Reform Initiative 1 – Consultation questions:

1 How can we target better our current investment as well as future investments in health to ensure a sustainable and balanced mix of services is delivered across the whole of the health system to provide right care in the right place at the right time?

- Modernising the current computer systems and application used within the THS not only for HR but the Acute, Sub Acute and Community services.
- Transitioning from a paper-based hospital to a digital based hospital.
- Invest in Community Nursing Services by increasing the staff capacity of the current services, increasing hours of service and plan expansion of these services i.e Kingsborough health Centre – New facility but no consideration of Community Nursing services. The new facility is not appropriate for an expanding service and expanding population.

2 How can we shift the focus from hospital-based care to better community care in the community?

- Modernising the current referral pathway to Community Care. This include the referral pathway from Primary Health (GP), Private hospitals and Acute and Sub-Acute services. A new modern referral system would assist with patient flow within the acute hospital to appropriate and safe care within the patients home.
- Investment in expanding and improving the current community nursing services. I would suggest investing in introducing new dedicated Community Nursing services in the Brighton, Sorell and Northern Suburbs. These are growing area that will become more reliant on Community Care in the future and reduce the burden on the Acute setting.

3 How can we facilitate increased access to primary healthcare, in particular: a. after-hours and on weekends b. in rural and regional areas c. for low-income and vulnerable clients d. for extended treatment options (e.g. urgent care or non-emergency care)?

The only bulk billing afterhours GP is in Moonah. This impacts not only the low-income and vulnerable clients but clients that are middle – high because.

- Increased/excessive out of pocket for non-HCC holders at non bilk billing afterhours GP therefor encouraging these clients to the ED.
- Only one fully bulk billed afterhours GP.
- “First in best dressed” situation where clients will line up out the front of the Afterhours GP so they can get an appointment, if they miss out then they are sent home or they will go to ED.
- Clients do no have transport to afterhours GP and can not afford Taxi. If the afterhours GP service isn’t local and they cant afford transport they will call TAS and be transferred to ED. This is well known fact within the lower socio economical areas that TAS has to offer to take you to ED to be seen. Then ED will most likely give you a TAXI voucher home.
- ‘ Call the Doctor service’ this is a great service for Hobart but once again if you miss out on one of the appointments available you don’t have any other choice but do either call TAS or present to ED.

4 The UCC Feasibility Report 2019 identifies UCCs as a feasible service model for Tasmania. Are there other barriers and opportunities for implementing a model of urgent care in Tasmania not identified by the study?

n/a

5 How can we make better use of telehealth, so people can receive care closer to home, and what are the barriers preventing utilisation of telehealth?

- Telehealth is a fantastic service, but it took a pandemic for momentum to happen around implementing a well-run service. In my opinion a centralised State Govt website dedicated to Telehealth with a user-friendly website that includes one phone contact number to assist the patient would be the best solution. This is demonstrated on a federal level for example My Aged Care and Cares Gateway.

6 How can we make better use of our District Hospitals to enable maximum utilisation of beds in these facilities as a step-down from public hospitals and a step-up from the community to improve patient flow in acute hospitals and care in the community?

- NNDH has potential to provide a fantastic complementary service to RHH, one of the barriers of maximising the utilisation of beds includes that most of the patients are "Locals". This trend seems to discourage medical staff to not refer patients to NNDH because they are not from the area. Another barrier includes patients being given a choice of staying the RHH or going to NNDH. This should really be a decision made by medical staff to transfer the patient and only in exceptional circumstances that they will remain at the RHH.

7 How can we improve integration across all parts of our health system and its key interfaces (e.g. primary health, mental health, disability services, aged care and acute care)? What should be our priorities for integration?

n/a

8 How can we strengthen the interface between hospital services and aged care to improve community healthcare for older Tasmanians?

- We need to identify early in a patients presentation/admission what services they have in place. This includes knowing what level of services they receive, who provides the service, contact details for their case manager or service provider and making sure these services are reinstated on discharge.
- Better communication with Home Care Package providers. Patients potentially have thousands of dollars of federal funding that they can use towards their care on discharge and should be factored into their discharge planning. Often the Home Care Package services providers are not updated, informed, or consulted on what the patients funding can do to support or facilitate their discharge. The Home care providers can increase services, introduce allied health and do home modifications funded through HCP funding.

9 How can we make the best use of colocated private hospitals to avoid public hospital presentations and admissions (by privately insured patients)?

- Have a dedicated clinical team member to monitor and assist with transferring appropriate private patients back to private hospitals. These patients are not generally identified early in their admission and flagged that they can be safely transferred back to the private hospitals.

10 How can we build health literacy, self-management and preventative health approaches into the day-to-day practices of our health services across the whole of the health system?

n/a

11 How can we better incorporate preventative health and health literacy initiatives into current and future care, across the range of settings, including acute, community, primary and private?

n/a

12 How do we provide clear pathways into our health system so that patients are accessing the most appropriate care for them?

n/a

Reform Initiative 2 – Consultation questions:

1 How can we best target our digital investment to improve the timely sharing of patient information across key health interfaces?

- Introduce digital notes and observations. This will allow up to date and real-time information to be accessed across health interfaces within the THS.

2 What digitisation opportunities should be prioritised in a Health ICT Plan 2020- 2030 and why?

- New and modern referral platform created for THS staff that includes outpatient, community services, palliative care, cancer care, allied health referrals etc. It needs to be a central location that has a digital record of when the referral was sent, who has actioned it and if it has been closed. This portal should be linked to DMR. An adapted version of this referral platform could be accessed by the private sectors.
- Digital Observations and notes.
- MAP out how many programs THS is using in the different areas and attempt to consolidate them. Most of these programs are outdated, not user friends and can be incorporated with other programs.
- Improve the intranet and website site as it is very difficult to navigate and find referrals.
-

3 What information should be prioritised for addition to the My Health Record to assist clinicians in treating patients across various health settings (e.g.. GP rooms, Hospital in the Home, Hospital, Specialist Outpatients)?

- Digital copies of THS referrals that have been made during an admission.
-

4 What are the opportunities to develop a digital interface between hospitals and other care providers (such as GPs, aged care and the private system) to improve the timely sharing of patient information?

n/a

5 What information would help to improve your experience as a patient or consumer interacting with public hospital or health services in Tasmania?

- Patients own discharge summary, a basic summary of why they were admitted, what to do on discharge, medication changes, a point of contact for patient, what services will be contacting etc. Its mind boggling that patients will be admitted for months, have a rushed discharge and are sitting out the front of the RHH with no paperwork about their admission. Before they are discharged the patients are generally bombarded with information about outpatient appointments, following up with your GP, having to have this blood test, see this physiotherapy etc but nothing written down for them. Often, they don't even know what ward they have been on.
  Patients own discharge summary would also assist with the delay between in their GP receiving a discharge summary from the RHH which can take anywhere between 1-5 days and occasionally never. At least the patient would have their own discharge summary for the GP to have a reference of why they were admitted.

6 What technology would be best to help you to deliver improved patient outcomes?

- A modern and integrated referral system.
- Digital patient notes that can be inputted through an Ipad or computer station.
- Reduction in the number of outdated programs THS uses.
- 7 How can we use technology to empower patients with their own self-care?

8 What is the key paper or manual administrative process that would provide the most benefit to digitise/bring online?

- Notes and Observations.

  Digitising Notes and observations would allow overall better patient outcomes during their admission. The large number of staff and health professionals gaining access of one paper based patient file can be problematic. If notes and observations were on say the DMR this would allow multiple staff to access notes and real-life observations. This would also reduce time spent by staff finding patients notes, allowing clear precise information not be confused because of poor handwriting, reduce the volume of scanning for the staff in medical records and Doctors can review Observations remotely etc.

- Referrals – this is a major priority to reduce risks/mistakes, its 2021 and THS has so many different paper-based referrals for so many different areas that you spend a large percentage of your working day just finding a referral on the intranet. A central referral portal that has a collective of referrals for within THS, out of THS and into THS.

Reform Initiative 3a – Consultation questions:

1 What are the major priorities that should be considered in the development of a 20 year infrastructure strategy?

- Acute mental health hospital.
- Community nursing hubs within Sorell, Brighton and Northern Suburbs
-

2 How should the Government ensure we achieve the right balance of infrastructure investment across the range of care settings including acute, subacute and care delivered in the community?

n/a

3 How do we ensure current facilities continue to be invested in appropriately so they continue to be fit-for-purpose?

n/a

4 What are the key factors that should be considered in the development of modern health facilities in a community setting – e.g. location, proximity to other community services?

- Fit for current needs as well as future needs. Glenorchy Health Centre is a great example, they have a purpose-built ACC centre that has been built for future demand. Currently only using half of the available space but anticipate increase in demand of services.
- Kingbrough Health Centre, this wasn't purpose built for community nursing services. Current situation is not adequate for the demand on service that will come over the next 10 years. It should have included a ACC at the least.
- Purpose Built health centre at Brighton that includes adequate space for Community Nursing services. This centre can service the northern suburbs/Bridgewater/Gagebrook.
- Expanding the Sorell health centre.

5 How do we integrate our capital investment planning with the private sector to help complement and/or supplement the public system?

- Investing in the private sector Rehab wards would assist with patient flow.

Reform Initiative 3b – Consultation questions:

1 How should the Health Workforce 2040 strategy be further refined to guide and inform the development of a strong and sustainable professional workforce that is aligned to meeting the future health needs of Tasmanians?

- Incentives, this would include the post graduate studying should be completely 100 Scholarship from THS for the staff member's first postgraduate study. If the staff member would like to study another postgraduate they should they only receive 75% scholarship from THS.
- An incentive could also be in place that the Tas Government give a 1% bonus to new graduates to put towards their hecs-debt. This would create interest from interstate graduates as well as retain new graduates within the state.

2 How do we work with the private sector, as well as other levels of government, to ensure our combined workforce serves the future needs of our community?

n/a

3 What steps can be taken to improve the State's ability to attract and retain health professionals in regional areas, particularly the North West?

- Incentives, mostly financial or post graduate study.
-

4 What innovations or changes are needed to our health workforce to more closely align our professional health teams with the future needs of Tasmanians?

n/a

5 How do we support health professionals to work to their full scope of practice?

n/a

6 How do we support Tasmanians to access the education and training they need to be part of the State's future workforce?

Advertise in high schools by having a THS representatives go around explaining what career options there are in the THS, what financial benefits come with working for THS and options for career progression.

Reform Initiative 3c – Consultation questions:

1 How could a Statewide Clinical Senate assist in providing advice to guide health planning in Tasmania.

- This would work but you would require representatives from all levels of health care not just the senior level staff.

2 How can we better engage meaningfully and effectively with consumers and other key stakeholders in health service planning, delivery and quality improvement?

- Flyers with a link to a survey given out to patients with prize incentive. Drawn every quarter.

3 How can we strengthen and optimise consumer engagement and participation at all levels of healthcare including: a. Personal: participation and engagement in a person's own care b. Local: participation and engagement in service improvement at a local level c. Policy and service system: participation and engagement in planning, developing, reviewing, evaluating and reforming services at a system level?

- Incentives.

4 Are there particular models of consumer engagement and participation that we should consider?

n/a

5 How can we improve opportunities for consumers to feed back on their healthcare including following discharge from care?

- Introduce a patient discharge summary, included on the summary a contact email/phone number asking the patient to give confidential feedback from their admission.

6 How do we strengthen education and training for health professionals and health policy makers and planners in relation to the importance of consumer engagement and participation across all levels of healthcare?

n/a

7 What format would be best to engage our future health leaders?

- Offer post graduate studying with a 100% scholarship for certain leadership courses.
- Ask Nurse Unit Managers to nominate potential leaders, these nominate staff could then be offered courses, mentoring or post graduate study.