



Better collaboration through care coordination and rapid response team management



Introduction

Australia's health system is struggling under the pressures of workforce shortages¹ and increased consumer demand² from an ageing population³. These pressures are compounded by a fragmented health system, with responsibility for policy, funding and service delivery split between the federal and state/territory governments⁴.

These pressures existed prior to COVID-19 but have been exacerbated by the pandemic which placed additional stress on an already struggling system, resulting in a crisis situation in many sectors, including aged care⁵ and public hospitals⁶.

Australia's health workforce has been particularly adversely impacted by the pandemic⁷. After nearly three years of COVID, the health workforce is overworked, stressed and burnt-out. Shortages in key areas, such as aged care, are undermining the ability of the system to deliver high quality care.⁸

If these pressures are not addressed, Australia's health system will no longer be able to deliver the high quality care that the community expects.

There are no simple solutions to these complex and longstanding issues and some necessary strategies, such as training more nurses and aged care workers, will take time to deliver results. However, one promising area which can provide immediate gains is communications technology. New technologies provide opportunities to change the way in which we deliver health and aged care and better equip our health system to meet current and future challenges.

This has been recognised by international experts and commentators, including Deloitte's 2022 Global Health Care Outlook which identified digital technologies as a key area of innovation which can help health systems around the world respond to the pressures of the COVID-19 pandemic.

*"Bold plays in digital can help health systems solve a range of clinical and operational challenges and unwrap opportunities to move them along the path to the Future of Health."*⁹

The report identifies a number of ways in which smart, patient-centred and integrated technology and communications systems can relieve some of the pressures on our health system and support the delivery of high quality, patient-centred care.

Deloitte also notes that these technologies can also help us make best use of scarce health care resources and reduce the health system's carbon footprint – an important component of long term sustainability.

Below, this paper identifies key areas within the Australian health and aged care systems which could be improved through better use of technology, with a focus on communications and information exchange.

It has been developed in conjunction with Ascom¹⁰, a global solutions provider focused on healthcare ICT and mobile workflow solutions, to explore the potential for

technology and consultancy to solve many of the pressing challenges facing our health and aged care systems.

The paper also draws on a recent panel discussion between health experts and leaders at the 'Better collaboration through care coordination and rapid response team management' session, part of the International Forum on Quality and Safety in Healthcare (the Forum) held in Sydney, Australia on 24-26 July 2022 and jointly organised by the Institute for Healthcare Improvement and the British Medical Journal.¹¹

At that session, panel members with a wide range of experience across the Australian health sector identified some of the challenges they had faced over the COVID-19 pandemic and discussed the importance of better communications in health care settings during this period.

Technology and communications in the Australian health system - Background

Australia's health system, like that in many other countries, lags behind other sectors of the economy when it comes to the uptake and use of communications and other technologies.¹²

While there are some isolated examples of innovative technologies within hospitals, overall our health system has not realized the potential of communications systems and other technologies to deliver integrated and patient-centred care.¹³

The Minister for Health, Mark Butler, recently recognized the potential to improve this aspect of our health system at a recent webinar hosted by the Consumers Health Forum.¹⁴ At that event, the Minister expressed his concern that the health sector has not been as quick as other service sectors, such as banking and retail, in adopting technologies to improve the service provided to consumers.

One important way in which information technology can improve health care is through enabling better communications and information sharing within health care settings.¹⁵ Communication issues are a common cause of medical errors, in particular when care is being provided by a team of

health care workers and/or across multiple settings. There is considerable evidence that links the use of information and communication technology to improvements in patient safety and quality of care.¹⁶

Innovative applications of information and communication technologies can enable health care providers to access clinical information efficiently and conveniently and act upon time-sensitive information more effectively, which improves care and increases their productivity.¹⁷ In a busy hospital setting, coordinated and unified communications systems can also reduce alarm fatigue, coordinate dispersed teams and close information gaps which can impact coordination and workflows.¹⁸

Outlined below are six key areas in which technology can be used to address some of the most pressing challenges facing our health system.

Clinical care team communications

All health care involves communication and the more urgent and complex the care, the more important it is to have efficient and effective communications systems in place.

This issue was highlighted by panel members at the Forum, in the context of the COVID-19 pandemic which required them to respond to an unknown and rapidly changing situation without adequate guidance from past experiences.

Dr Owen Hutchings, Clinical Director of the Royal Prince Alfred Virtual Hospital described the challenges of managing large staff redeployments during the early stages of the pandemic:

“We had a lot of new junior staff coming on board into a different working environment. This meant we needed to share a large volume of clinical information in real time – we didn’t have a system already in place so we needed to build the plane as we were flying it. ICT processes are vital in these situations to embed clinical safety and use technology to support the delivery of high quality care.”

Another important theme of the panel discussion was decision making under conditions of uncertainty. Panel members discussed how this is sometimes unavoidable, particularly in a new and rapidly evolving situation such as the COVID-19 pandemic. In these cases it is vital that clinicians and health service managers have access to as much data as possible to use when making decisions.

Dr Hutchings described how clinicians are used to basing their decision making on evidence but that this was not possible in the early stages of the pandemic. He highlighted the crucial role of having systems in place for ongoing data collection and monitoring to collect evidence and share with clinicians to inform their decision making and other processes, such as the development of treatment protocols.

These examples illustrate the motivation behind Ascom’s Healthcare Platform¹⁹, an integrated IT and communications platform which enables the creation of end-to-end communication and coordination solutions in health and aged care settings.

This platform bridges information gaps across points of care and care team members, to support better-informed clinical decisions.

To ensure broad applicability the platform is open, vendor-agnostic and standards-based so it can integrate with a wide range of healthcare devices, systems and apps. This means that healthcare providers do not have to replace existing systems but can leverage existing infrastructure and investments.

One example of these solutions is a unified communications platform which alerts from multiple systems into one platform. This is an improvement on traditional healthcare and patient monitoring systems which operate independently with no inter-operativity, meaning that staff to carry multiple devices and juggle a range of different and often incompatible alerts.

As well as the inconvenience for care providers, this can lead to “alarm fatigue” and result in delays in responding to patients. It can also lead to inefficiencies in coordinating responses across care teams.

Ascom’s unified communications platform removes the need for multiple devices by integrating all communication channels to one platform, allowing for more streamlined information flows and a more effective prioritisation of staff to reflect patient needs.

Along with bridging digital information gaps and improving the immediate care of patients, this technology can also deliver analytics for reporting and actionable insights to deliver long-term workplace efficiencies, such as capturing the timeframes of which staff members respond to alerts, and which don’t,

to understand choke points in communication and workflows. This kind of enhanced visibility is invaluable to healthcare administrators when looking for ways to deal with staffing shortages, optimise workflows and deploy resources more effectively.

One place this has been implemented is the Mission Hospital in Southern California which worked with Ascom to develop and implement an ambitious comprehensive digital information platform called 'The One'²⁰.

This platform aims to optimize communication and collaboration, with patient-centric data delivered in near-real time to clinicians. By using the Ascom Myco smartphone and the Ascom Healthcare Platform, the platform

works with existing hospital IT resources, and third-party systems to put telephony, secure messaging, barcode scanning, a good camera, alert management/monitoring, nurse call, task assignment into clinicians' hands. It is now being used across multiple disciplines and roles: physicians, nurses, respiratory therapists, pharmacists, radiology, surgical services, environmental services, rehab/physiotherapy, laboratories.

This has resulted in streamlined information flows, which are helping to make more time available for direct patient care, enabled mobile clinicians to gauge the severity of an alert before interrupting a task and walking to the patient and reduced to one the number of communication devices carried by nurses.

Caring for patients across different settings

Communications are also critical in managing patient care across multiple settings. During the COVID-19 pandemic this has involved either caring for patients at home or in dedicated wards separated from the rest of the hospital.

Keeping patients with infectious diseases at home for as long as possible has a number of advantages. As well as minimising the risk of disease spreading in a hospital or health care settings, it is generally preferred by patients and saves hospital beds for those who need them.²¹

At the Forum, Dr Melanie Berry, Medical Director, Western NSW CCIC (Covid Care in the Community) described how important communication systems were in managing the care of patients with COVID who remained in their homes. This included over 13 000 patients, 40% of whom were Indigenous. Dr Berry stressed the importance of this program in taking pressure of hospitals and other health services during the pandemic.

Karol Petrovska, the Director of Virtual Care for NSW Health, also highlighted the importance of patient monitoring in supporting patients to remain in their homes as long as possible and said that it was important that health service managers and bureaucracies put systems in place to reflect this growing trend.

One key requirement for effective management of patients who remain at home is a robust communications system to monitor patients remotely and be able to communicate with care providers to escalate the level of care if required.

This was crucial during the COVID-19 pandemic and will become increasingly important as hospitals move beyond a "bricks and mortar" model and focus on providing care to patients in the most appropriate setting, linked by technology rather than physical location.

Technologies which allow for remote monitoring will also be important in supporting older Australians to live at home for as long as possible. One example of a technology system being used to support home-based care is Ascom's Digistat® Wearables system²², a kit consisting of wearable medical devices that are equipped with sensors and integrated with the Myco 3 professional grade smartphone²³.

This system is being used internationally, including at the Napoli 1 Healthcare Center²⁴, to chronically ill patients to be monitored at home. It enables vital parameters to be recorded automatically in the applicable app on the Myco 3 and sent to the patient's personal health records. This includes a cloud dashboard to give healthcare professionals a comprehensive and detailed overview of each individual patient's care.

As well as helping to maintain high quality care, the Digistat® Wearables solution reduces the workload of health workers and the potential for medical errors due to data gaps. This can be useful in monitoring patients affected by Covid-19 in quarantine at home to determine if they require an escalation of care.

Another use of wearable technologies, in conjunction with other Ascom solutions, is illustrated by Allium Healthcare in Singapore which aims to maximise the independence of residents in its aged care facility. This facility has innovative design which focuses on residents' privacy and personal space and supports freedom of movement throughout the facility's landscaped gardens and green spaces.

Working in close collaboration with Allium Healthcare to address their objectives, Ascom was able to implement a communication solution that focused on improving client care, workflow efficiency, and staff safety. The solution delivered was based on the following three pillars:

- 1** Mobile communications, enabled by the Ascom Myco smartphones, which allow staff members to receive calls, messages, alerts, service requests and information direct to their device, and to communicate and coordinate with colleagues while on the go.
- 2** Wander management, incorporating resident-worn pendants, sensors and low-frequency beacons. This allows at-risk residents to roam the facility and its gardens but automatically alerts designated carers should they attempt to exit through selected doors or other exit points. This solution also supports proactive monitoring. For example, an alert will be automatically sent should a resident repeatedly leave the bed or remain longer than usual in the lavatory. It also lets caregivers locate pendant-wearing residents with room-level accuracy—a critical benefit when responding to emergency alerts.
- 3** Nurse call – using the Ascom teleCARE IP nurse call system – which ensures alerts and requests from residents are distributed to designated staff members and their Ascom Myco smartphones. Residents and their families are reassured that alerts and requests are transmitted directly to caregivers. And staff members benefit from smooth mobile workflows.

Together these solutions have improved the quality of life for residents by providing them with more freedom, safety, and comprehensive care.

Nursing shortages and burnout

Addressing health workforce shortages will be crucial if Australia's health system is to meet the communities growing demand for care. Currently, Australia faces both a shortage and maldistribution of health professionals, in particular among the nursing workforce.²⁵

These workforce shortages are particularly affecting the aged care sector. The Aged Care Royal Commission²⁶ found that Australia's aged care system is understaffed and the workforce underpaid and undertrained. Specifically the Commission found that there are often not enough staff members, particularly nurses, in home and residential aged care and the mix of staff who provide aged care is not matched to the needs of older people. Inadequate staffing levels, skill mix and training are principal causes of substandard care in the current system, the Commission concluded.²⁷

A recent report from the Committee for Economic Development of Australia found that Australia is facing a shortage of at least 110,000 direct aged care workers within the next decade unless urgent action is taken to boost the workforce. This will require employing at least an additional 17,000 more direct aged-care workers each year in the next decade.²⁸

The ANMF National Aged Care COVID-19 Survey 2022²⁹, conducted from January 2022 to February 2022, found that frontline aged care nurses and care-workers were physically and emotionally burnt-out after working additional, long shifts without adequate breaks and often without access to proper-fitting PPE. The survey also found that 37% of nurses surveyed planned to leave their job within 1-5 years and 21% planned to leave within the next 12-months.

Health workforce is an issue on the political radar of political leaders of all jurisdictions. The Federal Minister for Health and Ageing, Mark Butler, recently held a roundtable to discuss nursing and other health workforce shortages and committed to working with health stakeholders to find solutions,

although he warned that there was "no quick fix".³⁰

State governments and oppositions are also making efforts to attract and retain nurses into the profession with the Victorian state government committing to paying university fees for students studying nursing³¹ and the state's opposition promising free public transport for nurses and aged care workers.³²

These measures are all welcome but will take some time to deliver results. Strategies to grow the nursing workforce also need to be accompanied by strategies to support nurses to perform at a high level in their workplaces. One innovation that can help to reduce nurses' stress and promote efficient workforce practices is an integrated and smart nurse call system. This is a system which captures and shares information from multiple sources to help enable faster response times, while empowering the patient to control their own environment.

An example of a "smart" nurse call system is the Ascom teleCARE IP Nurse Call solution which is being used by Anglicare in South Australia to improve the care provided to their aged care residents. This system works with Ascom Myco 2 handsets to connect the nursing staff and their residents. At a push of the button, a resident's request is transmitted to the caregivers Ascom Myco 2 Handset who is assigned to the resident. As the Nurse call system generates data, such as the number of calls and the response time to calls, that could help managers and caregivers make important decisions about unit performance and patient satisfaction. The metrics made available from Ascom's teleCARE IP solution allows the caregiver's other decision-making immediate feedback on performance and outcomes.

A former Head of Residential Aged Care at Anglicare said:

“Caregiver prompt responsiveness to resident calls is a critical component to us, knowing that we can now send alerts directly to the appropriate caregiver will improve response to resident calls and delivery of better and more efficient care. We believe that working with Ascom to ensure the new solutions are used and implemented correctly and continued client consultation will go a long way to help to improve the back-end support and frontline care management.”

Wesley Mission Brisbane (WMB) operates 13 aged care homes, three retirement living villages and three supported-accommodation communities throughout Brisbane.

Working with Ascom, WMB has implemented an upgrade of their nurse call system, a single, a single, integrated nurse call solution which is unobtrusive and respects the fact that these communities are people’s homes. As well as traditional nurse call functions, WMB wanted the new system to support outdoor resident mobility to provide independence while also ensuring safety.

Annie Gibney, Director of Residential Aged Care at WMB, said:

“We were very clear from the outset that we did not want something that intruded upon our residents’ lives. So no loud alarm signals, or flashing lights or anything like that. Loud, intrusive nurse call systems not only disturb residents and staff, they evoke hospital-like atmospheres. That’s obviously not what we want. After all, our mission is to provide supportive and comfortable homes.”

Marcelle Maxwell, a WMB Nurse Manager, says that since implementing the Ascom nurse call solution, there has been a “massive improvement” in staff response times to residents’ calls for assistance.

These examples demonstrate how innovative technologies and communications systems, co-designed with health professionals, can improve quality of life and care for patients and residents, while also providing a more attractive work environment for the health workforce, leading to greater job satisfaction, improved performance and increased staff retention.

Preventing the spread of infectious diseases among health professionals

Another important way to support Australia's health workforce is to protect workers from the risk of infection when treating patients with infectious diseases.

Health care workers have been crucial to Australia's pandemic response, as they are in all natural disasters with health impacts. In fact, without doctors and nurses Australia would have no capacity to respond health threats such as COVID-19.

This means that protecting health workers from infection needs to be a high priority when responding to infectious disease outbreaks, both for their own health and safety, and to ensure we have an adequate workforce to care for others.

Throughout the pandemic hospitals and health services have not been able to protect health professionals from contracting COVID-19.

International studies have shown that health care workers were more likely to report a positive test for COVID-19 than the general community³³ and in Australia the Australian Institute of Health and Welfare found that the infection rate of health workers was 2.7 times higher than community infection.³⁴

This was a challenge faced by panel member Dr Melanie Berry who described the difficulties involved with providing care in residential aged care facilities in the early stages of the pandemic. Berry outlined the specific problems she encountered in privately owned facilities which are not well integrated with public hospitals and health services. She discussed efforts made to support GPs and other health care workers who were at risk of both contracting and spreading COVID-19 when they were visiting these facilities in the initial stages of the pandemic.

One of the major challenges facing health care providers caring for patients with infectious diseases is the need to frequently check patients to assess their condition, for example, to read information from devices such as a pulse oximeter, and recording this in the patient's records. Each time a health care worker needs to enter a patient's room to record these readings there is an increased risk of infection.

One solution to this being used in many countries is Ascom's alert management system³⁵, which collects information from multiple devices, filters this information and sends alerts to designated carers' smartphones or feature phones.

This was used in the Chalon-sur-Saône Hospital France where, during the COVID-19 pandemic, 24 rooms in the ICU at were each equipped with around ten devices, from multi-parameter monitors to ventilators, which feed health information directly into the patient's electronic file.³⁶ Connecting the alarms from ICU devices to medical staff helped to adjust the load distribution. It also meant that care staff did not have to expose themselves to the risk of infection by entering closed rooms several times a day and reporting manually collected health data into the patient record.

This is one example of a technology which could be implemented across Australia's health and aged care sector to help protect our health workforce from unnecessary risks while also supporting a more efficient and patient-centred approach to monitoring people with high care needs.

Climate change

Technology also has a key role to play in responding to climate change, which the World Health Organisation has called “the greatest threat to global health”.³⁷

Australia’s health sector accounts for 7% of the country’s carbon emissions³⁸, largely from public and private hospitals, which have huge energy demands mostly met by coal-powered electricity.

Making hospitals more environmentally friendly will help reduce the carbon footprint of our health system and support action to minimize the health impacts of climate change. It will also build resiliency into our health system so that it is better able to respond to unexpected results of global conflicts and climate-driven events, which can range from extreme weather conditions to global paper shortages.

Panel member Karol Petrovska has spoken about the role of technology to reduce the carbon footprint of healthcare in the NSW health system:

“NSW Health, the World Health Organization and other jurisdictions around the world, are very much focusing on technologies and how we can use technology to address climate resilience and environmental sustainability.”³⁹

Australian hospitals are working together to identify wasteful and inefficient practices and to share ideas for reducing their carbon footprint.⁴⁰

There is also much we can learn from international experience about how to improve the sustainability of our health system. Paperless hospitals are an achievable goal with the appropriate tools, such as Ascom’s integrated technology solutions which are being used internationally to reduce paper waste and improve operating efficiency and quality of care.

One example is the new Chase Farm Hospital⁴¹ in London which has a range of interoperable technology built in from the ground up. The global Healthcare Information and Management Systems Society (HIMSS) recently assessed CFH as having achieved stage 6 in the Electronic Medical Record Adoption Model (EMRAM), one of just three hospitals in the UK to reach this level of ‘paperless’ maturity. The model has just eight stages from 0-7.

This highlights the gains that can be achieved through embedding technologies within a health service which can reduce its carbon footprint and contribute to a more sustainable health system.

Person-centered care

A significant trend in the Australian Health System is to move away from “provider-centered” care towards “person centered care”.

Person-centered care has been recognised by the Australian Commission on Safety and Quality in Health Care as a foundation to safe, high-quality healthcare.⁴² This type of care is respectful of, and responsive to, the preferences, needs and values of the individual patient.

Communication is a key dimension of person-centered care, along with respect, emotional

support, physical comfort, continuity and transition, care coordination, involvement of carers and family, and access to care.

Person-centred care is not just about making patients feel better. There is good evidence that person-centered approaches to care can lead to improvements in safety, quality and cost effectiveness, as well as improvements in patient and staff satisfaction.⁴³

At the panel session, consumer advocate and representative, Lyla Hammond, highlighted the opportunities technology offered to put patients at the centre of the health system:

“We need to shift our thinking – patients are stakeholders rather than as vulnerable individuals looking for care. We need to be re-framed as service users and have systems developed which allow us to be at the centre of our care.”

Karol Petrovska also stressed the need for greater consistency across the NSW health system in using technology to provide continuity of care. She acknowledged the potential communications technologies offered to improve the delivery of care throughout the state but stressed that this was a challenge for the government due to the current disparate approach taken by different hospitals and health services throughout the state.

One way in which communications technologies can support patient-centred care is through reducing the noise and interruptions experienced by patients in the typical hospital ward. This environment is not conducive to rest and does not promote an optimum environment for healing.

This is one application of Ascom’s Myco phone⁴⁴, a smartphone designed to support smarter health care by integrating devices, alerts and other communications with medical information from patient monitoring devices.

In South Australia, aged care provider Anglicare are using Myco phones, along with the Ascom teleCARE IP Nurse Call solution to connect the nursing staff and their residents.⁴⁵ At a push of the button, a resident’s request is transmitted to the caregivers Ascom Myco 2 Handset who is assigned to the resident. As the Nurse call system generates data, such as the number of calls and the response time to calls, that could help managers and caregivers make important decisions about unit performance and patient satisfaction.

The metrics made available from Ascom’s teleCARE IP solution allows the caregiver’s other decision-making immediate feedback on performance and outcomes.

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This approach is also being used in hospitals worldwide, including Vaasa Central Hospital⁴⁶ in Finland in order to deliver patient-centred care without sacrificing quality or safety. At this hospital patients are given single rooms which are soundproofed in order to provide them with a quiet and peaceful environment to support recovery. By using Myco phones, which integrate with clinical data from patients, staff are able to monitor all patients at the same time without needing to intrude on patients unnecessarily. This leads to improved patient safety and reduces the stress experienced by nurses worried about missing something essential.

These examples highlight how technology can support a more person-centred approach to care by providing information to nursing and other clinical care providers to allow them more time to provide personalised care and support to patients and residents, while also improving operational efficiencies, reducing errors and integrating with key systems.

Recommendations

The following recommendations address the issues identified above and focus on increasing the use of innovative technology and communications within our health and aged care systems to deliver high quality care and maximise the efficiency and value we can obtain from our existing resources, including our health workforce.

The successful implementation of these recommendations will require ongoing consultation with experts in the development of mobile communications technologies for health care settings to ensure they address the specific needs of individual health and aged care services, such as clinical caseloads and workflow.

Public hospitals matched funding program

Background

Public hospitals around Australia are struggling to meet demand due to chronic under-funding, workforce shortages and the additional pressures resulting from the COVID-19 pandemic.⁴⁷ Elective surgery waiting times are growing and patients are being forced to wait longer than the clinically recommended time for emergency and urgent care.⁴⁸ Ambulance ramping is now commonplace in many states and doctor and nursing groups are expressing concern that this is putting patients at risk.⁴⁹ Health and communications technologies can help increase hospital efficiency and reduce the current pressures through improving throughput, supporting clinical decision making and reducing communications inefficiencies. However, state government health budgets are already under pressure due to the pandemic and competing demands for funding mean that the potential gains from new technologies often go unrealised.

Recommendation

That the Australian Government establish a dedicated health technologies fund to provide matched funding to state governments to purchase or upgrade health and communications technologies with the demonstrated capacity to increase hospital throughput and take pressure of the public hospital workforce. This fund would provide dedicated grants to state governments on a matched funding basis to invest in communications and other health technologies to improve hospital performance and quality of care.

Aged care Background

The Royal Commission into Aged Care Quality and Safety⁵⁰ identified major problems and limitations with the current technology infrastructure and architecture for aged care. The Final Report states that the new aged care system needs an information and communications system that is vastly evolved from that which currently exists. It identifies the following three key aims for increased investment in aged care technology, information and communications systems in three key areas: 1) to enable better services for older people; 2) to support care and functional needs of older people and help manage their safety and contribute to their quality of life; and 3) investment in systems that talk to each other – with interoperability of information and communications systems.

Recommendation

That in line with the recommendations from the Royal Commission, the Australian Government should introduce the following:

- an assistive technology and home modifications category within the aged care program to provide technologies and services that promote a level of independence in daily living tasks and reduces risks to living safely at home;
- an Aged Care Research and Innovation Council to set the strategy and agenda for aged care research, including a focus on the application of technology in aged care, including improving workforce productivity and care quality; and
- an Aged Care Information and Communications Technology Strategy, in consultation with older people and various stakeholders, to provide a roadmap to implement these and related initiatives.

National Health Reform Agreement Background

The Addendum to the National Health Reform Agreement 2020-25⁵¹ acknowledges the importance of technology in the Australian health system and notes that the current system of assessment and funding of health technologies is “fragmented and does not facilitate coordinated and timely responses to rapidly changing technologies.”

The addendum calls for a “strategic, systematic, cohesive, efficient and responsive national framework” for health technology assessments (HTA) to inform investment and disinvestment decisions in Australia so that the Commonwealth and States can determine how to prioritise spending on health technologies within the constraints of limited budgets in a way that is consistent, equitable and efficient.

Recommendation

That the National Cabinet Reform Committee on Health develop a strategy for a new HTA framework, in consultation with clinicians, health service managers, industry representatives and consumers. This framework should focus on the following:

- identifying areas of under-investment in health technologies in the Australian health system;
- embedding HTA into broader funding mechanisms to ensure that the value of new technologies is recognised;
- ensuring HTA processes keep pace with the rapid development of new health and communication technologies; and
- increasing expertise within relevant government departments and regulatory agencies on new and emerging health technologies to facilitate responsive and efficient regulatory processes.

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