

**Hospitals and Health Workforce Reform
National Partnership Agreement – Taking the Pressure Off Public Hospitals
Implementation Plan**

1 Executive Summary

The Northern Territory has a relatively small, yet widely dispersed population, which requires an innovative approach when planning any health care initiative. In 2008 the population of the Northern Territory was estimated to be 221,000. (ABS 2008). The NT is the third largest state or territory in area, representing 17.5% of Australia's total landmass but it is home to only 1% of the Australia population.

The NT has a far greater proportion of Indigenous people (32%) than any other state or territory. The majority of the Indigenous population (81.2%) live in remote or very remote locations.

There are five public hospitals in the Northern Territory and four of those hospitals have ongoing issues with access block and patients waiting longer than clinically acceptable times for treatment in the emergency departments.

The strategies proposed in this Implementation Plan include a mix of new infrastructure, equipment purchases, increasing workforce capacity, expanding the role and scope of practice for emergency department nurses and IT solutions to reduce the turn around times for diagnostic test results.

The strategies outlined in the Implementation Plan are consistent with the Northern Territory Building Healthier Communities: a framework for Health and Community Services 2004 – 2009. The framework outlines the Northern Territory government's commitment to ensure that all Territorians enjoy long and healthy lives and that the Territory has health and community services that are responsive, accountable and effective.

In developing this Implementation Plan extensive consultation has occurred with emergency department clinicians and hospital executives to ensure that the initiatives proposed are consistent and complement those initiatives that are already in place to address the pressure experienced in Northern Territory emergency departments.

2 Proposed initiatives

2.1 Reconfiguration of Emergency Department at Royal Darwin Hospital

Accommodating patients in emergency departments presents congestion issues. The minor new work plans include reconfiguration of existing floor plan to include Fast Track, and other work to enhance patient flow. Fast Track significantly reduces access block by creating a space and separate process for patients with less serious conditions who can be treated quickly and then released. Studies demonstrate that waiting times in a system utilising one queue can be reduced by attending to those with the shortest time requirements.

2.2 Reconfiguration of Emergency Department at Katherine District Hospital

Reconfiguration of the current facility at Katherine District Hospital is needed to improve the facilities and flow through the unit. Refurbishment will include a quiet room to accommodate mental health patients and relocation of the consulting room away from the waiting area, this will ensure privacy for patients.

2.3 Staffing for the Paediatric Facility in ED Royal Darwin Hospital

Currently children admitted to the emergency department are accommodated alongside adults. However, the guidelines and recommendations for paediatric emergency care differ greatly to those for adults, and the commissioning of the already established paediatric facility in the emergency department will ensure that emergency treatment is provided to children in a child-friendly and physically appropriate atmosphere, safely and appropriately observed and monitored. Emergency care and treatment can be given promptly, and in accordance with necessary paediatric protocols by staff specifically qualified and skilled.

2.4 Establishment of an Interim Short Stay Unit (SSU) 12 beds Alice Springs Hospital

The SSU will be established to enhance the current emergency department patient accommodation until the new Alice Springs Hospital emergency department is operational - anticipated to be in 2011. Short Stay Units are designed for patients who, with proper assessment and treatment, are likely to be discharged within 24 hours. This includes patients who require tests to determine the seriousness of their condition or a short course of treatment for conditions that may be rapidly resolved (for example, asthma, allergic reactions and renal colic).

2.5 Reducing access block by improving processes to support out of hours patient discharges at Royal Darwin Hospital

Discharges drop significantly on the weekends when the inability to find accommodation, dispense pharmaceuticals, arrange travel, or provide rehabilitation services become barriers to discharge. As a result, access block in the emergency department increases over the weekends. This leads to the risk of having to cancel elective activity because the beds don't free up until Monday afternoon / evening.

2.6 Pilot Program - Emergency Department Nurse Practitioner Katherine District Hospital

Difficulties with patient flow in the emergency department at the Katherine District Hospital are often due to a shortage of General Practitioners (GPs). Nurse Practitioner (NP) models recognise that not every patient in the emergency department needs to see a doctor. Australian evidence demonstrates that the implementation of NP models in emergency departments improves population health outcomes, particularly associated with coordination of care for patients with chronic disease and complex care needs. This pilot project enables the development of two NPs at Katherine District Hospital by fully funding two positions. The pilot will provide future guidance for the implementation of NP positions in emergency departments in other NT hospitals. Emergency Department NP positions are highly sought after by nurses across Australia; the pilot and subsequent NP capacity building will enhance overall recruitment and retention of nurses in the NT.

2.7 Establishment of a Project Officer to develop the Advanced Clinical Nurse role Gove District Hospital

The Advanced Clinical Nurse model has already been trialled at Gove District Hospital. The Project Officer will develop further protocols and procedures to support the role based on similar work that has been undertaken at Royal Darwin Hospital and with reference to the CARPA (Central Australian Remote Practitioner Association) manual.

2.8 Improving Information Technology Capacity at Royal Darwin and Alice Springs Hospitals Emergency Departments

A significant barrier to patient flow in emergency departments is lack of expedient access for clinical staff to patient diagnostic (pathology and radiology) results. IT solutions that provides clinicians with prompt access to patient results using a purpose-specific system will support optimal and efficient clinical decision-making and reduce risks associated with delays and omissions, thus improving flow and saving on costs.

2.9 Data Analyst to enable reporting requirements.

As a signatory to the National Partnership Agreement, the Northern Territory is required to provide data reports to the Australian Government on five separate occasions. The Northern Territory is also required to publicly report the data annually. This requires the development and maintenance of a website by a part time Data Analyst.

2.10 Business Analyst to develop ED software

General software is needed to improve patient flow through EDs. A Business Analyst will be employed to develop the software to expand existing ED IT capacity.

3 Ongoing participation and development

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

- (i) provide annual progress reports and data against the implementation plan.
- (ii) 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.
- (iii) 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.
- (iv) note the Commonwealth will facilitate the national coordination of data collection and support states' efforts in using these data to improve performance.

4 Contact details

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**Northern Territory Department of Health and Families
Taking the Pressure off Public Hospitals – Interim Implementation Plan**

Role	Key Deliverable	Timing	Cost	Expected Effects on Performance Benchmarks																																
<p>Improve the number of patients being treated in clinically appropriate periods of time</p>	<p>1. <u>Reconfiguration of EDs</u> to reduce physical congestion, enable staff to deliver care, improve efficient use of resources, and facilitate patient streaming, at:</p> <p>1a. Royal Darwin Hospital (RDH)</p> <p>1b Katherine District Hospital, (including purchase of equipment).</p> <p>2. <u>Expanding specialised care facilities in EDs</u> by:</p> <p>Enabling commissioning of the Paediatric Unit by increasing staffing by 3.4 FTE.</p>	<p>1a & b. <u>RDH & KDH.</u> Consultant to review EDs and draft plans – June/July 2009.</p> <p>1a & b. <u>RDH & KDH.</u> Tenders sought for renovations - August 2009.</p> <p>1a. <u>RDH.</u> Renovations completed – July 2010</p> <p>1b. <u>KDH.</u> Renovations completed – December 2009.</p> <p>2. Recruitment of 3.4 new staff by – September 2009</p>	<p>1a. RDH. \$2.3M</p> <p>1b. KDH. \$300K</p> <p>2. \$2M</p>	<table border="1" data-bbox="1160 571 2096 890"> <thead> <tr> <th colspan="4" data-bbox="1167 576 2089 603">BASELINE</th> </tr> <tr> <th colspan="4" data-bbox="1167 603 2089 635">Patients seen within the ATS recommended times</th> </tr> <tr> <th data-bbox="1167 635 1447 699">Jul 07 - Jun 08 %</th> <th data-bbox="1447 635 1664 699">Jul 07 - Jun 08 %</th> <th data-bbox="1664 635 1879 699">Jul 07 - Jun 08 %</th> <th data-bbox="1879 635 2089 699">Jul 08 - Dec 08 %</th> </tr> <tr> <td data-bbox="1167 699 1447 762">RDH 100</td> <td data-bbox="1447 699 1664 762">KDH 100</td> <td data-bbox="1664 699 1879 762">ASH 100</td> <td data-bbox="1879 699 2089 762">GDH 100</td> </tr> <tr> <td data-bbox="1167 762 1447 794">55</td> <td data-bbox="1447 762 1664 794">49.</td> <td data-bbox="1664 762 1879 794">60</td> <td data-bbox="1879 762 2089 794">87</td> </tr> <tr> <td data-bbox="1167 794 1447 826">27</td> <td data-bbox="1447 794 1664 826">55</td> <td data-bbox="1664 794 1879 826">61</td> <td data-bbox="1879 794 2089 826">92</td> </tr> <tr> <td data-bbox="1167 826 1447 858">22</td> <td data-bbox="1447 826 1664 858">56</td> <td data-bbox="1664 826 1879 858">51</td> <td data-bbox="1879 826 2089 858">92</td> </tr> <tr> <td data-bbox="1167 858 1447 890">41</td> <td data-bbox="1447 858 1664 890">70</td> <td data-bbox="1664 858 1879 890">92</td> <td data-bbox="1879 858 2089 890">96</td> </tr> </thead> </table>	BASELINE				Patients seen within the ATS recommended times				Jul 07 - Jun 08 %	Jul 07 - Jun 08 %	Jul 07 - Jun 08 %	Jul 08 - Dec 08 %	RDH 100	KDH 100	ASH 100	GDH 100	55	49.	60	87	27	55	61	92	22	56	51	92	41	70	92	96
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<p><u>Continued</u> - Improve the number of patients being treated in clinically appropriate periods of time</p>	<p><u>3</u> Enhancing skills of ED nurses to act in advanced roles will enable rapid assessment and diagnosis, and incorporate pathology or radiology at triage. It will also improve access to primary health care, and improved coordination of care for patients with complex needs. This will be achieved by:</p> <p><u>3a Nurse Practitioner (NP) Pilot Program</u> Implementation of a Nurse Practitioner (NP) Pilot Program at Katherine District Hospital. The Pilot will report to the NT Nurse Practitioner Steering Group with details of: * Monthly NP activity data; * Quarterly cost benefit analysis; and * Client, NP and Doctor satisfaction surveys at 6 and 12 months.</p> <p><u>3b Advanced Clinical Nurses</u> Formalisation of the recently implemented Advanced Clinical Nurse role at Gove District Hospital which has enabled the current high percentages of patients seen within recommended ATS times for all categories. Formalisation of the role will sustain these levels that are beyond the recommended targets. This will involve development of Clinical Practice Guidelines, Medication Standing Orders, and Nurse Initiated X Ray and Pathology Ordering.</p>	<p>3a. Recruitment of NPs by – July 2009</p> <p>3b. Recruitment of Project Officer by – July 2009</p>	<p>3a. \$900K</p> <p>3b. \$108K</p>	<table border="1"> <thead> <tr> <th colspan="9">Projected Percentages Seen Within ATS Recommendations</th> </tr> <tr> <th></th> <th colspan="4">Year 1</th> <th colspan="4">Year 2</th> </tr> <tr> <th></th> <th colspan="4">2009/10 %</th> <th colspan="4">2010/11 %</th> </tr> <tr> <th>Cat</th> <th>RDH</th> <th>KDH</th> <th>ASH</th> <th>GDH</th> <th>RDH</th> <th>KDH</th> <th>ASH</th> <th>GDH</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>2</td> <td>55</td> <td>90</td> <td>60</td> <td>87</td> <td>65</td> <td>100</td> <td>65</td> <td>87</td> </tr> <tr> <td>3</td> <td>27</td> <td>60</td> <td>70</td> <td>92</td> <td>40</td> <td>70</td> <td>75</td> <td>92</td> </tr> <tr> <td>4</td> <td>22</td> <td>60</td> <td>51</td> <td>92</td> <td>60</td> <td>70</td> <td>60</td> <td>92</td> </tr> <tr> <td>5</td> <td>41</td> <td>70</td> <td>94</td> <td>96</td> <td>60</td> <td>80</td> <td>96</td> <td>96</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th></th> <th colspan="4">Year 3</th> <th colspan="4">Year 4</th> </tr> <tr> <th></th> <th colspan="4">2011/12 %</th> <th colspan="4">2012/13 %</th> </tr> <tr> <th>Cat</th> <th>RDH</th> <th>KDH</th> <th>ASH</th> <th>GDH</th> <th>RDH</th> <th>KDH</th> <th>ASH</th> <th>GDH</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> <td>100</td> </tr> <tr> <td>2</td> <td>75</td> <td>100</td> <td>75</td> <td>87</td> <td>80</td> <td>100</td> <td>90</td> <td>87</td> </tr> <tr> <td>3</td> <td>60</td> <td>80</td> <td>85</td> <td>92</td> <td>80</td> <td>90</td> <td>90</td> <td>92</td> </tr> <tr> <td>4</td> <td>70</td> <td>80</td> <td>75</td> <td>92</td> <td>80</td> <td>90</td> <td>80</td> <td>92</td> </tr> <tr> <td>5</td> <td>70</td> <td>85</td> <td>97</td> <td>96</td> <td>80</td> <td>90</td> <td>98</td> <td>96</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="6">* Did not wait rates – Anticipated Improvement</th> </tr> <tr> <th></th> <th>Baseline</th> <th>Year 1</th> <th>Year 2</th> <th>Year 3</th> <th>Year 4</th> </tr> <tr> <th></th> <th>2008/09 YTD %</th> <th>2009/10 %</th> <th>2010/11 %</th> <th>2011/12 %</th> <th>2012/13 %</th> </tr> </thead> <tbody> <tr> <td>RDH</td> <td>12</td> <td>12</td> <td>8</td> <td>7</td> <td>5</td> </tr> <tr> <td>ASH</td> <td>9</td> <td>8.5</td> <td>8</td> <td>7</td> <td>5</td> </tr> </tbody> </table> <p>* Rates of patients presenting to the larger hospitals in Northern Territory EDs who do not wait to be seen are substantial. Evidence demonstrates that significant numbers of these patients return as ATS categories 2 or 3.</p>	Projected Percentages Seen Within ATS Recommendations										Year 1				Year 2					2009/10 %				2010/11 %				Cat	RDH	KDH	ASH	GDH	RDH	KDH	ASH	GDH	1	100	100	100	100	100	100	100	100	2	55	90	60	87	65	100	65	87	3	27	60	70	92	40	70	75	92	4	22	60	51	92	60	70	60	92	5	41	70	94	96	60	80	96	96		Year 3				Year 4					2011/12 %				2012/13 %				Cat	RDH	KDH	ASH	GDH	RDH	KDH	ASH	GDH	1	100	100	100	100	100	100	100	100	2	75	100	75	87	80	100	90	87	3	60	80	85	92	80	90	90	92	4	70	80	75	92	80	90	80	92	5	70	85	97	96	80	90	98	96	* Did not wait rates – Anticipated Improvement							Baseline	Year 1	Year 2	Year 3	Year 4		2008/09 YTD %	2009/10 %	2010/11 %	2011/12 %	2012/13 %	RDH	12	12	8	7	5	ASH	9	8.5	8	7	5
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Continued - Improve the number of patients being treated in clinically appropriate periods of time	<p>4. Improving EDs Information Technology Capacity Royal Darwin and Alice Springs Hospital by:</p> <p>4a Implementation of an IT solution to improve patient care and outcomes by decreasing unwitnessed investigation and increasing consultant time at the bedside.</p> <p>4b Business Analyst (1.0 FTE) to develop ED software.</p>	<p>4a. New IT system operational by- July 2009</p> <p>4b. Business Analyst recruited by – July 2009</p>	<p>4a. \$1M</p> <p>4b. \$520K</p>	
Decrease the number of patients experiencing access block	<p>5. <u>Optimising bed usage and patient flow</u> by:</p> <p>5a Establishment of an Interim Short Stay Unit (SSU) 12 beds at Alice Springs Hospital</p> <p>5b Improving support for hospital discharge after hours and during the weekends (2year trial)</p>	<p>5. Beds occupied by September 2009</p> <p>5b Employment of additional staff by September 2009</p>	<p>5. \$1.6M</p> <p>5b \$900K</p>	<p>Access block decreasing by 3% per annum at Alice Springs Hospital from 46.21% in 2007/08.</p> <p>Access block decreasing by 3% per annum at Royal Darwin Hospital from 50.43% in 2007/08.</p>
Provide data on EDs to the AG	6. Employment of a Data Analyst (0.5 FTE) to enable reporting requirements.	6. Data Analyst recruited by- July 2009	6. \$192K	