

Better Skills Best Care 2009–10

Department of Human Services
Service and Workforce Planning Branch

Better Skills Best Care (BSBC)

The *Better Skills Best Care* (BSBC) strategy aims to create a more sustainable health workforce through developing roles and restructuring workforce practices to provide better outcomes for patients, promote greater work satisfaction for staff and contribute to more efficient and sustainable health services.

BSBC Stage 1

As part of BSBC stage 1 the department funded 36 role-specific projects in 2005–06 to examine locally based opportunities for workforce innovation. These pilots included a wide range of support and professional roles in a variety of settings. The *Better Skills Best Care stage 1 final report* (2007) provides an overview of the piloted roles and project impacts and is available at: http://www.health.vic.gov.au/workforce/downloads/bsbc_report_stage01_2007.pdf.

Work progressed with BSBC Stage 2 and BSBC 3 projects which aimed to support an assistant workforce, included the rollout of the advanced practice professional roles (within current legislative and regulatory frameworks) that were piloted through BSBC Stage 1, trial further advanced practice professional roles and explore opportunities to restructure the workforce.

BSBC Stage 2

In November 2005, as part of BSBC stage 2, the department began to examine comprehensive workforce design opportunities from a service-wide approach in anaesthetics, emergency and intensive care.

Stage 2 pilots commenced in anaesthetics and emergency departments in 2007 and 2008. These new models have the potential to upskill nurses to take on some instances of non-medical delivery of sedation, test third-tier assistant to all health professionals in emergency departments and develop an alternative (VET prepared) worker for anaesthetic services. Research on the intensive care unit (ICU) workforce, particularly focusing on support roles in an ICU environment, is underway, which may inform future projects in the area.

Stage 2 pilots will be finalised in 2009. A full independent evaluation of the roles is being undertaken.

BSBC Stage 3

BSBC stage 3 involves several strands of workforce reform activity. The first strand explores new ways of working across health service workforces that are responsive to needs identified by health services. Examples of some of the projects being implemented through stage 3 follow.

BSBC 3.1

Hospital at Night

Hospitals identify patient safety and quality of care as key outcomes for service delivery, including risk management in hospitals after hours. These issues are confronted by most health services.

The Hospital at Night (H@N) concept identifies new ways of working that can lead to safer, more effective and efficient overnight cover arrangements. H@N consists of providing cover at night through a multidisciplinary night team. The team encompasses the competencies to cover a wide range of interventions but has the capacity to call in specialist expertise when necessary. This contrasts with the traditional model of junior doctors working in relative isolation and in specialty-based silos.

H@N provides an opportunity to develop new roles and innovative approaches to care delivery; increased multidisciplinary working; improved inpatient care 'out of hours' across the hospital; and potential improvement in staff satisfaction.

The H@N model has been implemented and rolled out successfully overseas with improved patient safety and quality of care, improved clinical support of overnight staff, increased staff satisfaction, improved work process and patient flow, and improved career pathways to retain experienced nurses in clinical delivery.

Under the auspices of Better Skills Best Care the department is exploring the H@N concept in Victoria. Initial diagnostic projects are being undertaken in four hospitals to identify problems and develop solutions with statewide application. A diagnostic toolkit and potential models of H@N are being developed as part of the projects.

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Developing an interdisciplinary model of workforce

The majority of the health workforce delivers care in multidisciplinary teams or workgroups organised around a patient diagnostic grouping or via organisational structures or locations. In current practice however, duplication, waste and inefficiencies emerge as team members too often function as individual clinicians under a profession-based model.

The Royal Children's Hospital is conducting a project under the auspices of Better Skills Best Care to examine how multidisciplinary teams function to provide a clinical service. The project aims to ensure that clinical services utilise the workforce in the most efficient, patient-focused and effective manner. Principles of lean methodology will be employed. The objective of the project is to develop a comprehensive framework and outline the necessary steps to assist patient-focused teams in Victorian healthcare services to move to interdisciplinary practice. The framework will be trialled, validated and further developed in several areas of clinical service delivery. The project is in its final phase.

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Workforce redesign in aged residential care

Older Victorians should be supported and encouraged in all aspects of their lives and not be defined by their health and care needs. In residential aged care, this requires an approach that considers residents' clinical, emotional, lifestyle and other support needs, with a focus on maintaining wellness and promoting quality of life. Service and workforce models in residential aged care need to facilitate a homelike environment that enhances residents' functional capacity and maintains social connections to family, friends and communities – goals to which the department's Aged Care Branch is committed. A better evidence base is needed to demonstrate how the workforce could be redesigned to better achieve these outcomes.

The department is working in partnership with Southern Health and Deakin University to prepare for the commissioning of a new aged residential care facility as a 'teaching-learning nursing home' (Chestnut Gardens). Under Better Skills Best Care a workforce redesign project in aged residential care is aimed to respond to a range of issues including residential lifestyle and care, workforce capacity and service sustainability. The project will identify whether (and if so where) changes to existing workforce models and/or roles could promote a more resident-focused approach incorporating best practice and clinical risk management within a social model of care.

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Foot and ankle elective surgery feasibility study

The foot and ankle feasibility study is examining ways to better meet the demand for foot and ankle elective surgery services.

The key objectives of the feasibility study are to:

- more accurately define the extent of the problems associated with foot and ankle elective surgery waitlists
- analyse a range of possible alternative solutions to enhance access to foot and ankle elective surgery services
- contribute to an evidence base that will assist decision making regarding the best models to better meet demand for foot and ankle surgery.

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Enabling nuclear medicine technologists pilot project

Until recently, patients underwent diagnostic computerised tomography (CT) and nuclear medicine investigations on different machines provided by radiographers and nuclear medicine technologists respectively. Recent changes in technology now enable both studies to be performed on one machine by one professional.

The nuclear medicine pilot aims to map, develop and deliver the necessary training such that nuclear medicine technologists can safely and competently perform CT examinations on hybrid imaging equipment. The impact of the service change will be evaluated post-pilot but the expected impacts are an improved patient journey, improved quality of co-registered images and streamlined reporting of the studies. The pilot is an industry-led project that was initiated by the Victorian Society of Nuclear Medicine Technicians (VSNMT).

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BSBC 3.2

The second strand of BSBC continues exploring the potential of further advanced practice professional roles to provide better outcomes for patients, promote greater work satisfaction for staff and contribute to more efficient and sustainable health services. Examples of some of the projects being implemented through this phase follow.

Barwon Health advanced pharmacist role in emergency department pilot

This is a pilot study to evaluate introducing an advanced emergency pharmacist practitioner (AEPP) role into emergency departments (EDs). The pilot's objective is to determine if an AEPP taking the medication history and transcribing the medication chart in the ED can improve outcomes for patients and staff.

The first stage of the pilot is to evaluate the impact of an AEPP in ED on:

- the continuity of care medication pathway
- the accuracy of medication orders
- the release of medical staff time
- staff and patient satisfaction.

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Peninsula Health pharmacy redesign project

The Peninsula Health pharmacy redesign project aimed to assess the role of an experienced pharmacist in generating electronic discharge prescriptions that are then reviewed and signed off by a medical officer (MO).

The pilot demonstrated that a pharmacist can substitute the MO's prescribing role in a safe, cost effective and timely manner.

The objectives of the project were to:

- implement a pharmacist-initiated electronic discharge prescription transcription service at Frankston Hospital
- improve discharge planning and reduce bed block by facilitating timely discharge prescribing
- improve prescribing quality
- provide support and education to junior doctors regarding preparing prescriptions and safe prescribing processes
- reduce medical officers' workload and increase their time for alternative clinical activities.

Peninsula Health's executive director has nominated the project for two awards:

- the Victorian Public Health Care Awards Under Category 4 – Improving health service safety and quality
- the ACHS Quality Improvement Awards 2008 under the category of Clinical Excellence and Patient Safety.

This project has led to the ongoing employment of a PETS pharmacist service at Frankston Hospital. It is the first full-time pharmacist dedicated to transcribing in Australia.

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Botulinum toxic injections to treat spasticity in adults and paediatrics feasibility study

The aim of this quantitative and qualitative feasibility study is to identify the problems around using BoNT-A for treating focal spasticity within Victorian health services. The study will examine and analyse a range of possible alternative solutions and provide recommendations on the best alternatives.

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Pain management multidisciplinary triage model evaluation

This is an evaluation study into the triage process that was set up in 2007 whereby a physiotherapist reviews new incoming referrals on behalf of the psychologist and anaesthetist. This service expedites the referral pathway for these patients as they are directly sent onto the service that they require.

Patients identified as having conditions likely to be amenable to either physiotherapy or psychology interventions are triaged directly to these disciplines. If on assessment the patient needs the additional skills of the anaesthetist, that appointment is then fast tracked.

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BSBC 3.3

Workforce Innovation Grant Program

The third strand of BSBC Stage 3 began in November 2008, when the Department of Human Services invited submissions for health workforce innovation and reform projects under the Workforce Innovation Grant Program. The Workforce Innovation Grant Program was developed to identify, explore and trial innovations that improve workforce capacity and utilisation and the sustainability of service delivery while maintaining and improving quality of outcomes, efficiency and worker satisfaction. This was a much broader focus than the previous stages and was well responded to by the sector. Submissions were received from a broad range of service settings including hospitals, community health, disability, aged care, indigenous health and primary health, in both a variety of metropolitan and rural areas. Several proposals were for alliances or collaborative projects.

The projects were assessed against national workforce priorities and also reflected key Victorian workforce priorities and directions, including: increasing the use of the support-level workforce; addressing inter-professional historically based models of practice; recruitment and retention strategies for all ages and education levels in a time of a shrinking and ageing workforce; the use of a volunteer workforce, and building alliances and partnership approaches to workforce solutions.

17 projects were selected from across Victoria to be implemented in 2009 under the first round Workforce Innovation Grant Program. The successful proposals fell under one or more of three primary themes of workforce reform: workforce redesign (new and amended roles), workforce restructure and workforce planning. They comprise a range of practical solutions to existing or projected workforce shortages. They address the barriers to innovative change identified in earlier Better Skills Best Care projects and include key elements of success. The projects were selected to test innovation at the local level but have state wide applicability. Rural initiatives are well represented in the selected projects.

Workforce redesign is implemented through supporting work in new health assistant roles and advanced practitioner roles in physiotherapy, radiography and nursing to explore new models of care and have significant sector implications (for the workforce and access to services).

Workforce restructure includes exploration of models of delegation and supervision in innovative interdisciplinary and trans-disciplinary ways and the use of technology to fully realise potential workforce capacity

A number of projects support innovative approaches to **workforce planning** and/or workforce capacity building. Several will test alliance or partnership approaches to workforce that are suitable to different organisational settings and sizes.

A further aim of the Workforce Innovation Grant Program was to **engage the consumer voice**. Initial work in this area is supported in the second round of projects.

Specific details on each of the successful projects can be found at <http://www.health.vic.gov.au/workforce/skills>.

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