated staff skilled in patient access and flow roles and incorporate system-wide representation through the establishment of roles representing Ambulance Tasmania and Statewide Mental Health Services.
- F7. The IOCs at major hospitals are connected through to the district hospitals.
- F8. Focus boards that report key data elements are being implemented across the IOCs.
- F9. The development of a suite of consistent reporting measures that provide a snapshot of access and flow performance has commenced.
- F10. Additional funding has been provided to reduce need for attendance at emergency departments through enhanced care in the community.
- F11. The Statewide Access and Patient Flow Program is intended to provide whole of service programme oversight for all access and patient flow projects and to

ensure projects are properly resourced, project managed and delivered according to agreed timelines.

- F12. Projects under the Statewide Access and Patient Flow Program are to be evaluated with results published to each of the teams and staff involved in the projects.
- F13. Access targets, developed by the Australian College of Emergency Medicine (ACEM), have been adopted and are publicly available and form part of the suite of key performance indicators (KPIs) and targets related to patient access and flow.
- F14. The THS conducts a root cause analysis on all Australian Sentinel Events and any event that has a Severity Assessment Code rating of 1 (SAC1).
- F15. All SAC 2-4 are also investigated but not with a root cause analysis methodology.
- F16. The THS has in place a sophisticated mechanism to assess high severity incidents and monitor the implementation of recommendations.
- F17. Medtasker as a communication tool is utilised in the reporting and monitoring of adverse events.
- F18. Adverse events are assessed on an event by event basis, identifying the issues and responding through system based rather than individual based processes.
- F19. The Department claims the implementation of partner pharmacists' medication charting has significantly reduced medication and intravenous fluid administration related serious adverse events.
- F20. The Pathway to Excellence program, an internationally recognised framework with proven success at driving organisational cultural change, was commenced in 2019 at Hospitals South with expansion to Hospitals North/North West approved during 2021.
- F21. Hospitals South has been undertaking the Speaking Up for Safety Cultural Change Program (SUFS) with over 1,500 staff attending scheduled presentations.
- F22. Twelve SUFS Cultural Change Program presenters have been accredited in March 2021 making a total of 22 accredited presenters.

F23. The second stage of the SUFS Cultural Change Program, Promoting Professional Accountability, was planned to commence in September 2021.

F24. The SUFS Cultural Change Program will be delivered in the North and North West.

F25. Insync were engaged throughout 2020 to conduct a Staff Engagement Survey with feedback on the results provided through the hospital's intranet.

F26. The following initiatives seek to address the Auditor-General's Recommendation 4 (a) and (b):

- a. the Statewide Access and Patient Flow Program;
- b. the Tasmanian Emergency Care Network (TECN), established under Statewide Access and Patient Flow Program is a clinician-led mechanism that engages emergency and non-emergency clinicians, Tas Ambulance Service, consumers and policy makers from across the health system;
- c. staff engagement forums implemented to encourage direct staff involvement in access and patient flow initiatives;
- d. a Public/Private Hospitals Partnership Working Group;
- e. the Making Care Appropriate for Patients (MCAP) - real-time understanding of access and patient flow challenges that enables better utilisation of clinical services and inefficiencies; and
- f. Medtasker, a workflow communication management tool to ensure that the relevant staff are able to be matched to the relevant tasks, targeting the deployment of resources.

F27. The following measures are intended to address the Auditor General's recommendations related to the minimisation of avoidable admissions and non-qualifying continuing days of stay for admitted patients:

- a. implementation of a clinical utilisation review process and MCAP (an electronic tool) across the THS in May 2021; and
- b. utilisation of data analytics and eHealth tools.

F28. At the time evidence was taken by the Committee, the available data was still being developed. Once fully developed these data will be utilised to identify:

- a. barriers to discharge;
- b. bottlenecks;
- c. gaps in the continuation of a patient's care; and
- d. whether appropriate care is provided where the patient needs it.

- F29. The Business Improvement and Reform Unit has established a Project Management Office (PMO) within the Strategic Information Management Technology area to provide support, advice, monitoring and reporting on system reform projects, and support change management capability and project management capability.
- F30. Clinical networks (health providers and consumers) work collaboratively to set priorities, develop action plans and quality improvement programs, to inform the Department of Health on clinical related issues.
- F31. The Statewide Access and Patient Flow Program reports to the Health executive to ensure projects are properly resourced, project managed and delivered according to agreed timelines.
- F32. A review was undertaken in February 2020 of all historical Access and Patient Flow reviews, with recommendations consolidated, catalogued and outcomes identified:
- a. a subset of recommendations that were being addressed through active projects were prioritised for progression.
- F33. Progress on implementation has been negatively impacted by the COVID-19 pandemic.
- F34. The DoH and THS have responded to the Auditor-General's Recommendations 9 and 10 through the following actions:
- a. a revised THS Performance Framework in 2018-19, structured around six domains of performance as set out in the Australian Health Performance Framework (AHPF);
 - b. in March 2020, a new executive structure for the State's health system came into effect with the subsequent establishment of the System Performance and Forecasting Committee (SPFC) in July 2020;
 - c. in 2021 22 bi-monthly performance deep dives are to be undertaken by the SPFC to ensure that the appropriate level of performance intervention is occurring; and
 - d. where necessary, performance improvement plans will be developed and monitored by the SPFC that undertake appropriate root cause analysis and identify remedial actions.
- F35. The COVID-19 pandemic significantly impacted the establishment of the SPFC during 2020.

4 SUMMARY OF RECOMMENDATIONS

The Committee makes three (3) overarching recommendations to the DoH:

- R1. review effectiveness of all initiatives implemented in response to the Auditor-General's Report with a focus on patient outcomes and staff wellbeing;
- R2. ensure responsibility is clearly assigned to regularly review areas raised by the Auditor-General, including ED access and patient flow, workplace culture, staff engagement and leadership, performance and management, investigation and reporting of adverse events; and
- R3. provide a written response to the Committee to this Report and recommendations.

The Committee made eight (8) recommendations directly related to actions taken in response the Auditor-General's recommendations.

- R4. The Department of Health and Tasmanian Health Service continue to monitor and report on outcomes of actions taken and performance measures that address the recommendations in both the Auditor-General's and Committee's reports.
- R5. The THS continue to take a system wide approach to identify underlying factors contributing to adverse events.
- R6. The THS urgently review the increase in adverse events in the EDs to identify aspects unrelated to a positive reporting culture.
- R7. The THS publicly report measures taken to identify and mitigate against factors related to adverse events in the EDs and the associated outcomes.
- R8. The THS monitor progress of cultural change through the regular use of recognised and externally assessed programs with progress outcomes reported publicly.
- R9. The DoH and THS monitor regularly and report on patient flow and access challenges.
- R10. The data collected through the clinical utilisation review process, Making Care Appropriate for Patients (MCAP) and other data sources be analysed and reported publicly as they relate to:
 - a. patient outcomes;

- b. avoidable admissions;
- c. non-qualifying continuing days of stay for admitted patients;
- d. identification of gaps in health care provision; and
- e. patient care received in most appropriate settings.

R11. Internal audits to be undertaken to ensure the effectiveness and efficiency of the Project Management Office.

5 BACKGROUND

5.1 The Auditor-General undertook a performance audit to assess the efficiency and effectiveness of Tasmanian EDs from the perspective of patients on their journey through an ED and whether the THS was managing EDs effectively. The audit examined the operation of EDs and related performance data at the Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) over the period 1 July 2009 to 30 June 2018.

5.2 The Auditor-General's Report stated:

The challenges facing Emergency Departments in Tasmania's four largest public hospitals are regularly publicised, highlighting increasing presentations to Emergency Departments, overcrowding, ambulance ramping, long patient wait times, adverse patient outcomes and the frequent presence of access block.

This audit examines the performance of the Emergency Departments at Tasmania's four largest public hospitals, from both a patient journey perspective and a governance and leadership perspective. It examines key performance measures related to Emergency Department performance and assesses whether initiatives identified to improve performance have been implemented and monitored.

Whilst the effective and efficient delivery of patient care in Emergency Departments depends on a variety of interrelated elements, such as prompt off-loading of ambulance patients, quick and accurate triage, timely and accurate diagnosis and appropriate clinical treatment, timely discharge or admission to an inpatient bed, the solution to fixing what is often perceived as 'an Emergency Department only problem' requires a whole-of-hospital and system-wide approach. Clinical and executive leadership is essential to this approach and senior management must ensure agreed upon changes are implemented and monitored and progress communicated. Hospital staff, including clinicians, managers and staff, must be involved in the clinical redesign process, both in designing and implementing solutions, whilst at the same time ensuring clinically appropriate patient care remains paramount.

5.3 The audit found there had been a growth in demand over the last nine years, with patients presenting to EDs increasing 15% (nearly 21,000) from 2009-10 to 2017-18, with most growth occurring at the RHH. This was compounded by the growing complexity of presentations and the limited number of bulk billing Tasmanian general practitioners and extended health care paramedics able to avoid unnecessary trips to the ED by providing alternative care to non-acute patients.

- 5.4 The audit also found that the incidence and duration of ambulance ramping across Tasmania's four major hospitals had increased significantly between 2012-13 and 2017-18, and that patients were waiting longer for treatment in EDs.
- 5.5 The audit concluded that increasingly ED patients were not receiving timely care. The conclusions of the audit resulted in ten recommendations. These are included in chapter 7, together with responses from the Department.
- 5.6 This Report should be read in conjunction with the Auditor-General's full report, Hansard transcripts and the attached questionnaire responses.

6 CONDUCT OF REVIEW

- 6.1 On 24 March 2021, the Committee received a briefing from the Auditor-General and subsequently resolved to undertake a follow up review of the Report. The Committee's terms of reference were to establish the extent to which the recommendations of the Auditor-General have been implemented and report to both Houses of Parliament.
- 6.2 Parliament was prorogued on 26 March 2021. The Committee was re-established on 22 June 2021 and the Committee resolved to continue work on the review.
- 6.3 On 24 June 2021, a questionnaire was sent to the Minister for Health. The purpose of the questionnaire was to determine the action taken by the DoH to implement the Auditor-General's recommendations.
- 6.4 The questionnaire asked the Department to provide a response to the Committee detailing action(s) taken to implement recommendations including:
1. progress of implementation of each recommendation;
 2. any explanation for delay in implementation;
 3. rationale for not implementing/adopting recommendation (if appropriate); and
 4. any other relevant detail.
- 6.5 The Minister's response to the questionnaire was received on 9 July 2021 and is attached at [Appendix 1](#).

The Minister's response included the following general comments in addition to specifically responding to each recommendation made by the Auditor-General:

Demand for health services in Tasmania is continuing to increase and over the last financial year there were approximately 170 000 presentations to Tasmania's Emergency Departments.

...

The Department of Health has established the Statewide Access and Patient Flow Program to support a coordinated statewide improvement in access and flow. This includes the development of a statewide, system-wide framework for integrating, delivering, and monitoring programs of work aimed at improving patient access and flow through the Tasmanian healthcare system.

...

While these hospital-based improvements are important, the Government also recognises the key role community-based care has in treating patients outside of a hospital setting and potentially avoiding the need for hospitalisation.

Over the next four years, the Government has committed an additional \$52 million towards in-home and local community delivered health services including \$275 million to continue the Community Rapid Response Service across the State as well as piloting hospital in the home services. The Government is also providing additional support for General Practitioners and Pharmacies to increase after-hours services to their local communities, making it easier for Tasmanians to access medical care close to home.

The Government has also committed \$13.8 million over six years to establish a secondary triage service within Ambulance Tasmania. Secondary Triage sees paramedics and nurses providing clinical advice to Triple O callers including connecting them to other health services where appropriate. This ensures patients receive the appropriate care they need, while also reducing the need to transport patients to the Emergency Department if appropriate services are available in the community.¹

- 6.6 The Committee resolved to call the Minister and Departmental staff to a public hearing in order to provide additional verbal evidence.
- 6.7 On 24 September 2021, the Committee heard from the Hon Jeremy Rockliff MP, Minister for Health, together with Kathrine Morgan-Wicks, Secretary Department of Health, Tony Lawler, Deputy Secretary Department of Health and Michelle Searle, Department of Health.
- 6.8 Since receiving the Government's response to the Committee's questionnaire, and evidence taken by the Committee, the circumstances in the EDs of the State's health system have come under significant pressure. This follows the re-opening of the Tasmanian border to mainland states and the inevitable outbreak of COVID-19, in particular the Omicron variant, that followed.
- 6.9 The Committee was unable to complete this Report prior to that time, and made the decision to report information received prior to December 2021.
- 6.10 The Committee requested updated figures from the 2012-13 to 2017-18 Auditor-General Report. This information is provided and included in the Minister's response to questions on notice attached at [Appendix 2](#).
- 6.11 The updated data describes:
1. Growth in ED presentations continue to increase however at a lower percentage increase since 2017-18.

¹ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

2. Mental health presentations to ED continue to rise at the RHH and have remained stable at the LGH.
3. Incidences of ambulance ramping has stabilised at the RHH and MCH and continues to increase at the LGH and NWRH.
4. Compliance with ED waiting times have remained stable for Cat 1, 3 and 5 but deteriorated and remains below Health Performance Information (HPI) levels for Cat 2 and 4 cases.²
5. The percentage of patients that leave before being treated has remained relatively stable at all hospital EDs.
6. The proportion of patients with an ED length of stay less than four hours has remained relatively stable at the RHH and MCH but declined at NWRH and LGH with a reduction from 60% to 50% at the LGH over the years 2017-18 to 2018-19.
7. The total number of hours patients spent in EDs beyond the target of four hours has seen an increase from a total of 14,255 days to 17,353 days. This relates to slight increases in total hours spent in the EDs of the NWRH, LGH and MCH offset by a reduction at the RHH.
8. The average length of stay of admitted versus non-admitted patients has remained stable.
9. Total adverse events have seen a significant rise in events related to behaviour, blood/blood products, care management process, clinical process/procedure, falls and medication/IV fluids, noting that adverse events are self-reported by staff. The increase in number may, in part, be attributable to the more positive reporting culture.
10. The number of adverse events by hospital saw a sharp increase from 2018 to 2019 which may reflect a more proactive culture of reporting and has continued to reduce in all four hospital EDs since, most notably at the RHH.

² Based on the Australasian College of Emergency Medicine guidelines, triage categories range: Cat 1 (Resuscitation), Cat 2 (Emergency), Cat 3 (Urgent), Cat 4 (Semi-urgent) and Cat 5 (Non-Urgent). Source: Your Health Progress Chart, System Purchasing and Performance Group, Department of Health and Human Services, Tasmania (March 2015)
<https://stors.tas.gov.au/download/1498691>

11. The total number of admissions to inpatient wards has remained relatively stable between 2018-19 to 2020-21 and due to reporting changes is not able to be accurately compared over the previous time period.
12. The proportion of time at escalation level has seen a significant increase in Level 4 escalation at the RHH, a reduction in Level 3 escalation at the LGH, an increase in Level 3 escalation at the MCH and a reduction of Level 3 escalation at the NWRH with an increase at Level 2 escalation.³
13. The average length of stay for the 90th percentile of admitted patients by hospital in hours has remained relatively stable over the last three years.
14. Following a significant reduction in Emergency Medicine Unit (EMU) patients admitted to hospital by year from 2015/16 to 2018/19 admissions have remained stable over the last three years for all hospital EDs.

Committee Findings

- F1. The majority of performance measures considered by the Auditor-General have not experienced improvement since the release of the report.
- F2. The COVID-19 pandemic may have contributed to these challenges and longer-term reporting of data is necessary to assess measures implemented to address the recommendations of the Auditor-General and the Committee.

Committee Recommendation

- R4. The Department of Health and Tasmanian Health Service continue to monitor and report on outcomes of actions taken and performance measures that address the recommendations in both the Auditor-General's and Committee's reports.

³ Level 1 (Normal operating activity), Level 2 (Increased pressure of flow), Level 3 (Severe effect on flow activity) and Level 4 (System severely compromised – only for Royal Hobart Hospital): Report of the Auditor-General No. 11 of 2018-19 - Performance of Tasmania's four major hospitals in the delivery of Emergency Department services, Presentation, p.19 <https://www.audit.tas.gov.au/wp-content/uploads/Report-No11-Emergency-Department-Services-Presentation.pdf>.

7 DEPARTMENTAL RESPONSES

AUDIT CRITERIA 1

What happens when I arrive at the Emergency Department?

Recommendation 1

THS and DoH take urgent action to strengthen whole-of-health system leadership and coordination of initiatives designed to improve patient flow by, at a minimum:

- (a) clarifying the roles and responsibilities of all hospital Executive Directors of Operations, mental health services and primary and community care leadership teams, inpatient wards, department heads, clinicians, nurses and related administrative and support staff in prioritising and contributing to hospital and system-wide initiatives to improve patient flow.*
- (b) ensuring all hospital, mental health and community care leadership teams, department heads and their staff are fully empowered, sufficiently resourced and accountable for achieving sustained improvements in hospital and system-wide collaboration and performance on patient flow.*
- (c) taking immediate steps to review and, where relevant, strengthen the effectiveness of coordination mechanisms between all departments and staff within hospitals and with mental health, primary and community care services for optimising patient flow.*

Department response to Recommendation 1

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

In 2020, the Department of Health implemented a new streamlined executive structure for the state's health system. The structure strengthened local decision-making authority and accountability and provided a stronger sense of collaboration, cooperation and shared purpose within the Department of Health.

Establishing an effective governance structure is critical to improving healthcare across our public health system. The strengthened governance framework provides accountability, transparency and responsiveness to change, it also clarifies and confirms local decision-making authority and accountability.

The governance changes have clarified the roles and responsibilities of operational areas with the establishment of the positions of Chief Executive

Hospitals South and Chief Executive Hospitals North/North West. These positions are responsible for the operation of hospitals and associated clinical services and report directly to the Secretary. The governance changes have also established the portfolio of Community, Mental Health and Wellbeing with a dedicated Deputy Secretary and supporting operational structure.

Formation of the new Department of Health executive structure brings together executive leadership for the Department and the THS including mental health and primary and community care leadership, all reporting through to the Secretary. These broader governance arrangements assist to strengthen whole-of-system leadership and coordination of initiatives including initiatives designed to improve patient flow and provide greater clarity and empowerment of relevant positions, teams and staff in relation to operation and delivery of services.

The 2019-20 Revised Estimates Report has seen an additional investment of \$600 million into health by the Tasmanian Government. There has also been significant new investment in mental health care and major service reform work to develop an integrated approach for mental health services inclusive of a hospital avoidance program and in response to the findings of the Mental Health Integration Taskforce, all of which will assist with improving patient flow.

The Medtasker messaging and tasking system has been implemented across the state to assist coordination of patient flow processes. This initiative has been delivered 6 months earlier than programmed. There are Integrated Operations Centres (IOCS) at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital that are staffed by dedicated staff skilled in patient access and flow roles and incorporate system-wide representation through the establishment of roles representing Ambulance Tasmania and Statewide Mental Health Services.

A suite of focus boards reporting key data elements have been implemented or are in the process of being implemented, across the IOCS. Development of a suite of consistent reporting measures, encompassing an integrated metrics strategy covering experience, process, impact, and balancing measures that provide a snapshot of access and flow performance is also underway.⁴

In regard to Recommendation 4, the Minister's response to the questionnaire stated:

...the Department of Health has established the Statewide Access and Patient Flow Program. The program consists of a system-wide framework for

⁴ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

integrating, delivering and monitoring programs of work aimed at improving patient access and flow...⁵

In regard to Recommendation 7, the Minister's response to the questionnaire stated:

The purpose of establishing the Statewide Access and Patient Flow Program was to create whole of service programme oversight for all access and patient flow projects, reporting to the Health Executive, to ensure projects are properly resourced, project managed and delivered according to agreed timelines.⁶

At the public hearing, the Minister for Health made the following introductory remarks:

While all state and territory governments have significantly increased service levels to meet the rate of increase in demand, perennial challenges of ensuring the patient's receive timely access to care remain. Each week we read in national newspapers and on websites the same problems in other jurisdictions that we face in our community, including long waits in emergency departments, ambulance ramping and timely access to elective surgery and outpatient clinics.

These problems are the symptoms of the effect if (sic) increasing demand on our health systems. In addition, we are also currently managing the impact of the COVID-19 pandemic which is stretching the capability of our health system in a way that has not happened before. As you are aware, to improve the transparency and currency of health information key information updates are being released monthly. The health dashboard update, which will be released today, shows despite delivering more funding, more staffing and more health services than any previous government, demand is continuing to increase.

The latest data for August continues to show encouraging improvements to the elective surgery wait list, reducing from 12 273 in January to 10 850, a decrease of about 1 400 people. However, emergency departments, one of the topics we are talking about today, in Tasmanian hospitals are experiencing increasing pressure due to continually rising numbers of people presenting for care, especially at the Royal Hobart Hospital. In August there were 6 371 presentations to the Royal Hobart Hospital ED, the second highest number since the record high in March 2021 of 6 783.⁷

⁵ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

⁶ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

⁷ Transcript of evidence, 24 September 2021, Minister for Health, p.35

Kathrine Morgan-Wicks, Secretary of the Department of Health, provided the following information:

...we have a focus on whole-of-system health leadership. Since February 2020, and it took effect on 1 March, we instituted our new governance structure for the Department of Health, which tried to bridge the practical divide that had existed between the Department of Health and the Tasmanian Health Service.

To be fair to its authors, this report does go to governance, particularly at the back of the report - the concerns in previous years about attempts to hold systems to account, a performance framework and a department basically asking another service to continue to report to it. Since February 2020, we have done all that we can to operate as one department of Health. The timing of doing that has been very positive, particularly given the outbreak of COVID-19 and the efforts we all had to make to work together as one team to manage the pandemic.

Access and patient flow and the impact that has across our health system, as you'll note, is a key priority in the Department of Health's strategic priorities, and that is Department of Health including our THS, including our ambulances services. One of the very first priorities in that access and flow column is that we are making access and patient flow everyone's business across the Department of Health. That is our expectation.⁸

In relation to staffing, the Secretary advised that the Department had published an organisational flow chart showing the structure of the Department from both a functional view and an individual authority or accountability view. These are provided in [Appendix 3](#).

The Secretary also advised:

We have three chief Health executives who are responsible for our operating services in Tasmania. We have our chief executive of our Hospital South which is not just the RHH but all associated, so part of that broader RHH campus. We have our chief executive for our Hospitals North/North West. We also have our chief executive for our Community Mental Health and Wellbeing. They sit around a single executive. There is not another executive layer that we then point to and say, 'You are responsible for that and we require you to perform'. We are responsible for the performance.

CHAIR - *Who holds those positions?*

Ms MORGAN-WICKS - *We have Susan Gannon who is the Chief Executive for Hospitals South, we have Eric Daniels who is Chief Executive for Hospitals North/North West and we have Dale Webster who is the Deputy Secretary,*

⁸ Transcript of evidence, 24 September 2021, Kathrine Morgan-Wicks, pp.35-36

*responsible for and the Chief Executive for the Community, Mental Health and Wellbeing portfolio, which includes ambulance.*⁹

And further:

As part of the health executive structure, we have clear responsibilities, by portfolio or division and also accountabilities at the health executive table.

*In reading the Auditor-General's Report, which probably harks back to evidence that was collected many years ago now and in different organisational structures, it is probably a little bit of a world away from the way in which we are operating today. At that health executive table, we also have, for example, a deputy secretary who is responsible for infrastructure across the board in health in Tasmania. I have a chief information officer who is responsible for technology across the board, whereas previously in this report we probably had many positions that were responsible. At times people do an amazing job within their silo or pocket but what we need to see is the strategic decision-making right across the health system so that we can make decisions faster.*¹⁰

Mr ROCKLIFF - *We are mindful of the report and its recommendations and its mention of culture. We may have covered this over the course of the last couple of weeks in our \$15.7 million investment to support cultural improvement across our Tasmanian Health System, across all sites and all areas, which is particularly important. It is important for a variety of reasons.*

First, everyone who works within our Tasmanian Health Service does a tremendous job under difficult circumstances. We want to ensure that every one of those individuals feels safe, that they are respected and that they are valued for the very good work that they do. What is important culturally within the organisation is that people can express an opinion and see opportunities for growth within the Tasmanian Health Service with regard to their aspirations and opportunities for promotion.

Ms MORGAN-WICKS - *... cultural change is a long process. It is well underway across the Department of Health, the Tasmanian Health Service and the Ambulance Service. We are moving to a broad-scale cultural change piece that is patient-focused with respect for each other and our patients no matter how diverse as they present. That change is happening right across our health service. We will be probably announcing more to our staff in coming months as our new chief people officer is appointed and leads that cultural change program.*

In the instance of access and flow, the key cultural piece is about every single staff member understanding that they are playing a part in a patient's journey. Often access and flow or ramping of ambulances, for example, will be seen as an emergency department problem or an ambulance problem. However, it is a whole-of-hospital and a whole-of-system problem. It extends into our

⁹ Transcript of evidence, 24 September 2021, Kathrine Morgan-Wicks, p.36

¹⁰ Transcript of evidence, 24 September 2021, Kathrine Morgan-Wicks, p.37

integration with primary care and our integration with aged care. Our statewide access and patient flow program has it at its heart the support from our emergency care network and our college. At number one cultural understanding is critical.

The changes we are seeing are probably most evident in the roll-out of our integration operations centres in each of our hospitals. There was reference to that in the Auditor-General's report. That was probably the early days of the IOCs being contemplated. We are now seeing really strong participation in IOCs from across the hospitals. For example, at the Royal Hobart Hospital at 8.15 a.m. every morning there is a huddle on safety and the environment in the ED and the impact that that is having on admissions and discharges across the hospital. It's trying to encourage a one-team perspective on access and flow.

We have an integrated operation centre operating in each of our major hospitals and to a lesser extent we have information flow happening in district hospitals. We have a connection from our IOCs through to those district hospitals. Our integrated operations centre, for example, at the Royal is a very large area with walls filled with dashboards to monitor the information they need to make sure that beds and patients are flowing through our hospital system.

The Royal is right at the centre and will take not only its own patients but transfers for particular types of care throughout the state. We have a mixture of staff that are in the IOC. At the moment we have the departmental head of our emergency department sitting in our integrated operation centre. Dr Emma Huckerby has been assisting in our IOC to bring that strong emergency department perspective and to work with our general medicine teams who will take the bulk of the patients out of an ED. It monitors our ICU beds and what impact surgery is having on those beds and tries to improve the flow.

An ambulance representative sits at times within the IOC to ensure that the right information is coming from the road in to the hospital. That is very important when there is major trauma, or road trauma. These IOCs are improving. The Royal's was opened over the past 12 months, so it's starting to gather pace. It needs the whole of the hospital hearing the information, responding to the IOC, and the IOC having the authority to admit and make decisions.

The Royal has had a virtual IOC for longer than 12 months, but as part of the K-Block re-development and the infrastructure works we created a new integrated operation space that is dedicated to flow. Regarding monitoring, every hour in every day determines what impact it is having on the flow of the hospital. This will be impacted by the significant increases in presentations that we are seeing in the ED.

As part of our statewide access and patient flow program, and all the projects that are in that program, and there are examples on our strategic priorities, that will benefit the integrated operations centre. They will be rolling out these projects, implementing them and educating our staff across the system about the improvements we are making.

For each project we are rolling out under the statewide access and flow program we will be undertaking evaluation and publishing that evaluation to each of our teams and staff that have been involved in the projects.

We have a suite of KPIs and targets that operate across the health system. Our health dashboard is probably the highest level that is now available for the public to view, every single month.¹¹

At the same hearing, the Minister tabled a copy of correspondence recently received from the Australasian College for Emergency Medicine (ACEM) which supported the Department's strategic priorities and its dedication to improving access and patient flow. A copy is provided in [Appendix 4](#).

Mr Lawler explained how the Department had applied the targets developed by ACEM:

The access targets that have been developed by the College for Emergency Medicine are publicly available, and they have been discussed and presented by the college to our emergency care network. They stream patients on the basis of their disposition - patients who are admitted to hospital or transferred, patients who are discharged into their own care, or patients who are admitted to a short-stay unit.

They have different time targets for each of those streams, and different thresholds and KPIs for those targets. For instance, 100 per cent of patients should have an emergency department length of stay of no greater than 12 hours if they are admitted, or 90 per cent should have an emergency department length of stay of no greater than 8 hours, which has traditionally been our target, and is consistent with the definition of access block.

There is a similar stream for discharge patients, and for those who are admitted to short-stay unit, such as an EMU, or an observation unit within the emergency department.

In discussions with both the college and the emergency care network, those hospital access targets have been adopted. That is clearly articulated within our strategic priorities. The letter from ACEM indicates the fact that they welcome our adoption, and they will be incorporated into our public reporting.¹²

In response to questions taken on notice at the public hearing, the Minister provided updated data on numbers of presentations to EDs and waiting times from 2018-19 to 2020-21. These data are referred to in chapter 5 of this Report. The data relevant to the Auditor-General's recommendation 1 are provided in [Appendix 2](#), Figures 2, 5 and Table 1.

¹¹ Transcript of evidence, 24 September 2021, pp37-41

¹² Transcript of evidence, 24 September 2021, p.41

Committee Findings

- F3. A new DoH executive structure has been implemented to bring together executive leadership for the Department and the THS including mental health and primary and community care with all positions reporting to the Secretary. (New governance framework is attached at Appendix 3).
- F4. The DoH has released and is currently implementing Health's Strategic Priorities 2021-23.
- F5. The establishment of the positions of Chief Executive Hospitals South and Chief Executive Hospitals North/North West have clarified the roles and responsibilities of operational areas within the Department of Health.
- F6. Integrated Operations Centres (IOCs) at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital are staffed by dedicated staff skilled in patient access and flow roles and incorporate system-wide representation through the establishment of roles representing Ambulance Tasmania and Statewide Mental Health Services.
- F7. The IOCs at major hospitals are connected through to the district hospitals.
- F8. Focus boards that report key data elements are being implemented across the IOCs.
- F9. The development of a suite of consistent reporting measures that provide a snapshot of access and flow performance has commenced.
- F10. Additional funding has been provided to reduce need for attendance at emergency departments through enhanced care in the community.
- F11. The Statewide Access and Patient Flow Program is intended to provide whole of service programme oversight for all access and patient flow projects and to ensure projects are properly resourced, project managed and delivered according to agreed timelines.
- F12. Projects under the Statewide Access and Patient Flow Program are to be evaluated with results published to each of the teams and staff involved in the projects.

F13. Access targets, developed by the ACEM, have been adopted and are publicly available and form part of the suite of KPIs and targets related to patient access and flow.

Committee Recommendation

Nil

AUDIT CRITERIA 2:

Will I get the care I need?

Recommendation 2

THS and DoH urgently review the root causes of the growth in ED adverse events and implement targeted initiatives to mitigate the impacts and reduce future incidences.

Department's response to Recommendation 2

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

The Tasmanian Health Service conducts a root cause analysis on all Australian Sentinel Events and any event that has a Severity Assessment Code rating of I (SAC 1). All SAC 2-4 are also investigated but not with a root cause analysis methodology. As part of our commitment to continuous improvement, the learnings from all investigations are shared and entered into the Safety Event Learning System.¹³

At the public hearing the Minister and Department staff provided the following additional information:

Mr ROCKLIFF - *...We had some information in Budget Estimates about root cause analysis and the 218 events over the past five years where root cause analysis would generally be expected. Fifty of those were last year. There were 188 root cause analysis reports recorded in the safety reporting and learning in the past five financial years. In the same time frame there were 30 events where root cause analysis has not yet been received. It could be for a variety of reasons but the service is still within the 70 days they have to investigate the event and complete the report and the service complete a different type of review, such as the cluster review and the lookback review...*

Mr LAWLER - *For clarity, what we undertake is a basic risk category assignment activity where the impact on the patient and the likelihood of that occurring results automatically in the generation of a severity assessment code or SAC rating. We have a policy expectation and a reporting expectation for all SAC 1 events that there will be a reportable event brief, a REB, which is a summary of the event provided to the department within 48 hours of its occurring. Then a root cause analysis which is mandated for all SAC 1s or sentinel events, which is*

¹³ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

a nationally determined list of so-called 'never events', has to be completed and provided back to the department within 70 days.

We have a process that is overseen by our Quality Patient Safety Service in terms of where the recommendations sit with that. It is a shared responsibility between the local organisation in terms of where the event has occurred, the root cause analysis. We talk a lot about closing the loop. Closing the loop isn't just checking whether the recommendations have been implemented. They are checking, as you allude, to ensure that the recommendations, having been implemented, prevent that kind of event occurring again.

...

We have a clinical executive that sits under and reports to Health executive.

...

That is in turn supported by a safety, quality and accreditation subcommittee that has oversight of our safety and quality systems on a standards-based approach. One of the things that we are working through is a more refined and sophisticated reporting suite such that we are able to report on the status of events, their investigation and how recommendations we receive from a number of different sources might be root cause analysis. It might be Auditor-General, it might coronial recommendations, the progress on those and how they are being implemented, which then gives us the ability to report not only to clinical executive but also the health executive in turn.

We have a sophisticated mechanism in place to ensure that we are getting to the bottom of the causes of these high severity incidents and monitoring the implementation of recommendations.

...

Probably one of the best examples of that is the fact that we have taken such elements as the Auditor-General's recommendation, the findings of previous reviews and used them to inform the development of our access and flow program.

Solutions such as: the use of Medtasker as a communication tool; the escalation of care; the development and current review of the integrated operation centres, including the inclusion of mental health and Ambulance Tasmania staff within those centres; the cultural work we are undertaking; and work that's being undertaken between the hospitals and Ambulance Tasmania through the emergency care network on inter-facility transfers and direct admission all go to the fact that we are incorporating these findings on an ongoing basis.

We analysed the root causes of the growth in events by analysing the root causes of the events. Whenever we have a report that indicates a SAC 1, we undertake

a formal root cause analysis, which is a very formalised process whereby we bring together key stakeholders and directors of improvement and also consumers and analyse the individual operational, environmental, human factors and so forth that lead to an event. We identify root causes, we identify recommendations that contributed to and recommendations that are identified but didn't contribute to. In identifying the growth in adverse events, we are undertaking that work by doing that on an event-by-event basis, identifying the issues and responding through system-based rather than individual-based processes.

Another example is, in the past, we saw medication errors that occurred through transcription of medications when patients came to the emergency department, or medications being added or being removed when they shouldn't have been. The implementation of our partner pharmacists' medication charting, which is a model that had been utilised elsewhere and we're using now, in which the reconciliation is undertaken by a pharmacist within the emergency department, the charting is undertaken, the junior doctor is sat down with and discussions around these issues that have occurred have virtually eliminated serious adverse events and, as elsewhere, have indicated length-of-stay improvements. It has been rolled out statewide with similarly positive responses.

We have identified a number of issues that were prominent features in adverse events. They included medication errors and an increase in ramping. We have obviously focused very many of our access-and-flow implementation issues on ramping as an end result of access block. We undertook an analysis. We understood from the report from the Auditor-General that highlighted the event type, which highlighted the growth. I think I mentioned this in Estimates last year and I re-emphasise it now that it is tempting, but not always supportable, to take growth in reported ED adverse events as necessarily a one-to-one correlation with the growth in adverse events.

Ms MORGAN-WICKS - *If I may add, medication or IV fluids errors was one of the significant adverse event categories identified in the Auditor-General's report and which pharmacy charting, the initiative under our statewide access and flow program, directly targets.¹⁴*

In response to questions taken on notice at the public hearing, the Minister provided updated data on ambulance ramping and adverse events from 2018-19 to 2020-21. This data is referred to in chapter 5 of this Report. The data relevant to the Auditor-General's recommendation 2 are provided in [Appendix 2](#), Figures 4, 5, 7, 8, 9 and 11 and Table 5.

¹⁴ Transcript of evidence, 24 September 2021, pp.42-45

Committee Findings

- F14. The Tasmanian Health Service conducts a root cause analysis on all Australian Sentinel Events and any event that has a Severity Assessment Code rating of 1 (SAC1).
- F15. All SAC 2-4 are also investigated but not with a root cause analysis methodology.
- F16. The THS has in place a sophisticated mechanism to assess high severity incidents and monitor the implementation of recommendations.
- F17. Medtasker as a communication tool is utilised in the reporting and monitoring of adverse events.
- F18. Adverse events are assessed on an event-by-event basis, identifying the issues and responding through system-based rather than individual-based processes.
- F19. The Department claims the implementation of partner pharmacists' medication charting has significantly reduced medication and intravenous fluid administration related serious adverse events.

Committee Recommendations

- R5. The THS continue to take a system wide approach to identify underlying factors contributing to adverse events.
- R6. The THS urgently review the increase in adverse events in the EDs to identify aspects unrelated to a positive reporting culture.
- R7. The THS publicly report measures taken to identify and mitigate against factors related to adverse events in the EDs and the associated outcomes.

AUDIT CRITERIA 3:

What happens after I have received Emergency Department care?

Recommendation 3

THS and DoH urgently implement a culture improvement program and initiatives with clearly defined goals, accountabilities and timeframes to:

- (a) eliminate the longstanding dysfunctional silos, attitudes and behaviours within the health system preventing sustained improvements to hospital admission, bed management and discharge practices.*
- (b) ensure that all THS departments and staff work collaboratively to prioritise the interests of patients by diligently supporting initiatives that seek to optimise patient flow.*

Department response to Recommendation 3

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

Pathway to Excellence Cultural Change Program

The Pathway to Excellence program is an internationally recognised framework with proven success at driving organisational cultural change. Designated by the American Nurses Credentialling Centre, the program focuses on developing high-performing teams and a culture of sustained excellence by improving the practice environment.

The Pathway program requires the organisation to provide evidence of the work it is undertaking to achieve this cultural change under six Pathway Standards: Shared decision-making, Leadership, Safety, Quality, Well-being, and Professional development.

Achieving statewide designation will require nine (9) separate applications. In mid-2019 the decision was taken to commence the program within Hospitals South.

A team comprising a Nursing Director, Nurse Manager and administrative support are in place within Hospitals South and to date have:

- Engaged widely with staff across the organisation, as well as with external stakeholders, to ensure all are aware of the purpose and benefits of achieving Pathway designation.*

- *Undertaken a staff engagement survey across nursing. Results have been shared within teams and have led to action planning between clinical staff and their leaders to address issues identified. The survey will be undertaken bi-annually.*
- *Are finalising a shared governance framework detailing how shared decision-making will be implemented across the organisation, with the aim of enabling direct care staff to have a say in decisions that affect the care they deliver and the environment in which they work.*
- *Surveyed nursing and midwifery staff to gauge their perception of organisational shared governance at present. Plan to resurvey 2-years post implementation of the shared governance framework.*
- *Undertaken a gap analysis across the organisation to identify areas where we are already achieving the required Pathway Standards, as well as areas where more work is required.*
- *Convened six cross-discipline, cross clinical-stream reference groups (one for each Pathway Standard) to look more in-depth at the requirements for that standard and develop organisational-wide initiatives to address identified gaps.*
- *Introduced a monthly staff recognition award (The DAISY Award).*
- *Supported a program to provide staff at all levels a structured process to address incivility and bullying in the workplace (Speaking Up for Safety).*
- *Provided staff the opportunity to suggest and select staff well-being initiatives provided by the organisation.*

The identified strengths of the program to date have been in all staff (cross discipline and cross stream) working on a common goal that they believe will lead to a positive workplace culture and better outcomes for patients.

Expansion of the program to Hospitals North/North-west has recently been approved.

Speaking Up for Safety Cultural Change Program

Hospitals South continues to progress the roll out of Speaking Up for Safety (SUFS), with over 1,500 staff, clinical and non-clinical, attending scheduled presentations as at 1 July 2021.

A further 12 SUFS Presenters received formal accreditation in March 2021. This brings the total number of accredited presenters to 22.

The SUFS Program has now been provided with dedicated administrative support to liaise with clinical and operational streams to facilitate suitable presentation dates and times throughout Hospitals South.

In addition, planning to implement the second stage of the SUFS Program - Promoting Professional Accountability (PPA) has commenced with regular discussions occurring with the Cognitive Institute to ensure the roll-out progresses smoothly. Project leads are anticipating that the PPA Commitment Phase will commence in September 2021.

The SUFS Program will be rolled out in the North and North West.

Insync Staff Engagement Survey

In addition to the Nursing and Midwifery Staff engagement Surveys, Hospitals South engaged Insync to conduct staff engagement surveys for Medical (February/March 2020 and October/November 2020); and Allied Health and Clinical Support Services (February/March 2020).

Following completion of each survey, Insync presents directly to the Hospitals South Executive Team providing an overview of results. This presentation is available on the Hospitals South Intranet pages accessible by all Hospitals South staff.

Access to unit results are provided to Heads of Department and Discipline Leads to ensure each area can share both positive and negative results with staff and participate in the development of individual action plans to address identified issues.

Hospitals North/North-west have undertaken a Nursing and Midwifery Engagement survey and Nurse leaders are currently working with their teams to discuss actions to address issues identified.

Opportunities are more broadly being explored to implement programs and initiatives aimed at fostering a positive work environment across the Department of Health, including the THS.¹⁵

At the public hearing, Ms Morgan-Wicks provided the following additional information:

Our Pathway to Excellence cultural change program is an internationally recognised framework. It is aimed at driving organisational cultural change, particularly in our nursing cohort. The pathway program requires us to provide evidence of the work that we undertake under six standards: shared decision-making; leadership; safety; quality; wellbeing and professional development. Achieving a statewide designation will require nine separate applications to be made to Pathway to Excellence. We commenced that in mid-2019 in the south

¹⁵ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

and we are now commencing that in the north and north-west. It requires dedicated teams to be set up in each region to push and promote each element. We are surveying, we are educating and training and getting people participating in those improvement programs so that we can then satisfy an external accreditation.

...it is externally evaluated. We have to do the applications and provide significant amounts of evidence that we are achieving the change to that threshold requirement.¹⁶

Committee Findings

F20. The Pathway to Excellence program, an internationally recognised framework with proven success at driving organisational cultural change, was commenced in 2019 at Hospitals South with expansion to Hospitals North/North West approved during 2021.

F21. Hospitals South has been undertaking the Speaking Up for Safety Cultural Change Program (SUFS) with over 1,500 staff attending scheduled presentations.

F22. Twelve SUFS Cultural Change Program presenters have been accredited in March 2021 making a total of 22 accredited presenters.

F23. The second stage of the SUFS Cultural Change Program, Promoting Professional Accountability, was planned to commence in September 2021.

F24. The SUFS Cultural Change Program will be delivered in the North and North West.

F25. Insync were engaged throughout 2020 to conduct a Staff Engagement Survey with feedback on the results provided through the hospital's intranet.

Committee Recommendation

R8. The THS monitor progress of cultural change through the regular use of recognised and externally assessed programs with progress outcomes reported publicly.

¹⁶ Transcript of evidence, 24 September 2021, p.46

Recommendation 4

THS and DoH develop an effective sector-wide consultation and engagement strategy to support sustained improvements in patient flow that, at a minimum, provides:

- (a) education to staff on the need for, and merits of, whole-of-hospital action to reduce access block through more effective and efficient admission, bed management and discharge practices and the benefits to patient care and safety that come from improved patient flow.*
- (b) genuine opportunities for THS staff to contribute to and influence the design, development and implementation of hospital and sector-wide patient flow reform initiatives.*

Department response to Recommendation 4

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

... the Department of Health has established the Statewide Access and Patient Flow Program. The program consists of a system-wide framework for integrating, delivering and monitoring programs of work aimed at improving patient access and flow. This program is led by the Director Statewide Access and Patient Flow Program and reports to the Health Executive. The Statewide Access and Patient Flow Program is responsible for the implementation of statewide access and flow projects (e.g. Medtasker, Partnered Pharmacist Medication Charting, consistent rollout of Integrated Operations Centres and data analysis/reporting) and monitoring of regional initiatives, with piloting of various initiatives within a region, before evaluation and consideration of state-wide implementation.

The Tasmanian Emergency Care Network (TECN) has been established under the Program to further improve the quality of care and patient experience in Tasmanian emergency care settings and improve integration across the various care settings within Tasmania's health care system to support better access and improve flow. This clinician-led mechanism engages emergency and non-emergency clinicians, consumers and policy makers from across the health system to develop, drive and implement clinical quality improvement initiatives, ensure equitable access to services, ensure consistency of practice across the state and promote sustainability in healthcare. The TECN assists to prioritise State wide Access and Patient Flow Program initiatives, shares information and works on key improvement initiatives.

The Public/Private Hospitals Partnership Working Group has been established with its role and function to provide an opportunity for closer collaboration between the major providers of healthcare in Tasmania in order to pursue

operational and strategic opportunities to improve patient flow between the public and private systems and drive better patient outcomes across the whole of the Tasmanian health system. The Government has committed \$20 million to help ensure Private Hospitals are better able to support Tasmania's public hospitals to manage demand.

Staff engagement forums have been held to encourage direct staff involvement in access and flow initiatives¹⁷.

At the public hearing, Ms Morgan-Wicks and Mr Lawler provided the following additional information:

Ms MORGAN-WICKS - *The Tasmanian Emergency Care Network was re-established and is now up to its fourth meeting; ... It is co-chaired by the head of the emergency medicine department at the LGH, Dr Lucy Reed, and also Dr Juan Carlos Ascencio-Lane, the current Tasmanian president of the Australian College of Emergency Medicine. He was also one of our specialists in the RHH emergency department.*

That network is trying to bring together representatives from both EDs and, critically, other senior representatives across the hospital system - for example, our heads of general medicine and ICU representatives - as well as primary care, and our ComRRS initiative, making sure they are connected in trying to avoid ED presentations.

At the moment, probably the most critical outcome that has been delivered by the ECN is to achieve agreement on what the priorities are for the statewide access and flow program. That program pulled out every single review that has been conducted in any hospital in Tasmania in relation to access and flow, harking back to things like the Richardson Report. More recently, the Newnham and Hillis Report on the RHH has also pulled out all the past recommendations.

We have gone through each of them to work out what is still current, and to try to pull them into strategic themes, which we now see, and we have named as one of our strategic priorities for all staff.

The ECN is another way to hold the statewide access and patient flow program accountable. It has the key representatives across our hospital system - particularly the members of our emergency departments, who are at times very vocal in advocating for the best for their patients, to improve flow. Our ambulance service also attends the emergency care network meetings.

¹⁷ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

Our private and public working group has come together on a very regular basis through COVID-19 to, for example, agree on supporting agreements during the COVID-19 pandemic for access to decant to beds in private hospitals, and the support to be provided to private hospitals with the cessation of elective surgery during COVID-19 for a period last year.

Mr LAWLER - *The Making Care Appropriate for Patients (MCAP) process is delivering a mechanism whereby we can provide real-time understanding of that. There have been some forays into this in the past. We look at tech-enabled solutions such as patient journey boards, for instance, where you can have a visual dashboard of the journey of an individual patient through their care. You can use that on a time-based triggered mechanism to understand where delays such as waiting for a discharge script, or waiting to be picked up, or waiting to access allied health services. This is a real-time mechanism that enables us to understand the utilisation of clinical services' gross deficiency.*

The framework itself is working out how, once we have the data, we can most effectively utilise it. Obviously, that will feed into the broader program of work that sits under access and flows. How do we use Medtasker, which is a workflow communication management tool, to ensure that the relevant staff are able to be matched to the relevant tasks; how do we do that to ensure that we are targeting the deployment of resources, particularly allied health? It ties in with some of the other recommendations if not for a 24/7, then a 7-day hospital model. It is around the operationalisation of the data that we gather through the MCAP project.

Ms MORGAN-WICKS - *From a non-clinician perspective, probably the strongest information we are getting from use of the MCAP is a sense of the proportion of sub-acute patients who are in acute beds. It is significant to us to have a tool so every single day an overnight patient is receiving that evaluation and there is a comparison nearly to the average of a patient presenting with this type of condition - the time and duration of stay that is appropriate care for that patient type.¹⁸*

In response to questions taken on notice at the public hearing, the Minister provided updated data on escalation times, average length of stay in EDs and admissions from EMUs by major Tasmanian hospitals for 2020-21. These data are referred to in chapter 5 of this Report. The data relevant to the Auditor-General's recommendation 4 are provided in [Appendix 2](#), Figures 13, 14 and 15.

¹⁸ Transcript of evidence, 24 September 2021, pp.48 50

Committee Findings

F26. The following initiatives seek to address the Auditor-General's Recommendation 4 (a) and (b):

- g. the Statewide Access and Patient Flow Program;
- h. the Tasmanian Emergency Care Network (TECN), established under Statewide Access and Patient Flow Program is a clinician-led mechanism that engages emergency and non-emergency clinicians, Tas Ambulance Service, consumers and policy makers from across the health system;
- i. staff engagement forums implemented to encourage direct staff involvement in access and patient flow initiatives;
- j. a Public/Private Hospitals Partnership Working Group;
- k. the Making Care Appropriate for Patients (MCAP) - real-time understanding of access and patient flow challenges that enables better utilisation of clinical services and inefficiencies; and
- l. Medtasker, a workflow communication management tool to ensure that the relevant staff are able to be matched to the relevant tasks, targeting the deployment of resources.

Committee Recommendation

R9. The DoH and THS monitor regularly and report on patient flow and access challenges.

Recommendations 5 and 6

Recommendation 5

THS and DoH expedite the development and implementation of proactive strategies that effectively leverage the insights of the 2019 Clinical Utilisation Study to both reduce and minimise the incidence of avoidable admissions and non-qualified continuing days of stay for admitted patients.

Recommendation 6

THS strengthen support to, and the accountability of, health system leadership teams for improving their performance in sustainably reducing the rate of avoidable admissions and non-qualified continuing days of stay for admitted patients.

Department response to Recommendations 5 & 6

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

Building on the insights of the 2019 Clinical Utilisation Study, a clinical utilisation review process and electronic tool are being implemented across the Tasmanian Health Service (THS).

A clinical utilisation review process is an evidence-based approach which identifies whether a patient is receiving the appropriate level of care to meet their needs.

The Making Care Appropriate for Patients (MCAP) Project is delivering an electronic tool to enable a clinical review to be undertaken for each patient producing real-time data, supporting the clinical utilisation review process. An MCAP review is required to be completed once a day for each overnight in patient, for the duration of each patient stay.

Implementation of this clinical review approach and the MCAP tool commenced in May 2021. MCAP has been successfully implemented into State wide Mental Health Services inpatient facilities and New Norfolk District Hospital and Midlands Multi-purpose Centre.

The implementation of MCAP is currently underway in District Hospitals in the North, with Go-Live in the North West District Hospitals and the Mersey Community Hospital. The North West Regional Hospital is scheduled for Go-Live in August followed by the Royal Hobart and Launceston General Hospitals in September and October respectively.

So far, the implementation has been very successful with high levels of uptake and completion of daily MCAP reviews. Live data is now available in the MCAP system for State wide Mental Health Services inpatient facilities and southern and some northern District Hospitals.

The data currently available is still developing and once fully implemented across all THS inpatient facilities will be used to assist with identifying barriers to discharge, bottlenecks and highlighting gaps in the continuation of a patient's care. It will also assist by ensuring appropriate care is provided where the patient needs it, making the health system better suited to the patient's needs.

The MCAP Project is one of a suite of solutions being implemented to improve the patient journey through the health system with the use of data analytics and eHealth tools.

The Clinical Utilisation Review Framework Project will outline the process for how the Tasmanian Health Service and Department of Health will use the MCAP clinical data. This information will inform and support service re-design, access and patient flow, clinical improvement and strategic health service planning and development.

The framework will establish processes to assist clinicians, services and health planners to use MCAP data to identify and prioritise high impact changes in local processes and practices. It will also ensure transparency and accountability with respect to the use of clinical data to inform service improvements and development. The reform of existing services and the development of new services to address health care gaps may potentially reduce avoidable admissions.¹⁹

Committee Findings

F27. The following measures are intended to address the Auditor-General's recommendations related to the minimisation of avoidable admissions and non-qualifying continuing days of stay for admitted patients:

- m. implementation of a clinical utilisation review process and Making Care Appropriate for Patients (MCAP) (an electronic tool) across the THS in May 2021; and
- n. utilisation of data analytics and eHealth tools.

¹⁹ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

F28. At the time evidence was taken by the Committee, the available data was still being developed. Once fully developed these data will be utilised to identify:

- o. barriers to discharge;
- p. bottlenecks;
- q. gaps in the continuation of a patient's care; and
- r. whether appropriate care is provided where the patient needs it.

Committee Recommendation

R10. The data collected through the clinical utilisation review process, Making Care Appropriate for Patients (MCAP) and other data sources be analysed and reported publicly as they relate to:

- a. patient outcomes;
- b. avoidable admissions;
- c. non-qualifying continuing days of stay for admitted patients;
- d. identification of gaps in health care provision; and
- e. patient care received in most appropriate settings.

Recommendation 7

THS and DoH review and strengthen the:

- (a) change management capability and skills of THS and hospitals to ensure future reform initiatives are adequately supported and deliver sustained behaviour change and impact.*
- (b) project management capability of THS and hospitals to ensure future reform initiatives are underpinned by effective implementation and delivery planning processes that are regularly monitored.*

Department response to Recommendation 7

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

The Business Improvement and Reform Unit has established a Project Management Office (PMO) that will provide support, advice, monitoring and reporting regarding system reform projects and ensure a focus on embedding change management processes across endorsed projects and benefits realisation.

A PMO has also been established within the Strategic Information Management Technology area to support change management capability and project management capability across the Department and Tasmanian Health Service in relation to ICT related projects. This is also relevant to Recommendations 1 and 4.

Clinical networks are how the Tasmanian Health Service engages clinicians, service managers and consumers to lead service-level and system-level safety and quality improvement. Clinical networks are groups of health providers and consumers who work collaboratively to set priorities, develop action plans and quality improvement programs, and provide a mechanism to inform the Department of Health on clinical related issues. Using the insights of those who deliver and receive health services, clinical networks seek opportunities to change how the health care system operates.

The purpose of establishing the Statewide Access and Patient Flow Program was to create whole of service programme oversight for all access and patient flow projects, reporting to the Health Executive, to ensure projects are properly resourced, project managed and delivered according to agreed timelines. The

creation of the program also ensures that regional initiatives are evaluated for potential statewide implementation.²⁰

At the public hearing, Ms Morgan-Wicks provided additional information in relation to the Statewide Access Plan:

The Statewide Access and Patient Flow Program commenced in late-2019.... They have quite a list of projects and we are now building up all the resources in that team to make sure that each of these can be delivered.

...clinic(al)(sic) networks were established in 2017. I mentioned the statewide surgical and perioperative services advisory group other networks, the Tasmanian endoscopy network, the Tasmanian cardiac network, the Tasmanian stroke network, the Tasmanian pain network, the Tasmanian critical care network and our Tasmanian emergency care network...

When they identify particular improvements they would like to roll-out, adopt new technology, or a change in the way they would like to provide their services, they will engage with consumer representatives on those improvements. We have consumer and community engagement councils which we fondly refer to as our CACECs. There is also Health Consumers Tasmania, whose CEO Bruce Levett is very active and who we are in frequent contact with.²¹

Committee Findings

F29. The Business Improvement and Reform Unit has established a Project Management Office within the Strategic Information Management Technology area to provide support, advice, monitoring and reporting on system reform projects, and support change management capability and project management capability.

F30. Clinical networks (health providers and consumers) work collaboratively to set priorities, develop action plans and quality improvement programs, to inform the Department of Health on clinical related issues.

F31. The Statewide Access and Patient Flow Program reports to the Health executive to ensure projects are properly resourced, project managed and delivered according to agreed timelines.

²⁰ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

²¹ Transcript of evidence, 24 September 2021, p.52

Committee Recommendation

R11. Internal audits to be undertaken to ensure the effectiveness and efficiency of the Project Management Office.

Recommendation 8

THS and DoH review and, where relevant, action outstanding recommendations from the Patients First, Staib Sullivan and Monaghan reviews.

Department response to Recommendation 8

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

A review was undertaken in February 2020 with all historical Access and Patient Flow review and report recommendations consolidated, catalogued and outcomes identified. A subset of recommendations that were being addressed through active projects were prioritised for progression, however progress was impacted due to COVID-19.

The Statewide Access and Patient Flow Program is currently finalising a strategic framework to guide all access and flow projects going forward. With an emphasis on initiatives with a proven evidence base or track record in implementation, we are engaging with clinicians on multiple levels to empower them to create the changes required in patient access and flow.

Building on the achievements and progress made to date, this Program will develop and deliver reform that has a sustainable positive effect on patient access and flow across the Tasmanian health system.²²

Committee Findings

F32. A review was undertaken in February 2020 of all historical Access and Patient Flow reviews, with recommendations consolidated, catalogued and outcomes identified:

- a. a subset of recommendations that were being addressed through active projects were prioritised for progression.

F33. Progress on implementation has been negatively impacted by the COVID-19 pandemic.

Committee Recommendation

Nil

²² Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

AUDIT CRITERIA 4:

Is the Tasmanian Health Service managing Emergency Departments effectively?

Recommendations 9 and 10

Recommendation 9

DoH, in consultation with THS, expedite development of the revised THS Performance Framework.

Recommendation 10

DoH, in consultation with THS, strengthen performance monitoring and reporting processes to ensure they:

- (a) provide actionable insights into the root causes of performance issues affecting ED access and care.*
- (b) ensure related improvement actions address the root causes of performance issues and are likely to succeed.*
- (c) rigorously assess the merits of alternative escalation/improvement actions in circumstances of consistent underperformance.*

Department response to Recommendations 9 and 10

The Hon Jeremy Rockliff MP, Minister for Health, provided the following written response:

The Department of Health developed a revised THS Performance Framework (the Framework) in 2018-19, aimed at strengthening performance monitoring and reporting at a local level, supporting local decision making and accountability, while maintaining state-wide strategy and planning within One Health System.

The revised Performance Framework was developed in consultation with the Tasmanian Health Service (THS) during 2018-19 and endorsed by the former Statewide Health Service Joint Executive (SHSJE) for implementation in 2019-20.

The Framework is structured around six domains of performance as set out in the Australian Health Performance Framework (AHPF). They provide a cross-linking and mutually supporting view of health performance. The Key Performance Indicators for each performance domain have also been developed according to the principles of the AHPF.

The Framework focuses on underlying risk factors that influence performance and provide early indications of issues that have been evidenced to have adverse effects on patient outcomes. The associated processes with the Framework also aim to identify the type of support or intervention that is required by the THS to meet its obligations.

In March 2020, a new executive structure for the state's health system came into effect. As part of the new governance arrangements, executive sub-committees have been established to support the Secretary and provide focus and consistency with decision making. Of relevance to the Framework is the establishment of the System Performance and Forecasting Committee (SPFC) in July 2020.

The purpose of the SPFC is to provide strategic oversight, direction and advice on the Department's performance management responsibilities and make recommendations to the Health Executive on under performance risks and their management. The SPFC is responsible for providing timely and consistent decision making around the performance response levels required to address areas of system under performance in accordance with the revised Performance Framework.

While the COVID-19 pandemic significantly impacted the establishment of the SPFC during 2020, in its first year the SPFC have committed to undertaking a comprehensive review of the THS Service Plan Key Performance indicators and updating the revised Performance Framework and associated processes to capture the various performance interventions being developed and implemented across the health system.

As outlined above, if SPFC determine that a broader system intervention is required in relation to a particular performance issue, performance improvement plans will be developed that undertake appropriate root cause analysis and identify appropriate actions to remediate the performance issue. Implementation of the plans will be monitored by SPFC.

SPFC will consider the range of performance interventions available to it under the Performance Framework and are responsible for determining the most appropriate intervention for the performance issue at hand.²³

²³ Hon Jeremy Rockliff MP, Minister for Health, Correspondence, undated, received 9 July 2021

Ms Morgan Wicks added:

In August 2021 our Performance and Forecasting Committee, which sits as an executive subcommittee, endorsed a revised performance framework which has just been tabled. That recognises the various forms of performance intervention which occur across the system at operational system and executive levels. It also identifies the key expert stakeholder groups who are responsible for implementation of performance interventions. In 2021-22 we have also committed to conducting bi-monthly performance deep dives to ensure that the appropriate level of performance intervention is occurring in accordance with this framework.²⁴

Committee Findings

F34. The DoH and THS have responded to the Auditor-General's Recommendations 9 and 10 through the following actions:

- a. a revised THS Performance Framework in 2018-19, structured around six domains of performance as set out in the Australian Health Performance Framework (AHPF);
- b. in March 2020, a new executive structure for the State's health system came into effect with the subsequent establishment of the System Performance and Forecasting Committee (SPFC) in July 2020;
- c. in 2021-22 bi-monthly performance deep dives are to be undertaken by the SPFC to ensure that the appropriate level of performance intervention is occurring; and
- d. where necessary, performance improvement plans will be developed and monitored by the SPFC that undertake appropriate root cause analysis and identify remedial actions.

F35. The COVID-19 pandemic significantly impacted the establishment of the SPFC during 2020.

Committee Recommendation

Nil

²⁴ Transcript of evidence, 24 September 2021, pp.53-54

Deputy Premier
Minister for Health
Minister for Mental Health and Wellbeing
Minister for Community Services and Development
Minister for Advanced Manufacturing and Defence Industries



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Hon Ruth Forrest MLC
Chair
Parliamentary Standing Committee of Public Accounts
Parliament House
HOBART TAS 7000

Dear Ms Forrest

Thank you for your correspondence of 24 June 202, regarding the Parliamentary Standing Committee of Public Accounts review of the Report of the Auditor-General No.11 of 2018-19: Performance of Tasmania's four major hospitals in the delivery of Emergency Department Services.

I have enclosed a report which outlines the work which has been undertaken towards implementing the recommendations from the Auditor-General Report.

Thank you once for the opportunity to provide the Parliamentary Standing Committee of Public Accounts information on this matter.

Yours sincerely

A handwritten signature in black ink, appearing to read "Jeremy Rockliff".

Jeremy Rockliff MP
Deputy Premier
Minister for Health

Follow-up review of Auditor-General's Report No 11 of 2018-19: Performance of Tasmania's four major hospitals in the Delivery of Emergency Department Services

General Comments

Demand for health services in Tasmania is continuing to increase and over the last financial year there were approximately 170 000 presentations to Tasmania's Emergency Departments. This is why the Tasmanian Government is investing record levels of funding into the Health system and in particular, hospital-based strategies to improve patient flow in an effort to relieve pressure off our Emergency Departments.

The Department of Health has established the Statewide Access and Patient Flow Program to support a coordinated statewide improvement in access and flow. This includes the development of a statewide, system-wide framework for integrating, delivering, and monitoring programs of work aimed at improving patient access and flow through the Tasmanian healthcare system.

Addressing patient access and flow challenges requires a systemic and multi-pronged approach, with a united vision, strong leadership, and sustained engagement with those that receive and provide care. The Program is designed to build on work already completed or underway within the health system, to deliver sustainable improvements in the performance of our hospitals and health services.

While these hospital-based improvements are important, the Government also recognises the key role community-based care has in treating patients outside of a hospital setting and potentially avoiding the need for hospitalisation.

Over the next four years, the Government has committed an additional \$52 million towards in-home and local community delivered health services including \$27.5 million to continue the Community Rapid Response Service across the State as well as piloting hospital in the home services. The Government is also providing additional support for General Practitioners and Pharmacies to increase after-hours services to their local communities, making it easier for Tasmanians to access medical care close to home.

The Government has also committed \$13.8 million over six years to establish a secondary triage service within Ambulance Tasmania. Secondary Triage sees paramedics and nurses providing clinical advice to Triple 0 callers including connecting them to other health services where appropriate. This ensures patients receive the appropriate care they need, while also reducing the need to transport patients to the Emergency Department if appropriate services are available in the community.

The Government is committed to providing the right care at the right time in the right place for all Tasmanians.

Appendix 1

Recommendation 1

THS and DoH take urgent action to strengthen whole-of-health system leadership and coordination of initiative designed to improve patient flow by, at a minimum:

- a) Clarifying the roles and responsibilities of all hospital Executive Directors of Operations, mental health services and primary and community care leadership teams, inpatient wards, department heads, clinicians, nurses and related administrative and support staff in the prioritising and contributing to hospital and system-wide initiatives to improve patient flow.
- b) Ensure all hospital, mental health and community care leadership teams, department heads and their staff are fully empowered, sufficiently resourced and accountable for achieving sustained improvements in hospital and system-wide collaboration and performance on patient flow.
- c) Taking immediate steps to review and, where relevant, strengthen the effectiveness of coordination mechanisms between all departments and staff within hospitals and with mental health, primary and community care services for optimising patient flow.

In 2020, the Department of Health implemented a new streamlined executive structure for the state's health system. The structure strengthened local decision-making authority and accountability and provided a stronger sense of collaboration, cooperation and shared purpose within the Department of Health.

Establishing an effective governance structure is critical to improving healthcare across our public health system. The strengthened governance framework provides accountability, transparency and responsiveness to change. It also clarifies and confirms local decision-making authority and accountability.

The governance changes have clarified the roles and responsibilities of operational areas with the establishment of the positions of Chief Executive Hospitals South and Chief Executive Hospitals North/North West. These positions are responsible for the operation of hospitals and associated clinical services and report directly to the Secretary. The governance changes have also established the portfolio of Community, Mental Health and Wellbeing with a dedicated Deputy Secretary and supporting operational structure.

Formation of the new Department of Health executive structure brings together executive leadership for the Department and the THS including mental health and primary and community care leadership, all reporting through to the Secretary. These broader governance arrangements assist to strengthen whole-of-system leadership and coordination of initiatives including initiatives designed to improve patient flow and provide greater clarity and empowerment of relevant positions, teams and staff in relation to operation and delivery of services.

The 2019-20 Revised Estimates Report has seen an additional investment of \$600 million into health by the Tasmanian Government. There has also been significant new investment in mental health care and major service reform work to develop an integrated approach for mental health services inclusive of a hospital avoidance program and in response to the findings of the Mental Health Integration Taskforce, all of which will assist with improving patient flow.

Appendix 1

The Medtasker messaging and tasking system has been implemented across the state to assist coordination of patient flow processes. This initiative has been delivered 6 months earlier than programmed. There are Integrated Operations Centres (IOCs) at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital that are staffed by dedicated staff skilled in patient access and flow roles and incorporate system-wide representation through the establishment of roles representing Ambulance Tasmania and Statewide Mental Health Services.

A suite of focus boards reporting key data elements have been implemented or are in the process of being implemented, across the IOCs. Development of a suite of consistent reporting measures, encompassing an integrated metrics strategy covering experience, process, impact, and balancing measures that provide a snapshot of access and flow performance is also underway.

Recommendation 2

THS and DoH urgently review the root causes of the growth in ED adverse events and implement targeted initiatives to mitigate the impacts and reduce future incidents.

The Tasmanian Health Service conducts a root cause analysis on all Australian Sentinel Events and any event that has a Severity Assessment Code rating of 1 (SAC1). All SAC 2-4 are also investigated but not with a root cause analysis methodology. As part of our commitment to continuous improvement, the learnings from all investigations are shared and entered into the Safety Event Learning System.

Recommendation 3

THS and DoH urgently implement a culture improvement program and initiatives with clearly defined goals, accountabilities and timeframes to:

- a) Eliminate the longstanding dysfunctional silos, attitudes and behaviours within the health system preventing sustained improvements to hospital admission, bed management and discharge practice.
- b) Ensure that all THS departments and staff work collaboratively to prioritise the interests of patients by diligently supporting initiatives that seek to optimise patient flow.

Pathway to Excellence Cultural Change Program

The Pathway to Excellence® program is an internationally recognised framework with proven success at driving organisational cultural change. Designated by the American Nurses Credentialing Centre, the program focuses on developing high-performing teams and a culture of sustained excellence by improving the practice environment.

The Pathway program requires the organisation to provide evidence of the work it is undertaking to achieve this cultural change under six Pathway Standards: Shared decision-making, Leadership, Safety, Quality, Well-being, and Professional development.

Achieving statewide designation will require nine (9) separate applications. In mid-2019 the decision was taken to commence the program within Hospitals South.

A team comprising a Nursing Director, Nurse Manager and administrative support are in place within Hospitals South and to date have:

- Engaged widely with staff across the organisation, as well as with external stakeholders, to ensure all are aware of the purpose and benefits of achieving Pathway designation.

Appendix 1

- Undertaken a staff engagement survey across nursing. Results have been shared within teams and have led to action planning between clinical staff and their leaders to address issues identified. The survey will be undertaken bi-annually.
- Are finalising a shared governance framework detailing how shared decision-making will be implemented across the organisation, with the aim of enabling direct care staff to have a say in decisions that affect the care they deliver and the environment in which they work.
- Surveyed nursing and midwifery staff to gauge their perception of organisational shared governance at present. Plan to resurvey 2-years post implementation of the shared governance framework.
- Undertaken a gap analysis across the organisation to identify areas where we are already achieving the required Pathway Standards, as well as areas where more work is required.
- Convened six cross-discipline, cross clinical-stream reference groups (one for each Pathway Standard) to look more in-depth at the requirements for that standard and develop organisational-wide initiatives to address identified gaps.
- Introduced a monthly staff recognition award (The DAISY Award).
- Supported a program to provide staff at all levels a structured process to address incivility and bullying in the workplace (Speaking Up for Safety).
- Provided staff the opportunity to suggest and select staff well-being initiatives provided by the organisation.

The identified strengths of the program to date have been in all staff (cross discipline and cross stream) working on a common goal that they believe will lead to a positive workplace culture and better outcomes for patients.

Expansion of the program to Hospitals North/North-West has recently been approved

Speaking Up for Safety Cultural Change Program

Hospitals South continues to progress the roll out of Speaking Up for Safety (SUFS), with over 1,500 staff, clinical and non-clinical, attending scheduled presentations as at 1 July 2021.

A further 12 SUFS Presenters received formal accreditation in March 2021. This brings the total number of accredited presenters to 22.

The SUFS Program has now been provided with dedicated administrative support to liaise with clinical and operational streams to facilitate suitable presentation dates and times throughout Hospitals South.

In addition, planning to implement the second stage of the SUFS Program – Promoting Professional Accountability (PPA) has commenced with regular discussions occurring with the Cognitive Institute to ensure the roll-out progresses smoothly. Project leads are anticipating that the PPA Commitment Phase will commence in September 2021.

The SUFS Program will be rolled out in the North and North West.

Insync Staff Engagement Survey

In addition to the Nursing and Midwifery Staff engagement Surveys, Hospitals South engaged Insync to conduct staff engagement surveys for Medical (February/March 2020 and October/November 2020); and Allied Health and Clinical Support Services (February/March 2020).

Appendix 1

Following completion of each survey, Insync presents directly to the Hospitals South Executive Team providing an overview of results. This presentation is available on the Hospitals South Intranet pages accessible by all Hospitals South staff.

Access to unit results are provided to Heads of Department and Discipline Leads to ensure each area can share both positive and negative results with staff and participate in the development of individual action plans to address identified issues.

Hospitals North/North-West have undertaken a Nursing and Midwifery Engagement survey and Nurse leaders are currently working with their teams to discuss actions to address issues identified.

Opportunities are more broadly being explored to implement programs and initiatives aimed at fostering a positive work environment across the Department of Health, including the THS.

Recommendation 4

THS and DoH develop an effective sector-wide consultation and engagement strategy to support sustained improvements in patient flow that, at a minimum, provides:

- a) Education to staff on the need for, and merits of, whole-of-hospital action to reduce access block through more effective and efficient admission, bed management and discharge practices and the benefits to patient care and safety that come from improved patient flow.
- b) Genuine opportunities for THS staff to contribute to and influence the design, development and implementation of hospital and sector-wide patient flow reform initiatives.

As outlined above, the Department of Health has established the Statewide Access and Patient Flow Program. The program consists of a system-wide framework for integrating, delivering and monitoring programs of work aimed at improving patient access and flow. This program is led by the Director Statewide Access and Patient Flow Program and reports to the Health Executive. The Statewide Access and Patient Flow Program is responsible for the implementation of statewide access and flow projects (eg. MedTasker, Partnered Pharmacist Medication Charting, consistent rollout of Integrated Operations Centres and data analysis/reporting) and monitoring of regional initiatives, with piloting of various initiatives within a region, before evaluation and consideration of statewide implementation.

The Tasmanian Emergency Care Network (TECN) has been established under the Program to further improve the quality of care and patient experience in Tasmanian emergency care settings and improve integration across the various care settings within Tasmania's health care system to support better access and improve flow. This clinician-led mechanism engages emergency and non-emergency clinicians, consumers and policy makers from across the health system to develop, drive and implement clinical quality improvement initiatives, ensure equitable access to services, ensure consistency of practice across the state and promote sustainability in healthcare. The TECN assists to prioritise Statewide Access and Patient Flow Program initiatives, shares information and works on key improvement initiatives.

The Public/Private Hospitals Partnership Working Group has been established with its role and function to provide an opportunity for closer collaboration between the major providers of healthcare in Tasmania in order to pursue operational and strategic opportunities to improve patient flow

Appendix 1

between the public and private systems and drive better patient outcomes across the whole of the Tasmanian health system. The Government has committed \$20 million to help ensure Private Hospitals are better able to support Tasmania's public hospitals to manage demand.

Staff engagement forums have been held to encourage direct staff involvement in access and flow initiatives.

Recommendation 5

THS and DoH expedite the development and implementation of proactive strategies that effectively leverage the insights of the 2019 Clinical Utilisation Study to both reduce and minimise the incidence of avoidable admission and non-qualified continuing days of staff for admitted patients.

Recommendation 6

THS strengthen support to, and the accountability of, health system leadership teams for improving their performance in sustainably reducing the rate of avoidable admissions and non-qualified continuing days of stay for admitted patients.

Building on the insights of the 2019 Clinical Utilisation Study, a clinical utilisation review process and electronic tool are being implemented across the Tasmanian Health Service (THS). A clinical utilisation review process is an evidence-based approach which identifies whether a patient is receiving the appropriate level of care to meet their needs.

The *Making Care Appropriate for Patients (MCAP) Project* is delivering an electronic tool to enable a clinical review to be undertaken for each patient producing real-time data, supporting the clinical utilisation review process. An MCAP review is required to be completed once a day for each overnight inpatient, for the duration of each patient stay.

Implementation of this clinical review approach and the MCAP tool commenced in May 2021. MCAP has been successfully implemented into Statewide Mental Health Services inpatient facilities and New Norfolk District Hospital and Midlands Multi-Purpose Centre.

The implementation of MCAP is currently underway in District Hospitals in the North, with Go-Live in the North West District Hospitals and the Mersey Community Hospital. The North West Regional Hospital is scheduled for Go-Live in August followed by the Royal Hobart and Launceston General Hospitals in September and October respectively.

So far, the implementation has been very successful with high levels of uptake and completion of daily MCAP reviews. Live data is now available in the MCAP system for Statewide Mental Health Services inpatient facilities and southern and some northern District Hospitals.

The data currently available is still developing and once fully implemented across all THS inpatient facilities will be used to assist with identifying barriers to discharge, bottlenecks and highlighting gaps in the continuation of a patient's care. It will also assist by ensuring appropriate care is provided where the patient needs it, making the health system better suited to the patient's needs.

The MCAP Project is one of a suite of solutions being implemented to improve the patient journey through the health system with the use of data analytics and eHealth tools.

Appendix 1

The *Clinical Utilisation Review Framework Project* will outline the process for how the Tasmanian Health Service and Department of Health will use the MCAP clinical data. This information will inform and support service re-design, access and patient flow, clinical improvement and strategic health service planning and development.

The framework will establish processes to assist clinicians, services and health planners to use MCAP data to identify and prioritise high impact changes in local processes and practices. It will also ensure transparency and accountability with respect to the use of clinical data to inform service improvements and development. The reform of existing services and the development of new services to address health care gaps may potentially reduce avoidable admissions.

Recommendation 7

THS and DoH review and strengthen the:

- a) Change management capability and skills of THS and hospitals to ensure future reform initiatives are adequately supported and deliver sustainable behaviour change and impact.
- b) Project management capability of THS and hospitals to ensure future reform initiatives are underpinned by effective implementation and delivery planning processes that are regularly monitored.

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Recommendation 8

THS and DoH review and, where relevant, action outstanding recommendations from the Patients First, Staib Sullivan and Monaghan reviews.

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Building on the achievements and progress made to date, this Program will develop and deliver reform that has a sustainable positive effect on patient access and flow across the Tasmanian health system.

Recommendation 9

DoH, in consultation with THS, expedite development for the revised THS Performance Framework.

Recommendation 10

DoH, in consultation with THS, strengthen performance monitoring and reporting processes to ensure they:

- a) Provide actionable insights into the root cause of performance issues affecting ED access and care.
- b) Ensure related improvement actions address the root causes of performance issues and are likely to succeed.
- c) Rigorously assess the merits of alternative escalation/improvement action in circumstances of consistent underperformance.

The Department of Health developed a revised THS Performance Framework (the Framework) in 2018-19, aimed at strengthening performance monitoring and reporting at a local level, supporting local decision making and accountability, while maintaining state-wide strategy and planning within One Health System.

The revised Performance Framework was developed in consultation with the Tasmanian Health Service (THS) during 2018-19 and endorsed by the former Statewide Health Service Joint Executive (SHSJE) for implementation in 2019-20.

The Framework is structured around six domains of performance as set out in the Australian Health Performance Framework (AHPF). They provide a cross-linking and mutually supporting view of health performance. The Key Performance Indicators for each performance domain have also been developed according to the principles of the AHPF.

The Framework focuses on underlying risk factors that influence performance and provide early indications of issues that have been evidenced to have adverse effects on patient outcomes. The associated processes with the Framework also aim to identify the type of support or intervention that is required by the THS to meet its obligations.

In March 2020, a new executive structure for the state's health system came into effect. As part of the new governance arrangements, executive sub-committees have been established to support the

Appendix 1

Secretary and provide focus and consistency with decision making. Of relevance to the Framework is the establishment of the System Performance and Forecasting Committee (SPFC) in July 2020.

The purpose of the SPFC is to provide strategic oversight, direction and advice on the Department's performance management responsibilities and make recommendations to the Health Executive on underperformance risks and their management. The SPFC is responsible for providing timely and consistent decision making around the performance response levels required to address areas of system underperformance in accordance with the revised Performance Framework.

While the COVID19 pandemic significantly impacted the establishment of the SPFC during 2020, in its first year the SPFC have committed to undertaking a comprehensive review of the THS Service Plan Key Performance Indicators and updating the revised Performance Framework and associated processes to capture the various performance interventions being developed and implemented across the health system.

As outlined above, if SPFC determine that a broader system intervention is required in relation to a particular performance issue, performance improvement plans will be developed that undertake appropriate root cause analysis and identify appropriate actions to remediate the performance issue. Implementation of the plans will be monitored by SPFC.

SPFC will consider the range of performance interventions available to it under the Performance Framework and are responsible for determining the most appropriate intervention for the performance issue at hand.

Appendix 2

Deputy Premier
Minister for Health
Minister for Mental Health and Wellbeing
Minister for Community Services and Development
Minister for Advanced Manufacturing and Defence Industries



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28 October 2021

Hon Ruth Forrest MLC
Chair
Parliamentary Standing Committee of Public Accounts

Dear Ms Forrest

Following my appearance in front of the Parliamentary Standing Committee of Public Accounts on Friday 24 September 2021, please find attached updated data as requested by the Committee.

I am advised that since the Auditor General's Reports were published, there have been various changes in counting rules for some of the data. This means the data presented in some of the tables attached is not comparable with previous years.

I thank the Committee for the opportunity to present to you and look forward to the findings of your Inquiry.

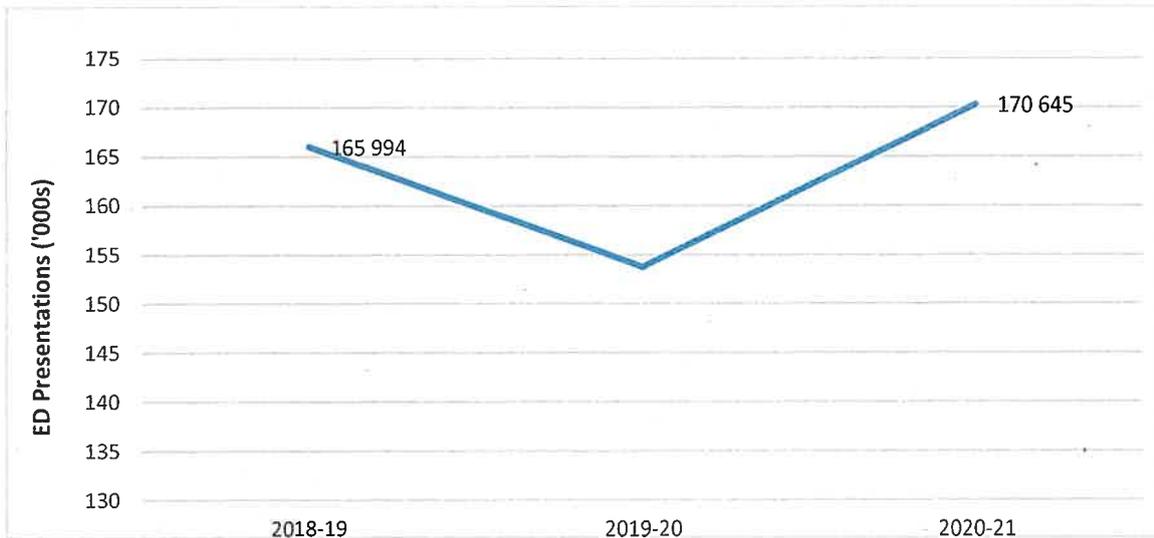
Yours sincerely

A handwritten signature in black ink, appearing to read "Jeremy Rockliff".

Jeremy Rockliff MP
Deputy Premier
Minister for Health

**Attachment 1: Data Update - Auditor-General's Report No. 11 of 2018-19:
Emergency Department Services**

Figure 2: Total number of presentations to EDs, 2018-19 to 2020-21



Source: DoH, AIHW

- Total presentations to EDs have continually increased since 2017-18, apart from a COVID-19 related decrease in 2019-20.
- Most of the growth in presentations continued to occur at the Royal Hobart Hospital which increased by 13.7 per cent during the period.
- The staged reopening of the Mersey Community Hospital Emergency Department to full services on 30 November 2020 makes it difficult to compare 2020-21 Emergency Department data with previous years.

Appendix 2

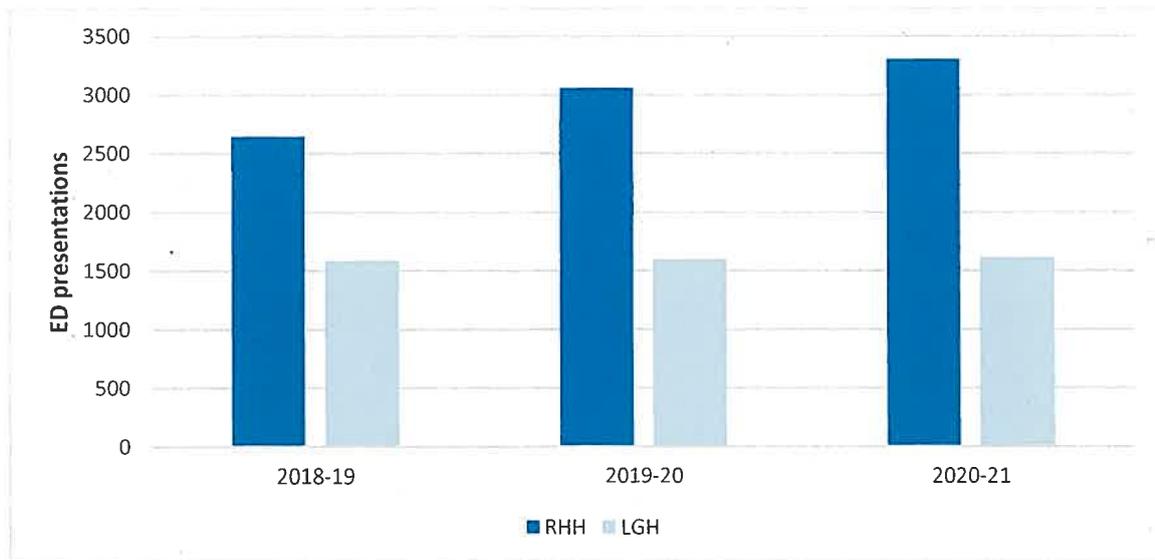
Table 1: ED presentations by State and Territory 2018-19 to 2019-20

	2018-19	2019-20	% growth since 2009-10
New South Wales	2 976 532	2 920 188	43.4%
Victoria	1 858 983	1 785 135	24.6%
Queensland	1 561 825	1 606 395	41.6%
Western Australia	954 981	929 507	54.8%
South Australia	519 607	535 453	43.3%
Tasmania	165 994	153 738	8.5%
ACT	149 273	141 020	32.0%
NT	164 997	164 723	24.2%
Total	8 352 192	8 236 159	38.2%

Source: DoH, AIHW

- Except for Queensland and South Australia, all jurisdictions experienced a COVID-19 related decrease in Emergency Department presentations in 2019-20.
- Jurisdictional data through the Australian Institute of Health and Welfare for 2020-21 is currently unavailable, however based on analysis undertaken by the Department of Health of Tasmanian data, the percentage growth from 2009-10 for Tasmanian Emergency Department presentations is 20.5 per cent.

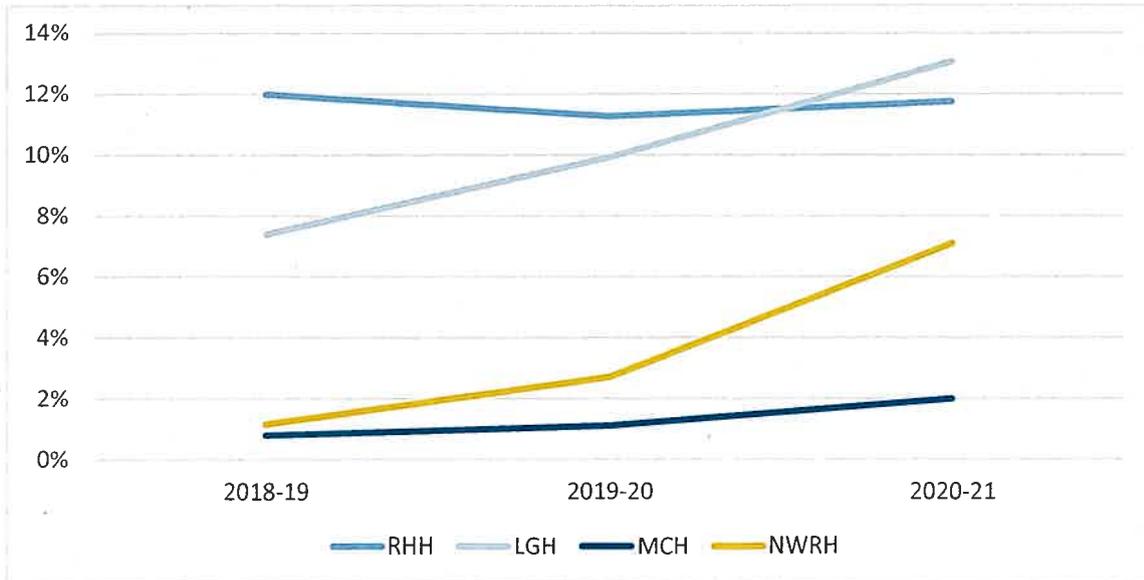
Figure 3: Mental health presentations to RHH and LGH EDs, 2018-19 to 2020-21



Source: DoH, data shows nine months per year

Appendix 2

Figure 4: Incidence of ambulance ramping by hospital (% of total presentations)

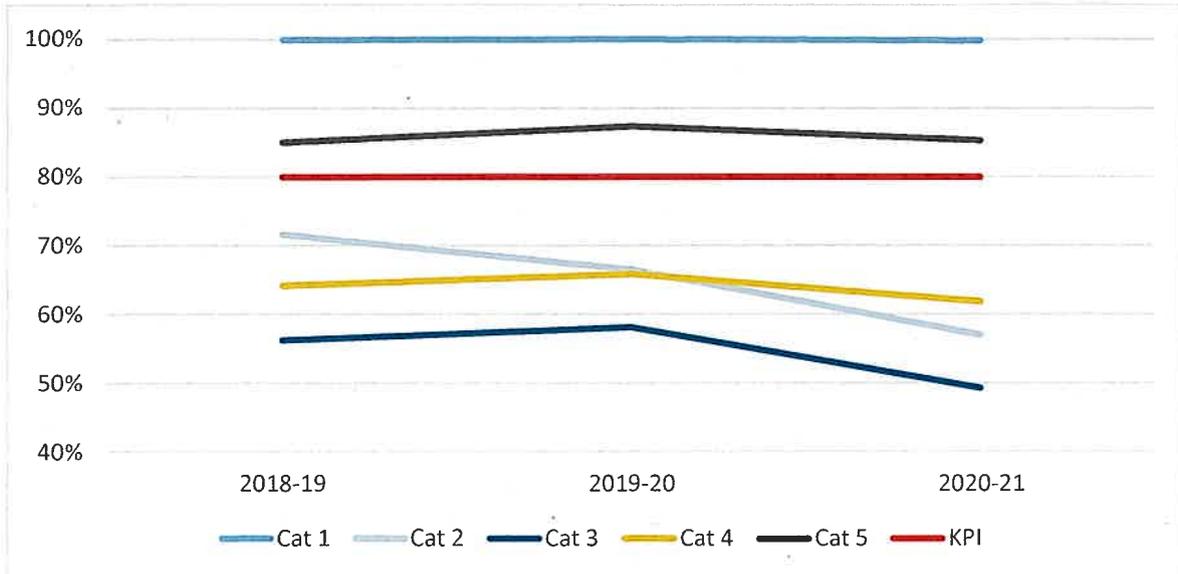


Source: DoH

Note: Due to counting rule differences data is not be comparable with previous years.

- The TAO report does not appear to use national counting rules consistent with public reporting on the Department of Health's Health System Dashboard.
- The current counting rule for every ambulance arrival to hospital, allows a short amount of time to transfer care from Ambulance staff in an ambulance to staff in an Emergency Department. Up to 15 minutes is the accepted standard, beyond which the patient is said to be ramped.

Figure 5: Tasmanian EDs compliance with waiting time KPIs

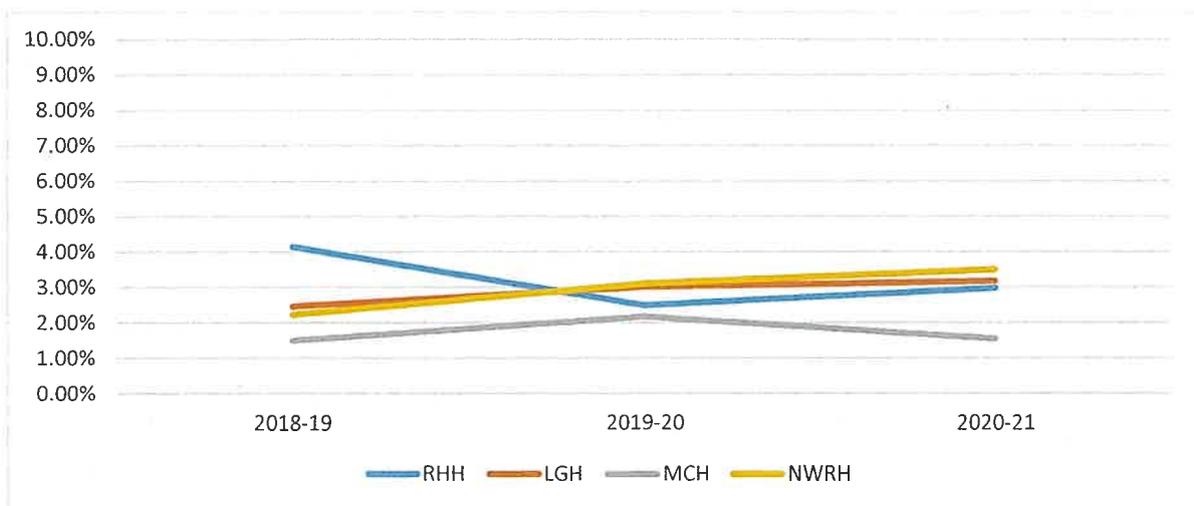


Source: DoH

Note: Due to counting rule differences data is not be comparable with previous years.

- Increasing presentations to Emergency Departments (as shown in Table 1) presents challenges in treating patients within recommended timeframes.

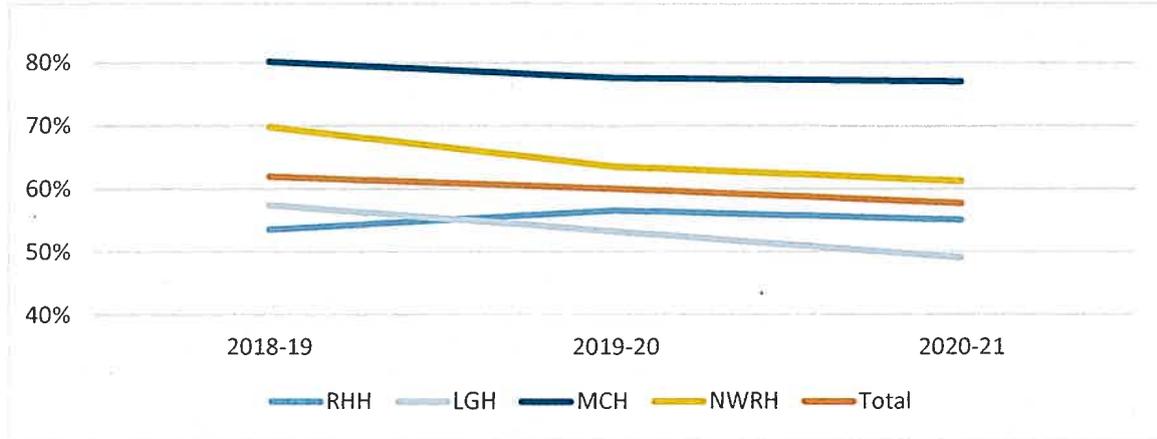
Figure 6: Percentage of patients that leave before being treated



Source: DoH

- The percentage of patients that leave before being treated shows a relatively stable trend from 2018-19 to 2020-21.

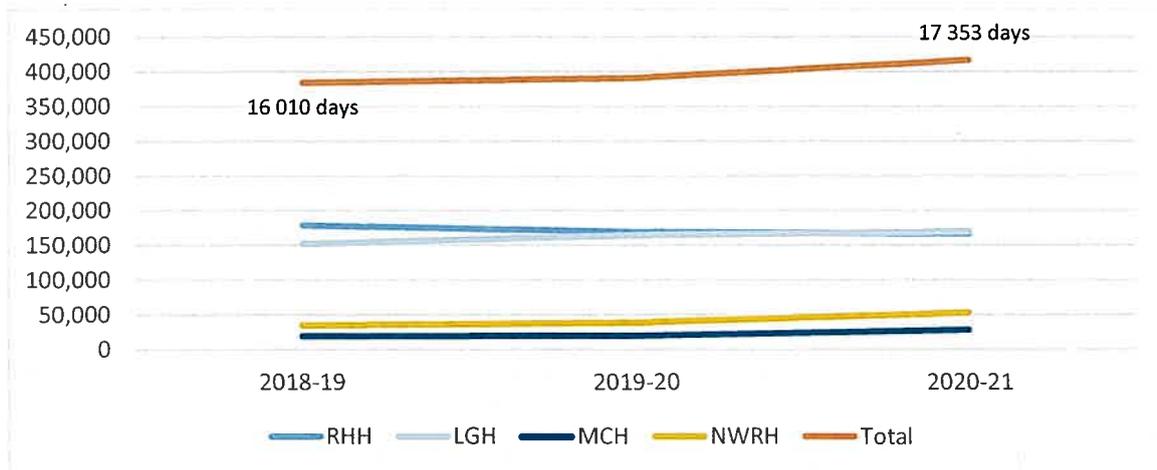
Figure 7: Proportion of patients with an ED length of stay less than 4 hours by hospital



Source: DoH, AIHW

- The Department has committed to implement the Australasian College for Emergency Medicine Hospital Access Targets to improve demand management and drive flow across the system.

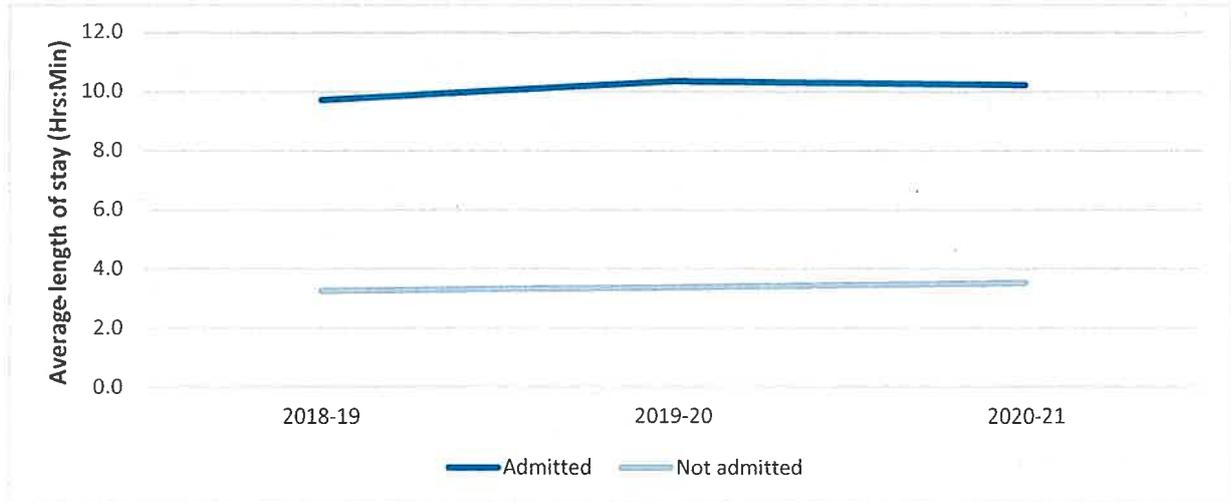
Figure 8: Total number of hours patients spent in EDs beyond the target of four hours, 2018-19 to 2020-21



Source: DoH

Appendix 2

Figure 10: Average length of stay – admitted vs non-admitted patients



Source: DoH

Appendix 2

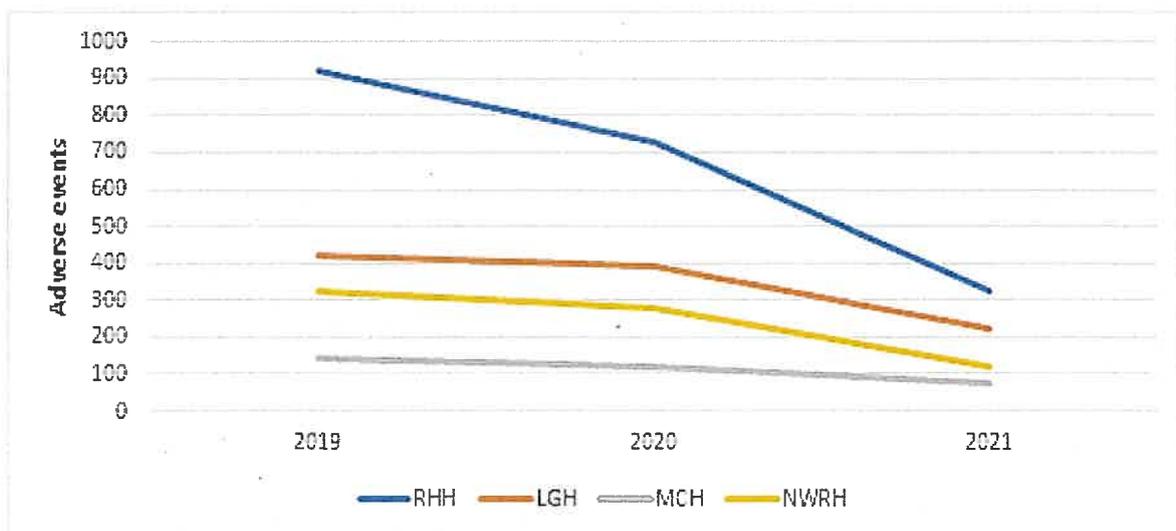
Table 5: Total ED adverse events, 1 January 2019 to 30 June 2021

Event type	2019	2020	2021*	Total
Behaviour	639	352	112	1208
Blood/ Blood Products	123	139	92	410
Care Management Process	208	243	129	779
Clinical Process/ Procedure	224	214	126	749
Documentation	69	72	35	222
Equipment/ Medical Device	42	46	14	144
Falls	97	105	47	333
Healthcare Associated Infection	7	10	3	26
Medication/IV Fluids	240	218	109	758
Nutrition	9	3	4	21
Skin-tissue	150	118	64	437
Total	1808	1520	735	5087

Source: DoH

*Note: Data for 2021 is for 6 months only.

Figure 11: Number of adverse events by hospital



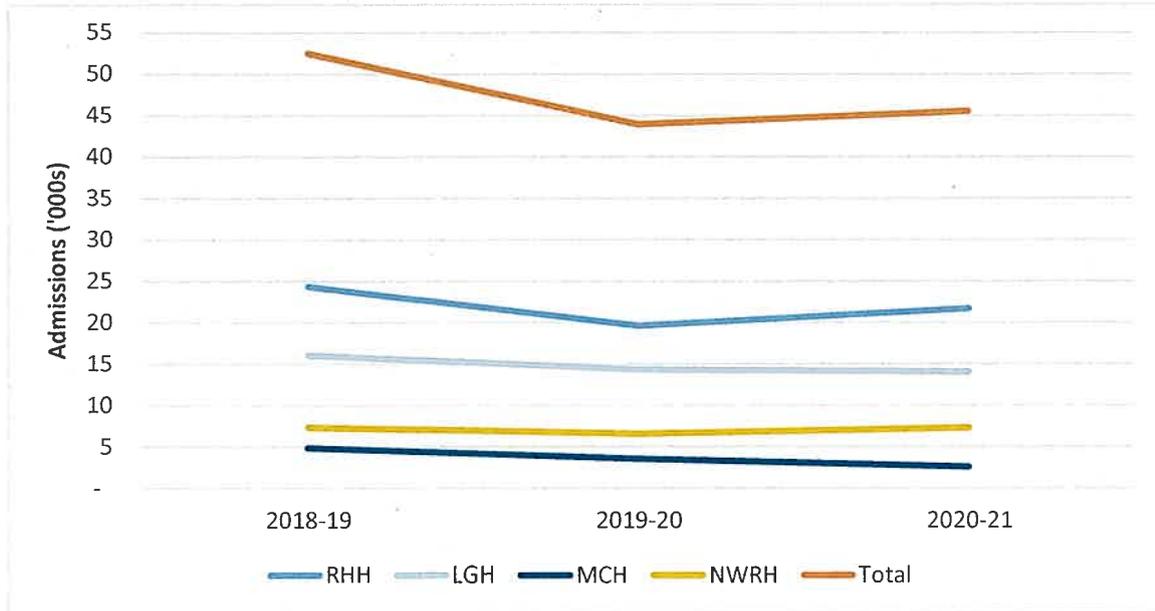
Source: DoH

Note: 1. Due to small category changes data may not be comparable with previous years.

2. Data for 2021 is for 6 months only.

- The Department of Health encourages reporting of patient client safety events as a means to improve all safety and quality in health settings. Adverse events are self-reported by staff through the Safety and Reporting Learning System. The increase in reported events does not necessarily indicate an increase in adverse events, it can also reflect a positive reporting culture of the organisation where staff feel comfortable to report events as they can see a response to reporting.

Figure 12: Total number of admissions to inpatient wards

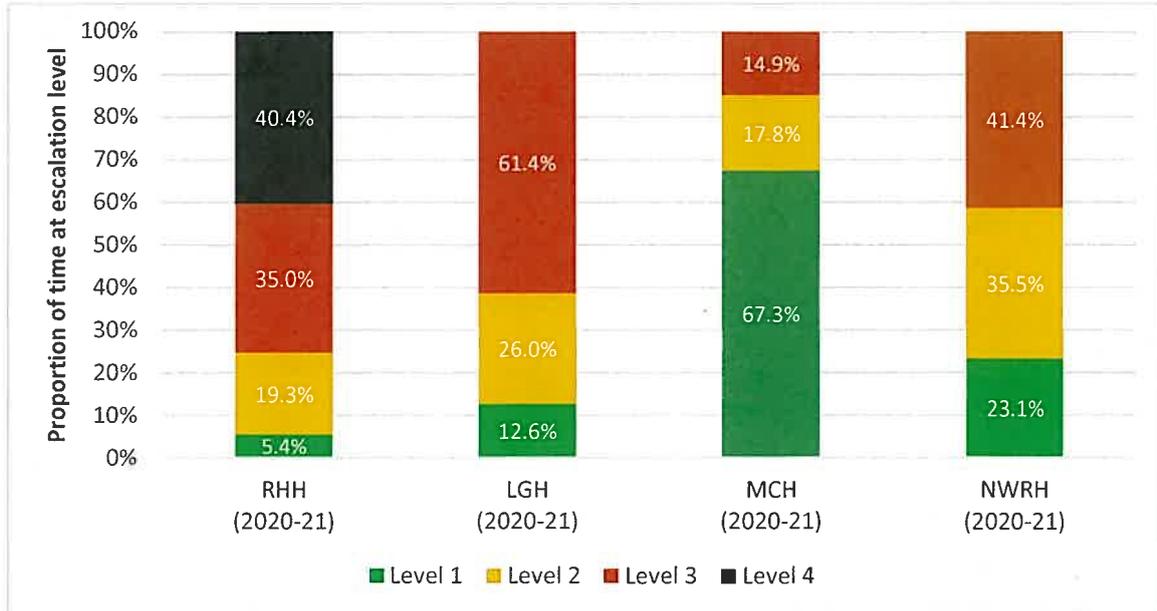


Source: DoH, AIHW

Note: The TAO report is likely to contain data using an old counting method and therefore caution should be exercised in making comparisons across time.

- To ensure consistency with the national approach, from 1 July 2019, Tasmania adopted an admission policy where a patient treated solely within the Emergency Department is not considered an admitted patient and the admission could not commence until the patient had left the Emergency Department.
- The Emergency Department presentations that no longer qualify as admitted are known as ED-only Admits. This is where a request for an admitted patient bed has been made, but the patient completes their entire episode of hospital care without being transferred out of the Emergency Department.

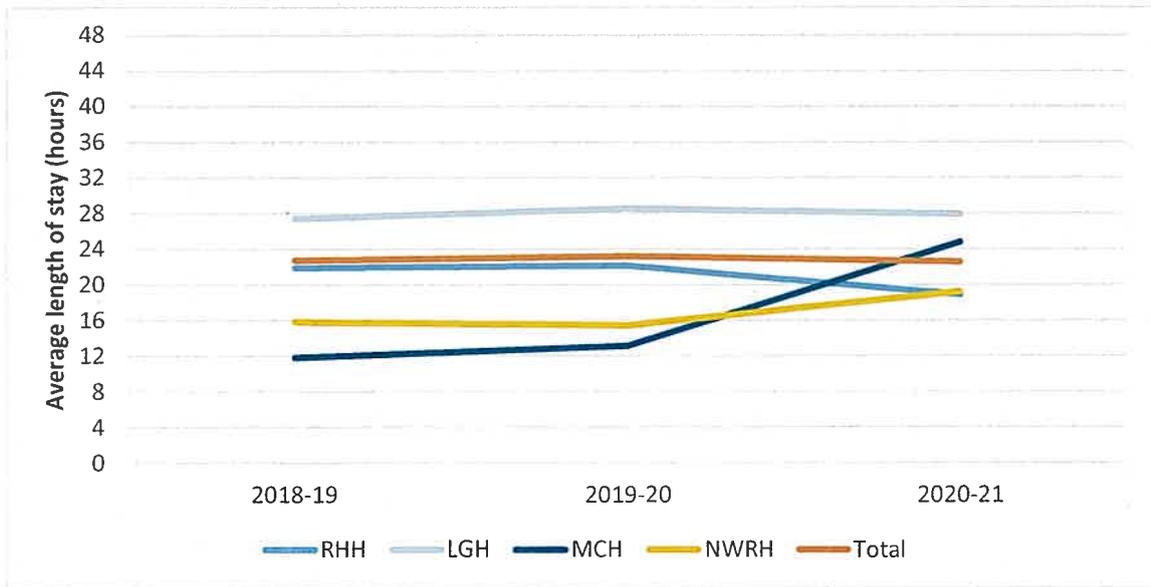
Figure 13: Proportion of time at escalation level by hospital



Source: DoH

- Escalation Plans are in place across all major hospitals in Tasmania and form the basis of dealing with day-to-day service demands. The Plans allow for increased resources to be deployed to assist with patient flow across a hospital during periods of increased demand.
- From 2018-19 onwards hospital escalation data was sourced from the state-wide Patient Flow Manager software and is based on measurements taken every 15 minutes. The highest escalation level at Royal Hobart Hospital is Level 4 and at the Launceston General Hospital, Mersey Community Hospital and North-West Regional Hospital it is Level 3.

Figure 14: Average length of stay for the 90th percentile of admitted patients by hospital (hours)

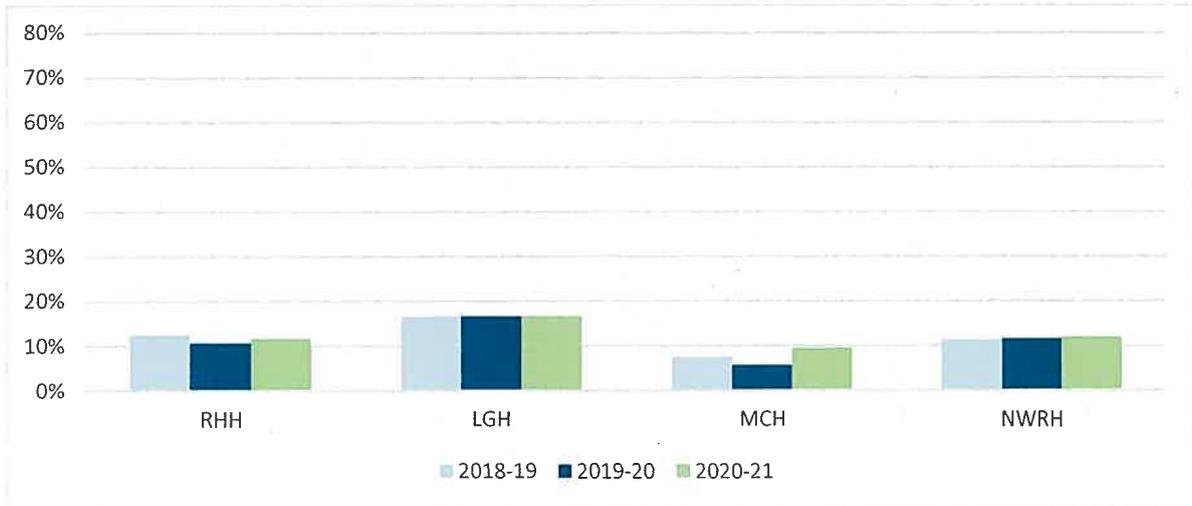


Source: DoH, AIHW

- From 2019-20 onwards, in line with other jurisdictions, patients not transferred out of the ED to an admitted patient ward (including an Emergency Department short stay unit) are not counted as admitted to hospital but are counted as have their entire episode of care within Emergency Department.
- Because these patients tend to stay longer in ED than patients who are transferred to a ward, this results in a smaller 90th percentile length of stay than would have occurred if they had been counted.

Appendix 2

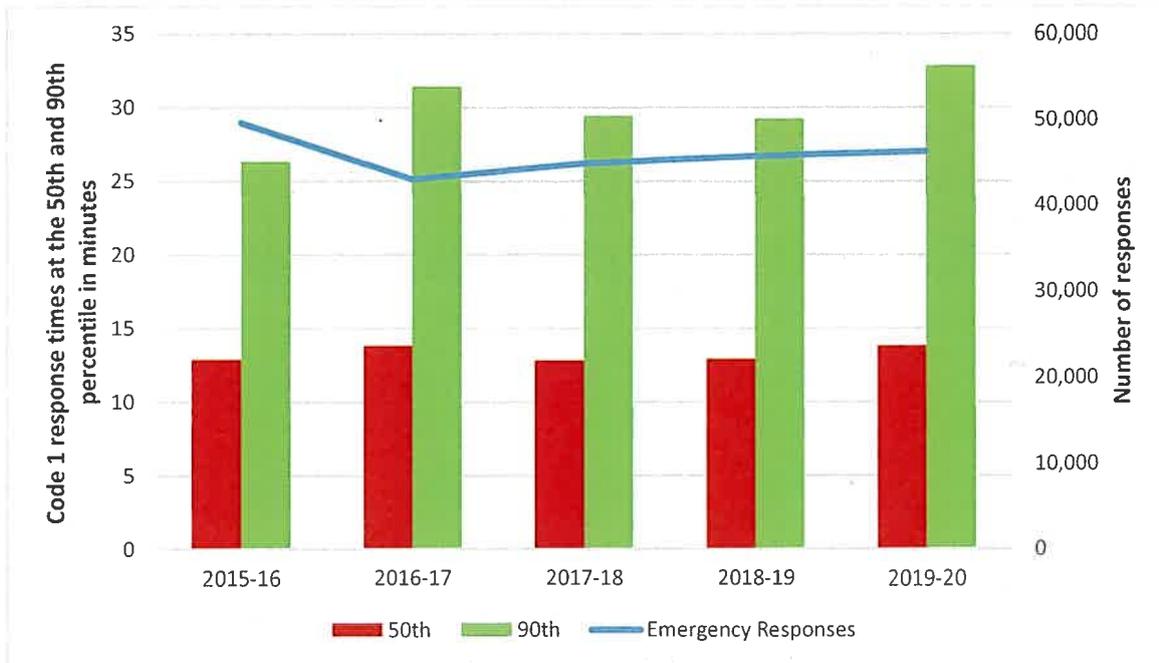
Figure 15: EMU patients admitted to hospital by year, 2018-19 to 2020-21



Source: DoH

**Attachment 2 – Data update Auditor-General’s Report No. 1 of 2016-17:
Ambulance Emergency Services**

Figure 7: Statewide ambulance emergency responses and times at the 50th and 90th percentile over time



Source: AT and RoGS 2021

- Demand for Ambulance Services has continued to increase, which can have an influence on response times. Ambulance offload delay at Tasmanian Health Service Emergency Departments, as well as geographic and environmental factors, crew configuration and complexity of cases can also impact response times.

Figure 8: State-wide response times at 50th percentile across jurisdictions 2019-20



Source: RoGS 2021

- As discussed during the hearing, Ambulance services across Australia operate under different service delivery models so how response times are measured varies. For this reason, it is not possible to accurately make direct comparisons between services based on ROGS data.

Figure 9: State-wide response times at 90th percentile across jurisdictions 2019-20



Source: RoGS 2021

- As discussed during the hearing, Ambulance services across Australia operate under different service delivery models so how response times are measured varies. For this reason, it is not possible to accurately make direct comparisons between services based on ROGS data.

Figure 10: Response times and mobilisation times by region 2020-21

- The Department of Health has not been able to replicate the method undertaken by the Auditor-General to provide this measure.

Figure 11: Mobilisation time vs. proportion of volunteers by region

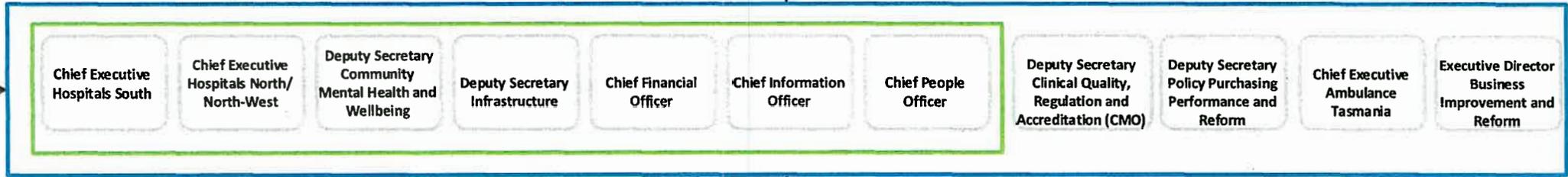
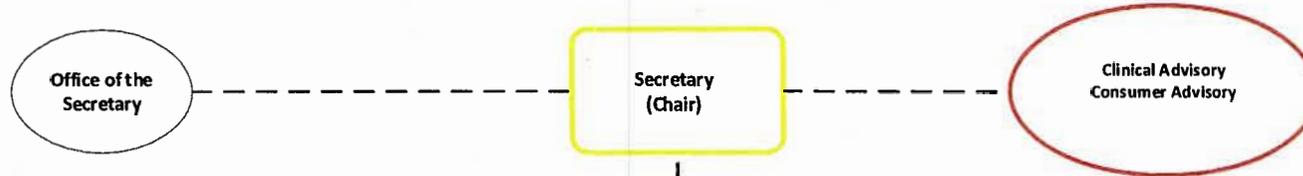
- The Department of Health has not been able to replicate the method undertaken by the Auditor-General to provide this measure.

Appendix 3

Department of Health – Governance (New)

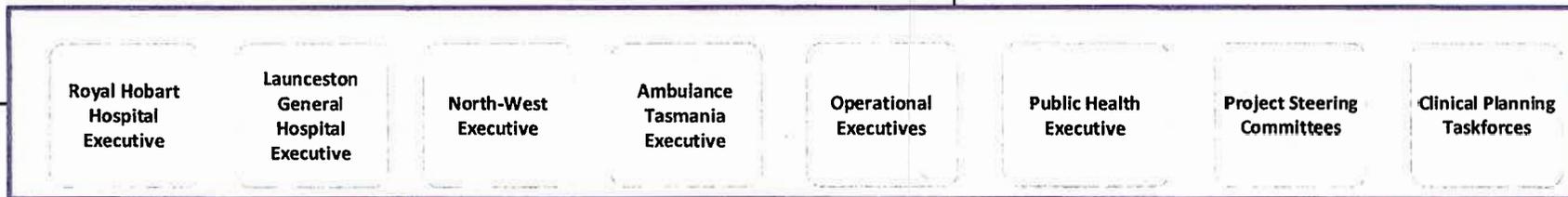


■ Health Executive including
■ THS Executive



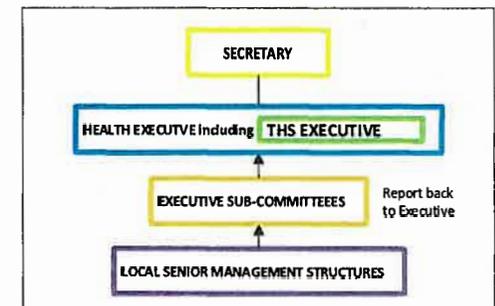
EXECUTIVE SUBCOMMITTEES

- New subcommittees to be established
- Clinician/Consumer representation
- Drive improved and more timely decisions by Executive
- Monitor delivery of key projects/outcomes/risks



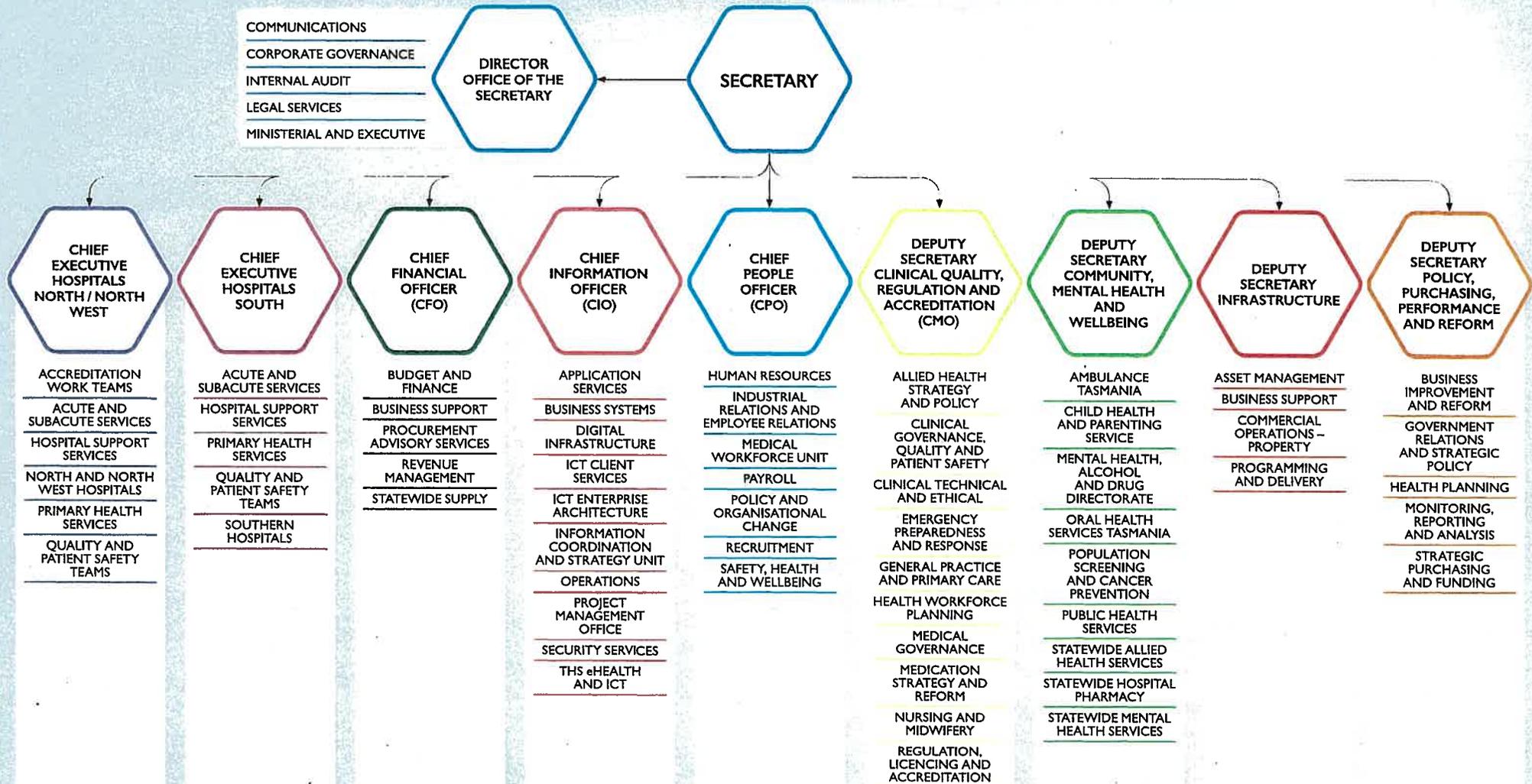
LOCAL MANAGEMENT

- Local business decisions within approved budget, policy and strategic direction



Transition to commence 2 March 2020

DEPARTMENT OF HEALTH





Australasian College for Emergency Medicine

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16 September 2021

Ms Kathrine Morgan-Wicks
Department of Health
GPO Box 125
HOBART TAS 7001

Via email: kathrine.morgan-wicks@health.tas.gov.au

Dear Ms Morgan-Wicks

On behalf of the Tasmanian Faculty of the Australasian College for Emergency Medicine (ACEM), I am writing to thank you for our meeting on 26 August 2021. I appreciate you taking the time to hear of our concerns, as well as sharing the details of the Department of Health's Strategic Priorities 2021-23.

As you are aware, ACEM have been advocating for major improvements across the Tasmanian health system for some time, with the State regularly recording the worst rate of access block in the country. Tasmanian patients requiring admission to hospital from the Emergency Department (ED) have experienced the longest waits across Australia, with it taking over 23 hours for most (90%) admitted patients to depart Tasmanian EDs in 2019-20. This compares to a national average of just over 11 hours.¹ Indeed, ACEM's most recent data from June 2021 showed that ED staff in Tasmania spent 57% of their time caring for patients experiencing access block. Again, this percentage was the worst by far in Australia.

In light of this, we applaud the renewed dedication by the Department of Health to improve access and patient flow across the health system through its Statewide Access and Flow Program. The suite of reforms and enhancements proposed – and their prominence within the wider Strategic Priorities plan – gives us faith that the Department recognises the extent of this health crisis and has been listening to clinicians' voices on how to solve it.

In particular, we are encouraged by the commitment to implement ACEM's Hospital Access Targets (HAT), which has the potential to see Tasmania leading the nation in time-based targets (TBT) reform. In isolation, the HAT will not fix the systemic and long-term issues that cause access block in Tasmania. Instead, it will assist in collating the data needed to clearly identify where bottlenecks are and the types of patients that are more likely to experience access block. Having this information will allow us all to better understand the resourcing needs for inpatient wards, diagnostics, specialists and allied care providers.

We also welcome the announcement of additional staffed beds at the Royal Hobart Hospital, Launceston General Hospital and North West Regional Hospital. Staffing these new beds in inpatient wards should positively impact hospital flow and reduce ramping and access block. This will require the recruitment of more staff in these locations, a task that has proved increasingly difficult over time and even more problematic of late with COVID-19-related border closures. We look forward to hearing the recommendations of the new Health Staff Recruitment Taskforce and the Department's quick actions to address these challenges.

As I am sure you will agree, with COVID-19 cases in Tasmania not a matter of "if" but "when", the time for action is now. We do acknowledge that there is no mention of specific timeframes in the Strategic Priorities, with references only to the Statewide Access and Flow Program being implemented over 24 months. With that in mind, we would appreciate more detail on the implementation plan for this Program and offer our advice on the way in which HAT can be introduced as a matter of priority. We are requesting a meeting with the Chief Medical Officer to discuss these matters in further detail.

Appendix 4

Once again, we congratulate the Department of Health on the release of its Strategic Priorities for 2021-23. We remain steadfast in our dedication to improve the healthcare system for all Tasmanians and would welcome the opportunity for involvement in the implementation of these reforms. Please contact Jesse Dean, General Manager, Policy and Regional Engagement via email at jesse.dean@acem.org.au or 0423 251 383.

Yours sincerely,



Dr Juan Ascencio-Lane
Chair, Tasmanian Faculty
Australasian College for Emergency Medicine

¹ Australian Institute of Health and Welfare. Emergency department care [Internet]. Canberra: Australian Institute of Health and Welfare, 2020 [cited 20 May 2021]. Available from: <https://www.aihw.gov.au/reports-data/myhospitals/sectors/emergency-department-care>