Tabled 13 August 2015

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THE LEGISLATIVE ASSEMBLY FOR
THE AUSTRALIAN CAPITAL TERRITORY

GOVERNMENT RESPONSE TO THE AUDITOR-GENERAL'S REPORT NUMBER 4 of 2014: GASTROENTEROLOGY AND HEPATOLOGY UNIT, CANBERRA HOSPITAL

Presented by
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1. Overview

On 13 February 2014 the ACT Auditor-General, Dr Maxine Cooper, advised ACT Health that, pursuant to the *Auditor-General Act 1996*, she would be conducting a performance audit on the outpatient services provided by the Gastroenterology and Hepatology Unit (GEHU), Canberra Hospital.

The audit criteria were:

1. Outpatient services provided by the GEHU are accountable and appropriately controlled in terms of governance and management systems to provide the best possible patient care.
2. Outpatient services provided by the GEHU are meeting Government expectation and community needs by delivering timely, appropriate and value for money healthcare to patients

The audit focused on the administration and triaging of outpatients by the GEHU from the period 1 January 2012 to 30 September 2013. The Auditor-General did not examine the broader operations of the GEHU, Canberra Hospital or the Health Directorate that were not related to the provision of outpatient services by the GEHU.

The initial investigation of the Auditor-General's Office and Public Interest Disclosure found that there was no maladministration negligence or impact on the public health safety; however as a result of the initial investigation it was decided to undertake a performance audit of the GEHU.

The objective of the audit was to provide an independent opinion to the ACT Legislative Assembly on the effectiveness of administrative triage practices of outpatient services provided by the GEHU at Canberra Hospital.

As part of the audit, an independent expert was commissioned to review the GEHU consultant's triaging and outcomes of a selection of patients. This expert found that "the triage category was appropriate in the vast majority of cases" and for those cases where outcomes could be assessed "the patients were managed appropriately and in a timely manner". While acknowledging the scope for improvement within the GEHU, ACT Health is reassured by the independent expert's assessment.

While there has been some criticism of the GEHU's triaging processes, the independent expert found no evidence to suggest that this has resulted in any adverse clinical outcomes, and the clinical care provided through the Unit continues to be of the high quality expected in a Tertiary facility.

In the Performance Report, the Auditor-General concluded that in relation to the Delivery of Services, the GEHU outpatient waiting list has not been managed effectively due to inadequate strategic management, rather than a lack of resources.

The Auditor-General's Performance Audit Report – Gastroenterology and Hepatology Unit, Canberra Hospital (the Report) was tabled in the Assembly in June 2014. The review of the GEHU overall and the recommendations fell into two categories: governance and operations.

2. General Comments

The ACT Government welcomes the Auditor-General's Report. The Report comprises of two recommendations in relation to governance and operations. The Government has provided a response to each recommendation and has agreed to all recommendations from the Auditor-General either in full or in part, which is detailed further below.

The ACT Government is committed to provide timely services to all patients accessing care through ACT Health and transparent processes in the management and governance of operations in all clinical units.

The GEHU has been allocated approximately $300,000 in growth funding over four years from 2014-15 until 2017-18 to enhance and increase endoscopy services and procedures, in line with the ACT Government's election commitment to fund an additional 1,800 procedures over four years. There has been sustained growth in endoscopy activity with the 12 month endoscopy target already reached after 10 months.

A revised reporting structure for administrative staff has been implemented in the GEHU. All administration staff have been combined under one management model to provide overall leadership and management of all GEHU referrals. A senior medical specialist is leading this work with significant progress towards triaging and booking patients. This has resulted in:

- standardisation of core procedures
- accurate and consistent reporting processes
- creation of professional structure
- maximisation of clinician time spent of clinical functions
- standardised role descriptions for administrative staff have been developed

The Unit has seen a 16 percent increase in non-admitted occasions of service (outpatient clinic visits) from 6,601 in April YTD 2013-14 to 7,632 April YTD 2014-15.

Changes have been introduced to improve processes for acceptance and registration of referrals. A focus on increasing Gastroenterology Consultants utilisation of information technology systems to triage has been undertaken in an effort to streamline referral processing.

An audit of patients awaiting appointment with the GEHU is being undertaken. When the audit commenced in March 2015 there were 1,733 patients awaiting appointment. As at 9 June 2015, the audit has seen a decrease in 829 patients awaiting an appointment to 904. Reasons for the decrease include patients seen privately, patients no longer requiring appointment and for patients who still required an appointment, one was provided.

HealthPathways has been established for Gastroenterology and Hepatology Services, in collaboration with the ACT Medicare Local, Southern NSW Medicare Local and Southern NSW Local Health District. The system is an ideal tool in managing demand and supports enhanced integration between the primary health care and secondary/tertiary health care sectors.

HealthPathways promotes evidence based guidelines for General Practitioners (GPs) to manage patients with gastroenterology conditions in primary care and outlines indicators to refer patients to the GEHU, if required. *HealthPathways* has been developed to increase the quality of referrals to specialist services and improve the wait time for patients accessing specialist care.

HealthPathways is also used in the tertiary care setting by the GEHU when discharging patients to their primary care provider / GP. The system provides evidence based guidelines to manage patients within primary care and triggers for specialist referral which are GEHU promulgated.

A service innovation and redesign framework project has been undertaken to manage the demand and flow of patients within GEHU who require Outpatient clinic visits and procedures. This project aims to improve flow, to create efficiencies and to improve utilisation of available resources

The Executive of the Division have encouraged consultant staff within GEHU to take the lead for the management of the Unit, with recognition that the Director of the Unit will require operational support from nominated Leads within the areas of subspecialty. The appointed Service Leads will encourage and lead work in developing performance indicators and outcome measures that are based on previously published data for the sub-specialty areas. An Expression of Interest for the Service Lead role was sent to all consultants in the GEHU, and the Service Lead for the General Gastroenterology and Endoscopy sub-specialties has been established. These two areas of sub-specialties account for 70 percent of the new patient demand in the GEHU.

The Liver sub-specialty accounts for 20 percent of new patient demand and Inflammatory Bowel Disease (IBD) accounts for 10 percent of new patient demand in the GEHU. Service Leads for Hepatology and IBD are likely to be nominated in the coming months.

Enhancements to the eReferral system have been identified and are being developed which will improve the services visibility of their demand, enabling better management of appointment requirements.

The phone system for the GEHU has been simplified which will ensure phone calls are answered, and where this is not possible, phone messages will be returned. The previous phone structure was inadequate, complicated and included prompts which lead to a phone number without voicemail or that went unanswered. These changes will make it easier for consumers to get through to the staff in the GEHU. The changes took place as of 30 September 2014 and are being monitored on an ongoing basis.

The Executive Director of Medicine and Clinical Director of Medicine have met with the doctors of the GEHU and have finalised clinic allocations which allows for increased clinic time for some doctors and incorporates an increased emphasis on seeing of new referrals for each clinic, allowing for more patients to be seen overall.

Recommendation 1 (Chapter 3)

The Health Directorate should improve the governance of the GEHU by:

(a) the three month outpatient administration structure pilot (commenced 17 March 2014) being evaluated to inform how best to provide medical transcription and outpatient referral processing and scheduling of services;

Agree - A revised reporting structure for administrative staff has been implemented in the GEHU. All administration staff have been combined under one management model to provide overall leadership and management of all GEHU referrals. Senior medical specialists are leading this work with significant progress towards triaging and booking patients. This has resulted in:

- standardisation of core procedures
- accurate and consistent reporting processes
- creation of professional structure
- maximisation of clinician time spent of clinical functions
- standardised role descriptions for administrative staff have been developed

(b) recording actions items and outcomes for the Division of Medicine Executive Meeting and the meetings between Executive and the GEHU. These should record decisions and actions agreed; be tabled and approved at subsequent meetings; and evidenced as such. Key messages from these meetings should be routinely communicated to staff and management;

Agree-in-Part - A detailed Action Statement, rather than Minutes of the meeting, is utilised.

The Action Statement records meeting attendees, the action, information about discussions relating to the action, the outcome/decision and the progress of each item. The Unit Director then facilitates communication of the actions to the staff of the GEHU.

The Division of Medicine Executive, GEHU Unit Director and Business Support Officer have arranged ongoing fortnightly meetings which commenced in July 2014.

(c) The GEHU developing and implementing a business or action plan that prioritises strategies in the Directorate and Divisional strategic plans. The GEHU business or action plan should include key performance indicators (refer to recommendation 3d) and be regularly reviewed, at least annually, and finding from this reported to the Division of Medicine Executive Meeting.

Agree - The Division of Medicine has a Business Plan that encompasses all clinical areas within the Division, including the GEHU. This Business Plan has been completed.

The GEHU has a specific Scorecard that is reported on monthly in the Scorecard meetings with Canberra Hospital Executive. The reporting includes KPIs for the GEHU and the results of each month as well as information regarding variances from the target.

(d) The GEHU documenting its risks as part The GEHU developing, monitoring and reporting on key performance indicators (including setting targets) that cover all of its activities:

- **endoscopy (already the subject of a key performance indicator and target);**
- **care for inpatients with gastroenterological diseases;**
- **medical services;**
- **clinics for outpatients with viral hepatitis, liver disease inflammatory bowel disease, gastrointestinal cancer and other complex gastrointestinal disorders; and**
- **clinics for participants in the National Bowel Cancer Screening Program**

Agree - The GEHU reports on KPIs on a monthly basis is the divisional scorecard meetings. KPIs report on referral management, endoscopy waiting lists, GEHU procedures and occasions of service.

(e) The GEHU documenting its risks as part of its Business Plan, and reporting (at least annually) on any risk issues to the Division of Medicine Executive Meeting

Agree - GEHU risks are documented in the Divisional Business Plan as well as the Divisional Risk Register. The Business Plan reflects risks and their operation management strategies. This is undertaken in collaboration with Unit staff as appropriate.

Risks are reported on in the divisional Quality and Safety meeting which meets monthly and the Tier 1 Canberra Hospital and Health Services Quality and Safety Meeting which meets quarterly.

When incidents are reported through the IT system Riskman, a copy is sent to the relevant executive member (unit director/DON/ADON etc) who reviews each risk and actions taken.

Recommendation 2 (Chapter 4)

The Health Directorate should develop and implement an action plan to reduce and stabilise the GEHU outpatient waiting list and guide GEHU in providing the best possible patient care. This plan should include actions to:

(a) Define targets (including specific ones for categories and the number of clients triaged per full time staff specialist) and adopt guidelines for GEHU triaging.

Agree - Targets have been developed in order to increase access to GEHU services and minimise waiting time. The Unit is progressing this and have met with all the Staff Specialists to increase new patients and increase patients seen across all services.

Targets have been agreed via Performance Plans between the Division of Medicine Executive Clinicians to increase the number of clinics and decrease the number patients awaiting appointment.

(b) Increase the use of electronic referrals to the GEHU by GPs.

Agree - All GEHU consultants are triaging electronically via the Clinical Portal.

(c) Require that all GEHU health professionals report incidents where patient care has the potential to be compromised because of an incident, and do this using Riskman.

Agree - All clinicians of the GEHU are aware that they must report all incidents in the Riskman system.

(d) Investigate options to improve clinic organisation to be able to respond to varying patient demand.

Agree - The Executive Director of Medicine and Clinical Director of Medicine have met with the doctors of the GEHU and have finalised clinic allocations which allows for increased clinic time for some doctors and incorporates an increased emphasis on seeing of new referrals for each clinic, allowing for more patients to be seen overall.

A locum staff specialist has been recruited to add additional endoscopy clinics in June and July 2015.

(e) Specify initial appointments per clinic and the type of patients seen in each clinic (general or sub-specialty) to provide clear direction on the work they are expected to complete in a four week clinic cycle.

Agree - Through meetings with the Division of Medicine Executive and GEHU clinicians, agreements have been put in place for each clinician's clinic, including the number of patients (initials and follow ups) to be seen in each clinic.

(f) Develop a process to guide clinic appointments being organised according to the urgency of a patient's symptoms (their triage category) and not according to referral type (named or generic/NTANS; or general gastroenterology or sub-specialty).

Agree - Service Leads have been appointed to manage outpatient referrals for the GEHU. This work has ensured that referrals are distributed equitably to all clinicians of the unit and the number of GEHU patients with referrals awaiting clinical triage continues to decrease.

(g) Electronically perform referring, triaging and scheduling and if this is not possible, having as many steps in the process as possible performed electronically.

Agree - Changes have been introduced to improve processes for acceptance and registration of referrals. A focus on increasing Gastroenterology Consultants utilisation of IT systems to triage has been undertaken in an effort to streamline referral processing.

(h) Incorporate information on probable waiting times and alternative treatment options in letters provided to all registered GEHU patients by GEHU administration.

Agree - A Service Innovation and Redesign Framework project has been undertaken to manage the demand and flow of patients within GEHU who require outpatient clinic visits and procedures. This project aims to improve flow, create efficiencies and to improve utilisation of available resources.

(i) Assess the merits and limitation of introducing 'open' endoscopy referrals in the GEHU.

Agree – The assessment has been completed.

(j) Develop and implement criteria that must be met before GEHU outpatients schedule an appointment.

Agree- This has been completed and the work is lead by the Unit's Service Leads. Service Leads have been appointed to manage outpatient referrals for the GEHU. This work has ensured that referrals are distributed equitably to all clinicians of the unit and the number of GEHU patients with referrals awaiting clinical triage continues to decrease.

Work around *Health Pathways* in collaboration with ACT Medicare Local will assist in defining the patient journey and the role of GPs and the tertiary Gastroenterology service at Canberra. *HealthPathways*, including a Gastroenterology pathway, has been active as of April 2015. The pathway triggers for specialist referral which are GEHU promulgated. The *HealthPathways* system is also used in the tertiary care setting by the GEHU when discharging patients to their primary care provider/GP.

(k) Affirm and/or expand the role of GPs (eg shared care) in supporting patients attending GEHU outpatients.

Agree - Work around *Health Pathways* in collaboration with ACT Medicare Local has assisted in defining the patient journey and the role of GPs and the tertiary Gastroenterology service at Canberra Hospital. The gastroenterology pathways provides evidence based guidelines to manage patients within primary care.

Liver Services are provided in the form of outreach at the AMC in collaboration with Justice Health.

Outreach services are also being explored for the ATSI patients at Winnunga Nimmitjara to increase access and compliance with management of liver treatment for ATSI patients.

(l) Use Riskman data and reports to address areas of concerns identified thorough incident reporting.

Agree - All clinicians of the GEHU are aware that they must report all incidents in the Riskman system.

(m) Collect analyse and report on GEHU data in order to strategically manage GEHU resources and demand for GEHU services.

Agree- Data specific to the GEHU is now reported on a monthly basis at Divisional meetings which allows the service transparent visibility of demand and enables improved resource management.