July 1, 2015 was a milestone for Tasmania, with the launch of the Government's statewide health system. This initiative sees the three Tasmanian Health Organisations (THOs) being replaced by a single Tasmanian Health Service (THS). Inherent in this major reform is a strong commitment to innovation and the associated development of a healthcare system built on a culture of continuous improvement.

Health Services Innovation Tasmania (HSI Tas), under the University of Tasmania, is dedicated to working collaboratively with all stakeholders in assisting a smooth transition to a hospital and affiliated health care system that delivers the safety and quality of care deserved and expected by all Tasmanians.

Supported by the Australian Government, HSI Tas is funding a Clinical Redesign team within each of the THS regions (North, North-West and South), and our teams' work with THS staff is continuing (as outlined below in their updates) across the key areas of emergency department access and flow, the medical patient journey, outpatient specialist clinics, elective surgery and mental health.

In the short term, the change in structure to Tasmania's One Health System has temporarily made the work around Clinical Redesign more challenging, but also makes it more important. Keeping the focus on providing patients with the highest standards of care will remain paramount.

Our work with the THS to redesign clinical services through an evidence-based approach will be an integral part of the improvements projected for the One Health System.

Another milestone in the planning of health services, not just in Tasmania but nationally, also took effect from July 1. Australia's 61 Medicare Locals, the organisations charged by Canberra to coordinate non-acute care, were replaced by 32 new Primary Health Networks. While these Primary Health Networks go under various similar names, many have seen their ‘footprints’ changed.

However, in Tasmania there continues to be just one body, now called Primary Health Tasmania (PHT). Like its forerunner, PHT will be a key member of our Tasmanian Health Partners Consortium, and we wish them every success in their important new role.
Finally, we proudly acknowledge the successful completion of a PhD in the field of clinical nurse leadership by our Educational Facilitator, Pieter van Dam... Well done Dr van Dam!

As always, please contact us if you would like to learn more about our collaborative work with the Tasmanian health system.

Best regards,

Professor Greg Peterson and Associate Professor Craig Quarmby
Co-Directors, Health Services Innovation Tasmania

Visit our website or follow us on twitter!

Clinical Redesign in Tasmania
Updates from the Clinical Redesign Offices

Medical Patient Journey, Emergency Access and Bed Demand & Capacity

-Lauri O’Brien, Principal Redesign Consultant, HSI Tas

The Medical Patient Journey stream of work is progressing well across the state and all three regions are in the solutions design phase, after undertaking a larger diagnostic phase to identify the opportunities. Multiple work groups have been formed to delve deeper into the current issues, performing root cause analysis in order to propose a variety of solutions. Reports from this work are due mid to late July. Common themes across the state have been identified as potential opportunities for improvement related to teamwork, culture, standardising procedures and documentation, and visibility of patient care plans. We are also working with the community in regard to transfer of care in a safe and timely fashion.

The Emergency Access stream of work is predominantly in the diagnostic phase, but some solutions have been implemented in some regions. Team-based care has been implemented in the North and is currently being evaluated. The North is now concentrating on fast track and flow roles within emergency. The South will be implementing a designated flow role shortly, and is modelling Emergency Department team-based care. The North-West is remodelling their current fast track in readiness to move to their new location.

Bed Demand and Capacity initiatives are currently being investigated through a whole-of-hospital focus and include an Admission and Transfer statewide policy, regional escalation plans, predicting bed demand capabilities and Referral to inpatient teams policy.

Mental Health

-Peter Maree, Principal Redesign Consultant, HSI Tas
Clinical Redesign in Mental Health has kicked off. We are in the final stages of a "macro diagnostic" process where we are working towards understanding the broader Mental Health environment across the state. This is important for us as a state with numerous reports, reviews and reforms needing to be pulled together into one coherent strategy. Key stakeholders in this process have been the Department Health and Human Services (DHHS), ReThink team and the former Tasmania Medicare Local (now Primary Health Tasmania). HSI Tas has engaged the consultancy firm Donald Cant Watts and Corke (DCWC) to undertake this work with us.

Thus far, extensive discussions have been undertaken with stakeholders, both in the public and the private sectors and Non-Government Organisations (NGOs), in order to obtain their views. A final report is due soon. This will provide us with redesign opportunities across the state. The next step will be for key implementation stakeholders to decide how to delegate, prioritise and sequence these opportunities.

Clinical Redesign Office North-West

- Lynne Pearce, Program Officer CRO-NW

The Clinical Redesign team is currently working on initiatives in Whole of Hospital Patient Flow, Medical Patient Journey and Emergency Department Flow. The CRO-NW team is headed by Clinical Leads Dr. Marielle Ruigrok and Mr. Scott Fletcher. Program officers include Dan McCarthy, Lynne Pearce, Leanne Ockerby and Research Assistant Mitch Dwyer. Our Steering Committee meets monthly to review progress of the initiatives and approve initiative directions.

This month HSI Tas met with Executive members and medical staff to discuss clinical redesign and engage with medical officers in relation to the diagnostic report of the medical patient journey initiative.

During May, twelve staff from THO-NW attended site visits to Brisbane’s Queen Elizabeth and Ipswich Hospitals. The attendees looked at how clinical redesign initiatives have improved flow through the hospital, reduced waiting and ramping of patients in the emergency department, improved the prediction of bed requirements and staggered staffing to meet the demand. A site visit report was produced from the participants’ feedback and photos they took.

The whole of hospital patient flow initiative is currently in the diagnostic phase; we are in the process of collating data and mapping processes, including roles and responsibilities of bed management and admissions processes. A report will soon be available. Solutions workshops are planned for July.

The solutions phase of the Medical Patient Journey initiative has commenced, with workshops planned for June in NWRH and July in MCH. We will be looking at ward rounds/ decision making processes, discharge planning, teamwork and communication, in an effort to improve the patient’s journey, improve staff satisfaction levels, flow patients in a timely manner from ED to the ward, and improve discharge planning and length of stay for some patient groups.

The Emergency Department (ED) flow initiative is in its solutions phase, and is currently using a dashboard to assist meeting the 4-hour National Emergency Access Target (NEAT) key performance indicator, and a nurse-led care model for flowing patients through the department. A new fast track model for the recently redeveloped emergency department is also being created, as well as a series of LEAN management cues for the department which visually display items by colour or use, for easy identification and restocking.

Patient satisfaction surveys and staff work experience surveys are being returned at a high rate.
Clinical Redesign Office South

Specialist Clinics

- Dianne Mulcahy, Program Officer (Outpatients), CRO-S

Following the Rapid Improvement Event in late March the working groups for Ear, Nose & Throat (ENT), Ophthalmology, Plastics and Neurosurgery are all working with enthusiasm to address issues discussed at the workshop, as well as encompassing new issues raised for discussion.

Fortnightly meetings are held for each speciality to drive the activities.

Work achieved to date includes:

- Review of Patient Referral Guidelines
- Increased visibility and adherence to the discharge policy for patients who do not attend a clinic
- Change in process for patient referrals to improve communication with GPs regarding the waitlist status of a specialty clinic
- Establishment of a nurse lead clinic in Plastics

Gastroenterology began their work in June 2014 outside the Rapid Improvement Event (RIE) and will continue their work with support from the Project Officer.

Visitors from Princess Alexandra Hospital (PAH), Brisbane

- Maggie Crawford, Program Officer, CRO-S

On 4 and 5 June we were fortunate to have Dr Andrew Staib, Deputy Director Emergency Medicine and Dr Clair Sullivan, Endocrinologist and Deputy Chair of Medicine speak with staff about lessons learnt at the PAH regarding the criticality of the ED-Inpatient interface and its impact on patient mortality and outcomes.

The Emergency Department-Inpatient interface is a critical operating system within hospitals as it deals with the sickest patients, is costly and risk-laden. The interface involves delicate negotiation between ED and inpatient teams to move patients from ED to an inpatient unit. Furthermore,

- as clinicians and managers we don’t know much about it;
- it is full of tension; and
- tension sometimes takes the focus instead of the patient.

What the PAH has found is that efforts require:

- A targeted approach - should be specific to a specific problem
- Commitment by Heads of Departments - leaders have to actually “walk the walk”
- Accurate Data - need facts and numbers, not just anecdotes and opinion
- Work - it is hard

Visiting Speaker - Jessica Anaf
Jessica Anaf (Senior Physiotherapist from Royal Adelaide Hospital) was invited to speak to staff regarding the Clinical Redesign program at the RAH (Royal Adelaide Hospital) within the General Medicine stream on 11th and 12th June, 2015.

Royal Adelaide Hospital commenced their redesign work by focusing on transferring general medicine patients to their home ward first time more often. This was done to address the perceived problems of efficiencies, ‘safari’ ward rounds and poor team communication.

Other strategies to enable improved communication included daily huddles, with clear rules of engagement and improved use of journey boards with the expectation to set estimated date of discharge.

The outcomes have clearly shown a decrease in length of stay by at least one day across all general medical wards and a higher percentage of patients going to their home ward first time. Working as a team in a more geographically based system has also improved morale.

More than 50 staff attended her various presentations, which were very well received. This also included her attending Multi-Disciplinary (Multi-D) meetings on the Assessment & Planning Unit (APU) & Acute Older Persons Unit (AOPU) and providing feedback to the staff following their Multi-D meetings.

Photo: Jessica Anaf with Sue Hughes (CRO-S Program Officer)

HSI Tas would like to bring to your attention two exciting courses:

Skills for Involving People in Change Course
Clinical Redesign Course

Clinical Redesign and healthcare improvement work needs to be balanced with the recognition of the human relational factors at play in complex people-centred environments. Investment in this aspect of Clinical Redesign is essential for the success and
sustainability of change initiatives.

The *Skills for Involving People in Change Course* is a program developed for healthcare professionals to enhance the healthcare system for all involved. The course is designed to enhance the ability of participants to effectively engage, communicate, problem solve, motivate and facilitate people and teams in health service contexts.

Participants will use practical tools to find solutions to the relational challenges inherent in the redesign process. These challenges include, motivating staff in a change fatigued environment, engaging busy clinicians, generating shared solutions, dealing with negativity, and facilitating groups effectively.

**Dates:**
- 4 and 5 August 2015 (Launceston)
- 4 and 12 November 2015 (Campbell Town)

To enrol, please click [here](#). For more information please email [Pieter Van Dam](mailto:pieter.van.dam@utas.edu.au).

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**vTAHSP Update**

*Helen Douglas, Executive Officer, vTAHSP*

The Commonwealth-funded *virtual Tasmanian Academic Health Science Precinct (vTAHSP)* comes to an end as a discrete project in a few weeks. One of our core objectives has been to foster collaborations of researchers across health and the university in order to develop our research capacity and promote translation of the latest discoveries into service delivery. The precinct has sponsored a number of research projects that have helped build such collaborations and that have already delivered positive outcomes for the Tasmanian health system and its patients. These outcomes include:

- Reduced waiting times and fewer invasive investigations for cardiovascular patients.
- Reduction in the incidence of omitted or delayed administration of inpatient medications.
- A new intervention pathway for obesity management.
- Potential prevention of heart failure in a quantifiable cohort of the population, and
- Earlier access to life saving defibrillation.

As well as direct improvements to service delivery and patient outcomes, our researchers have positively contributed to the sustainability and quality of our health system by decreasing costs and improving accuracy. We wish all the vTAHSP researchers even greater success with their future research endeavours.

vTAHSP’s future will be determined once senior appointments have been finalised in the public health system. More immediately, vTAHSP will be resourced by the Faculty of Health until the end of 2015. By the end of this year, we will deliver a framework for joint appointments between the University and the Tasmanian Health Service, and a research roadmap to promote translation of research discoveries for the most pressing health challenges facing our population and health system.
CLAIRE MORLEY  
PhD Candidate

Claire is a Registered Nurse with extensive experience in both Australia and the UK. She has worked in diverse clinical settings, including accident and emergency, occupational health, cardiology, cardiac intensive care and paediatric intensive care. She has also held positions in both research and education.

Claire has a particular interest in the impact that increasing presentations have on emergency departments and hospitals, and the factors driving this increase in demand. Her research will explore the factors influencing the decision to present at an emergency department in Tasmania. She will investigate the issue of access to healthcare amongst the Tasmanian population and examine how perceived barriers and enablers to access influence the decision to attend the Emergency Department.

LEANNE OCKERBY  
Program Officer (Surgery), CRO-NW

Leanne is a Registered Nurse who has worked for the past five years in Quality & Safety at the THO-NW. Previous to that she worked as an educator at TAFE, as a renal dialysis nurse and was an Aged Care Accreditation Assessor.

Leanne has a strong interest in promoting patient safety outcomes, and believes that her new role in Clinical Redesign complements her previous Quality & Safety role. She is looking forward to working with the redesign team, as well as North West theatre staff, to identify and facilitate sustainable systemic improvements.

LORETTA BAILLIE  
Program Officer (Surgery), CRO-S

Loretta is a Registered Nurse who has worked within the perioperative suite at the Royal Hobart Hospital for past 11 years, during which time she worked as the Grade 4 Clinical Nurse for the Urology Theatre. More recently she has completed a Masters in Clinical Science for Perioperative Nursing.

Loretta is looking forward to working with the Clinical Redesign team and being able to use her clinical experience, knowledge and skills gained through the completion of her Masters to assist in the development and implementation of a sustainable systematic improvement to surgical services.
HSI Tasmania has recently submitted its first manuscript for publication. The paper, entitled *Clinical Leadership Training Programmes: Assessing their Outcomes and the Determinants of their Effectiveness [protocol]* is authored by Mitchell Dwyer, Professor Greg Peterson, Erin Gee, Dr Phoebe Griffin and Nelle Seccombe.

The review proposed by our protocol will look at different types of clinical leadership courses, their outcomes, and the factors that make them effective/ineffective (e.g. whether a clinician undertaking a given course had the support of their employer).

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**Health Services Innovation Tasmania March Newsletter**

The March Health Services Innovation Newsletter is a special edition and is a valuable resource for those working in Clinical Redesign. For hard copies of the newsletter please contact clinical.redesign@utas.edu.au. The electronic version is available [here](#).

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**9th Health Services and Policy Research Conference**

Melbourne Convention and Exhibition Centre  
Monday 7 December to Wednesday 9 December 2015

Registration is now open!
This year’s program includes some fantastic international and Australian speakers, engaging workshops and plenty of networking opportunities over three jam-packed days.

We’re especially excited to be running breakfast sessions both Tuesday (Early career fellowship funding) and Wednesday (Designing economic evaluation alongside clinical studies) with more to come. This is a great opportunity to start the day with an informative presentation and a hot breakfast.

Post-Conference workshops Wednesday afternoon will add another dimension with topics including:

- How do we monitor hospital-acquired harm
- Planning and commissioning systematic reviews to inform policy, and
- Researching the health workforce.

And, of course, there is so much more — Pre-Conference Indigenous Workshop Sunday, Welcome Reception Monday and an optional Conference Dinner Tuesday at Melbourne’s “oldest newest” heritage listed venue, Cargo Hall, originally built in 1875 (*and recently featured on MasterChef*).

If you are an Early Career Researcher there are also plenty of events and activities specifically designed to support ECRs and students to make connections, learn from the experts and showcase their work.

We invite you to be part of the conversation at this year’s Conference as a delegate or presenter.

**Registration**

Online registration is now open – register and pay by credit card, bank transfer or request an invoice. HSRAANZ members enjoy a significant discount off the full registration fee, as well as other membership benefits.

So if you are not a member, why not join today to enjoy

- Special Offer - 2 year membership* - $200 (+GST) That’s a $40 discount.
- 1 Year membership* $120 (+GST)
- Corporate/Organisation and Student memberships also available.

*individual member

We hope that you see enough here to get you excited about attending. **To register**, submit an abstract or for further information, visit the [website](#).

See you in Melbourne in December!