

Caring Together: Major improvements to patient care and safety

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The role of senior nurses will be radically overhauled, more positions created for doctors specialising in hospital care, and transport fees for pensioners who have to travel long distances for care abolished as part of a \$485 million response to the most comprehensive review of health services undertaken in NSW.

“The Special Commission of Inquiry undertaken by Peter Garling SC provided a no-hold-barred analysis of our hospitals and health services,” said Premier Rees.

“What Mr Garling found was that while our health services are of an excellent clinical quality, the system is bogging our frontline staff down in paperwork and bureaucracy.

“We have to take this opportunity to swing the focus of every person and every decision back to where it should be – on the patient.

“The Garling Report showed that we must ensure patients get not only the best medical treatment in our hospitals but also the best care and are treated with compassion.

“Being in hospital can be a very traumatic time and we must do everything in our power to provide patients and their families with the care and support they need.”

Mr Rees said the Government's response *Caring Together: The Health Action Plan for NSW* had been developed after extensive consultation with staff in all facets of the health system.

“The first phase of our approach is about immediately putting in place commonsense initiatives that go to the heart of the Garling report including:

- Changing the role of senior nurses and midwives to become a *Nurse in Charge*, or *Midwife in Charge* and removing much of the burden of paperwork, allowing them to focus on coordinating services and care around the needs of each patient. The Nurse/Midwife in Charge will also be responsible for:
 - responding immediately to any deterioration in a patient's condition;
 - supervising the work of junior staff;
 - ensuring patients and their families understand what is happening with their care;
 - making sure patient's meals are served appropriately; and
 - making sure ward areas are clean and hygiene standards are being maintained.
- Providing an extra 500 ward-based Clinical Support Officers - an investment of \$176 million over four years - to allow doctors and nurses to focus more on patient care.
- Improving infection control in wards and units, with an extra \$6.3 million per year to be spent on extra cleaning staff for all major metropolitan and regional hospitals.
- Investing \$22 million over four years to expand out of hours and weekend coverage of allied health staff, who play a vital role in supporting the needs of patients,
- Building on existing training programs with a \$25 million transition to work program for graduate doctors, nurses and allied health workers
- Providing an extra 20 trainee specialist places in outer metropolitan and regional areas and providing another \$8 million over four years to support more senior doctors to specialise in hospital care
- Requiring health executives to publish information such as budget and performance so staff can use it for planning and improvement at a local level.

- Establishing a Bureau of Health Information to independently provide information on the performance of the health system, and fast-tracking health Information Technology systems.
- Establishing an Executive Medical Director position in each area to improve communication with staff and give staff more of a say decision-making at a local level.

“These add to measures we have already foreshadowed including: returning to gender-based wards wherever possible, increasing the number of nurses in emergency departments to assist patients waiting for assessment, and enhancements to the Hospital-in-the-Home program for elderly people or patients with chronic diseases.

“The focus of this Action Plan - the first of a three stage approach to revitalise public hospitals - is to build on the great tradition of our health system and promote a stronger culture where the care and treatment of the patient is at the centre of everything we do,” Mr Rees said.

NSW Minister for Health, Mr John Della Bosca, said that of the 139 recommendations made in the Garling report, 134 had been accepted.

“There were only two recommendations not accepted: Refunding patients for medication for hospital-acquired infection after being discharged is not supported as it is difficult to determine whether infections are related to breaches of infection control or an inevitable consequence of an injury.

“Creation of a non-Ambulance trained driver position was also not supported because it is important to have as many trained paramedics in a vehicle as possible in case of incidents involving multiple patients,” Mr Della Bosca said.

Advice from clinicians and community representatives was that further consultation needed to be undertaken for a further three recommendations relating to:

- Birthing services for low risk procedures.
- The establishment of a new NSW Kids hospital
- Paramedics staying with patients in Emergency Departments until the start of treatment.

“*Caring Together: The Health Action Plan for NSW* initiatives are only the beginning of important changes to deliver improved patient care and safety across the State now and into the future,” Mr Della Bosca said.

“Stage two – to be implemented six months from now - will involve a progress report and further sustainable changes to link health services to community need, the available skilled workforce and resources.

“Stage three will be an intergenerational plan for the future which will start in 18 months time,” he added.

“There will be regular public reporting on progress,” Mr Della Bosca added.