

# **Implementation Plan**

## **National Partnership Agreement**

### **Hospital and Health Workforce Reform**

#### **Schedule D**

##### **Taking the pressure off public hospitals**

## ***Faster Emergency Care in Queensland Public Hospitals***

Improving emergency department performance is a key strategic priority for the Commonwealth and State Governments. The human face of this objective is to ensure that all Australians have appropriate and timely access to safe and effective emergency department services.

The *Faster Emergency Care in Queensland Public Hospitals* initiative seeks to build on past achievements in relation to the provision of public emergency department services in Queensland public hospitals. This initiative outlines a consolidated and coordinated approach to improving the timeliness, effectiveness and safety of emergency department services provided in Queensland public hospitals.

This initiative will assist in ensuring that Queensland emergency departments continually strive towards achieving the performance expectations set by the community. Accordingly, this initiative will support Health Service Districts in achieving bold performance targets set by both the Commonwealth and State Government in relation to emergency department services. These targets reflect community expectations in relation to the delivery of emergency department services and include:

- *Queensland Government - Towards Q2*  
2020 Target: Shortest public hospital waiting times in Australia

Measure: median waiting time and percentage of patients seen within the clinically recommended time for emergency treatment (source: The State of our Public Hospitals Report, Australian Government Department of Health and Ageing).

In 2006-07 (the National Agreements baseline year), ROGS reported Queensland's median waiting time for emergency treatment as 29 minutes, which was five minutes longer than the national average. At this time, 61% of Queenslanders were seen within the clinically recommended emergency waiting time, below the national average.

- *Queensland Health Strategic Plan 2007-2012*
  - Improving access to safe and sustainable health services;
  - Better meeting peoples needs across the continuum;
  - Enhancing Organisational work processes and systems to support service delivery and business effectiveness.

And specifically, by 2012 continue to address public waiting times so that Queensland has:

- An equal or shorter median waiting time for emergency department treatment than the national average.
- An equal or lower percentage of emergency department patients waiting longer than clinically recommended time than the national average.
- These targets have been set as an incremental step towards the Governments *Towards Q2* 2020 targets

There are 10 elements to the *Faster Emergency Care in Queensland Public Hospitals* initiative which consolidates the Commonwealth and State Governments emergency department performance goals, recent State Government election commitments, Departmental initiatives, and includes elements to wholly address the 8-point plan for reducing access block, announced by the then Minister for Health, the Honourable Stephen Robertson MP, in August 2008. Elements of the Plan include:

- *Expanding Emergency Department Capacity;*
- *Employing Specialist Emergency Department Nurses;*
- *Engaging Emergency Department Staff;*
- *Strengthening Accountability;*
- *Benchmarking Emergency Department Performance;*
- *Maximising Bed Availability By Improving Patient Flows;*
- *Expanding Rehabilitation And Step Down Facilities;*
- *Greater Discharge Role For Nurses To Help Patients Return Home Sooner;*
- *Dedicated Waiting Areas For Children In Every New Or Expanded Emergency Department;*
- *Health Contact Centre (HCC) - 13 Health.*

## **EXPANDING EMERGENCY DEPARTMENT CAPACITY**

\$144.5 million has been committed to expand Queensland's busiest emergency departments between 2009 and 2012. This initiative will also deliver on the Premier's commitment for better paediatric health services to support the Queensland Children's Hospital. As part of this initiative, eight emergency departments will undergo expansions:

- \$45.6 million for The Prince Charles Hospital for a new 12 bay Paediatric Emergency Department, 20 short stay paediatric ward beds and specialist outpatient clinics (previously announced);
- \$44 million expansion of the Logan Hospital Emergency Department including 18 adult treatment bays and dedicated paediatric waiting area and treatment bays;
- \$18 million expansion of Redland Hospital Emergency Department including a helipad, four paediatric treatment bays and four consulting rooms (building on a previous \$7M commitment);
- \$19 million upgrade to the QEII Hospital Emergency Department including refurbishment to create 11 fast track bays and additional short stay capacity;
- \$6.7 million expansion of the Ipswich Hospital Emergency Department including paediatric treatment spaces and six paediatric short stay observation beds;
- \$5.2 million expansion of the Caboolture Hospital Emergency Department including five treatment bays and dedicated paediatric space to improve patient privacy;
- \$4 million at Bundaberg Hospital to enhance the new Emergency Department project by providing additional observation beds and ensuring support services like radiology and x-ray are easily accessible;
- \$2 million upgrade to the Toowoomba Hospital Emergency Department for a new lounge accommodating up to 12 patients awaiting discharge or transfer by ambulance.

The expansion projects will add at least 76 bays and beds to emergency departments across Queensland.

### **Lead Agency:**

Queensland Health, Corporate Services Division, Capital Works and Asset Management Branch.

### **Project Timeframes:**

2009-2012 - A detailed implementation plan outlining key timeframes and milestones will be developed by Capital Works and Asset Management Branch by 30 June 2009.

**Funding:**

The Government will deliver emergency department expansions through the National Partnership Agreement.

**EMPLOYING SPECIALIST EMERGENCY DEPARTMENT NURSES**

The Government have committed to training and recruiting 30 new specialist nurses in three years to work in our busiest EDs, starting with 10 in the next 12 months. These nurses will either be fully accredited Nurse Practitioners or experienced nurses training to become Nurse Practitioners. \$7.8 million of the funding available through the NPA will contribute to training and recruiting the 30 new specialist nurses.

Nurse Practitioners are highly trained and experienced nurses with additional qualifications. They are able to carry out tasks outside the realm of a normal registered nurse in an ED such as ordering x-rays, prescribing some medications and issuing referrals. The specialist nurses will be able to begin treating patients after they are appropriately triaged upon arrival. This means that for less serious cases, treatment can begin sooner, allowing doctors to focus more heavily on more complex and serious emergency cases. The nurses will also be able to provide more ongoing monitoring and care to their patients, especially children. For example, Nurse Practitioners will be able to care for a child from the moment their condition is assessed right up until they are admitted or discharged.

There are currently more than 20 Nurse Practitioners working in a range of different areas in our hospitals, including our Emergency Departments at hospitals like Redcliffe. Nurse Practitioners have been widely used interstate and overseas.

**Lead Agency:**

Queensland Health, Office of the Chief Nurse.

**Project Timeframes:**

2009-2012 - A detailed implementation plan outlining key timeframes and milestones will be developed by the Hospital Access Unit by 30 June 2009.

**Funding:**

\$2.2M provided through NPA; remainder State funded over three years.

**ENGAGING EMERGENCY DEPARTMENT STAFF**

It is an essential that the development of any future strategies for emergency departments involves input from key stakeholders within the emergency department community. This will be facilitated by supporting the on-going functions of Queensland Health Emergency Department Networks.

The *State-wide Emergency Department Network* supports sustainable improvements and innovation in the delivery of safe, accessible, appropriate, efficient and effective emergency care across Queensland Health emergency departments.

The State-wide Emergency Department Network will provide strategic leadership and high level advice to the Queensland Health Executive, including the Director General and Minister for Health, in relation to innovation and ongoing improvements in the delivery of emergency care in Queensland's public hospitals. The Network aims to:

- Foster communication and collaboration between health services and the department;
- Provide leadership and transparency in the development and implementation of innovation;
- Provide analysis and advice to assist emergency departments (EDs) design and deliver innovation and system improvements; and

- Inform health policy for the delivery of consistent, efficient and effective emergency care across Queensland Health.

The Chair is responsible for facilitating consultation across the Network and with key stakeholders and partners in emergency services. The chair of the State-wide Emergency Department Network will act as a conduit between Queensland Health and the emergency department community to ensure an organisational-wide focus to improving emergency department services.

The State-wide Emergency Department Network is supported by local area emergency department networks (Central, Southern and Northern). These local area Networks aim to support sustainable improvements and innovation in the delivery of safe, accessible, appropriate, efficient and effective emergency care across its member emergency departments.

**Lead Agency:**

Queensland Health, Centre for Healthcare Improvement, Hospital Access Unit

**Project Timeframes:**

Ongoing

**Funding:**

Funding to support the emergency departments Networks is sourced from internal Queensland Health Budgets.

**STRENGTHENING ACCOUNTABILITY**

A key component of the *Faster Emergency Care in Queensland Public Hospitals* initiative is the strengthening of personal accountabilities for District Chief Executive Officers (CEOs) for the management of organisational issues impacting on whole-of-hospital performance, including access block and emergency department performance. This will include a number of components:

- The establishment of performance agreements between District CEOs which set out performance accountabilities and expectations;
- The ongoing development and implementation of a performance incentive and funding framework;
- The implementation of an escalation framework to assist in the operational management of emergency department and hospital flows during peak periods of demand.

**Lead Agency:**

Queensland Health, Performance and Development Division

**Project Timeframes:**

Ongoing

**Funding:**

Funding to support this initiative is sourced from internal Queensland Health Budgets.

**BENCHMARKING EMERGENCY DEPARTMENT PERFORMANCE**

Improving the collection and reporting of emergency department performance data will facilitate a move towards a more robust process for state-wide benchmarking. Performance benchmarking will form an important part of *Faster Emergency Care in Queensland Public Hospitals* initiative by enabling emergency departments to assess their individual performance against national and State

counterparts and seek, where necessary, to implement reforms to improve waiting time and service quality performance. As part of the state-wide emergency department benchmarking program, a whole-of-hospital suite of indicators, including access block, will be collected and reported on a regular basis. Regular performance reporting for emergency departments currently includes:

- Queensland Health Quarterly Public Hospital Performance Report (public);
- Monthly state-wide benchmarking report (Emergency Department Networks);
- Daily Hospital Bypass Reporting via ECHO;
- Annual reporting to Commonwealth Government

Inherent in this benchmarking program is an ongoing requirement to review existing information systems functionality to ensure that existing systems meet the needs of Queensland Health in terms of supporting clinical and administrative practices as well as the reporting needs at various levels of the organisation. Systems whose functionality will continue to be enhanced as a key part of the state-wide benchmarking program include:

- Emergency Department Information System (EDIS);
- EDIS-WEB incorporating Emergency Capacity Hospital Overview (ECHO).

Furthermore, investment in the development and implementation of other planning tools such as predictive demand modelling software, will also be progressed as part of the broader emergency department benchmarking program.

**Lead Agency:**

Queensland Health, Centre for Healthcare Improvement, Hospital Access Unit

**Project Timeframes:**

Ongoing

**Funding:**

Funding to support the state-wide emergency departments benchmarking program is sourced from internal Queensland Health Budgets.

**MAXIMISING BED AVAILABILITY BY IMPROVING PATIENT FLOWS**

Queensland Health will commence a program of system wide process improvement. Clinical Practice Improvement Centre (CPIC) staff have developed skills and experience in applying patient flow methodologies, project management, change management and quality improvement techniques. As well data analysis, facilitation and coaching to assist District staff in implementing patient flow activities has allowed the building of staff capabilities to sustain and progress these activities. The strength of this approach has been the creation of district staff capacity to improve flow and this momentum needs to be further exploited.

Each of the previous Area Health Services have established area flow units. The activities of these units involve addressing access block and back flows. The CAHS have developed a patient flow performance dashboard across secondary and tertiary facilities. The Northern Area Health Service have developed Patient Flow/Clinical Innovation Units within Cairns and Hinterland, Townsville, Mackay and Mount Isa Districts which have been involved in mapping and tracking high priority areas. SAHS have documented a bed management report which showcased individual facility initiatives implemented to address patient flow and bed management. Escalation policies have also been under development to address access issues.

Five Districts Health Service (Districts) have dedicated patient flow units. These units focus activities on various priority areas. They also assist other Districts on an informal basis with mentoring in patient flow activities. CPIC staff and many district staff have already developed substantial skills and knowledge about process improvement methodology. CPIC has funded and guided 19 facilities in various process flow improvement activities since 2006.

The need to foster a culture of improvement and the quality and safety of health care are proposed principles identified within the National Health and Reform Commission Report (April, 2008). Queensland Health has prioritised the need to improve capacity and efficiency within acute health services including Outpatients and Elective Surgery (Queensland Health Strategic Plan, 2007-2012). Queensland Health is also under pressure to contain operating costs whilst meeting a number of performance targets associated with waiting times. These include the waiting time for an outpatient appointment, the waiting time for surgical procedures and the waiting time for access to the services of Emergency Departments.

Queensland Health hospitals are challenged by increased demand for services, clinical workforce shortages, an ageing population and lack of methods to adequately measure and manage patient flow, as are all Australian and International healthcare providers. The impact of these challenges is wide-ranging and is associated with bottlenecks at key points of entry to and exit from the hospital such as patient admission areas, Emergency Departments Operating Theatres and the patient discharge process. The ageing workforce and ageing population are also critical issues for the organisation. Using the skills of the existing workforce in an efficient and effective manner has proven to lessen the impact of workforce shortages and distribution problems.

Quality Improvement methodologies such as Lean Thinking and Six Sigma offer a focused systems approach to address quality. The key is focusing on the patient, seeing the care delivery system as a whole and relentlessly eliminating waste.

This initiative has three main objectives:

- Build capacity of staff by training CPIC staff in the approved Lean Six Sigma Methodology to equip them to mentor and coach District Staff in Surgical Patient Flow Improvements.
- Build capacity within Health Service District to enable them to identify and eliminate barriers to access.
- Implement program of process improvement at two Queensland Health facilities addressing the Surgical Patient journey

**Lead Agency:**

Queensland Health, Centre for Healthcare Improvement, Clinical Practice Improvement Centre

**Project Timeframes:**

Ongoing

**Funding:**

Funding to support patient flow initiatives is sourced from internal Queensland Health Budgets.

**Related Strategies**

**EXPANDING REHABILITATION AND STEP DOWN FACILITIES**

\$97.2 million will be spent on expanding rehabilitation facilities so that more public patients are receiving the care they need in the most appropriate setting.

On any night in Queensland public hospitals there are on average 450 beds occupied by aged and frail patients who could be better cared for in other facilities. Many of these patients would receive more appropriate care in special rehabilitation or transition care facilities where they would be supported in their return to home or to an aged care facility. These include patients recovering from surgery and those who do not require ongoing hospital care. This measure will have the added benefit of freeing up beds in public hospitals, taking pressure off our Emergency Departments. The package will deliver:

- 44 more rehabilitation beds at Eventide Sandgate on Brisbane's bayside;
- 30 rehabilitation or step down beds at Parklands, Townsville;
- million for 15 rehabilitation places at Rockhampton Hospital and outreach services to Yeppoon and Mt Morgan;
- World class new online tools to assist doctors and nurses assess elderly patients faster.

These 89 beds will go a long way to addressing bottlenecks in major hospitals like Royal Brisbane and Women's, Townsville and Rockhampton Hospitals. The construction of the expanded facilities will also deliver almost 120 new Queensland jobs.

**Lead Agency:**

Queensland Health, Policy, Planning and Resourcing Division, Planning and Coordination Branch.

**Project Timeframes:**

2009-2012 - A detailed implementation plan outlining key timeframes and milestones will be developed by Policy, Planning and Resourcing Division by 30 June 2009

**Funding:**

The Government will deliver sub-acute expansions through the National Partnership Agreement.

**GREATER DISCHARGE ROLE FOR NURSES TO HELP PATIENTS RETURN HOME SOONER**

Currently in Queensland, only doctors can discharge patients from hospital after assessing their condition. This policy will mean registered nurses have a greater role in discharging patients. If a patient has been thoroughly assessed and the nurse has been given the treating doctor's consent, the nurse will be able discharge the patient. This will mean patients can return home sooner and ensure that every hospital bed is occupied by people who most need them.

**DEDICATED WAITING AREAS FOR CHILDREN IN EVERY NEW OR EXPANDED EMERGENCY DEPARTMENT**

Dedicated areas will be created in new or expanded EDs to ensure children and their parents have a safe and secure place to wait for treatment. This means children will not be exposed to abusive patients or those under the influence of alcohol and drugs.

**HEALTH CONTACT CENTRE (HCC) - 13 HEALTH**

The Government has made an ongoing commitment to support the state-wide Health Contact Centre which provides access to health advice, information, referral and triage services to all Queenslanders, for the cost of a local call. The Health Contact Centre is a partnership between Queensland Health and Smart Service Queensland (Dept of Communities) with overall governance the responsibility of Queensland Health. The services provided by HCC aim to improve access to health information for consumers and reduce the number of avoidable hospital admissions and clinically unnecessary presentations to emergency departments. HCC Service include:

**Teletriage** is a safe, effective way of providing health related advice delivered by health care professionals via the telephone. Registered Nurses use a Clinical Decision Support System to triage callers for an appropriate time and place for care. The role of the Telenurse is to listen to the symptoms of the caller and advise them on the most appropriate course of action. Telenurses do not provide diagnosis or medications advice but rather guide callers as to where and when they might seek face to face care. The nurses also advise callers on managing their symptoms at home. Telenurses also provide information to callers who are not experiencing symptoms, but require specific clinical advice on a health related topic. An example might be a caller wanting advice on the management of a plaster cast, for forgotten medication, or for asymptomatic diabetics on insulin/diet control.

**Quitline** provides non-judgemental evidence-based smoking cessation interventions and ongoing support to members of the Queensland public. The Quitline team also makes pro-active outbound calls for a number of programs. Child Health Advice service provides parenting support and advice, including early intervention, health promotion and education to parents/carers and service providers of children 0-5 years.

**Telephone-Based Self Management** service targets avoidable admissions to public hospitals by providing individuals who have a chronic disease with opportunities and support to manage their well-being and health care in partnership with their carers and health care provider through the provision of an evidence-based self management approach. Selected patients are followed up on discharge from public hospitals.

## Implementation

### **National Partnership Agreement on Hospital and Health Workforce Reform - *Taking the pressure of public hospitals***

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, Queensland 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.

## Taking Pressure off Public Hospitals – Implementation Plan – Queensland

### Broad Implementation Steps for Taking Pressure off Public Hospitals Initiative

Role of States	Key Deliverables for States Implementation Plan	Timing	Cost	Expected effects on performance benchmarks
<p><b>Expanding emergency department capacity in area's experiencing high demand.</b></p> <p>These expansion projects will add at least 76 bays and beds to emergency departments across Queensland.</p>	<ul style="list-style-type: none"> <li>• \$45.6 million for The Prince Charles Hospital for a new 12 bay Paediatric Emergency Department, 20 short stay paediatric ward beds and specialist outpatient clinics;</li> <li>• \$44 million expansion of the Logan Hospital Emergency Department including 18 adult treatment bays and dedicated paediatric waiting area and treatment bays;</li> <li>• \$18 million expansion of Redland Hospital Emergency Department including a helipad, four paediatric treatment bays and four consulting rooms;</li> <li>• \$19 million upgrade to the QEII Hospital Emergency Department including refurbishment to create 11 fast track bays and additional short stay capacity;</li> <li>• \$6.7 million expansion of the Ipswich Hospital Emergency Department including paediatric treatment spaces and six paediatric short stay observation beds;</li> <li>• \$5.2 million expansion of the Caboolture Hospital Emergency Department including five treatment bays and dedicated paediatric space to improve patient privacy;</li> <li>• \$4 million at Bundaberg Hospital to enhance the new Emergency Department project by providing additional observation beds and ensuring support services like radiology and x-ray are easily accessible;</li> <li>• \$2 million upgrade to the Toowoomba Hospital Emergency Department for a new lounge</li> </ul>	<p>2009-10 – 2012-13</p> <p>Detailed plans regarding the capital works schedules for these projects are currently being progressed</p>	<p>\$144.5 million</p>	<p>Improvements in patient flow should result in improved waiting times in these emergency departments, as additional capacity comes on line.</p> <p>QLD will aim to achieve 80% of all emergency department presentations seen within ACEM recommended timeframes* by 2014 as shown in the annual targets below:</p> <p>2009/10 = 65%                  2010/11 = 70%                  2011/12 = 75%                  2012/13 = 80%</p> <p>* indicator reported in <i>The State of our Public Hospitals</i>.</p> <p>QLD is currently achieving the target of 95% of all hospitals with an emergency department reporting to the non-admitted emergency department care national minimum data set collection, and this achievement will be maintained to 2013/14.</p>

	accommodating up to 12 patients awaiting discharge or transfer by ambulance.			
<b>Employing Specialist Emergency Department Nurses – Nurse Practitioners</b>	<ul style="list-style-type: none"> <li>• Queensland will train and recruit 30 new specialist nurses in three years to work in our busiest EDs, starting with 10 in the next 12 months.</li> <li>• These nurses will either be fully accredited Nurse Practitioners or experienced nurses training to become Nurse Practitioners.</li> <li>• Nurse Practitioners are experienced nurses with additional qualifications. They are able to carry out tasks outside the realm of a normal registered nurse in an ED such as ordering x-rays, prescribing some medications and issuing referrals.</li> </ul>	2009-10 – 2012-13 Detailed implementation plans are currently being progressed through the Office of the Chief Nurse.	\$2.2 million provided through NPA, remainder State funded (over 3 years)	Reducing ED waiting times - The specialist nurses will be able to begin treating patients after they are appropriately triaged upon arrival. This means that for less serious cases, treatment can begin sooner, allowing doctors to focus more heavily on more complex and serious emergency cases.