

Taking Pressure off Public Hospitals – South Australian Implementation Plan

30 April 2009

SA Health Reform Directions:

The SA Health Care Plan was developed to provide the platform for reforming the South Australian health system. The plan acknowledged South Australia's ageing population, the increasing burden of chronic disease, growing demand on hospital services together with the challenges of a national and international shortage of medical and nursing staff. In addition to these contributors GP access has been recognised as a critical factor in driving demand into hospital Emergency Departments with effective hours and access to after-hours services declining. Over the period 2003/04 to 2007/08 South Australia experienced an increase in attendances to Emergency Departments of 14.2% or 23,925 episodes categorised as Triage 4 and Triage 5.

The SA Department of Health is cognisant of the need to ensure that a multifaceted approach to addressing access to care and reducing wait times is adopted; and recognises these indicators as highly visible in regards to the state of the health care system generally.

In addition to managing inward flows to emergency departments, the Department of Health has sought to ensure and include strategies aimed at addressing timely discharging to alternative levels of care, flow and redesign of services and hospital avoidance as a broad approach to demand management. Significant work has already been commenced to improve primary care capability including increased access to hospital avoidance and early discharge care and services.

The SA Department of Health strategy to deliver emergency department reform and to achieve the agreed ED targets is based on the achievement of 4 core initiatives.

These include:

1. Implementing new ED Models of Care
2. Improving Access to Diagnostic and ED Support Services
3. Implementing ED IT Systems
4. Improving Health Literacy

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

Targets of schedule D:

1. By 2012-13, **80% of emergency department presentations are seen within clinically recommended triage times** as recommended by the Australasian College of Emergency Medicine
2. By 2013-14, **95% of hospitals with an ED report** to the non-admitted emergency department care **national minimum data set** collection

SA Health Annualised Target D11:

Year	Performance Target
09/10	68%
10/11	72%
11/12	77%
12/13	80%

The following table provides further detail in relation to these proposed initiatives in accordance with the COAG implementation plan template:

Strategic Initiatives	Key Deliverables	Timing	Indicative Cost					Expected effects on Performance Benchmarks
			08/09 \$'000	09/10 \$'000	10/11 \$'000	11/12 \$'000	12/13 \$'000	
<p>1. Implementing New ED Models of Care</p>	<p><u>Overview:</u> This strategy focuses upon significant <u>workforce redesign, change management and new models of care</u> that will facilitate the delivery of improved emergency department services and ensure ED presentations are seen within clinically recommended triage times.</p> <p><u>Description:</u> A number of key initiatives have been identified that involve the development and implementation of new service models, processes and workforce reform necessary to deliver improvement ED environments. These include:</p> <p>1.1 Establishment of Acute Medical Units that will facilitate the reduction in the length of stay of acute medical patients in emergency. This strategy involves the creation or expansion of an acute medical unit (AMU) within several metropolitan hospitals. AMU's are designated hospital wards that are specifically staffed and equipped to receive medical inpatients for assessment, care and treatment for up to a designated period (usual 36 – 48 hours) after their initial ED assessment and treatment. AMUs help improve patient flow through ED by speeding up discharge from ED, by reducing the time traditionally taken to admit a patient to a medical ward. EDs provide a particular expertise in the first few (4) hours of care of sick and injured patients, especially the undifferentiated patient . AMU's would work collaboratively with the ED.</p> <p>1.2 Introduction of Patient Flow Coordinators across ED units. Patient flow coordinators will streamline throughput within the ED environment through:</p> <ul style="list-style-type: none"> early assessment 	<p>AMU's: Capital infrastructure modifications to hospital sites would commence and be completed during the 2009/10 financial year.</p> <p>Operational costs (staffing, equipment, support costs) associated with the AMU's will commence in mid 2009/10 and continue through to 2012/13.</p>						<p>By 2012/13 80% of all emergency department presentations seen within ACEM recommended timeframes. The annualised targets for SA emergency departments are:</p> <p>09/10: 68% 10/11: 72% 11/12: 77% 12/13: 80%</p>

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			\$'000	\$,000	\$'000	\$'000	\$'000	\$'000	
	<ul style="list-style-type: none"> risk screening discharge planning interface with key hospital programs for certain patient groups who have complex care needs guiding and informing decision making <p>1.3 <u>Introduction of Rapid Assessment capability within ED.</u> These services would provide:</p> <ul style="list-style-type: none"> a multi-disciplinary assessment and rapid response a comprehensive discharge plan and service provision specialist advice regarding effective discharge planning appropriate follow-up in the community <p>1.4 <u>Rollout of ED Clockwork across all ED units.</u> This initiative involves the implementation of ED Clockwork (a business process redesign tool) that specifically addresses new models of care within an ED environment across all metropolitan ED units.</p> <p>1.5 <u>Increased usage of ED nurse practitioners and ED Liaison nurses.</u> These roles would manage the interface between acute and community care for ED patients to ensure their safe and timely discharge into the community and reduce the likelihood of admissions and re-presentations</p> <p>1.6 <u>Delivery of a dedicated ED training and development program for staff.</u> This program would specifically target ED staff to enhance skills and provide improved access to suitably trained ED staff cross multiple sites.</p>	<p>Workforce Redesign: The development and implementation of new models of care would commence in 2009/10.</p> <p>Planning has commenced with detailed implementation initiatives to be completed by July 2009.</p> <p>Planned commencement of rollout to major metropolitan hospitals July 2009 and estimated completion August 2010.</p> <p>Commence in 2009/10 and completed 2010/11</p>							

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	<p><u>Steps to Implementation:</u></p> <ul style="list-style-type: none"> AMU's : Modification will be required to existing facilities across metropolitan hospitals to enable implementation of AMU's (i.e. structural changes to emergency departments and other ward areas to accommodate new AMU wards). New models of Care: Identification of revised models of care including process mapping and development of supporting policies, procedures and training manuals would commence immediately. Training and Development: Establish a training and development framework for all emergency department staff. This would be followed by delivery of training and development programs for clinicians, emergency nurse practitioners and emergency department liaison nurses <p><u>Performance Information:</u></p> <p>The implementation of new models of care will ensure rapid first assessment of acutely ill patients by competent clinical decision maker with appropriate rapid diagnostic support and more efficient and effective patient flow through the ED environment without compromising care. Outcomes will be monitored through achievement of agreed national triage times.</p> <p><u>Contact Details:</u></p> <p>Dr Christine Dennis Director, Operational Strategy Operations Division, Department of Health, SA Tel: 0882266197 Email: Christine.dennis@health.sa.gov.au</p>								
Sub Total : 1. Implementing New ED Models of Care			0	12,188	10,099	10,099	9,598	41,984	

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<p>2. Improving Access to Diagnostic and ED Support Services</p>	<p><u>Overview:</u> This strategy involves improving access to a range of key diagnostic and support services within the ED setting that will facilitate increased throughput and patient flow.</p> <p><u>Description:</u> The primary focus of this strategy is initiative involves improving access to a range of key services within ED including:</p> <ul style="list-style-type: none"> • Increasing accessibility to radiology and diagnostic services across several ED settings. This would be achieved through a combination of service redesign opportunities including: <ul style="list-style-type: none"> 2.1 Extending hours of access to radiology services from 5 to 7 days across selected ED sites 2.2 Increasing afterhours access to diagnostic services (i.e. late night use of radiology services) 2.3 Centralised provision of radiography analysis services to fast track provision of results to ED areas 2.4 Installation of equipment and systems that facilitate timely provision of diagnostic information to the ED setting including: <ul style="list-style-type: none"> 2.4.1 Ultrasound machine/s 2.4.2 CT Scanner 2.4.3 Patient monitors 2.4.4 Radiology equipment 2.4.5 Point of care testing • Improving patient transport services within the ED environment to improve patient flow. <ul style="list-style-type: none"> 2.5 This would be achieved through the redesign and development of patient transport and orderly services that will 	<p>The additional CT Scanner would be purchased during the 2009/10 financial year.</p> <p>All initiatives would commence from 2009/10.</p> <p>Equipment procurement processes can commence in 08/09 with anticipated completion by 2010/11.</p>							<p>By 2012/13 80% of all emergency department presentations seen within ACEM recommended timeframes. The annualised targets for SA emergency departments are:</p> <p>09/10: 68% 10/11: 72% 11/12: 77% 12/13: 80%</p>

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			\$'000	\$,000	\$'000	\$'000	\$'000		\$'000
Systems	<p>emergency departments that provide frequent and timely patient flow information for Emergency Department settings.</p> <p><u>Description:</u></p> <p>The primary focus of this strategy will be on IT systems that support improved clinical decision making and which increase the operational business intelligence capability within and external to emergency department environments and would include but not be limited to:</p> <ul style="list-style-type: none"> 3.1 Increased rollout of the CapPlan (ED capacity management) system across all ED sites 3.2 Expansion of the Emergency Department Information System to include additional support modules such as patient tracking 3.3 Implement IT solutions that will facilitate access to radiology results in real-time (i.e. expansion of PACS availability) 3.4 Implementation of operating business intelligence systems (OBI) that will support the real time management and monitoring of patient activity through the emergency department and into the inpatient setting. <p><u>Steps to Implementation:</u></p> <ul style="list-style-type: none"> • Completion of functional and technical user requirements for emergency department systems • Undertake procurement process to purchase and implement new systems and/or modules • Implementation of new systems including re-engineering of emergency department practices <p><u>Performance Information:</u></p> <p>This initiative will greatly facilitate access to a range of</p>	<p>A significant component of developing user requirement specifications and the commencement of the procurement process will occur in 2008/09.</p> <p>System rollout and training will commence from late 08/09 and flow into the 09/10 financial year.</p>							<p>By 2012/13 80% of all emergency department presentations seen within ACEM recommended timeframes. The annualised targets for SA emergency departments are:</p> <p>09/10: 68% 10/11: 72% 11/12: 77% 12/13: 80%</p>

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	<p>IT systems that will:</p> <ul style="list-style-type: none"> support ED business improvement reform; and access to indicators in near real time that will enable clinicians/managers to assess the current status of patient workload and throughput at various levels. <p>It will also enable the ability to understand the various demographic characteristics of patients currently within our hospitals (e.g. age, gender, place of residence, insurance status, etc) and other variables like length of stay; and, a repository of near real time data to enable retrospective analysis of patient demand and how it is impacted by, and impacts upon, different service delivery practices and processes.</p> <p><u>Contact Details:</u></p> <p>Mr Kym Piper Director, Health Intelligence Department of Health, SA Tel: 0882266194 Email: kym.piper@health.sa.gov.au</p>								
Sub Total : 3. Implementing ED Information Systems			347	1,674	1,224	799	798	4,842	
4. Improving Health Literacy	<p><u>Overview:</u></p> <p>This strategy promotes the facilitation of public awareness campaigns aimed at reducing public demand on emergency services.</p> <p><u>Description:</u></p> <p>This initiative involves the use of public awareness campaigns including</p> <p>4.1 a series of flu and respiratory illness prevention campaigns and a mass media education campaign to reduce public demand on emergency services; and</p> <p>4.2 a health campaign encouraging a better</p>								

This initiative could commence as soon as funding is available as elements of the public awareness campaigns are ready for release.

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			08/09	09/10	10/11	11/12	12/13		Total
			\$'000	\$,000	\$'000	\$'000	\$'000		\$'000
	<p>understanding of the ED environment.</p> <p><u>Steps to Implementation:</u></p> <ul style="list-style-type: none"> Undertake a comprehensive media campaign that focuses on: <ul style="list-style-type: none"> television advertising dedicated information website posters for GP Clinics, pharmacies, local immunisation etc flyers regarding vaccination will be produced for distribution in the health care industry. Health industry briefings to key stakeholders (e.g. GP's, consumer groups, service providers etc) <p><u>Performance Information:</u></p> <p>Benchmark data will be collected and monitored on a monthly basis to determine impact on the number of presentations at ED's and the number of calls to the Healthdirect line.</p> <p><u>Contact Details:</u></p> <p>Dr Christine Dennis Director, Operational Strategy Operations Division, Department of Health, SA Tel: 0882266197 Email: Christine.dennis@health.sa.gov.au</p>	It is envisaged that this initiative will commence in 08/09 and continue over the life of the 5 year reform strategy.							<p>By 2012/13 80% of all emergency department presentations seen within ACEM recommended timeframes. The annualised targets for SA emergency departments are:</p> <p>09/10: 68% 10/11: 72% 11/12: 77% 12/13: 80%</p>
Sub Total : 4. Improving Health Literacy			430	430	430	430	430	2,150	
Total: Emergency Department Reform Strategy			857	18,002	14,913	14,488	13,486	61,746	

Please note that:

- Overall governance (implementation and performance outcomes) of initiatives would be overseen by the State-wide Emergency Department Reform Group
- Project plans will be developed for each initiative and projects will be run in strict accordance with approved SA Government Project Management methodologies (i.e. Prince 2)
- Project management boards will be established for each initiative to monitor project deliverables, timeframes, costs and outcomes.

Summary of ED Reform Initiatives:

Strategy	No	Title	Description	Indicative Costs \$'000
1. Implementing New ED Models of Care	1.1	Establishment of Acute Medical Units	This strategy involves the creation or expansion of an acute medical unit (AMU) within several metropolitan hospitals. AMU's are designated hospital wards that are specifically staffed and equipped to receive medical inpatients for assessment, care and treatment for up to a designated period (usual 36 – 48 hours) after their initial ED assessment and treatment. AMUs help improve patient flow through ED by speeding up discharge from ED, by reducing the time traditionally taken to admit a patient to a medical ward. EDs provide a particular expertise in the first few (4) hours of care of sick and injured patients, especially the undifferentiated patient . AMU's would work collaboratively with the ED.	\$41,984
	1.2	Introduction of Patient Flow Coordinators	Patient flow coordinators will streamline throughput within the ED environment through: <ul style="list-style-type: none"> • early assessment • risk screening • discharge planning • interface with key hospital programs for certain patient groups who have complex care needs • guiding and informing decision making 	
	1.3	Introduction of Rapid Assessment capability within ED	These services would provide: <ul style="list-style-type: none"> • a multi-disciplinary assessment and rapid response • a comprehensive discharge plan and service provision • specialist advice regarding effective discharge planning • appropriate follow-up in the community 	
	1.4	Rollout of ED Clockwork across all ED units.	This initiative involves the implementation of ED Clockwork (a business process redesign tool) that specifically addresses new models of care within an ED environment across all metropolitan ED units.	
	1.5	Increased usage of ED nurse practitioners and ED Liaison nurses	These roles would manage the interface between acute and community care for ED patients to ensure their safe and timely discharge into the community and reduce the likelihood of admissions and re-presentations	
	1.6	Delivery of a dedicated ED training and development program for staff	This program would specifically target ED staff to enhance skills and provide improved access to suitably trained ED staff cross multiple sites.	
2. Improving Access to Diagnostic and ED	2.1	Extended hours of access to radiology services	Extending hours of access to radiology services from 5 to 7 days across selected ED sites	\$12,770

Strategy	No	Title	Description	Indicative Costs \$'000
Support Services	2.2	Afterhours access to radiology	Increasing afterhours access to diagnostic services (i.e. late night use of radiology services)	
	2.3	Centralised Radiography Services	Centralised provision of radiography analysis services to fast track provision of results to ED areas	
	2.4	ED Equipment Upgrade	Installation of equipment and systems that facilitate timely provision of diagnostic information to the ED setting including: <ul style="list-style-type: none"> • Ultrasound machine/s • CT Scanner • Patient monitors • Radiology equipment • Point of care testing 	
	2.5	Redesign of Patient Transport Services	This would be achieved through the redesign and development of patient transport and orderly services that will facilitate the timely and responsive movement of patients to/from ED.	
3. Implementing ED IT Systems	3.1	Rollout of CapPlan	Increased rollout of the CapPlan (ED capacity management) system across all ED sites	\$4,842
	3.2	Patient Tracking	Expansion of the Emergency Department Information System to include additional support modules such as patient tracking	
	3.3	Real-Time Radiology Results	Implement IT solutions that will facilitate access to radiology results in real-time (i.e. expansion of PACS availability)	
	3.4	Operating Business Intelligence	Implementation of operating business intelligence systems (OBI) that will support the real time management and monitoring of patient activity through the emergency department and into the patient setting.	
4. Improving Health Literacy	4.1	Flu Prevention Campaign	Involves a series of flu and respiratory illness prevention campaigns and a mass media education campaign to reduce public demand on emergency services	\$2,150
	4.2	ED Awareness Campaign	Undertakes a health campaign encouraging a better understanding of the ED environment.	
Total				\$61,746

Contact person for the Taking Pressure off Public Hospitals Implementation Plan:

Dr Christine Dennis
Director, Operational Strategy
SA Department of Health
Po Box 287 Rundle Mall
ADELAIDE SA 5000

Ph: 08 82266197

Email: christine.dennis@health.sa.gov.au