



Tasmanian
Audit Office

Performance of Tasmania's four major hospitals in the delivery of Emergency Department services

Report of the Auditor-General
No.11 of 2018-19

Today's presentation

- Objective and scope of the audit
- Audit approach
- Auditor-General's conclusions
- Major themes of the audit including Auditor-General's recommendations:
 - What happens when I arrive at the ED?
 - Will I get the care I need?
 - What happens after I receive ED care?
 - Is THS managing EDs effectively?

Objective and scope of the audit

Objective: To assess the efficiency and effectiveness of EDs from the perspective of patients and whether THS manages EDs effectively.

Scope: EDs and related performance data at Royal Hobart Hospital (RHH), Launceston General Hospital (LGH), North West Regional Hospital (NWRH) and Mersey Community Hospital (MCH) over the period 1 July 2009 to 30 June 2018.

The following state entities were also included:

- Tasmanian Health Service (THS)
- Department of Health (DoH) and former Department of Health and Human Services (DHHS)
- Ambulance Tasmania (AT).

Audit approach

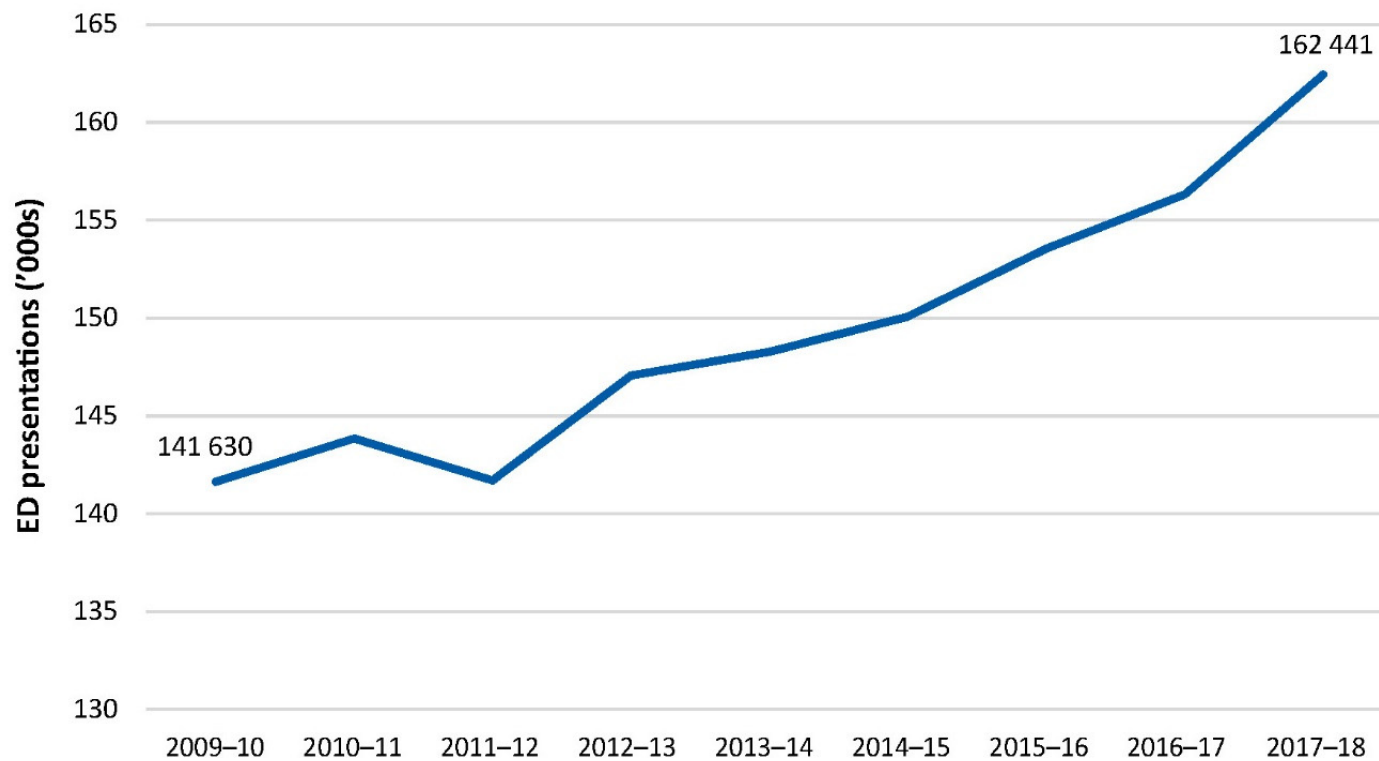
- Data analysis
- Examination of hospital performance reports and related briefings
- Discussions with hospital and agency staff
- Hospital visits and observation of ED operations

Auditor-General conclusion

- The hospital system is not working effectively to meet growing demand for ED care.
- Longstanding cultural and process challenges are heightening risks for patients and staff.
- Successive reviews highlight dysfunction and resistance to change in hospitals as major drivers.
- These issues mainly lie outside of EDs, but have yet to be addressed by hospital leadership teams.
- Consequently, the patient journey through EDs has become more challenging.
- The Government introduced significant reforms to the health system in 2018 to improve THS's performance. It is too early to assess these changes.
- Urgent action is needed to leverage these reforms to further strengthen system-wide leadership, coordination and accountability for addressing longstanding barriers to improving patient flow.

1. What happens when I arrive at the ED?

Presentations are increasing



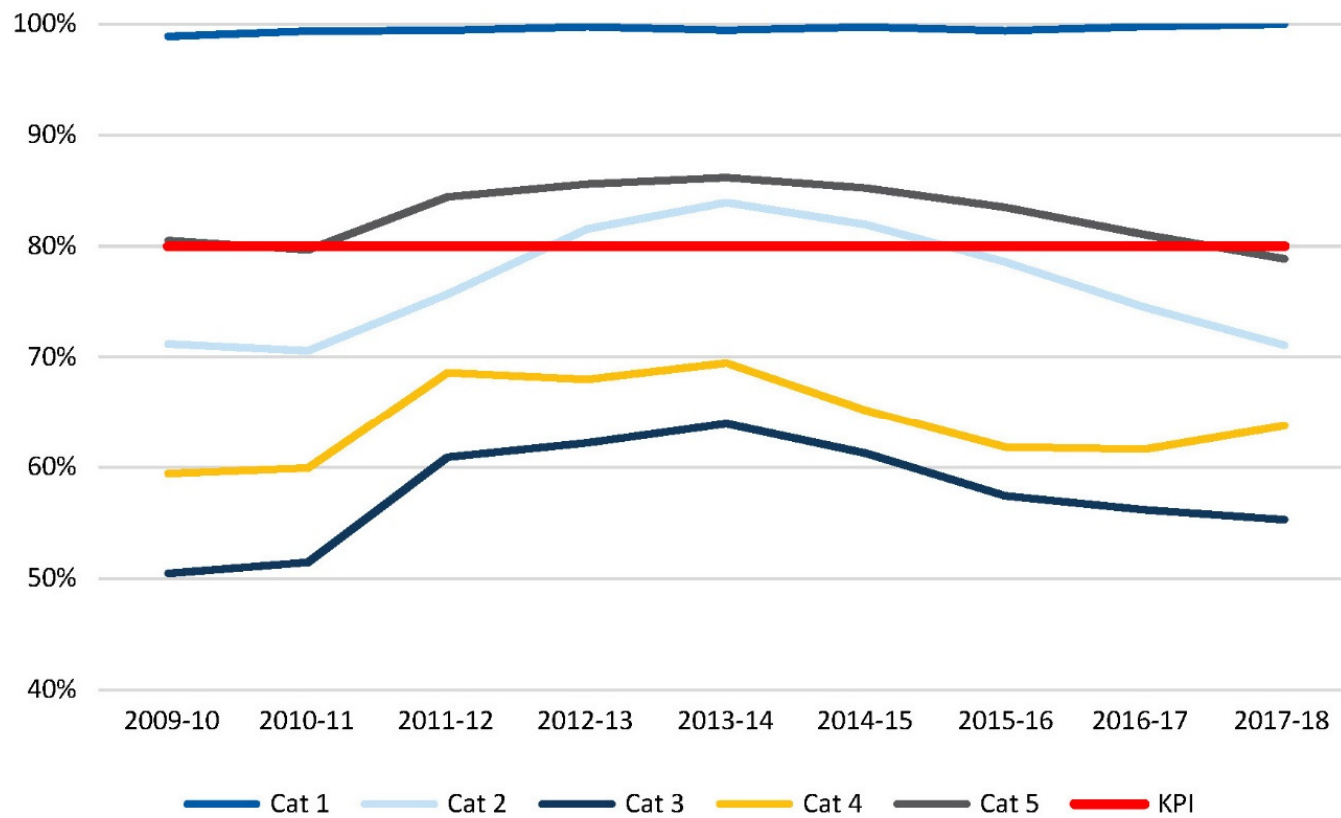
Patients are presenting with more complex conditions

Triage category	Description	Treatment time	Per cent growth since 2009-10	
Category 1	Imminently life threatening, requiring aggressive intervention	0 min	32.6%	↑
Category 2	Life-threatening, time critical treatment and/or very severe pain	10 min	50.0%	↑
Category 3	Potentially life-threatening, situational urgency and/or severe discomfort or distress	30 min	18.7%	↑
Category 4	Potentially serious, complex or severe	60 min	7.4%	
Category 5	Less urgent	120 min	7.0%	

The incidence and duration of ramping is increasing

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	
Total Presentations	147 059	148 392	150 243	153 676	156 586	162 673	
Ambulance Presentations	37 995	39 452	40 529	42 467	43 340	45 540	↑ +20%
Ambulances Ramped	5 386	6 085	4 342	5 895	7 598	13 415	↑ +149%
Transfer of Care >15 min	3 372	3 900	2 801	3 831	5 125	10 026	↑ +197%
Transfer of Care >30 min	2 249	2 642	1 796	2 414	3 360	7 644	↑ +239%

Patients are waiting longer for treatment in the ED



1. What happens when I arrive at the ED?

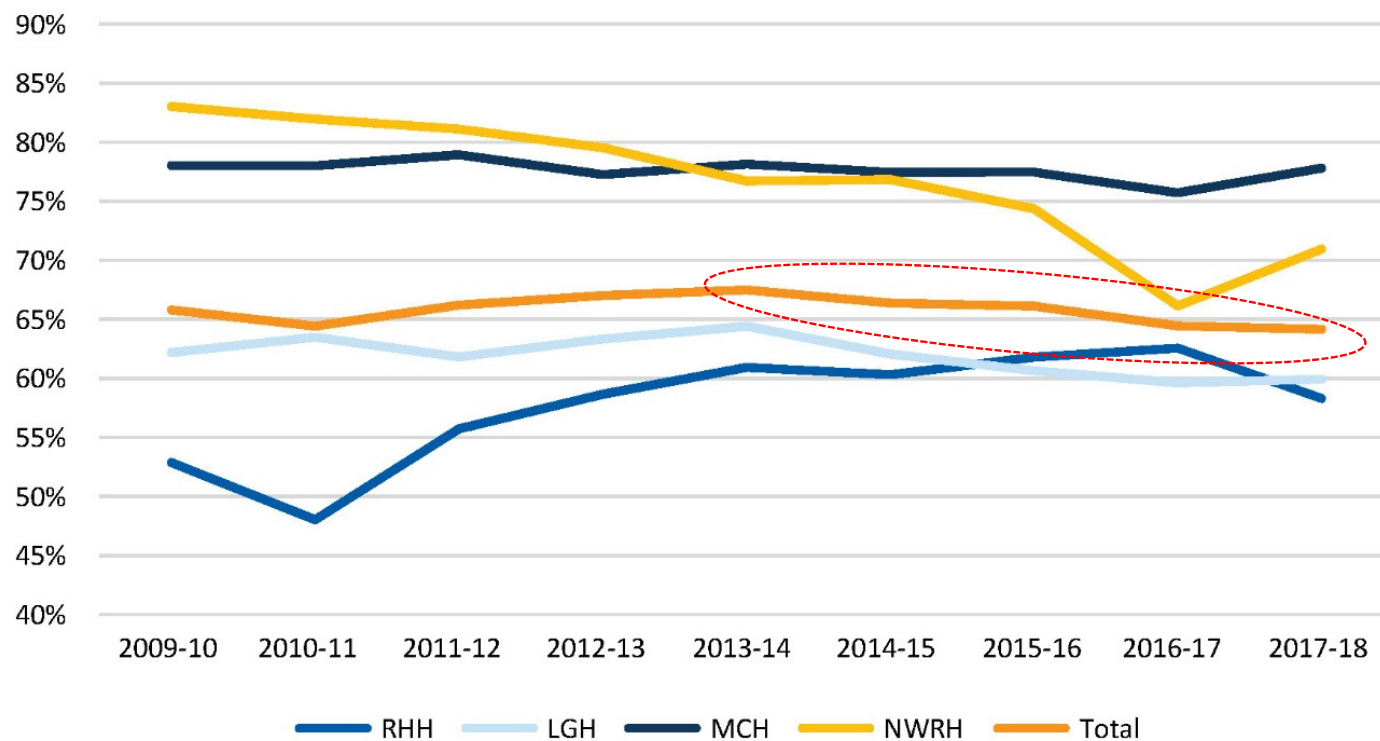
Recommendations:

1. THS and DoH take urgent action to strengthen whole-of-health system leadership and coordination of initiatives designed to improve patient flow by at a minimum:
 - a) clarifying the roles and responsibilities of health system staff in supporting patient flow initiatives
 - b) ensuring leadership teams and staff are empowered, resourced, and accountable for improving patient flow
 - c) taking immediate steps to strengthen coordination within hospitals, and with primary, mental and community care services for optimising patient flow.

2. Will I get the care I need?

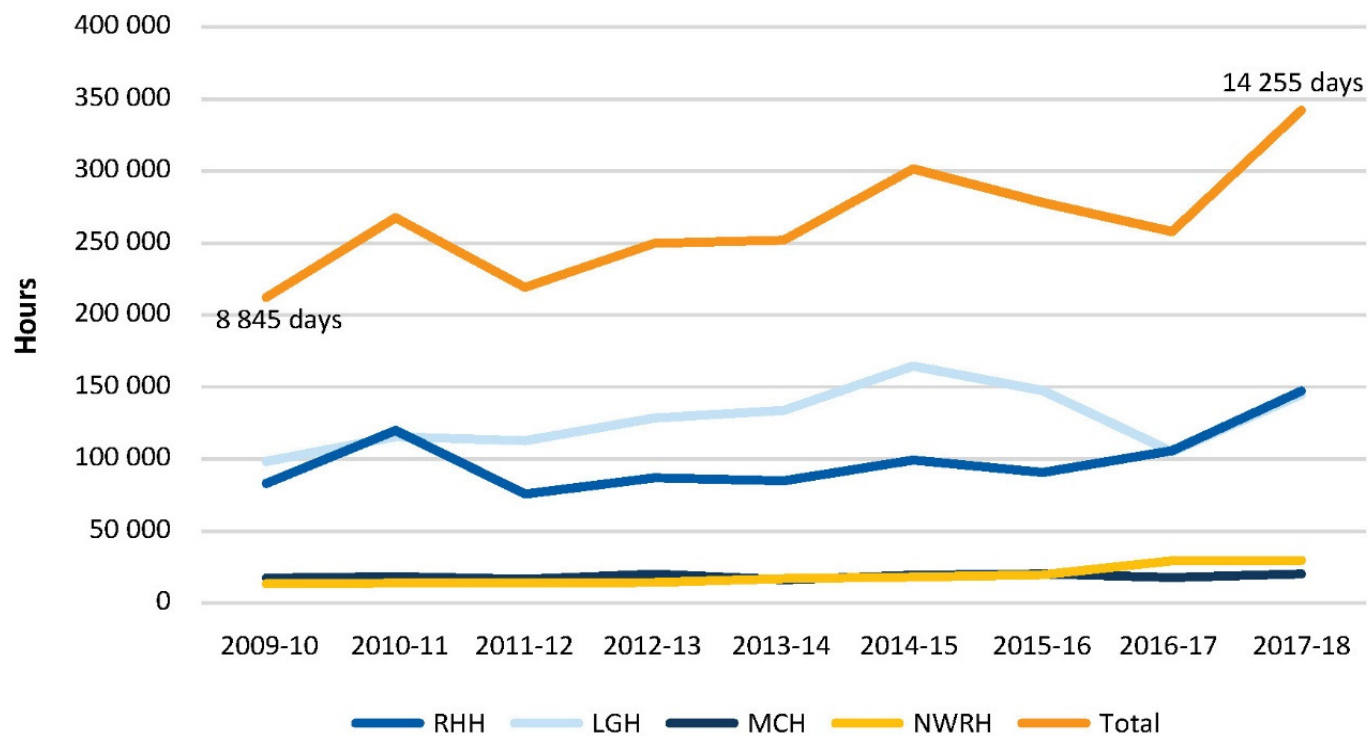
Hospital efficiency has deteriorated resulting on longer waits in the ED

Proportion of patients with ED length of stay less than 4 hours by hospital



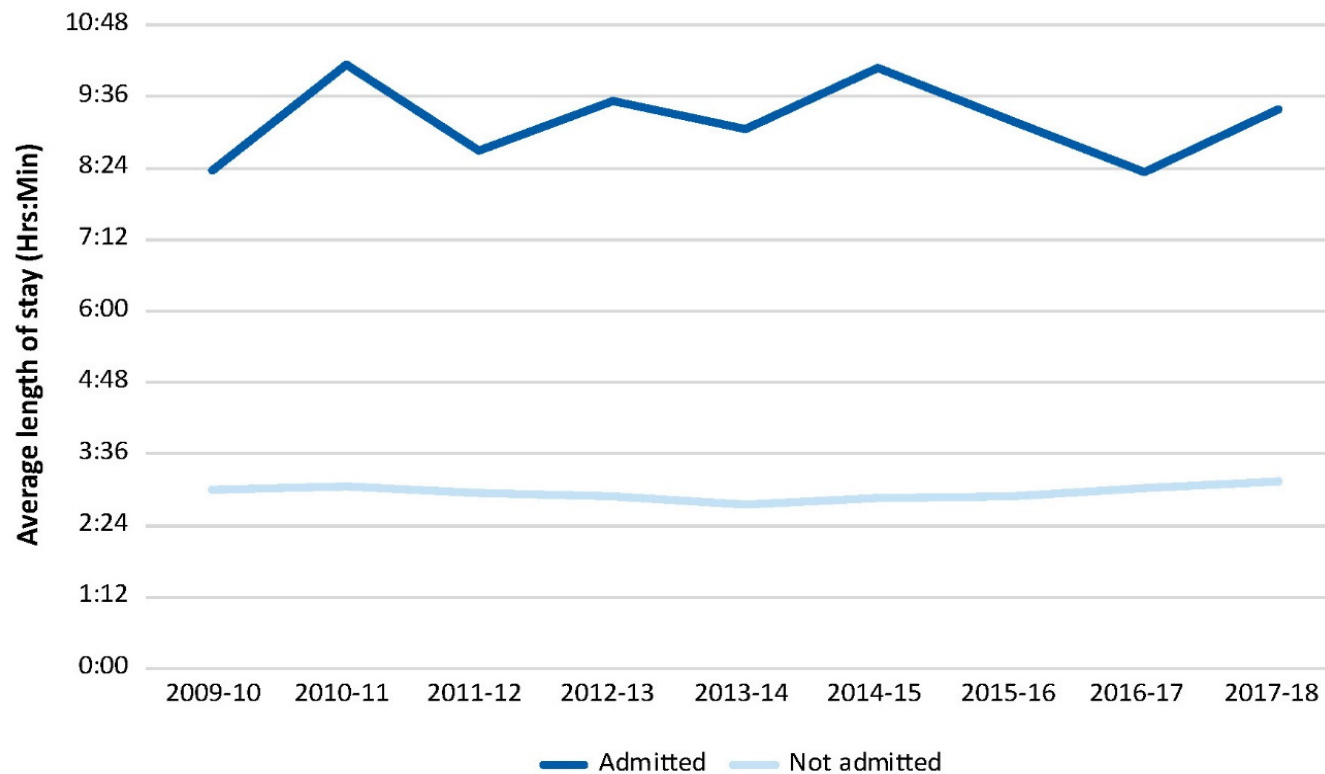
Hospital efficiency has deteriorated resulting on longer waits in the ED

Total number of hours patients spent in EDs beyond the 4 hour target



Admitted patients are waiting longer in EDs for an inpatient bed

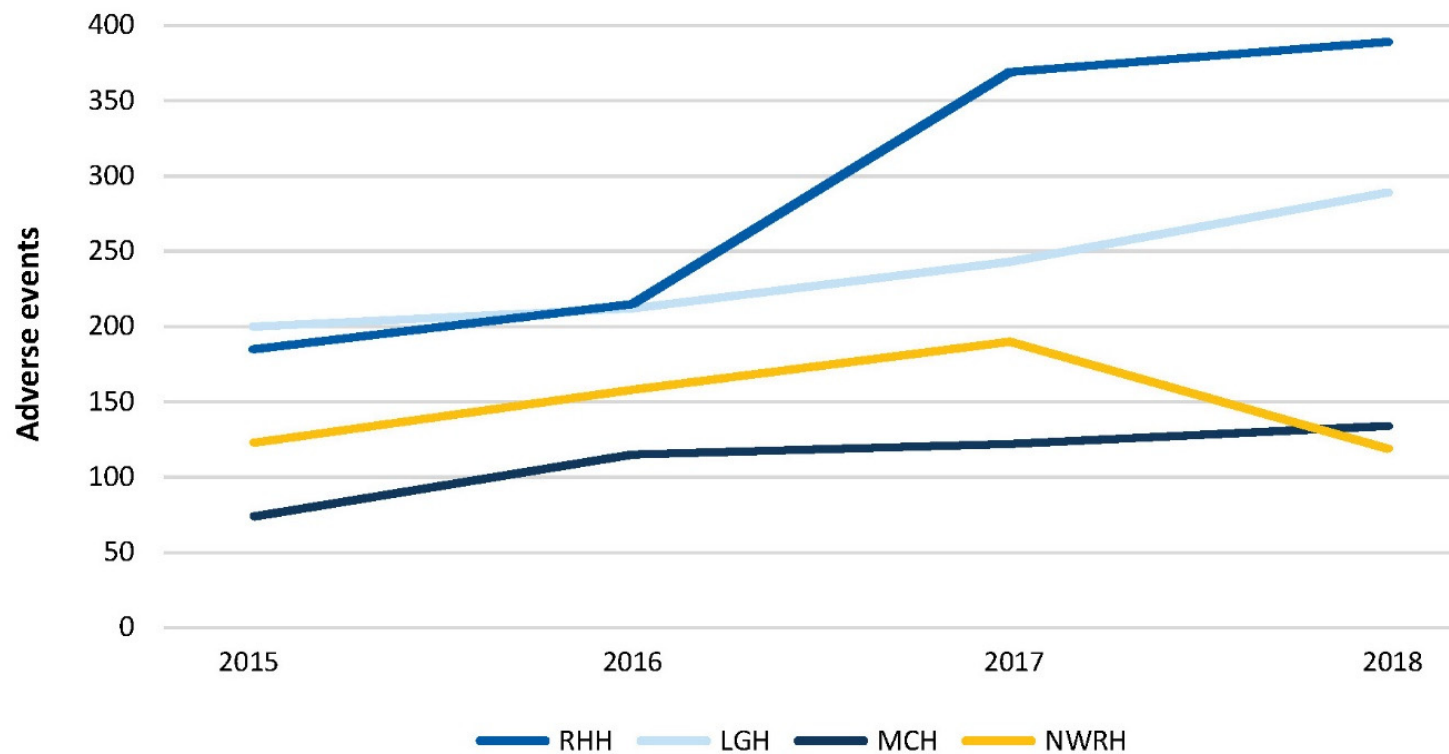
Average length of stay – admitted vs non-admitted patients



Estimated that 50% of ED beds are sometimes occupied by admitted patients for whom the ED phase of care has finished.

Adverse events have increased significantly state-wide

Number of adverse events by hospital, 2015 to 2018



Will I get the care I need?

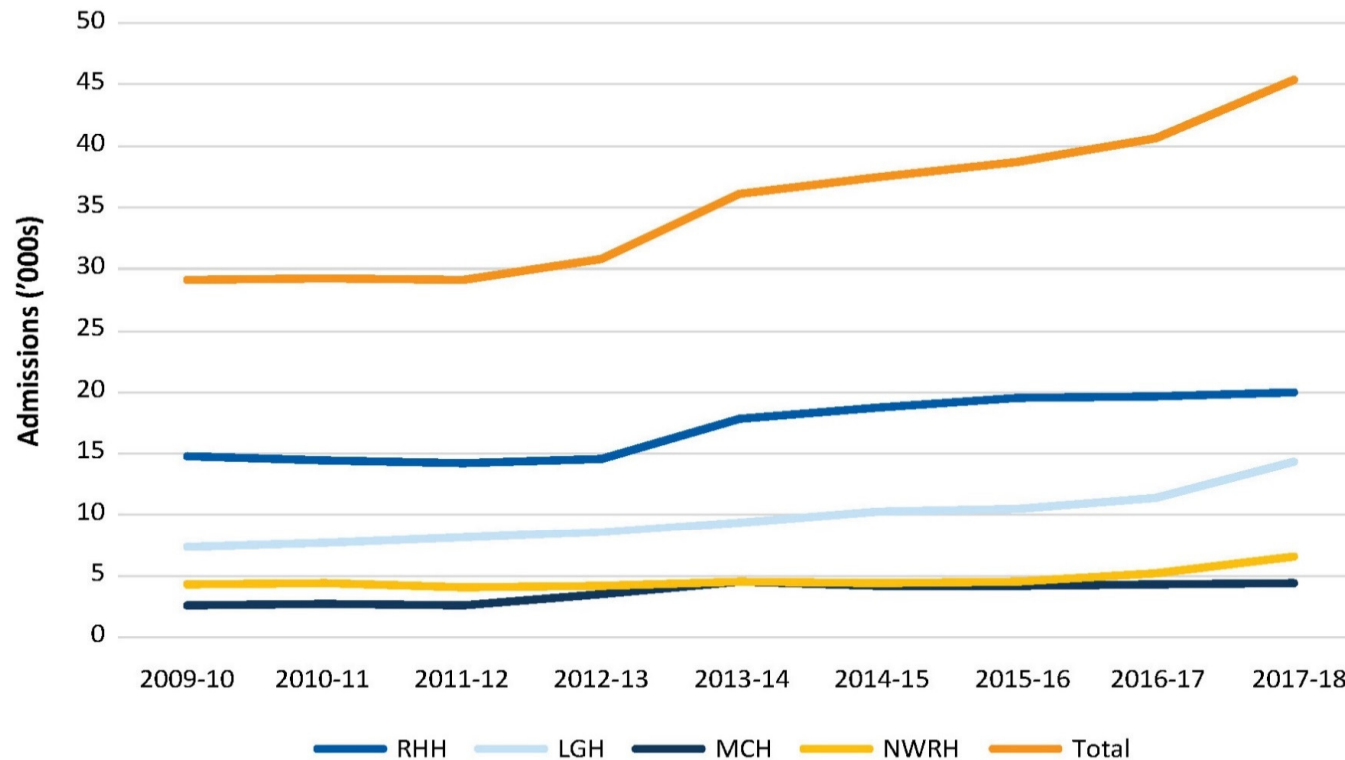
Recommendations:

2. THS and DoH urgently review the root causes of the growth in ED adverse events and implement targeted initiatives to mitigate the impacts and reduce future incidences.

3. What happens after I receive Emergency Department care?

Demand for inpatient beds is growing

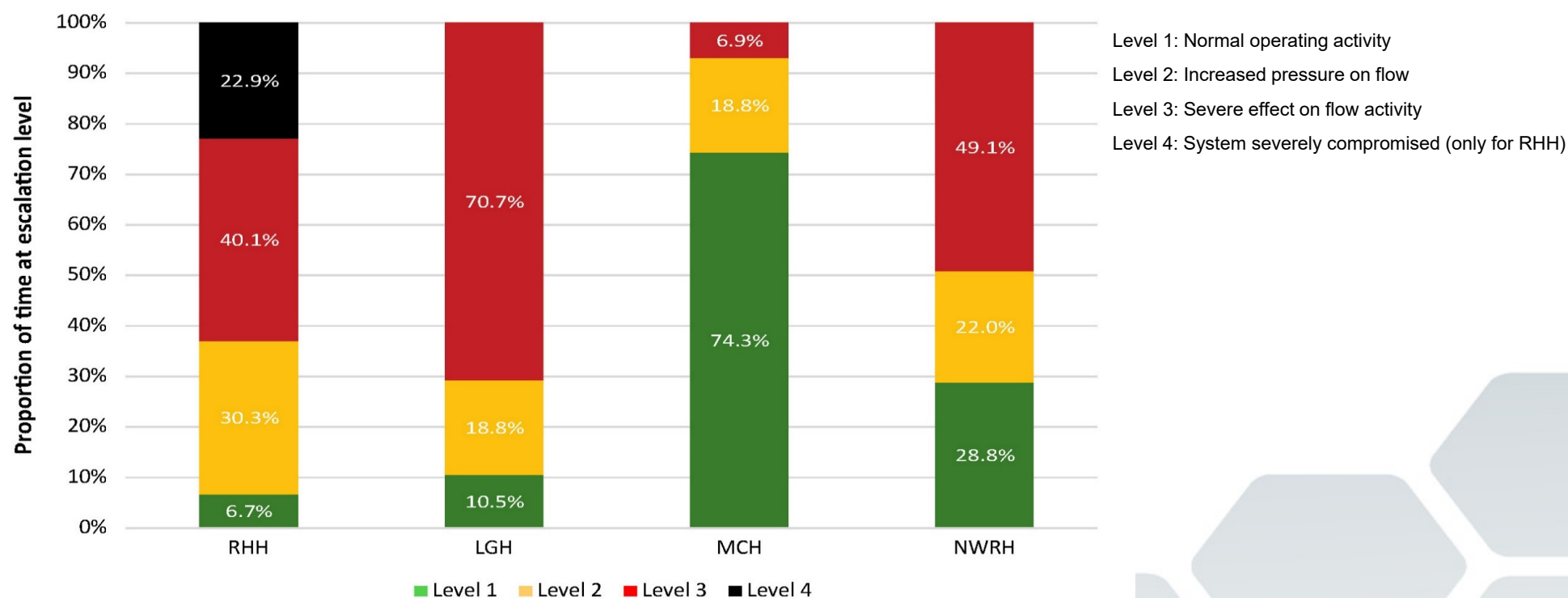
Total number of admissions to inpatient wards



- 56% increase in total admissions since 2009-10
- Most growth has occurred at RHH and LGH (75%).

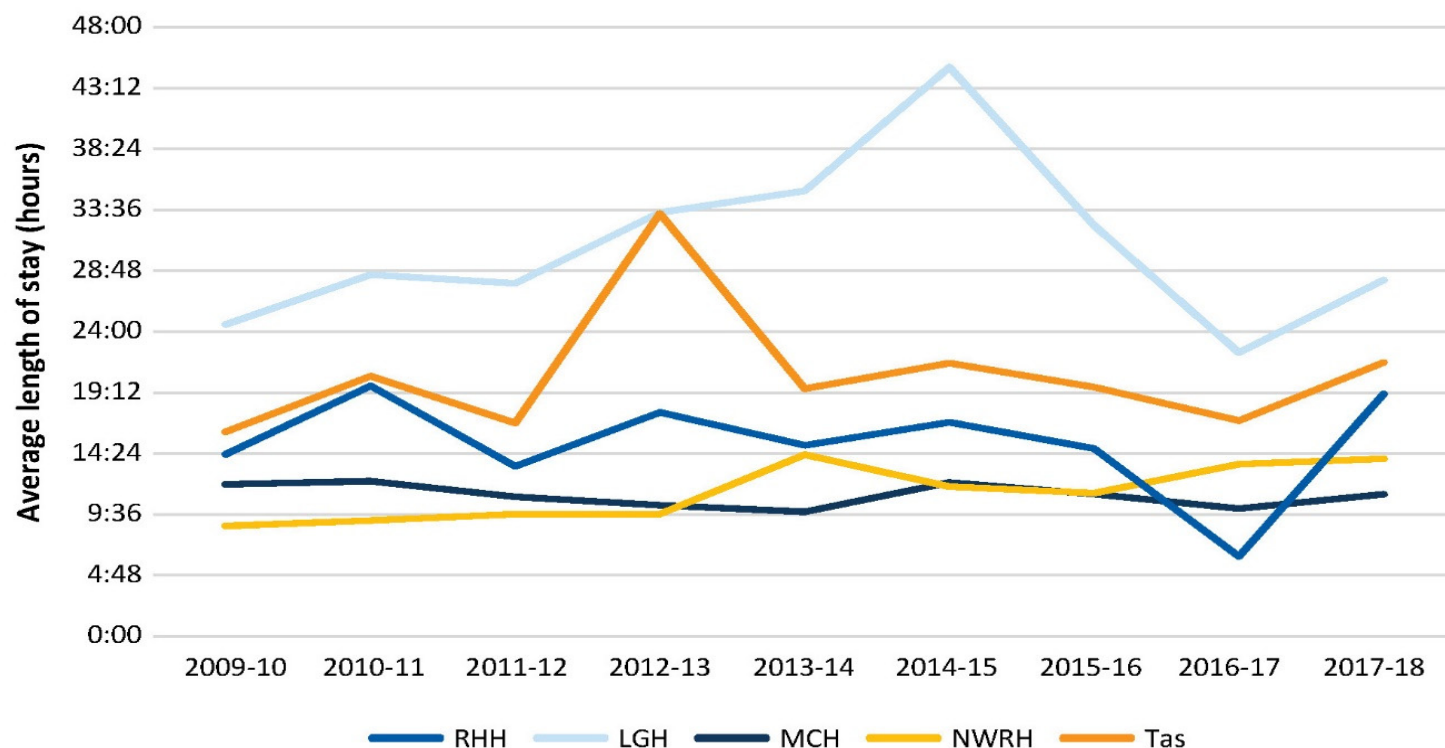
THS's escalation management plan has yet to deliver sustained improvements to patient flow

Proportion of time at escalation level by hospital, July 2018 to Jan 2019



THS's escalation management plan has yet to deliver sustained improvements to patient flow

Average length of stay for 90th percentile of admitted patients



- The length of stay for this patient cohort has significantly exceeded the target of less than or equal to 8 hours.

Past state-wide initiatives to improve patient flow have had little impact

Initiative	Key major findings/ actions	Status of action
2012 Monaghan review of RHH ED patient flow process including interface with greater hospital and ramping practices	<ul style="list-style-type: none"> • 'palpable lack of engagement' in emergency access reform throughout inpatient areas • 'very clear divide between the ED and the inpatient hospital presenting a real barrier to patient care' • 51 recommendations 	<ul style="list-style-type: none"> • Most recommendations – i.e. those directed at wider hospital have yet to be addressed
2016 Patients First initiative	<ul style="list-style-type: none"> • Stage 1: comprised 19 urgent actions to ensure timely ED care at RHH and LGH • Stage 2: delivery of 127 new beds 	<ul style="list-style-type: none"> • Although Stage 1 was to be completed by 2016 – vast majority of actions (i.e. 17) remain unaddressed. • Stage 2 beds were delivered
Staib Sullivan Review of patient flow systems, processes and accountabilities at LGH and RHH	<ul style="list-style-type: none"> • RHH and LGH had significant access block • Difficult 'ED-inpatient' interface and delayed discharges were limiting access to inpatient beds • Lack of clearly defined accountabilities for patient flow • Cultural and process barriers impeding improvements • 16 recommendations 	<ul style="list-style-type: none"> • Vast majority of recommendations have yet to be implemented (15 out 16)

Key barriers to progress

- Significant churn in governance arrangements across the health system impacting implementation and follow-through of initiatives
- Absence of effective leadership within hospitals, THS, and wider health system for tackling longstanding cultural barriers
- Lack of accountability for driving, engaging with, and achieving reforms.
- These are longstanding challenges similarly noted in 2014 by the Australian Government's Commission on the Delivery of Health Services in Tasmania.

Significant opportunities remain for improving patient flow

THS commissioned a clinical utilisation study in August 2017 of 1 013 hospital admissions that found:

- extensive scope to free up existing bed capacity by improving admission, discharge planning and bed management practices
- 15% of hospital admissions were ‘non-qualified’, meaning they were avoidable
- 42% of continuing days of stay were similarly non-qualified
- THS advised this was equivalent to freeing up around 3 000 bed days per year.

3. What happens after I receive Emergency Department care?

Recommendations:

THS and DoH:

3. urgently implement a culture improvement program to address dysfunction and improve collaboration on patient flow
4. develop an effective sector-wide consultation strategy to support sustained improvements on patient flow
5. expedite development of strategies that effectively leverage the insights of the 2017 clinical utilisation study
6. strengthen support to, and accountability of, hospital leadership teams for reducing avoidable admissions and continuing days of stay
7. review and strengthen change and project management capability of THS and hospitals
8. review and action relevant outstanding recommendations from past reviews

4. Is THS managing emergency departments effectively?

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Findings:

- DoH does not currently have a robust system in place for monitoring THS's performance.
- Neither THS nor DoH effectively implemented the former performance framework
- There is a risk changes to THS's governance arrangements in 2018 have reduced the department's independence in performance monitoring
- No evidence the risk has materialised to-date
- DoH needs a transparent framework for system management and performance reporting to effectively mitigate this risk.

4. Is THS managing emergency departments effectively?

Recommendations:

DoH in consultation with THS:

9. Expedite development of the revised THS performance framework

10. Strengthen performance monitoring and reporting processes by:

- a) Providing insights into the root causes of performance issues
- b) Ensuring improvement actions address the root causes
- c) Rigorously assessing the merits of alternative improvement actions when issues persist

Comments received

Minister for Health:

- Tasmanian Government welcomes the report
- Recommendations outline opportunities to provide better care for more Tasmanians
- Government keen to closely examine these during Access Solutions meeting in June 2019
 - Copy of report will be provided to attendees to inform discussions
- Government is working to address noted capacity constraints:
 - RHH redevelopment
 - Recent investment in more beds at LGH, MCH and NWRH
- Government wants to fully explore potential to unlock 3 000 bed days per annum
- Government acknowledges issues are longstanding but remains committed to further improvement.

Comments received

Department of Health:

- Pleased report provides comprehensive view of factors affecting ED performance
- Report offers:
 - constructive suggestions for improving all areas of hospitals
 - recommendations that will ensure patient well-being is at the centre of everything
- DoH is working with THS to plan and implement strategies to improve performance:
 - build a broad culture of caring
 - drive patient-centred care and values-based practices
 - recognise, reward and encourage staff
 - embed skills and share learnings across THS
 - improve patient transfer and discharge planning
 - develop comprehensive performance framework for THS



Questions?

