



CARING TOGETHER

The Health Action Plan for NSW



New South Wales Government

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Introduction

In response to a number of events including the tragic death of Vanessa Anderson in 2005 and the experiences of Jana Horska who miscarried in hospital in 2007, Commissioner Peter Garling SC was asked by the Government to conduct a Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals. He presented his three volume final Report in November 2008.

The Report provides the most comprehensive review ever undertaken of NSW acute care hospitals. Based on extensive consultation with health workers and the community, the Government is accepting 134 of the 139 recommendations made by Commissioner Garling. Two were not accepted and three require further local or national consultation to determine a way forward.

Commissioner Garling pays tribute to the skills of our health care workforce and the quality of the NSW public health system. His Report also sharply details the very significant pressures created by a growing and ageing population and the difficulties of meeting rising costs and community expectations.

Caring Together: The Health Action Plan for NSW is the first stage of the NSW Government's response to the Inquiry's findings and recommendations. It sets out the Government response to each recommendation and seeks to engage the community and our health workforce in a new way forward that more than ever, centres on the needs of patients.

Underpinning the NSW Government's response to the recommendations is a commitment to a universal system that provides safe, high quality health care for everyone in our community.

Caring Together: The Health Action Plan for NSW includes measures that will be put in place immediately to help

improve not just clinical care, but the environment in which that care is delivered, and the compassion and sensitivity with which it is delivered.

It also includes further work to be undertaken this year, in partnership with the community, doctors, nurses, midwives, allied health and other health workers to develop initiatives aimed at delivering greater sustainability for the public health system.

Following on from this, an intergenerational plan will be developed to build on these improvements and deliver a system better able to respond to increases in demand and one we can pass on with pride to future generations.

“the patient is ... the heart of the system and the driver behind every change”

All these changes are geared toward using the resources we have to develop a culture where the patient is both the heart of the system, and the driver behind every change. We want to improve patient safety and build on compassion and care in our hospitals.

Commissioner Garling was very clear to establish from the outset of his Report, that our public health system is world class. He said NSW has:

“One of the better public health care systems in the developed world”



"... Doctors, nurses/midwives and clinical staff are well trained and skilled...caring and dedicated and... able to provide some of the most sophisticated medical care available in today's world".

"... the community of NSW supports the investment in health care to the tune of over \$13 billion or 27 per cent of the budget of the State Government."

"...those with grave injuries or illnesses can expect to be transported quickly to a centre of excellence..."

"... those who require complex life saving procedures such as organ transplants can have them for free without leaving the state."

The NSW Government agrees with this view. NSW has a hospital system of high standard, in comparison with any in the world.

The NSW Government has great faith in those that staff our public health services. We believe they are compassionate, resilient, professional and highly skilled. What is clear from Commissioner Garling's findings is that nurses, midwives, doctors and allied health staff are experiencing a sense of powerlessness and feel they cannot make changes they believe are in the interests of their patients.

What Commissioner Garling found was that when our system is under pressure, clinical care can suffer, as can the compassion shown for patients, families, colleagues and support staff.

The Government's response to the Garling Report provides a strong mandate for change. Our community rightly expects high quality health care delivered with compassion, attention to detail and clinical excellence. Medical advances and

technology are ensuring that illness and disease are detected earlier and more people are now able to receive surgery and other treatments which improve and lengthen their lives.

Over the past two years there has been a growth of 45,000 additional in-patients in NSW public hospitals and last year alone, more than a quarter of a million surgical patients were treated. For many years, the number of patients needing admission and other treatment has increased annually and this trend is expected to continue.

Meeting this increase in demand with the degree of excellence we expect, with the funding and staff available will require us to find new, safe, best-practice innovations. These include working more closely with our staff to find better ways of delivering public health care as well as working more closely with non-Government organisations, the private sector and general practitioners.

Over a period during which health costs were rising, the previous 50/50 Commonwealth/State funding for health has shifted, with the State's share climbing near to 60 per cent.

Since late 2007, the Commonwealth Government has demonstrated a willingness to address this issue, with the Council of Australian Governments recently agreeing to increase funds available to Health.

However this historic imbalance will take time to correct.

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SUMMARY: STAGES

1. The Action Plan

Focusing on the patient.

2. A Sustainable Plan

Building a stronger health care system.

3. Intergenerational Health Care System

Developing an intergenerational plan.

Nurses, midwives and other clinicians are spending too much time doing paperwork. This has added to a sense of frustration and concern about capacity to maintain good standards of care for patients.

As Commissioner Garling says in his Report, we are at a point where we have to do things differently.

The changes the NSW Government will implement in the first stage of our response are designed to make immediate improvements to patient safety and patient care.

Beyond the immediate improvements, the NSW Government's response lays the foundation to work with our health workforce and the community to find ways of making the health system more efficient and sustainable.

These will not always be simple or easy decisions. The experience and skills of our clinicians and health managers will be critical in developing solutions that keep the patients' needs at the centre of the system, and in driving

changes that are safe, and which help deliver care to the greatest number of people.

We must take the opportunity now to get the framework right to meet the challenge for future generations.

NSW has great health care institutions, skilled personnel, a substantial commitment from the taxpayer and a community that is passionate about its excellent public health system.

Caring Together: The Health Action Plan for NSW begins the task of harnessing those precious advantages to deliver excellent and sustainable patient care today and for future generations.

Caring Together: The Health Action Plan for NSW

Following the release of the 1200-page Garling Report, the NSW Minister for Health embarked on a state-wide consultation process.

To date, 12,000 people have been involved – through face to face meetings, submissions, video-conferencing and the web; informal discussions with staff on the job; targeted briefings with key consumer and employee groups and wide distribution of the Report.

It was clear that a shift to address the challenges we face would require ongoing dialogue and commitment from the community and our health service staff.

A three stage approach is planned.



Stage one – the Action Plan

The first stage is our Action Plan.

Our immediate response builds on a great tradition where the patient is at the centre of our health care system.

The death of Vanessa Anderson was a tragic event and an intensely powerful influence in the development of initiatives to help all hospitals better respond to patients when their condition is deteriorating.

This is the key to improving our system. It starts with the patient and their carer, the nurse/midwife, the doctor and the allied health professional.

The initiatives to improve supervision of junior staff, to ensure the Nursing/Midwifery Unit Managers lead clinical improvements, to have more frequent ward rounds, and ward based clinical support officers are all designed to assist in preventing a recurrence of the events leading up to the death of Vanessa Anderson and the experience of her family and friends.

Everything must be about the patient. Clinicians, managers and support staff must work together in the interests of patient care.

Infection control must improve.

Communication with patients and about patient care must improve.

We need to review the access to high quality care for NSW communities. All patients must have fast access to the services they need – bricks and mortar are less important

than timely access to the best care. We will commence a review of hospital roles to support this process.

We need to be smarter in the way we manage demand, which will require workforce redesign and new models of care, particularly for the growing numbers of older patients with multiple chronic illnesses.

Stage two - a sustainable plan – 6 months

In the second stage, the NSW Government will Report back on our progress and detail the next stage of change which will be about building a stronger and more sustainable health care system.

Stage three - an intergenerational health care system – 18 months

In the third stage, the NSW Government will again report back on our progress and detail our intergenerational plan for a sustainable health care system.

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SUMMARY: STAGE ONE

1. Creating Better Experiences for Patients
2. Safety
3. Education for Future Generations
4. New Ways of Caring
5. Strengthening Local Decision Making
6. Monitoring our Progress

Caring Together: The Health Action Plan for NSW

By focusing on what happens around each bed in every ward, we will improve standards of care and focus on the most important element in an acute care hospital – the patient.

This will improve patient safety, rebuild public confidence and lift the morale and expectations among our health workforce.

The purpose of the health system *is* the patient. It is their health system, their facilities, staff, and services. They too will respond with respect if that is their experience.

Our role is to ensure that we have a health care system that sustains and builds on existing levels of access and equity. Health professionals want to become partners in this once in a generation change - a fundamental realignment of the system to meet the health needs of the community.

It is clear that any response needs to be generational and far reaching to deliver the expectations and standards of safety, service and care identified by the Inquiry and

demanded by the public. Those changes are to be delivered through six major strategies:

1. Creating better experiences for patients
2. Safety
3. Education for future generations
4. New ways of caring
5. Strengthening local decision making
6. Monitoring our progress.

1. Creating Better Experiences for Patients

At the top of the list is how we focus on patients in a safe, respectful and coordinated health care environment.

The patient will be the centre of the system and the hospital ward the centrepiece for much of the clinical care response.

The ward will be the centre of cooperation across all specialties, bringing to bear the skills and expertise of all our staff including doctors, nurses, midwives and allied health workers on delivering optimum care for the patient. Importantly, this philosophy of cooperation will deliver greater supervision and encouragement of junior staff resulting in better health outcomes.

Patients are admitted to hospital under the care of their Admitting Medical Officer who is a senior experienced doctor. For patients, this means that this doctor has overall responsibility for care including safety and coordination of care; diagnostic investigation; liaison with general practitioners following transfer and supervision of relevant junior medical staff.

Patient ward areas are managed by a nurse or midwife and the relationship between the senior admitting doctor and



this nurse or midwife is critical to ensuring a safe health care system.

Nurse/Midwife in Charge

The new role for the Nursing/Midwifery Unit Manager will be critical to achieving success of a wide range of the Inquiry Report recommendations; from ensuring safer 24/7 patient care, right skill mix of staff and improved hand hygiene through to coordination of ward rounds and ward redesign.

As the central contact point for patients and their families - an identifiable leader, empowered to act decisively in the interests of the patient and their healthcare, the *Nurse/Midwife in Charge* will be to ensure **safe, competent and compassionate care** by:

- ensuring staff recognise the signs and respond immediately where the condition of the patient starts to deteriorate;
- ensuring high levels of infection control with monitoring of hygiene practices;
- being available for ward rounds with medical and other clinical staff;
- supervising work of junior staff to improve patient safety;
- ensuring the right mix of skills to support high level ongoing clinical review; of patients 24 hours a day 7 days a week;
- championing efficient and productive wards through leadership.

Wards will have signage identifying the Nurse/Midwife in Charge responsible for that ward or unit, and patients will easily know who is caring for them and who family and friends can contact, particularly if they are concerned.

Ward based clinical support officers will be provided to support skilled professionals, ensuring they spend less time

on administration and more time on what they tell us they want to do - caring for patients.

Names and Roles

Knowing the name of the nurse, midwife, doctor and allied health worker just makes communication between patients and staff easier. The Nurse/Midwife in Charge will ensure that all staff are easily identifiable.

Protecting patient dignity

We will promote greater privacy and dignity in the ward by providing male and female patients their own areas wherever possible.

Assistance with meals

The Nurse/Midwife in Charge will be responsible for ensuring that patients have the assistance they need with meals.

Hygiene

The impact of basic hygiene in delivering high quality health care cannot be underestimated. From hand washing to a review of cleaning support after hours in hospitals, essential hygiene will be significantly improved.

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Making sure skills match the job

Consistent with the Garling Report, workforce redesign will be a feature of Stage One with a critical look at how to ensure that skills match the job. The principle of redesign will be to look at what service the patient requires and then identify who in the health team is best able to provide that aspect of care, speeding up treatment and support for patients.

Improving the emergency experience

The hospital experience is intense, particularly in emergency departments where patients are usually apprehensive and unclear of their, or their loved one's, condition. The Action Plan response increases the number of clinical initiatives nurses, midwives stationed in the emergency department waiting area to support the review and treatment of patients.

To speed up transfer of care from emergency departments to ward areas, emergency doctors will take the lead in authorising admission and patient transfer based on agreed protocols. For those coming to hospital needing urgent (but not emergency) attention, the number of medical assessment units will be increased with review of whether primary care centres can also assist. Specialised psychiatric emergency care centres will also support those with mental health emergencies.

Patient transport

The compulsory patient co-contribution will be abolished for pension and concession card holders for the Isolated Patients' Travel and Accommodation Assistance Scheme making it easier for people who need to travel to access specialist treatment.

2. Safety

The Health Action Plan for NSW will deliver on expectations of safety from the simplest measures such as hand washing through to the supervision of all junior staff.

Passing the baton of care

In a 24 hour period there will be three ward handovers of patient care which will be documented on paper or electronically. These patient care handovers will be further enhanced by regular ward rounds involving all those caring for the patient, including the specialist, the Nurse/Midwife in Charge, and relevant allied health staff.

Proactive intervention

Caring for those who suffer a deterioration in their condition is key focus for action. The Clinical Excellence Commission's "Between the Flags" program will ensure that when a patient's condition deteriorates staff recognise the signs and respond immediately. This program has been trialled in Wagga Wagga, St Vincent's, Canterbury, Port Macquarie and Macksville Hospitals and is being rolled out across the state.

In addition NSW Health has piloted clinical handover models in hospitals across the State and commenced pilot projects as part of a national project to improve clinical handover.

Clinical Pharmacists

Medication errors are a significant reason for admission to hospital and are a factor in the deteriorating condition of many patients. The highest skilled member of the health team in this area is the clinical pharmacist and the Action



Plan will see these staff better able to support review of both patient care and prescribing.

Performance reviews

Senior staff will be subject to performance reviews across all hospitals to ensure the highest levels of expertise and health care delivery.

Supervision

Clear supervision guidelines will be developed with the senior staff role in supervising junior staff reinforced to ensure the highest level of clinical practice and safety.

The enhancement of the Nurse/Midwife in Charge role; new starters program; more doctors for rural and outer metropolitan locations; as well as improved rostering and dedicated time for Directors of Clinical Training will support improvements in this area.

Improved transfer of care

Helping patients clearly and easily understand what they can expect when they are discharged and what they need to look out for when they get home will empower patients, and increase their safety by helping them to understand their health issues and alerting them to signs they should look for.

We will provide all patients with a plain language document which details the care they received in hospital, the follow up care they need as well as what to do if they are concerned. Importantly, a post hospital medication plan in plain language will also be provided to ensure better health care and recovery.

3. Education for Future Generations

Maintaining existing and developing new skills will deliver better health care across the system.

Program for new starters

We have been highly successful in increasing the number of new NSW graduate doctors, nurses, midwives and allied health practitioners available for the community. To support these important new starters a dedicated transition program spanning the first two years of employment will be established.

New doctors, nurses, midwives and allied health staff will be trained to work in teams in the interest of patient safety. Clinical skills will be taught, practised and assessed. They will also learn how the team can work better together, particularly when a patient's condition starts to deteriorate.

Rural skills

To support attraction and retention for rural practice, we will progressively implement compulsory rural terms for junior doctors, spending that time supervised and mentored by senior medical staff.

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Specific paramedic training in rural locations will be provided, ensuring country areas benefit from a higher standard of skills. Support will also be provided for allied health professionals to update their skills.

More specialists for outer metropolitan and rural areas

To support expansion of specialist services, positions for trainee specialists will be created in outer metropolitan and rural areas, particularly targeting general physician trainees.

A culture of respect

Mutual respect will underpin the way we do business. A long term cultural change program will commence in Stage One and will build on work undertaken to date on reducing bullying and harassment. Commissioner Garling believed NSW Health had achieved significant progress in this area. While NSW Health has best practice policies in place, encouraging a positive workplace culture requires prevention of problems as well the ability to fix them as they occur.

We are committed to workplace cultural change and will support a comprehensive program including provision of training to raise awareness, educate and challenge negative cultures, as well as fostering a culture in which all are treated with respect and dignity.

4. New Ways of Caring

We recognise the need to look at and do things differently in order to create the fundamental change recommended by Commissioner Garling. To ensure greater support for our elderly patients, particularly those with chronic and complex problems, we will focus on keeping people well

either in their homes or in supported accommodation. The Severe Chronic Disease Management Program combined with the Hospital in the Home Program concentrates efforts on keeping people out of hospital, not only improving health outcomes but supporting better use of hospital and community health facilities. These programs and the important role of extended care paramedics in treating people out of hospital will result in better patient care.

5. Strengthening Local Decision Making

Clinicians across the state called for greater information upon which to base decisions and improved control over their local work, from approval for buying equipment or recruitment action, to determining whether a new type of operation should commence at a certain hospital.

Removing red tape

Red tape has already been significantly reduced and will be removed to support more clinical time for patients. Funded vacancies, particularly for senior medical staff, will be filled without needing separate approval and will require only the paperwork necessary for safe appointment.

Transparent state and local health information

A Bureau of Health Information will be created to support transparency in health data and allow greater local control of information analysis. Consistent with functions outlined in the final Garling Report, the Bureau will undertake public Reporting, performance monitoring, ad-hoc data supply and analysis, evaluation and research.



In addition, Chief Executives will publish budget, performance and care status down to ward level to staff, so that improvements can be made locally.

Prioritising of the information communications technology program rollout will support clinicians in providing safer care for patients, assist in reducing red tape on recruitment and enable better management of equipment and other assets.

To better support local decision making the capacity of local managers and their levels of delegations will be enhanced to enable more timely response to clinical demands.

Clinical champions for local innovation

Executive Medical Director positions will be established in hospitals/hospital networks to support local decision making and to ensure wide uptake of clinical innovations.

6. Monitoring our Progress

The Bureau of Health Information will become a statutory health corporation with a board appointed by the Minister for Health, similar to the governance model which currently applies to the Clinical Excellence Commission. A Clinical Innovation and Enhancement Agency and an Institute of Clinical Education and Training will also be established under this governance model. These bodies will support the goal of safe, effective patient-centred care in all aspects of the health care system.

Implementation of *Caring Together: The Health Action Plan for NSW* must be a responsibility for everyone in the system. Expert implementation teams will drive the key initiatives of *The Health Action Plan*. Local clinical councils at hospital and area level, together with Area Health

Advisory Councils, will help these teams to translate plans into action within their local facilities and services.

To provide a system-wide perspective, the Minister for Health will establish an independent Community and Clinicians Advisory Council to provide advice directly to the Minister for Health and the Director-General on the initiatives underway and the work of the implementation teams.

An independent audit of the progress of implementation of *Caring Together: The Health Action Plan for NSW* will be commissioned by the NSW Government and analysed by an Independent Panel.

The Independent Panel will be appointed by the Minister for Health to monitor the implementation progress. Panel membership will include clinicians as well as people with expertise in culture change, systems information, trend analysis, and governance and administration. The Independent Panel will Report to the Minister on the progress of implementation each 6 months for a period of 3 years.

In addition, a new sub-committee of Cabinet will oversee implementation of *The Health Action Plan for NSW*. The reports of the Independent Panel will be prepared for the Minister and the Cabinet sub-committee.

Regular progress reports will be made publically available.

