

National Partnership Agreement on  
Hospital and Health Workforce Reform

Victorian Government and  
Commonwealth Government

Taking Pressure off Public Hospitals  
Component  
Implementation Plan

# Taking Pressure off Public Hospitals – Implementation Plan for Victoria

## Victorian Emergency Services Activity

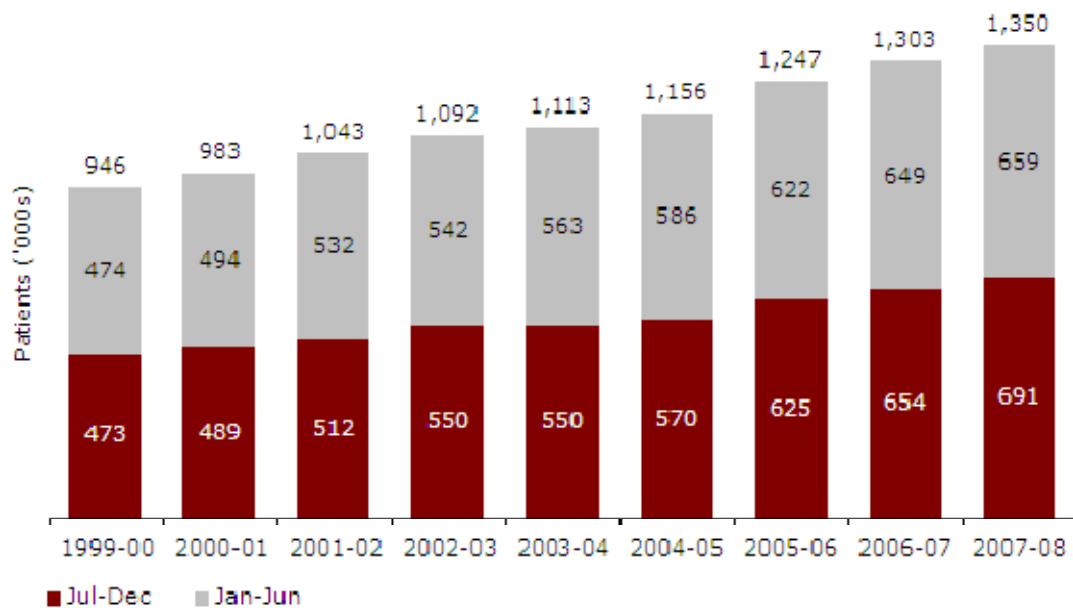
In Victoria, emergency departments are designed to deliver short episodes of time critical care and treat people who are experiencing a medical emergency that is life threatening or could cause serious or ongoing disability. Some emergency departments in Victorian hospitals specialise in treating particular groups such as children or trauma patients in addition to the usual emergency department case mix. There are a small number of emergency departments which provide only specialist care such as the Royal Victorian Eye and Ear Hospital, and the Royal Women's Hospital.

Emergency care is provided in a range of settings within the community including general practice, community-based providers, ambulance services and hospital emergency departments. There are 38 metropolitan and rural hospitals in Victoria with a designated emergency department providing care 24 hours a day.

The first priority in an emergency department is to treat patients with the most urgent medical needs. All Victorians who present at emergency departments are 'triaged' or assessed for urgency. The triage system relates to urgency rather than severity. Following assessment, stabilisation and management of their condition, patients may be discharged to their place of residence, be referred to another service or be admitted to hospital as an inpatient for further treatment.

The number of patients attending emergency departments has steadily increased since 1999. In 2007–08, 1,350,046 patients attended the 38 Victorian public hospitals with 24-hour emergency departments – 403,709 more people than in 1999–2000, which represents an increase of 43 per cent.

**Figure 1:** Number of patients attending emergency departments



The emergency department is one of the multiple points of entry to the hospital. A patient's journey through the emergency department can become blocked because of delays in accessing inpatient hospital beds or community-based services. The protocols

and linkages between emergency departments and other parts of the hospital and the broader health system are critical to ensuring effective patient flow and a continuum of care for patients who require emergency treatment.

Victoria's public emergency departments have faced sustained demand for emergency care over the past ten years. The overall number of presentations to the major metropolitan and regional emergency departments has increased, along with the severity of presentations.

Since 1999-2000, the complexity of patients presenting at emergency departments has also intensified, with an 84 per cent growth in triage categories one to three, compared with a 41 per cent increase for less urgent patients (triage four to five).

The increasing complexity of patients is also reflected in those being admitted to hospital. Since 1999, there has been an 80 per cent increase in the number of triage category one to three patients being admitted to hospitals, compared with a 44 per cent increase in the number of triage category four to five presentations being admitted. The increasing complexity of patients can lead to delays in patients accessing appropriate acute care settings.

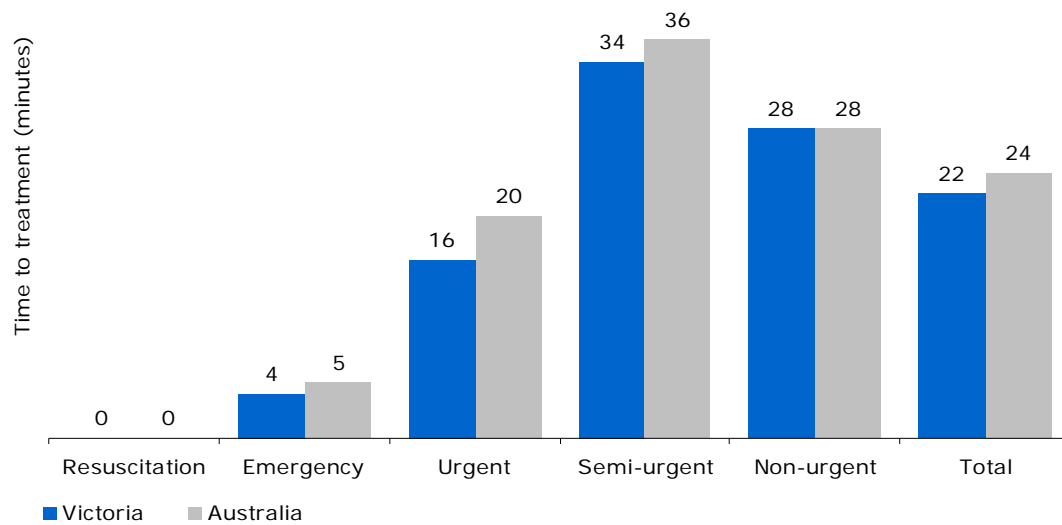
Factors impacting on emergency department services are complex and include: population growth, increased incidence of chronic diseases, increased attendance by an ageing population, increased demand for emergency transportation, increasing number of presentations by primary care-type patients, increased demand for mental health services, adequate staffing, the changing nature of healthcare delivery and growing expectations of what healthcare can achieve. These challenges are particularly pronounced in regional and rural communities, where there are additional challenges in maintaining 24/7 access to medical practitioners. In addition, decreased accessibility to general practitioners within the community has contributed to significant numbers of primary care type presentations in emergency departments. As a result, emergency departments are experiencing increasing pressures include overcrowding, delays in accessing hospital beds and instances of ambulance diversion

## **Emergency Service Performance**

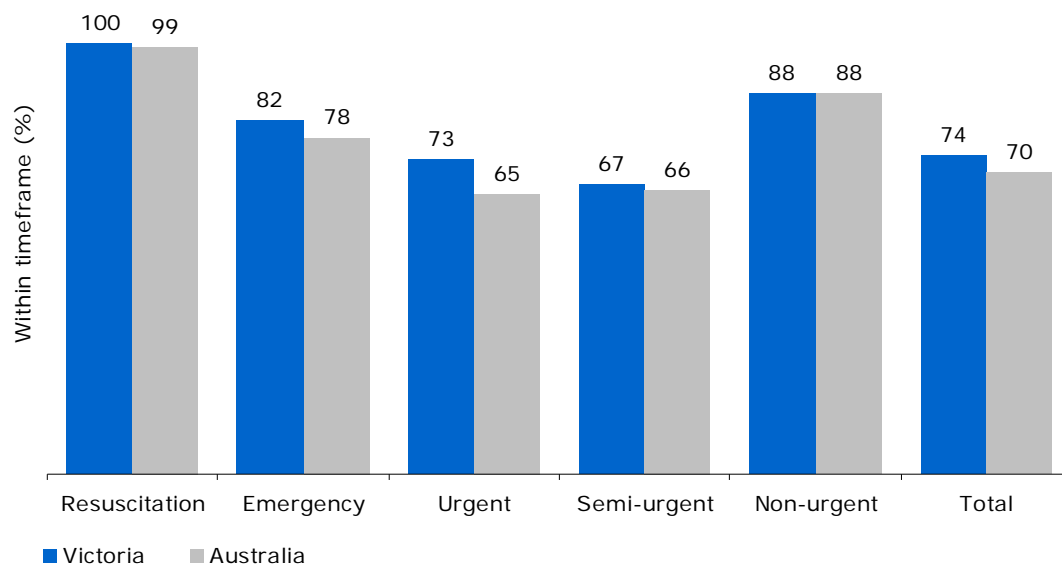
The Victorian Government is committed to improving access to public hospitals and has undertaken significant reforms in both emergency and elective care. This investment in reform and commitment to community access is demonstrated in Victoria consistently ranking highly in national performance measures.

Commonwealth figures (in 2006-07) show that Victoria has consistently performed better than the national average in promptly treating patients in emergency departments. The median time to treatment for emergency department in Victoria is 22 minutes – two minutes faster than the national average (Figure 2). In addition, 74 per cent of patients were seen within recommended time compared with 70 per cent nationally (Figure 3). This is despite Victoria experiencing an annual growth of approximately five per cent per annum since 1999-2000.

**Figure 2:** Median waiting time to treatment for emergency patients, 2006-07



**Figure 3:** Proportion of emergency department patients seen within desirable treatment times, 2006-07



### Victoria's Key Emergency Department Reform Initiatives

Victoria has adopted a multi-faceted strategy to deal with the many challenges facing the emergency department in terms of care and access.

In 2006-07, the Victorian Government announced the *Better Faster Emergency Care* policy, which outlines Victoria's five-year strategy to meet demand for emergency care, and further improve emergency care and access in Victoria's public hospitals.

The policy builds on existing initiatives to address emergency care pressures as part of the *Hospital Demand Management* strategy including expanding emergency capacity, implementing new models of care, reducing avoidable use of hospitals and implementing

strategies to ensure an emergency care workforce of sufficient size, skill and distribution. In addition, there has been significant investment in public health, health promotion, population health and primary health approaches to improve health outcomes for the Victorian community. *Better Faster Emergency Care* recognises there is a need for continued system improvement to improve patient flow through hospitals and increase the number of patients that can be seen while minimising delays and improving the quality and safety of care.

*Better Faster Emergency Care* sets a policy direction to support continued reform of the health system to ensure it best meets the emergency care needs of the community in the future. The aims of *Better Faster Emergency Care* are to:

- ensure equitable and timely access to emergency care within Victoria's public hospitals
- enhance the quality of emergency care in Victoria's public hospitals
- support delivery of patient-centred emergency care
- deliver improved health outcomes for the Victorian community.

*Better Faster Emergency Care* identifies ten key priorities and actions to achieve this vision. The strategy identifies ten key priority areas:

1. Develop new service options
2. Improve co-ordination between emergency departments and ambulance services
3. Improve the patient experience
4. Mainstream new models of care
5. Explore new ways of working
6. Enhance safety and quality of care
7. Promote better systems of care
8. Promote better management of care for people with mental health problems
9. Promote better management of care for older people
10. Promote better management and care of children.

To achieve the aims of this policy, there needs to be a system-wide approach that supports innovation, continuous quality improvement and is people-centred. Enablers to support implementation of the ten priorities are:

- System improvement
- Service planning
- Funding policy reform
- Workforce development
- Information technology and data management solutions
- Partnership development.

Integral to successful implementation of *Better Faster Emergency Care* is adoption of an integrated approach across the Department of Human Services. Work currently underway focuses on development of a sustainable and innovative framework for government, health services, health professionals and the community to work together to ensure the health system best meets the emergency care needs of the community in the future.

Further information on Victoria's emergency program can be found at <http://www.health.vic.gov.au/emergency/>.

### **The National Partnership Agreement on Hospital and Health Workforce Reform**

The National Partnership Agreement on Hospital and Health Workforce Reform, the Commonwealth Government will provide \$181 million to Victoria<sup>1</sup> to improve emergency services' capacity to treat the increasing number of patients who could otherwise be treated in a primary care setting.

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<sup>1</sup> As part of the COAG agreement this funding will be provided in 2008-09.

Victoria will allocate the Commonwealth funding towards growth in emergency patients treated in emergency departments and any related admission associated with that presentation. Funding will be allocated across metropolitan, rural and regional health services and will be equitable as part of overall growth. Funding will be allocated to hospitals through the following allocative mechanisms: the Non-Admitted Emergency Services Grant for patients presenting to emergency department and WIES (weighted inlier equivalent separations) payments for inpatient activity.

The non-admitted emergency services grant is allocated to public hospitals across Victoria. The funding formula for the non-admitted emergency services grant will continue to recognise actual workloads associated with non-admitted emergency patients as well as the costs of emergency services being available, through the non-admitted activity and availability funding streams.

The non-admitted activity component is provided on the basis of estimated non-admitted emergency presentations, weighted by triage category. The availability component is distributed on the basis of each hospital's share of the total number of multi-day emergency WIES. Acute admitted care is funded through variable (casemix) payments for which the unit of payment is the Weighted Inlier Equivalent Separation (WIES).

The Commonwealth funding will enhance ongoing reforms being undertaken in Victoria under the *Better Faster Emergency Care* policy. In addition, the growth in sub-acute services, as part of the sub-acute reform component of this National Partnership, will also improve patient flow through the hospital system and ease demand for emergency services.

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

## Broad Implementation Steps for Taking Pressure off Public Hospitals Initiative

Role of States	Key Deliverables	Timing	Cost	Expected effect on Performance Benchmarks
<p>Improve the number of patients being treated in clinically appropriate periods of time.</p> <p>Decrease the number of patients experiencing access block.</p>	<p><u>Initiative</u></p> <p>Provide additional output funding to meet growth in demand for emergency care</p> <p>Continue to implement reforms in emergency care to improve patient access.</p> <p><u>Steps to Implementation</u></p> <ul style="list-style-type: none"> <li>Commonwealth funding will be allocated to hospitals as part of the annual State Budget processes to fund anticipated patient growth. In Victoria funding is provided on an output basis for example; through the Non-Admitted Emergency Services Grant and WIES payments for emergency inpatient activity. Commonwealth funding will provide increased capacity through provision of additional medical, nursing and allied health staffing and beds.</li> <li>Further enhance the ongoing work by the Victoria Government to improve emergency care and access under the <i>Better Faster Emergency Care</i> policy. This policy outlines Victoria's five-year strategy to meet demand</li> </ul>	<p>2009-10 to 2012-13</p>	<p>\$181m</p>	<p>Commonwealth funding will increase capacity to meet growth and support reform in emergency care.</p> <p>The growth funding will provide additional capacity to meet expected growth in ED presentations. On average ED presentations have increased by 4% p.a.</p> <p>The capacity of EDs to meet patient growth has a significant impact on the performance of EDs and the ability to treat patients within clinically appropriate times.</p> <p>By funding additional emergency services to meet this growth, the initiative will have a</p>

Role of States	Key Deliverables	Timing	Cost	Expected effect on Performance Benchmarks
	<p>for emergency care, and further improve emergency care and access in Victoria's public hospitals. For example: Victoria will continue to invest in new Models of Care and the Redesigning Hospital care program to improve patient flow and efficiency.</p> <ul style="list-style-type: none"> <li>• The growth in sub-acute services, under the sub-acute reform component of this National Partnership will also contribute to improving patient flow, which in turn will provide additional capacity for emergency services.</li> <li>• The emergency care targets will be included in the annual Statement of Priorities which is the key accountability document signed by the Minister and Board Chair of each Public Health Service that articulates key government priorities. Health Service performance against these targets will be monitored as part of the Victorian Performance Monitoring Framework.</li> <li>• Victoria proposes a review of the benchmarks for the implementation plan, commencing in June 2010. The review will seek to determine whether benchmarks are appropriate given the current metrics of emergency departments and hospital data systems.</li> </ul> <p><u>Performance Information</u></p>			<p>positive impact on Victoria's compliance with the National Partnership targets.</p> <p>The Victorian Government's ongoing investment in emergency service reforms, such as new Models of Care and Redesign projects, are expected to reduce access block and free up capacity in emergency department.</p> <p>Additional funding will further enhance the work of the Better Faster Emergency Care Strategy.</p>

Role of States	Key Deliverables	Timing	Cost	Expected effect on Performance Benchmarks
	<p>Initiative will lead to an increase in the number of patients treated within emergency departments in Victoria, reducing congestion and improving patient flow.</p> <p><u>Contact Details</u> Bernadette McDonald, 18/50 Lonsdale Street, Melbourne 3000</p>			
<p>Provide data on emergency departments to the Commonwealth</p>	<p><u>Current Situation</u> Victoria currently satisfies the current national emergency department reporting requirements within the scope of group A and B hospitals.</p> <p>All Victorian hospitals with a 24-hour emergency department submit patient level performance data to the Department of Human Services.</p> <p>If the national definition of emergency department seeks to incorporate a greater range of hospitals than the above, further action and time will be required to meet the target for reporting.</p> <p><u>Initiative</u> Reporting to the non-admitted emergency department care national minimum data set collection.</p>	<p>TBA – timing will depend on the national definition of ‘emergency department’</p>	<p>TBA – cost of implementation will depend on national definition of ‘emergency department’</p>	<p>TBA If the national definition of an ED changes Victoria will need to model the impact of reporting performance for a larger range of hospitals.</p>

Role of States	Key Deliverables	Timing	Cost	Expected effect on Performance Benchmarks
	<p><u>Steps to Implementation</u></p> <ul style="list-style-type: none"> <li>• National definition of 'emergency department' agreed.</li> <li>• Assessment undertaken to determine whether Victoria's current reporting to the non-admitted emergency department care national minimum data set collection meets the 95 per cent benchmark based on the national definition of 'emergency department'.</li> <li>• If required, cost/benefit analysis undertaken to assess requirements to increase the number of Victorian hospitals reporting to the national minimum dataset in order to meet the 95 per cent benchmark. Business case will be developed to determine the cost effectiveness of placing additional reporting requirements on relevant hospital.</li> </ul> <p><u>Performance Information</u></p> <p>Performance information will be determined based upon the national definition of 'emergency department' and the assessment of requirements to meet the 95 per cent benchmark based on the national definition.</p>			

Role of States	Key Deliverables	Timing	Cost	Expected effect on Performance Benchmarks
	<u>Contact Details</u> Franco Greco, 18/50 Lonsdale Street, Melbourne 3000			