Australian Capital Territory – Broad Implementation Steps for Taking Pressure off Public Hospitals Initiative
27 April 2009

1. Summary

There is a growing pressure on ACT's Emergency Departments to provide care for the community. In particular, the considerable growth in more urgent emergency department presentations (with category one and two presentations up 23% in the six months to 31 December 2008 compared with the same period in the previous financial year) has resulted in longer waiting times for people with less serious needs. In addition, the ACT is experiencing a doctor shortage of about 60 full time equivalent GPs, with the Primary Health Care Research & Information Service (PHC RIS) noting that the number of full time equivalent GPs in the ACT has contracted by 15 percent over the five years to 2006-07.

The shortage of GPs and the low level of bulk billing in the ACT (in 2005-06 at 43% of non-referred GP attendances against national bulk billing rate of 75.6%) results in additional attendances at emergency departments by people with less serious illnesses. This increases pressure in our emergency departments resulting in longer waiting times for care. In 2006-07, the ACT recorded 306 ED presentations per 1,000 weighted population in comparison with national figure of 311 ED presentations per 1,000 weighted population (Source: State of our Public Hospitals, June 2008 Report).

The implementation plan presented here by ACT Health covers a whole range of initiatives that are being funded by the ACT Government and are not limited to strategies that can be implemented using funds provided by the Commonwealth. It is necessary to present here the different initiatives in order to have a broader picture of the numerous strategies for taking pressure off public hospitals and to identify initiatives for each specified/agreed role of States and Territories under this National Partnership.

The ACT will review this plan at least biannually to take account of emerging issues. The review of the implementation plan will also consider the expected effects of ACT initiatives on performance benchmarks.

2. Commonwealth funded initiatives:

<u>Walk-in Centre</u>

The Commonwealth funding to the ACT ($9.969 million) under this National Partnership will be used to fund recurrent expenditure of the proposed Walk-in Centre over the period 2009-10 to 2013-14 (see template below for details). A walk-in centre is a primary health care service. Walk-in centres can help people to manage problems by providing simple treatments for minor conditions or referring people to the most appropriate health care providers. Walk-in centres provide fast access to health advice and treatment in a clinic environment. Walk-in centres can treat a range of minor illnesses and injuries such as coughs and colds, cuts and sprains, and provide an alternative to attending an emergency department.

The establishment of the centre in The Canberra Hospital campus, close to the emergency department (together with a marketing campaign in the first year) will ensure that the public are aware of the role and nature of the centre and enable easy referrals from the emergency department for less serious illnesses. The walk-in centre concept has not been implemented elsewhere as a public service in Australia. However, walk in clinics have been established successfully in a variety of environments by the National Health Service in the United Kingdom. Walk in centres may be located on hospital sites, at Community Health facilities or in town centres. The establishment of a nurse-practitioner led clinic will provide new alternative to GP and emergency department services for people with single issue, lower level needs, while providing the community with an addition to the public health infrastructure of the ACT. In 2008-09 Budget, the ACT Government provided funds for a feasibility study. A discussion paper was completed in November 2008 and public consultation is has recently been completed.

The proposed funding allocation for recurrent expenditure of the walk-in centre covers administration, consumables, marketing, pathology and imaging costs plus staffing cost using a nurse-led model. This model has nurses in the role of primary health care provider in the walk-in centre. This would involve extending the role of nurses, using Nurse Practitioners or Advanced Practice Nurse. Nurse Practitioners work within a well-defined scope of practice incorporated by clinical protocols and guidelines.

The Walk-in Centre will assist in improving waiting times by removing a large proportion of the less complex presentations from the emergency department waiting room, while also providing care to this section of the community in a more appropriate environment.

Emergency Department Information System

A portion of the Commonwealth funding under this National Partnership Agreement will be used in enhancing ACT Health's Emergency Department Information System (EDIS). The data validation and data cleansing process will be improved and any additional data reporting requirements under this National Partnership Agreement will be funded under this initiative. The ACT's two public hospitals with Emergency Departments are contributing to the Emergency Department NMDS, making the ACT's data provision requirement equivalent to 100% reporting. However, the required change in the reporting timeframe and the need for data quality improvement will require additional resources.

3. ACT Government funded initiatives:

The following initiatives are funded by the ACT Government and are strategies to reduce pressure in ACT Emergency Departments. It is assumed that the following initiatives will result in increasing the proportion of all emergency department presentations seen within recommended timeframes to 80 percent by 2014.

Medical Assessment and Planning Unit (MAPU)

The MAPU streamlines the admission process for patients requiring admission with an unclear clinical pathway (patient's with clear clinical pathway should be admitted directly to the appropriate inpatient specialty). The unit expedites comprehensive assessment of the patient ensuring active management commences early. MAPU has a target length of

stay of between 12 and 48 hours, ensuring more timely, efficient care resulting in improved patient outcomes and reduced length of stay:

- Older patient requiring admission spends minimal time in Emergency Department: improved patient outcomes, with less time spent in the inappropriate ED environment; enhanced patient flow through ED, resulting in increased capacity
- Early and comprehensive multidisciplinary assessment
- Early development and commencement of the management plan
- Improved access to Aged Care Nurse Practitioner and LINK assessments
- Early, consistent, identification of complex discharge needs and commencement of discharge planning
- Reduction in inpatient outliers

<u>Surgical Assessment and Planning Unit (SAPU)</u>

"*Your health – our priority: ready for the future*" was announced in the 2008-09 Budget by the ACT Government. This marks the beginning of a 10 year redevelopment of health infrastructure in the ACT. Funds were allocated for a number of initiatives; among these was the Surgical Assessment and Planning Unit (SAPU) to be built on the Canberra Hospital site. The SAPU will facilitate a comprehensive multidisciplinary assessment, diagnosis and management planning for surgical patients presenting to the ED, transferred from another emergency department or the Psychiatric Services Unit at The Canberra Hospital (TCH) and accepted by the SAPU registrar or consultant. The care provided in the SAPU will be underpinned by criteria led guidelines for assessment and preparation prior to surgery. The SAPU will cater for adults (over 16 years) in a stable condition who:

- may remain in the unit for up to 48 hours and
- have surgical diagnosis or
- the surgical intervention required is unclear or
- the surgical specialty required is not clear or
- medical fitness for surgery in a surgical patients is unclear

The current patient journey is characterised by delays and unnecessary waits in the emergency department. Often the need for surgery is identified early, but non critically-ill acute surgical patients wait for the results of investigations, or identifying the surgical specialty required may take some time. Patients may also have to wait for an inpatient bed and as a result miss the theatre list for the session or day. While waiting for bed or test result patients remain in the ED where the focus is on the stabilisation, assessment, diagnosis and treatment of critically unwell patients whose needs take precedence. As a result, patients may wait for many hours on uncomfortable trolleys with limited access to amenities. The development of the SAPU provides the opportunity to drastically improve the patient journey by facilitating admission to a ward like environment designed to expedite assessment and transfer to surgery or home as indicated.

The aim of the SAPU is to reduce unnecessary waits in the ED for surgical assessment, planning and treatment. The SAPU will facilitate the assessment of a patient's condition and decision regarding the type of surgery needed at the earliest opportunity and aid prompt discharge home or admission to an inpatient bed.

Additional bed capacity

The ACT Government has set a long term bed-occupancy target rate of 85 percent. An 85% occupancy rate means that patients in ACT's Emergency Departments wait shorter times for a bed and that staff have fewer pressures in meeting patient needs. In 2007-08, the ACT reported a bed occupancy rate of 89 percent which is estimated to remain at around the same level in 2008-09. Over the next four years ACT Health will provide additional hospital based beds as well as extending hospital in the home and transitional care services that reduce pressures on hospitals. The ACT Government has also provided ACT Health with guaranteed growth funding across the forward estimates to meet increasing demand for inpatient beds over the medium term. In addition, the ACT Government has committed $1 billion over the next decade to provide for a major restructure of the public health system infrastructure to meet community needs to 2022. This includes additional bed capacity to reduce delays in accessing inpatient beds from the emergency department.

4. National level initiatives:

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, the ACT will:

1. Provide annual progress reports and data against the implementation plan.
2. Participate in national arrangements to develop an agreed data definition of:
    a. a non-emergency GP-type presentation based on the Emergency Department DRGs to be agreed by June 2012; and
    b. an 'Emergency Department' for the purposes of the expanded reporting to the non-admitted emergency department care national minimum data set collection by 2013-14.
3. Nominate and support representatives to participate in the working party to assist with the development of a nationally agreed data definition for:
    a. a non-emergency GP-type presentation based on the Emergency Department DRGs by June 2012; and
    b. an 'Emergency Department' for the purposes of the expanded reporting to the non-admitted emergency department care national minimum data set collection by 2013-14.
4. Note the Commonwealth will facilitate the national coordination of data collection and support states' efforts in using these data to improve performance.

Role of States	Key Deliverables for States Implementation Plan	Timing	Cost	Expected effects on Performance Benchmarks
Improve the number of patients being treated in clinically appropriate periods of time	*Initiative* Establish a range of new services to reduce pressures on emergency departments and improve waiting times for care, including: ▪ Provision of a Medical Assessment and Planning Unit which provides for quick transfer of complex medical patients from the ED to a specialist inpatient assessment and treatment service	Medical Assessment and Planning unit established in 2007 from ACT Government sources	ACT Govt funding: $2.9m in 2008-09 indexed	80% of all emergency department presentations seen within ACEM recommended timeframes by 2014.
	▪ Establishment of a Surgical Assessment and Planning Unit to provide quick access to specialist inpatient services for people who attend the ED who need surgical intervention. The new unit will manage necessary clinical investigations removing pressure from the ED	Surgical Assessment and Planning Unit currently being constructed. Capital costs and recurrent costs (from beginning of operation in 2010) will be from ACT sourced revenues	ACT Govt funding: Recurrent costs of $3.2m per annum	Medical and Surgical Assessment units will be operational 24 hours per day. Each unit will have a capacity of 16 beds.
	▪ Establishing Walk-in Centre that will provide for quick access to medical care for people with one-off, non serious and non-chronic conditions. While this service will provide care for people who may not currently seek medical care, it will assist EDs by reducing some of the demand from patients with less serious conditions	Planning has now commenced and design is proposed to commence in July 2009. Walk-in Centre will be operational in March 2010.	ACT Govt funding: 2009-10: Capital injection - $2.157 million Cwlth funding: Recurrent cost- $0.786 million	Walk-in centre operational 16 hours per day, seven days a week It is estimated that the Walk-in Centre will provide up to 30,000 services annually The establishment of the

	Steps to Implementation - The Medical Assessment and Planning Unit is currently operational - The Surgical Assessment and Planning Unit is currently in the design/construction phase. It is anticipated to begin operation in March 2010. - The model of care for the Walk in Centre concept is currently being completed. Public meetings were held in December 2008 and the public were able to provide written submissions about the concept up to February 2009. These submissions are currently being consolidated into a final report that will drive the service model for the new service. *Performance Information* These initiatives will lead to a reduction in the growth of emergency department presentations that need to be treated and assessed by emergency department		Depreciation - $0.024 million 2010-11: Recurrent cost- $2.444 million 2011-12: Recurrent cost- $2.529 million 2012-13: Recurrent cost- $2.617 million 2013-14: Recurrent cost - $1.112 million	clinic close to the ED will ensure that the public are aware of the role and the nature of the clinic and enable easy referrals from the ED for less serious illnesses

	clinicians. This will improve the timeliness of care and also increase the level of services able to be provided to emergency department presentations *Contact Details* Contact Officer: Megan Cahill, Executive Director Government Relations, Planning and Development ACT Health GPO Box 825 Canberra ACT 2601 Tel: 62050877 Email: megan.cahill@act.gov.au			
Decrease the number of patients experiencing access block	*Initiative* - Add additional bed capacity to inpatient services at our public hospitals to improve the timeliness of transfer from the emergency department to an inpatient service - Work with hospital executives in the redesign of current services and systems to improve patient flows *Steps to Implementation* - Increase bed capacity to meet ACT strategic aim of reducing bed occupancy rates to 85% - Continue to highlight areas within the hospital system where business processes require review. Such reviews are supported by the Innovation and Redesign Team which provides the expertise to assist staff in the development of new systems and processes	The ACT Government has added an additional 206 beds to the public hospital system in the ACT over the last six years (to 2008-09) A further 24 beds are being constructed during 2008-09 for use in 2009-10. ACT Government committed $1 billion over the next decade to provide major restructure of the public	The ACT Government has allocated over $73 million over the next four years to provide for additional public hospital capacity	Access block decreasing to 20% by 2014 (from 28% in 2007-08 and 41% in 2004-05) Bed occupancy rates within ACT public hospitals reducing to 85% by 2014.

	(including the ongoing management of new initiatives) *Performance Information* - The ACT Government releases a large range of health system performance information every quarter. This information includes data relating to access block from the emergency department and bed occupancy rates. *Contact Details* Contact Officer: Megan Cahill, Executive Director Government Relations, Planning and Development ACT Health GPO Box 825 Canberra ACT 2601 Tel: 62050877 Email: megan.cahill@act.gov.au	health system infrastructure to meet community needs to 2022. An Innovation and Redesign Team will work with senior clinicians and management to ensure that the new infrastructure is consistent with the most appropriate models of care for our services		
Provide data on emergency departments to the Commonwealth	*Initiative* To improve and enhance the process of data validation and data cleansing of Emergency Department Information System (EDIS).		<u>Cwlth funding:</u> 2009-10: $107,000	➢ Annual ED NMDS submitted by end of September each year

	Steps to Implementation - Data Quality Officer position established within IMS - Establish data improvement needs for EDIS *Performance Information* This initiative will lead to: ➢ ACT being able to submit annual Emergency Department NMDS by end of September each year ➢ Improve quality of ED data collection *Contact Details* Contact Officer: Megan Cahill, Executive Director Government Relations, Planning and Development ACT Health GPO Box 825 Canberra ACT 2601 Tel: 62050877 Email: megan.cahill@act.gov.au		2010-11: $110,000 2011-12: $114,000 2012-13: $117,000	➢ Internal validation report actioned on time ➢ Observed improvement in quality of ED data