

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

**National Partnership Agreement on Improving Public Hospital Services:
Implementation Plan - Tasmania
July 2013**

Background

Under the National Partnership Agreement on Improving Public Hospital Services (NPA), Tasmania has been allocated \$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.

This Implementation Plan replaces the Implementation Plan on Improving Public Hospital Services – Tasmania of June 2012.

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	0	8.1	0	2.3	10.4
Emergency Department	0	0	0	1.1	1.7	6.8
Flexible Funding	2.7	2.7	1.1	1.1	1.1	8.7
Facilitation Total	2.7	2.7	9.2	2.2	5.1	25.9
<i>Capital Funding</i>						
Elective Surgery	1.9	1.9	2.5	0	1.2	7.5
Emergency Department	1.9	1.9	5.9	1.9	1.9	9.5
Capital Total	3.8	3.8	8.4	1.9	3.1	17.0
Subacute Funding	0	0	5.7	10.6	21.0	37.3
Total	6.5	6.5	23.3	14.7	29.2	80.2

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

Tasmanian Funding Allocation

As per Clause 32 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 Elective Surgery Target – Facilitation and Reward Funding) and Schedule C (National Emergency Access Target – Facilitation and Reward Funding)
- Northern Area Health Service (NAHS) – Schedule A (National Elective Surgery Target – Facilitation and Reward Funding) and Schedule C (National Emergency Access Target – Facilitation and Reward Funding Department Four Hour Access Target)
- North Western Area Health Service (NWAHS) – Schedule D (Emergency Department Capital Funding).

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*
	Total	17.2	24.3
Capital	Elective Surgery	7.5	6.9
	Emergency Department	9.5	11.2*
	Total	17.0	18.1
Subacute		37.3	37.3
Flexible		8.7	*
Total		80.2	80.2

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.

Elective Surgery

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Schedules A and B	

Tasmania's Current Approach to Service Delivery	<ul style="list-style-type: none"> • 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. • 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. • Capital works projects are underway at both the STAHs the NAHS to support the delivery of elective surgery services.
How will projects help Tasmania meet the National Health Reform (and NPA) objectives and outcomes?	<p>The projects will assist in meeting the objectives by</p> <ul style="list-style-type: none"> • Providing additional elective surgery throughput • Increasing the involvement of allied health services in patient care • Improving communication and coordination of elective surgery services with Tasmanian GPs • Improving waiting list management • Improving the delivery of elective surgery services through capital works projects <p>The projects detailed in Schedules A and B will deliver treatment to at least 5 000 patients.</p>
Relationship with other Commonwealth or state funded activities	<ul style="list-style-type: none"> • The projects will build upon initiatives undertaken as part of the NPA - Elective Surgery Waiting List Reduction Plan • 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

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 100 per cent of all urgency category patients waiting for surgery are seen within the clinically recommended time, and to reduce the number of patients who have waited longer than the clinically recommended time (long waits).

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)	<p>Development of Surgical Services High-Volume Short-Stay Unit (HVSSU) - 22 beds quarantined for surgical short-stay patients (less than 72 hours post-surgery)</p> <p>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</p> <p>Linked to project 16</p>	0.60 (commencement operational costs)	November 2011 (commence service)	Ongoing	Minimum of 380 per annum when all beds operational	Improved access to beds for surgical recovery and reduced waiting times for surgery	
2.	STAHS - RHH	Increasing Day Surgery Capacity	3.00	May 2012 (commence service)	June 2013	1 000 over 13 months	Additional elective surgery day cases	

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
3.	STAHS - RHH	Increasing Surgical Capacity	1.77	May 2012	March 2013	493	Additional elective surgery cases	NPA - Elective Surgery Waiting List Reduction Plan
4.	STAHS - RHH	Cataract surgery	1.95	May 2012	April/May 2015	975 over three years	Additional elective surgery cases	NPA - Elective Surgery Waiting List Reduction Plan
5.	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	June 2011 (commence implementation)	Ongoing		Improved patient flow through theatre complex	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
6.	STAHS - RHH	<p>Development of General Practice and Surgery Information Website to:</p> <ul style="list-style-type: none"> - improve the targeting of referrals by reducing inappropriate referrals to the hospital and facilitating referrals to surgeons with shorter waiting times - improve the capacity of the hospital to track and review long-waiting patients <p>GPs will be able to view surgeon and specialty waiting lists in real time</p>	0.50	June 2011 (commence development of website)	June 2013 (website operational)		Improved patient flow from primary care	
7.	STAHS - RHH	<p>Audiology Care Ear Nose Throat Patients – outpatient referrals first screened by an Audiologist</p> <p>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:</p> <ul style="list-style-type: none"> - 1.0 FTE Senior Audiologist - 0.4 FTE Admin Officer first year 	0.15	June 2011 (commence initiative)	June 2013		Reduced waiting times for surgery	

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
8.	STAHS - RHH	<p>Spinal Assessment Clinic – Allied Health pre-assessment prior to seeing Surgeon</p> <p>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:</p> <ul style="list-style-type: none"> - 1.0 FTE Lead Physiotherapist - 0.5 FTE Physiotherapist - 0.5 FTE Administrative Officer 2011-2012 	0.22	June 2011 (commence initiative)	June 2013		Reduced waiting times for surgery	
9.	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"> - 1.0 FTE Lead Physiotherapist - 0.5 FTE Administrative Officer 2011-2012 - Purchase Real Time Ultrasound Plinth 	0.18	June 2011 (commence initiative)	June 2012		<p>Reduced waiting times for surgery</p> <p>Improved hospital efficiency</p>	

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
10.	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 in hospital:</p> <ul style="list-style-type: none"> - 1.0 FTE Lead Physiotherapist - 0.2 FTE Senior Occupational Therapist - 0.5 FTE Administrative Officer 2011-2012 	0.18	July 2012 (commence initiative)	June 2013		<p>Reduced waiting times for surgery</p> <p>Improved hospital efficiency</p>	
11.	NAHS – Launceston General Hospital (LGH)	Increasing Surgical Capacity	3.76	May 2012 (commence service)	April 2015	1050 over three years	Increased elective surgery throughput	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
12.		Long waiting patients and cataracts	0.98	May 2012	April 2013	160 long waiting patients 40 cataract patients by 30 June 2012	Treatment of long waiting patients	NPA - Elective Surgery Waiting List Reduction Plan
13.	NAHS - LGH	Data Analyst: - 1.0 FTE	0.24	July 2011 (commence position)	June 2014		Improved planning, scheduling and effectiveness of surgery provision	
14.	NWAHS – North West Regional Hospital Burnie (NWRH) and Mersey Community Hospital (MCH)	Treating patients who have waited longer than clinically recommended for surgery at NWRH and MCH	1.30	May 2011 (commence initiative)	June 2012	168	Treatment of long waiting patients	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
15.	NWAHS – NWRH and MCH	Ophthalmology surgery – The NWAHS will engage 1.5 FTE ophthalmologists to deliver this project	1.00	May 2011 (commence initiative)	June 2014	1050	Appropriate waiting times for surgery	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 new National Elective Surgery Target (NEST) 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
16.	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 space creating 22 beds</p> <p>Capital component of project 1</p>	1.3	February 2012 (commence capital works)	December 2012 (complete capital works)		<p>Improved access to beds for surgical recovery</p> <p>Reduced waiting times for surgery</p>	

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
17.	STAHS - RHH	Refurbishment of main operating theatre and purchase of fluoroscopy unit	2.8	April 2012	April 2013		Improved operating environment Throughput optimised	
18.	STAHS - RHH	Purchase of equipment to facilitate increased surgical capacity including: <ul style="list-style-type: none"> - laparoscopic/ arthroscopic equipment and instrumentation - general surgery instrumentation - operating tables and upgrade of anaesthesia related equipment, recovery 	0.30	June 2011 (commence procurement)	December 2012			NPA - Elective Surgery Waiting List Reduction Plan

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
		monitoring equipment, urology scopes, plastic surgery equipment and tourniquets						
19.	NAHS - LGH	Capital equipment for new theatres currently under construction: <ul style="list-style-type: none"> - theatre tables - theatre booms/pendants - ultrasound cleaning machine - steriliser - washers - instrument tracking system - trolleys - central sterilising supply department 	1.50	June 2011 (commence initiative)	December 2012		Increased theatre throughput	Implementation Plan (IP) - Acute Medical and Surgical Service Unit, Launceston General Hospital

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
		automation system - trolley washer - anaesthetic machine						
20.	NAHS - LGH	Capital equipment for additional Intensive Care Unit (ICU) beds currently under construction: - ICU beds - ICU monitors - central monitor - telemetry system	1.00	July 2011 (commence initiative)	December 2012		Increased ICU capacity	IP - Acute Medical and Surgical Service Unit, Launceston General Hospital

Emergency Department

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Schedules C and D	

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

	<p>beds for ED patients</p> <ul style="list-style-type: none"> • Improving access to diagnostic services, allied health and mental health services • Improving internal processes to achieve efficiency gains in ED
<p>Relationship with other Commonwealth or state funded activities</p>	<ul style="list-style-type: none"> • Linkage with: <ul style="list-style-type: none"> • NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals • NPA Health Infrastructure

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 Emergency Access Target (NEAT) where 90 per cent of all patients presenting to a public hospital ED will either physically leave the ED for admission to hospital, be referred to another hospital for treatment, or be discharged within four hours.

Facilitation funding must be used in the most efficient and effective way to meet the NEAT for ED patients. Projects funded under this Schedule include but are not limited to ED equipment, new ED infrastructure, information technology systems to manage patient flow through 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
21.	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	June 2011 (commence initiative) All FTE to commence by June 2012	April 2015	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

National Health and Hospitals Network - National Partnership Agreement on Improving Public Hospital 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
22.	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	June 2011 (commence initiative)	June 2015		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
23.	STAHS - RHH	ED Business Manager: - 1.0 FTE	0.35 over three years	May 2012 (commence position)	April/May 2015	Nil	Improved focus on ED business processes	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
24.	STAHS - RHH	National Emergency Access Target (NEAT) Facilitator - 1.0 FTE	0.35 over three years	May 2012 (commence position)	April/May 2015		Streamlined patient transit through ED, whilst promoting high quality patient care	

National Health and Hospitals Network - National Partnership Agreement on Improving Public Hospital 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
25.	NAHS - LGH	<p>Creation of Clinical Decision Unit co-located with the re-developed ED. This will require:</p> <ul style="list-style-type: none"> - 2.0 FTE Consultants - 2.0 FTE Registrars - 2.0 FTE Resident Medical Officers 	3.77	July 2011 (commence initiative)	June 2014		<p>Reduced time to admission for patients requiring a short period of observation for admission.</p> <p>Improvements in seen within time</p>	IP - Acute Medical and Surgical Service Unit, Launceston General Hospital
26.	NWAHS – NWRH	<p>Appointment of nursing and medical staff to support the Medical Assessment Unit:</p> <ul style="list-style-type: none"> - 1.0 FTE Medical Registrar - 1.0 Registered Nurse - 1.0 Hospital Aide <p>This project is linked to the ED redevelopment which is expected to be completed in 2013-14</p>	0.50	2012-13 (commence recruitment)	2015-16		Improved patient flow	

National Health and Hospitals Network - National Partnership Agreement on Improving Public Hospital 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
27.	NWAHS NWRH	IT System - Patient Flow Manager	0.10 Purchase of licence and staff training	June 2011 (commence initiative)	2012-13 (complete implementation)	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 NEAT for ED patients. 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
28.	STAHS - RHH	ED CT Scanner	1.10	June 2011 (commence procurement)	Ongoing (purchase of scanner August 2012)	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
29.	STAHS - RHH	Installation of a second Picture Archiving Communication System (PACS) in the new Emergency Short Stay Unit (ESSU)/Assessment and Planning Unit (APU) (expected to be completed May 2012)	0.02	July 2011 (commence procurement)	Ongoing (installation July 2012)	All patients having radiology investigations	Reduced delays viewing films Improved access to display and reports	

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
30.	STAHS - RHH	Point of Care Testing – to perform common diagnostic pathology tests within the ED	0.36 over three years	June 2011 (commence procurement)	July 2012 (purchase of devices)		Improved patient care due to faster test results	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals
31.	STAHS - RHH	Medical equipment for co-located ESSU/APU) including Hospital in the Home (HITH)	2.35	June 2011 (commence procurement)	Ongoing All equipment to be purchased by May 2013	ESSU patients and all medically admitted patients	Improved ED flow for patients requiring ongoing monitoring Reduced hospital length of stay through introduction of HITH	

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
32.	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"> - electronic hand-held devices - printers - hospital-wide communications system - data cables and other hardware 	0.25	May 2011 (commence initiative)	Ongoing IT to be in place June 2012	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>	

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.	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"> - digital radiology system in ED and AMSU - ultrasound machine in ED - monitoring equipment in ED and AMSU - defibrillators in ED and AMSU - beds/trolleys in ED and AMSU - examination and procedure lighting in ED - ventilators in ED and AMSU 	3.10	June 2011 (commence procurement)	June 2012		Increased throughput	IP - Acute Medical and Surgical Service Unit, Launceston General Hospital

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"> - manual handling hoists in ED and AMSU - intravenous and syringe infusion pumps in ED and AMSU - diagnostic equipment in ED and AMSU 						
34.	NWAHS - NWRH	<p>Expand the planned Discharge ward (4 bed) and Short Stay Unit to incorporate an 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	2012-13 (commence construction)	mid 2013-14 (complete construction)		Reduced hospital length of stay due to introduction of AMU	NPA on Hospital and Health Workforce Reform –Taking Pressure off Public Hospitals

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.	NWAHS - NWRH	Equipment: <ul style="list-style-type: none"> - patient handling devices - diagnostic equipment - IT infrastructure - medical and surgical equipment Linked to projects 34 and 36.	0.22	mid 2013 (commence procurement)	mid 2013-14		Provide equipment for timely treatment of patients	
36.	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	2012-13 (commence construction)	mid 2013-14 (complete construction)	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 Subacute Beds Guarantee Funding

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Schedule E	

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>Tasmania's service delivery model focuses on addressing demand on the acute hospital system including:</p> <ul style="list-style-type: none"> • Reducing avoidable hospital admissions • Reducing the number of older patients inappropriately occupying acute beds • Post hospitalisation rehabilitation services • Palliative care
How will projects help Tasmania meet the National Health Reform (and NPA) objectives and outcomes?	<p>The projects will assist in meeting the objectives and outcomes by:</p> <ul style="list-style-type: none"> • Improved access to specialist management • Improved patient outcomes • Reduction in unnecessary presentations and admissions to acute hospitals • Availability of more appropriate facilities to provide inpatient care • Enhancement of the subacute continuum of care
Relationship with other Commonwealth or state funded activities	<p>The projects will build upon initiatives undertaken as part of the Hospital and Health Workforce Reform NPA.</p>

New Subacute Beds Guarantee Funding

The objective of this Schedule is to deliver and operate new subacute beds in hospital and community settings by the end of this period. 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
37.	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; <ul style="list-style-type: none"> - 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 	10.44	June 2011 (commence initiative) January 2012 (commence service)	2014-2015	10	Improved access to specialist management Improved patient outcomes Reduction in unnecessary presentations to an acute hospital	NPA Hospital and Health Workforce Reform – Subacute Care

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
38.	NAHS – John L Grove and private provider	<p>Private subacute care bed purchase and refurbishment of an existing building to deliver 20 new rehabilitation beds at the John Grove in Launceston</p> <p>Staffing for the new beds is as follows:</p> <ul style="list-style-type: none"> - 1.0 FTE Assistant Director of Nursing - 13.5 FTE Registered Nurses - 4.5 FTE Enrolled Nurses - 2.0 FTE Clinical Co-ordinators - 3.5 FTE Therapy Assistants - 1 FTE Geriatrician/Psychogeriatrician - 2.0 FTE Junior Medical Staff - 7.0 FTE Allied Health Staff - 1.0 FTE Ward Clerk - 1.0 FTE Hospital Aide - 5.0 FTE Support Staff (i.e. cleaners, security, food services) 	18.58	<p>July 2011 (commence service/initiative)</p> <p>New beds operational August 2013</p>	2014-15	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 – Subacute Care

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
39.	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"> - 0.54 Nurse Unit Manager - 5.15 FTE Registered Nurses - 3.20 FTE Enrolled Nurses - 1.08 FTE Senior Physiotherapist - 1.08 FTE Occupational Therapist - 0.54 FTE Speech Therapist - 0.86 FTE Social Worker - 3.20 FTE Rehabilitation Assistants 	8.28	<p>June 2011 (commence initiative)</p> <p>2013-14 (commence service)</p>	2015-16	10	Improved access to admitted rehabilitation services	NPA Hospital and Health Workforce Reform – Subacute Care

Subacute Expenditure by Year

Project No.	THO	2011-12 Expenditure (\$ million)	2012-13 Expenditure (\$ million)	2013-14 Expenditure (\$ million)	2014-15 Expenditure (\$ million)	2015-16 Expenditure (\$ million)	Total Expenditure (\$ million)
37	THO-S Roy Fagan Centre – 10 beds						
	Capital (\$m)	0.07					0.07
	Operating (\$m)	2.10	3.02	2.78	2.47		10.37
	Total	2.17	3.02	2.78	2.47		10.44
38	THO-N John L Grove/Private Beds – 20 beds						
	Capital John L Grove (\$m)		3.80	0.9			4.70
	Operating (\$m)	1.86	1.23	5.34	5.45		13.88
	Total	1.86	5.03	6.24	5.45		18.58
39	THO-NW – 10 beds						
	Capital (\$m)	0.013	0.22	3.29			3.52
	Operating (\$m)			0.78	2.00	1.98	4.76
	Total	4.04	0.22	4.07	2.00	1.98	8.28

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 Increasing Day Surgery Capacity	3.00
3.	STAHS RHH Increasing Surgical Capacity	1.77
4.	STAHS RHH Cataract Surgery	1.95
5.	STAHS RHH Theatre Compass IT Solution	0.50
6.	STAHS RHH GP and Surgery Information Website	0.50
7.	STAHS RHH Allied Health – Audiology Care Ear, Nose and Throat Patients	0.15
8.	STAHS RHH Allied Health – Spinal Assessment Clinic	0.22
9.	STAHS RHH Allied Health – Management Lower Back Pain	0.18
10.	STAHS RHH Physiotherapy Orthopaedic Surgery Trial	0.18
11.	NAHS LGH Increasing Surgical Capacity	3.76
12.	NAHS LGH Long Waiting Patients and Cataract Surgery	0.98
13.	NAHS LGH Data Analyst	0.24
14.	NWAHS NWRH/MCH Treating Patients Who Have Waited Longer than Clinically Recommended	1.30
15.	NWAHS NWRH/MCH Ophthalmology surgery	1.00
16.	STAHS RHH High Volume Short Stay Unit – Capital	1.30
17.	STAHS RHH Refurbishment of main operating theatre and purchase of fluoroscopy unit	2.80
18.	STAHS RHH Purchase of equipment (additional surgical capacity)	0.30
19.	NAHS LGH Capital Equipment New Theatres	1.50
20.	NAHS LGH Capital Equipment New Intensive Care Unit beds	1.00
21.	STAHS RHH ED Radiographers	1.56
22.	STAHS RHH ED Clinical Support Assistants and Hospital Aide	1.32
23.	STAHS RHH ED Business Manager	0.35

Project Number	Project Description	Estimated Cost (\$ million)
24.	STAHS RHH National Emergency Access Target (NEAT) Facilitator	0.35
25.	NAHS LGH Clinical Decision Unit	3.77
26.	NWAHS NWRH Medical Assessment Unit Support Staff	0.50
27.	NWAHS NWRH IT System - Patient Flow Manager	0.10
28.	STAHS RHH ED CT Scanner	1.10
29.	STAHS RHH ED Picture Archiving Communication System	0.02
30.	STAHS RHH ED Point of Care Testing	0.36
31.	STAHS RHH Medical Monitoring Equipment ESS/APU	2.35
32.	STAHS RHH ED IT Hardware and Data Support	0.25
33.	NAHS LGH Equipment ED/AMSU	3.10
34.	NWAHS NWRH Discharge Ward and Short Stay Unit	0.94
35.	NWAHS NWRH Equipment	0.22
36.	NWAHS NWRH ED Treatment Bays	2.95
37.	STAHS RHH New Psychogeriatric Beds	10.44
38.	NAHS LGH Subacute Beds	18.58
39.	NWAHS NWRH Intensive Rehabilitation Unit	8.28
TOTAL		80.2

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

SIGNED for and on behalf of the TASMANIA

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Michelle O'Byrne

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Signature

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Minister for Health

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Date