

**National Partnership Agreement on Improving Public Hospital Services:  
Interim Implementation Plan - Tasmania 2011-12 to 2013-14  
19 April 2011**

## Background

Tasmania signed the National Partnership Agreement on Improving Public Hospital Services (NPA) on 13 February 2011. Under the NPA, Tasmania will receive \$88.9 million for elective surgery, emergency department and subacute care. This funding comprises facilitation and capital funding as detailed in Table 1 and \$8.7 million in reward funding contingent on achievement of elective surgery and emergency department targets.

**Table 1: NPA Funding for Tasmania (does not include reward funding)**

Funding (\$ million)						
	2009-10	2010-11	2011-12	2012-13	2013-14	Total
<i>Facilitation Funding</i>						
Elective Surgery	0	8.1	2.3	0	0	10.4
Emergency Department	0	4	1.7	1.1	0	6.8
Flexible Funding	2.7	3.8	1.1	1.1	0	8.7
<b>Facilitation Total</b>	<b>2.7</b>	<b>15.9</b>	<b>5.1</b>	<b>2.2</b>	<b>0</b>	<b>25.9</b>
<i>Capital Funding</i>						
Elective Surgery	1.9	4.4	1.2	0	0	7.5
Emergency Department	1.9	3.8	1.9	1.9	0	9.5
<b>Capital Total</b>	<b>3.8</b>	<b>8.2</b>	<b>3.1</b>	<b>1.9</b>	<b>0</b>	<b>17</b>
Sub-acute Funding	0.0	5.7	7.0	10.6	14.0	37.3
<b>Total</b>	<b>6.5</b>	<b>29.8</b>	<b>15.2</b>	<b>14.7</b>	<b>14.0</b>	<b>80.2</b>

Note: Rows may not reconcile with totals due to rounding.

## Tasmanian Funding Allocation

As per Clause 34 of the NPA, States and Territories have the flexibility to redirect funds allocated across the elective surgery, emergency department and subacute schedules to the highest priority within their jurisdiction. The allocation of NPA funding by Tasmania is detailed in Table 2.

Schedule F Flexible Funding has been allocated differentially across each Area Health Service, with the majority being directed to elective surgery initiatives. The allocation across Area Health Services is as follows:

- Southern Tasmania Area Health Service (STAHS) – Schedule A (National Access Guarantee and Targets) and Schedule C (Emergency Department Four Hour Access Target)
- Northern Area Health Service (NAHS) – Schedule A (National Access Guarantee and Targets) and Schedule C (Emergency Department Four Hour Access Target)
- North Western Area Health Service (NWAHS) – Schedule D (Emergency Department Capital).

**Table 2: Allocation of NPA Funding by Tasmania (does not include reward funding)**

Funding Type	Service	NPA Allocation (\$ million)	Allocation by Tasmania (\$ million)
Facilitation	Elective Surgery	10.4	16.4*
	Emergency Department	6.8	7.9*
	<b>Total</b>	<b>17.2</b>	<b>24.3</b>
Capital	Elective Surgery	7.5	6.9
	Emergency Department	9.5	11.2*
	<b>Total</b>	<b>17.0</b>	<b>18.1</b>
Sub-acute		37.3	37.3
Flexible		8.7	*
<b>Total</b>		<b>80.2</b>	<b>80.2</b>

Notes:

Rows may not reconcile with totals due to rounding.

\* Tasmania has allocated flexible funding of \$8.7 million across elective surgery and emergency departments.

## Assessment Periods

The NPA Assessment Period 1 commenced on 1 January 2011, however, Tasmania only became a signatory to the NPA on 13 February 2011 and is only now finalising the State's Implementation Plan to meet the NPA requirements. Tasmania requests that Assessment Period 1 commence on 1 July 2011. This will provide hospitals with some "lead time" for the planning of initiatives and allow for the processing and approval of the implementation plan.

## Interim Targets

Interim elective surgery and emergency department targets and the numbers of new sub acute beds for Tasmania are detailed in Tables 3, 4 and 5, as per Clause 47 of the NPA.

The interim targets have been calculated based on the funding available under the NPA. The interim targets do not infer that Tasmania can meet the 95 per cent elective surgery and emergency department targets detailed in the NPA. Achievement of these is contingent on additional funding, as outlined in the *Implementation of the National Health and Hospitals Reform in Tasmania Business Case*.

Interim targets have been provided for one year only and as detailed in Clause 47, may be subject to change, depending on the findings of the Expert Panel. Targets for subsequent years will be provided based on the outcomes of the Expert Panel and the *Implementation of the National Health and Hospitals Reform in Tasmania Business Case*.

**Table 3: Elective Surgery Targets – Percentage of patients seen within the clinically recommended time**

Category	Target 1/1/2011 – 31/12/2011
1	71.7%
2	60.2%
3	85.0%

**Table 4: Emergency Department Four Hour National Access Target**

Triage Category	Target from 1/1/2011
1	70.0%
2	63.1%
3	58.4%
4*	61.4%
5*	83.6%

\* Targets for Triage Categories 4 and 5 are below current performance due to the impact of capital works at the NAHS and a focus on Triage Categories 1-3.

**Table 5: Sub Acute Beds by Year**

	2010-11	2011-12	2012-13	2013-14
New beds to be opened	8	7	8	7
Total new beds	8	15	23	30

## Elective Surgery

<b>Due date:</b>	31 March 2011
<b>Date submitted:</b>	31 March 2011
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<b>Schedule A</b>	

<p>Tasmania's Current Approach to Service Delivery</p>	<ul style="list-style-type: none"> <li>• Clinical leadership for elective surgery is provided through the Tasmanian Surgical Services Statewide Committee (TSSSC). The TSSSC's role is to provide advice and guidance on matters pertaining to the planning, delivery and reform of Tasmania's surgical services.</li> <li>• Statewide coordination of elective surgery services has been improved through the establishment of the Tasmanian Elective Surgery Access Collaborative (TESAC), and is supported by the work of the TSSSC.</li> <li>• Capital works projects are underway at both the STAHS the NAHS to support the delivery of elective surgery services.</li> <li>• Improvements to information systems and the availability of data are continuing to support improvements in elective surgery services.</li> <li>• A number of short to medium term strategies have been identified to increase elective surgery services, and to reduce the number of over boundary patients as follows:             <ul style="list-style-type: none"> <li>• Increasing the number of theatre sessions statewide</li> <li>• Improving the elective surgery categorisation process</li> <li>• Increasing existing public hospital capacity</li> <li>• Purchasing services from the private sector</li> </ul> </li> </ul>
<p>How will projects help Tasmania meet the National Health Reform (and NPA) objectives and outcomes?</p>	<p>The projects will assist in meeting the objectives by</p> <ul style="list-style-type: none"> <li>• Increasing elective surgery throughput</li> <li>• Increasing the involvement of allied health services in patient care</li> <li>• Improving communication and coordination of elective surgery services with Tasmanian GPs</li> <li>• Improving waiting list management</li> <li>• Improving the delivery of elective surgery services through</li> </ul>

	<p>capital works projects</p> <p>The projects detailed in Schedules A and B are new projects that will deliver treatment to approximately 6 000 patients.</p>
<p>Relationship with other Commonwealth or state funded activities</p>	<ul style="list-style-type: none"> <li>• The projects will build upon initiatives undertaken as part of the Tasmania’s Elective Surgery Improvement Plan (TESIP) and the NPA - Elective Surgery Waiting List Reduction Plan</li> <li>• The projects are closely aligned with those outlined in the NPA Health Infrastructure for the Women’s and Children’s Hospital and the Acute Medical and Surgical Service Unit, Launceston General Hospital</li> </ul>

**Schedule A: Elective Surgery National Access Guarantee and Targets - Facilitation Funding Projects and Initiatives**

The objectives and outputs of this Schedule are to:

- increase the percentage of elective surgery patients seen so that 95 per cent of Category 1 and 2 patients are seen within the recommended times by 31 December 2014 and 95 per cent of Category 3 patients are seen within the recommended time by 31 December 2015
- introduce a National Access Guarantee from 1 July 2012 so that public hospital patients will not wait significantly longer than the clinically recommended time for their urgency category.

Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
1.	STAHS - Royal Hobart Hospital (RHH)	Development of Surgical Services High-Volume Short-Stay Unit (HVSSU) - 25 beds quarantined for surgical short-stay patients (less than 72 hours post surgery)  This will facilitate improved hospital efficiency by focusing delivery of care within a 72 hour timeframe, improving bed availability/theatre throughput and reducing surgery cancellations	0.60 (commencement operational costs)	1 January 2012 (service commencement)	Ongoing	Minimum 380 per annum	Improved access to beds for surgical recovery, increased elective surgery throughput and reduced waiting times for surgery	Tasmania's Elective Surgery Improvement Plan
2.	STAHS - RHH	Re-development of Day Surgery Unit - including the re-development and re-opening of theatres at Repatriation General Hospital into day surgery theatres  This will deliver one additional day theatre and recovery space	3.00 (commencement operational costs)	1 January 2012 (service commencement)	Ongoing	1 000 per annum	Day surgery efficiency will be increased, facilitating an increase in the number of elective surgery cases possible	Tasmania's Elective Surgery Improvement Plan

National Health and Hospitals Network - National Partnership Agreement on Improving Public Hospital Services

Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<i>A variation to this project is currently being considered by the Australian Government.</i>					within STAHS  Isolating the RHH day surgery from competing surgical demands will reduce cancellations of day surgery, facilitating increased throughput and reduced waiting times	
3.	STAHS RHH	Weekend Theatre Sessions - two Saturday sessions per week targeting long waiting patients  <i>A variation to this project is currently being considered by the Australian Government.</i>	0.73	1 July 2011 (service commencement)	30 June 2012	480 in 2011-2012	Additional elective surgery cases and a reduction in the number of over boundary patients	Tasmania's Elective Surgery Improvement Plan  NPA - Elective Surgery Waiting List Reduction Plan

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
							Increased utilisation of inpatient beds	
4.	STAHS RHH	Twilight Theatre Sessions – four to five sessions per week  <i>A variation to this project is currently being considered by the Australian Government.</i>	1.04	1 July 2011 (service commencement)	30 June 2012	1 000 in 2011-2012	Additional elective surgery cases and a reduction in the number of over boundary patients	Tasmania's Elective Surgery Improvement Plan  NPA - Elective Surgery Waiting List Reduction Plan
5.	STAHS - RHH	Cataract purchase from private sector.  <i>A variation to this project is currently being considered by the Australian Government.</i>	1.95	1 July 2011 (service commencement)	30 June 2014	975	Additional elective surgery cases and a reduction in the number of over boundary patients	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan



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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
6.	STAHS - RHH	<p>Theatre Compass Information Technology Solution - a Web-based solution to enable identification of the root causes of current theatre inefficiency (joint purchase with NAHS see project 16)</p> <p>This will provide an objective basis on which to improve theatre utilisation</p> <p>Theatre Compass Solution has improved theatre utilisation by up to 10% in Australian hospitals</p>	0.50 Initial set up and contractual operational costs	1 July 2011 (implementation commencement)	30 June 2012		<p>Increased theatre throughput facilitating a reduction in waiting times for surgery</p> <p>A 5% improvement in utilisation would support the provision of an additional 350 elective surgery cases per annum</p>	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan
7.	STAHS - RHH	<p>Development of General Practice and Surgery Information Website to:</p> <ul style="list-style-type: none"> <li>- improve the targeting of referrals by reducing inappropriate referrals to the hospital and facilitating referrals to surgeons with shorter waiting times</li> <li>- improve the capacity of the hospital to track and review long-waiting</li> </ul>	0.50	1 July 2011 (commencement of website)	30 June 2013		<p>Improved patient flow from primary care</p> <p>Reduced waiting times for surgery due to appropriate</p>	Tasmania's Elective Surgery Improvement Plan

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		patients GPs will be able to view surgeon and specialty waiting lists in real time					surgical referrals to the hospital and streaming of patients to surgeons with shorter waiting times	
8.	STAHS - RHH	Audiology Care Ear Nose Throat Patients – outpatient referrals first screened by an Audiologist A hospital avoidance strategy to improve the prioritisation of patients and identify patients who may benefit from other forms of treatment, thereby delaying or preventing surgery: - 1.0 FTE Senior Audiologist - 0.4 FTE Admin Officer first year	0.15	1 July 2011 (commence initiative)	30 June 2013		Reduced waiting times for surgery	Tasmania's Elective Surgery Improvement Plan
9.	STAHS - RHH	Spinal Assessment Clinic – Allied Health pre-assessment prior to seeing Surgeon A hospital avoidance strategy to improve prioritisation of patients and identify patients who may benefit from other forms of treatment, thereby delaying or preventing surgery: - 1.0 FTE Lead Physiotherapist	0.22	1 July 2011 (commence initiative)	30 June 2012		Reduced waiting times for surgery	Tasmania's Elective Surgery Improvement Plan

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<ul style="list-style-type: none"> <li>- 0.5 FTE Physiotherapist</li> <li>- 0.5 FTE Administrative Officer 2011-2012</li> </ul>						
10.	STAHS - RHH	<p>Allied Health – Management Lower Back Pain</p> <p>A hospital avoidance and surgery preparation strategy to improve prioritisation of patients and identify patients who may benefit from other forms of treatment, thereby delaying or preventing surgery and prepare patients for surgery , reducing their length of stay in hospital:</p> <ul style="list-style-type: none"> <li>- 1.0 FTE Lead Physiotherapist</li> <li>- 0.5 FTE Administrative Officer 2011-2012</li> <li>- Purchase Real Time Ultrasound Plinth</li> </ul>	0.18	1 July 2011 (commence initiative)	30 June 2012		<p>Reduced waiting times for surgery</p> <p>Improved hospital efficiency</p>	Tasmania’s Elective Surgery Improvement Plan
11.	STAHS - RHH	<p>Physiotherapy Orthopaedic Surgery Trial</p> <p>A hospital avoidance and surgery preparation strategy to improve prioritisation of patients and identify patients who may benefit from other forms of treatment, thereby delaying or preventing surgery and prepare patients for surgery, reducing their length of stay</p>	0.18	1 July 2012 (commence initiative)	30 June 2013		<p>Reduced waiting times for surgery</p> <p>Improved hospital efficiency</p>	Tasmania’s Elective Surgery Improvement Plan

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		in hospital: <ul style="list-style-type: none"> <li>- 1.0 FTE Lead Physiotherapist</li> <li>- 0.2 FTE Senior Occupational Therapist</li> <li>- 0.5 FTE Administrative Officer 2011-2012</li> </ul>						
12.	NAHS – Launceston General Hospital (LGH)	Increasing Surgical Capacity by: <ul style="list-style-type: none"> <li>- re-opening 4 beds with 4.6 FTE Nursing Staff</li> <li>- employing 1.0 FTE Anaesthetist</li> <li>- implementing a model to increase general surgical throughput</li> </ul> <p><i>A variation to this project is currently being considered by the Australian Government.</i></p>	3.46	1 July 2011 (commencement of initiatives)	30 June 2014	690 per annum	Increased elective surgery throughput	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan
13.	NAHS - LGH	Operating Unit Support Staff: <ul style="list-style-type: none"> <li>- 2.5 FTE</li> </ul> <p>Additional operating theatre support staff will facilitate more efficient and timely turnover of patients and increase surgery throughput</p>	0.62	1 July 2011 (start date)	30 June 2014	100 cases per annum	Increased theatre throughput	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan

Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<p>This project links with planned capital expansion increasing the number of operating theatres from 6 to 8</p> <p>Refer also project 22</p> <p><i>A variation to this project is currently being considered by the Australian Government.</i></p>						
14.	NAHS - LGH	<p>Physiotherapist Orthopaedics:</p> <ul style="list-style-type: none"> <li>- 1.0 FTE – to assist with major orthopaedic cases</li> </ul> <p><i>A variation to this project is currently being considered by the Australian Government.</i></p>	0.36	1 July 2011 (start date)	30 June 2014	100 cases per annum	Reduced length of stay for orthopaedic patients	Tasmania's Elective Surgery Improvement Plan
15.	NAHS - LGH	<p>Data Analyst:</p> <ul style="list-style-type: none"> <li>- 1.0 FTE</li> </ul> <p>This role will be responsible for Theatre Compass (project 16) and for Checklist software, a strategic modelling tool that</p>	0.24	1 July 2011 (start date)	30 June 2014		Improved planning, scheduling and effectiveness of surgery	Tasmania's Elective Surgery Improvement Plan

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		models demand, costs and waiting lists for elective and emergency surgical services to assist hospitals to improve service planning and performance and facilitate a reduction in the overall waiting times for surgery					provision  Reduced waiting times for surgery	
16.	NAHS - LGH	Theatre Compass Information Technology Solution - a Web-based solution to enable identification of the root causes of theatre inefficiency (joint purchase with STAHS see project 6). This will provide an objective basis on which to improve theatre utilisation  <i>A variation to this project is currently being considered by the Australian Government.</i>	0.35	1 July 2011 (commence procurement and implementation)	30 June 2014		Increased theatre throughput facilitating a reduction in waiting times for surgery	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan
17.	NWAHS – North West Regional Hospital Burnie	Treating patients who have waited longer than clinically recommended for surgery at NWRH and MCH	1.30	1 May 2011 (commence initiative)	30 June 2012	168	Treatment of long waiting patients  Appropriate	Tasmania's Elective Surgery Improvement Plan NPA - Elective

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Project No.	Hospital/ Location	Description		Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
	(NWRH) and Mersey Community Hospital (MCH)						waiting times for surgery	Surgery Waiting List Reduction Plan
18.	NWAHS – NWRH and MCH	Ophthalmology surgery – The NWAHS will engage 1.5 FTE ophthalmologists to deliver this project	1.00	1 July 2011 (commence initiative)	30 June 2014	1050	Appropriate waiting times for surgery	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan

**Schedule B: Elective Surgery Capital Funding Projects**

The objective of this Schedule is to boost elective surgery capacity in public hospitals to help achieve the National Access Guarantee and targets outlined in Schedule A. Capital funding may be used for, but is not limited to projects such as the purchase of surgical equipment, including information technology to improve clinical and management systems and construction of new elective surgery facilities (e.g. day surgery centres, elective surgery centres, new theatres).

Project No.	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
19.	STAHS - RHH	<p>Development of Surgical Services High-Volume Short-Stay Unit (HVSSU) – patients requiring less than 72 hours post surgical care</p> <p>Funding will be used for redesign and redevelopment of existing ward spaces creating 25 refurbished beds in the HVSSU and 4 new beds in a re-commissioned ward space Capital component of project 1</p>	<p>1.3</p> <p>Redesign and redevelopment of existing ward space</p>	1 January 2012 (service commencement)	Ongoing	Refer to project 1	<p>Improved access to beds for surgical recovery, increased elective surgery throughput</p> <p>Reduced waiting times for surgery</p>	Tasmania’s Elective Surgery Improvement Plan



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Project No.	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
20.	STAHS - RHH	<p>Re-development of Day Surgery Unit - including the re-development and re-opening of theatres at Repatriation General Hospital into day surgery theatres</p> <p>Funding will be used for the re-development and re-opening of the theatre and recovery infrastructure</p> <p>Capital component of project 2</p> <p><i>A variation to this project is currently being considered by the Australian Government.</i></p>	<p>2.8</p> <p>Redesign and redevelopment</p>	1 January 2012 (service commencement)	Ongoing	Refer to project 2	Day surgery efficiency will be increased, facilitating an increase in the number of elective surgery cases possible within STAHS Isolating the RHH day surgery from competing surgical demands will reduce cancellations of day surgery, facilitating increased throughput and reduced waiting times	Tasmania's Elective Surgery Improvement Plan

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Project No.	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
21.	STAHS - RHH	<p>Purchase of equipment to facilitate additional twilight and weekend cases, including:</p> <ul style="list-style-type: none"> <li>- laparoscopic/ arthroscopic equipment and instrumentation</li> <li>- general surgery instrumentation</li> </ul> <p>Purchase of equipment to facilitate day surgery cases including:</p> <ul style="list-style-type: none"> <li>- operating tables and upgrade of anaesthesia related equipment, recovery monitoring equipment, urology scopes, plastic surgery</li> </ul>	0.30	1 July 2011 (commence procurement)	30 June 2012	Refer to projects 3 and 4	Additional elective surgery cases completed	Tasmania's Elective Surgery Improvement Plan NPA - Elective Surgery Waiting List Reduction Plan

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Project No.	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		equipment and tourniquets  Refer to projects 1,2, 3, 4, 19 and 20						
22.	NAHS - LGH	Capital equipment for new theatres currently under construction: <ul style="list-style-type: none"> <li>- theatre tables</li> <li>- theatre booms/pendants</li> <li>- ultrasound cleaning machine</li> <li>- steriliser</li> <li>- washers</li> <li>- instrument</li> </ul>	1.50	February 2012 (commence procurement)	December 2012		Increased theatre throughput	Tasmania's Elective Surgery Improvement Plan  Implementation Plan (IP) - Acute Medical and Surgical Service Unit, Launceston General Hospital

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Project No.	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<ul style="list-style-type: none"> <li>- tracking system</li> <li>- trolleys</li> <li>- central sterilising supply department automation system</li> <li>- trolley washer</li> <li>- anaesthetic machine</li> </ul>						
23.	NAHS - LGH	Capital equipment for additional Intensive Care Unit (ICU) beds currently under construction: <ul style="list-style-type: none"> <li>- ICU beds</li> <li>- ICU monitors</li> <li>- central monitor</li> <li>- telemetry system</li> </ul>	1.00	February 2012 (commence procurement)	December 2012		Increased ICU capacity	Tasmania's Elective Surgery Improvement Plan IP - Acute Medical and Surgical Service Unit, Launceston General Hospital

## Emergency Department

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<b>Date submitted:</b>	31 March 2011
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<b>Schedule A</b>	

Tasmania's Current Approach to Service Delivery	<ul style="list-style-type: none"> <li>• The establishment of a statewide multidisciplinary Emergency Care Network in March 2011 will provide clinical leadership to assist with statewide emergency care coordination; the delivery of Emergency Department initiatives and improve emergency care best practice standards. Work underway includes: <ul style="list-style-type: none"> <li>• Expansion of the NAHS ED</li> <li>• Development of Acute Medical Wards at NAHS and STAHS to improve transfer times for emergency patients requiring medical admission</li> <li>• Improved management of mental health patients presenting to EDs</li> <li>• Increased focus on system improvements for patient flow</li> <li>• Re-design of emergency care and adoption of new models of care</li> <li>• Improved liaison between Ambulance Tasmania and EDs</li> <li>• Research and procurement of a new Statewide ED Information Technology System</li> <li>• A Statewide ED Performance Audit</li> </ul> </li> </ul>
How will projects help Tasmania meet the National Health Reform (and NPA) objectives and outcomes?	<ul style="list-style-type: none"> <li>• The strategies build on the existing initiatives to address emergency care pressures (such as improving patient flow, patient diversion, employing new models of care and improving ED capacity and performance).</li> <li>• The projects will assist in meeting the objectives by <ul style="list-style-type: none"> <li>• Improving the time patients are seen within the ED</li> <li>• Avoiding admission of patients who have limited clinical requirements</li> <li>• Increasing the appropriate diversion of patients</li> <li>• Further improving patients flow and improving access to beds for ED patients</li> <li>• Improving access to diagnostic services, allied health and mental health services</li> <li>• Improving internal processes to achieve efficiency gains in</li> </ul> </li> </ul>

	ED
Relationship with other Commonwealth or state funded activities	<ul style="list-style-type: none"><li>• Linkage with:<ul style="list-style-type: none"><li>• NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals</li><li>• NPA Health Infrastructure</li></ul></li></ul>

**Schedule C: Emergency Department Four Hour National Access Target - Facilitation Funding**

The objective and output of this Schedule will be achieved through a four hour National Access Target where 95 per cent will be applied for patients presenting to an Emergency Department (ED) for whom it is clinically appropriate to either physically leave the ED for admission to hospital, be referred for treatment or be discharged within four hours.

Facilitation funding must be used in the most efficient and effective way to meet the four hour National Access Target for emergency departments. Projects funded under this Schedule include but are not limited to ED equipment, new ED infrastructure, information technology systems to manage patient flow thorough EDs and new hospital staff to deliver ED services.

Project No.	Hospital/ Location	Description	Estimated Cost (\$m)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
24.	STAHS - RHH	Appointment of Radiographers to provide a dedicated ED service for plain x-rays and CT Scan 24 hours/day, 7 days/week - 5.75 FTE	1.56 over three years	1 June 2011 (commence initiative)	30 May 2014	Approximately 53 000 patients will have plain x-rays in ED over three years  4 000 patients will have CT scans from ED annually	Improved patient care  Reduction in waiting time for plain x-rays	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals

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Project No.	Hospital/ Location	Description	Estimated Cost (\$m)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
25.	STAHS - RHH	ED Clinical Support Assistants to provide cover 24 hours/day, 7 days/week: - 5.75 FTE  Hospital Aide - ED stores/equipment ordering: - 1.0 FTE	1.19 over three years  0.13 over three years	1 June 2011 (commence initiative)	30 May 2014		Reduced nursing time dedicated to tasks not directly related to patient care  Improve patient transit through ED	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
26.	STAHS - RHH	ED Business Manager: - 1.0 FTE	0.35 over three years	1 September 2011 (commence initiative)	30 August 2014	Nil	Improved focus on ED business processes	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
27.	STAHS - RHH	Health Data Analyst: - 1.0 FTE  <i>A variation to this project is currently being considered by the Australian Government.</i>	0.35 over three years	1 May 2011 (commence initiative)	30 April 2014		Improved ED data analysis	



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Project No.	Hospital/ Location	Description	Estimated Cost (\$m)	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
28.	NAHS - LGH	Creation of Clinical Decision Unit co-located with the re-developed ED. This will require: <ul style="list-style-type: none"> <li>- 2.0 FTE Consultants</li> <li>- 2.0 FTE Registrars</li> <li>- 2.0 FTE Resident Medical Officers</li> </ul>	3.77	1 July 2011 (start date)	30 June 2014		Reduced time to admission for patients requiring a short period of observation for admission.	IP - Acute Medical and Surgical Service Unit, Launceston General Hospital
29.	NWAHS – NWRH	Appointment of nursing and medical staff to support the Medical Assessment Unit: <ul style="list-style-type: none"> <li>- 1.0 FTE Medical Registrar</li> <li>- 1.0 Registered Nurse</li> <li>- 1.0 Hospital Aide</li> </ul>	0.50	1 July 2011 (start date)	30 June 2014		Improved patient flow	
30.	NWAHS - NWRH	IT System - Patient Flow Manager	0.10 Purchase of licence and staff training	1 July 2011 (commence initiative)	30 June 2014	Nil	Provide more effective monitoring and targeting of patient flow through the ED	

**Schedule D: Emergency Department Capital Funding**

The objective of this Schedule is to enhance ED capacity in public hospital to help achieve the four hour National Access Target. Funding may be used for, but is not limited to, projects such as various types of short stay or rapid assessment units; purchasing equipment to improve pathology and diagnostic services; facilities for alternative treatment options, such as co-located nurse practitioner or GP clinics; or information technology systems to manage patient flow through EDs.

Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
31.	STAHS - RHH	ED CT Scanner	1.10	September 2011 (commence procurement)	Ongoing	4 000 CT Scans per annum on ED patients	Improved patient care  Reduced waiting time for ED CT Scans  Reduction in transfer times for patients requiring CT	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
32.	STAHS - RHH	Installation of a second Picture Archiving Communication System	0.02	May 2011 (commence procurement)	Ongoing	All patients having radiology investigations	Reduced delays viewing films  Improved access to display and reports	

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Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
33.	STAHS - RHH	Point of Care Testing – to perform common diagnostic pathology tests within the ED	0.36 over three years	August 2011 (commence initiative)	Ongoing		Improved patient care due to faster test results	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
34.	STAHS - RHH	Medical equipment for co-located Emergency Short Stay Unit(ESSU)/Assessment and Planning Unit (APU) including Hospital in the Home (HITH)	2.35	late 2011 (commence procurement)	Ongoing	ESSU patients and all medically admitted patients	Improved ED flow for patients requiring ongoing monitoring  Reduced hospital length of stay through introduction of HITH	

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Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
35.	STAHS - RHH	<p>ED information technology (IT) hardware and data support, which will link with existing hospital wide IT services:</p> <ul style="list-style-type: none"> <li>- electronic hand-held devices</li> <li>- printers</li> <li>- hospital-wide communications system</li> <li>- data cables and other hardware</li> </ul>	0.25	May 2011 (commence procurement)	August 2011	All ED patients – approximately 48 000 per annum	<p>Improved access to patient information/documentation within the ED at the patient bedside</p> <p>Improved data capture at the patient’s bedside</p> <p>Improved communication system for messaging staff required in the ED</p>	

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Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
36.	NAHS - LGH	<p>Capital equipment to be installed in the new ED and Acute Medical Surgical Unit (AMSU) beds including:</p> <ul style="list-style-type: none"> <li>- digital radiology system in ED and AMSU</li> <li>- ultrasound machine in ED</li> <li>- monitoring equipment in ED and AMSU</li> <li>- defibrillators in ED and AMSU</li> <li>- beds/trolleys in ED and AMSU</li> <li>- examination and procedure lighting in ED</li> <li>- ventilators in ED and AMSU</li> </ul>	3.10	1 July 2011 (commence procurement)	30 June 2012		Increased throughput	IP - Acute Medical and Surgical Service Unit, Launceston General Hospital

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Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<ul style="list-style-type: none"> <li>- manual handling hoists in ED and AMSU</li> <li>- intravenous and syringe infusion pumps in ED and AMSU</li> <li>- diagnostic equipment in ED and AMSU</li> </ul>						
37.	NWAHS - NWRH	<p>Expand the planned Discharge ward (4 bed) and Short Stay Unit to incorporate a Acute Medical Unit (AMU)</p> <p>The combined Short Stay/AMU will be 12 beds. There are additional costs with building AMU beds as it designed for more complex patients</p>	0.94	1 July 2011 (commencement of capital works)	30 June 2012		Reduced hospital length of stay due to introduction of AMU	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals

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Project No.	Hospital/ Location	Description	Estimated Cost	Estimated Start date	Estimated Completion Date	Number of Patients Treated	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
38.	NWAHS - NWRH	Equipment: <ul style="list-style-type: none"> <li>- patient handling devices</li> <li>- diagnostic equipment</li> <li>- IT infrastructure</li> <li>- medical and surgical equipment</li> </ul>	0.22	1 July 2011 (commence procurement)	30 June 2012		Provide equipment for timely treatment of patients	
39.	NWAHS – NWRH	Increase the number of treatment bays to meet service clinical demand  This work includes the development of 10 additional cubicles including paediatric specific bays and provision of mechanical and electrical services	2.95	1 July 2011 (commencement of capital works)	30 June 2012	Currently > 26 000 patients present to the ED annually	Reduced time to care within the ED	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals

**Schedule E: New Sub acute Beds Guarantee Funding**

<b>Due date:</b>	31 March 2011
<b>Date submitted:</b>	31 March 2011
<b>Primary Contact:</b>	Julie Crowe, Manager, Government Relations
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<b>Schedule A</b>	

Tasmania's Current Approach to Service Delivery	<p>The strategy for the development of subacute services in Tasmania is based around its small, static and ageing population demographic; its rural and remote population dispersal; and the resulting difficulties Tasmania faces in the recruitment of a specialised workforce.</p> <p>In response to these challenges, Tasmania is developing a model for its subacute services. The service delivery model focuses on addressing demand on the acute hospital system including:</p> <ul style="list-style-type: none"> <li>• Reducing avoidable hospital admissions</li> <li>• Older patients inappropriately occupying acute beds</li> <li>• Post hospitalisation rehabilitation services</li> <li>• Palliative care</li> </ul>
How will projects help Tasmania meet the National Health Reform (and NPA) objectives and outcomes?	<p>Projects will build upon and/or complement the service enhancements being progressed through the Hospital and Health Workforce Reform NPA. The aims of the NPA will be met through:</p> <ul style="list-style-type: none"> <li>• Improved access to specialist management</li> <li>• Improved patient outcomes</li> <li>• Reduction in unnecessary presentations and admissions to acute hospitals</li> <li>• Availability of more appropriate facilities to provide inpatient care</li> <li>• Enhancement of the sub acute continuum of care</li> </ul>
Relationship with other Commonwealth or state funded activities	<p>Under the Hospitals and Health Workforce NPA implementation has focused primarily on building services in the North and North West.</p> <p>In addition, Statewide Aged Care and Rehabilitation and the Palliative Care Clinical Networks have been successfully established. Palliative care services have also been expanded.</p>



**New Sub Acute Beds Guarantee Funding (cont)**

The objective of this Schedule is to deliver and operate new subacute beds in hospital and community settings. Funding may be used for construction of new subacute care beds (through new construction or refurbishment) in hospitals and the community, including purchase of subacute care equipment, employment of new hospital or community based staff, or expansion of their roles, coordination across relevant Australian Government and State and Territory programs and activities to ensure seamless and high quality patient care, including: development and application of agreed nationally consistent performance measures; uptake and dissemination of relevant evidence-based guidelines; and IT systems to improve the management of patient flows across the health care system.

Project Number	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of new Beds	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
40.	STAHs – Roy Fagan Centre	Establishment of 10 new psychogeriatric beds for patients with challenging behaviors related to dementia, who have been admitted to an acute hospital or who are at risk of being admitted; - 6.0 FTE Registered Nurses - 2.0 FTE Enrolled Nurses - 3.0 FTE Assistants - 1.0 FTE Geriatrician/Psychogeriatrician - 1.0 FTE Social Worker - 1.0 FTE Diversional Therapist - 0.5 FTE Occupational Therapist - 1.0 FTE Pharmacist - 0.5 FTE Nursing Flow Coordinator	9.25 over four years	2010-2011 (service commencement)	2013-2014	10	Improved access to specialist management  Improved patient outcomes  Reduction in unnecessary presentations to an acute hospital	Linkage with the Shared Care Older Persons Project implemented under the NPAHHWR

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Project Number	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of new Beds	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
41.	NAHS – John J Grove	<p>Refurbishment of an existing building to deliver 20 new rehabilitation beds in Launceston</p> <p>The only sub acute beds currently available within the NAHS are located in district hospitals</p> <p>Staffing for the new beds is as follows:</p> <ul style="list-style-type: none"> <li>- 1.0 FTE Assistant Director of Nursing</li> <li>- 13.5 FTE Registered Nurses</li> <li>- 4.5 FTE Enrolled Nurses</li> <li>- 2.0 FTE Clinical Co-ordinators</li> <li>- 3.5 FTE Therapy Assistants</li> <li>- 1 FTE Geriatrician/Psychogeriatrician</li> <li>- 2.0 FTE Junior Medical Staff</li> <li>- 7.0 FTE Allied Health Staff</li> <li>- 1.0 FTE Ward Clerk</li> <li>- 1.0 FTE Hospital Aide</li> <li>- 5.0 FTE Support Staff (i.e. cleaners, security, food services)</li> </ul>	16.20 over four years	1 July 2011 (commence refurbishment)	30 June 2014	20	<p>Improved access to specialist management</p> <p>Improved patient outcomes</p> <p>Reduction in unnecessary presentations to an acute hospital</p>	NPA Hospital and Health Workforce Reform

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Project Number	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of new Beds	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<i>A variation to this project is currently being considered by the Australian Government.</i>						
42.	NWAHS – NWRH	<p>Construction of an Intensive Rehabilitation Unit (8 existing beds plus 10 new beds)</p> <p>Staffing for the new beds is as follows:</p> <ul style="list-style-type: none"> <li>- 0.54 Nurse Unit Manager</li> <li>- 5.15 FTE Registered Nurses</li> <li>- 3.20 FTE Enrolled Nurses</li> <li>- 1.08 FTE Senior Physiotherapist</li> <li>- 1.08 FTE Occupational Therapist</li> <li>- 0.54 FTE Speech Therapist</li> <li>- 0.86 FTE Social Worker</li> <li>- 3.20 FTE Rehabilitation Assistants</li> </ul>	8.28 over four years	November 2011 (commence construction)	November 2015	10	Improved access to admitted rehabilitation services	NPA Hospital and Health Workforce Reform
43.	State-wide	<p>Multi-Regional Flexible Services</p> <p>This project will establish flexible services across the state to deliver beds or packages for patients</p>	3.57	1 July 2013 (service commencement)	30 June 2014	10	Improved access to specialist management	NPA on Hospital and Health Workforce Reform

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Project Number	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of new Beds	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		<p>following acute treatment</p> <p>The project will provide additional and regionally-flexible delivery of subacute care, equivalent to 3.4 beds (or, potentially, an extra 1 241 occupied bed days per annum)</p> <p>This is a new service supporting new patient activity across the four subacute care types</p> <p>The project will focus on clients who may be a risk of readmission to acute hospital care without immediate assessment / intervention by a specialist multidisciplinary team, and provision of time limited packages of care and interventions to enable clients to regain their functional capacity to remain in the community</p>					<p>Improved patient outcomes</p> <p>Reduction in unnecessary presentations to an acute hospital</p>	

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Project Number	Hospital/ Location	Description	Estimated Cost (\$ million)	Estimated Start date	Estimated Completion Date	Number of new Beds	Expected improvement as a result of the project	Relationship with other relevant Commonwealth or State funded activities
		The project will also provide time limited rural subacute care at home or within rural facilities						

## Sub Acute Expenditure by Year

	Year 1 Expenditure (\$ million)	Year 2 Expenditure (\$ million)	Year 3 Expenditure (\$ million)	Year 4 Expenditure (\$ million)	Total
<b>STAHS Roy Fagan Centre</b>					
Capital (\$m)	0.15				0.15
Operating (\$m)	1.30	2.60	2.60	2.60	9.1
<b>Total</b>	<b>1.45</b>	<b>2.60</b>	<b>2.60</b>	<b>2.60</b>	<b>9.25</b>
<b>NAHS John L Grove</b>					
Capital (\$m)	2.00	1.20			3.20
Operating (\$m)		2.60	5.20	5.20	13.00
<b>Total</b>	<b>2.00</b>	<b>3.80</b>	<b>5.20</b>	<b>5.20</b>	<b>16.20</b>
<b>NWAHS - NWRH</b>					
Capital (\$m)	0.92		1.38		2.30
Operating (\$m)	0.52	1.04	1.82	2.60	5.98
<b>Total</b>	<b>1.44</b>	<b>1.04</b>	<b>3.20</b>	<b>2.60</b>	<b>8.28</b>
<b>Statewide</b>					
Capital (\$m)				0.97	0.97
Operating (\$m)				2.60	2.60
<b>Total</b>				<b>3.57</b>	<b>3.57</b>

## Notes:

Expenditure assumes that all beds will become operational on 1 July of each year

Funding flow will need to be reviewed if remaining 25 per cent of funding is not provided by August 2011

**Schedule F: Flexible Funding Pool**

The objective of this Schedule is to drive improvements in emergency departments, elective surgery and subacute care services. Funding can be used for, but is not limited to purchase of equipment, including IT systems to manage patient flow through hospitals, construction of new facilities, employing or extending the roles of new hospital or community-based staff to deliver services and training and development opportunities.

Tasmania's flexible funding has been allocated across each of the Area Health Services as detailed on page 2.

## Financial Statement

Project Number	Project Description	Estimated Cost (\$ million)
1.	STAHS RHH High Volume Short Stay Unit – Commencement Operational Costs	0.60
2.	STAHS RHH Day Surgery Unit - Commencement Operational Costs	3.00
3.	STAHS RHH Weekend Theatre Sessions	0.73
4.	STAHS RHH Twilight Theatre Sessions	1.04
5.	STAHS RHH Cataract Purchase – Private	1.95
6.	STAHS RHH Theatre Compass IT Solution	0.50
7.	STAHS RHH GP and Surgery Information Website	0.50
8.	STAHS RHH Allied Health – Audiology Care Ear, Nose and Throat Patients	0.15
9.	STAHS RHH Allied Health – Spinal Assessment Clinic	0.22
10.	STAHS RHH Allied Health – Management Lower Back Pain	0.18
11.	STAHS RHH Physiotherapy Orthopaedic Surgery Trial	0.18
12.	NAHS LGH Increasing Surgical Capacity	3.46
13.	NAHS LGH Operating Unit Support Staff	0.62
14.	NAHS LGH Physiotherapist - Orthopaedics	0.36
15.	NAHS LGH Data Analyst	0.24
16.	NAHS LGH Theatre Compass IT Solution	0.35
17.	NWAHS NWRH/MCH Treating Patients Who Have Waited Longer than Clinically Recommended	1.30
18.	NWAHS NWRH/MCH Ophthalmology patients	1.00
19.	STAHS RHH High Volume Short Stay Unit – Capital	1.30
20.	STAHS RHH Day Surgery Unit – Capital	2.80
21.	STAHS RHH Purchase of equipment (additional twilight and weekend cases)	0.30
22.	NAHS LGH Capital Equipment New Theatres	1.50



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Project Number	Project Description	Estimated Cost (\$ million)
23.	NAHS LGH Capital Equipment New Intensive Care Unit beds	1.00
24.	STAHS RHH ED Radiographers	1.56
25.	STAHS RHH ED Clinical Support Assistants and Hospital Aide	1.32
26.	STAHS RHH ED Business Manager	0.35
27.	STAHS RHH Health Data Analyst	0.35
28.	NAHS LGH Clinical Decision Unit	3.77
29.	NWAHS NWRH Medical Assessment Unit Support Staff	0.50
30.	NWAHS NWRH IT System - Patient Flow Manager	0.10
31.	STAHS RHH ED CT Scanner	1.10
32.	STAHS RHH ED Picture Archiving Communication System	0.02
33.	STAHS RHH ED Point of Care Testing	0.36
34.	STAHS RHH Medical Monitoring Equipment ESS/APU	2.35
35.	STAHS RHH ED IT Hardware and Data Support	0.25
36.	NAHS LGH Equipment ED/AMSU	3.10
37.	NWAHS NWRH Discharge Ward and Short Stay Unit	0.94
38.	NWAHS NWRH Equipment	0.22
39.	NWAHS NWRH ED Treatment Bays	2.95
40.	STAHS RHH New Psychogeriatric Beds	9.25
41.	NAHS LGH Sub acute Beds	16.20
42.	NWAHS NWRH Intensive Rehabilitation Unit	8.28
43.	Statewide Multi-regional Flexible Services	3.57
<b>TOTAL</b>		<b>80.2</b>

Note: Rows may not reconcile with totals due to rounding.

**SIGNED** for and on behalf of the TASMANIA

.....  
*Alice Burchill*

.....  
*Signature*

.....  
*A/Secretary*

.....  
*Date*