

Sustainable Access Plan
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2004

June 2004

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SUSTAINABLE ACCESS PLAN 2004

1. BACKGROUND

Activity in NSW public hospitals continues to rise. Separations have risen by 1.2%¹ but more importantly bed days by 4.1% after a sustained period of reducing length of stay because of technological and therapeutic improvements. This has led to increased levels of access block. This in turn results in increased off stretcher times (time between arrival of ambulance at emergency department and transfer to emergency department bed), which impinges on the Ambulance Service's resources.

Analysis of the reasons for the rise in demand for bed-based care suggests the ageing of the population combined with an inadequate supply of more appropriate care for the elderly services has significantly contributed to the problem. There has been an 8% annual increase in emergency department attendances by patients over the age of 80 years. Improving the flow of older patients, particularly those with special or complex needs, both in hospital and appropriate care in the community is a high priority.

Many strategies in recent years have attempted to address this issue but have resulted in either only transient or geographically isolated improvements in patient flow and access to services. Despite the goodwill of the clinicians and management involved in these strategies, their overall impact has been ultimately unable to reverse the trend.

2. A NEW APPROACH

The Department has commenced a radically different approach to the two problems of inadequate capacity for increase in demand, and the need to streamline the patient journey through the health system.

Foremost in this changed approach is the recognition that this problem is not limited to the winter months, but rather has become a year-round problem. The new approach will embed changes that will address access consistently throughout the year. This is not a Winter Plan, but rather a plan to achieve Sustainable Access.

Secondly, new models of care to address the needs of the older patient will be a major focus.

Older patients as a proportion of emergency overnight admissions continue to rise. Presentations by patients over the age of 75 years to emergency departments over the last four years have risen by at least 15% (with the over 85 year group rising by almost 40%). Delay in transfer of hospitalised older people into the community (either to facilities or home-based care) represents a significant bottleneck in the

¹ 2002/03 on previous year in emergency medical overnight admissions

timely progress of these patients. Departmental surveys show that on average there are up to 800 older persons at any one time occupying acute overnight beds while awaiting nursing home places.

Recent evidence has demonstrated that elderly patients have significantly longer hospital stays due to increased dependence and an inability to cope at home following deconditioning, both physical and mental, during an acute inpatient episode.

A new form of care, "Transitional Care", in which the patient undergoes a period of enablement care to stimulate independent living, has been very successful in ensuring elderly patients can return home rather than requiring nursing home care.

As the recent rises in length of stay are attributed to the older population, much of the increased capacity has been developed to promote Transitional Care. This can be as a bed in a public hospital, in a private nursing home or in the person's own home. Thus the capacity is developed as beds or places.

This new approach also recognises the need to enhance reliable access to beds and resources for elective surgery to ensure waiting list reduction.

3. SUSTAINABLE ACCESS: CORE STRATEGY

While many of the strategies detailed here have statewide application, especially in relation to waiting list management, specific hospital capacity planning for increased activity is focused around metropolitan health services that are currently experiencing the greatest difficulties with access to emergency services.

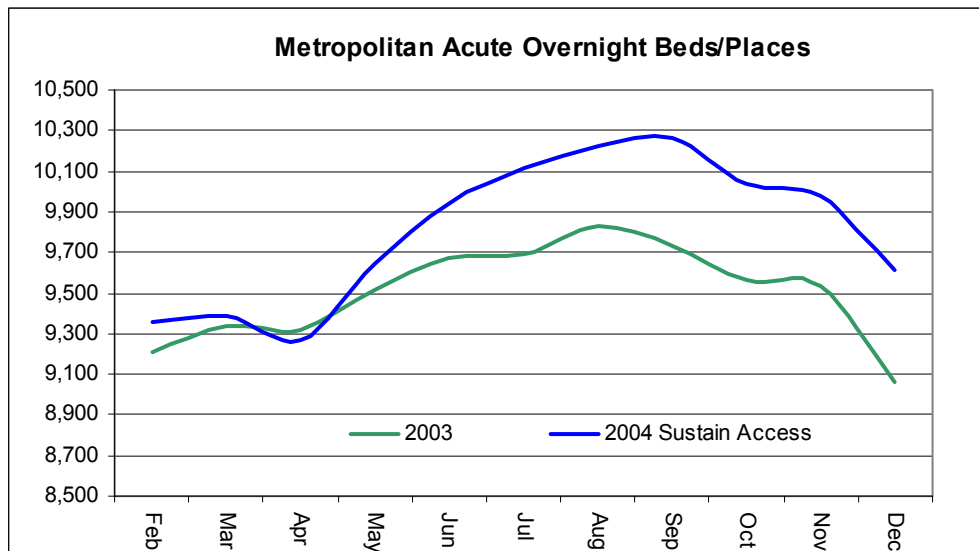
3.1. Bed Capacity planning – additional overnight beds and transition care

In light of the rising metropolitan emergency admissions and overnight bed days, the Department, through a hospital capacity study, has estimated that an additional 500 beds (or bed equivalents) are needed – 320 to the bed reduce occupancy rate and 180 to meet the identified growth in demand as measured by bed days.

Funding will be provided in 2004-05 to open the required additional overnight beds (or bed equivalents) on a staged basis from May through September 2004.

It needs to be recognised that the additional capacity will be specifically focussed on the most effective care for the older patient.

The graph below shows the expected outcome of the staged opening of the 500 additional beds/places between May and September 2004.



3.2. Patient flows

There are two components to the focus on patient flows –

1. flows within hospitals and from hospitals to the community: intense process re-engineering in nine metropolitan hospitals as part of the Access Block Improvement Program, and
2. flows between Health Services: the Macro Flow Group of the Access Block Improvement Program.

Access Block Improvement Program

The Access Block Improvement Program (ABIP) represents a new approach to system change to improve patient flow through NSW public hospitals. The project involves Business Process Re-engineering (BPR) of health service-specific issues related to obstruction of patient flows.

This methodology has recently been implemented in the Hunter Area Health Service (Perfecting Healthcare Delivery) and, with strong staff support, has resulted in markedly improved access block, triage times, treatment time for non-admitted emergency department patients, outliers, and admission/separation ratios.

Nine hospitals, representing 45% of all emergency department attendances in their Area Health Services, have been nominated by Chief Executive Officers for inclusion in the project. Expert advisors will facilitate a review of patient flow processes at these hospitals. A realistic, within-budget plan, developed and driven by local staff,

focussing on local performance indicators, will be implemented. Improvements in access block and off-trolley times at these hospitals are anticipated.

Lessons from the analysis of issues and solutions developed in the nine hospitals will be disseminated to other managers and clinicians in NSW hospitals. The program will also dovetail with investigations by the Workforce Branch regarding the contribution of workforce issues to efficiencies in patient flow and management. The program will also produce a cohort of up-skilled staff who will be able to utilise the BPR methodology in other hospitals and on other issues in the health system.

Specific issues that are likely to result in significant improvements have already been identified in other work, such as improving weekend discharge rates. Potential areas for significant improvements in patient flow and the KPIs include strategies to reduce presentations to or handling via the Emergency Department, and strategies to improve discharge to the community.

The Macro Flow Group

It is clear that some improvements to the efficient flow of patients through the system may require a radically different approach to how they are distributed between hospitals, not just involve improvements of flow within individual health services. An example might be to redistribute elective surgery between hospitals in an Area Health Service, as occurred successfully in the Western Sydney Area Health Service Elective Surgery program at Auburn Hospital recently, which resulted in impressive reductions in waiting lists in the Area.

As issues that potentially have a system-wide implication are identified in the nine hospitals of the ABIP, they will be referred to the Macro Flow Group. Membership of the group will include representatives of NSW Ambulance Service.

3.3. *Access Issues at NSW Public Hospitals: Key Strategies*

Areas have detailed their responses to the Immediate Action Items as set out in the *Access Issues at NSW Public Hospitals: Key Strategies* document. These items address bed availability, discharge planning and ambulance transfers.

The Department has clarified the adequacy of the measures proposed or put in place and has addressed perceived shortcomings. Areas have subsequently implemented adequate measures or established a clear timeline for implementation.

3.4. *Booked surgery enhancement and elective activity management*

To curb the growing number of patients who have waited more than 12 months, over 3,000 additional booked surgery procedures have been scheduled over the next 14

months. The high demand procedures of cataract operations, gall bladder procedures, and hip and knee replacements will be targeted.

In addition to the surgery enhancement funding, further monies will be committed to increasing surgical procedures from the growth funding that is available for 2004-05.

It is important to change practices regarding the quarantining of surgical beds. A policy change that will increase the number of booked surgical patients being treated in their area of residence is being developed.

Improved planning of elective activity is required, with estimated date of discharge, expected clinical pathway and implications of an elective admission for the overall activity of the hospital being managed in a more strategic manner.

4. SUSTAINABLE ACCESS: COMPLEMENTARY STRATEGIES

Aged Care

New and developing initiatives

- The **Framework for Integrated Support and Management of Older People in the NSW Health Care System** will provide the direction for the development and implementation of current and future initiatives affecting older people.
- NSW has negotiated 255 flexible **aged transition care** places with the Australian Government. 135 are currently operating and another 120 are expected to be operating by 1 July 2004. These transitional care places aim to ensure that older people receive appropriate care while waiting for aged care services and, in turn, free up acute care hospital beds needed for treating people with acute illnesses and injuries. NSW Health is expecting the Commonwealth to approve an additional 400 aged transition care places as a result of the Commonwealth Budget announcements.

Ongoing initiatives

- **36 Agedcare Services Emergency Teams (ASETs)** have been established across NSW. ASETs improve the care and management of older people coming to Emergency Departments through the early identification of older people who would benefit from specialised, multi-disciplinary aged care services.
- **Community service packages (ComPacks)** provide care and support to help older people return home from hospital. These packages minimise the need for readmission in the first six weeks after discharge. Services provided include home care and support, community nursing, personal care, housekeeping, meals and transport.

- The **Chronic and Complex Care Program** aims to improve the quality of life for people with chronic diseases, their families and carers and to reduce admissions and readmissions to hospitals.
- **Aged Care Assessment Teams (ACATs)** aim to assist frail aged older people to gain access to services which will best suit their needs. They are a vital link between the health, community and aged care sectors.

Emergency Departments

New and developing initiatives

- An in-principle agreement has been reached with the Federal Government to **co-locate general practitioner clinics** with NSW emergency departments. This will result in diversion of general practitioner type emergency department attendances to more appropriate care with resultant efficiencies.

Ongoing initiatives

- Funding for **Rapid Emergency Assessment Teams (REATs)** targets hospitals with high emergency activity and poor triage performance. By fast-tracking patients, REATs have largely resulted in improved triage performance.
- **Emergency Medical Units (EMUs)** provide an alternate model of care for patients requiring short-term observation and treatment. The initiative aims to improve emergency department throughput and to reduce access block.
- **Clinical Initiative Nurses (CINs)** were appointed to the majority of major metropolitan emergency departments in 2002. These senior nurses initiate treatment for patients with less serious conditions and update patients on the situation within the emergency department.
- Highly skilled **Nurse Practitioners (NPs)** have been appointed to a number of emergency departments. NPs help to reduce length of stay by assessing patients, ordering tests, prescribing medications and making specialist referrals.

The Ambulance Service of NSW

New and developing initiatives

- The **2004 Health Access Coordination project** will reduce the use of ambulances by redirecting patients to more appropriate sources of care.
- Refinements to the **Emergency Department Network Access** system are underway, including: streamlining the process for updating hospital capacity

status; developing a new protocol for bypassing hospitals; incorporating new patient allocation guidelines into Ambulance Service Protocols.

- Mandatory sequencing of **off stretcher time** with new mobile data terminals is being introduced. Station and District Managers will monitor non-compliance to enhance accountability.

Ongoing initiatives

- The **Medical Priority Dispatch System** allows cases to be ranked in terms of clinical priority. This ensures that the most urgent cases are given priority.
- **Ambulance Liaison Officers** will continue to have input to all relevant strategies.
- During **periods of peak demand**, the previously utilised initiative of off-duty Ambulance Officers being available to manage patients experiencing delayed transfer to Emergency Department care will continue to be used.

Workforce

Nursing

New and developing initiatives

- Areas will identify staff required as appropriate for the type of bed opened under the bed capacity strategy.
- The Nursing and Midwifery Office has developed a framework for augmenting staffing of transitional care places.
- Transitional aged care places are in the main staffed by **Enrolled Nurses** and **Assistants in Nursing**. Therefore, the extra hospital capacity which will be afforded by the use of transitional aged care places will require far fewer registered nurses than acute bed models of care.
- The NSW Health **Online Nurse Electronic Staffing Support** (ONESS) website will allow a more rapid response to the immediate needs for additional staff and will be of value in advance planning.

Ongoing initiatives

- The **Nursing Re-Connect** initiative will continue to attract nurses back into the workforce with supported re-entry programs and the recruitment of overseas nurses will also contribute to increased numbers.
- Of the 169 identified **Nurse Practitioner** (NP) positions, 64 are filled either by NPs (35/64) or nurses in transitional positions.
- The **Trainee Enrolled Nurse (TEN) Program** - Over 819 trainee-enrolled nurses will be employed across the State during 2003/2004.

Allied Health

The newly formed Workforce Branch will develop strategies to meet allied health staffing requirements associated with the bed capacity enhancement plan.

Public Health Initiatives

Precautionary measures

- A control plan based on the recommendations of the NSW Taskforce on **SARS** is being developed.

Ongoing initiatives

- The **National Influenza and Pneumococcal Immunisation Program** is in place. Information sheets and order forms have been sent to target organisations including nursing homes, community health centres and general practitioners.
- Patients presenting to selected **GPs** with influenza type symptoms will continue to be monitored and reported. For the first time reporting will extend to the 12 largest emergency departments.
- Infection control networks to ensure enhanced influenza surveillance in the **inpatient setting** are being utilised.
- NSW Health strongly recommends that all health care workers are vaccinated with the current influenza vaccine. This may reduce the chance that the **Avian Influenza strain** will re-assort with the human influenza viruses.
- **Fact sheets** targeting individuals with chronic respiratory disease and asthma are available on the Environmental Health Branch website; they advise on how to limit exposure when outdoor pollution levels rise and how to avoid the build up of moisture and indoor pollutants through proper ventilation of homes.

APPENDIX A

ACCESS ISSUES AT NSW PUBLIC HOSPITALS

Key Strategies

- General Managers of hospitals are authorized and accountable to resolve any access block and off stretcher delays
- Implementation of the Framework for Standard Measurement of Hospital Capacity for all hospitals and the development of the Emergency Department Network Access (EDNA) plan
- General Managers undertake a daily review of issues identified to streamline processes
- Review and adjust the hospital inpatient bed base to satisfy any shift in demand for services (eg between medical and surgical)
- Ensure that all projected winter beds are available
- Review booked admissions with the aim of shifting activity to less busy days, where practicable
- Review the bed base to ensure sufficient beds are staffed and available on the most busy days, i.e. Sunday to Tuesday
- Ensure the efficient use of all sub-acute beds through the use of performance indicators involving assessment, outcome and discharge planning
- Improve processes for transferring patients to rehabilitation and to aged care beds after-hours and on weekends, and consider conversion of the aged care service from a 9 a.m. to 5 p.m. service to a 24 hour service
- Improve day of surgery admission and day only surgery rates for all clinical specialties, while continuing to encourage transfer of treatment from the inpatient to ambulatory setting, as appropriate
- Daily morning rounds by senior medical officer(s) and senior nurse(s) to ensure the most timely discharge of appropriate patients
- Daily afternoon rounds to ensure discharges actioned in the morning have occurred
- The appointment of a senior doctor and nurse at each hospital to coordinate weekend discharges
- Reviews by General Managers and clinicians of length of stay for each specialty, to improve discharge planning
- Ambulance patients will be transferred to hospital care within targets set by the NSW Department of Health, in consultation with the Ambulance Service of NSW

APPENDIX B

NEW AND DEVELOPING COMPLEMENTARY INITIATIVES

AGED CARE

The 'Framework for Integrated Support and Management of Older People in the NSW Health Care System'.

This comprehensive strategy will provide the overarching direction for the development and implementation of current and future initiatives affecting older people. Areas are being funded to report on performance by December 2004.

Transitional Aged Care Strategy

NSW has negotiated 255 flexible aged transition care places with the Australian Government. 135 are currently operating and another 120 are expected to be operating by 1 July 2004. These transitional care places ensure that older people receive appropriate care while waiting for aged care services and, in turn, free up acute care hospital beds needed for treating people with acute illnesses and injuries.

EMERGENCY DEPARTMENTS

GP Co-location strategy

As has been demonstrated in the Hunter AHS, co-location of general practitioner clinics with emergency departments results in significant decreases in emergency department attendances. In November 2003 the Minister negotiated in principle agreement from the Federal Minister for Health for co-location of general practitioner clinics with emergency departments in New South Wales. Application for co-location would be dealt with on a case-by-case basis. There is currently a funding shortfall with the Commonwealth that is being addressed.

Discussions are continuing with the Divisions of General Practitioners.

THE AMBULANCE SERVICE OF NSW INITIATIVES

Health Access Coordination Project

The 2004 Health Access Coordination Project will reduce the utilisation of ambulances by callers to 000 based on a Medical Despatch Algorithm at the Co-ordination Centre. The project also ensures cooperation between Areas and Residential Care Facilities to utilise General Practitioners and other Community Services in preference to ambulance journeys to emergency departments.

Networking – Emergency Department Network Access (EDNA)

Introduced in July 2002, EDNA continues to be refined. Current improvements include:

Direct hospital status input

To date the Ambulance Service has been responsible for updating hospital capacity status (i.e. red/orange/green) on the EDNA website. Work has commenced to streamline this process, allowing hospitals to electronically request a change in status – if the criteria are met, this will be approved by the Ambulance Service.

Emergency department access to EDNA web page

Access to the EDNA website has been widened. In addition, the EDNA reports facility is being made available to Health Service/hospital users.

Bypass 2/30 Rule

The new protocol not to bypass more than two hospitals on “Orange” or “Red” and not to transport patients for more than 30 minutes to the nearest “Green” hospital is being implemented.

New Ambulance Protocol

Patient Allocation Guidelines for trauma, serious and chronic conditions, including the 2/30 Rule are to be incorporated in Ambulance Service Protocols. This will enforce provisions and enhance ambulance officer protection.

Off Stretcher Time Targets

Ambulance patients will be transferred to hospital care within targets set by the NSW Department of Health in consultation with the Ambulance Service of NSW.

The ANSW will introduce mandatory sequencing of off stretcher time with new mobile data terminals. Station and District Managers will be provided with non-compliance information to enhance accountability.

NURSING

NSW Health Online Nurse Electronic Staffing Support (ONESS)

In May 2004 NaMO launched a project to provide the opportunity for nurses seeking casual employment to list their pertinent professional data, including their availability and work location preferences, on a secure web site.

Once the database is established, employers will be able to post staffing vacancies on the site so that any interested nurse can make contact.

As well as facilitating a more rapid response to immediate needs for additional staff, the system will be useful for planning in advance.