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NATIONAL PARTNERSHIP
AGREEMENT
ON
IMPROVING PUBLIC HOSPITAL
SERVICES

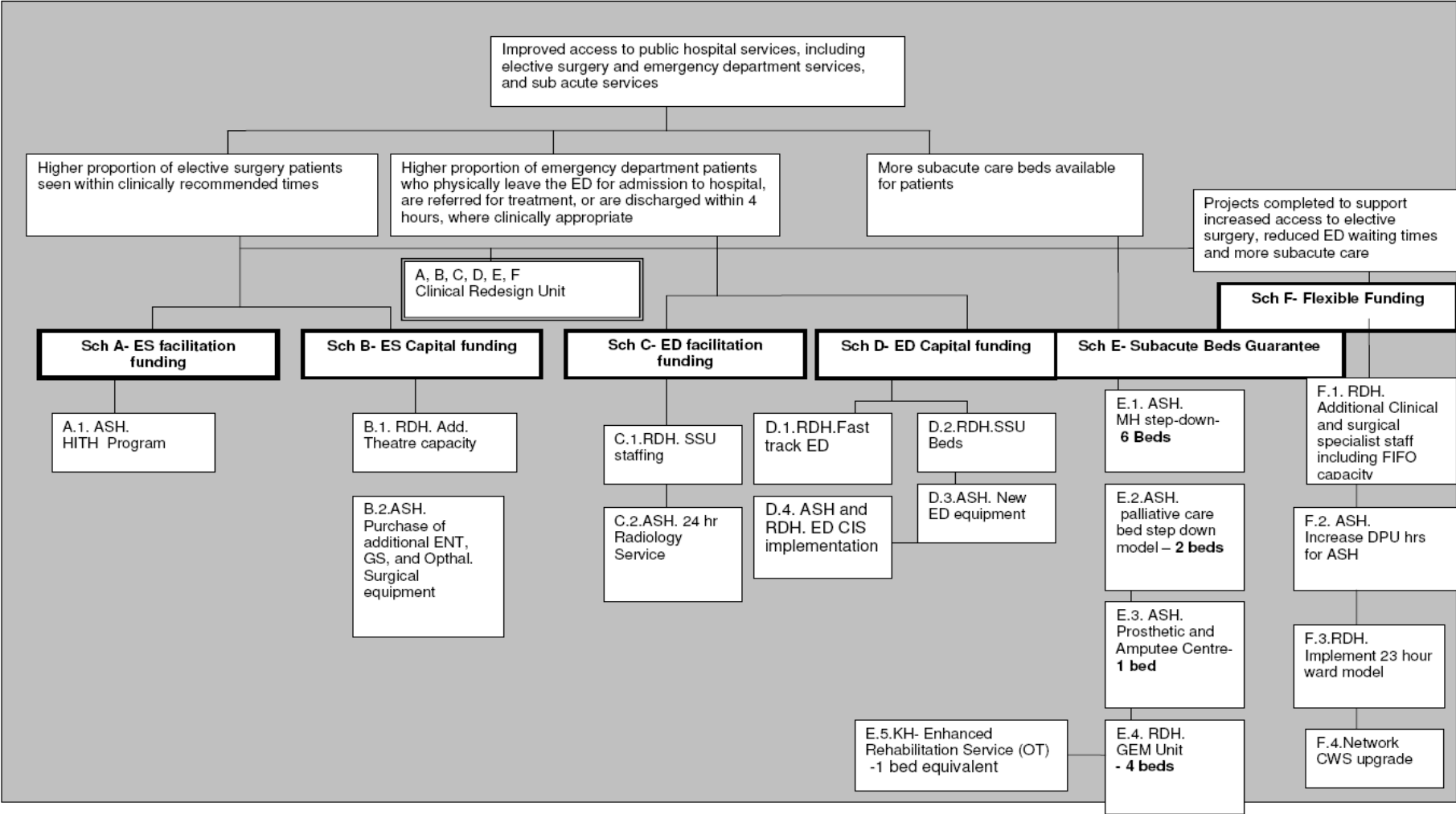
NORTHERN TERRITORY
IMPLEMENTATION PLAN
2010/11 – 2013/14

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NATIONAL PARTNERSHIP AGREEMENT-IMPROVING PUBLIC HOSPITAL SERVICES (2010/11 to 2013/14)



Northern Territory Implementation Plan 2010/11 – 2013/14

Schedule A, B, C, D, E, F

<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
A, B,C,D, E, F	1	<i>Hospital</i>	Network approach – will benefit all five Northern Territory (NT) Public Hospitals making up the two Hospital Networks in the Northern Territory (This project spans across Schedules A,B,C,D,E,F)
		<i>Project description</i>	<ul style="list-style-type: none"> • Clinical process redesign is the application of process redesign and change management to health care. Clinical process redesign has been known to improve access to health services in hospitals. • This approach will be key to ensuring whole of hospital clinical services redesign that will impact on all areas, but with a focus on Elective Surgery (ES), Emergency Department (ED) and including sub-acute care. • Leadership will be provided by a clinician with skills and experience in safety and quality, data analysis, lean thinking and 6 Sigma principles, project and change management. • Clinical redesign facilitators will be located in each Territory hospital, working on leading a system/network wide approach that gives consideration to local priorities and differences. • The project scope takes into consideration that there is capital requirement to accommodate the Unit and personnel. The capital funding will be utilised to lease and renovate space to accommodate the unit and also pay for utilities.
		<i>Relationship with other CW/ state funded initiatives</i>	Link to the ESWL reduction plan and ED 4 Hour Rule Initiative.
		<i>Expected Improvement</i>	<p>The 'Clinical Services Redesign Unit' will:</p> <ul style="list-style-type: none"> • Provide an impetus for system wide capacity building and provide an impetus and capacity for significant change in service provision for the benefit of the patient, and a cultural and process change for the benefit of staff. • Implement evidence based best practice approaches

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
			<p>for emergency and elective scheduling including new models for management of streams of surgical patient types and improving consistency in clinical categorisation for ES.</p> <ul style="list-style-type: none"> • Improve health literacy support for all patient groups focusing on roll out of the ES resources developed through the ESWL reduction plan. • Improve the patient experience throughout their stay. • Support all Hospitals in the network to facilitate the redesign and change management process and to coordinate a network approach to the ES waiting list to manage performance under the NPA. • Improve patient flow and patient experiences through the ED's of the Northern Territory; development of a network approach to researching, developing, testing and implementing new models to facilitate patient flow in the ED and throughout the hospital proper such as direct entry models; improve network policy; operational and clinical process and administrative redesign work; improved performance against set performance indicators; and support of projects under Schedule A, B,C, D and F including implementation, monitoring and reporting as required through the NPA.
		<i>Estimated Cost</i>	\$3,919,038
		<i>Estimated Start Date</i>	March 2012
		<i>Estimated Completion Date</i>	December 2014

Financial Statement

Project No.	Project Description	Schedule	Estimated cost
1	Establish a Clinical Services Redesign Unit	A, B, C, D, E, F	\$3,919,038
Total			\$3,919,038

Schedule A – Elective Surgery Facilitation Funding

Schedule	Project Number	Heading	Detail
A	1	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	Expansion of the Alice Springs Hospital in the Home Program (HITH).
		Relationship with other CW/ state funded initiatives	Links to the ESWL Reduction Plan and to the Northern Territory Closing the Gap (CTG) ENT funded surgical ‘blitzes’ and the National CTG NPA priority area on Improving the Patient Journey. It links to project F3 in this Implementation Plan as this service is appropriate to support additional day surgery cases.
		Expected Improvement	<ul style="list-style-type: none"> ○ The HITH approach in Alice Springs will support an increased throughput for ASH and the NT and improve time to surgery due to increased bed capacity. ○ Service delivery is improved as patients can be discharged from hospital within an appropriate time frame to their home or a hostel environment. ○ This benefits patients as a non-hospital environment is more appropriate for people who do not need the level of clinical care a hospital provides. ○ Because of this project there will be decreased length of stay, decreased risk of hospital acquired infections, and increased throughput at ASH.
		Estimated Cost	\$1,425,876
		Estimated Start Date	February 2012
		Estimated Completion Date	June 2014

Project No.	Project Description	Estimated cost
A1	HITH for Alice Springs	\$1,425,876
Total		\$1,425,876

Schedule B – Elective Surgery Capital Funding

<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
B	1	Hospital	Royal Darwin Hospital (RDH), Rocklands Drive Tiwi, NT 0810
		Project description	<ul style="list-style-type: none"> • A number of issues have been previously identified that are affecting the ability of the Northern Territory to provide timely access to Elective Surgery. Surgical resources are currently required to provide not only Elective surgery as defined by the Commonwealth but must maintain a balance of services to diagnostic and non-surgeon led procedures to ensure equality of access to all patients. Further to this are the pressures of emergency surgery on limited infrastructure and human resources. • This Capital development project will provide additional theatre capacity at the most clinically specialised hospital site in the Northern Territory. This enhances recent expansion through the ESWL Reduction Plan. • Re-visitation of the costs accorded to this project in the previous version of the Implementation Plan identified inadequate funding allocation. In association with the Department of Construction and Infrastructure, appropriate costs for capital build were considered and the present amount was allocated. • The capitals costs are for totally a new build and re-configurations necessary for the project. The theatres are to be located on top of the expanded RDH Emergency Department area (project D2). • This capital cost includes one off equipment purchase for fit out of the two theatres which will involve purchase of non-fixture high end equipment. A one-off sum of \$700,000 has been accorded for this purchase.
		Relationship with other CW/ state funded initiatives	<p>Links to the ESWL Reduction Plan and to the Northern Territory Closing the Gap (CTG) ENT funded surgical 'blitzes' and the National CTG NPA priority area on Improving the Patient Journey.</p> <p>This project is linked to project D2 (Additional SSU beds and associated equipment) as capital works area for both of these projects at RDH are linked.</p> <p>This project is also linked to additional clinical specialist staff to enable enhanced surgical throughput (link with</p>

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			Schedule F project F1).
		Expected Improvement	<p>Additional theatre capacity with staffing (project F1) will enhance RDH capacity to response to overdue ESWL patients and emergency surgery requirements.</p> <p>Increase available surgical sessions with an associated increase in ES throughput as required.</p> <p>Increasing throughput will improve the time to surgery for a significant portion of the waiting list patients. This will include both non-complex and highly specialised surgery.</p>
		Estimated Cost	\$9,628,025
		Estimated Start Date	July 2011 (commenced planning and development)
		Estimated Completion Date	December 2012 to March 2013 (3 month period to cater for contingencies in capital development).

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
B	2	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Purchase of additional ENT, general surgery and ophthalmology equipment. • This links to project F3, in Schedule A of this Implementation Plan as additional operating hours will increase the need for more equipment.
		Relationship with other CW/ state funded initiatives	Links to the ESWL Reduction Plan and to the Northern Territory Closing the Gap (CTG) ENT funded surgical 'blitzes' and the National CTG NPA priority area on Improving the Patient Journey.
		Expected Improvement	Increased elective throughput for elective ENT and Ophthalmological surgery by having a larger equipment stock where ENT is a significant and growing workload particularly as it is core to the ongoing CTG initiatives.
		Estimated Cost	\$175,000
		Estimated Start Date	February 2012
		Estimated Completion Date	December 2011

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Project No.	Project Description	Estimated cost
B 1	Development of additional theatre capacity at Royal Darwin Hospital	\$9,628,025
B 2	Surgical equipment for ASH to increase throughput of ES procedures	\$175,000
Total		\$9,803,025

**Schedule C – Emergency Department Facilitation
Funding**

Schedule	Project Number	Heading	Detail
C	1	Hospital	Royal Darwin Hospital (RDH), Rocklands Drive Tiwi, NT 0810
		Project description	Staffing for additional beds in the Short Stay Unit (SSU) as detailed in Schedule D project number D2.
		Relationship with other CW/ state funded initiatives	Link to Schedule D of the Hospital and Health Workforce Reform NPA and Schedule D of this NPA through the capital expansion required for additional SSU beds.
		Expected Improvement	<ul style="list-style-type: none"> ○ Increase the capacity of the SSU thereby providing additional throughput capacity for the ED. ○ The admission criteria of the SSU include the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the ED and who have a planned stay shorter than 24 hours. This will improve the ability of RDH to meet the 4 hour target significantly. ○ Enhance patient care and service delivery through improved time to decision making, discharge planning, assessment, referral, admission to wards/transfer and administrative efficiency.
		Estimated Cost	\$4,322,922
		Estimated Start Date	July 2012
		Estimated Completion Date	June 2014

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
C	2	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> Implementation of a 24 hour radiology service for ASH to support the overnight demand for these services from the ED.
		Relationship with other CW/ state funded initiatives	Link to Schedule D of the Hospital and Health Workforce Reform NPA 'Taking the Pressure off Public Hospitals' and Schedule D of this NPA.
		Expected Improvement	<ul style="list-style-type: none"> Reduce the time for the decision making and management of patients requiring radiology by extending the hours radiology is available. Currently the ASH ED faces delays in patient discharge and referral though a high demand for radiology services during the on-call hours. Additionally, those patients will allow for better demand management of those patients who can wait for radiology services, based on clinical need.
		Estimated Cost	\$848,519
		Estimated Start Date	February 2012
		Estimated Completion Date	June 2014

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Project No.	Project Description	Estimated cost
C1	Staffing of additional SSU beds effectively doubling SSU capacity	\$4,322,922
C2	24 hour ASH Radiology Service to support ED demand for x-rays overnight	\$848,519
Total		\$5,171,441

Schedule D – Emergency Department Capital Funding

Schedule	Project Number	Heading	Detail
D	1	Hospital	Royal Darwin Hospital (RDH), Rocklands Drive Tiwi, NT 0810
		D	<ul style="list-style-type: none"> • Completion of the Fast Track redevelopment of the ED including new general and paediatric fast track areas for appropriate patient streaming. • Includes additional equipment and furniture for the newly developed areas.
		Relationship with other CW/ state funded initiatives	Linked to Schedule D of the Hospital and Health Workforce Reform NPA as this development was commenced as a part of that NPA funding allocation.
		Expected Improvement	<ul style="list-style-type: none"> ○ Patient streaming is widely accepted as an appropriate mechanism for treating patients appropriately and as quickly as possible. It is a core patient flow mechanism for managing like patients and the similarities that exist between them to gain efficiencies in service delivery.
		Estimated Cost	\$320, 000
		Estimated Start Date	August 2011 (planning commenced)
		Estimated Completion Date	December 2011

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Schedule	Project Number	Heading	Detail
D	2	Hospital	Royal Darwin Hospital (RDH), Rocklands Drive Tiwi, NT 0810
		Project description	<ul style="list-style-type: none"> • Increase the number of beds in the RDH ED SSU. • This project includes additional equipment and fit out of this increased space.
		Relationship with other CW/ state funded initiatives	This links to Schedule D of the Hospital and Health Workforce Reform NPA and also to Schedule C of this NPA and project C1 specifically.
		Expected Improvement	<ul style="list-style-type: none"> ○ Increase the space available in the ED by expanding the Short Stay Unit (SSU) and by moving patients who fit the admission policy of the SSU into that area and out of the ED. ○ This means that the ED main area can see new patients faster through decreased numbers of inappropriate patients in ED cubicles. ○ The admission criteria of the SSU are for the short term treatment, observation, assessment and reassessment of patients initially triaged and assessed in the ED and who have a stay planned that is shorter than 24 hours. This will impact on the ability of RDH to meet the 4 hour target significantly.
		Estimated Cost	\$4,600,000
		Estimated Start Date	August 2011(planning commenced)
		Estimated Completion Date	March 2013

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
D	3	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Clinical equipment purchase and fit out for the new ED which is expanding its capacity. • This development is in the final stages of planning and is expected to be completed in June 2012.
		Relationship with other CW/ state funded initiatives	Link to the Hospital and Health Workforce Reform NPA where this increases the capacity of the ASH ED and reduces the pressure on the hospital significantly.
		Expected Improvement	<ul style="list-style-type: none"> ○ Currently the ASH ED is very busy and overcrowded and many patients have to wait for a significant length of time to either be seen or once seen, to be admitted. ○ With this funding the new ED will be able to operate at full capacity at almost double the capacity of the current ED. As such patient flow and throughput will improve thus assisting to reduce waiting times and improve time to clinical decision making.
		Estimated Cost	\$1,580,000
		Estimated Start Date	February 2012
		Estimated Completion Date	January 2013

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
D	4	Hospital	Alice Springs Hospital (ASH) Royal Darwin Hospital (RDH)
		Project description	<ul style="list-style-type: none"> • Full implementation of Miya 'second screen' technology for the ED's for the two main hospitals in Northern Territory. • Maximise the clinical information system used in the ED and update for new cubicles and configuration and including additional time stamps to enable enhanced monitoring and reporting against the four hour rule target.
		Relationship with other CW/ state funded initiatives	Linked to NPA on Hospital and Health Workforce Reform where Miya ED software was first funded as a pilot program.
		Expected Improvement	<ul style="list-style-type: none"> ○ The continued implementation and enhancement of Miya ED software ensures that visual indicators are provided to staff to enable prioritisation and management of discharges from ED. These indicators are 'time stamped' allowing prompt attention for patients heading towards the four hour marker who are waiting for simple tests and final items such as blood results and scripts. ○ Additionally this includes updating of ED maps to correlate to new configuration of ED's and 'upgrade see by Dr' screens amongst other items to enable appropriate monitoring, trend comparisons and reporting against the requirements set out in the NPA.
		Estimated Cost	\$805,823
		Estimated Start Date	August 2011
		Estimated Completion Date	June 2014

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Project No.	Project Description	Estimated cost
D1	Completion of RDH fast track redevelopment – equipment and fit out	\$ 320,000
D2	Doubling the capacity of RDH SSU	\$4,600,000
D3	Equipment and fit-out for the new ASH ED effectively doubling the capacity	\$ 1,580,000
D4	Embed Miya 'second screen' technology in ASH and RDH	\$ 805,823
Total		\$7,305,823

Schedule E – Subacute Beds Guarantee

Schedule	Project Number	Heading	Description: Mental Health – 6 new beds
E	1	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Establish a 6 bed ‘step-down’ subacute community service for mental health patients. • Requires capital and operational investment.
		Relationship with other CW/ state funded initiatives	Links to Closing the Gap, NT Emergency Intervention Response (NTER) and the National Partnership Agreement -hospitals and Health Workforce, Schedule C -sub-acute Care
		Expected Improvement	<ul style="list-style-type: none"> ○ Providing subacute mental health beds will meet a growing and unmet need in Alice Springs and relieve pressure on both acute services and ED admissions. Provision of these beds will enable patients an appropriate level of treatment without premature discharge to the community. ○ It will reduce pressure on the acute mental health unit, which is often over 100 per cent occupancy and a reduction in 28 day readmission rates is anticipated with this model. ○ Clinical in-reach will be provided 7 days by the Central Australia Mental Health Service mental health nurse and allied health staff. Clients who are hospitalised now purely to facilitate medication changes can receive this treatment in a supervised community based service.
		Estimated Cost	\$2,600,000
		Estimated Start Date	Nov-Dec 2011 –Refurbish/Recruitment Aug 2012 – Service commence
Estimated Completion Date	June 2014		

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Schedule	Project Number	Heading	Description: Palliative Care – 2 new beds
E	2	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Development of 2 palliative care beds in a step-down respite model in the community. • Includes on-off refurbishment and equipment costs. • Including set up staffing, and remote consultant capacity in future years.
		Relationship with other CW/ state funded initiatives	Links to Closing the Gap, Indigenous Health Reform, NTER and National Partnership Agreement on Hospitals and Health Workforce, Schedule C on Sub-Acute Care
		Expected Improvement	<ul style="list-style-type: none"> ○ It will reduce the acute need for beds in the ASH, as well as dislocation of patients to Darwin and associated medical evacuation/ inter-hospital transfer costs. ○ This facility will provide client options for convalescence or respite that otherwise prevents them from returning home. ○ Some patients wish to die outside the hospital but cannot be at home or in the community for cultural, financial or practical reasons. ○ This proposal is similar to a functioning Carers respite/NPY women’s council service and similar to “step-down”. ○ A remote liaison nurse will allow discharge planning and support of clients to return to country allowing better usage of the ASH acute care beds.
		Estimated Cost	\$2,075,376
		Estimated Start Date	Nov-Dec 2011 – Purchase/ refurbish Aug 2012 – Service commence
	Estimated Completion Date	June 2014	

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Schedule	Project Number	Heading	Description: Rehabilitation – 1 new bed
E		Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Establish a Prosthetic and Amputee Service including workshop and 1 dedicated amputee bed in Alice Springs Hospital and supported by the Central Australian Rehabilitation Service.
		Relationship with other CW/ state funded initiatives	National Partnership Agreement on Hospitals and Health Workforce, Schedule C on Sub-Acute Care
		Expected Improvement	<ul style="list-style-type: none"> ○ Within Rehabilitation, Amputee services have been identified as a high priority need. Currently no service exists in Central Australia where a high level of trauma and injury occur, resulting in prosthetic needs. ○ Clients will have a service in Alice Springs reducing need for interstate transferral and services. ○ Implications of a Prosthetist/Orthotist based at ASH include shorter acute phase (immediately post-operative), shorter time between acute and rehabilitation phase and significant improvement in percentage of patients that can be discharged from hospital mobilising with prosthetic limb.
		Estimated Cost	\$1,078,988
		Estimated Start Date	Nov-Dec 2011 – Refurbish commence Aug 2012 – Service commence
		Estimated Completion Date	June 2014

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Schedule	Project Number	Heading	Description: Geriatric Evaluation & Management (GEM) – 4 new beds
E	4	Hospital	Royal Darwin Hospital (RDH), Rocklands Drive Tiwi, NT 0810
		Project description	<ul style="list-style-type: none"> • GEM unit implementation for the NT at RDH of 4 beds.
		Relationship with other CW/ state funded initiatives	This links to Schedule D of the Hospital and Health Workforce reform NPA as it continues to reduce the pressure on hospital beds.
		Expected Improvement	<ul style="list-style-type: none"> ○ Geriatric Evaluation and Management (GEM) units are a cost-effective way of decreasing hospital stays and improving care of the elderly. ○ Currently there is no GEM unit in the NT and this unit will reduce pressure on acute care beds. The unit will also provide geriatric consultation and resource to the rest of the hospital, and that would integrate seamlessly with community services. ○ A designated area for GEM will psychologically separate the model from the broader hospital culture of illness towards an enabling model of care. With access to dedicated therapy this will enable greater outcomes for the elderly. ○ Model includes liaison with community providers.
		Estimated Cost	\$3,700,460
		Estimated Start Date	Nov-Dec 2011 – Refurbish commence Apr 2012 – Service commence
		Estimated Completion Date	June 2014

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Schedule	Project Number	Heading	Description: Enhanced Rehabilitation Service
E	5	Hospital	Katherine Hospital (KH) , Gorge Road ,Katherine, NT 0850
		Project description	<ul style="list-style-type: none"> • Provision of a specialised rehabilitation model of care at KH with Allied Health services • The model of delivery will be linked to the Top-End Inter-Disciplinary Rehabilitation team based at RDH. • The model includes early commencement of rehabilitation therapies whilst in the acute phase to expedite transition to a subacute phase. Model of delivery will cover rehabilitation with a strong emphasis on culturally appropriate care for Indigenous clients.
		Relationship with other CW/ state funded initiatives	This links to Schedule C and D of the Hospital and Health Workforce reform NPA.
		Expected Improvement	<ul style="list-style-type: none"> ○ Delivery of daily therapy has been shown to improve outcomes for patients and enables earlier discharge. ○ Improved functionality reduces morbidity post-discharge. ○ Reduced pressure on services at RDH would be achieved. Inter-hospital transfer of clients to Darwin will be greatly reduced. ○ Provision of “step down care’ for clients returning from interstate specialist spinal rehabilitation will be enabled. ○ Recovery from additional inter-current injury or illness, or receiving a combination of specialist wound care and general care with planned community discharge would be catered for. ○ Clients will have rehabilitation services within the Katherine region near where they reside, greatly improving quality of life nearer home.
		Estimated Cost	\$862,339
		Estimated Start Date	Nov-Dec 2011
Estimated Completion Date	June 2014		

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Project No.	Project Description	Estimated cost
E1	Establishment of 6 bed 'step-down' Mental Health subacute facility, Alice Springs with recurrent staffing.	\$2,600,000
E2	Develop Palliative Care step-down respite facility of 2 beds on ASH site with community and remote palliative consultancy service	\$2,075,376
E3	Prosthetic and Amputee Service with 1 amputee bed and a prosthetic workshop, ASH	\$1,078,988
E4	Establish multidisciplinary GEM unit with recurrent staffing at Royal Darwin Hospital (4 beds).	\$3,700,460
E5	Enhanced Rehabilitation service, KH (1 bed equivalent).	\$862,339
Total		\$10,317,163

Schedule E by financial year and beds reported

Year	New Beds (Cumulative)	Capital	Recurrent	Total
2010 - 2011	-			
2011 - 2012	5 (E4, E5)	\$2,060,000 (E1,E2,E3,E4,E5)	\$1,220,933 (E4,E5)	\$3,280,993
2012 - 2013	5 + 9 (E4,E5) + (E1,E2, E3)		\$3,518,115 (E1,E2,E3,E4,E5)	\$3,518,115
2013 - 2014	14 (E1,E2,E3,E4,E5)		\$3,518,115 (E1,E2,E3,E4,E5)	\$3,518,115
Total	14	\$2,060,000	\$8,257,163	\$ 10,317,163

Note:

- Clause E14 of the NPA agreement requires a total of 7 new beds to be operating by 2012/11. Because of revision of this Implementation Plan and delay in commencement of implementation; a revised approach to provide new beds is presented in the above table.
- Please note that the capital and recurrent costs are indicative and there may be changes in relation to capital development.

Schedule F – Flexible Funding

Schedule	Project Number	Heading	Detail
F	1	Hospital	Royal Darwin Hospital, Rocklands Drive, Tiwi, NT 0810 Regional hospitals of Tennant Creek Hospital , Katherine Hospital and Gove District Hospital.
		Project description	<ul style="list-style-type: none"> • Additional clinical specialist staff to enable enhanced surgical throughput (link with Schedule B project B1). • Establishment of a regional hospital elective surgery capacity on a fly in / fly out basis.
		Relationship with other CW/ state funded initiatives	Links to the ESWL Reduction Plan and to the NT CTG ENT funded surgical ‘blitzes’ and the National CTG NPA priority area on Improving the Patient Journey.
		Expected Improvement	<p>Increase in available elective surgical sessions with an associated increase in elective surgery throughput.</p> <p>Increased ES throughput maximising available regional theatre capacity.</p> <p>Reduction in required patient travel.</p> <p>Increasing throughput will improve the time to surgery for a significant portion of the waiting list patients.</p>
		Estimated Cost	\$4,726,136
		Estimated Start Date	<p>January 2012 (models of care defined, recruitment commences)</p> <p>May 2012 (FIFO service commences)</p> <p>March 2013 (RDH service to commence when operating room completed and commissioned)</p>
		Estimated Completion Date	June 2014

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Schedule	Project Number	Heading	Detail
F	2	Hospital	Alice Springs Hospital, 6 Gap Road , Alice Springs, NT 0870
		Project description	<ul style="list-style-type: none"> • Increased Day Procedure Unit (DPU) hours and increase flexible surgery hours including some weekend work. • This project links to project number B2 under schedule B where additional equipment is needed to implement this strategy.
		Relationship with other CW/ state funded initiatives	Links to the ESWL Reduction Plan and to the NT Closing the Gap (CTG) ENT funded surgical 'blitzes' and the National CTG NPA priority area on Improving the Patient Journey.
		Expected Improvement	This will improve elective surgery throughput at ASH particularly for general and ENT surgery for which demand is high.
		Estimated Cost	\$1,098,600
		Estimated Start Date	February 2012
		Estimated Completion Date	June 2014

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
F	3	Hospital	Royal Darwin Hospital, Darwin NT
		Project description	<ul style="list-style-type: none"> Implement 23 hour ward model three days a week requiring additional overnight nursing staff
		Relationship with other CW/ state funded initiatives	Links to the ESWL Reduction Plan and to the NT CTG ENT funded surgical 'blitzes' and the National CTG NPA priority area on Improving the Patient Journey.
		Expected Improvement	<p>Increase elective surgery throughput of appropriate general, ophthalmology and ENT surgery in particular, by providing additional beds overnight from Monday to Wednesday with discharge by 10am every morning.</p> <p>This project has been piloted since July 2010. Initially it was implemented as a 5 day a week model but has been shown to work most efficiently on a three day a week model.</p> <p>The pilot has, on this basis, been proven to impact positively on throughput for ENT/ paediatric cases and also for appropriate smaller general surgery cases.</p>
		Estimated Cost	\$347,283
		Estimated Start Date	December 2011
		Estimated Completion Date	June 2014

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<i>Schedule</i>	<i>Project Number</i>	<i>Heading</i>	<i>Detail</i>
F	4	Hospital	Alice Springs Hospital (ASH) Royal Darwin Hospital (RDH) Katherine Hospital (KH) Gove District Hospital (GDH) Tennant Creek Hospital (TCH)
		Project description	<ul style="list-style-type: none"> • Clinical Workstation (CWS) is a stand-alone repository that interfaces with Hospital Information Systems to allow clinicians to view and witness radiology and pathology results electronically. • CWS also incorporates clinical documentation functionality that generates outpatient specialist letters and discharge summaries ready to be sent via secure messaging. • This project will allow for upgrade of CWS to enable a Clinician Inbox for pathology and radiology results.
		Relationship with other CW/ state funded initiatives	This links to Schedule A, C and D of this NPA and Schedule D of the Hospital and Health Workforce reform NPA.
		Expected Improvement	<ul style="list-style-type: none"> ○ Improved flow of results to the clinicians and improved patient care. ○ The results will be available in a clinician inbox which will reduce the chance of a result being missed and not actioned. ○ With improvement in the flow of results, there will be reduced Length of Stay and improved hospital throughput.
		Estimated Cost	\$50, 000
		Estimated Start Date	System implementation and training - November 2011.
		Estimated Completion Date	December 2011

Northern Territory Implementation Plan
National Partnership Agreement on Improving Public Hospital Services

Project No.	Project Description	Estimated cost
F1	Additional clinical capacity for elective surgery, including fly in / fly out capacity	\$4,726,136
F2	Increase DPU hours for ASH	\$1,098,600
F3	Implement 23 hour ward model at RDH	\$347,283
F4	Clinical Work Station Upgrade	\$50,000
Total		\$6,222,019

Northern Territory Implementation Plan
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Summary Costs Table

Schedule	Project Description	Estimated cost
A, B, C, D, E, F	Establish a Clinical Services Redesign Unit	\$3,919,038
	Sub-total	\$3,919,038
A1	HITH for Alice Springs	\$1,425,876
	Sub- total	\$1,425,876
B 1	Development of additional theatre capacity at Royal Darwin Hospital	\$9,628,025
B 2	Surgical equipment for ASH to increase throughput of ES ENT procedures	\$175,000
	Sub-total	\$9,803,025
C1	Staffing of additional SSU beds effectively doubling SSU capacity	\$4,322,922
C2	24 hour ASH Radiology Service to support ED demand for x-rays overnight	\$848,519
	Sub-total	\$5,171,441
D1	Completion of RDH fast track redevelopment – equipment and fit out	\$320,000
D2	Doubling the capacity of RDH SSU	\$4,600,000
D3	Equipment and fit-out for the new ASH ED effectively doubling the capacity	\$1,580,000
D4	Embed Miya ‘second screen’ technology in ASH and RDH	\$805,823
	Sub-total	\$7,305,823
E1	Establishment of 6 bed ‘step-down’ Mental Health subacute facility, Alice Springs with recurrent staffing.	\$2,600,000
E2	Develop Palliative Care step-down respite facility of 2 beds on ASH site with community and remote palliative consultancy service	\$2,075,376
E3	Prosthetic and Amputee Service with 1 amputee bed and a prosthetic workshop, ASH	\$1,078,988
E4	Establish multidisciplinary GEM unit with recurrent staffing at Royal Darwin Hospital (4 beds).	\$3,700,460
E5	Enhanced Rehabilitation service, KH (1 bed equivalent).	\$862,339
	Sub-total	\$10,317,163
F1	Additional clinical capacity for elective surgery, including fly in / fly out capacity	\$4,726,136
F2	Increase DPU hours for ASH	\$1,098,600
F3	Implement 23 hour ward model at RDH	\$347,283
F4	Clinical Work Station Upgrade	\$50,000
	Sub-total	\$6,222,019
	GRAND TOTAL	\$44,164,385