NATIONAL HEALTH AND HOSPITALS NETWORK - NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING PUBLIC HOSPITAL SERVICES

PROJECT IMPLEMENTATION PLAN: Subacute Palliative Care at QEII Hospital

Subacute Beds (Schedule E)

Project number:	11
Hospital/Location (not area health services generally)	Queen Elizabeth II Jubilee Hospital Cnr Kessels & Troughton Roads Coopers Plains, Qld 4108

Project Description	Palliative Care Unit
	
	– Refurbishment of third floor to convert existing ward space into 4 x single bed rooms + 2 x 3 bed rooms = 10 palliative beds. Includes some support spaces and new reception.
	
	– These are 10 new palliative care beds. There are currently no palliative care beds at QEII Hospital.
	
	– The project will utilise existing infrastructure which is currently unused at the QEII Hospital.
	
	Other capital projects on site include:
	
	  – The QEII Hospital has been allocated $22 million (excluding GST) for an upgrade of the existing Emergency Department including refurbishment to create 11 fast track treatment spaces and additional short stay capacity for people requiring observation.
	
	  – The QEII Hospital has been allocated $11 million (excluding GST) for the development of a stand-alone Endoscopy Unit. The Endoscopy Unit will include two procedural rooms, reception and admission area, recovery bays and discharge lounge area, change rooms/ensuites, clinical cleanup and sterile stock rooms, and ancillary administration/support space.

Relationship with other Commonwealth or state funded activities	Total estimated cost of the Palliative Care Unit is $4 million. Funding consists of:
	  – $4 million COAG Sub-Acute – QEII Palliative Care service (Commonwealth funded)
	
	Other capital projects on site:
	  – $22 million ED expansion (Commonwealth funded)
	  – $11 million Endoscopy Unit (Commonwealth funded)

Expected improvement as a	– Establishment of the 10 dedicated inpatient beds at QEII Hospital will

<table>
<tr><td>result of this project</td><td>optimise palliative care service delivery for the Brisbane South area.

– Palliative Care patients will receive specialised palliative care in a suitable local geographical location.

– Optimal patient clinical outcomes for end of life care.

– Improves acute hospital efficiency through reduction of inappropriate presentations of palliative care patients at ED and subsequent admissions into the hospital. This will assist in reducing acute hospital access block.

– Dedicated public palliative care inpatient beds managed by QEII Hospital clinically supported by Community & Primary Health, Palliative Care Services allows for workforce development within the specialty of palliative care. This will help to ensure a level of workforce sustainability for palliative care into the future.</td></tr>
<tr><td>Estimated Cost</td><td>Estimated cost across years (millions)
<table><tr><td></td><td>2010-11</td><td>2011-12</td><td>2012-13</td><td>2013-14</td><td>Total (m)</td></tr><tr><td>Capital</td><td>0.20</td><td>3.80</td><td></td><td></td><td>4.00</td></tr><tr><td>Operational</td><td></td><td>2.71</td><td>2.82</td><td>2.93</td><td>8.46</td></tr><tr><td>Total</td><td>0.20</td><td>6.51</td><td>2.82</td><td>2.93</td><td>12.46</td></tr></table></td></tr>
<tr><td>Estimated Start Date</td><td>Preliminary program indicates start date of mid 2011.</td></tr>
<tr><td>Estimated Completion date</td><td>Mid 2012.</td></tr>
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