

Patients First

ONE STATE, ONE HEALTH SYSTEM, BETTER OUTCOMES

The Tasmanian Government is taking action to manage demand in our Emergency Departments and to improve whole-of-hospital patient flow at the Royal Hobart and Launceston General Hospitals.

Actions

1. **A list of unacceptable 'red flag' events in our Emergency Departments.** These are events where hospital leadership must take immediate action to address the situation. The THS CEO will consult with ED staff on the final list, but unacceptable events are likely to include cases where any patient is admitted to the ED for longer than a set period of time, with shorter limits for the elderly and for children.
2. **Evidence based escalation policies.** These will be triggered at times when our services are experiencing high levels of demand and will give our staff avenues to call for more senior support when needed. They are action plans and procedures which provide for a whole-of-hospital response to ensure patient flow is maximised. They will be in place by May this year.
3. **Transparent, published principles for ED care.** These principles will govern care in our ED and for the basis for our escalation policies.
4. **Clinical Initiative Nurses.** We will recruit and train Clinical Initiative Nurses, where there isn't already an equivalent role, to actively monitor and provide advice to patients and their families whilst they are in the Emergency Department waiting room, including developing plans of care for patients in consultation with our ED doctors.
5. **Psychiatric Emergency Nurses at the Royal.** We recognise the role played by these positions and will work on how these roles might continue beyond this financial year, subject to discussions with the Australian Government.
6. **More efficient discharge.** We will trial enabling senior nursing and allied health staff to safely discharge patients earlier in the day, based on medical criteria set earlier by the treating doctor, often on admission. This already occurs in other states and internationally, and has been requested by clinicians. The trial will commence by July this year.
7. **Better discharge planning.** We will provide greater clarity to patients by providing an estimated date of discharge from their hospital stay, based on clinical advice from doctors, as well as multidisciplinary input from other staff including nurses and allied health professionals.
8. **Winter illness strategies.** We will ensure that these strategies are in place across all THS sites, before the coming winter, and will consider temporary flexing of beds where required in sensitive clinical areas.

Actions (continued)

9. **Working better with the private and not-for-profit hospitals.** We will ensure our escalation policy includes improved liaison with private healthcare providers, as part of our Escalation Policy, so we can better use both the public and private sectors to meet demand.
10. **Timely discharge summaries.** We will ensure that the provision of discharge summaries to a patient's GP is timely, relevant to the needs of the patient on discharge.
11. **Connecting patients to bulk-billing GPs.** We will do all that we can to provide Tasmanians with information connecting them with bulk-billed GP services near the hospital, or that provide home visits, to ensure they have the greatest possible choice of care.
12. **Better utilisation of rural hospital beds.** We will continue the work to see more patients moving to receive their safe care at lower acuity facilities near where they live, such as rural hospitals, wherever it is clinically appropriate to do so and in the patient's best interests.
13. **Enhanced role of Paramedics.** We will examine enhancing the scope of practice for paramedics to enable them to manage pre-hospital and potential emergency department demand including reviewing the potential for secondary triage and referral to alternative services.
14. **Support for very long-stay patients.** We will put in place clinical reviews for all very long-stay patients, to ensure that they are receiving appropriate care and that an appropriate discharge or transfer plan is in place and active.
15. **Recognising the role of clinical leadership.** We will ensure that contributing to fixing hospital-wide patient flow issues is a recognised role for our clinical leaders and we will include this in the annual performance review process.
16. **Statewide consistent admissions policies.** We will institute a policy that supports admission to hospital by specialist emergency physicians or equivalent, with a process for subsequent review by the team working on the ward, to ensure people are admitted more efficiently.
17. **Statewide Clinical Handover framework.** We will implement a statewide clinical handover framework, which will standardise arrangements for patient transfers between hospital wards, between different hospitals and from the hospital to/from the community.
18. **Any other measures to improve patient flow.** We will continue to look at all measures that further the aims of safe, sustainable and state-wide quality care.
19. **Statewide roll-out.** We will review these initiatives and roll them out statewide where beneficial.