Department of Health

Tasmanian Government

Tasmanian Department of Health Submission to the House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping)

November 2023

Contents

Acronyms

CHC	Community Health Centre
CHNS	Community Health Nursing Services
ComRRS	Community Rapid Response Service
DoH	Department of Health
FTE	Full Time Equivalent
GP	General Practitioner
HiTH	Hospital in the Home
LGH	Launceston General Hospital
MCH	Mersey Community Hospital
NDIS	National Disability Insurance Scheme
NWRH	North West Regional Hospital
PHN	Primary Health Network
PHT	Primary Health Tasmania
RHH	Royal Hobart Hospital
THS	Tasmanian Health Service
VAO	Volunteer Ambulance Officer

Introduction

The Tasmanian Department of Health (DoH) welcomes the House of Assembly Select Committee on Transfer of Care Delays (Ambulance Ramping) (the Inquiry), which provides a valuable opportunity to explore the many complex issues contributing to transfer of care delays.

Transfer of care is measured as the time taken to transfer patients from the care of paramedics to emergency department (ED) staff. Transfer of care delays occur when paramedics are unable to complete transfer of clinical care of their patient to the hospital ED within clinically recommended timeframes, due to the ED not having the capacity to assume full care of the patient within that time. Currently in Tasmania Transfer of Care Delays are taken to have occurred when time from triage on arrival at the hospital to clinical handover by paramedics to ED staff exceeds 30 minutes. **Section 1** of this submission provides further context on what happens when transfer of care delays occur in Tasmania's public health system.

DoH recognises that delays in transfer of care do not support optimum care of patients, can negatively impact health outcomes and experiences of care for patients (including by contributing to prolonged discomfort), and be highly stressful for families and carers. Even when delays occur, patients are always under the care of a registered health professional. In addition to impacts on patients, carers and families, it is recognised transfer of care delays can also impact the morale and mental health and wellbeing of our dedicated and hard-working healthcare staff, including our paramedics, ED, and broader Tasmanian Health Service (THS) staff.

Factors such as multiple simultaneous ambulance arrivals, high ED patient acuity, and ambulance patients competing with 'walk in' patients can contribute to transfer of care delays. However, transfer of care delays mostly occur as a result of ED bed capacity being compromised due to high numbers of inpatients in the ED awaiting access to an inpatient bed elsewhere in the hospital. As such, transfer of care delays are a symptom of access block within public hospitals. The Australasian College of Emergency Medicine defines access block as "the situation where patients who have been assessed in the ED and require admission to a hospital bed are delayed from leaving the ED for more than eight hours due to a lack of inpatient bed capacity."[1]

Transfer of care delays and access block are issues experienced in hospitals across Australia. Like Tasmania, other states and territories (states) are working to address access block, and its causes in similar ways. These include hospital avoidance initiatives, virtual care approaches, and additional resourcing for public hospitals. Increased Commonwealth support is also vital to addressing the broad range of issues that contribute to access block and transfer of care delays.

Factors contributing to access block are multidimensional and complex. **Section 2** of this submission explores some of the key factors contributing to access block in Tasmanian public hospitals, such as Tasmania's unique demographic characteristics, and challenges at the interfaces between the public hospital system and the aged care, primary care and disability care systems. **Section 3** outlines data that demonstrates the increasing demand on Tasmania's public hospitals, including increasing transfer of care delays, emergency department presentations, and in patient activity.

The Tasmanian Government's *Long-Term Plan for Healthcare in Tasmania 2040* is underpinned by the principle of providing the right care, in the right place, at the right time. A key focus of the Long-Term Plan is delivery of more care in the community, within or closer to people's homes. Increased access to care in

[1] Australasian College of Emergency Medicine, *Access Block,* https://acem.org.au/Content-Sources/Advancing-Emergency-Medicine/Better-Outcomes-for-Patients/Access-Block accessed 30 September 2023.

the community is vital both to supporting better health and wellbeing outcomes for individuals, and in helping reduce pressure on ambulance and public hospital services.

Acute health services in Tasmania are delivered following the *Tasmanian Role Delineation Framework for Health Services* (TRDF), which provides a clearly defined role for each hospital and supports our hospitals to work together effectively.

Under the TRDF, the Royal Hobart Hospital (RHH) is the tertiary referral hospital for the whole state and the principal referral hospital for the South, and the LGH is the principal referral hospital for the North and North West of Tasmania. The provision of higher complexity services, and services across a greater geographic region, places additional pressure on these services which can impact patient flow and contribute to transfer of care delays.

DoH is committed to supporting equitable access to emergency care for Tasmanians. The Tasmanian Government does not charge Tasmanian residents for emergency ambulance services. Tasmania and Queensland are the only Australian statutory ambulance services that do not charge residents for these services. Charges to patients for emergency ambulance services in other states vary and can range from around $1 000 to $7 000 for road transport (noting higher costs can apply for air transport). Medicare does not cover ambulance services in any Australian states and territories.

Section 4 of this submission outlines key existing and planned initiatives DoH is progressing to address access block and support improved patient flow within and between services. This includes, for example, the Statewide Access and Patient Flow Program, which is delivering and evaluating programs of work aimed at improving patient access and flow through the Tasmanian healthcare system. Section 4 also provides examples of broader initiatives DoH is progressing, including work under the Long-Term Plan, to help address the issues that contribute to access block.

Section 5 of this submission outlines key supports available to our invaluable health workers who, as noted above, are also impacted by the significant increasing demand on Tasmania's public health services.

DoH welcomes the opportunity to provide advice to the Inquiry on the complex range of factors that contribute to transfer of care delays, and initiatives being progressed in response to these. While this submission does not respond individually to each of the terms of reference (ToR) for the Inquiry, the themes covered within the submission broadly address the ToR.

DoH looks forward to the findings and recommendations of the Inquiry as an opportunity to receive further valuable insights and to help inform future reform directions.

1 Transfer of care delays

Transfer of care delays refer to delays in the transfer of clinical care of patients from paramedics to the hospital ED staff. These delays are a symptom of access block which, as explored throughout this submission, is caused by a broad range of complex factors.

Where transfer of care delays occur in Tasmanian public hospitals, there are practices and protocols in place to ensure care and support is provided to patients. It is important to note that while the term 'ramping' is often used, it is very rare in Tasmania's public health system that a patient subject to a transfer of care delay would be waiting outside a hospital in an ambulance (as the term 'ramping' may suggest). The usual practice is that on arrival to the hospital, ambulance patients are brought into the hospital to a designated area and are triaged (as are non-ambulance patients who enter the ED).

Ambulance patients are triaged using the same criteria as walk-in patients and are treated equally in terms of wait time if triaged within the same category. For example, if an aged care resident is brought in by ambulance (as no other transport is available) and triaged as a category 4, higher triage category patients (1, 2, 3) that have arrived by ambulance or been brought to ED will be seen before the category 4 aged care patient. Just because a patient arrives by ambulance does not mean they receive the highest clinical priority in the ED. For example, a patient's condition may be clinically stabilised by treating paramedics, compared to a walk in patient whom has received no care or clinical assessment.

If the ED does not have capacity to assume care of a patient upon their arrival by ambulance, paramedics remain with the patient to support their clinical care until transfer of care can be completed. It is also important to note a transfer of care delay does not mean a patient's treatment is withheld where there is capacity to deliver this. ED assessment and treatment can, and often does, commence while a patient is awaiting transfer of care. For example, patients can be assessed and treated by ED clinical staff or be taken to have required diagnostic tests/scans while they are awaiting transfer of care.

While transfer of care delays are not optimal, it is important to acknowledge that such delays do not necessarily mean paramedics and ambulance vehicles are unavailable for the full time a patient is awaiting transfer of care. The THS and Ambulance Tasmania have operational protocols and processes in place that are targeted at enabling release of paramedic crews caring for patients experiencing transfer of care delays to respond to demand in the community. This approach helps to ensure that emergency 'lights and sirens' responses in the community are not delayed by broader hospital-wide access block challenges.

Ambulance Tasmania and the THS have also developed several processes and protocols targeted at assisting in management of transfer of care delays and access block. These include, for example:

- The Communication Escalation Procedure, which outlines the appropriate notification and escalation of transfer of care delays to support patient safety, assist in managing demand pressures, and to maintain service delivery for Ambulance Tasmania.

- The Ambulance Diversion to Waiting Room Procedure, which is a statewide clinical protocol to identify low acuity patients that can be diverted to the ED waiting room under nurse observation instead of remaining on ambulance stretchers. Where appropriate, diversion of patients to the waiting room to await treatment improves the availability of ambulances to provide emergency care to the Tasmanian community.

- The Management of Patients affected by Ambulance Transfer of Care Delay in the Launceston General Hospital ED protocol, which sets out communication, clinical care and emergency transfer of care release processes to help in the management of patients affected by transfer of care delays.

- The Ambulance Critical Response Protocol, a two-tiered protocol for the Royal Hobart Hospital (RHH) targeted at ensuring "lights and sirens" ambulance emergency responses are not impacted by transfer of care delays. This protocol set outs arrangements for rapid transfer of patients from the ED to other parts of the hospital to release ambulance crews in responses to community demand.

Key examples of broader initiatives DoH is progressing to address access block, and to respond to broader factors that contribute to access block and transfer of care delays, are outlined in Section 4 of this submission.

2 Growing demand for health services

In considering the cause and effect of transfer of care delays, it is important to consider and acknowledge there are a broad range of factors contributing to growing levels of demand on Tasmania's public hospitals.

Projections of public hospital utilisation in Tasmania show that if current trends continue, public hospital demand will increase significantly over the next 20 years. Modelling by DoH indicates that combined inpatient and ED episodes for Tasmania will increase by 30 per cent from 2021–22 to 2041–42.[2]

This section outlines some of the key factors which impact demand for, and access to, acute care services, and the flow of patients through these services.

2.1 Population factors contributing to increasing demand

Tasmania has a number of unique geographic and demographic characteristics compared with other Australian states, which contribute to increased demand for health services.

Tasmania has the oldest population of any state, with a median age of 42.3 years, compared to 37.8 years nationally,[3] and a higher proportion of persons aged 55 and older. The need for health services tends to increase as people age, a key contributing factor to the higher demand for healthcare in Tasmania is our older population.

Rates of disability are also higher in Tasmania, with 26.8 per cent of Tasmanians living with disability; significantly higher than the national rate of 17.7 per cent.[4] People with disability often experience poorer health. The Australian Institute of Health and Welfare (AIHW) reports that nationally, an estimated 43 per cent of adults with disability rate their health as fair to poor, compared to seven per cent of adults without disability. The AIHW also reports that nationally, an estimated two-thirds (65 per cent) of adults without disability rate their health as excellent or very good, compared to only one-quarter (24 per cent) of people with disability.[5]

Socioeconomic levels are lower in Tasmania compared with other states, with Tasmania having the lowest proportion in Australia of people living in the most advantaged areas (4.6 per cent) and the highest proportion living in the most disadvantaged areas (37 per cent).[6] Tasmania's lower socioeconomic levels are also demonstrated across other domains such as Year 12 attainment (57.7 per cent, compared to 79.1 per cent nationally),[7] and median weekly earnings, with Tasmania having the lowest in Australia at $1 075 (and the Australian Capital Territory the highest at $1 518).[8]

Tasmania also has a highly dispersed population with more people living in rural and regional areas. Only 44 per cent of Tasmania's population live in the capital city, compared to 68 per cent nationally. This population dispersal creates challenges for sustainability and viability of health services, including general practice and broader primary care services, which has flow on impacts due to delayed care, and the public

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[2] Tasmanian Government Department of Health, *Advancing Tasmania's Health 2022.*
[3] Australian Bureau of Statistics, *Regional Population by Age and Sex 2020.*
[4] Australian Bureau of Statistics, *Disability, Ageing and Carers, Australia: Summary of Findings 2018.*
[5] Australian Institute of Health and Welfare, *People with disability in Australia 2022.*
[6] Australian Bureau of Statistics, *Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), Australia, 2016.*
[7] Australian Curriculum Assessment and Reporting Authority, 2021.
[8] Australian Bureau of Statistics, Employee Earnings, 2022.

hospital system being the provider of last resort. Specific primary care challenges are discussed further under subsection 2.2.1 below.

2.1.1 Chronic conditions

In addition to the population characteristics outlined above, Tasmania has a higher proportion of people living with chronic conditions, with 11.5 per cent of Tasmanians reporting having three or more chronic conditions compared to the Australian rate of 8.7 per cent.[9] Chronic conditions reduce a person's quality of life, increase demand on health services, and are associated with higher healthcare costs. Chronic conditions, including conditions such as asthma, arthritis, back problems, cancers, kidney disease and heart, stroke and vascular disease, are all associated with increased need for health care.

A strong primary health care sector is vital in supporting prevention, early intervention, and management of chronic conditions. As explored in subsection 2.2.1 below, a key factor contributing to pressure on public health services is lack of timely access to general practice and broader primary care services in the community. Poor primary care access leads to worsening of health conditions, meaning more acute care is required for conditions that could otherwise have been managed through timely access to appropriate primary care services. Lack of access to primary care also leads to people presenting to EDs with conditions that could be managed in primary care settings, placing further pressure on the ED. Reporting from the Australian Institute of Health and Welfare demonstrates that people with chronic condition who do not see a general practitioner (GP) when they need to are more likely to have potentially preventable hospitalisation.[10]

Patients with multiple chronic conditions often require overnight hospital care for longer and, on average, more frequently. Despite comprising 11.5 per cent of the population,[11] patients with multiple chronic conditions occupied more than half (53 per cent) of Tasmania's admitted overnight acute beds. This places significant pressure on our public hospital services, resulting in bed and access block, and in turn causing transfer of care delays.

There are a range of other factors that contribute to growing demand on health services, including challenges at the interface between the public hospital system and other systems of care.

2.2 Challenges at care system interfaces

The split of policy and funding responsibilities between the Commonwealth and the states across hospitals, primary care, aged care and disability services, creates challenges for the planning and delivery of, and access to, health care. The public health system is increasingly becoming the provider of last resort due to gaps and market failure in other care systems.

The information below outlines key access challenges in relation to primary health care, aged and disability care, and the private hospital sector, that contribute to increasing demand on public hospital services in Tasmania.

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[9] Australian Bureau of Statistics, *National Health Survey: First results, 2017-18*.

[10] Australian Institute of Health and Welfare, *Coordination of health care: patient and primary care factors associated with potentially preventable hospitalisations for chronic conditions,* 2022.

[11] Australian Bureau of Statistics, *Chronic conditions: 2017-18*

2.2.1 Access to primary health care

A key issue contributing to increased pressure on ambulance, ED and broader public hospital services in Tasmania are primary care access challenges. Poor access to appropriate primary care leads to people deferring care until health needs exacerbate and require hospital care or presenting to EDs with non-urgent conditions.

While the Tasmanian Government has been investing heavily in primary care related initiatives, the Commonwealth has lead funding and policy responsibility for general practice and broader primary health care, as set out under the National Health Reform Agreement.

As outlined under section 2.1 above, Tasmania has several population factors that contribute to increased demand on health services, including high rates of chronic conditions, which lead to higher and more complex care needs. Timely access to appropriate care in the community to support prevention and management of chronic conditions helps to prevent exacerbation of these conditions and reduce avoidable ED presentations and hospital admissions. However, Tasmanians are struggling to access general practice and broader primary health care services due to factors such as cost and thin and failing primary care markets.

Commonwealth Department of Health and Aged Care data for 2022-23 shows Tasmania has among the lowest bulk-billing rates in the country, with just 36.5 per cent of Tasmanians always bulk-billed (compared to 51.7 per cent nationally), and 19.4 per cent never bulk-billed (compared to 10.5 per cent nationally).[12] Low bulk billing rates, combined with high rates of socioeconomic disadvantage, are a key factor impacting access to primary care services, particularly for vulnerable Tasmanians who are unable to pay the out-of-pocket costs. In 2021-22, Tasmania had the highest rate of any state of people delaying or not seeing a GP due to cost at 7.6 per cent for 2021-22, compared to 3.5 per cent nationally.[13]

Many patients who cannot access adequate primary care find themselves forgoing necessary care (resulting in worsening of health conditions) or presenting to other health care settings, such as the ED. In 2021-22, Tasmanian public hospitals had 58 274 GP-type presentations to their EDs,[14] equating to around 33.6 per cent of total public hospital ED presentations (173 276 for 2021-22).[15] This increases burden on public hospitals by contributing to ED overcrowding.

The Tasmanian Government has been, and continues to, strongly advocate for increased Commonwealth support for general practice and broader primary care in Tasmania. This has included requesting the Commonwealth urgently work with general practices and local communities to address thin and failing primary care markets to help ensure all Tasmanians have equitable access to primary care services in their community. Lack of access to GP services in local communities is a key factor impacting transfer of care delays. As raised earlier is this section, poor access to primary care can lead to worsening of conditions and a need for emergency care and/or hospitalisation that may otherwise not have been required.

The Tasmanian Government has stepped in to provide supports for primary health care in Tasmania to help address access gaps. As discussed further under Section 4 below, Tasmania is working collaboratively with the Commonwealth on a number of primary care reforms to increase primary care capacity, and to

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[12] Australian Government Department of Health and Aged Care - *Medicare GP Non-Referred Attendances patient bulk billing ranges – Primary Health Networks (2009–10 to 2022-23).*

[13] Table 10A.25, Primary and Community Health, Report on Government Services 2023.

keep people out of hospitals when they do not need to be there. However, as raised above, increased action by the Commonwealth, as the policy and funding lead for primary health care, is needed to address growing primary care access and viability challenges.

2.2.2 Aged care and National Disability Insurance Scheme

Bed block due to discharge delays for aged care and National Disability Insurance Scheme (NDIS) patients (including patients waiting for completion of NDIS assessment processes) are key factors contributing to patient access and flow issues within Tasmania's public hospitals. Keeping older people and people with disability who are medically ready for discharge in hospital is not best for the individual, and places significant capacity and cost pressures on the public health system.

Aged care and NDIS related discharge delays and the impacts of these on ED and inpatient public hospital capacity, are key areas of concern across states. The Commonwealth is responsible for planning, funding, policy, management, and delivery of the national aged care system, and for regulating the provision of services under the NDIS. Policy and funding changes, as well as service shortages, in these care systems can have major flow-on impacts to the public health system. Public hospitals become providers of last resort, which in turn contributes to transfer of care delays, as hospital beds are "blocked" caring for people who could be more appropriately cared for in the community. The Commonwealth has been engaging more closely with states on these issues recently, and it is vital this engagement continues and is further strengthened to improve integration and system interfaces.

Tasmania has been working both locally and nationally with other jurisdictions to try and identify options to help address these issues. As outlined in the introduction of this submission, transfer of care delays are a symptom of access block. Where acute care beds are not available (are "blocked"), this directly impacts ED capacity as it limits the ability to move patients out of the ED onto wards, in turn impacting transfer of care timeframes. Tasmania will continue to advocate for and is committed to working with the Commonwealth and other states on, approaches to improve the timely discharge of NDIS and aged care patients who are ready to leave hospital, noting the significant impacts these delays have on inpatient and ED capacity, and in turn transfer of care delays.

The information below outlines specific issues at the interface between the aged care and disability care with the acute system.

Aged care

Between May 2023 and September 2023, calculated on a fortnightly basis, the average number of aged care patients medically ready for discharge in Tasmania's four major public hospitals was 42.3. While in some cases these patients may be in subacute beds within the state health system, this still means that the subacute bed is "blocked" and another patient remains in an acute bed as they cannot access that subacute bed. This bed block has flow on impacts for EDs as they care for patients waiting for acute care beds, limiting capacity to take in more patients, and therefore contributing to transfer of care delays.

Report on Government Services 2023 data indicates there can be extensive delays in the transfer of aged care patients in Tasmanian hospitals into more appropriate care settings, including residential or home care. For example:

- in 2021-22, wait times for Level 4 Home Care Packages in Tasmania (while improved from previous years) were the longest of any state at seven months,[16]

[16] Table 14A.23, Aged Care Services, Report on Government Services 2023.

- in 2020-21, the proportion of patients whose length of time in hospital between completion of treatment and entry into residential aged care was greater than 35 days was 13.5 per cent, above the national average of 9.8 per cent,[17] and

- the total number of hospital separations for older people with a length of stay of 35 days or more increased in 2020-21 to 61 separations, up from 41 separations in 2019-20.[18]

To help develop solutions to ease aged care related bed block in Tasmanian hospitals, the Tasmanian Aged Care Collaborative (the Collaborative) was established in October 2022. The Collaborative's membership comprises DoH, aged care providers, the Commonwealth Department of Health and Aged Care, Primary Health Tasmania (PHT), the Royal Australian College of General Practitioners, and the Aged Care Quality and Safety Commission. In the Collaborative's work to date, members have identified a range of issues impacting discharge from hospitals to residential aged care facilities (RACFs), including:

- the transition processes from hospital to a RACF, including difficulties accessing a GP, completing Aged Care Assessment Team assessments and discharge planning,

- challenges in finding aged care placements for people with complex needs,

- the tension between patient choice of a RACF and actual availability, recognising that insofar as possible the system should accommodate the decisions of the patient and their loved ones, and

- residential aged care staffing needed to support patients transitioning from acute care settings.

To help address the above issues the Collaborative has been working to strengthen processes around RACF placement. For example, a draft 'Awaiting Residential Aged Care Placement' policy and protocol statement has been developed in consultation with THS staff statewide. Consumer consultation on the draft statement is currently occurring. The statement will include guidance for accommodation selection, and further advice to improve transparency and understanding of responsibilities for THS inpatients requiring RACF placement.

The Collaboration has also have been working with Dementia Support Australia to implement the Acute to Residential Care Transition Service. This program provides support to transition complex dementia patients out of public hospitals into RACFs. Between June and September 2023, eight complex, long stay patients were successfully placed in RACFs in Southern Tasmania.

The Commonwealth has lead responsibility for aged care funding and policy. The Tasmanian Government and DoH have strongly advocated, and continue to advocate, for reforms to address issues at the interface between the aged and acute care systems. In particular, this advocacy has highlighted the need for reform to reduce access block related to medically ready for discharge older patients within our public hospitals, which (as raised earlier is this section) is a key contributor to access block and transfer of care delays.

[17] Table 14A.32, Aged Care Services, Report on Government Services 2023.
[18] Ibid.

Disability care

Similar to the issues caused by aged care bed block, delays in discharging hospital patients with disability, including NDIS participants, have significant resource implications for the public health system. This ultimately impacts the state's ability to provide hospital care for all who need it.

Delays in NDIS assessment, decision, costing and planning processes, result in significant delays to discharge, and divert hospital staff away from providing care for other patients (for example, due to clinician time taken to complete paperwork and liaise with the National Disability Insurance Agency [NDIA]).

Delays in transitioning patients with disability who are medically ready for discharge to the community can also have detrimental impacts on the wellbeing of the individuals who remain in hospital for unnecessary periods of time, away from their homes and support networks, which can lead to poorer general health, physical and mental deconditioning and an increased risk of hospital readmission.

Between May 2023 and September 2023, there were an average of 26.4 patients in Tasmania's public hospitals who were medically ready for discharge awaiting NDIS access or NDIS supports.

In addition, many long-stay patients have particularly complex essential support needs and often require tailored, complex transition plans; additional NDIS supports to adapt to changes in function and circumstances; and/or NDIS supports which are in high demand or not broadly available due to market gaps (such as for Supported Living Accommodation). As with aged care bed block, while in some cases these patients may be in subacute beds within the state health system, the subacute bed is "blocked" and another patient remains in an acute bed, which is in turn blocking that acute bed from being available for someone waiting in the ED. This then places increased demand on EDs, which leads to transfer of care delays.

Some positive steps have been taken by the NDIA to help address these issues including, for example, the establishment of NDIA Hospital Liaison Officers to streamline NDIS discharge planning processes and support faster decision-making. However, a key issue remains that due to wider market failures, hospital services are used as an accommodation provider of last resort, while waiting for more suitable and more permanent accommodation options for people with disability to become available, which can take a significant period of time.

The issue of thin and failing markets was raised in the Final Report of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (Royal Commission), which was released on 29 September 2023. This includes a proposal that the Commonwealth and states develop funding and arrangements for a provider of last resort scheme. The Royal Commission recommends this scheme focusses on addressing access to services issues in failed or thin markets, where people's needs cannot be adequately met by existing services. The Tasmanian Government is currently considering the recommendations of the Royal Commission's Final Report.

2.2.3 Small private hospital market

A further factor contributing to growing demand for public hospital services is Tasmania's small private hospital market, comprising North West Private Hospital in Burnie, Calvary St Vincent's and Calvary St Luke's in Launceston, and Hobart Private Hospital and Calvary (Lenah Valley and St Johns) in Hobart. There are also a number of smaller private day surgeries across the state. Outside of Hobart, in Tasmania, 24/7 access to emergency care is only provided in public hospitals. Within Hobart, 5 day a week ED coverage is provided by Calvary Lenah Valley, with Hobart Private Hospital being the only private hospital ED operating

on weekends. There is no private emergency department service offered outside of Hobart, with public hospital only EDs in Launceston, Latrobe and Burnie.

Private health insurance coverage for hospital treatment is also lower in Tasmania than nationally, at 41 per cent percent compared to 45 per cent nationally. Lower rates of private health insurance coverage mean more people needing to access public health services, rather than being able to afford the high cost of private health care.

A further issue, while not explored in detail is this submission, is the potential impacts of the COVID-19 pandemic regarding deferred care. It is likely that in the years following the acute phase of the COVID-19 pandemic, factors such as catching up on deferred procedures such as non-urgent elective surgeries, and the potential for people who deferred regular health screening during the pandemic to present with more serious conditions, will also place increased pressure on all Australian health systems.

The information in this section and in Section 2.1 above outlines key factors contributing to increased demand on public hospital services and patient access and flow challenges. Section 3 below provides information and data demonstrating increasing pressure on public ambulance, ED and broader public hospital services.

3 Data on demand on Tasmania's public health system

There are a range of complex factors contributing to increased demand for health services in Tasmania, which in turn impact timeliness of transfer of care. These include population factors and broader issues including thin and failing markets in other care sectors.

This section outlines current reporting measures regarding transfer of care delays and provides data that demonstrate the impacts on increasing demand on Tasmania's ambulance and public hospital services, including the increasing prevalence of transfer of care delays.

3.1 Transfer of care data collection and reporting

Improving access and patient flow across Tasmania's health system is a strategic priority under the *Tasmanian Health Service Annual Service Plan 2023-24* (the Service Plan). The Service Plan includes 30 Key Performance Indicators (KPIs) and targets under this strategic priority, with specific Ambulance Transfer of Care targets including 100 per cent targets for the following KPIs:

- 'Ambulance patient transfer of care – proportion occurring within 30 minutes', and
- 'Ambulance vehicles return to on road services – proportion occurring within one hour of arrival'.

From 2024-25 onward, the two measures above will be reported in the DoH Annual Report.

The Service Plan also includes a range of other targets relating to ED transfers and waiting times, access to inpatient beds, and non-admitted patients, to help drive improvements to patient access and flow through hospitals.

The proportion of patients transferred within 15 minutes (85 per cent target) and 30 minutes (100 per cent target) has previously been routinely reported in the DoH Annual Report, and is included in the 2022-23 DoH Annual Report. As noted above from 2023-24 DoH reporting will be on the 30 minutes (100 per cent) target. This broadly aligns with targets in other states such as New South Wales (target of "offloading" 90 per cent of patients within 30 minutes), Queensland (90 per cent of patients off stretchers into the care of the ED within 30 minutes) and South Australia (target of 100 per cent in 30 mins).

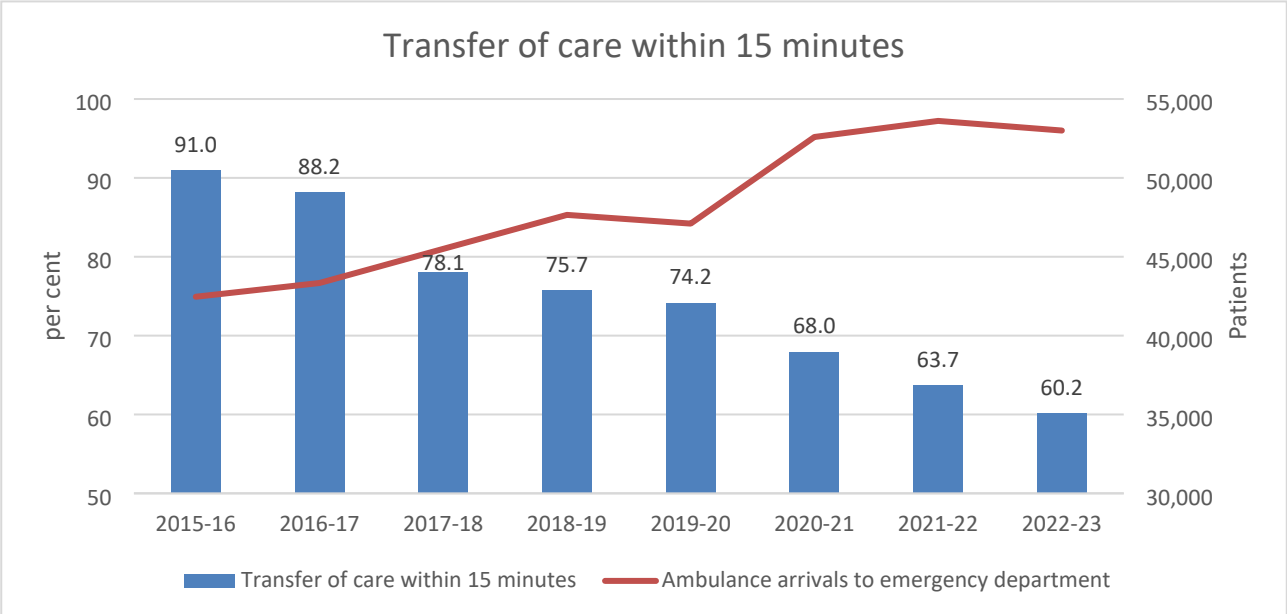
As outlined in the Introduction of this submission, upon arrival to ED, patients are triaged by ED nurses which includes entry of the patient details into the ED clinical information system (TrakED). To determine whether a patient has been subject to a transfer of care delay, time stamped data is extracted from TrakED based on the patient's recorded location on TraKED. For example, this includes whether following triage a patient is waiting within the hospital in a designated "Ramp" area with a paramedic until ED space/capacity becomes available or has been moved into an ED cubicle or waiting room.

For the measures of the number of patients subject to transfer of care delay ("patients ramped") and the number of hours transfer of care delay ("hours ramped"), the calculation assumes that any time exceeding 15 minutes is delay in transfer of care ("ramped") time.

3.2 Transfer of care performance

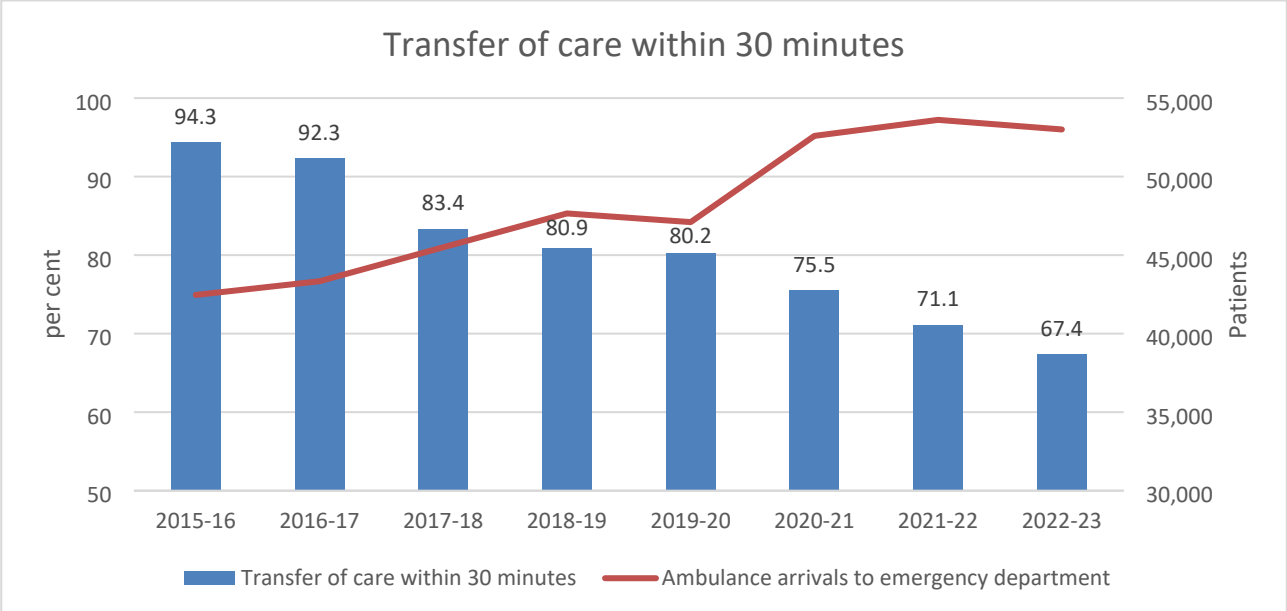
As shown in Figure 1 below, rates of transfer of care within 15 minutes have continued to decline over the last eight-year period, falling by approximately 30 per cent between 2015-16 and 2022-23. Over the same period, rates of transfer of care within 30 minutes have decreased by approximately 27 per cent as shown in Figure 2.

Figure 1: Transfer of care within 15 minutes 2015-16 to 2022-23



Note: Data may vary from previous reporting due to review and improvements in calculation methods as part of end of financial year reporting.

Figure 2: Transfer of care within 30 minutes 2015-16 to 2022-23



Note: Data may vary from previous reporting due to review and improvements in calculation methods as part of end of financial year reporting.

In considering these data relating to transfer of care delays, it is important to also have regard to the whole of system picture. As outlined above in Section 3, increased demand has been experienced across the public hospital system over several years, with a range of complex factors driving this demand, and causing access block, which then results in transfer of care delays.

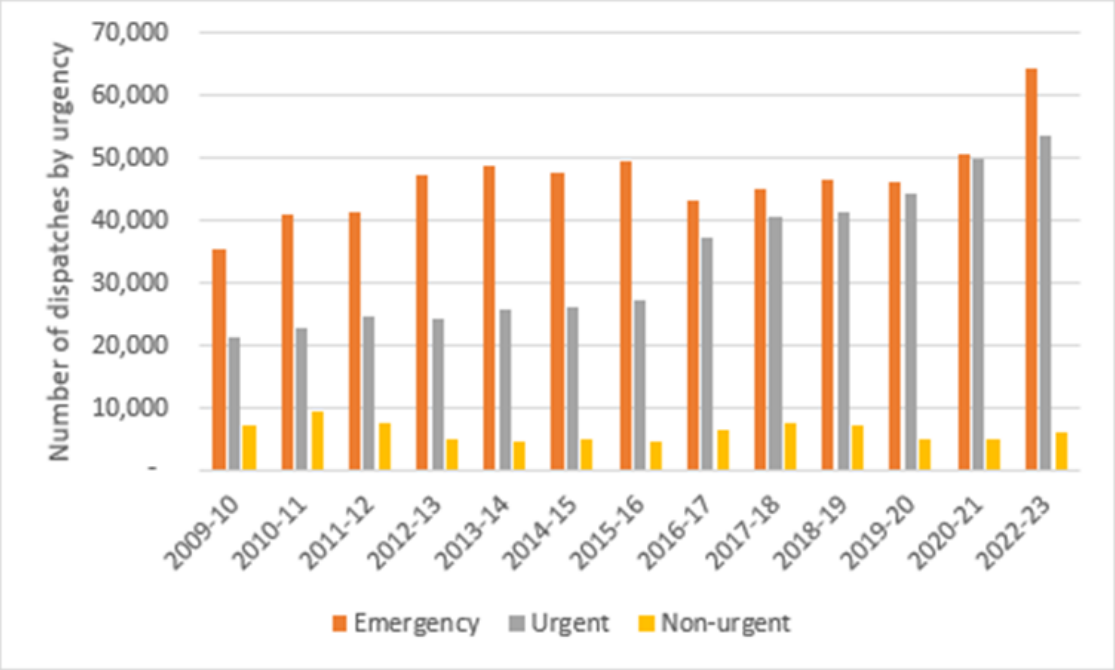
The patterns shown in the above figures reflect the impacts of growing demand on public hospital services in Tasmania on transfer of care performance. Further information and data are outlined below regarding demand trends in Tasmania.

3.3 Demand for emergency care

Demand for Ambulance Tasmania services has greatly increased over recent years. As demonstrated in Figure 3 below, the number of ambulance dispatches has increased by approximately 93 per cent between 2009-10 where there were 64 142 total dispatches and 2022-23 where there were 124 064 total

dispatches. As shown in Figure 3, this growth has been in emergency and urgent dispatches, with non-urgent dispatches (comprising lowest priority ambulance incidents as well as non-emergency patient transport) showing a decrease of approximately 16 per cent between 2009-10 and 2022-23.

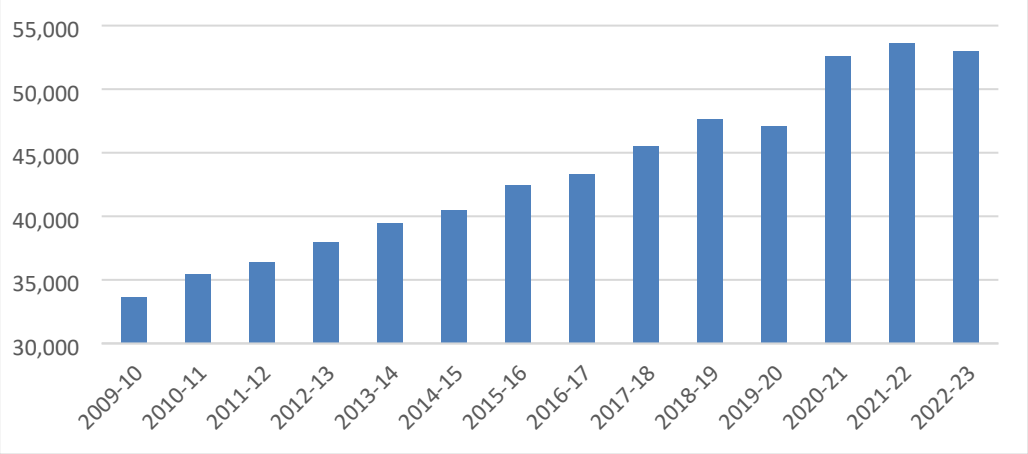
Figure 3: Ambulance Tasmania dispatches – 2009-10 to 2022-23.



Ambulance Tasmania's Statewide Median Emergency Response Time to incidents in 2022-23 was 14.5 minutes, and 14.3 minutes in 2021-22. Ambulance response times are directly impacted by demand for, and availability of, resources in the community. During times where high transfer of care delays are being experienced, Ambulance Tasmania seeks to deploy additional paramedics to public hospitals to support patient care and enable ambulance crews to be released to continue to provide ambulance services in the community. As outlined further in Section 4, the Tasmanian Government has also made significant investments in additional Ambulance Tasmania staffing and infrastructure to help manage increasing demand for ambulance services.

As with demand for ambulance services, ambulance arrivals to EDs have also significantly increased in recent years. As demonstrated in Figure 4 below, over the last 14 years ambulance arrivals to Tasmania's public EDs have risen by 57.4 per cent, from 33 672 in 2009-10 to 53 002 in 2022-23 (these figures do not include Ambulance Tasmania helicopter arrivals, mortuary ambulance arrivals, and private ambulance arrivals).

Figure 4: Ambulance arrivals to emergency departments – 2009-10 to 2022-23



Total numbers of ED presentations at Tasmania's public hospitals (ambulance and non-ambulance presentations) have also been steadily increasing in recent years. Over the last five-year period, the total number of ED presentations has increased from 165 837 in 2018-19 to 173 979 in 2022-23.

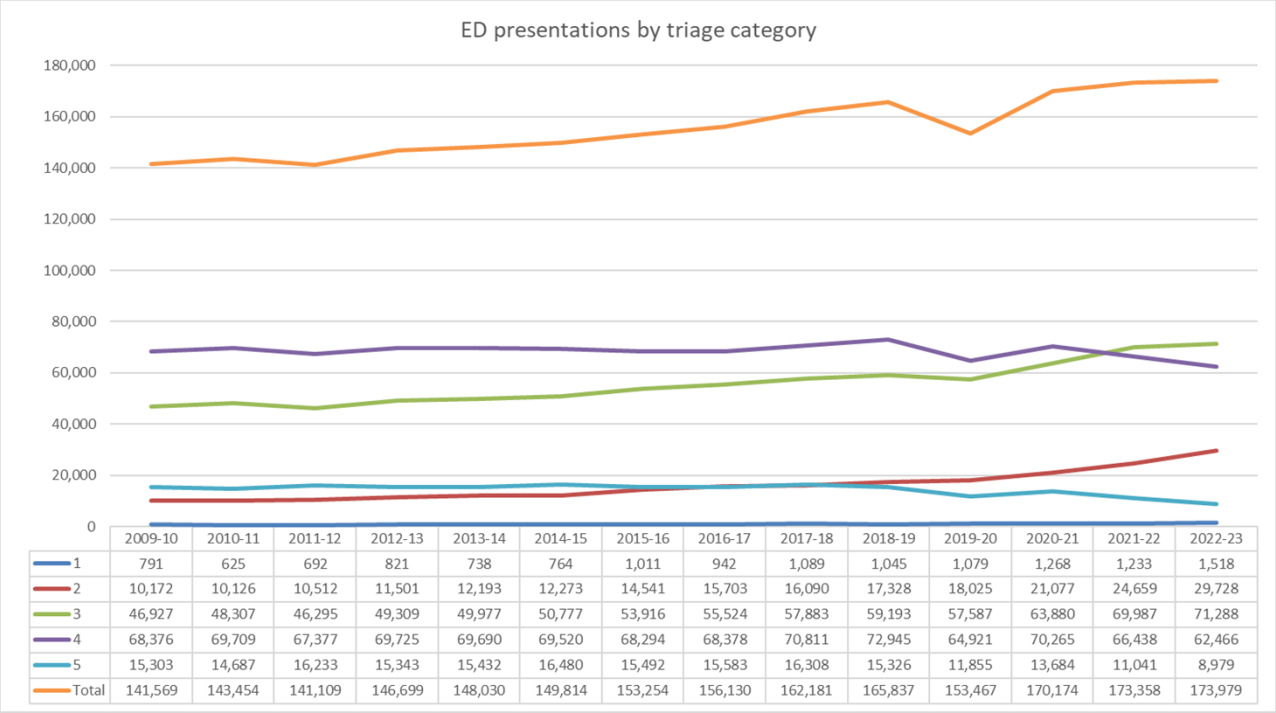
People presenting to ED (both ambulance and non-ambulance arrivals) are triaged on arrival into one of following five triage categories:

- Category 1: Immediately life-threatening
- Category 2: Imminently life-threatening, important time-critical treatment or very severe pain
- Category 3: Potentially life-threatening, situational urgency or severe discomfort or distress
- Category 4: Potentially serious symptoms, situational urgency, significant complexity or severity, discomfort or distress
- Category 5: Less urgent or clinical and administrative problems

Not only has the overall number of ED presentations increased, there has also been a rising complexity of presentations. As shown in Figure 5 below the number of Category 1 to 3 presentations at Tasmania's public hospitals increased from 77 566 in 2018-19 to 102 534 in 2022-23; an increase of 24 968 or 32 per cent. Patients in these categories are more likely to require an ED cubicle or bedspace for assessment and management compared to Category 4 and 5 patients. These are the points of care within the ED which are more likely to be impacted by access block, as availability of ED cubicles and bedspaces are directly impacted by the capacity to move other patients out onto wards to free up ED space. Higher acuity can also mean that patients need to spend more time in the ED being stabilised before being able to be transported to particular units for treatment and to wards.

There also remains a significant number of Category 4 and 5 presentations, comprising 41 per cent of all ED presentations (71 445 presentations) in 2022-23.

Figure 5: ED Presentation by triage category in Tasmanian public hospitals 2009-10 to 2022-23



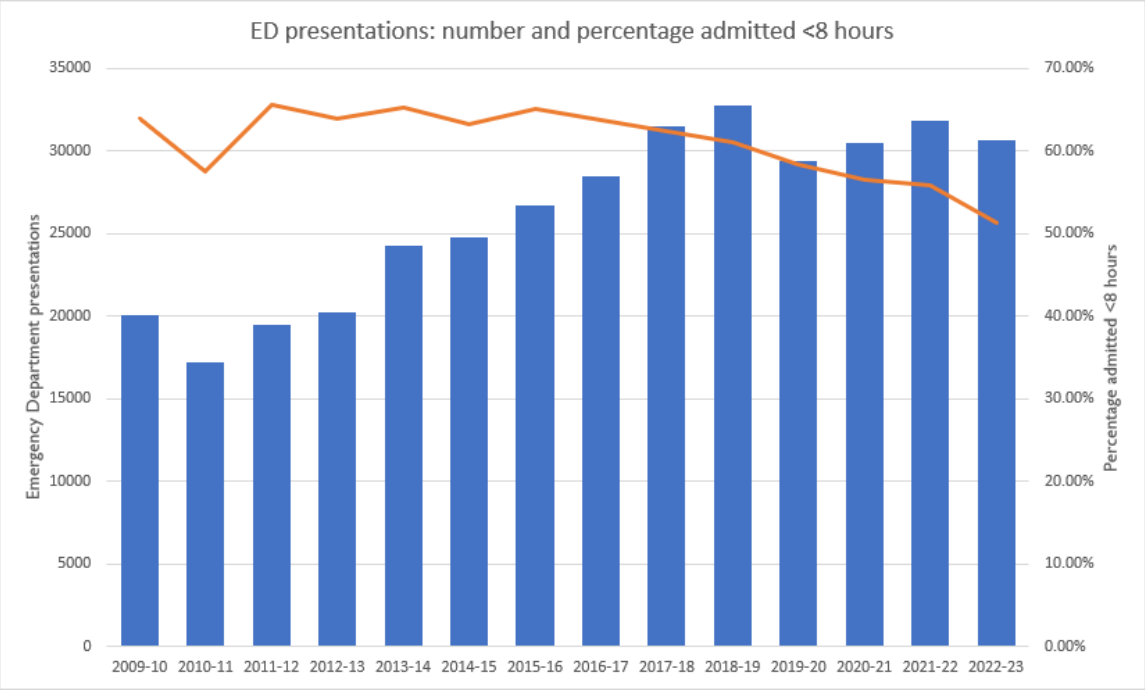
	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
1	791	625	692	821	738	764	1,011	942	1,089	1,045	1,079	1,268	1,233	1,518
2	10,172	10,126	10,512	11,501	12,193	12,273	14,541	15,703	16,090	17,328	18,025	21,077	24,659	29,728
3	46,927	48,307	46,295	49,309	49,977	50,777	53,916	55,524	57,883	59,193	57,587	63,880	69,987	71,288
4	68,376	69,709	67,377	69,725	69,690	69,520	68,294	68,378	70,811	72,945	64,921	70,265	66,438	62,466
5	15,303	14,687	16,233	15,343	15,432	16,480	15,492	15,583	16,308	15,326	11,855	13,684	11,041	8,979
Total	141,569	143,454	141,109	146,699	148,030	149,814	153,254	156,130	162,181	165,837	153,467	170,174	173,358	173,979

It is noted that the drop in overall ED presentations for 2019-20 (shown in Figure 4 below) is believed to be due to COVID-19 impacts over this period. This drop is seen most in the lower/less urgent triage

categories (categories 4 and 5) This is likely due at least in part to public health measures reducing the mixing of people across a range of activities in the community, and in some instances, these being more discretionary presentations (e.g. if a person is less ill they are more likely to delay a decision to attend the ED than if they were severely ill).

Increasing demand on hospital services is also demonstrated in longer wait times between ED presentation and hospital admission. As shown in Figure 5 below, the percentage of patients admitted from the ED in less than eight hours has decreased from 64 per cent in 2009-10 to 51 per cent in 2022-23.

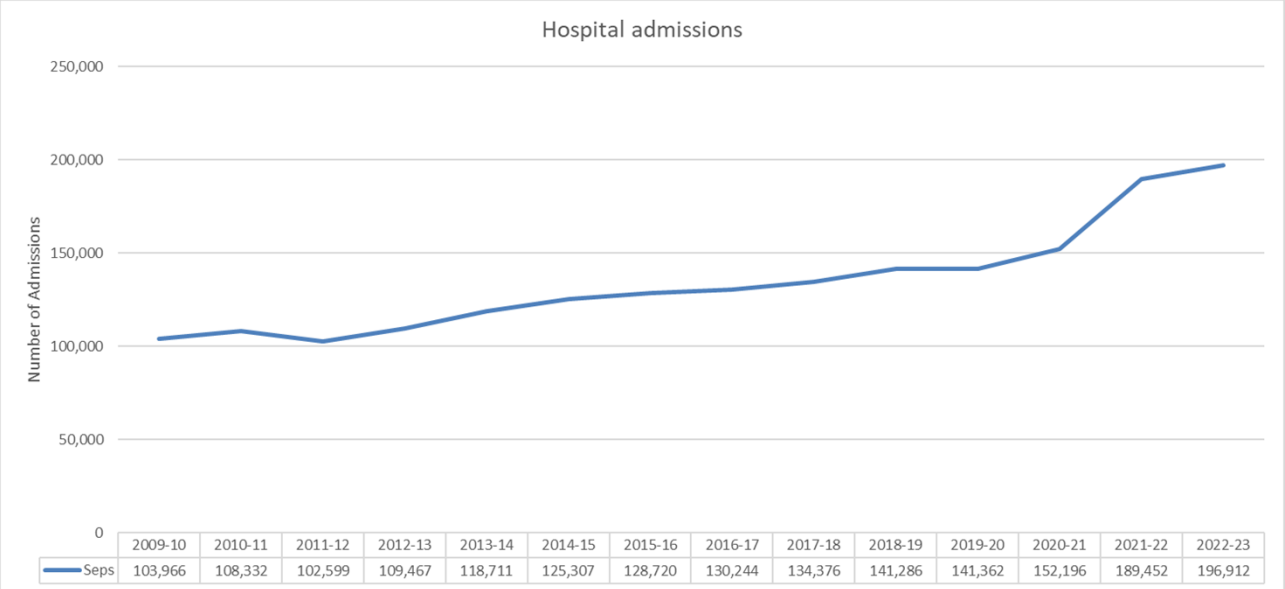
Figure 5: ED presentations as Tasmanian public hospitals admitted in under eight hours 2009-10 to 2022-23



3.4 Public hospital admissions

The number of public hospital admissions in Tasmania have also grown greatly in recent years. As demonstrated in Figure 6 below, between 2009-10 and 2022-23 admissions have increased by over 89 per cent from 103 966 in 2009-10 to 196 912 in 2022-23.

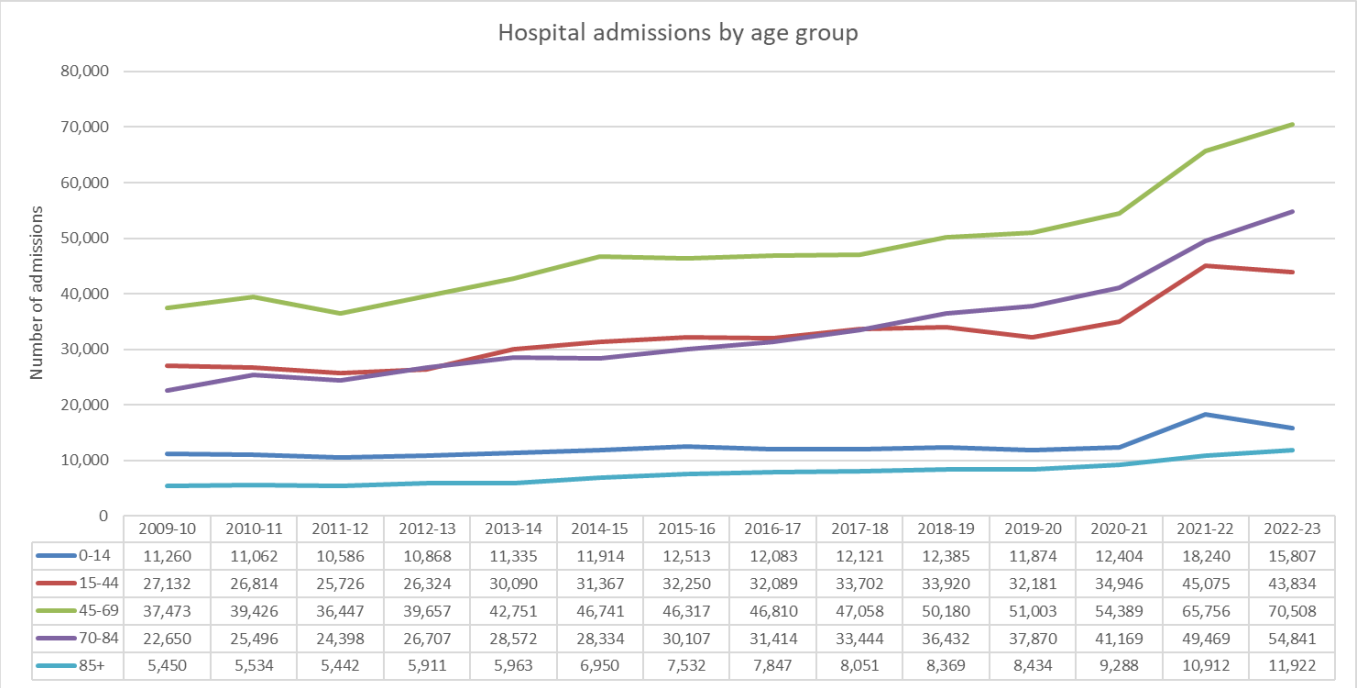
Figure 6: Tasmanian public hospital admissions 2009-10 to 2022-23



As shown in Figure 7 below, the largest proportion of admissions are in those aged 45 and over, comprising almost 70 per cent of total admissions. These higher numbers of admissions in this age group likely reflects Tasmania's older population and the increasing prevalence and burden of chronic disease as people age. As outlined in Section 2 above, high rates of chronic conditions combined with challenges in accessing timely primary care services are key factors contributing to increased demand for public hospital services.

As demonstrated in Figure 7, patients in the older age groups (70+ and 85+) have more than doubled. These are the patient groups who are more likely to require a bed space for assessment, are more likely to arrive by ambulance, and are more likely to require admission.

Figure 7: Tasmanian public hospital admissions by aged group 2009-10 to 2022-23



	2009-10	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23
0-14	11,260	11,062	10,586	10,868	11,335	11,914	12,513	12,083	12,121	12,385	11,874	12,404	18,240	15,807
15-44	27,132	26,814	25,726	26,324	30,090	31,367	32,250	32,089	33,702	33,920	32,181	34,946	45,075	43,834
45-69	37,473	39,426	36,447	39,657	42,751	46,741	46,317	46,810	47,058	50,180	51,003	54,389	65,756	70,508
70-84	22,650	25,496	24,398	26,707	28,572	28,334	30,107	31,414	33,444	36,432	37,870	41,169	49,469	54,841
85+	5,450	5,534	5,442	5,911	5,963	6,950	7,532	7,847	8,051	8,369	8,434	9,288	10,912	11,922

The information and data in this section reflects the impact of growing demand for health services, caused by many complex factors on public hospital capacity, including transfer of care delays. The Tasmanian Government has made significant investments in health workforce and infrastructure and is progressing a broad range of initiatives to help respond to this growing demand. Section 4 below outlines some of the key initiatives being progressed.

4 Current and planned measures to address access block

As outlined in Section 2, there are a range of complex factors which contribute to access block and, in turn, transfer of care delays, such as population factors, the growing demand for health services, and challenges at the interface of primary care, aged care and disability care. Recognising this complexity, addressing access block and associated transfer of care delays requires collaborative effort within and across care systems. There is not one single solution that will resolve these challenges.

DoH is progressing a range of initiatives to address access block and improve patient flow within and between services. These include more paramedics and hospital staff, capital and equipment upgrades, additional hospital beds, and hospital-based strategies to facilitate ED throughput. There are also a range of other measures underway to target broader issues that contribute to access block and in turn transfer of care delays, such as models of care aimed at easing pressure on hospitals and supporting care in the community, including initiatives relating to virtual care, increased subacute care, and primary health.

Many of these initiatives are underpinned by the Long-Term Plan, which provides a blueprint for the future of healthcare in Tasmania. At a high level, the Long-Term Plan focuses on securing a sustainable health system that is connected and balanced to meet the health needs of Tasmanians across the acute, subacute, mental health and primary health sectors. This includes improving transfer of care between all parts of the health system.

This section outlines some key initiatives targeted at addressing access block, and supporting patients' access to the right care, in the right place, at the right time.

4.1 Supporting capacity within our health system

In the context of increasing demand for health care, ensuring Tasmania's ambulance services, hospitals, and other services are appropriately staffed and equipped to deliver essential healthcare services is a key priority for DoH.

DoH is implementing a number of recruitment and retention initiatives in accordance with *Health Workforce 2040*, which is Tasmania's first detailed health workforce strategy. *Health Workforce 2040* aims to shape a health workforce that meets the needs of Tasmanians now and into the future.

The Tasmanian Government has also committed to a significant program of capital works and equipment upgrades to support delivery of healthcare services, some of which is well underway. This includes improvements to Ambulance Tasmania station infrastructure and equipment, as well as long-term investment in capital infrastructure through the *LGH Precinct Masterplan*, *Draft North West Hospitals Masterplan*, *Royal Hobart Hospital (RHH) Masterplan 2020-2050*, and expansion of St Johns Park into a sub-acute Health and Wellbeing Precinct. Some of the key current actions and planned initiatives to support capacity within Tasmania's health system are outlined below.

4.1.1 Ambulance Tasmania capacity

Staffing

DoH has been working to increase the number of paramedic and communications staff to meet the growing demand on ambulance services as outlined in Section 3 above.

As the *Report on Government Services 2023* demonstrates, there has been a significant increase in this staffing in Tasmania over the past nine years, from 304 full-time equivalent (FTE) ambulance operatives in 2012-13

to 554 FTE ambulance operatives in 2021-22.[19] This represents an 82 per cent increase over this period. Tasmanian Government expenditure on ambulance services per person in the population has also increased substantially over the same nine-year period, from $137.08 in 2012-13 to $262.11 in 2021-22, the highest amount across all Australian states.[20]

The 2022-23 State Budget provided $6.6 million over four years to employ an additional 11 paramedics in Sorell and Huonville in response to increasing demand in these areas. This built on the additional 48 paramedics deployed across the state from 2021-22, which included the establishment of new 24 hour crews in Launceston and Hobart, as well as providing 24 paramedics across our rural and regional stations. The Tasmanian Government is also funding the creation of permanent Ambulance Tasmania positions that had been created as temporary positions during the COVID-19 response, most of which were in the North and North West regions.

The Tasmanian Government invests in the training of graduate paramedics and seeks to employ them in permanent positions following completion of their courses. The latest graduate paramedics commenced in June 2023, with 23 graduates now employed across the North, North West and South.

Ambulance Tasmania is also supported by approximately 400 highly valued Volunteer Ambulance Officers, who work with paramedics at single and double branch stations, as well as at volunteer-only stations and in Community Emergency Response Teams.

Equipment and infrastructure

In addition to increasing Ambulance Tasmania's staffing capacity, the Tasmanian Government has also made significant investments into equipment and infrastructure for ambulance services to help meet growing demand for emergency ambulance services. Some key recent investments are outlined below.

Capital works

The 2023-24 State Budget allocates $21.5 million for the construction of new ambulance stations at Burnie and Glenorchy, including an additional allocation of $8.4 million to account for construction market conditions, design changes and land acquisition costs.

The new Burnie station will replace ageing infrastructure and is expected to be completed in July 2024. The new Glenorchy Ambulance Station, on track to be completed by August 2024, will allow for a growing paramedic workforce to service the region and provide the facilities needed to deliver exceptional out-of-hospital care well into the future.

The 2023-24 State Budget provided an additional $5.6 million over two years to progress stations at Longford and Oatlands, to provide better facilities for patients, paramedics, and volunteers at rural stations.

In addition, the Statewide Rural Hospital and Ambulance Station Upgrade Fund and the Regional Health and Ambulance Facilities Fund has seen new stations progressed at Bridgewater, Beaconsfield and Queenstown and planning for a new station in Bicheno. Construction commenced on the Bridgewater, Queenstown, and Beaconsfield ambulance stations in the second half of 2022, with Bridgewater now complete and completion of Queenstown and Beaconsfield expected later in 2023. Subject to an additional period of

[19] Table 11A.9, Ambulance Services, Report on Government Services 2023.

[20] Table 11A.11, Ambulance Services, Report on Government Services 2023.

community consultation in November 2023, construction at Bicheno is expected to commence in the first quarter of 2024.

Ambulance Tasmania fleet

Ambulance Tasmania has a multi-purpose vehicle fleet for emergency responses, non-emergency patient transport and for supporting ambulance operations. Alongside initiatives aimed at supporting care in the community, Ambulance Tasmania's fleet supports hospital avoidance measures, in particular light fleet vehicles used by Extended Care Paramedics and Community Paramedics. Further detail on Extended Care and Community Paramedics is provided below in subsection 4.2.2.

In 2021, the Tasmanian Government committed $9 million to upgrade the Ambulance Tasmania vehicle fleet and deliver the contemporary equipment our paramedics need as part of the *Delivering More Paramedics and Better Health Care for Regional Tasmania* initiative. A total of 21 replacement ambulances have been delivered to Ambulance Tasmania to support this initiative. Ambulance Tasmania is expecting a further 21 new ambulances in 2023-24 to replace ageing vehicles and continues to work to improve fleet management strategies.

4.1.2 Wider health system capacity

Workforce

As shown in Table 1 below, FTE staffing in Tasmania's major public hospitals has grown significantly over the last three years, from 7063.17 FTE in 2019-20 to 8310.3 FTE in 2022-23. This represents an increase in FTE of over 17 per cent.

This growth has included significant increases in staffing for Tasmania's public EDs, with 554.62 FTE ED staff in 2019-20 growing to 663.23 FTE ED staff in 2022-23, an increase of over 19 per cent.

Table 1: Change in major hospital full time FTE

	2019-20	2022-23	Change
Allied Health Professional	739.88	875.92	+136.04
Nurses	3058.82	3620.31	+561.49
Doctors	989.02	1136.59	+147.57
Health Services Officers	1063.16	1311.78	+248.62
Radiation Therapist	54.61	55.36	+0.75
Administration	1157.68	1310.34	+152.66
Total	**7063.17**	**8310.30**	**+1247.13**

Despite these significant increases in FTE, Tasmania, like other states, is experiencing challenges in attracting and recruiting health practitioners. These challenges have been exacerbated by the impact of the COVID-19 pandemic, which has created increased competition both within Australia and internationally for finite health workforce resources.

Additionally, despite its significant growth, as a smaller jurisdiction Tasmania's health workforce is smaller in size compared to larger jurisdictions, making it more fragile and prone to significant gaps from the loss of just one or two practitioners (for example, many medical specialities in Tasmania have 10 or less practitioners).

Workforce challenges such as these impact on health service capacity. Recognising this, and the need to support the sustainability of the health workforce into the future, the Tasmanian Government released its long-term health workforce strategy *Health Workforce 2040* in late 2021. It aims to shape a health workforce that meets the needs of Tasmanians now and into the future, look after those who dedicate their careers to looking after others, and provide opportunities to support Tasmania's health professionals follow their career ambitions.

The Tasmanian Government has committed $15.7 million to support implementation *of Health Workforce 2040* and its range of initiatives across the health system aimed at building partnerships, capacity and capability, leadership, management skills, and efficient and effective recruitment.

Some examples of initiatives being progressed under *Health Workforce 2040* include:

- work to build supply pipelines into Tasmania's health workforce, such as through strengthened Transition to Practice programs in nursing and midwifery; expanding professional training into the regions in nursing, midwifery and pharmacy; and developing recruitment campaigns to support interstate and international recruitment,
- work to improve frontline community response to acute mental health issues, and to develop a statewide mental health workforce strategy,
- introduction of the Community Paramedic model, attending to non-emergency callouts, caring for patients in the comfort of their own homes and providing key treatment alternatives to the ED,
- supporting rural generalist trainees in the North West to upskill them through increased training capability in Emergency Medicine at the Mersey Community Hospital, and
- establishment of a new Emergency Department Network as part of the Tasmanian Clinical Networks.

While these examples are broader than the ED and paramedic workforce, supporting capacity across the entire health system is essential in helping to meet the increasing demand on health services that result in access block and transfer of care delays. This includes supporting the health workforce to deliver care in the community, to help take pressure of our hospitals, and supporting people to receive care within or close to their homes where safe and appropriate.

Tasmania is also actively participating in a significant suite of national health workforce reforms, including work to improve processes and pathways to support attraction and recruitment of international health workforce.

Equipment and infrastructure

Capital works and equipment

The Tasmanian Government is investing extensively in capital works and equipment across the health system, which are expected to deliver significant benefits to the community, providing consumers and staff with facilities to enable contemporary, efficient and effective models of care. This investment is also

expected to improve access block issues which cause transfer of care delays through supporting increased capacity and patient flow in Tasmania's public hospitals.

Allowing more patients to be treated and supporting enhanced service delivery have been the focus of recent important infrastructure projects within Tasmania's major public hospitals. For example, recently completed projects at the RHH include improvements to the ED to include 28 additional treatment points where care can be delivered, and new outpatient and pre-admission clinics providing 18 new consultation rooms, two treatment rooms and two procedure rooms.

The Tasmanian Government has also allocated $682.9 million in capital investment over 2023-24 and the forward estimates for health infrastructure. This includes:

- $15 million to construct a new Helipad at the LGH,
- A total funding allocation of $167.9 million for RHH Redevelopment projects, pharmacy expansion, a new angiography suite and stage two of our ED expansion project,
- $31.7 million towards continued implementation of Stage 1 of the LGH Redevelopment,
- $83.7 million for commencement of Stage 2 of the LGH Redevelopment, including a new Mental Health Precinct,
- $34.3 million towards the Mersey Community Hospital Capital Upgrades
- $52.9 million towards the North West Regional Hospital, including Stage 1 of the Mental Health Precinct to replace the ageing Spencer Clinic, ward refurbishments to respond to future demand and master planning activities,
- $17.9 million towards the completion of 27 New Mental Health Beds and St John's Park Eating Disorders Treatment Centre,
- $39.4 million to commence the Stage 2 Kingston Health Centre and Kings Meadows Community Centre, and
- $180 million, from a total commitment of $475 million, investment in new digital technologies to transform the delivery of patient care in Tasmania.

Furthermore, the Tasmanian Government is investing in infrastructure to help address increasing demand for subacute care, which is essential for rebalancing care across the system to prevent avoidable hospital presentations. As part of this, the Tasmanian Government has committed to establishing purpose-designed subacute care centres to significantly enhance capacity to provide contemporary, high-quality subacute care.

For example, DoH has developed the *Draft Masterplan for the St John's Park Precinct*, which will provide expanded mental health, subacute and community-based services to meet future demand in southern Tasmania. Services will include palliative care, rehabilitation, geriatric evaluation and management, and mental health services in new purpose-built and refurbished facilities across the site. The final Masterplan will be released in late 2024, following incorporation of community and stakeholder feedback, and further planning.

Other enhancements to subacute services are planned for the North and North West, such as partnering with the Commonwealth to establish a palliative care hospice in Launceston, and planning for expanded subacute services at the Mersey Community Hospital.

The Tasmanian Government is also investing in new equipment for hospitals. The $20 million Hospital Equipment Fund has been fully allocated across Tasmania's four major acute hospitals and $3.44 million of new equipment purchased through the $5 million Rural Equipment Fund.

Beds

The most recent national statistics released by AIHW showed Tasmania had 1 583 available hospital beds in 2020-21. This is 2.93 beds for every 1 000 people, which is well above the national average of 2.46 beds per 1 000 people.

The Tasmanian Government is continuing to invest and work with healthcare staff to increase our hospital bed capacity, having committed in 2018 to open and staff 298 additional beds statewide by 2024, which will help to reduce bed block and improve patient flow through our public hospitals. As of 30 June 2023, there have been 237 additional hospital beds opened in our health system since July 2018, comprising 198 beds in our major public hospitals and 39 new beds through private sector partnerships.

Over the following months to 30 June 2024, the Tasmanian Government is planning to open an additional 70 beds, including 41 beds at the RHH, 25 beds for the LGH, and four new medical beds at the North West Regional Hospital.

4.2 Patient Access and Flow

As highlighted in previous sections, transfer of care delays are a symptom of wider health system challenges that result in access block. To respond to these challenges DoH has redeveloped a Statewide Access and Patient Flow Program to deliver a system-wide framework for improving patient access to, and flow through, the Tasmanian health system. The Program aims to improve whole-of-system processes which can affect transfer of care delays, such as flow through EDs, patient admission and discharge processes, and patient access to ongoing care in appropriate settings when acute hospital care is no longer needed.

Improving access and patient flow across Tasmania's health system is also a strategic priority under the Service Plan, which include specific KPIs regarding access and flow. The initiatives outlined below include examples of key initiatives under the Statewide Access and Patient Flow Program, as well as broader initiatives that also target improved access and flow.

4.2.1 Systemwide Integrated Operations Centres

The Long-Term Plan identifies the need for a system-wide Integrated Operations Centre (System IOC) to provide a whole of health system view of demand and capacity. The System IOC will build on the existing IOCs, established in each of Tasmania's three major regions, which provide local coordination of patient flow within public hospitals. Establishment of the System IOC will enable integration of these existing IOCs together with information regarding flow and capacity in other care settings (such as private hospitals, residential aged care facilities, district hospital and hospital in the home services).

The System IOC, as lead flow co-ordinator, will direct the flow of patients and health resources within the THS and leverage capacity in private settings in line with care partnerships and commissioning arrangements. Statewide principles and service requirements for the System IOC have been endorsed and a governance structure established, and this work is continuing.

4.2.2 Ambulance Tasmania initiatives

Secondary Triage

The Ambulance Tasmania Secondary Triage service was established in February 2021 and provides alternate clinical care pathways for people who call Triple Zero and are assessed as not requiring an emergency ambulance response. Secondary Triage has improved the integration and connectivity of Ambulance Tasmania with other health and social service providers, to enable patients where appropriate to be referred to providers that can better meet their specific needs.

Since the Secondary Triage Service commenced in February 2021, as at 31 August 2023, 7 165 Triple Zero calls have been successfully diverted from an emergency ambulance response.

The scope of patients referred to Secondary Triage has expanded since its commencement and will expand further over time, as more alternate clinical care pathways are established. For example, Ambulance Tasmania has sent clinical referrals from Secondary Triage to telehealth provider My Emergency Doctor since September 2022. Through the Secondary Triage service, My Emergency Doctor provides specialist medical advice directly to patients in the community, subsequently avoiding an ambulance response. There are approximately 40-50 referrals to My Emergency Doctor each month through Secondary Triage, which has greatly assisted in reducing system-wide demand pressure on emergency services and EDs.

Reducing avoidable ED presentation is a key factor in addressing transfer of care delays. Services such as Secondary Triage are critical in helping to reduce demand on emergency ambulance and ED services.

Extended Care Paramedics and the Community Paramedic initiative

Other examples of alternate care pathways which assist patients in the community instead of unnecessarily transporting them to the ED are the Extended Care Paramedics (ECPs) and Community Paramedic initiatives.

ECPs are highly qualified paramedics who provide primary health care in the community. They attend lower acuity patients, assess their needs, provide treatment and refer to alternate medical care providers, with the patient able to remain in their home whenever this is clinically appropriate.

To increase capacity to care for lower acuity patients in the community, Ambulance Tasmania commenced the Community Paramedic service in August 2022. Community paramedics have an increased primary health care focus and are deployed to lower acuity patients in the community to assess and treat patients, aiming to keep them out of hospital where appropriate. There are currently nine community paramedics employed across Tasmania.

Over 2022-23, ECPs and community paramedics diverted a combined total of 1 907 patients from requiring an emergency ambulance response.

Mandated transfer of care timeframe

As part of Ambulance Tasmania's enterprise bargaining, a commitment was made to work with the Health & Community Services Union (HACSU) to achieve a mandated transfer of care for all ambulance patients within 60 minutes. The protocol to deliver on this commitment is to be implemented within 12 months of the registration of the new Ambulance Tasmania Award and Agreement, which took place in April 2023.

The development of the protocol is taking place through the Transfer of Care Working Group (the working group) which includes representatives from the DoH, including the THS and Ambulance Tasmania,

as well as industrial representatives from HACSU, the Australian Medical Association, and the Australian Nursing and Midwifery Federation.

The protocol will be different to existing 'urgent offload' practices that are designed to make urgently available an ambulance if there is an outstanding emergency case in the community. This protocol will ensure the business-as-usual practice of offloading all ambulances within 60 minutes regardless of whether there are outstanding emergency cases in the community.

This is critical to ensure ambulance availability and deployment of resources across the network of ambulance response areas, which will ultimately reduce emergency response times for life-threatening cases.

4.2.3 Other public hospital initiatives

Transition and discharge flow initiatives

DoH is currently progressing a range of initiatives focused on discharge and transition flow to help address barriers to transfer of care that in turn lead to access block, which include:

- Implementation of a Statewide Admission from Emergency Department Policy to avoid delays in patient admission from the ED. This involves application of a clear local protocol in each hospital to support development of an Interim Inpatient Management Plan to provide a safe clinical handover for a patient's transfer to a ward to await an inpatient team review. This process has been in place at the RHH for several years and is now being implemented across all major hospitals in the state.

- Development of an overarching Patient Flow Framework in line with other states that will include a set of associated KPIs and measures to monitor the 'health' of patient flow in each hospital. DoH will be adopting the Queensland Health SAFEST Patient Journey Home Framework, which blends evidence-based principles to improve access, reduce waiting times and length of stay and achieve better outcomes for patients.

- The Criteria Led Discharge project, which commenced in February 2023 and aims to create processes for multidisciplinary teams to discharge a patient when they meet pre-agreed clinical criteria for discharge, removing the need for a patient to wait for a medical specialist to approve discharge. This is anticipated to reduce the length of delays to discharge and allow for discharge seven days a week.

- The Inter-hospital Transfer Policy and Protocol, which supports a consistent statewide approach to the relocation of patients who require a transfer to another facility to receive the level of care most appropriate to their condition. This may include escalation of care, transfer to a facility closer to home, or transfer to another facility due to role delineation considerations. Benefits of this consistent approach include decreased pressure on EDs through the direct admission of patients to the ward of the destination hospital, leading to decreased access block, ED overcrowding, transfer of care delays, and an improved ability for EDs to treat other patients and ambulances to respond to community need.

- The Estimated Date of Discharge Spotlight, which is a multi-phased initiative including an active public communication campaign and development of endorsed statewide business rules for the documentation and communication of Estimated Date of Discharge within Tasmania's four major hospitals. It also includes evaluation of the impact this has on patient flow and development of an ongoing audit process. An awareness campaign is scheduled to commence in October 2023, to

inform and educate the Tasmanian public about the fact that we plan for your safe discharge from your first day of admission, assessing medical, social and other support factors according to national average length of stay for each health condition. This will include discussing supports at home, or preparing for transition to new temporary or permanent accommodation in a residential aged care facility, supported accommodation facility, sub-acute or respite bed. Long stays for geriatric patients beyond estimated discharge dates often occur due to the lack of planning for a transition to supported care and our awareness campaign will start to increase public messaging on this. Families need to monitor the frailty and health conditions of ageing members of their family to start preparing for appropriate and safe care arrangements when they need it.

- The Statewide Transit Lounge Utilisation project, which is mapping current utilisation patterns and barriers for movement of patients across into and out of transit lounges, which are staffed clinical day units that support the timely transfer of patients coming into and leaving the hospital. The project commenced in June 2023, and aims to develop strategies and action plans for each hospital to improve utilisation of their transit lounge.

Communication and clinical supports within hospitals

Effective communication and clinical supports within the hospital system are essential to enabling smooth patient flow, thereby reducing communication and error-related access block issues that result in transfer of care delays. DoH has invested in initiatives to facilitate effective communication and clinical supports, as set out below.

DoH rolled out Medtasker across Tasmania in 2020 and 2021, which is a clinical task management tool designed to remove communication barriers amongst hospital staff that operates on mobile devices and desktops. It reduces the reliance on calls through switchboards and provides a simple and fast method for communication for non-urgent clinical communications. Medtasker has shown clear benefits to hospital communication and is now continually used by health teams within Tasmania's four major hospitals.

DoH is also utilising Making Care Appropriate for Patients (MCAP), which is an electronic tool used to perform quick clinical evidence-based reviews to identify if patients are in the best care setting to meet their needs. It helps to identify the level of care required to assist in clinical decision making about care planning, clinical care transfers and discharges. This has resulted in benefits to patients in that they receive the right care in the right setting, and benefits to the health system as MCAP is helping DoH understand and address the reasons for delay in a patient's journey; assisting and improving patient flow by using real-time data to identify and inform recommendations.

Additionally, as part of Tasmania's *Digital Health Transformation Strategy 10-Year Program*, DoH has recently issued requests for tender to procure an Ambulance electronic Patient Care Report (AePCR) information system and an Electronic Medical Record (EMR) information system. These clinically beneficial technological solutions will enhance the handover of care from the ambulance to the ED in several ways. These include real-time data sharing between the EMR and AePCR, ensuring prompt access to crucial patient information for ED personnel upon the patient's arrival. Additionally, the ED can receive advance notifications from the ambulance regarding the patient's condition, expected requirements, and any unique considerations, ahead of the patient's arrival at the ED. Overall, these digital healthcare systems represent a practical step forward in enhancing the efficiency and coordination of patient care during the handover process.

4.3 Improving care in the community

Increasing demand for emergency care is a contributing factor to transfer of care delays. DoH is therefore progressing initiatives which help facilitate improved care in the community and allow for seamless interaction between primary and tertiary health services.

Tasmania's Hospital in the Home (HiTH) provides hospital equivalent care to people who can be cared for at home. HiTH services are designed to support hospital avoidance and enable patients to transition to home whilst receiving acute nursing support. HiTH in turn has benefits for access and flow within hospitals, as it helps to ensure appropriate health care is provided in the community, reducing the likelihood of needing ambulance and ED services, and reducing demand for inpatient beds within public hospitals. As part of the Statewide Access and Patient Flow Program, existing regional HiTH services will be reviewed to identify opportunities to optimise HiTH capacity across the state to reduce need for inpatient admissions or to safely shorten inpatient admission periods.

The Community Rapid Response Service (ComRRS) operates across Tasmania as an important strategy to minimise the need for hospital care for people who can be cared for safely at home or in community clinics and RACFs. ComRRS targets people with minor injuries, illnesses and exacerbation of chronic conditions, who are otherwise well enough to be at home. Individuals are referred to ComRRS by their GP and can expect a response from a nurse practitioner within four hours of referral. The nurse, the person's GP and other health professionals as required, work with the patient to plan their care. Very few ComRRS patients require admission to hospital, demonstrating the service is achieving the objectives of delivering responsive, safe, high-quality care in the community and minimising the need for hospital presentations. GP confidence in the service is high, with increasing numbers of referrals. Statewide, the service now receives on average 643 referrals per month, up significantly from 205 in 2022-23, and 176 in 2020-21. The increase in referrals is reflected in a large increase in the average number of occasions of service per month, which have increased from around 1 300 per month in 2020-21 and 2021-22, to 4 449 per month in 2022-23.

More broadly DoH has also committed to partnering with PHT, primary health stakeholders, community organisations and consumers from across the State to co-develop a Primary Healthcare Strategy and Action Plan for Tasmania. The Action Plan will focus on opportunities to improve communication and information sharing between community and acute services, expand new workforce roles to improve community capacity, and strengthen integrated community-based service delivery models, such as intermediate care.

Building on the Primary Healthcare Strategy and Action Plan, DoH will also work with stakeholders to develop a services framework to guide the provision of afterhours primary healthcare and urgent care in Tasmania. The services framework will include initiatives such as the roll out of Medicare Urgent Care Clinics (described further at subsection 4.6.1 below); support for the primary healthcare sector through initiatives such as GP After Hours Grants, Primary Care Support Initiative, and the Hospital Avoidance Co-Investment Fund; and virtual models of care such as My Emergency Doctor, GP Assist and Healthdirect to ensure a greater range of options for afterhours care available to Tasmanians. Improved access to afterhours care in the community reduces pressure on ED services (which in turn supports timely transfer of care), by supporting early intervention and preventing exacerbation of conditions, and by providing alternative options for people needing urgent but non-emergency care.

4.4 Virtual Care

Rates of hospital usage in Tasmania are continuing to increase, and projections of inpatient and ED episodes over the next 20 years indicate a 30 per cent increase in activity. As such, an immediate priority for Tasmania is to enhance home based and community based virtual care services which will increase our

capacity to care for people who have a condition that can safely be managed outside of a hospital setting, in their own home or community. Providing access to safe and timely care in the community is both better for the individual and better for the health system, as it supports reduced demand on ED and inpatient services, which then has flow-on benefits for more timely transfer of care.

It is envisaged a statewide focus on virtual care will provide opportunity for significant expansion of Virtual Bed Capacity over the next two years, and better coordination of home and community-based services across a range of care areas, including intermediate care, sub-acute care, and hospital in the home.

4.4.1 COVID@homeplus

COVID@homeplus commenced in December 2021, and provides 24 hour a day, seven day a week safe and effective in-home virtual healthcare for people with COVID-19, influenza or other respiratory illnesses who are at risk of severe illness. This enables efficient and effective care and treatment and lowers the number of hospital presentations and potential spread of viruses within our health services. Individuals enrolled in the COVID@homeplus program are supported by a team of qualified DoH staff including doctors, nurses, and allied health professionals.

Individuals can opt in and out of the program at any time, and with the individual's consent, the care team works with other healthcare providers such as GPs, disability support providers, carers or other support providers to ensure the right support is provided.

People enrolled in COVID@homeplus have statistically significant lower odds of attending EDs than those not enrolled. As at 19 July 2023, 38 705 people have participated in the COVID@homeplus program, with 95 people enrolled in the service on that date.

4.4.2 Virtual Care Program

Following the success of COVID@homeplus DoH has established the Tasmanian Virtual Care Program to improve services for Tasmanians by providing home-based and virtual patient-centred care and to reduce the burden on acute health services.

The Tasmanian Virtual Care Program will develop a Tasmanian Virtual Care Strategy and Implementation Plan. Part of this strategy will be to deliver more care in the community through establishing:

- dedicated multidisciplinary Central Virtual Clinical Care Hub/s, including a single point of access for health information, referral and navigation for home and community-based care,
- enhanced and integrated community and home-based services,
- strengthened and better coordinated delivery of existing home and community-based services across a range of care areas,
- increased virtual care bed capacity statewide, and
- further investigation and implementation of opportunities for technology assisted access to specialised health care in Tasmania via Telehealth enabled Models of Care.

DoH is engaging with consumers, clinicians, and other key stakeholders to develop and progress Tasmania's Virtual Care Program.

In conjunction with the Tasmanian Virtual Care Program DoH is also working to implement the *Digital Health Transformation Strategy 10-Year Program* of work to position Tasmania to be the first Australian state to deliver a fully integrated healthcare system, and enable the key digital advances of virtual care, eReferral and a statewide Electronic Medical Record.

4.5 Mental Health

DoH recognises that to help address transfer of care delays, mental health services need to be well-integrated with the health system, with strengthened community-based mental health care so patients can access the services they need without presenting to an ED.

EDs are often used as an entry point for people seeking mental health support outside standard business hours, or for the first time. However, EDs are often not the best setting for provision of the specialised care for mental health patients, and can increase the distress of people presenting to ED requiring mental health support rather than deescalate it. Transfer of care delays can result in mental health consumers experiencing delays in assessment and treatment.

In recognition of the above issues, DoH is progressing a number of measures to support enhanced mental health care for people in the community. Strengthening community mental health supports assists people in finding the right support at the right time, including more equitable and accessible care. In turn, increased access to mental health care in the community helps to reduce avoidable ED presentations, in turn helping to manage demand pressures that contribute to transfer of care delays.

A key example is the Southern Tasmania Mental Health Emergency Response (MHER) initiative. The MHER team is made up of a mental health clinician, police officer, and paramedic. It commenced operation in February 2022 and attends mental health patients who ring Triple Zero and are assessed as not requiring an emergency ambulance response, avoiding the need to take these patients to EDs where appropriate. MHER is enabling many mental health patients in crisis to be attended in a more timely manner and provided with care that enables them to remain in the community, as well as being connected or reconnected with appropriate mental health supports.

In 2022-23, MHER attended 1 568 people in Southern Tasmania with mental health conditions, with 1181, or 75.3 per cent, able to remain in the community. The initial success of MHER has led to a new model of co-response being developed for implementation in the North West of Tasmania in late 2023.

The Tasmanian Government has also committed to establishing mental health Integrated Care Hubs across Tasmania to improve care integration at the individual, service and system levels in partnership with community organisations, primary healthcare providers and social care organisations. These Hubs will provide a broad spectrum of mental health services from day-support to short-term recovery beds and connect people living with mental illness and/or who are experiencing suicidal distress to a range of health, community and social services. Provision of timely and appropriate care in the community in settings such as these Care Hubs can help to prevent deterioration of mental health leading to patients needing emergency and/or acute impatient care. This in turn supports better outcomes for individuals and reduces pressure on ambulance and ED services.

The Southern Hub will be established by the Tasmanian Government and located in Hobart's northern suburbs. The Northern Hub, located in Launceston, will be established by the Commonwealth, through Primary Health Tasmania, together with the Tasmanian Government. The Hub in Launceston will also provide services for people experiencing mental health crisis, meaning that people can quickly access the mental health services they need without having to attend a hospital ED. These services are in addition to

two new Integration Hubs under development as part of the Tasmanian Mental Health Reform Program, which includes the Peacock Centre in North Hobart.

The Commonwealth and Tasmania are also working in partnership to develop a Central Intake and Referral Service (CIRS) for mental health services in Tasmania. The CIRS will provide a single, statewide intake and assessment phone service. The primary goal of CIRS is to foster enhanced collaboration among mental health service providers, including Statewide Mental Health Services, commissioned services, and general practice. In addition, the service will assist in ensuring the best possible distribution of available care options are being considered to meet individual client's requirements.

Child and Adolescent Mental Health Reforms

The Tasmanian Government continues to make progress implementing the recommendations of the Child and Adolescent Mental Health Services (CAMHS) Review as a significant improvement in the delivery of integrated child and adolescent mental health services in Tasmania. The Tasmanian Government has committed $45.2 million to fully fund its response to Phases One and Two of the CAMHS Review report and recommendations. The CAMHS reforms are extensive, including changes to the CAMHS structure, practice, and culture, and will address service gaps, with a particular focus on our most vulnerable children and young people with severe and complex mental health needs.

The CAMHS Reform team is leading a number of initiatives which will support enhanced mental health care for young people in the Tasmania in non-acute settings. This includes establishing a trial of a Youth-specific Hospital in the Home (Y-HiTH) service in the North West, which-will provide mental health care and treatment for young people aged 16-24 as a suitable alternative to a hospital admission or as part of an inpatient discharge plan. Y-HiTH, which is scheduled to commence operation in late 2023, will provide comparative care to that of an inpatient setting, delivered by a multi-disciplinary team to a young person in their place of residence, involving multiple home visits per day and telehealth consultations.

A statewide CAMHS Youth Mental Health stream is also being established for complex mental health presentations in youth aged 16-25. Three regional Head to Health Kids (H2HK) services, a joint Tasmanian and Commonwealth Government initiative under the Tasmanian Bilateral Agreement for Mental Health and Suicide Prevention, will commence operation in 2024. The H2HK services will operate out of existing Child and Family Learning Centres to offer a truly integrated secondary mental health care offering for children aged 0-12 and their families and caregivers.

Supporting people to access mental health services in the community that best meet their health needs can help prevent and/or manage exacerbation of mental illness that may otherwise lead to ED presentations.

4.6 Joint Tasmanian and Commonwealth Government Initiatives

The Tasmanian Government is working with the Commonwealth to progress initiatives aimed at addressing access block issues by providing care in the community and diverting patients from EDs where it is safe to do so. Some key examples of joint initiatives which are encouraging decreased hospital presentations, and therefore helping address transfer of care delays, are outlined further below.

4.6.1 Medicare Urgent Care Clinics (UCCs)

The Tasmanian and Commonwealth Governments have agreed to establish four UCCs within Tasmania as part of the 2023-24 Federal Budget commitment of $358.5 million over five years from 2022-23 to establish 58 UCCs across Australia. UCCs provide care for Tasmanians with urgent medical needs whilst easing the pressure on EDs by providing short term, episodic care for urgent conditions that are not immediately life-

threatening. UCCs are walk-in, free to attend, and are open extended hours, seven days per week.

Three UCCs have opened in Tasmania –Your Hobart Doctor on Bathurst Street, the Launceston Medical Centre on Wellington Street and Ochre Medical Centre also in Hobart. A further UCC in North West Tasmania is expected to open by the end of 2023.

4.6.2 Single Employer Model

The Single Employer Model is an innovative new employment model for GPs in training aimed at boosting the number of doctors in rural and remote areas. The Tasmanian pilot commenced in July 2023 following negotiation of a joint $13 million funding agreement between the Tasmanian and Commonwealth Governments. Under the pilot model, doctors training to specialise in rural medicine will have the choice of being employed by the THS for their training period, which will allow for a seamless transition throughout their hospital and community-based GP training placements.

The Single Employer Model will support the attraction and retention of doctors in rural and remote areas in Tasmania and is an important first step in the longer-term solutions to increase access to primary care services in Tasmanian communities. There are currently four GP trainees participating, and 18 practice locations across Tasmania registered for this initiative. The Department is anticipating strong demand for the initiative from both registrars and practices in 2024 and expects the numbers to increase in the next year. As a second phase to this initiative, the Tasmanian Government will work with stakeholders to investigate how the model may be utilised to strengthen workforce availability in rural and remote areas in other disciplines such as nursing and allied health.

4.6.3 Rapid Access Inreach Service

The Rapid Access Inreach Service (RAIS) is a Commonwealth-funded initiative that integrates with existing health services by providing rapid access to THS specialist support, predominantly to general physicians in primary care such as GP practices, District Hospitals, Community Health Centres, Hospital Aged Care Liaison Teams and the ComRRS teams. RAIS supports care of complex patients in the community and is a recognised hospital avoidance initiative, preventing unnecessary ED presentations and hospital admissions.

5 Our people – workforce supports and initiatives

Tasmania's health workforce is highly skilled and dedicated to delivering high quality health care to those that need it across our State. The Tasmanian Government is committed to supporting our invaluable health workforce by working to ensure health workers have strong systems, safe workplaces, and leaders that prioritise wellbeing, development, and growth of health workers.

It is recognised transfer of care delays between paramedics and the ED can have significant impacts for healthcare staff. For example, transfer of care delays can result in reduced case exposure and learning opportunities for junior paramedics, which can affect their professional growth. Prolonged waiting times can also impact paramedics mental health and morale, as they cannot be where they want to be (and are trained to be) - responding to time-critical patients in the community.

Demand pressure on the ED can also contributed to increased staff turnover, for example with staff leaving to take up less stressful roles. The Australasian College of Emergency Medicine identifies the impacts of "ambulance ramping/off stretcher delays" on staff can include adverse publicity leading to poor staff morale, and "increased stress and interpersonal conflict between patients, paramedics, ED, and hospital staff including exacerbation of occupational violence."[21].

One Health Culture

A strong organisational culture is a key component of supporting staff wellbeing. DoH has introduced its One Health Culture Program Strategy (One Health) that is designed to drive cultural improvement, supporting staff to work together; learn, collaborate and problem-solve; share risk; and empower and respect each other. One Health is about building an inclusive working environment reflecting the diversity of the health workforce and supporting employees to work together to improve the health and wellbeing of Tasmanians.

One Health is designed to be an umbrella program, bringing together all the various cultural, wellbeing and non-clinical development initiatives already underway across DoH. Based on feedback and consultation with the workforce, One Health will introduce new activities and programs of its own and seek to identify areas within DoH that may need additional support and development.

One Health has five Focus Areas of: Leadership Accountability; Building Capability; Workplace Values & Behaviours; Health, Safety & Wellbeing; and Systems & Processes.

Identifying a set of unifying values is a vital step to ensure that all staff understand what they come to work to do every day and can also be used as key principles to help guide behaviours and decisions in DoH as a large and complex organisation.

Our shared purpose guiding the way in which we work across the Department of Health is to CARE for the health and wellbeing of all in Tasmania. Having a set of Values that unites all of us, no matter where we work or what our role is across the state, allows us to bring this shared purpose to life when we come to work each day.

[21] Australasian College of Emergency Medicine, *Position Statement – Ambulance Ramping and Diversion,* November 2022.

Following its launch in December 2022, one of the key pieces of work under the One Health Culture Program was the implementation of Department-wide Values.

Following an extensive 6-month consultation process, through the One Health Culture Staff Collaboration Workshops and discussions with the senior leaders, we have
adopted Compassion, Accountability, Respect and Excellence (CARE) as our shared Department-wide values.

The CARE Values are not a set-and-forget strategy or an overnight transformation of our people or workplaces. Now that we have established these Values, the most important phase begins as we all begin to integrate and embed CARE into our ways of working.

We recognise that individuals and teams within our Department will find different meaning for our refreshed Values. This will be informed by and reflect the broad range of contexts and backgrounds of our people. Over time, we are looking for each team to work together to determine what the Values mean to them and how we might operationalise them in our work areas.

To support the implementation of our CARE Values and to support us all in having these discussions, a set of workshops is available that can be delivered by a manager, team leader, educator or anyone that feels comfortable leading the conversation. There are three different workshops that can be delivered in any order or repurposed to best suit our employee's working environment:

- Defining (or linking) our Values
- Bringing our Values to life
- Connecting to our Purpose

Our CARE in Practice Value and Behaviours Training Module also contains resources to enable conversations and interactions around:

- New staff inductions
- Applying the Workplace Conversations Model
- How to tackle the cynics and disengaged
- Performance Development Discussions
- Managing conflict
- Recognition
- Values-Based recruitment

Through each of us working with Compassion, Accountability, Respect and Excellence, we can move forward with a shared understanding of how we will each CARE for the health and wellbeing of all in Tasmania. A further element of the One Health Culture Program is a focus on Health, Safety & Wellbeing to drive:

- A workforce who understands and positively engages with worker and patient safety, adjusting, improving or eliminating behaviours and practice as appropriate.
- A physical and psychologically safe workplace that is focussed on continuous improvement through positive inquiry and evaluations without blame.
- Proactive and restorative wellbeing supports available to assist our people.

Parts of DoH are progressing towards achievement of accreditation under the Pathways to Excellence Program®. The Program focuses on developing high-performing teams and a culture of sustained excellence by improving the practice environment for nursing staff in particular.

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

Similarly, at the RHH in particular, there is a continued roll-out of Speaking Up for Safety (SUFS) to clinical and non-clinical staff. The SUFS program has a dedicated website with videos of staff showcasing how they have used SUFS in their daily work. The SUFS program aims to improve staff engagement on creating a culture of safety.

Other parts of the DoH are implementing local programs to build positive health culture across the DoH, such as the Tapping into Talent across Statewide Mental Health Services, and Ambulance Tasmania's Cultural Transformation Strategy.

While noting the broader One Health Culture Program to build a positive culture across the health system and support staff wellbeing, further information is outlined below on the range of specific health and wellbeing supports available to Ambulance Tasmania staff and broader DoH programs to support staff health and wellbeing.

5.1 Ambulance Tasmania workforce supports

Ambulance Tasmania provides access to a broad range of mental health and wellbeing support services, available to all Ambulance Tasmania front-line responders, support staff and volunteers. These include a broad range of services provided through the Ambulance Tasmania & Department of Police, Fire, and Emergency Management (DPFEM) Wellbeing Support program, which was created in 2019 to provide a proactive and preventative mental health and wellbeing program that supports both the physical and mental health of front-line responders and support staff.

Some examples of the supports available to Ambulance Tasmania staff are outlined below.

Critical Incident Stress Management (CISM)

CISM is a longstanding program that utilises a dedicated team of 18 CISM psychologists and 76 CISM Peers to manage the impact of critical incidents on all emergency service personnel in Tasmania. They provide on scene support, psychological support, follow-up assistance and advice to partners, family and friends.

Peer Support Officers

Ambulance Tasmania Peer Support Officers (PSOs) are wellbeing champions within the organisation that are trained to proactively support their colleagues at all stages of the mental health continuum. There are currently 23 active PSOs within Ambulance Tasmania.

Wellbeing Program Officer

The Wellbeing Program Officer role was introduced to Ambulance Tasmania in May 2022, and is responsible for the strategies and programs that support all Ambulance Tasmania staff and volunteers. This role provides leadership in the implementation of organisational and cultural change to positively impact wellbeing within Ambulance Tasmania.

Wellbeing Support Programs

In 2023, Ambulance Tasmania introduced three new wellbeing programs to support people starting with the organisation. These programs are designed to support staff to establish a sense of belonging and

connection to the organisation, embed awareness and understanding of the wellbeing support services available and provide further information and referral to professional counselling or other relevant services if required. Peers play a vital role in volunteering to support their new colleagues as part of these programs.

Wellbeing Support Officers

Wellbeing Support Officers are members of the Ambulance Tasmania & DPFEM Wellbeing Support team. They work in a full-time capacity to provide immediate and short-term wellbeing support to Ambulance Tasmania and DPFEM staff, volunteers and their immediate families.

MyPulse Wellbeing Hub

MyPulse is the online 'wellbeing hub' for Ambulance Tasmania staff. MyPulse offers wellbeing information and support to Ambulance Tasmania and DPFEM employees through healthy living resources, lived experience videos and confidential physical and mental health and wellbeing screening programs.

Wellbeing Induction Sessions

All new staff at Ambulance Tasmania are required to attend a Wellbeing Induction. These sessions are facilitated by the Wellbeing Program Officer, the Wellbeing Support Program Development Coordinator and the current CISM Managers. The purpose of these sessions is to ensure provision of consistent information on the Wellbeing Support Program and the range of confidential services available.

Wellbeing Response Plans

Wellbeing Response Plans can be developed and implemented in a variety of circumstances. These include significant critical incidents impacting a large number of Ambulance Tasmania staff or Coronial Inquests, where the attendance of staff in court, ongoing media coverage and subsequent recommendations can impact staff wellbeing.

External Specialist Support

As full members of Ambulance Tasmania & DPFEM Wellbeing Support, Ambulance Tasmania workers have access to external specialist support. This panel consists of 106 contracted individual providers including: psychologists, relationship counsellors, social workers, grief therapists, health coaches, mental health nurses, play therapists, exercise physiologists, and access to psychiatrists.

5.2 Broader DoH programs and supports

Employee Assistance Program

All DoH employees, including those working within Ambulance Tasmania and the THS are able to access the DoH Employee Assistance Program (EAP). EAP consists of a panel of four registered providers to choose from, who can provide free, confidential independent and professional counselling services to DoH staff or their immediate family members, with any personal or work-related issue that may be affecting their wellbeing. The EAP program is voluntary, with DoH staff able to access the EAP for up to four free sessions, and for multiple issues in any one year.

On-site EAP is available each week at each major hospital, as well as immediately following critical events.

Mindfulness program

DoH has been offering a Mindfulness program that includes offering guided online mindfulness sessions weekly for staff with trained healthcare workers. These sessions provide an opportunity for staff to take time out, relax and practice mindfulness. The sessions and other mindfulness resources are also made available on the DoH intranet so that staff are able to access them at any time.

DoH recognises that transfer of care delays and the broader demand pressure on our public health system can have negative impacts for staff wellbeing. DoH is committed to promoting and supporting the health and wellbeing of our health workforce, and this is recognised as part of the "Enhancing Culture and Wellbeing" priority focus area in the *Health Workforce 2040 strategy.*

Conclusion

DoH welcomes the Inquiry as an important opportunity to gain further insights, and to contribute advice on, the complex range of factors that contribute to transfer of care delays. DoH looks forward to the findings and recommendations of the Inquiry as an opportunity to receive further valuable insights to help inform future reforms.

As highlighted throughout this submission, there is no single cause of transfer of care delays. There are a range of complex factors which create access block in hospitals and contribute to delays. These include Tasmania's geographic and demographic characteristics, challenges at care system interfaces between the acute and other care systems (primary care, aged care, and disability), and the small private hospital market. These factors are coupled with a clear trend of both increasing demand and increasing patient complexity, as demonstrated by the data in Section 3 of this submission on key factors influencing transfer of care delays such as demand for emergency and hospital care.

To address the projected increase in the need for acute health services, the Tasmanian Government is continuing to make significant investments in both workforce and infrastructure supports. In 2021-22, Tasmania's total health expenditure was $2 337 million, representing the highest proportion of state budget expenditure on health (at 33 per cent) of all states. Despite this investment, there are still significant challenges facing Tasmania in responding to the growing demand and cost pressures on our public health system. Increased Commonwealth support is also needed, including to address critical gaps in primary care services.

DoH is also progressing a broad range of initiatives, including joint initiatives with the Commonwealth and other key stakeholders, that respond to wider health system challenges contributing to transfer of care delays and access block. These are aimed at improving patient access and flow within Tasmania's public hospitals and improving access to health services across the care continuum by facilitating more care in the community where appropriate.

DoH recognises that increasing demand places significant pressure on health staff, who are at the frontline of delivering the best care they can for Tasmanians. DoH is committed to supporting the health and wellbeing of its health workforce, whose value and dedication cannot be overstated.

In September 2023, the Tasmanian Government announced an independent review into the operation of EDs in all four of Tasmania's major public hospitals as part of its commitment to the ongoing improvement of Tasmania's health system. The review will consider and make recommendations to improve systems and processes that guide the patient's journey in the ED from triage onwards. It will also consider and provide recommendations on broader issues such as pathways to primary care alternatives when acute care is not required. The review provides a key opportunity to help ensure that Tasmania's public EDs are positioned to provide the best possible care to those who need it most.

As raised throughout this submission, transfer of care delays are a symptom of much broader and complex challenges that require whole of health responses, as well as improvements at the interface between health and other systems of care.

DoH continues to work with other jurisdictions at the national level to explore further solutions to address key issues impacting access block and transfer of care delays in our hospitals. As noted throughout this submission, these are issues being experienced by hospitals across Australia. Consultation with other states has demonstrated they are dealing with similar challenges, and working to address these in similar ways, such as through hospital avoidance initiatives, additional resourcing, virtual care approaches, digital

solutions and policies and protocols to support Ambulance crews to return to the community as quickly as possible.

DoH acknowledges a number of submissions have been received by the Committee to date, including from current and former DoH staff. DoH recognises the importance of learning from the reflections of our dedicated and hard-working front-line staff on their experiences relating to transfer of care delays. Submissions from current and former staff highlight issues raised throughout this submission, such as the need to address bed block, staffing levels, organisational culture, and health care access and flow through hospitals and within the community. It is also acknowledged some submissions describe concerning examples of lived experience regarding transfer of care delays negatively impacting patients and staff.

As outlined throughout this submission, DoH is taking active steps to address transfer of care delays, access block and broader factors contributing these issues, and is committed to making further improvements to support the health and wellbeing of patients and of our highly valued health care workers. DoH thanks all our staff across the public health system for their unwavering commitment to patient health and wellbeing, recognising these staff are the backbone of the Tasmanian health system.

DoH thanks the Inquiry for consideration of this submission, and looks forward to the Inquiry's findings and outcomes, including any learnings from initiatives in other jurisdictions, both nationally and internationally.

The Department of Health is committed to care for the health and wellbeing of all in Tasmania, which includes continuous improvement of the timeliness, breadth, quality and safety of health services we provide and to do our utmost to lead the coordination of health service in Tasmania, across public/private and State and Federal sectors to achieve the best outcomes we can for the Tasmanian community.