Please note that elements of working plans may have changed since the agreement was signed.

Australian Capital Territory

National Partnership Agreement on Improving Public Hospital Services

Implementation Plan

Revised May 2013

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NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING PUBLIC HOSPITAL SERVICES

PROJECT(S) IMPLEMENTATION PLAN – May 2013

Primary Contact:	Matthew Richter
Phone:	02 6207 9143
Email:	Matthew.Richter@act.gov.au
Secondary Contact:	Ross O'Donoughue
Phone:	02 6205 0568
Email:	Ross.O'Donoughue@act.gov.au

SIGNED for and on behalf of the Australian Capital Territory (ACT)

……. ……

Printed Name *Signature*

…… …….

Position *Date*

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Executive Summary

The *National Health Reform Agreement* (the NHRA) agreed to by COAG at its August 2011 meeting, sets out a suite of reforms designed to drive major improvements in service delivery and better health for patients, whilst equipping the health and hospital system to serve the Australian community into the future.

The NHRA represents a major step forward in addressing changing and growing health care needs, nationally and for the ACT, as well as providing substantial increases in Commonwealth funding for the ACT. The reforms outlined in the NHRA provide the platform from which the ACT Government can build on good work already underway in the Territory and improve further the ACT Health system.

The *National Partnership Agreement on Improving Hospital Services* (the NPA) is one mechanism for delivery of a number of the reforms agreed to by COAG, and the ACT Government entered into the NPA on 19 July 2010. The NPA was subsequently revised in August 2011 to reflect the findings of the COAG Expert Panel.

Critically, there are three broad strategic targets outlined in the NPA:

1. *the National Elective Surgery Target (NEST):* which requires 100 per cent of elective surgery patients to be treated within clinically recommended times across all urgency categories;
2. *the National Emergency Access Target (NEAT)* – which will require 90 per cent of all patients leaving the emergency department (ED) within four hours of presentation – either by admission, transfer to another hospital, or discharge (rather than targets by urgency category); and
3. *new subacute beds:* this provides for an additional 21 subacute beds in the ACT by 2014.

The ACT National Access Program (the Program) is ACT Government's systematic response to designing and implementing the range of initiatives required to meet the strategic goals of the NPA. Comprehensive governance arrangements are in place ensuring appropriate accountability and oversight of Program activities. Central to these arrangements is the ACT National Health Reform Steering Committee (the Steering Committee), which is responsible for ensuring the program is delivered on time, on budget and to the agreed quality for each project. The Steering Committee is directly accountable to the executive of the ACT Government Health Directorate, and is chaired by the Director-General, of the ACT Government Health Directorate.

ACT National Access Program: Context

The ACT Government has been actively working to improve access to emergency care and elective surgery in the ACT public hospitals for a number of years. The NPA provides a unique opportunity to build on the work already underway, and is viewed as a key strategic lever to increase the momentum for the type of change of practice and culture needed to achieve the strategic goals of the NPA. Considering the ACT Government's considerable efforts in the area, this implementation plan necessarily covers the broad range of initiatives

that are being funded by both the ACT and Commonwealth Governments, and is not limited to strategies that are implemented using funds provided solely by the Commonwealth

Prior to entering in to the NPA, the ACT Government has already proactively taken action to ready the ACT health system to respond to growing health service demand, outlining its commitment to health reform through ACT Government's $1billion plus Health Infrastructure Program.

The Health Infrastructure Program is the ACT Government's flagship health infrastructure program that commenced in 2008/09 to ensure the safety, availability and ongoing viability of health services in the ACT. It involves a complete overhaul of health assets in the Territory, and represents a comprehensive and structured response to growing pressure on health services in the ACT. It incorporates the total health system, including new models of care aimed at better management of chronic disease and keeping people out of hospital. It also includes better use of technology and different ways of providing care such as community based post hospitalisation support, or other step up/step down facilities. Workforce is another component of the Health Infrastructure Program and initiatives will focus on sustainability via new workforce roles and expanded scope of practice for existing roles.

Canberra Hospital will be transformed via new build and refurbishment to provide additional beds, a new Women's and Children's Hospital, the Canberra Region Cancer Centre, nine additional operating theatres and a Skills Development Centre.

Calvary Public Hospital/Canberra north side hospital capacity will be enhanced by increased numbers of Intensive Care/High Dependency Unit/Coronary Care Unit beds, increased theatres, additional ambulatory and ED treatment areas, and an increase in hospital beds.

The ACT Government also intends to build a new subacute facility in northern Canberra (the Northside Subacute Hospital) as part of the Health Infrastructure Program. Whilst not funded under this NPA, this new hospital will enable subacute services to be provided in a purpose built, contemporary facility without the pressure created by emergency care needs. It is intended that the Northside Subacute Hospital will accommodate the addition of up to 200 beds into the ACT.

Specific examples of Health Infrastructure Program developments include:

- two additional operating theatres at Canberra Hospital and one additional operating theatre at Calvary Hospital;
- 24 additional beds have been delivered to Canberra Hospital;
- a new six bed Mental Health Assessment Unit;
- development of a new 16 bed ICU/CCU at Calvary Hospital;
- a new neurosurgery suite at Canberra Hospital, which is among the most advanced neurosurgical operating environments in Australia, was operational and officially opened in September 2010;

- a new Surgical Assessment and Planning Unit which will facilitate a comprehensive multidisciplinary assessment, diagnosis and management planning for surgical patients became operational in September 2010; and
- the construction of a new multi-storey car park at Canberra Hospital.

Over the last few years, the ACT Government has also funded a range of initiatives to assist in reducing pressures on the emergency department including:

- opening an emergency medicine unit and a medical assessment and planning unit which enable quicker transfer of patients to more appropriate services following presentation at the ED;

- establishing a registrar review clinic which enables people who need to come back for follow-up assessment to present directly to a specialist clinic for access to the services they need, rather than re-presenting at the ED;

- establishment of the surgical assessment and planning unit which will - like its medical equivalent - provide quicker access to specialist surgical care for people who arrive at the ED with surgical needs (but who do not need immediate transfer to the operating theatre);

- establishing Australia's first, nurse-led, public walk-in centre in May 2010 which provides another option for Canberrans who need access to health care services for non urgent or minor conditions; and

- adding an extra 223 beds to the public hospital system over the last seven years to improve the transfer of patients from the ED to the ward based services.

Initiatives and developments under the NPA need to be considered in context of planned developments under the Health Infrastructure Program. NPA projects need to fit within the broad (and complex) Health Infrastructure Program redevelopment architecture, and within workforce constraints which have a particular impact on the ACT. Through the NPA, the ACT plans to build on all this work.

ACT National Access Program: Structure

The Program consists of an overarching program structure and each systemic, redesign or capital works project established under the program will have an identified project team. The overarching structure consists of:

- a program owner: Director General, ACT Government Health Directorate;
- a program sponsor: Deputy Director General Strategy and Corporate, ACT Government Health Directorate;
- a program supervisor: Executive Director, Performance and Innovation, ACT Government Health Directorate; and a

- a program director: Senior Manager, Performance and Innovation, ACT Government Health Directorate.

Each project established under the program will have the following personnel:

- a project sponsor: a senior ACT Government Health Directorate Executive member as the sponsor;
- a project manager: a dedicated project manager for the agreed life of the project;
- a clinical leader: each major project will have a clinical leader with dedicated project time and smaller projects will have access to a clinical leader with appropriate expertise. The clinical leader, amongst other things, ensures appropriate clinical input into planning and implementing processes;
- a business analyst; and
- suitably qualified project leader(s).

The ACT National Health Reform Steering Committee

The Program is overseen by a Steering Committee, which is responsible for ensuring the elements of the Program are delivered on time, on budget and within appropriate quality parameters for each project. The Steering Committee will:

- monitor the ACT Government Health Directorate's progress toward achieving the NPA's strategic goals;
- monitor and manage risks;
- be accountable for expenditure, and will approve allocation of Commonwealth funds in line with the identified NPA strategic objectives;
- support the development and implementation of projects undertaken to ensure the ACT Government Health Directorate meets the NPA targets; and
- monitor and provide advice relating to elements of the Program, in particular:
    - workforce strategies;
    - information and communication technology strategies;
    - communication and consultation plans;
    - change management plans;
    - scope management;
    - quality control;
    - risk management;
    - human resources management, including training;
    - cost and budget control; and
    - project management plans.

Subacute Beds

Schedule E: New Subacute Beds Guarantee Funding

The ACT has assessed the subacute needs of the ACT in the context of the goals of the NPA, and the current service delivery profile in the ACT. The ACT has adopted a community based approach to deliver on the commitment to add 21 new subacute bed or bed equivalents in the ACT by 2014.

The ACT intends to implement a range of projects that will deliver more subacute beds to patients, and one project delivering equipment to support sub acute services in the community setting. The projects delivering additional subacute beds in the ACT under this NPA are structured to complement the planned development of the Northside Subacute Hospital.

With the completion of the Northside Subacute Hospital scheduled for 2017, the Territory will have a network of three public hospitals with clearly delineated roles. Sub acute patients from both Canberra Hospital and Calvary Hospital will transfer into the Northside Subacute Hospital, freeing bed capacity at both Canberra and Calvary Hospitals for acute patients. Canberra Hospital will continue to provide all tertiary level inpatient and hospital based services and the majority of afterhours surgery.

The Health Directorate has commenced a service planning process which aims to identify the full range of services and support services to be located in the Northside Subacute Hospital, and how these services will operate in a seamless and integrated manner with the two acute hospitals and the community health centres.

The subacute projects listed in this implementation plan have been developed with the view that they complement the planned developments in the new Northside Subacute Hospital, and that those projects implemented in the community, will remain community based services after the development of the Northside Subacute Hospital.

In accessing projects to meet the needs of Schedule E of this NPA, the ACT Health Directorate has focused on the following goals:

1. gaps in current and projected subacute service profile;
2. preference to implement (under this NPA) community based services to complement the planned subacute hospital;
3. value for money;
4. satisfying if possible, a dual goal of delivering more subacute beds to patients in the ACT whilst simultaneously working to improve access to ED services.

The result is a suite of subacute projects that deliver substantially more bed or bed equivalents than the target set for the ACT in the NPA, whilst filling gaps in the current and projected subacute service profile and simultaneously working to take pressure off the ED. Table 1 and 2 below provide the planned ACT subacute bed rollout under this NPA.

Table 1: planned subacute bed roll out (ACT)[1] – original IP

ACT - Planned Sub Acute Bed Roll Out

Project #	Project Name	2010-11	2011-12	2012-13	2013-14
3A	Expansion of the Aged Care Inpatient Ward	4	4	4	4
3B	Mental health youth step up/step down program				6
3D	Mental Health Housing and Recovery Initiative (bed equiv)		2.6	4	5.3
3E	Older Persons (65+) Step Up Step-Down Mental Health Facility			10	10
3F	Step Up/Step Down Palliative Care Program		6	6	6
3G	Covenant Day Care Hospice		1	2	2
3H	Expansion of older persons' mental health subacute Calvary		2	2	2
	Total	**4**	**15.6**	**28**	**35.3**
Beds required under NPA		*5*	*11*	*16*	*21*

Table 2: planned subacute bed roll out (ACT) – May 2013 revised IP

ACT - Planned Sub Acute Bed Roll Out

Project #	Project Name	2010-11	2011-12	2012-13	2013-14
3A	Expansion of the Aged Care Inpatient Ward	4	4	4	4
3B	Mental health youth step up/step down program				6
3D	Mental Health Housing and Recovery Initiative		2.6	4	5.3
3G	Covenant Day Care Hospice (North Canberra)		1	2	2
3I	Canberra Hospital RACF patient management project			8	8
3J	Southside Day Hospice			2.1	2.1
3K	Adult Mental Health Day Services				10
3L	Specialist Palliative Care Nurse Practitioner				1.16
	Total	**4**	**7.6**	**20.1**	**38.56**
Beds required under NPA		*5*	*11*	*16*	*21*

Table 3: planned subacute bed roll out (ACT) by care type and measurement methodology[2] - original IP

ACT - Planned Sub Acute Bed Roll Out

Project #	Project Name	Location	Subacute care type	Measurement Type
3A	Expansion of the Aged Care Inpatient Ward	Canberra Hospital	Rehabilitation/GEM	Type 01
3B	Mental health youth step up/step down program	Community Based	Other/Rehab	Type 09
3D	Mental Health Housing and Recovery Initiative	Community Based	Rehabilitation	Type 09
3E	Older Persons (65+) Step Up Step-Down Mental Health Facility	Community Based	Other/Rehab	Type 08
3F	Step Up/Step Down Palliative Care Program	Community Based	Palliative Care	Type 08
3G	Covenant Day Care Hospice	Community Based	Palliative Care	Type 04
3H	Expansion of older persons' mental health subacute Calvary	Calvary Hospital	Psychogeriatric	Type 09

Table 4: planned subacute bed roll out (ACT) by care type and measurement methodology – May 2013 revised IP

ACT - Planned Sub Acute Bed Roll Out

Project #	Project Name	Location	Subacute care type	Measurement Type
3A	Expansion of the Aged Care Inpatient Ward	Canberra Hospital	Rehabilitation/GEM	Type 01
3B	Mental health youth step up/step down program	Community Based	Other/Rehab	Type 09
3D	Mental Health Housing and Recovery Initiative (bed equiv)	Community Based	Rehabilitation	Type 09
3G	Covenant Day Care Hospice (North Canberra)	Community Based	Palliative Care	Type 04
3I	Canberra Hospital RACF patient management project	Community Based	GEM	Type 03
3J	Southside Day Hospice	Community Based	Palliative Care	Type 04
3K	Adult Mental Health Day Services	Community Based	Mental Health	Type 04
3L	Specialist Palliative Care Nurse Practitioner	Community Based	Palliative Care	Type 06 & 08

[1] Bed equivalents for 3D are estimates

[2] Measurement type as defined in *Definitions and counting methodology for the National Partnership Agreement on Improving Public Hospital Services 30 June 2011.*

The suite of projects proposed will deliver more subacute bed or bed equivalents than the target whilst indirectly decreasing ED pressure, in a cost effective fashion. This leaves surplus funds available to the ACT in Schedule E of this NPA. The ACT will redeploy the remaining Schedule E funds to Schedule A: elective surgery facilitation funding, to ensure that the ACT achieves the NEST.

It is forecast that this transfer of funds will enable the ACT to reduce the numbers of people waiting too long for surgery significantly, for example, this transfer of additional funds to Schedule A would yield a reduction in people waiting too long for surgery by 75 percent by June 2013 (as compare to figures at January 2012). This will substantially contribute to the ACT achieving the NEST.

Schedule E projects are outlined below.

Projects schedule E

Project Name	3A: Expansion of the Aged Care Inpatient Ward			
Subacute Care Type	Rehabilitation\geriatric evaluation and management			
Location	Canberra Hospital			
Project Description	Refurbishment of existing floor space, addition of four beds.			
Expected Improvement as a Result of this Project:	Improved access to inpatient subacute beds (improving ED demand management), improved timeliness for patient assessment and commencement of treatment.			
Estimated Cost from financial year budget (recurrent):	2010-11 $297,877	2011-12 $457,986	2012-13 $481,000	2013-14 $493,000
Estimated Cost from financial year budget (capital):	2010-11 $345,000	2011-12 $235,000	2012-13	2013-14
Estimated Start Date:	November 2010			
Estimated End Date:	Capital fully deployed by 2012-13			

Project Name	3B: Mental Health Youth Step Up/ Step Down Program
Subacute Care Type	Other/Rehabilitation
Location	Community Based
Project Description	Development of a youth (18 – 25) Step Up/Step Down (SUSD) subacute mental health residential community facility. The SUSD residential and outreach approach provides alternative early intervention options to hospital admission, and more discharge options for supporting people with mental illness following inpatient admission. The provision of a six bed short term (up to three months) SUSD intensive residential care and support uses a case management approach for people aged 18 – 25 years suffering from subacute mental illness. The SUSD is a partnership service. Mental Health ACT provides the clinical assessment and management and a community sector organisation is contracted to provide the 24 hour residential support service. The short term residential psychosocial support will assist mental health consumers in the community receive appropriate additional support if they are at risk of hospitalisation, as well as assist consumers manage the transition back to the community following discharge from hospital.

Expected Improvement as a Result of this Project:	Increased non-hospital options to manage mental health consumers with deteriorating mental illness in the community. Lower unplanned mental health acute readmissions within 28 days of discharge. Increased discharge options for inpatient units.			
Estimated Cost from financial year budget (recurrent):	2010-11 -	2011-12 $80,000	2012-13 $1,123,000	2013-14 $1,163,000
Estimated Cost from financial year budget (capital):	2010-11 -	2011-12 $1,130,000	2012-13 -	2013-14 $0
Estimated Start Date:	Project development and procurement to be initiated March 2012. First beds available March 2013.			
Estimated End Date:	Ongoing			

Project Name	3C: Home Based Palliative Care Equipment
Subacute Care Type	Palliative Care
Location	Community Based
Project Description	The home based palliative care service provides multidisciplinary care to patients living in their home with a life limiting disease. Many of these patients reach a time in their disease trajectory whereby the requirement for equipment is paramount in enabling them to maintain a desirable quality of life and remain safe while living in the home environment. Patients need equipment for a number of reasons including: - to enhance mobility; - to improve quality of life; and - to ensure occupational health and safety for the family and staff who are caring for the patient in their home. Without this equipment, the patient may require admission to a subacute hospital unit for ongoing care. There are also a number of patients who are living with a terminal disease such as lung disease, end state dementia and motor neurone disease who do not require specialist symptom management but do require equipment such as walking frames, wheel chairs, commodes, hoists and high/low beds in order to remain in the home. In many cases, the equipment may remain with the patient for some time due to the uncertain nature of their disease trajectory. As part of this implementation plan, the ACT Government has

	assessed the equipment pool managed by the ACT Equipment Loans Service, and have identified a number of gaps. These gaps result in patients having to wait for equipment to be returned before they can access it. The areas of immediate need are high/low beds, reclining chairs that raise the patient to standing position allowing them to transfer more easily from bed to chair and/or wheel chair, and pressure relieving mattresses for patients who are frail and bed bound. This project seeks funding to purchase equipment to be used by palliative care patients within the community setting. The aim is to fill the current gaps identified within the equipment loan pool, and then to enhance the pool over the next five years to ensure patients living with a terminal illness can be supplied with the equipment to ensure they have the choice to remain in the home for as long as they wish.			
Expected Improvement as a Result of this Project:	Reduction in patient admissions to subacute/acute care facilities. Reduction in waiting period for receipt of key equipment easing pressure on patients and families who may be having difficulty managing a patient's condition at home. Reduction in risk of injury to family and staff caring for patients in their home.			
Estimated Cost from financial year budget (recurrent):	2010-11	2011-12	2012-13	2013-14
Estimated Cost from financial year budget (capital):	2010-11 $49,262	2011-12 $37,673	2012-13 $38,369	2013-14 $42,022
Estimated Start Date:	1 July 2010			
Estimated End Date:	Ongoing			

Project Name	3D: Sub-acute Mental Health Housing and Recovery Initiative (HARI)
Subacute Care Type	Rehabilitation
Location	Community Based
Project Description	**Objective** People who have a serious and enduring mental illness with very high levels of inpatient and community mental health clinical engagement are at risk of housing instability and poor social and economic participation in society. The mental health housing and recovery initiative (HARI) will provide intensive psychosocial rehabilitation with the objective of decreasing hospitalisation rates, stabilising housing and increasing social and economic participation.

	Recovery principles will be embedded in the case management approach with consumers supported to determine and accomplish their own priorities. **Description** The project is to provide an initial 20 (at any one time) intensive recovery support places, (for a period up to 2 years) outreach care and support using a case management approach for people suffering from sub-acute mental illness. HARI is a partnership service. Mental Health ACT provides the clinical assessment and management through an identified clinician and a community sector agency (NGO) is contracted to provide the extended hours outreach support service (to 10:00pm at night), and Housing ACT will provide tenancy management and priority housing assessment as required for mental health consumers referred to HARI. In addition, the Crisis Assessment and Treatment Team will provide the out of hour's clinical support. The service will increase to 30 places at any one time in the second year and 40 places in the third year. HARI will include social, employment and education goals as part of the recovery plans. Increased social and economic participation and housing stability is associated with more stable mental health. HARI recognises that some people require additional support to assist them to re- engage with the community and to regain independence following an episode of illness and an acute hospital admission. HARI will have close collaborative relationships with the existing sub-acute step-up step-down residential and community based services. **Background** The *ACT Mental Health Service Plan 2009-14* envisages that ACT Mental Health Services will develop a four stream model of treatment and support. This four stream model is based on the development and life stages a person transits through during their life. The four service streams are: Child and Early Family (0 –puberty (12)), Adolescence and Youth (puberty to adulthood (13-25) Adult (26 -64) and Older persons (65+). This model requires a range of services to be increased in the ACT for all age groups. *ACT Mental Health Service Plan 2009-14* plans for a range of age appropriate in home care services designed to address gaps in rehabilitation and recovery support programs. The Housing and Recovery Initiative (HARI) has been designed to build on the successful partnership model established in the ACT by the Housing and Supported Accommodation Initiative (HASI). HARI will use the existing structures of HASI for referrals, assessment and governance. **Evidence** Mental Health has identified, for 2009-10, 22 consumers with greater than 300 community direct contact treatment days and an additional 162 consumers with between 120 and 300 direct

	treatment days. This indicates intensive service provision by the clinical service within the community setting. Mental Health has identified 35 consumers with inpatient admissions longer than a fortnight in 2010 who also had 2 or more admissions greater than a fortnight in the previous two years, and an additional 72 consumers with an admission in 2009-10 of greater than a month who also had another admission greater than a month in one of the two previous years (2007-08 or 2008-09). 5 of these consumers had an admission greater than 2 months in 2009-10 and also had two or more admissions greater than 2 months in the previous 2 years. 58 consumers are identified as being common to both the above community and inpatient intensive service sets. These 58 consumers together with the 22 consumers with greater than 300 community direct contact treatment days in 2009-10 will be the highest priority to be assessed for eligibility for intensive recovery support through HARI.			
Expected Improvement as a Result of this Project:	Lower frequency and length of stay for inpatient admissions, appropriate and stable housing, lower direct treatment days through clinical mental health and increased social and economic participation opportunities.			
Estimated Cost from financial year budget (recurrent):	2010-11 -	2011-12 $100,000	2012-13 $750,000	2013-14 $1,000,000
Estimated Cost from financial year budget (capital):	2010-11 -	2011-12 -	2012-13 -	2013-14 -
Estimated Start Date:	1 July 2011. Capacity progressively increased until 2013-14.			
Estimated End Date:	Ongoing			

Project Name	3G: Covenant Day Care Hospice (CCDH)
Subacute Care Type	Palliative Care
Location	Community Based
Project Description	Since October 2011, Palliative Care ACT (PC ACT) has been operating the CCDH which gives terminally ill people a ‘day with a difference’ and allows their housebound, full-time carers a day off. There is no charge for the CCDH service. Palliative care clients are picked up at 9.30am and returned home around 4.00pm, after a day of professionally organised activities. The CCDH can currently accommodate six clients. This proposal aims to expand the program, and envisages a weekly program with the

	capacity for 12 clients a day per week, or 24 clients on a fortnightly basis. The number of clients is dependent on an assessment of the level of need on an individual basis. A registered nurse and activities officer have been recruited. Over 20 volunteers have been trained and appropriate equipment has been purchased, hired or donated, transport and meals have been organised. Based on a service offering of 12 clients at 8 hours a day over 48 weeks, it is estimated that this will equate to 2.1 subacute bed equivalents. The estimated bed equivalent for 2011-12 of this service is about 1 bed.			
	The CCDH will: • improve the quality of life for both carers and the terminally ill; • enable carers to have a day off from their caring responsibilities to do things they would otherwise find impossible to achieve or enjoy; • become a self sufficient community support service for home based palliative care. The CCDH will play an important role in preventing carer burn-out; and • work to minimise impact on government budgets, with the costs of home based palliative care being estimated to be as low as 10% of hospital day care and 2.5% of the cost of an ICU stay.			
Estimated Cost from financial year budget (recurrent):	2010-11 $	2011-12 $	2012-13 $53,000	2013-14 $54, 590
Estimated Cost from financial year budget (capital):	2010-11 $	2011-12 $	2012-13	2013-14
Estimated Start Date:	July 2012			
Estimated End Date:	Ongoing			

Project Name	3I: Canberra Hospital RACF patient management project
Subacute Care Type	Geriatric evaluation and management
Location	Goodwin Aged Care Services Limited 15 Cockcroft Avenue, Monash, ACT 2904
Project Description	Partnered arrangement to deliver eight (8) subacute beds in a Residential Aged Care Facility (RACF).

	The project involves establishing eight subacute beds outside of Canberra Hospital with a partnered RACF to facilitate and reduce the delays in patient flow through inpatient services at Canberra Hospital and provide a more conducive environment for older persons waiting placement in a nominated RACF. This will enhance the availability of the most appropriate bed in a more timely and efficient manner. The beds will be outreach beds established in a RACF. Patients transitioned to the partnered RACF under this project will be accommodated in the established beds at the facility, but remain patients of Canberra Hospital. Clinical services will continue to be provided under the supervision of Canberra Hospital, which will retain full responsibility for the clinical governance relating to medical care. Canberra Hospital will also provide care by medical officers, pharmaceuticals, medical imaging and pathology. The project will establish a single, central point of contact for the patient to be transferred under this project. This point of contact liaises with transport, the patient, their family/carer, treating clinician and the partnered RACF. The Canberra Hospital and the partnered RACF will work collaboratively to manage the beds and the patients. Significantly, there will be clear protocols established to manage patient transfer, deterioration of the patient's condition and discharge planning. The project puts in place appropriate processes, effective lines of communication and information, and cooperative continuing care that are expected to improve the overall health status of these patients, and importantly, improve the patient's journey into residential aged care leading to an expected reduction in readmissions to acute facilities. These patients will be integrated into the social activities at the RACF site. At the time of their transfer to the RACF site patients will be transitioning to their chosen RACF, but should their circumstances change they may be discharged home. The existing assessment on admission to the RACF site will include review of falls and pressure injury prevention, but there will not be a further add on falls prevention or similar programs incorporated into this project. *Relationship with other Commonwealth or state funded activities* The patient flow blockages cause by this cohort has been identified in work relating to implementing the National Emergency Access Target and the National Elective Surgery Target. This project

	will also assist both the NEST and the NEAT.
Expected Improvement as a Result of this Project:	The project responds to an identified blockage in inpatient flow, and in addition to establishing eight subacute beds, other expected direct benefits include: - More efficient use of in-patient beds - Assist in reducing access block - Downward trend in the length of stay for admissions from the Emergency Department - Promotion of changing discharge practices across the facility for patients waiting placement in an RACF - Decreased number of long stay patients in acute care beds - Downward trend in cancellation of elective surgery due to no bed In relation to the patients, there are a number of benefits. - Placement in a more appropriate environment for older persons waiting placement to a nominated RACF - Decreased risk of falls and infections - Reduction in functional decline and deconditioning - Decreased risk of re-admission to an acute area - Improved psychosocial status. - Improved quality of life. Significantly, this project is expected to improve the patient's journey into residential aged care. This benefit cannot be taken lightly. The AIHW (2008) has demonstrated that people admitted to residential aged care from hospital have lower expected survival times than others, and the most significant variable for predicting survival time after residential aged care admission was level of care needs on admission to residential aged care[3]. This project puts older persons waiting for placement to a RACF in a more appropriate setting more quickly than could otherwise be achieved, whilst maintaining the clinical governance and medical coverage of the Canberra Hospital. It is expected that this will dramatically decrease the likelihood of the patient's condition deteriorating as a result of being located in an inappropriate setting before placement in a RACF.

[3] Karmel R, Lloyd J & Anderson P 2008. Movement from hospital to residential aged care. Cat. no. CSI 6. Canberra: AIHW.

	A safer environment and a structured model of care for the older persons are anticipated to improve functionality. A patient's functional status achieved in this project must be considered against the alternate clinical pathway, which is to occupy an inpatient ward bed and when available, be transferred direct to the RACF environment. Research has indicated that older persons who follow this pathway (i.e. transferred direct from the acute environment to the RACF environment) face the poorest outcomes upon reaching the RACF environment. This project, by way of a structured clinical pathway with a specific model of care, will aim to improve the outcomes faced by older people transferred from acute facility to the RACF. The project will be evaluated after six months. *Cost* Primary costs are bed costs: based on 56 bed days/per week @ a cost of $500.00/bed/day including GST= $28,000/week. Additional costs include pharmacy costs. A community pharmacy will provide pharmacy services, cost for which includes a weekly fee per patient, plus drug cost, plus mark up and dispensing fee.			
Estimated Cost from financial year budget (recurrent):	2010-11 -	2011-12 -	2012-13 $800,000	2013-14 $1,600,000
Estimated Cost from financial year budget (capital):				
Estimated Start Date:	Operational			
Estimated End Date:	TBD			

Project Name	3J: South-Side Day Hospice (SDH)
Subacute Care Type	Palliative Care
Location	Community Based – Pearce ACT
Project Description	Since October 2011, Palliative Care ACT (PC ACT) in association with Holy Covenant Anglican Church at Jamison and Anglicare has operated Covenant Care Day Hospice (CCDH) which gives terminally ill people a 'day with a difference' and allows their housebound, full-time carers a day off. There is no charge for the CCDH service.

	Palliative care clients are picked up at 9.30am and returned home around 4.00pm, after a day of professionally organised activities. The CCHD recently received funding that enabled the program to be expanded to weekly instead of fortnightly and with a capacity for 12 clients a day per week. The number of clients is dependent on an assessment of the level of need on an individual basis. A registered nurse and activities officer are employed and over 20 volunteers have been trained to assist. The project has strong community support. PC ACT proposes to establish another day care hospice on the south-side of Canberra using the successful CCDH model. In this case PC ACT and Anglicare will partner with St George Anglican Church at Pearce. Based on a service offering of 12 clients at 8 hours a week over 48 weeks, it is estimated that this will equate to 2.1 subacute bed equivalents.			
	SDH will: • improve the quality of life for both carers and the terminally ill; • enable carers to have a day off from their caring responsibilities to do things they would otherwise find impossible to achieve or enjoy; • become a self sufficient community support service for home based palliative care. SDH, together with CCDH, will play an important role in preventing carer burn-out in the ACT; and • work to minimise impact on government budgets, with the costs of home based palliative care being estimated to be as low as 10% of hospital day care and 2.5% of the cost of an ICU stay.			
Estimated Cost from financial year budget (recurrent):	2010-11 $	2011-12 $	2012-13 $17,250	2013-14 $115,500
Estimated Cost from financial year budget (capital):	2010-11 $	2011-12 $	2012-13 $60,167	2013-14 $nil
Estimated Start Date:	Will commence to accept clients on a weekly basis from July 2013 building to full capacity by December 2013			
Estimated End Date:	Ongoing			

Project Name	3K: Adult Mental Health Day Service

Subacute Care Type	Subacute Mental Health
Location	The Belconnen Community Health Centre (BCHC).
Project Description	The project (Day Service) provides a day service for adults who require high-level support during the course of an acute episode of mental illness. The primary function of the Day Service is to provide a supported environment to facilitate a multidisciplinary approach in providing bio-psycho-social assessment and treatment for adult consumers with moderate functional or organic illness. The Day Service provides clinical assessment and short-term treatment for up to 25 adult (18 – 65 years of age) consumers, to circumvent an acute psychiatric inpatient admission where possible, or assist in the gradual transition of consumers from an inpatient admission back into the community. The services offered through the Day Service will include, but not be limited to: - psychiatric and medical review of comorbid physical conditions (where appropriate); - medication initiation, administration and ongoing monitoring (both in terms of response and compliance); - psychological assessment and therapies (both individual and group psychotherapy) and neuropsychological testing; - occupational therapy interventions and assessments (e.g activities of daily living and skills for life); and - multidisciplinary team conferences to provide a forum for consumers, families, carers and other stakeholders to meet and collaborate to develop and implement appropriate interventions and recovery plans.
Expected Improvement as a Result of this Project:	It is envisaged that the Day Service will reduce demand on limited psychiatric inpatient beds, reduce presentations to the emergency department and enhance community based treatment and recovery options by providing a supportive environment for individuals who are willing and able to transition back into a community setting. It is anticipated that consumers will attend the Day Service for one to five days per week for a maximum of 12 weeks, dependent on specific needs. The Day Service will cater for the individual needs of consumers and their carers or families. The aim will be to run the program five days per week (9am to 4pm Mon-Fri).

	Outcomes of the Day Service will be assessed by monitoring behaviour, impairment, symptoms and social functioning of consumers at entry and exit from the program, using both quantitative measures and qualitative measures. All occasions of service will also be recorded.			
Expected beds numbers delivered	10 bed equivalents			
Estimated Cost from financial year budget (recurrent):	2010-11 -	2011-12 -	2012-13 -	2013-14 $490,309
Estimated Cost from financial year budget (capital):				$87,000
Estimated Start Date:	February 2014			
Estimated End Date:	Ongoing			

Project Name	3L: Specialist Palliative Care Nurse Practitioner
Subacute Care Type	Palliative Care
Location	Clare Holland House, Calvary Health Care ACT
Project Description	This project is to: - establish a temporary, fixed term contracted position for a Palliative Care Nurse Practitioner (PCNP), to support and increase service capacity of the Community Specialist Palliative Care (CSPC) Service, previously known as the "Home Based Palliative Care Service"; and - obtain a vehicle to enable travel to Residential Aged Care Facilities (RACF) within the ACT region, as part of the role and function of the PCNP position.
Expected Improvement as a Result of this Project:	The addition of a PCNP will increase capacity of the service arm of the existing CSPC Nurse Practitioner. The expected benefits include: - expanded service model to meet community demand for palliative and end of life management; - a decrease in the waiting list for the CSPC service; - strengthening of partnership and supporting capability in end of life care with ACT Medicare Local, primary care providers and relevant RACF; - a reversal in the current decreasing trend in home deaths; - a decrease in hospitalisations for pain and symptom management; - a decrease in hospice admissions for end of life care; and - contribute to the prevention of attrition of experienced

	palliative care staff. The position of PCNP will improve the link between specialist palliative care and the primary care provider through the collaborative relationship established within the existing shared care model. The PCNP liaises closely with the patients GPs, community nurses, carers, families and patients to enhance the support required to care for the patient in their preferred setting.			
Expected beds numbers delivered	1.16 bed equivalents			
Estimated Cost from financial year budget (recurrent):	2010-11 -	2011-12 -	2012-13	2013-14 $169,650
Estimated Cost from financial year budget (capital):				
Estimated Start Date:	1 July 2013			
Estimated End Date:	TBD			

Capital 2012/13

Equipment	*Quantity*	*Cost per item*	*Total*
1 x Lift Equipment	1	$ 3,600	$ 3,600
Hilite chair with rear wheels fitted	12	$ 420	$ 5,040
table over bed/chairs	4	$ 400	$ 1,600
Hilite leg rest	4	$ 140	$ 560
standard ramp	1	$ 570	$ 570
Wheelchair	1	$ 400	$ 400
transporter commode	1	$ 325	$ 325
recliner/waterbeds	7	$ 3,000	$ 21,000
Walking belt small bed (3 sizes)	3	$ 74	$ 222
Portable oxygen concentrator	2	$ 4,500	$ 9,000
flat screen television	1	$ 500	$ 500
Blu-Ray	1	$ 250	$ 250
Portable storage cabinets	2	$ 300	$ 600
Computer and printer	1	$ 3,000	$ 3,000
Miscellaneous items	1	$ 500	$ 500
Outside storage shed	1	$ 15,000	$ 15,000
Total			**$ 62,167**

Recurrent Expenditure 2012-13 and 2013-14

Item	2012-13	2013-14
	$	$
Salaries 1 day a week (48 weeks a year)for a RAN and an activity officer	2,500	60,000
Salary 1 day a week for manager to co-ordinate patients & volunteers	7,500	30,000
Training of volunteers	3,000	3,000
Volunteer expenses	1,500	3,000
Transporting clients to and from centre	0	3,000
Meals for clients (based on 9 meals a week for 48 weeks @ $7 a meal)	0	3,000
Publication and promotion	2,000	2,000
Heating, cooling and cleaning etc.	250	2,000
Craft and activity equipment $50 a week	0	2,500
Formal assessment of the effectiveness of the program		5,000
Miscellaneous items	500	2,000
Total	**17,250**	**115,500**

Summary Planned Expenditure Schedule E

Original Planned Expenditure

project #	Project Description	2010/11	2011/12	2012/13	2013/14
3A	Expansion of the Aged Care Inpatient Ward - recurrent	297,877	457,986	481,000	493,000
3A	Expansion of the Aged Care Inpatient Ward - capital	345,000	235,000	-	-
3B	Mental health youth step up/step down program - recurrent	-	80,000	1,123,000	1,163,000
3B	Mental health youth step up/step down program - capital	-	1,130,000		
3C	Home Based Palliative Care Equipment	49,262	37,673	38,369	42,022
3D	HARI	-	100,000	750,000	1,000,000
3E	Older Persons (65+) Step-up Step-down Sub-acute Mental Health facility	-	163,000	1,525,500	1,577,695
3F	Step UP/Step Down Palliative Care Program	-	197,000	1,135,943	1,170,022
3G	Covenant Day Care Hospice			53,000	54,590
3H	Expansion of the older persons mental health subacute beds Calvary				
Total Schedule E		**692,139**	**2,400,659**	**5,106,812**	**5,500,329**

Revised Planned Expenditure – May 2013

Project #	Project Description	2010-11	2011-12	2012-13	2013-14
3A	Expansion of the Aged Care Inpatient Ward - recurrent	297,877	457,986	481,000	493,000
3A	Expansion of the Aged Care Inpatient Ward - capital	345,000	235,000	-	-
3B	Mental health youth step up/step down program - recurrent	-	80,000	1,123,000	1,163,000
3B	Mental health youth step up/step down program - capital	-	1,130,000	-	-
3C	Home Based Palliative Care Equipment	49,262	37,673	38,369	42,022
3D	HARI	-	100,000	750,000	1,000,000
3G	Covenant Day Care Hospice (North Canberra)	-	-	53,000	54,590
3I	Canberra Hospital RACF patient management project	-	-	800,000	800,000
3J	Southside Day Hospice	-	-	17,250	115,500
3K	Adult Mental Health Day Services - recurrent				490,309
3K	Adult Mental Health Day Services - capital				87,000
3L	Specialist Palliative Care Nurse Practitioner				169,650
Total Schedule E		**692,139**	**2,040,659**	**3,262,619**	**4,415,071**

Project #	Project Description	2010-11	2011-12	2012-13	2013-14
2c	Transfer Schedule E to Schedule A Elective Surgery recurrent	0	0	8,000,000	0
1b	Transfer Schedule E to Schedule C to fund ED Staff Specialists	0			1,252,000
2e	Transfer Schedule E to Schedule A Elective Surgery recurrent	0	0	0	3,148,000
2f	Transfer Schedule E to Schedule A Elective Surgery recurrent	0	0	0	2,202,255

The Emergency Department National Emergency Access Target (NEAT)

Schedule C and D: NEAT – Facilitation, Reward and Capital Funding

Exploratory Phase

The ACT has undertaken a significant analysis of ACT public hospitals to determine what needs to be done in order to meet the NEAT. Specifically, the ACT has examined the system and developed solutions to enable ACT public hospitals to deliver the right care at the right time to the right person. Key elements of this phase include:

- analysis of the issues that prevent hospitals from effectively providing optimum patient care in the right place at the right time.
- provision of solutions and options to the identified issues;
- development of implementation strategies for the proposed solutions; and
- development and deployment of a robust monitoring and reporting framework to support key solution sustainability.

A key finding from this stage related to how patients physically move (flow) through ACT EDs. How patients physically move through ACT EDs has an impact on their total time spent in the department. Impediments to patient flow can lead to overcrowding in an ED, which can detrimentally impact both an individual's subjective experience as well as the objective quality of care received. This finding correlates with findings in international literature on ED structure. Significantly, the layout and staffing profile of the ED were shown to have significant impacts on the patient flow through the ED.

Implementation

There is considerable work underway outside of the ED which is designed to assist the ACT meet the NEAT. The Health Infrastructure Program being implemented across the Territory will deliver a range of assets which will help alleviate pressure from emergency departments. The new Northside Subacute Hospital is one example. Another project identifies strategies to reduce length of stay for all patients, with a particular focus on care planning for complex long stay patients.

Subacute projects outlined above (in Schedule E), have been structured to target specific gaps in service delivery where patients may access the ED in the absence of an alternate service. Whilst these projects serve a primary purpose to increase the subacute bed or bed equivalent capacity of the ACT health system, they also serve to indirectly reduce demand on the ED.

Whilst the ACT Government, through the Health Infrastructure Program works to increase bed capacity in the ACT, initiatives under the NPA IPHS are specifically focused on improving patient flow through EDs. Initiatives under the NPA IPHS for example, aim to implement

redesign processes to improve the physical layout of EDs. Other projects work to ensure staff has access to appropriate resources to perform their role, such as ultrasound and patient transport facilities. Similarly, projects will increase the number of staff specialists present in the ED, and will work to change the way in which staff currently work, including trials of extended scopes of practice for some professions in the ED. All projects under the NPA IPHS ultimately aim to enable ED clinicians to perform their roles safely and effectively in a timely fashion.

Supporting the macro investments being made under the Health Infrastructure Program, and the initiatives to be implemented under the NPA IPHS, ACT public hospitals are also now implementing a range of initiatives aimed to supplement these activities and improve access to treatment, reduce treatment times and providing for a faster exit from the ED. Examples of such initiatives are outlined below.

- Clinical streaming. This process separates those patients who should not wait for treatment (triage category one and two patients, and some category three patients) and those who can safely wait (triage category five and four patients, and some category three patients). Each clinical stream is then seen in order of presentation within the clinical stream.

  This is already working in the ED at Canberra Hospital with 73 percent of people being treated on time in December 2011 compared with 58 percent in December 2010.
- Early consultant led review with strong clinical leadership on the floor, which provides senior clinician involvement (and decision making) in treatment from arrival, rather than later in a presentation.
- Conversion of ED beds to treatment chairs to increase treatment options, as not all patients need to be in a bed in order to receive appropriate care.
- Reviewing extended scope of roles, particularly in the nursing and allied health disciplines, to provide different models of care that improve treatment options for patients, such as nurse-led treatment options and extended scopes of practice for physiotherapists.
- Changing the physical layout of ACT EDs to improve the capacity of the departments as well as aiding better flow through the departments. How patients physically move through ACT EDs has an impact on their total time spent in the department.
- New services in the inpatient setting to improve flow from the ED to ward services, such as a coronary care assessment services, maternity assessment service and a general medicine inpatient unit.
- Patient flow tools - development and implementation of web based tools, such as the ED tracker, which is a time tool that prompts decision making along the NEAT time line.

Redesign Projects

Central to all this activity, both ACT EDs (Calvary and Canberra Hospital) are planning to implement major redesign projects designed to improve patient flow through the ED. Canberra Hospital intends to add additional treatment spaces to allow faster access to

definitive care in the Canberra Hospital ED, and Calvary intend to undertake a refurbishment of the ED to improve patient flow through the ED. Both these projects are described below.

These projects, when taken together with the suite of initiatives outlined above, and the major redevelopments underway in the Health Infrastructure Program, will provide the necessary foundation upon which the ACT can meet the ultimate NEAT requirements by 2016.

Projects Schedule C and D

Project Name	1a. Care around the clock project – clinical lead			
Project Description	The *Care Around the Clock Project* aims to provide a detailed analysis of the Canberra Hospital campus regarding what services are required, and when, and to develop solutions and implementation plans that can enable the hospital to deliver the right care at the right time to the right person, regardless of the hour of the day or the day of the week			
Expected Improvement as a Result of this Project:	Providing a clinical lead on this project will ensure that clinical expertise influences decision making and the outcomes of the project, as well offering an avenue to manage broader clinician engagement relating to the project.			
Estimated Cost from financial year budget:	2010-11 $205,000	2011-12 $65,000	2012-13	2013-14
Estimated Start Date:	August 2010			
Estimated End Date:	August 2011			

Project Name	1b. Care around the clock project – emergency department staff specialists			
Project Description	The *Care Around the Clock Project* aims to provide a detailed analysis of the Canberra Hospital campus regarding what services are required, and when, and to develop solutions and implementation plans that can enable the hospital to deliver the right care at the right time to the right person, regardless of the hour of the day or the day of the week. The ACT is seeking a funding transfer in 2013-14 from Schedule E subacute, to fund these positions in 2013-14.			
Expected Improvement as a Result of this Project:	The *Care Around the Clock Project* has already identified that there is a need for additional ED staff specialists to assist with meeting additional demands generated by the *Care Around the Clock Project* and assist with patient throughput. The ultimate benefit is more timely access to the ED for patients.			
Estimated Cost from financial year budget:	2010-11 $788,429	2011-12 $1,180,000	2012-13 $1,215,000	2013-14 $1,252,000 (Transfer from Schedule E)
Estimated Start Date:	October 2010			
Estimated End Date:	Ongoing			

<table>
<tr><td>Project Name</td><td>1C Extended Scope of Physiotherapy in the ED</td></tr>
<tr><td>Project Description</td><td>
This project introduces the first extended scope physiotherapists in Australia into the ED at Canberra Hospital.

The introduction of extended roles of physiotherapists will provide a platform for the development of a clinical career pathway in the field of Physiotherapy and it will assist with staff recruitment and retention.

Extended practice physiotherapy is an accepted role in the UK in delivering both primary and secondary care for musculoskeletal services. This project is aligned with the Australian Health Workforce Reform 2009-2013 of which a key performance indicator is an increase in the update of extended scopes or new or redesigned roles.

In consultation with ED at Canberra Hospital, a credentialing program has been developed to train physiotherapists to:

independently interpret imaging
independently manage simple fractures
undertake local anaesthetic injections in order to be able to relocate small joint dislocations
prescribe analgesic medication.

These tasks listed above are currently outside the scope of practice of the current physiotherapy role in the Fastrack.
Research shows that the ability to undertake these tasks will reduce the blocks in the patient journey through the ED, as well as free the doctors to treat more complex cases.

Table below shows that a retrospective review of musculoskeletal presentations to ED at Canberra Hospital indicates that a physiotherapist with extended scope could independently manage 13.5% of all ED presentation in the summer and 17.5% of all ED presentations in the winter.
Baseline data also shows that peak times were between 12 to 10 PM in the summer with the average of 70% musculoskeletal patients presented and in 10 AM to 10 PM in the winter with 78% musculoskeletal patients presented.

<table>
<tr><td></td><td>summer</td><td>winter</td></tr>
<tr><td>Baseline data showing peak times for musculoskeletal presentations in ED Canberra Hospital</td><td>70% presented between 12 to 10 PM</td><td>78% presented between 10 AM to 1 PM.</td></tr>
<tr><td>Retrospectives review</td><td>13.5% of all ED</td><td>17.5% of all ED</td></tr>
</table>
</td></tr>
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<table>
<tr><td></td><td>
<table>
<tr><td>which indicates proportion of patients who an Extended Scope Physiotherapist could manage independently</td><td>musculoskeletal presentations</td><td>musculoskeletal presentations</td><td></td></tr>
</table>

Based on the above information, there is a need to provide more flexible models of working to meet the demands of when patients present to ED. This issue is reflected in the funding application.
In conclusion, the increased capacity of the physiotherapist to manage cases independently and be in attendance at peak presentation times has the potential to significantly impact on the current ‘did not wait for treatment’ rate.

<u>Evaluation</u>

The project has been developed and will be evaluated in collaboration with the International Centre for Allied Health Evidence (iCAHE) with the following details:
• evaluation will be conducted in 6 and 12 months after its commencement to review the impact on the National ED key performance indicators with the inclusion of 4 hour rule and ‘did not wait’ rate
evaluation will include interviews of patients and staff to identify the satisfaction level towards the service provided by physiotherapists with extended roles.
</td></tr>
<tr><td>Expected Improvement as a Result of this Project:</td><td>Extended Scope Physiotherapy Practitioners working in the ED will:
• reduce length of stay
• reduce waiting time to be seen
• reduce ‘did not wait for treatment’ rate
• introduce new ways of treating patients in ED that have similar or better outcomes than currently, quicker response times and lower costs
• significantly improve patient journey
be well accepted by patients (satisfaction), and be valued and well integrated into those healthcare teams working in ED.</td></tr>
<tr><td>Estimated Cost from financial year budget:</td><td>
<table>
<tr><td>2010-11</td><td>2011-12
$89,000</td><td>2012-13
$184,000</td><td>2013-14</td></tr>
</table>
</td></tr>
<tr><td>Estimated Start Date:</td><td>1 July 2011</td></tr>
<tr><td>Estimated End Date:</td><td>30 June 2012</td></tr>
<tr><td>Project Name</td><td>1d Patient Transport Vehicle – recurrent cost</td></tr>
<tr><td>Project Description</td><td>Provision of recurrent funding for the new ACT public hospitals’ transport vehicle</td></tr>
</table>

<table>
<tr><td>Expected Improvement as a Result of this Project:</td><td colspan="4">The effective and timely transfer of patients between the two ACT public hospitals has the potential to improve patient outcomes and increase the efficiency of public hospital services

Prior to the purchase of the ACT’s patient transport vehicle, non emergency patient transfers were managed by the ACT ambulance service. This situation often resulted in delays in the transfer of patients with less serious conditions due to demand on general ambulance services

This resulted in reduced effectiveness of services to patients and additional bed block due to the inability to transfer patients to a more appropriate setting for their condition.

The establishment of a dedicated patient transfer service, provides the flexibility to arrange for low acuity patient transfers on a more timely basis, and does not reduce the level of intensive care ambulance services available to the community.

The funding sought will enable the provision of transfer services. Highest demand for emergency and inpatient services occurs during peak times and therefore it is essential to patient flow to ensure that beds are available for these emergency patients, this is assisted by the use of low acuity transfer vehicle which can ensure low acuity patients are sent to an appropriate facility. The ability to offer effective and timely transfer of patients (where clinically appropriate) will reduce some of the pressure on hospital staff</td></tr>
<tr><td>Estimated Cost from financial year budget:</td><td>2010-11</td><td>2011-12
$378,000</td><td>2012-13
$384,667</td><td>2013-14
$391,333</td></tr>
<tr><td>Estimated Start Date:</td><td colspan="4">2011-12 financial year</td></tr>
<tr><td>Estimated End Date:</td><td colspan="4">Ongoing initiative. Funding from 2013-14 will be managed from within ACT Government funding allocations to the Health Directorate</td></tr>
</table>

Project Name	5A Emergency Department Ultrasound
Project Description	Emergency Department Capital Funding Purchase of ultrasound for the ED.
Expected Improvement as a Result of this Project:	This will lead to reduced delays in the emergency department and help achieve an increased throughput of emergency patients. Specific improvements expected include: - ultrasound imaging has been shown to enhance the clinician’s ability to assess and manage patients with a variety of acute illnesses and injuries. - As ultrasound examinations can be performed at the bedside, this diagnostic modality is of great use for unstable patients who may not be candidates for other imaging

	procedures. - Focused bedside ultrasound examinations performed by trained Emergency Physicians in order to answer specific clinical questions, have been shown to improve patient outcomes.			
Estimated Cost from financial year budget:	2010-11 $188,000	2011-12	2012-13	2013-14
Estimated Start Date:	2011			
Estimated End Date:	Implemented 2011			

Project Name	5B Patient Transport Vehicle (Capital)			
Project Description	Emergency Department Capital Funding This seeks funding for the capital component for a project that aims to deliver an operational model of service for a dedicated health patient transfer system.			
Expected Improvement as a Result of this Project:	A dedicated health patient transfer vehicle will improve patient flow throughout and between both the Canberra Hospital and Calvary Hospital campuses, improving patient and bed management and flow.			
Estimated Cost from financial year budget:	2010-11	2011-12 $326,000	2012-13	2013-14
Estimated Start Date:	2011			
Estimated End Date:	Implemented 2011			

Project Name	5C Canberra Hospital Emergency Department New Treatment Spaces			
Project Description	Capital build of 6 new Emergency Department acute treatment spaces at Canberra Hospital.			
Expected Improvement as a Result of this Project:	Increased treatment spaces will allow faster access to definitive care for patients presenting to Canberra Hospital Emergency Department. Significant growth in ED presentations (6% year on year and a further 3% YTD) has resulted in space to assess and treat patients being at a premium. Increased treatment space combined with patient flow redesign work both in the ED and external to the ED will result in patients being seen, treated and admitted or discharged in a timeliness in accordance with the National Health Reform National Emergency Access Target (NEAT).			
Estimated Cost from	2010-11	2011-12	2012-13	2013-14

financial year budget:			$3,900,000	
Estimated Start Date:	July 2012			
Estimated End Date:	March 2013			

Project Name	5D Calvary Hospital Emergency Department Refurbishment			
Project Description	Refurbishment of the Emergency Department of Calvary Hospital to improve patient flow through and access to emergency department care.			
Expected Improvement as a Result of this Project:	Improved patient flow through, and patient access to the emergency department at Calvary will result in improvements in the time taken for patients to be seen, treated and admitted or discharged.			
Estimated Cost from financial year budget:	2010-11	2011-12 $3,900,000	2012-13	2013-14
Estimated Start Date:	April 2012			
Estimated End Date:	June 2012			

Summary Planned Expenditure Schedule C

project #	Project Description	2010/11	2011/12	2012/13	2013/14
1a	Clinical Lead: Care Around the Clock Project	205,000	65,000		
1b	ED staff specialists	788,429	1,180,000	1,215,000	0
1c	Extended scope of physiotherapy in ED		89,000	184,000	
1d	Patient Transport Vehicle (recurrent)		378,000	384,667	391,333
Total Schedule C		**993,429**	**1,712,000**	**1,783,667**	**391,333**

Summary Planned Expenditure Schedule D[4]

project #	Project Description	2010/11	2011/12	2012/13	2013/14
5a	ED Ultrasound	188,000			
5b	Patient transport vehicle		326,000		
5c	Canberra Hospital ED new treatment spaces			3,900,000	
5d	Calvary Hospital ED Refurbishment		3,900,000		
Total Schedule D		**188,000**	**4,226,000**	**3,900,000**	**0**

[4] 2010-11 includes 2009-10

The National Elective Surgery Target (NEST)

Schedule A and B: NEST Facilitation, Reward and Capital Funding

Overview

The NPA seeks to improve access to elective surgery in public hospitals for Australians who in many cases have had to wait longer than recommended times to receive their surgery. The ACT is not immune; historically approximately four out of every 10 people on the elective surgery waiting list have been waiting longer than clinically recommended waiting times.

To improve access to elective surgery, the Commonwealth and State and Territory governments have entered into the NPA to significantly increase the number of elective surgery operations provided in our public hospitals each year and reduce the number of people waiting more than clinically recommended times for that surgery.

The ACT Government Health Directorate recognises that an approach is needed to not only increase access to surgery but to also improve the way in which elective surgery is managed in the ACT. This will ensure that the ACT Government Health Directorate will be able to continue to meet the needs of our community in relation to elective surgery well after the life of the NPA.

The Elective Surgery Access Plan (the Plan)

The Plan is designed to meet the immediate needs of the ACT community in increasing access to elective surgery while also setting the foundation for the changes that ACT Government Health Directorate must make in terms of how elective surgery is managed and provided.

The Plan provides for a three-stage approach, which is underpinned by continual performance monitoring, reporting and regular auditing of the ACT elective surgery waiting list. This approach will enable the ACT Government Health Directorate to focus on the immediate need of providing increased access to elective surgery, while also ensuring that the way the ACT Government Health Directorate provides that access is the most efficient and effective possible. The Plan also provides for an audit and monitoring process to maximise accountability and ensure the accuracy of the waiting list.

<u>Stage 1: Capacity Building</u>

The first stage of the Elective Surgery Access Plan provides for capacity building within the ACT public and private hospital system; and in this regard, the ACT is achieving results.

Based on activity for 2010-11, more people are being admitted for surgery from the elective surgery waiting lists than ever before. Approximately 11,000 people accessed surgery in 2010-11, 12 percent above the total in 2009-10.

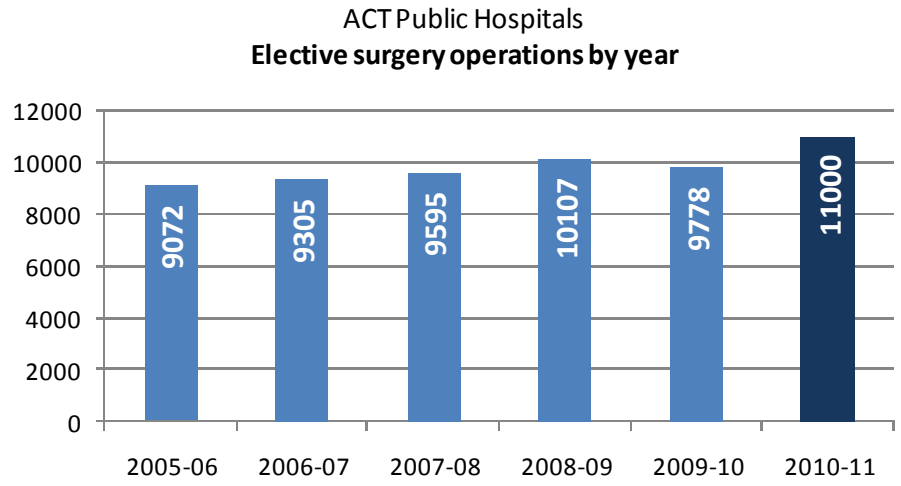

Figure 1: ACT Public Hospitals – elective surgeries by year

This additional activity is working to reduce the number of people on the waiting list waiting longer than recommended waiting times.

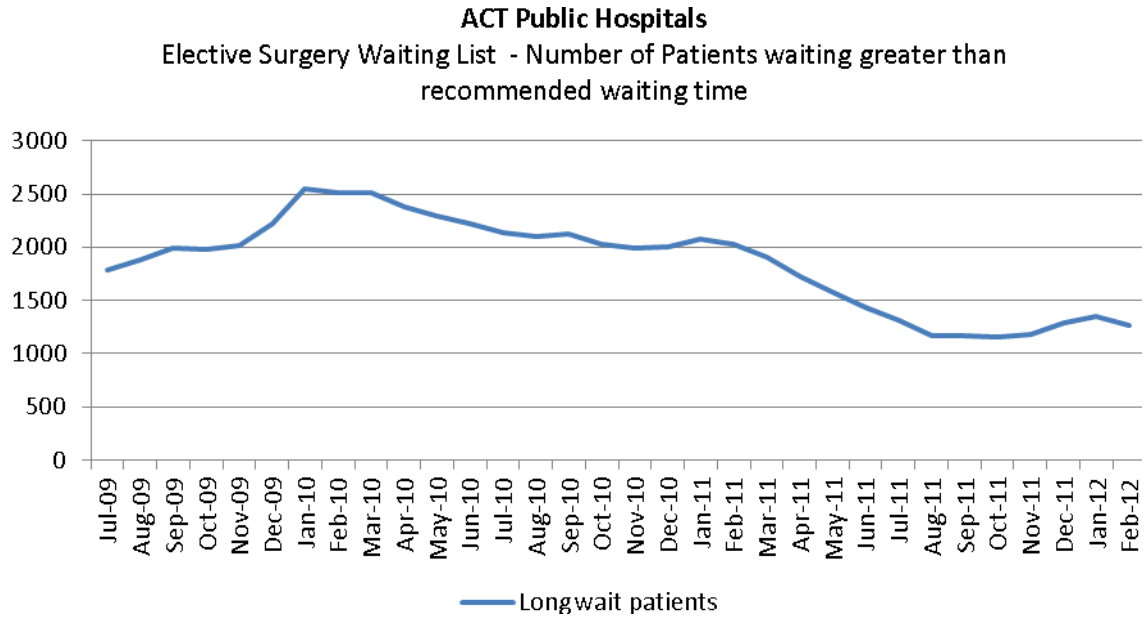

Figure 2: numbers of patients waiting longer than recommended waiting times (ACT Public Hospitals)

This increase in access to elective surgery and reduction in the number of people waiting longer than recommended waiting times has been achieved through:

- ensuring maintenance of effort at public hospitals;
- expanding the capacity of ACT public hospitals including the establishment of additional urology sessions; and an orthopaedic joint strategy for Calvary Public Hospital. This has included the recruitment of additional urologists and orthopaedic surgeons; and

- establishing partnerships with the private sector to reduce long waiting times, particularly in ear nose and throat, non-joint orthopaedics, general surgery and urology.

These initiatives have also worked to ensure that total removals from the waiting list regularly exceeded additions to the list.

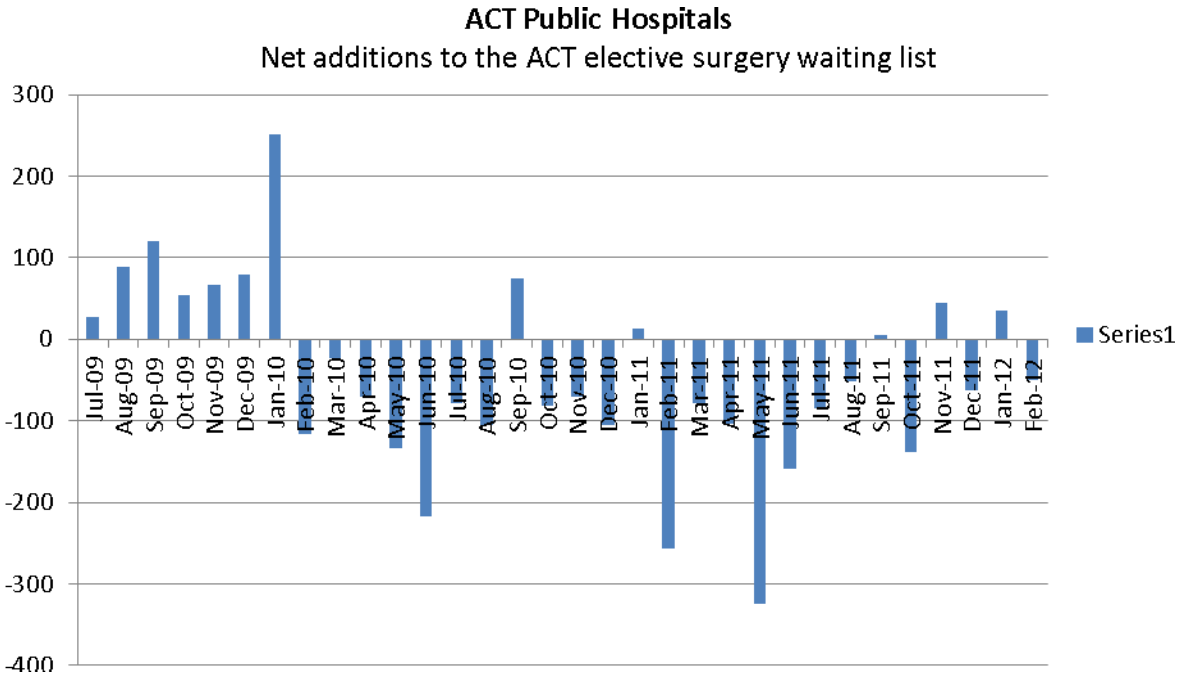

Figure 3: net additions to the elective surgery waiting list (ACT Public Hospitals)

The ACT Government Health Directorate has also worked with the ACT Surgical Services Taskforce (which comprises senior surgeons and anaesthetists) to determine the issues that will impact on managing the demand for elective surgery while also ensuring that our public hospitals continue to meeting increasing demand for emergency surgery. As a result of this consultation process, the ACT Government Health Directorate:

- achieved agreement on establishing a single ACT public hospitals waiting list;
- completed preliminary work on the implementation of a new operating theatre information system to improve the level of information available to senior clinicians and administrators; and
- published a revised policy for access to elective surgery in the ACT, including a revision of the principles underpinning the policy and additional clarity around issues such as the clinically appropriate classification of patients, improved processes for clinical review, and better management of long wait patients.

Stage 3: Service Re-Design

Despite significant investment by the ACT Government into elective surgery over the previous seven years, too many patients have been waiting too long. Additional funding is assisting to address this, but the ACT Government Health Directorate will also redesign the way services are delivered to improve access to elective surgery over the long term.

Therefore, a comprehensive elective surgery redesign process has been initiated that will include initiatives such as:

- clarifying the roles of each public hospital in relation to emergency and elective surgery;
- reassessing current theatre allocations based on change in demand for elective surgery;
- defining theatre utilisations to ensure that theatres are used in the most effective and efficient manner; and
- establishing mechanisms to improve communication across and within surgical services.

Continual performance monitoring and reporting and auditing

The Plan is underpinned by rigorous reporting. This will include:

- a process for regular and constant reporting of the elective surgery process, from both an administrative and clinical perspective;
- processes for auditing the waiting list; and
- working with the ACT surgical services taskforce to ensure that waiting list polices and practices have clear accountabilities and responsibilities.

Implementation of the Plan: how will the ACT achieve the targets?

In order to significantly reduce the number of people waiting too long for surgery, the ACT Government Health Directorate needs to meet current demands for elective surgery (additions to the list, less removals for 'other reasons'), as well as providing surgery for the backlog of long wait patients.

Central to the ACT's ability to meet the NEST, is the removal of large number of long wait patients from ACT elective surgery lists. Four out of every 10 people on the ACT waiting list are 'long wait' patients. The ACT is implementing mechanisms to accelerate the removal of long wait patients from elective surgery lists, with a goal to eliminate the number of long wait patients by 2013. Figure six below depicts the proposed accelerated long wait schedule.

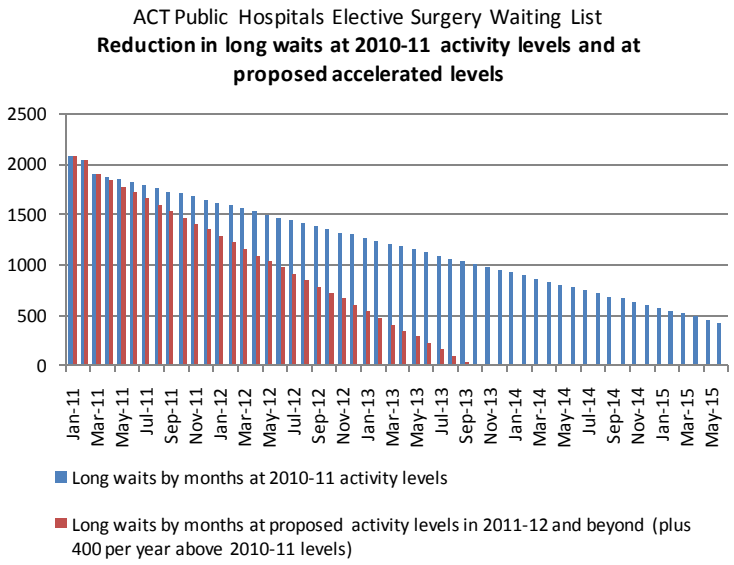

Figure 4: reduction in long wait elective surgery

The ACT Government Health Directorate has allocated significant additional funds in recent years to increase access to elective surgery and reduce the numbers of people with extended waiting times. This funding has provided the capacity to increase access to surgery to record levels across all urgency categories. Additional Commonwealth funding delivered under the NPA will provide the capacity for the ACT to continue to increase access to surgery and reduce the number of people waiting longer than recommended waiting times. Whilst the NPA provides Commonwealth funding to boost access to elective surgery, this funding is allocated to a number of pools to assist in improving access to elective surgery, emergency departments and sub-acute care. In addition, some of the funding has been allocated between facilitation, reward and capital expenditure.

In order to achieve the elective surgery targets, the ACT does not require access to additional capital funding at this time. The capital funding provided under stage 2 of the *Elective Surgery Waiting List Reduction Plan in 2008-09* provided for the construction of three new operating theatres, and the ACT Government has funded construction of a fourth theatre which opened in 2010-11. These new theatres will provide sufficient capacity for the public system given the current bed capacity available to public hospitals.

Given this, *Project 2b: Elective Surgery Blitz* reallocates funding available in the elective surgery capital pool, to elective surgery facilitation in order to significantly increase access to elective surgery in the ACT in 2011-12. This project puts in place the foundation upon which the ACT can achieve the NEST by providing for halving of long wait patients on the ACT public hospitals' waiting lists by the end of 2011-12. This places ACT in an extremely strong position from which to meet national targets by 2014.
The funding details for project 2b are set out in the projects section below.

It is also critical that whilst long waits are targeted in the early years of the NPA, the focus on activity across all urgency categories remains high. As such, the ACT put in place the

following mechanisms to ensure maintained elective surgery volumes early in the life of the NPA.

- Ensure that Canberra Hospital provides the same level of access to elective surgery in 2011-12 as provided in 2010-11.
- Agreement from Calvary Hospital to provide 5,500 elective surgery operations in 2011-12, up from the target of 5,084 for 2010-11.
- Continue the partnership with Calvary John James Hospital to provide an additional 200 orthopaedic joint replacements in each of 2011-12 and 2012-13. This has the capacity, at current levels of additions, to clear the long wait orthopaedic joint waiting list by the end of 2012-13.
- Continue the partnership with Capital Day Surgery to provide approximately 200 procedures across ear nose and throat, urology and plastic surgery areas for long wait patients.
- Continue to explore arrangements with Aspen Medical and Queanbeyan Hospital re access to additional capacity for long wait elective surgery cases.
- Review activity against the plan in January 2012.

Revised NEST Targets

Any commitment to address large number of long wait patients during the early years of the NPA will impact the improvements possible in relation to the proportion of other patients admitted for surgery on time.

Recognising this, the COAG Expert Panel supported the ACT's proposal to amend interim elective surgery targets in consideration of the large numbers of 'long wait' patients on the ACT elective surgery waiting list. These changes to the ACT's interim targets provide for a slower start in meeting the ultimate NEST, factoring in the large number of long wait patients accessing surgery during the early years of the NPA. The revision of the interim targets places the ACT in a stronger position to meet the final NEST targets by the end of NPA. The revised targets endorsed by COAG are outlined below.

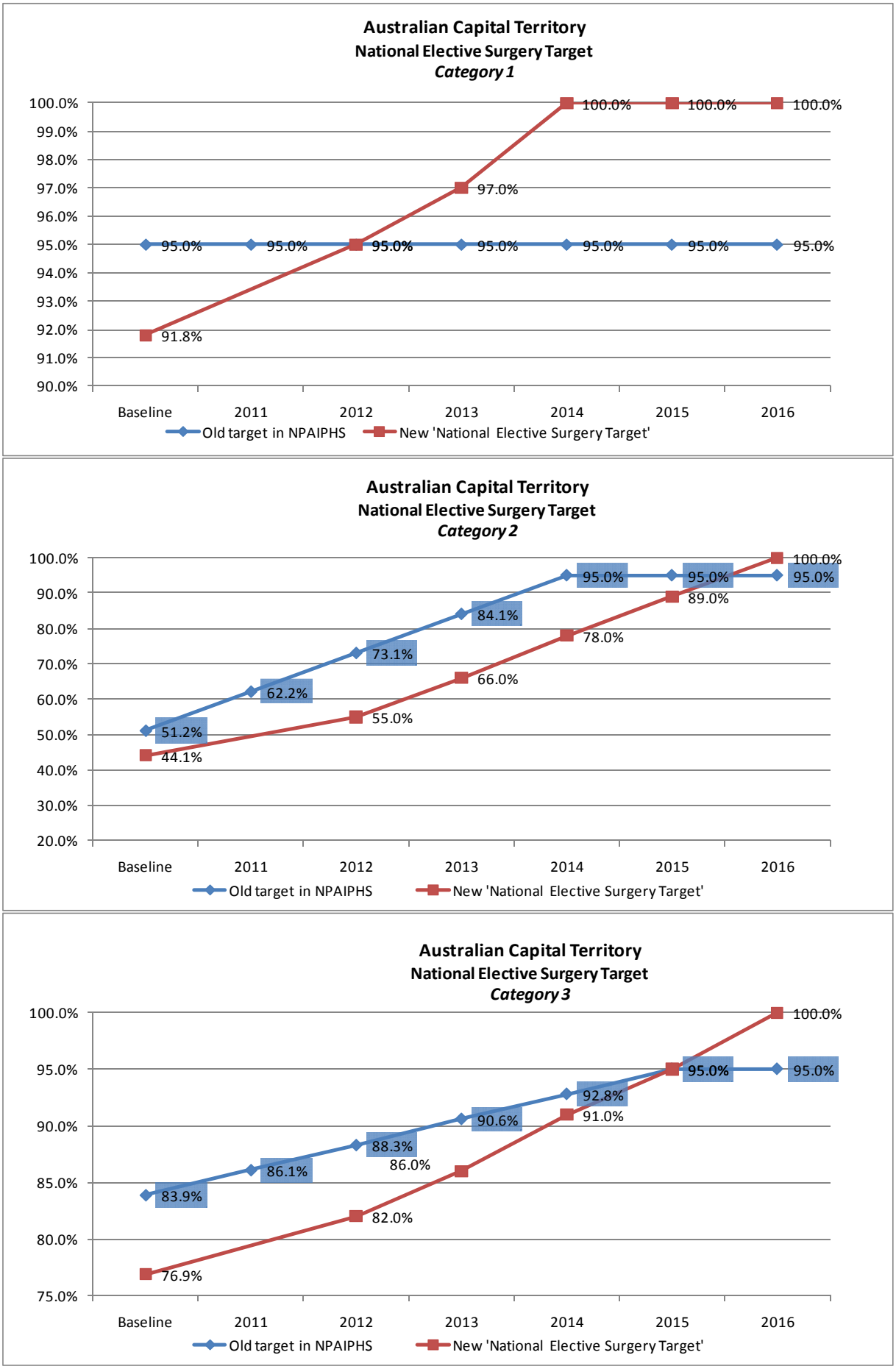

Figure 5: revised elective surgery interim targets (ACT)

Projects schedule A

Project Name	2a. Additional Elective Surgery in the ACT			
Project Description	The *ACT Elective Surgery Access Plan Project* provides a three-step approach to improving access to, and management of, elective surgery in the ACT. The first step in the Plan is an immediate increase in access to elective surgery to assist in reducing the number of patients with extended waiting times. Under the ACT Government Health Directorate's *elective surgery access plan project*, the ACT Government Health Directorate has committed all (current) NPA elective surgery facilitation funds ($4.8m) to additional elective surgery at the Canberra and Calvary Hospitals in an effort to bring about an immediate reduction in elective surgery waiting lists.			
Expected Improvement as a Result of this Project:	The ACT Government Health Directorate is also working with ACT public hospitals to increase access to elective surgery within the public system. This will have the potential to provide access to surgery for an additional 800 people over the 2010-11 financial year.			
Estimated Cost from financial year budget:	2010-11 $4.79 M	2011-12	2012-13	2013-14
Estimated Start Date:	2010			
Estimated End Date:				

Project Name	2b Elective Surgery Blitz
Project Description	Additional Elective Surgery. Detail is outlined in body of this revised implementation plan. The ACT Government Health Directorate is planning to allocate $11,700,000 dollars on elective surgery under this Blitz. The proposed source of funding is as follows: ACT Government Funds: $1,500,000 Schedules A: total $2,211,000 1. $810,000 schedule A elective surgery facilitation funding rolled over from 2010/11 2. $1,401,000 schedule A elective surgery facilitation funding available in 2011/12 Proposed transfers Schedule B to Schedule A: total 5,010,000 3. $3,885,000 schedule B elective surgery capital funds rolled over from 2010/11 and converted to schedule A elective surgery facilitation funding

	4. $1,125,000 schedule B elective surgery capital funds available in 2011/12 and converted to schedule A elective surgery facilitation funding Schedule F: total $2,979,000 (outlined in the flexible funding section) 5. $2,979,000 schedule F flexible funding (made up of funds rolled over from 2010-11 and funds allocated in 2011-12)	
Expected Improvement as a Result of this Project:	Reduced elective surgery waiting lists	
Estimated Cost from financial year budget:	2010-11	2011-12 Total Funding Required from NPA: $ 10,200,000. This is comprised of: Schedule A: $ 2,211,000 Schedule B transfer: $ 5,010,000 Schedule F: $2,979,000
Estimated Start Date:	2011	
Estimated End Date:	Implemented 2011	

Project Name	2c: Increasing access to elective surgery
NPA Schedule:	Transfer of funds from sub-acute services to elective surgery recurrent funding
Location	Canberra Hospital, Calvary Public Hospital, Queanbeyan Hospital, ACT private hospitals
Project Description	Provision of an additional 800 elective surgery operations for patients on the ACT public hospitals' waiting lists. Over the 18 months to 31 December 2011, the number of people on the ACT public hospitals' waiting lists with longer than recommended waiting times fell by 42 percent. This decrease was directly related to the additional investment in increased access to elective surgery by both the ACT and Commonwealth governments. However, additions to the ACT elective surgery waiting lists continue to grow at approximately four percent per annum. ACT public hospitals require a further additional allocation of funds for elective surgery in order to manage this increase in demand and to continue to reduce the number of people with longer than standard waiting times The ACT has established a community-based approach to deliver on the commitment to increase sub-acute capacity in the ACT by 21 beds above

	the 2009 limit by 2014. This approach is achievable at a cost of less than the total currently allocated for this growth in access to care. As such, the ACT is seeking endorsement from the Commonwealth to transfer $8 million in unspent funding from the sub-acute initiative to meet national elective surgery targets			
Expected Improvement as a Result of this Project:	The provision of an additional 800 elective surgery operations in 2012-13 above base levels of activity. This would enable ACT public hospitals to maintain 2011-12 levels of access to surgery through 2012-13 in order to meet national elective surgery access targets. Based on current levels of additions to the list for surgery, the additional $8 million will enable the ACT to reduce the numbers of people waiting too long for surgery by 75 percent from January 2012 figures by June 2013.			
Estimated Cost from financial year budget:	2010-11 -	2011-12 -	2012-13 $8,000,000 (Transfer from Schedule E)	2013-14 -
Estimated Start Date:	1 July 2012			
Estimated End Date:	2013			

Project Name	2d: Further access to elective surgery in the ACT			
NPA Schedule:	Transfer of funds from Schedule F in 2012-13 to elective surgery recurrent funding			
Location	Canberra Hospital, Calvary Public Hospital, Queanbeyan Hospital, ACT private hospitals			
Project Description	Provision of additional elective surgery operations for patients on the ACT public hospitals' waiting lists. Pending the outcomes of projects 2a, 2b and 2c, this project will target surgical classifications with remaining extended lists; potential examples where this may be required are ear nose and throat or urology.			
Expected Improvement as a Result of this Project:	The provision of these additional elective surgery operations in 2012-13 will be on top of base levels of activity, and additional to that delivered by project 2c. This would enable ACT public hospitals to maintain 2011-12 levels of access to surgery through 2012-13 and assist resolving any identified issues in particular surgical categories. This will assist the ACT to meet national elective surgery access targets.			
Estimated Cost from financial year budget:	2010-11 -	2011-12 -	2012-13 $845,000 (Transfer from Schedule F)	2013-14 -
Estimated Start Date:	1 Sep 2012			
Estimated End Date:	2013			

Project Name	2e: Elective surgery in the ACT			
NPA Schedule:	Transfer of funds from Schedule E in 2013-14 to elective surgery recurrent funding			
Location	Canberra Hospital, Calvary Public Hospital, Queanbeyan Hospital, ACT private hospitals			
Project Description	Provision of additional elective surgery operations for patients on the ACT public hospitals' waiting lists. This project builds on projects 2a, 2b and 2c.			
Expected Improvement as a Result of this Project:	The provision of these additional elective surgery operations in 2013-14 will be on top of base levels of activity, and additional to that delivered by project 2a,2b, and 2c. This should ensure the ACT meets the final NEST target.			
Estimated Cost from financial year budget:	2010-11 -	2011-12 -	2012-13 -	2013-14 $3,148,000 (Transfer from Schedule E)
Estimated Start Date:	1 Sep 2012			
Estimated End Date:	2013			

Project Name	2f: Elective surgery in the ACT			
NPA Schedule:	Transfer of funds from Schedule E in 2013-14 to elective surgery recurrent funding			
Location	Canberra Hospital, Calvary Public Hospital, Queanbeyan Hospital, ACT private hospitals			
Project Description	Provision of additional elective surgery operations for patients on the ACT public hospitals' waiting lists. This project builds previous project delivering additional elective surgery in the ACT.			
Expected Improvement as a Result of this Project:	The provision of these additional elective surgery operations in 2013-14 will be on top of base levels of activity, and additional to that delivered by other projects under the NPA such as 2a,2b,2c and 2e.			
Estimated Cost from financial year budget:	2010-11 -	2011-12 -	2012-13 -	2013-14 $2,202,255 (Transfer from Schedule E)
Estimated Start Date:	2013-14			
Estimated End Date:	2013-14			

Projects schedule B

Project Name	6a Mobile C-Arm Image Intensifier
Project Description	Elective surgery capital funding A capital replacement of the Mobile C-Arm Image Intensifier at Calvary Public Hospital.
Expected Improvement as a Result of this Project:	A capital replacement of the Mobile C-Arm Image Intensifier at Calvary Public Hospital will yield the following benefits: - improve the quality of radiographic images, aiding surgeons to better appreciate the anatomical and physiological environment as they operate on patients; - improved workplace safety for staff and patients through a reduction in the radiation dose to patients and staff; - superior images for radiology review and for archiving; and compatibility with the ACT Government Health Directorate public hospital information technology infrastructure
Estimated Cost from financial year budget:	2010-11 $280,000
Estimated Start Date:	tender process to commence 2010
Estimated End Date:	installation complete by June 2011

Project Name	6b Extended Day Surgery Refurbishment			
Project Description	Elective Surgery Capital Funding The current space within both the day surgery and same day admission area Calvary Public Hospital is inadequate to meet the demands that will be placed on these areas in order to meet the goals of the NPA. The current day surgery unit area is at capacity on high activity days, and the same day admission area is shared with the discharge area with current throughputs impacting negatively on the usage of the latter. To enhance elective surgery patient flow it is proposed to refurbish a currently available space adjacent to the theatres.			
Expected Improvement as a Result of this Project:	Refurbishment and implementation of a dedicated day of surgery and day procedures admission area will improve patient flow and management, and theatre efficiency			
Estimated Cost from financial year budget:	2010-11 $47,750	2011-12	2012-13	2013-14
Estimated Start Date:	Nov 2010			
Estimated End Date:	Dec 2010			

Project Name	6c Moria Automated Lamellar Transplant Equipment			
Project Description	Elective Surgery Capital Funding Purchase of automated lamellar corneal transplant equipment.			
Expected Improvement as a Result of this Project:	Purchase of automated lamellar corneal transplant equipment is essential for performing endothelial corneal transplants. Over the past five years, traditional penetrating corneal grafts have given way to this technology. At lease one third of transplants are now performed in this way, and the percentage if projected to rise in the near future. Purchase of the equipment will allow the ACT to better manage patients who require treatment for corneal endothelial conditions, as the equipment will allow the commencement of corneal transplant surgery in the ACT. This will avoid having to transfer patients requiring this surgery to Sydney for treatment and postoperative care			
Estimated Cost from financial year budget:	2010-11 $70,711	2011-12	2012-13	2013-14
Estimated Start Date:	2010			
Estimated End Date:	June 2011			

Project Name	6d. Laser Lithotripsy Urology Suite			
Project Description	Elective Surgery Capital Funding Purchase of capital equipment and implementation, for a laser lithotripsy urology suite at Calvary Public Hospital.			
Expected Improvement as a Result of this Project:	Purchase of capital equipment and implementation, for a laser lithotripsy urology suite at Calvary Public Hospital will supplement the current assets at the Canberra Hospital, and allow increased rates of urology surgery, which is an identified problem area for ACT Public Hospitals. Improvements expected include: - enhanced elective surgery capacity for treatment of urinary stones (removal of stone from ureter, bladder or urethra); - increased capacity for additional urology services at Calvary Public Hospital; and - standardised equipment across the ACT system for this procedure (training and development efficiencies, workforce mobility etc).			
Estimated Cost from financial year budget:	2010-11 $69,000	2011-12	2012-13	2013-14
Estimated Start Date:	Dec 2010			
Estimated End Date:	June 2011			

Project Name:	6E –*Elective Surgery Access Plan: Capital* equipment to support additional elective surgery.				
Project Description:	Under the ACT Government Health Directorate's *elective surgery access plan project*, the ACT Government Health Directorate has committed all (current) NPA elective surgery facilitation funds ($4.8m) to additional elective surgery at the Canberra and Calvary Hospitals in an effort to bring about an immediate reduction in elective surgery waiting lists. A capital expenditure on equipment at Calvary Hospital was required to support the additional elective surgery activity. This equipment included: TRUS machine and 6 transducers Bipolar TURP system - storz plus (including instrumentation) SN Stack with 6 cameras Urology chairs x 2 Flexible cystoscopes Instrument trolleys x 6 Welch Allan vital signs monitor Cystoscopy trays and telescopes x 6 sets 10 sterilising cases for sets of 30 and 70				
Expected Improvement as a Result of this Project:	The ACT Government Health Directorate is also working with ACT public hospitals to increase access to elective surgery within the public system. This will have the potential to provide access to surgery for an additional 800 people over the 2010-11 financial year.				
Estimated Cost from financial year budget:	2010-11 $423,000	2011-12	2012-13	2013-14	2014-15
Estimated Start Date:	July 2010				
Estimated End Date:	Jan 2011				

Project Name	6f OrthoScanHD Mini C-Arm System
Project Description	Elective Surgery Capital Funding Elective Surgery Facilitation Funding Purchase of 2 OrthoScanHD Mini C-Arm Systems – one for theatres and one for Outpatient Department.
Expected Improvement as a Result of this Project:	Due to the increased demand for radiographer services in theatres for limb x-rays competing with more complex x-ray services, this Mini C-Arm will allow appropriately trained surgeons to take x-rays. This will lead to reduced delays in theatres waiting for x-rays and radiographer and an increased throughput of emergency and elective patients. Having this equipment in the Outpatient Department will reduce delays for patients, as x-rays can be performed within the

	department rather than the patient waiting for an x-ray in the Medical Imaging department and then returning to the Outpatient Department. This will substantially improve patient flow through the Outpatient Department.			
Estimated Cost from financial year budget:	2010-11	2011-12 $221,000	2012-13	2013-14
Estimated Start Date:	2010			
Estimated End Date:	Implemented.			

Project Name	6G Theatre Consumables Tracking System			
Project Description	Elective Surgery Capital Funding It has been identified that improvements can be made in management of consumables required by operating theatres at Calvary Public Hospital. Currently, an excessive amount of staff time is dedicated to documenting and managing theatre consumables. More critically, in times when this management by staff fails, time taken to replace a depleted consumable can delay some surgeries. An automated approach for the management of consumables will avoid such delays and enable re-investment of staff in clinical work.			
Expected Improvement as a Result of this Project:	An automated approach for the management of consumables will avoid delays and enable re-investment of staff in clinical work.			
Estimated Cost from financial year budget:	2010-11 $130,000	2011-12	2012-13	2013-14
Estimated Start Date:	2010			
Estimated End Date:	Implemented			

Project Name:	6H – Calvary Anaesthesia Equipment.				
Project Description:	Purchase of additional anaesthesia equipment at Calvary Hospital.				
Expected Improvement as a Result of this Project:	Improved elective surgery throughput via reduced delays when anaesthesia equipment is not available.				
Estimated Cost from financial year budget:	2010-11 $500,000	2011-12	2012-13	2013-14	2014-15
Estimated Start Date:	ASAP				
Estimated End Date:	Implemented				

Summary: Planned Expenditure Schedule A

project #	Project Description	2010/11	2011/12	2012/13	2013/14
2a	Additional elective surgery in the ACT– operational costs	4,790,000			
2b	Elective surgery blitz		2,211,000		
Total Schedule A		**4,790,000**	**2,211,000**	**0**	**0**

Summary: Planned Expenditure Schedule B[5]

project #	Project Description	2010/11	2011/12	2012/13	2013/14
6a	Mobile C-Arm Image Intensifier	280,000			
6b	Extended Day Surgery Refurbishment	47,750			
6c	Moria Automated Lamellar Transplant Equipment	70,711			
6d	Laser Lithotripsy Urology Suite	69,000			
6e	Capital equipment to support additional elective surgery.	423,000			
6f	OrthoScanHD Mini C-Arm System		221,000		
6g	Theatre Consumables Tracking System	130,000			
6h	Calvary equipment - anaesthesia equipment	500,000			
Total Schedule B		**1,520,461**	**221,000**	**0**	**0**

project #	Project Description	2010/11	2011/12	2012/13	2013/14
2b	To Schedule A for 2b:Elective surgery blitz		5,010,000		

[5] 2010-11 includes 2009-10

Flexible Funding Pool

Schedule F Projects

To ensure there is transparency with NPA funding allocations an internal application and reporting structure for the allocation of all funds has been established. The Steering Committee provides oversight to all flexible funding applications. Projects deploying flexible funds are considered by the Steering Committee concerning the projects capacity to aid in achieving the strategic goals of the NPA.

List of projects under Schedule F

- 4a Health reform coordinator
- 4b Elective Surgery Access Plan Coordinator
- 4c ACT National Access Program - Marketing Coordinator
- 4d ACT National Access Program - Marketing program
- 4e Additional elective surgery at Calvary Hospital
- 4f Additional elective surgery in the private sector
- 4g Elective Surgery Access Plan Administrative Support
- 4i Capital equipment to support additional elective surgery (ophthalmology)
- 4j Additional elective surgery at Calvary Hospital
- 4K additional elective surgery in the private sector

Project descriptions are provided below.

Projects schedule F

Project Name	4A. Establishment of a health reform coordination position 2013-14 extension
Project Description	Under the NPA, a key role of the States and Territories is to actively engage with relevant sectors involved in delivery of services in the agreement; facilitate the update and development of guidelines and pathways to promote service delivery such as the ACT Primary Health Care Strategy or Shared Care Guidelines; and link with Local Hospital Networks and Medicare Locals. ACT Health's Policy and Government Relations Branch has a central role in each of these functions, and established a position to focus on health reform activities, particularly as they relate to inter-jurisdictional matters such as the National Health Reform Agreement and the NPA; government business and coordination activities relating to health reform; engagement activities, such as with the primary care sector, consumers and non-government organisations; and establishing critical links with the proposed Local Hospital Network and Medicare Local. This role is a permanent ongoing position in Policy and Government Relations Branch. The position was funded under Schedule F Flexible funding in 2010-11, 2011-12, and 2012-13. The function has been reviewed and the health reform coordinator continues to play a significant role in implementing the NPA. Moreover, the position has played a large role coordinating the implementation of subacute initiatives in the NPA, and ensuring the initiatives link with subacute reforms being delivered under other agreements and in other areas of the ACT.
Expected Improvement as a Result of this Project:	The position will offer benefits such as: - a coordinated whole of government approach to health reform including strong links and communications with key strategic government partners; - focussed inter-jurisdictional representation and consistent health policy representation with key stakeholders; - enhanced engagement with primary care sector, improved linkages between the Local Hospital Network and the Medicare Local; - effective, timely and coordinated whole of government approaches to national health reform activities, such as information requests, consultation and stakeholder management.

Estimated Cost from financial year budget:	2010-11	2011-12	2012-13	2013-14 $153,000
Estimated Start Date:	Ongoing funding sought in 2013-14			
Estimated End Date:	Ongoing			

Project Name	4B. Elective Surgery Access Plan Coordinator			
Project Description	The ACT Elective Surgery Access Plan provides a three-step approach to improving access to, and management of elective surgery in the ACT. The Plan will lead to significant changes in the way elective surgery is managed and delivered in the ACT.			
Expected Improvement as a Result of this Project:	The Plan Coordinator will provide the structure to the ACT Elective Surgery Access Plan to ensure program deliverables are achieved. The delivery of salutation developed by the ACT Elective Surgery Access Plan will ultimately benefit the current care delivery to patients, and improve access to services.			
Estimated Cost from financial year budget:	2010-11 $62,000	2011-12 $79,000	2012-13	2013-14
Estimated Start Date:	August 2010			
Estimated End Date:	June 2012			

Project Name	4c. ACT National Access Program Marketing Coordinator			
Project Description	The ACT National Access Program will have numerous discrete projects to implement in order to ensure the ACT improves the quality of services, improves access to care, and to meet the key strategic targets outlined in the NPA. All projects undertaken will require a communication and marketing strategy to ensure awareness of the projects, and to garner stakeholder input and support.			
Expected Improvement as a Result of this Project:	The ACT National Access Program represents one of the most significant reform programs ever undertaken in the ACT. The Program will drive significant changes in the way health services are delivered, and the way healthcare organisations in the ACT function. A dedicated marketing and communications coordinator will ensure that the Program is underpinned by appropriate communication and consultation strategies, increasing the likelihood of program success.			
Estimated Cost from financial year budget:	2010-11 $18,000	2011-12 $26,000	2012-13	2013-14
Estimated Start Date:	October 2010			

Estimated End Date:	October 2011

Project Name	4d. ACT National Access Program – Marketing Program			
Project Description	The ACT National Access Program will have numerous discrete projects to implement in order to ensure the ACT improves the quality of services, improves access to care, and to meet the key strategic targets outlined in the NPA. All projects undertaken will require a communication and marketing strategy to ensure awareness of the projects, and to garner stakeholder input and support.			
Expected Improvement as a Result of this Project:	The ACT National Access Program represents one of the most significant reform programs ever undertaken in the ACT. The Program will drive significant changes in the way health services are delivered, and the way healthcare organisations in the ACT function. A dedicated marketing and communications program will help to ensure that key stakeholders support and have input into the Program, increasing the likelihood of program success.			
Estimated Cost from financial year budget:	2010-11 $1,000	2011-12 $49,000	2012-13	2013-14
Estimated Start Date:	August 2010			
Estimated End Date:	December 2011			

Project Name	4E. *ACT Elective Surgery Access Plan Project*: Additional elective surgery at Calvary Hospital			
Project Description	The *ACT Elective Surgery Access Plan Project* provides a three-step approach to improving access to, and management of, elective surgery in the ACT. The first step in the Plan is an immediate increase in access to elective surgery to assist in reducing the number of patients with extended waiting times. NPA Flexible Funding has been deployed to provide additional elective procedures at Calvary Hospital above their base level of operations for 2010 – 11.			
Expected Improvement as a Result of this Project:	This increase in access to surgery at Calvary Hospital has the potential to reduce the number of long wait patients on the ACT public hospitals' waiting lists.			
Estimated Cost from financial year budget:	2010-11 $500,000	2011-12	2012-13	2013-14
Estimated Start Date:	October 2010			
Estimated End Date:	Complete			

Project Name	4f. *ACT Elective Surgery Access Plan Project*: additional elective surgery in the private sector			
Project Description	The *ACT Elective Surgery Access Plan Project* provides a three-step approach to improving access to, and management of, elective surgery in the ACT. The first step in the Plan is an immediate increase in access to elective surgery to assist in reducing the number of patients with extended waiting times. NPA Flexible Funding has been deployed to provide additional elective procedures for public patients in ACT's private hospital facilities. The ACT Government Health Directorate will contract services to the private sector. A panel of private hospitals that can manage additional services has been established.			
Expected Improvement as a Result of this Project:	This increase in access to surgery for public patients at private facilities has the potential to reduce the number of long wait patients on the ACT public hospitals' waiting lists.			
Estimated Cost from financial year budget:	2010-11 $975,000	2011-12 $25,000	2012-13	2013-14
Estimated Start Date:	October 2010			
Estimated End Date:	June 2011			

Project Name	4G. *ACT Elective Surgery Access Plan Project*: administrative support
Project Description	The *ACT Elective Surgery Access Plan Project* provides a three-step approach to improving access to, and management of, elective surgery in the ACT. The first step in the Plan is an immediate increase in access to elective surgery to assist in reducing the number of patients with extended waiting times. NPA Flexible Funding has been deployed to provide administrative support to the *ACT Elective Surgery Access Plan Project*. An administrative officer is required to perform auditing of the elective surgery waiting list (ESWL). This involves tasks such as conducting mail outs to patients waiting for surgery on a schedule that ensures each surgical specialty is audited twice per year. Many patients do not respond to the mail out audit letter and need to be contacted by phone. The officer will also respond to calls to the Elective Surgery Information Service, send out information packages to patients newly listed on the ESWL, and coordinate the mailing of *removal from waiting list* letters to surgeons, GPs and patients.
Expected Improvement as a Result of this Project:	The position will result in improved management of the ESWL, freeing more senior officers up to focus on taks such as on site supervision and training, data validation, generation of reports,

	interrogation of the ESWL. An example, extended and long wait patients could be managed more effectively with an investigation into thief case where they may be *not ready,* or *unavailable* for surgery, and therefore should not be counted as *ready for care* patients.			
Estimated Cost from financial year budget:	2010-11 $27,000	2011-12 $43,000	2012-13	2013-14
Estimated Start Date:	October 2010			
Estimated End Date:	June 2011			

Project Name	4i. Capital equipment to support additional elective surgery (ophthalmology)			
Project Description	Under the ACT Government Health Directorate's *elective surgery access plan project*, ACT Government Health Directorate has committed all (current) NPA elective surgery facilitation funds ($4.8m) to additional elective surgery at the Canberra and Calvary Hospitals in an effort to bring about an immediate reduction in elective surgery waiting lists. A capital expenditure on equipment at the Canberra Hospital was required to support the additional elective surgery activity. This equipment was ophthalmology equipment.			
Expected Improvement as a Result of this Project:	The ACT Government Health Directorate is also working with ACT public hospitals to increase access to elective surgery within the public system. This will have the potential to provide access to surgery for an additional 800 people over the 2010-11 financial year. This equipment will improve access to eye clinic appointments and reduce waiting times.			
Estimated Cost from financial year budget:	2010-11 $16,200	2011-12	2012-13	2013-14
Estimated Start Date:	Sep 2010			
Estimated End Date:	Sep 2010			

Project Name	4J. *ACT Elective Surgery Access Plan Project*: Additional elective surgery at Calvary Hospital
Project Description	The *ACT Elective Surgery Access Plan Project* provides a three-step approach to improving access to, and management of, elective surgery in the ACT. The first step in the Plan is an immediate increase in access to elective surgery to assist in reducing the

	number of patients with extended waiting times. NPA Flexible Funding has been already been deployed to provide additional elective procedures at Calvary Hospital above their base level of operations for 2010 – 11. This funding seeks to further enhance the number of procedures undertaken at Calvary Hospital.			
Expected Improvement as a Result of this Project:	This increase in access to surgery at Calvary has the potential to reduce the number of long wait patients on the ACT public hospitals' waiting lists.			
Estimated Cost from financial year budget:	2010-11 $1,420,000	2011-12	2012-13	2013-14
Estimated Start Date:	2011			
Estimated End Date:	2011			

Summary Planned Expenditure Schedule F[6]

project #	Project Description	2010/11	2011/12	2012/13	2013/14
4a	Health reform coordinator	137,717	146,260	149,946	
4b	Elective Surgery Access Plan Coordinator	62,000	79,000		
4c	ACT National Access Program - Marketing Coordinator	18,000	26,000		
4d	ACT National Access Program - Marketing program	1,000	49,000		
4e	Additional elective surgery at Calvary Hospital	500,000			
4f	Additional elective surgery in the private sector	975,000	25,000		
4g	Elective Surgery Access Plan Administrative Support	27,000	43,000		
4i	Capital equipment to support additional elective surgery (ophthalmology)	16,200			
4j	Additional elective surgery Calvary	1,420,000			
Total Schedule F		**3,156,917**	**368,260**	**149,946**	**0**

project #	Project Description	2010/11	2011/12	2012/13	2013/14
2b	To Schedule A for 2b: Elective surgery blitz	0	2,979,000		
2d	To Schedule A for 2d: Further Access to Elective surgery in the ACT	0		845,000	

[6] 2010-11 includes 2009-10.

Financial summary – funding flows[7]

	2010 / 11	2011 / 12	2012 / 13	2013 / 14
Elective Surgery Facilitation Commitments	4,790,000	2,211,000	0	0
Funds available	$5,600,000	$2,210,000	-$1,000	-$1,000
Balance	$810,000	-$1,000	-$1,000	-$1,000
Rollover	$810,000	-$1,000	-$1,000	$0
Final Balance	$0	$0	$0	-$1,000
Elective Surgery Capital Funding Commitments	1,520,461	5,231,000	0	0
available	$5,700,000	$5,279,539	$48,539	$48,539
Balance	$4,179,539	$48,539	$48,539	$48,539
Rollover	$4,179,539	$48,539	$48,539	$0
Final Balance	$0	$0	$0	$48,539
ED Facilitation Commitments	993,429	1,712,000	1,783,667	391,333
available	$2,800,000	$3,006,571	$2,094,571	$310,904
Balance	$1,806,571	$1,294,571	$310,904	-$80,429
Rollover	$1,806,571	$1,294,571	$310,904	0
Final Balance	$0	$0	$0	-$80,429
ED Capital Commitments	188,000	4,226,000	3,900,000	0
available	$5,100,000	$6,612,000	$4,086,000	$186,000
Balance	$4,912,000	$2,386,000	$186,000	$186,000
Rollover	$4,912,000	$2,386,000	$186,000	$0
Final Balance	$0	$0	$0	$186,000
New Subacute Beds Guaranteed Funding Commitments	692,139	2,400,659	13,106,812	9,900,329
available	$3,600,000	$8,507,861	$13,107,202	$9,900,390
Balance	$2,907,861	$6,107,202	$390	$61
Rollover	$2,907,861	$6,107,202	$390	$0
Final Balance	$0	$0	$0	$61
Flexible Funding Pool Commitments	3,156,917	3,347,260	994,946	0
available	$5,700,000	$3,443,083	$995,823	$877
Balance	$2,543,083	$95,823	$877	$877
Rollover	$2,543,083	$95,823	$877	
Final Balance	$0	$0	$0	$877

Table 3: summary of NPA funding flows (ACT)

[7] 2010-11 includes 2009-10.