

**Commonwealth “Taking pressure off Public Hospitals”
(Emergency Departments)**

NSW Health Implementation Plan

1. OVERVIEW

NSW Health has identified a range of initiatives across the patient journey to deliver improved access and flows through the health care setting for patients to improve performance and relieve pressure on public hospitals. These initiatives as described below will deliver:

- Reduced demand for emergency departments through pre-hospital service development
- Improved flows through the emergency setting for patients, with new models of care and workforce redesign
- Alternative Models of Care and care locations for selected groups of patients by creating multiple entry points for care delivery
- Increased acute community support to provide both alternatives to inpatient acute care and opportunities for patients to be discharged appropriately to supported acute community care.

Additionally NSW Health has identified opportunities to improve systems and communication processes to provide a whole of hospital approach to patient flow.

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, NSW 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 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
4. note the Commonwealth will facilitate the national coordination of data collection and support states' efforts in using these data to improve performance.

This Plan nominates a number of inter-linked strategies to assist in the achievement of the desired outcomes. These strategies fall under the broad headings of:

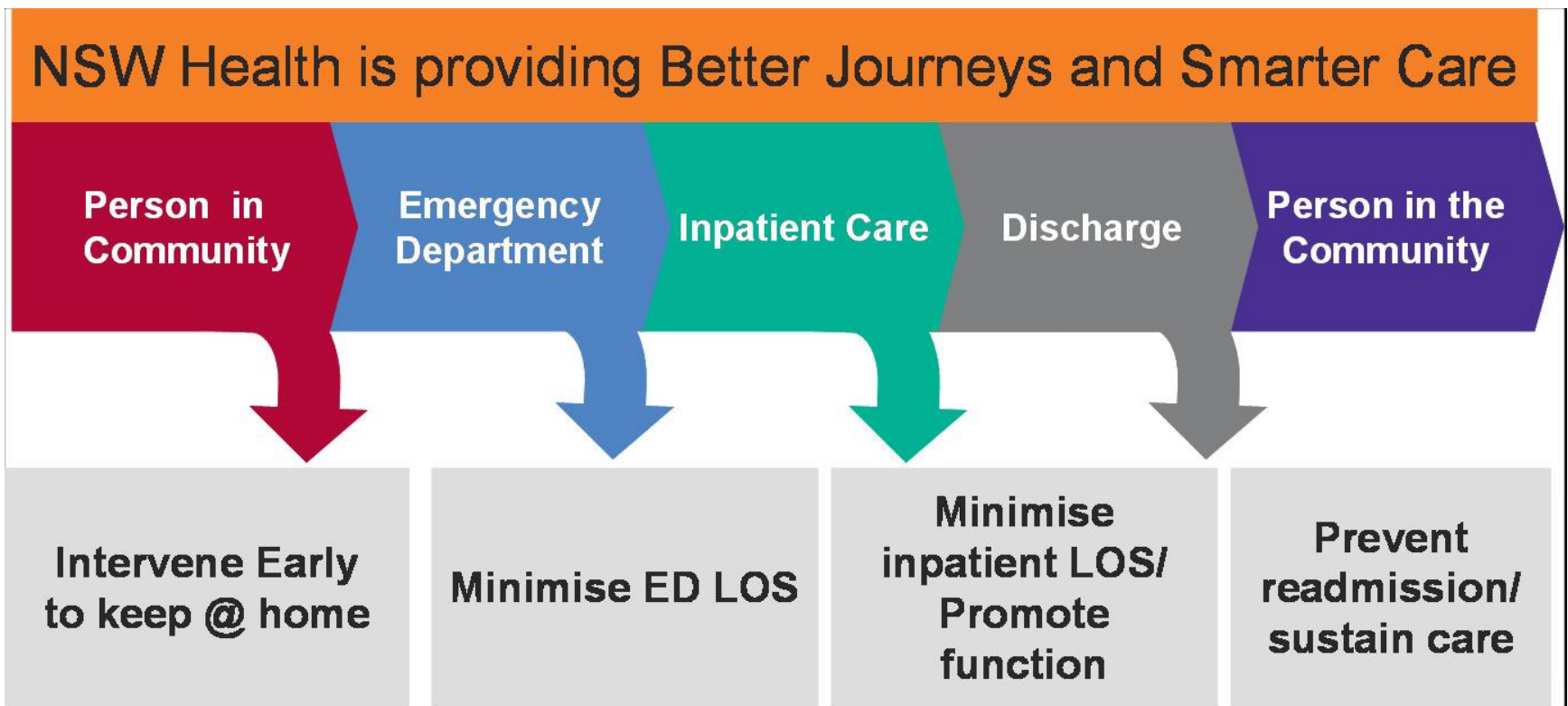
- *Supporting emergency care providers* with a focus on workforce redesign and enhanced access to professional development
- *Enhancing quality of care*
- The provision of *supportive infrastructure* to ensure an efficient patient journey
- The provision of *care in the most appropriate location and the enhancement of the interface between different care sectors* including GPs, Emergency Departments and the Ambulance Service

The Plan provides advice on:

- How these strategies will enhance the patient journey
- The link between the strategies and achievement of the performance benchmarks
- An indicative breakdown of the strategies where appropriate and available, noting that the exact dissemination/commissioning, cash-flow and distribution across NSW (i.e. at the micro level) of some of the projects are still to be determined
- a summary table of the strategies that provides advice on the key deliverables, timing, cost and impact on delivery of benchmarks.

2. PATIENT JOURNEY

NSW Health has taken a whole of patient journey approach to deliver strategies to the health system through the Taking the Pressure off Public Hospitals (Emergency Departments) Plan. The aim of the plan is to provide initiatives that intersect with the patient journey to deliver reduced demand on emergency departments, improved patient flows and experiences through the emergency setting, increased capacity within the hospital inpatient environment with the delivery of new models of care, and enhanced and expanded acute community options to patient care.



Pre hospital strategies are designed to intervene in the patient journey early to ensure those patients presenting to emergency departments require emergency care. Pre-hospital strategies include an Extended Care Paramedic program, Primary Care Centre Pilot, Ambulance Release strategies and Information technology interface between Emergency and the Ambulance service. Enhancement and expansion of acute community options to provide intervention pre hospital through the development of CAPAC services across NSW, with patients who do not require acute care within the inpatient environment having their acute treatment delivered in the community.

A range of initiatives are described within the plan that will move to the development of improved patient journeys through the emergency setting. These include revised work practices as well as new models of care. These initiatives include Emergency Physician Work Practice reforms, Establishment of an Emergency Care Institute, stream lining Emergency Department reception and triage processes, Information technology to assist quality initiatives within emergency, and development and establishment of appropriate care delivery modalities.

Within the inpatient environment the ongoing expansion of Medical Assessment Units (MAU) within NSW will see MAUs established at a selected group of hospitals (see below). This new model of care will stream appropriate patients, (directly from the community and from emergency departments) to the MAU to facilitate front loaded care and appropriate referral to community support to reduce emergency department length of stay, and inpatient length of stay for these groups of patients. New MAU facilities are planned to be established at:

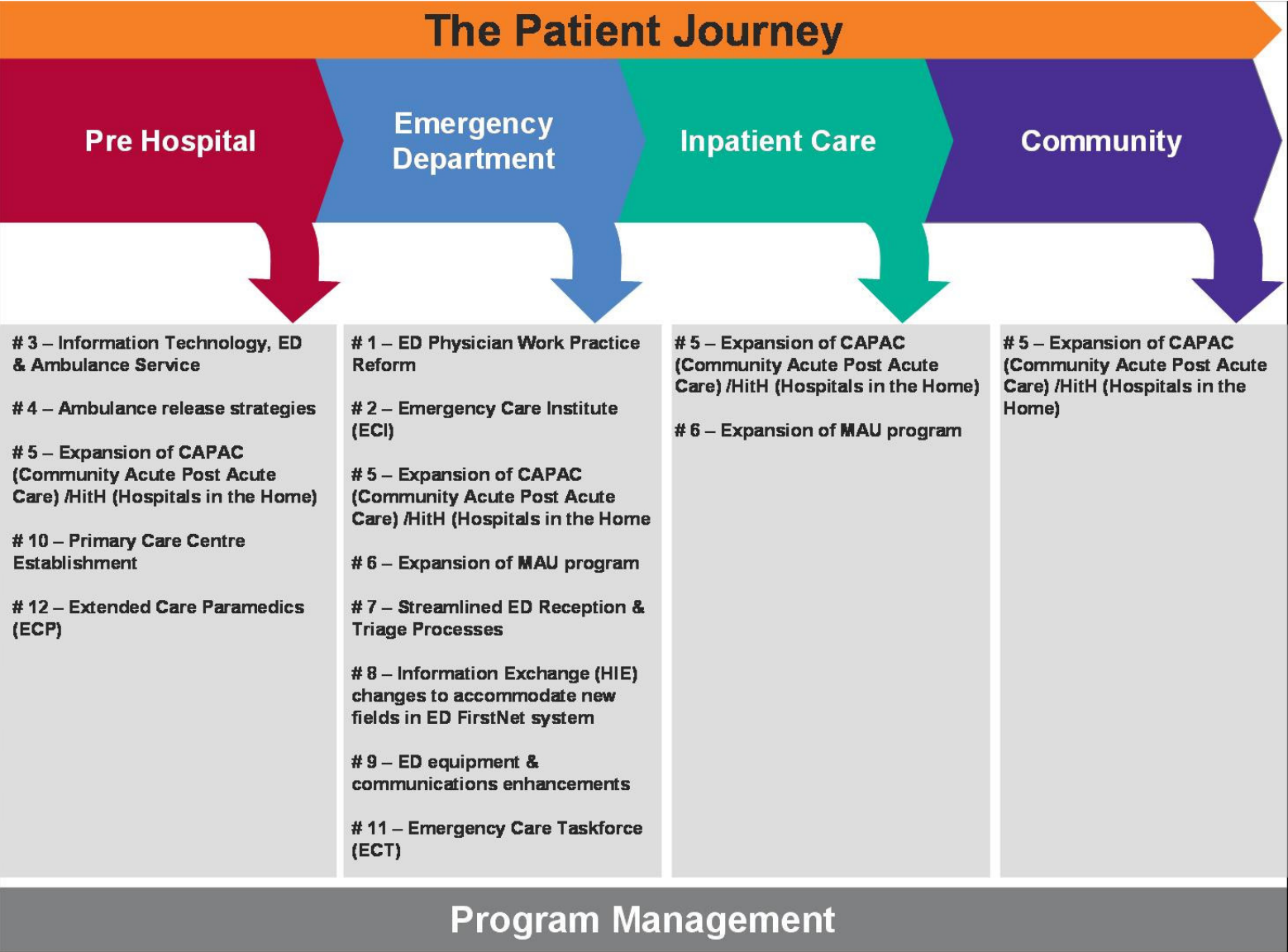
- Tweed Hospital
- Lismore Hospital
- Coffs Harbour Hospital
- Calvary Mater Hospital
- Orange Hospital
- Mona Vale Hospital
- Sydney Children's Hospital

Existing Medical Assessment Units will be enhanced at:

- St George Hospital
- Liverpool Hospital
- Nepean Hospital
- Royal North Shore
- Prince of Wales Hospital
- Sutherland Hospital
- Children's Hospital Westmead

Expansion of the Community Acute Post Acute Care (CAPAC) service across the state will provide increased acute care capacity within the community setting to intervene early in acute care for patients who can be suitably managed within the community, and provide access to patients for appropriate discharge to acute care within the community. These will support the NSW Health Avoidable Admission Strategy to have selected patients treated in alternative care venues where acute community care is appropriate.

The strategies within the plan provide a cohesive approach across the patient journey to deliver improved patient access and patient experiences.



3. PERFORMANCE BENCHMARKS

Each of the Projects will be subject to detailed planning, following the Commonwealth's approval of the Implementation Plan. Implementation of the individual project plans will involve monitoring against high level milestones for project progression. The implementation will be overseen through regular progress checks between NSW Department of Health and the bodies assigned implementation responsibility.

4. STRATEGY BREAKDOWN

No	Strategy	Key Deliverables	Timing	Cost \$000	Impact on Delivery of Benchmarks
Support emergency care providers					
1	Emergency Physician Work-practice reforms	The provision of reforms for clinical service practice hours and clinical training within the emergency setting.	From Jul 09	56,000	Redesign of roles and implementation of new models of care within the emergency department will enable standardised processes and practices leading to improved flows and patient outcomes. Early access to senior clinical decision maker will enable improved flow and discharges for patients not requiring admission. Admitted patients will have earlier definitive clinical interventions enabling faster transition to in-patient wards.
2	Emergency Care Taskforce (ECT)	The NSW Emergency Care Taskforce is developing strategies to improve patient care within the emergency setting.	From Jan 10	20,000	Improve triage and access block performance through the implementation of initiatives that are designed through the ECT and ECI. These include role redesign to facilitate access to appropriate care delivery modalities, clinical practice redesign and standardisation and process redesign, not only within the emergency setting but with support services to improve access for patient care and quality and safety for patients.
Enhance the quality of care					
3	Emergency Care Institute (ECI)	Establishment of independent body to research and advise on standardised best practice within the emergency setting.	By Dec 09	3,000	The ECI will work to standardise clinical practice guidelines across Emergency Departments; preliminary target to standardise top 10 DRGs presenting to emergency departments. Improve safety and quality of care in ED's – including defining measures to be monitored.

No	Strategy	Key Deliverables	Timing	Cost \$000	Impact on Delivery of Benchmarks
4	ED equipment and communications enhancements	Provision of equipment/hardware to facilitate improved safety and quality, and better communication between staff.	From Jul 09	4,500	Facilitate quicker flow in the emergency department through improved clinical equipment (e.g. ultrasound), and earlier activation of interventions through improved communications within ED and to inpatient teams.
Provide infrastructure to support a more efficient patient journey					
5	Information Technology Emergency / Ambulance Service	Development of IT infrastructure to better inform the systems interface between the Ambulance Service and the Emergency Department	By Feb 10	500	Build a connection between the Ambulance IT (CAD) and ED IT systems to allow development of transparent patient tracking across the patient journey, (specifically between Ambulance Service and the Emergency setting). This will allow for a more rapid response by health personnel to ambulance arrivals and activity.
6	Health Information Exchange (HIE) changes to accommodate new fields in ED FirstNet system	The development of IT elements to assist Emergency clinicians with the provision of effective care and flow.	From Jan 10	200	Facilitate appropriate data collection within the emergency setting to assist ED management in delivery of care, with ability to track triage and flow constraints and to monitor quality and safety measures.
7	Program Management	Facilitation of reporting and oversight of the program Implementation support and performance	From Jul 09	869	Program oversight to comply with Commonwealth reporting requirements associated with this plan Provision of project implementation support and performance management for specific projects associated with this plan to meet project milestones and performance objectives.

No	Strategy	Key Deliverables	Timing	Cost \$000	Impact on Delivery of Benchmarks
Provide care in the most appropriate location and enhance the interface between different care sectors					
8	Expansion of CAPAC/ HiTH	Expansion of CAPAC services to support a) Admission Avoidance Program b) Appropriate discharge to supported acute care within the community	From Jul 09	50,500	Further development and expansion of Community Acute Post Acute Care (CAPAC) or Hospital in the Home (HiTH) services will provide alternative care options for patients. Expansion of these services with defined interfaces between GPs, Emergency Departments and treating physicians will ease pressure on EDs through direct referrals. Access to CAPAC will provide additional capacity within the community for patients being discharged whom may require continuing acute care; releasing additional in-patient capacity for those patients requiring care.
9	Expansion of MAU Program	Expansion of the Medical Assessment Unit program to support management of chronic, complex medical patients by senior physicians	From Jul 09	72,000	Increase number of Medical Assessment Units within NSW will provide the opportunity for appropriate chronic, complex medical patients to be provided an alternative to the Emergency Department setting for assessment and initiation of treatment. This will allow rapid, multidisciplinary, intensive assessment of these patients.
10	Streamlined ED Reception and Triage Processes	Process mapping and pilot implementation of changed reception and triage processes	From Jan 10	5,500	A revised model for ED reception and triage using Lean principles will enable patients to be streamed into an appropriate care location for early activation of treatment.

No	Strategy	Key Deliverables	Timing	Cost \$000	Impact on Delivery of Benchmarks
11	Primary Care Centre Establishment	Establish pilot primary care centres	From Jan 10	12,500	Provide alternative to emergency department presentation for patients who do not require care delivered in this setting. Reduce presentations and improve triage waiting times.
12	Extended Care Paramedics (ECP)	The Ambulance ECP program reduces the number of patients requiring transportation to emergency departments and potentially reduces the number of unnecessary emergency department presentation.	From Jul 09	14,500	Facilitate the reduction in emergency department presentations of (ambulance) patients that can be managed in alternative care locations within the community. The non-transport rates for patients assessed by ECP are consistently higher than patients attended by standard care ambulance crews. The Paramedics in the ECP program have been trained to better assess patients so they can identify their clinical needs and determine if referral is required to ED or community services. Low risk patients can be identified early and offered alternatives to Emergency Department
13	Ambulance Release strategies	To allow Ambulances to be released from hospital to assist with urgent transports	From Jan 10	8,500	Reduced delays at entry to the emergency care system will allow patients to have earlier activation of treatment and lead to improved emergency department performance.
				248,569	