NATIONAL HEALTH REFORM AGREEMENT - NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING PUBLIC HOSPITAL SERVICES

PROJECT(S) IMPLEMENTATION PLAN

Total Funding Allocation for all Schedules

Victoria is allocating facilitation and flexible funding flexibly across elective surgery, emergency and subacute to support activity to work toward achievement of targets in accordance with Clauses 34, A8, B6, C19, D7 and E12 of the NPA.

Under the NPA on Improving Public Hospital Services Victoria will receive the following funding in facilitation, flexible and capital funding over 5 years (from 2009-10 to 2013-14).

This interim Implementation Plan (IP) provides interim advice for 2009-10 and 2010-11 facilitation and flexible funding as well as capital funding from 2009-10 to 2013-14. Under the NPA on Improving Public Hospital Services these amounts (excepting capital beyond 2010-11) are scheduled to be paid in 2010-11.

An Expert Panel will be established to provide advice on the appropriate implementation and application of the Elective Surgery Target and the National Access Guarantee ('Guarantee') and the Four Hour National Access Emergency Department Target. Victoria's IP may need to be amended to reflect changes as a result of COAG's consideration of the Expert Panel recommendations.

Table 1 - Commonwealth Funding ($millions) under the NPA on Improving Public Hospital Services (note this does not include reward funding).

	2009-10	2010-11	2011-12	2012-13	2013-14
Facilitation Funding					
Elective Surgery		$88.3	$23.8		
Emergency Departments		$43.5	$18.7	$12.4	
Flexible Funding	$13.9	$19.5	$5.6	$5.6	
Facilitation Total	$13.9	$151.3	$48.1	$18.0	
Capital Funding					
Elective Surgery	$8.1	$18.9	$5.4		
Emergency Departments	$11.4	$22.8	$11.4	$11.4	
Capital Total	$19.5	$41.7	$16.8	$11.4	
Subacute Funding (includes recurrent and capital)		$58.2	$78.4	$111.1	$154.7
Total	$33.4	$251.2	$143.3	$140.5	$154.7

In 2009-10 and 2010-11 the Commonwealth is scheduled to provide $284.6 million to Victoria for the NPA on Improving Public Hospital Services. A total of $33.4 million was made available in 2009-10 on the provision of a preliminary implementation advice. The remaining $251.2 million is to be paid in 2010-11. Victoria has allocated this funding flexibly across targeted activity, reform and redesign projects. Capital funding has been allocated across capital projects. Table 2 provides the allocation for the 2009-10 and 2010-11 funding for Victoria.

Table 2 – Victorian allocation of Commonwealth funding under the NPA on Improving Public Hospital Services - 2009-10 and 2010-11

Activity/Projects funded under all Schedules				
Description	**Funding**	**Funding period**	**Relevant Schedule**	**Relevant Table**
Total Facilitation Funding for Emergency and Elective Activity. This comprises:	**$131,800,000**	**2010-11**	**Refer Schedule A and C**	
Emergency and Elective Activity - Facilitation Funding	$125,900,000	2010-11	Refer Schedules A and C	Table 4
Targeted Elective Surgery Activity – Facilitation Funding	$5,900,000	2010-11	Refer Schedule A and C	Table 4
Total Flexible Funding (to support Emergency Department and Elective Surgery targets. This comprises:	**$33,399,929**	**2009-10 and 2010-11**	**Refer Schedule A and F**	
Targeted Elective Surgery Activity - Flexible Funding (allocated 2010-11)	$17,749,929	2009-10 and 2010-11	Refer Schedules A and F	Table 4 and Table 9
Flexible Funding: Redesigning Hospital Care Program (RHCP) - Redesign Funding	$12,555,000	2010-11	Refer Schedule F	Table 10
Flexible Funding: Elective Surgery and Emergency Department Reform Initiatives	$3,095,000	2010-11	Refer Schedule F	Table 11
Emergency and Elective Surgery Capital Program	**$61,200,000**	**2009-10 and 2010-11**	Refer Schedule B and D	Table 6
Total Subacute Funding for 2010-11 **(includes capital and recurrent)**	**$58,200,000**	**2010-11**	Refer Schedule E	Table 7 (total) Table 8 (recurrent funding)

Table 3 - Allocation of Commonwealth capital funding under the NPA on Improving Public Hospital Services - 2009-10 to 2013-14

Emergency and Elective Surgery Capital Program	$89,400,000	2009-10 to 2013-14	Refer Schedule B and D	Table 6
Subacute Capital Program	$186,900,000	2010-11 to 2013/14	Refer Schedule E	Table 7

The allocation of facilitation, flexible and recurrent subacute funding is not available beyond 2010-11 and will be provided in a future Implementation Plan.

SCHEDULE A and B – Elective Surgery Facilitation and Capital Funding

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SCHEDULE A and B – Elective Surgery Facilitation and Capital Funding

The NPA on Improving Public Hospital Services on signing provides $74.5 million to Victoria in facilitation funding in 2010-11. On 13 February 2011 it was agreed to provide $13.8 million previously allocated to reward funding as facilitation funding, bringing the total facilitation funding for 2010-11 to $88.3 million.

Flexible funding of $17.75 million will also be used to fund elective surgery activity to support meeting the elective surgery targets as outlined in the NPA. Capital funding of $8.1 million (2009-10) and $18.9 million (2010-11) is also provided for elective surgery.

This Implementation Plan outlines how Victoria will allocate the funding provided in the NPA.

Victoria's Current Approach to Service Delivery	Victorian public health services provide comprehensive emergency and elective surgical services in more than 15 separate surgical specialties and many more subspecialties. Every year more than 200,000 people receive surgery in Victorian public hospitals. Approximately half of all surgical procedures in Victoria, and 90 per cent of emergency procedures, are performed in the public sector. This activity represents approximately 20 per cent of hospitals' workloads and a $1 billion investment in surgical services. Elective surgery is surgery for which admission can be delayed for more than 24 hours. Elective surgery comprises procedures defined by the Australian Institute of Health and Welfare's (AIHW) national health Data Dictionary, and excludes patients waiting for procedures performed outside theatre or by non-surgical clinicians – for example, endoscopic, dental and cosmetic procedures – as well as highly specialised procedures such as transplants. Public hospitals provide surgery for both public and private patients. The flow of demand to and from the public and private elective surgery system is a critical factor in the capacity of the public system to achieve timely treatment of patients. Dedicated elective surgery centres are accepted internationally as part of improving access to elective surgery. Separation of elective and emergency surgery flows within hospitals can improve efficiency and quality of care. By establishing separate, dedicated elective surgery centres away from the main hospital, patients and staff can plan a more efficient program of surgery. Dedicated elective surgery centres have been established in recent years at Alfred Health and Austin Health. Other facilities with varying

	degrees of segregation are in operation at Western Health (Williamstown), Southern Health (Moorabbin and Cranbourne), Eastern Health (Yarra Ranges) and Northern Health (Broadmeadows). A day hospital at Western Health (Sunbury) will open in March 2011. **Utilising Private Capacity** Public hospitals contract directly with private hospitals for the treatment of patients on public hospital elective surgery waiting lists. Since 2006, the department has also procured a limited range of elective surgery services from a panel of private elective surgery providers. This initiative has been used to complement public hospital capacity where demand for elective surgery services exceeds the supply capacity, and is a useful supply strategy when short term targets need to be met within a limited timeframe. The scope and geographic spread of this program may be expanded to assist in delivery of the National Access Guarantee. **Improved Waitlist Management** The Victorian Government will implement a 'first on first off' rule to prevent queue jumping and patients being shuffled down elective surgery waiting lists. More consistent assignment of urgency categories in Victoria will reduce some inequity that exists in the system, and make it easier for health services to plan capacity to meet demand. Victoria will lead a project aimed at improving the consistency of categorisation for elective surgery across Australia. Other jurisdictions have indicated that they are willing to contribute data and information to assist in the project. Stakeholders who will be consulted during this project include surgeons and relevant professional bodies such as the Royal Australasian College of Surgeons. **Efficient Utilisation of Surgical Services** Capacity to undertake more surgery can be created through more efficient utilisation of surgical services and this can be achieved through improved theatre utilisation, redesign of services to better match capacity to demand and balancing elective and emergency surgery. Each step in the surgical patient journey occurs in a series, dependent on rates of flow in earlier and later parts of the process. Inefficiencies in one part of the journey can result in blockages in another. By redesigning hospital care Victoria has taken both a surgery specific and a whole-of-health service approach, to increase the number of patients being treated in clinically appropriate periods of time and improve access to elective surgery. This is in addition to reforms that will take place as part of the Government's health services plan currently being developed. In 2009-10, Victoria provided $5 million in funding to health services for redesign projects. A total of 31 health services are now participating. To date over 100 projects have been funded by the program, with 20 projects focusing on redesigning surgery and theatre flow and utilisation. In addition, health services are self-funding programs of work in surgery and theatres to improve flow, leveraging off the redesign. A surgical redesign network has been established for health services to share their learnings and allow roll-out across the State. The projects are due for completion in 2010 and 2011.

	Improving health services' ability to balance elective and emergency surgical demand is critical to reducing postponements and ensuring patients who require the most urgent care receive timely treatment. Five health services will be funded to undertake pilot projects to design, implement and trial consultant-led emergency general surgery models of care. The pilot models, whilst locally developed to meet the organisation's local context, will include the establishment of units with dedicated general surgeon support and the capacity to access dedicated in-hours emergency theatre time. A central evaluation of the pilot projects, managed by the Department, will document the models and evaluate the costs and outcomes of the new models of care compared to the previous models.
How will projects help Victoria meet the National Health Reform (and NPA) objectives and outcomes?	To support and deliver improvements across the system a coordinated approach is being undertaken by Victoria that accommodates the differences in capability and capacity in health services and provides a whole of health service approach that is systemic, integrated and focuses on improving access, quality, safety and efficiency. Victoria's approach includes activity funding to enable service delivery to maintain elective surgery activity. The approach will be supported by critical enablers to support both local and system wide reform including capital, workforce and redesign. In 2009-10 and 2010-11, facilitation funding of $131.8m and Flexible funding of $17.75m has been allocated to health services for provision of service delivery to assist in achieving the proposed targets and elective surgery guarantee. A proportion of funding has been allocated to targeted elective surgery activity to reduce the number of patients waiting longer than clinically recommended, utilising resources in both the public and private sector. Please refer to table 4 at page 14. In Victoria funding is provided on an output basis for example, through weighted inlier equivalent separation (WIES) payments for elective surgery activity. Commonwealth funding will be allocated to hospitals as part of the annual State Budget processes to support activity and more timely treatment of patients. Commonwealth funding will provide increased capacity through the provision of additional medical, nursing and allied health staffing and beds. Elective surgery is funded as part of overall hospital activity on an output basis via WIES for inpatient services, and Victorian Ambulatory Classification and Funding System (VACS) for related outpatient services. Health services are allocated an overall WIES target to cover all inpatient services and they are responsible for allocating funding according to local priorities, for example, emergency care, elective surgery, maternity or cancer treatment such as chemotherapy. Health Services can and do deliver increased activity above funded levels if they can provide the treatment at marginal cost. Health Services may also reduce activity levels from time to time related to workforce or temporary physical capacity constraints such as capital redevelopments. As some elective surgery is non urgent, it is one of the few discretionary services provided by hospitals, and the volume of elective work can be balanced against emergency demand and the entity's financial position. On

	a practical level, elective surgery also competes with the variable emergency demand for theatre time, inpatient beds and limited intensive care beds. Health services will review the way that they deliver services and consider service improvement initiatives that maintain and strengthen existing policy directions such as optimising alternatives to hospital admission, ensuring provision of earliest definitive treatment, using evidence to reduce variation in care, optimising acute patient flow and overall system coordination. Please refer to the Redesigning Hospital Care Program in Table 10 (relates to funding under Schedule F of the NPA). A program of capital works across metropolitan and rural Victoria are planned that will boost elective surgery capacity and enhance Emergency Department capacity in Victorian public hospitals to improve patient access and help achieve the proposed National Access Guarantee and targets. It is anticipated that capital projects will deliver: improved patient care and health outcomes, more efficient utilisation of the health system to manage demand and enhanced workforce recruitment, attraction and retention. Please refer to table 6. $89.4 million for capital works projects and ICT and medical equipment has been allocated to treat more emergency patients and boost access to elective surgery. This includes building the infrastructure to support the opening of 106 new hospital beds at hospitals including acute inpatient beds, at least 60 short stay beds, 6 intensive care and additional high dependency beds, improved Emergency Department flow, 20 Emergency Department cubicles plus additional recovery bays, theatres, procedure rooms and day surgery capacity. To support additional capacity and ensure full use of existing facilities, funding will be provided to the sector to purchase necessary surgical equipment and support ICT. This may include surgical instrumentation, imaging equipment, monitors, sterilising equipment, theatre tables, trolleys and beds. Please refer to table 6. **Summary** Victoria will improve access to elective surgery in order to work towards achievement of the National Access Targets and Guarantee through the following key initiatives: • Targeted funding for activity to help meet increased demand or utilise existing capacity to deliver more timely treatment of patients waiting for elective surgery. • Improved equity for patients through implementation of a "First on, first off" policy. • Reduce variation in practice through consistent urgency categorisation of patients. • Improved theatre efficiency through operating theatre utilisation, redesign and review of competing demands such as emergency surgery and endoscopy procedures. • Implementation of new Models of Care such as emergency surgery

	model development. • Increased capacity to address local bottle necks through Capital projects. It is anticipated that Victoria's whole of hospital approach will lead to the following outcomes, of which some may be quantified: • Provide improved access and timeliness of surgical services • Improved waiting times for surgery • Decreased surgical cancellations • Improved patient safety and efficiency • Improved staff safety and provision of improved OH&S environment • Enhance availability of services to local residents thus avoiding patient transfers or need for patients to travel for services • Improved patient care by reducing clinician time on non-patient care data entry • Improved patient care as patients receive treatment in an appropriate care destination • Reduced pressure on the Emergency Department • Improved ability to meet the 4 hour Emergency Department target • Improving access to clinical services • Maintaining quality and safety in health service delivery • Improving clinical effectiveness • Improving patient satisfaction
Relationship with other Commonwealth or state funded activities	Additional elective surgery capacity will be available from 2010-11 with the expected completion of the surgical facilities redevelopment projects funded through the Commonwealth Government's Elective Surgery Waiting List Reduction Plan (ESWLRP). This includes the facilities redevelopment at the Royal Melbourne Hospital, Monash Medical Centre Clayton, Sunshine Hospital, Geelong Hospital and Frankston Hospital. New facilities provide capacity to treat more patients and to improve the way care is delivered. Funding was also provided through ESWLRP for a range of innovation projects to enhance the management and provision of elective surgery services including the Enhanced Recovery After Surgery (ERAS), surgical workforce projects and surgical services management programs, such as review of emergency surgery delivery. Lessons from these projects and new ways of working will continue to be built on and spread to other Victorian health services.

SCHEDULE C and D – Emergency Department Facilitation and Capital Funding

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SCHEDULE C and D – Emergency Department Facilitation and Capital Funding

The NPA on Improving Public Hospital Services originally provided $37.2 million to Victoria in facilitation funding in 2010-11. On 13 February 2011 it was agreed to make $6.3 million previously allocated to reward funding available for facilitation funding, bringing Victoria's facilitation allocation to $43.5 million in 2010-11. Capital funding of $11.4 million (2009-10) and $22.8 million (2010-11) for Emergency Department funding has also been made available to Victoria.

This Implementation Plan outlines how Victoria will allocate the funding provided in the NPA.

Victoria's Current Approach to Service Delivery	There are now 40 Victorian public hospital emergency departments (EDs) providing a 24-hour service across metropolitan, regional and rural health services. In 2009-10, 1,398,296 patients attended Victorian emergency departments. This represents a 48 percent increase in number of presentations over the last decade. The acuity of patients has also been increasing. EDs treated a higher proportion of people requiring urgent care from categories 1 to 3 during 2009-10 compared to the previous year. Victoria continues to undertake significant reform activity to improve emergency care and access. This includes strategies to meet demand for emergency care and further improve emergency care and access in Victoria's public hospitals through investment in new Models of Care and the Redesigning Hospital care program. Some of the ongoing reforms to emergency services already underway by the Victorian Government include the following: *Observation Medicine Guidelines*: the Victorian Department of Health (DH) continues to work with health services to implement best practice in observation medicine units, such as short stay units and medical inpatient and assessment units. Health services that have short stay observation units have reviewed their unit in line with the guidelines, and are working towards achieving best practice. *Short stay units (SSU):* Additional funding was provided by the Victorian Government to support and expand short stay units in Victorian health services. *Emergency Department care coordination*: guidelines for the Emergency Department care coordination program were published in September 2009. The guidelines support mainstreaming of this model of care and will

	assist hospitals with best practice in discharge processes. *Fast track:* diverts the care of some low acuity patients who meet particular clinical criteria through a separate stream in the Emergency Department, with the aim of increasing patient flow through the Emergency Department. A number of hospitals with fast track services have reviewed their models of care to ensure timely assessment, treatment and discharge of people seeking primary care type services for less serious illnesses and injuries. This has lead to the implementation of enhanced nursing practices, rapid assessment teams and early consultant assessment. *Co-located after hours GP clinics*: a clinical governance framework and toolkit were finalised in December 2009, with the purpose to enhance the provision of after-hours primary medical care for consumers presenting to Emergency Department s. *Medihotels Framework:* DH continues to work with health services to implement this framework, with the aim of optimising hospital capacity, improving access to acute services and managing demand by providing an alternative service model for multi-day admitted inpatient care. The Victorian Government is committed to investing in health service infrastructure improvements to support capacity of hospitals to meet growth in Emergency Department presentations. The Victorian Government is also committed to assist health services to meet the increasing acuity of patients presenting to Emergency Departments and peak seasonal pressures occurring during the year. This investment will allow more patients to receive timely access to services and improve patient flow through the hospital system.
How will projects help Victoria meet the NHHN (and NPA) objectives and outcomes?	To support and deliver improvements across the system a coordinated approach is being undertaken by Victoria that accommodates the differences in capability and capacity in health services and provides a whole of health service approach that is systemic, integrated and focuses on improving access, quality, safety and efficiency. Victoria's approach includes activity funding to enable service delivery to meet emergency demand. The approach will be supported by critical enablers to support both local and system wide reform including capital, workforce and redesign. Facilitation and Flexible funding has been allocated to health services for provision of service delivery to assist in achieving the proposed targets. Please refer to table 4. Commonwealth funding will be allocated to hospitals as part of the annual State Budget processes to fund anticipated patient growth. In Victoria funding is provided on an output basis for example; through the Non-Admitted Emergency Services Grant NAESG) and Weighted Inlier Equivalent Separation (WIES) payments for emergency inpatient activity. Commonwealth funding will provide increased capacity through the provision of additional medical, nursing and allied health staffing and beds. Commonwealth funding will increase capacity to meet growth and support reform in emergency care. Activity funding will provide additional

	capacity to meet expected growth in Emergency Department presentations, which have increased on average by 4 per cent each year. The capacity of Emergency Departments to meet patient growth has a significant impact on the performance of Emergency Departments and the ability to treat patients within clinically appropriate times. Funding activity to meet emergency demand will assist Victoria to work towards achievement of the National Access Targets. The Victorian Government's ongoing investment in emergency services reform, such as new Models of Care and Redesign projects, in conjunction with additional Commonwealth funding are expected to reduce access blockages and free up capacity in the Emergency Department. Health services will review the way that they deliver services and consider service improvement initiatives that maintain and strengthen existing policy directions such as optimising alternatives to hospital admission, ensuring provision of earliest definitive treatment, using evidence to reduce variation in care, optimising acute patient flow and overall system coordination. Please refer to the projects to redesigning hospital care at table 10 (relates to Schedule F of the NPA). A program of capital works across metropolitan and rural Victoria are planned that will boost elective surgery capacity and enhance Emergency Department capacity in Victorian public hospitals to improve patient access and help achieve the proposed National Access Guarantee and targets. It is anticipated that capital projects will deliver: improved patient care and health outcomes, more efficient utilisation of the health system to manage demand and enhanced workforce recruitment, attraction and retention. Please refer to table 6. $89.4 million for capital works projects and ICT and medical equipment has been allocated to treat more emergency patients and boost access to elective surgery. This includes building the infrastructure to support the opening of 106 new hospital beds at hospitals including acute inpatient beds at least 60 short stay beds, 6 intensive care and additional high dependency beds; and improved Emergency Department flow, 20 Emergency Department cubicles plus additional recovery bays, theatres, procedure rooms and day surgery capacity. To support additional capacity and ensure full use of existing facilities, funding will be provided to the sector to purchase equipment and support ICT. This may include equipment to improve pathology and diagnostic services, monitors, and ICT systems to manage patient flow through Emergency Department. Please refer to table 6. **Summary** Victoria will improve access to Emergency Departments in order to work towards achievement of the National Access Targets through the following key initiatives: • Targeted funding for activity to help meet growing emergency demand and enhance health services to provide more timely treatment of patients.

	• Reduce variation in practice through consistent triage categorisation of patients. • Reduce excess time spent in the Emergency Department via; admission avoidance, emergency care processes, earliest definitive care, improve acute flow and integrate acute and post-acute care. • Reform initiatives to better match capacity to demand and improve acute flow. • Implement or optimise Models of Care, such as fast track and patient streaming. • Increased capacity to address local bottle necks through Capital projects It is anticipated that Victoria's whole of hospital approach will lead to the following outcomes of which some may be quantified: • Improved ability to meet the 4 hour Emergency Department target • Improved ability to provide treatment within clinically appropriate times • Improved patient satisfaction • Improved clinical outcomes through more timely treatment • Enhanced access to associated clinical services such as radiology and imagining
Relationship with other Commonwealth or state funded activities	Redesigning hospital care in Victoria through taking both an Emergency Department specific and a whole-of-health service approach, this will increase the number of patients being treated in clinically appropriate periods of time and improve access to emergency care. (Refer also Schedule F). Under Schedule D of the NPA on Hospital and Health Workforce Reform, the Victorian Government implemented a number of initiatives to relieve pressure on public hospitals, through improved processes both in the Emergency Department and across the health service. In 2009-10, Victoria provided $5 million in funding to health services for redesign projects. A total of 31 health services are now participating. To date 69 projects have been funded by the program, with 45 projects focusing on redesigning Emergency Department flow and improving wards that receive high volume patient groups from the Emergency Department. In addition, health services are self-funding programs of work in the Emergency Department and to improve Emergency Department flow, leveraging off the RHCP. The projects are due for completion in 2010 and 2011. *The ambulance interface with the emergency department redesign project:* Victoria provided funding for this initiative aimed to enhance key systems and processes in the transfer of patients between ambulance and the Emergency Department at selected Victorian Emergency Departments. The project was completed in April 2010, and resulted in improvement in patient transfer time at the pilot site. This will further assist in improving flow at the ambulance interface, enhancing efficiency and access to

	emergency care for patients. *Redesigning the acute medical inpatient journey demonstration project:* commenced in March 2010. Four health services used process redesign methods to improve the acute hospital journey, from the point of referral to discharge, for emergency medical inpatients expected to have a length of stay ≤72 hours. The outcome will increase the number of emergency patients admitted to an inpatient bed within 8 hours. The growth in sub-acute services, under the sub-acute reform component of this National Partnership Agreement will also contribute to improving patient flow, which in turn will provide additional capacity for emergency services (relates to Schedule E of the NPA). Funding provided through the National Health and Hospitals Network Agreement will support the opening of 106 new hospital beds at hospitals including the Alfred, the Austin, Frankston, Dandenong, Sunshine and Mildura Base Hospital. An additional 228 sub-acute beds will be provided in 14 locations to help patients get the right type of care for their needs and take the pressure off acute care services.

SCHEDULE A and C- Elective Surgery and Emergency Department Facilitation and Flexible Funding

Elective Surgery and Emergency Department Facilitation & Flexible Funding 2009-10 to 2010-11

Victoria is allocating Elective, Emergency, and some Flexible Facilitation funding flexibly across both elective surgery and emergency to support activity to work toward achievement of targets in accordance with Clauses A8 and C19 of the NPA.

Victoria allocates integrated emergency and elective funding to health services as part of an activity based funding model that allows health services to flexibly respond to both emergency and elective demand to meet performance targets. Targeted elective surgery funding has been used to ensure long wait patients are treated.

Future funding will be directed towards continued activity funding to support health services to meet growing emergency and elective surgery demand and enhance their ability to treat patients within clinically appropriate times. Funding activity to meet emergency demand will support health services to continue to improve the way services are delivered and assist Victoria to work towards achievement of the National Partnership targets.

Table 4 - Elective Surgery and Emergency Department Activity funded under the NPA on Improving Public Hospital Services

Activity funded under this Schedule			
Tertiary Health Services	**Description**	**Funding**	**Patients Treated - CW funding^**
Alfred Health	Emergency and Elective surgery activity	$15,667,882	3,824
Alfred Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$2,298,300	134
Austin Health	Emergency and Elective surgery activity	$12,555,896	3,064
Austin Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$1,799,175	242
Austin Health	Targeted Elective Surgery – Support Cystoscopy	$44,627	-
Melbourne Health	Emergency and Elective surgery activity	$10,080,455	2,460
Melbourne Health	Targeted Elective Surgery activity - Private Patient Contract	$166,600	40

Melbourne Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$1,501,175	202
Melbourne Health	Targeted Elective Surgery Activity – Support Activity	$841,850	205
Southern Health	Emergency and Elective surgery activity	$27,267,443	6,655
Southern Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$3,300,350	443
St Vincent's Health	Emergency and Elective surgery activity	$2,629,866	645
St Vincent's Health	Targeted Elective Surgery activity - Private Patient Contract	$324,396	38
St Vincent's Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$897,725	121
Metropolitan Health Services	**Description**	**Funding**	**Patients Treated^**
Eastern Health	Emergency and Elective surgery activity	$2,520,112	615
Eastern Health	Targeted Elective Surgery activity - Private Patient Contract	$442,924	51
Eastern Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$1,698,600	228
Mercy Health	Emergency and Elective surgery activity	$1,477,453	361
Northern Health	Emergency and Elective surgery activity	$3,009,782	735
Northern Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$998,300	134
Peninsula Health	Emergency and Elective surgery activity	$4,822,827	1,177
Peninsula Health	Targeted Elective Surgery activity - Private Patient Contract	$566,080	105
Peninsula Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$1,899,750	255
Peninsula Health	Targeted Elective Surgery Activity – Support Activity	$841,850	205
Peter MacCallum Cancer Institute	Emergency and Elective surgery activity	$964,381	235
Royal Victorian Eye and Ear Hospital	Emergency and Elective surgery activity	$1,582,985	386
Royal Women's Hospital	Emergency and Elective surgery activity	$390,470	95
Royal Women's Hospital	Targeted Elective Surgery Activity – Reduced long waiting patients	$201,150	27
Western Health	Emergency and Elective surgery activity	$6,448,891	1,574
Western Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$999,650	57
Regional Health Services	**Description**	**Funding**	**Patients Treated^**
Albury Wodonga Regional Health Service	Emergency and Elective surgery activity	$2,892,804	654
Albury Wodonga Regional health Service	Targeted Elective Surgery Activity – Reduced long waiting patients	$249,240	31

Barwon Health	Emergency and Elective surgery activity	$5,403,255	1,319
Barwon Health	Targeted Elective Surgery Activity – Reduced long waiting patients	$2,998,625	403
Ballarat Health Services	Emergency and Elective surgery activity	$2,143,497	499
Ballarat Health Services	Targeted Elective Surgery Activity – Reduced long waiting patients	$800,320	103
Bendigo Health Care Group	Emergency and Elective surgery activity	$1,979,803	461
Goulburn Valley Health	Emergency and Elective surgery activity	$585,394	132
Latrobe Regional Hospital	Emergency and Elective surgery activity	$729,983	170
Northeast Health Wangaratta	Emergency and Elective surgery activity	$890,619	201
Northeast Health Wangaratta	Targeted Elective Surgery Activity – Reduced long waiting patients	$529,240	51
West Gippsland Healthcare Group	Emergency and Elective surgery activity	$681,331	150
Rural Health Services	**Description**	**Funding**	**Patients Treated^**
Benalla and District Memorial Hospital	Emergency and Elective surgery activity	$240,925	52
Kyabram and District Health Service	Emergency and Elective surgery activity	$72,278	15
Mildura Base Hospital	Emergency and Elective surgery activity	$227,780	52
Seymour District Memorial Hospital	Emergency and Elective surgery activity	$70,000	15
South West Healthcare	Emergency and Elective surgery activity	$113,890	26
South West Healthcare	Targeted Elective Surgery Activity – Reduced long waiting patients	$249,922	31
Wimmera Health Care Group	Emergency and Elective surgery activity	$349,999	77
Unallocated	**Description**	**Funding**	**Patients Treated^**
Additional facilitation funding *	Emergency and Elective surgery activity	$20,100,000	5,125
TOTAL #	**($131.8m in elective and** Emergency Department **facilitation plus $17.75m in flexible funding)**	**$149.55m**	33,880

^ Patients treated are based on funding from the Commonwealth, however activity funding is also provided by the Victorian Government, so it is difficult to specify what quantity of the additional patients arose solely from Commonwealth funding. As such any comments made by Ministers should reflect this.

* The additional facilitation funding made available in 2010-11 will be allocated to Health Services as part of 2011-12 activity.

Total may not add due to rounding. Actual payments will be calculated to the nearest dollar, totalling no greater than $149.55 million.

SCHEDULE B and D - Elective Surgery and Emergency Capital Funding

Allocation of Elective Surgery and Emergency Capital Funding from 2009-10 to 2013-14

Victoria is allocating Elective surgery and Emergency Department capital funding flexibly to improve hospital services in Metropolitan and Rural areas of Victoria in accordance with Clauses B6 and D7 of the NPA.

Under the NPA Victoria will receive the following capital funding:

Table 5 - Capital funding

	2009-10 $m	2010-11 $m	2011-12 $m	2012-13 $m	2013-14 $m
Elective Surgery	$8.1	$18.9	$5.4		-
Emergency Departments	$11.4	$22.8	$11.4	$11.4	-
Total	$19.5	$41.7	$16.8	$11.4	-

Victoria has planned an allocation of $61.2 million in 2010-11 (combines 2009-10 and 2010-11 funding).

Victoria has undertaken a program of capital works that will deliver increased capacity across the hospital setting to improve access to both elective surgery and Emergency Departments. Targeted funding has been allocated to known bottle necks in key health services. Improved access to inpatient beds, including intensive care will contribute to improved flow for both elective surgery and emergency patients.

Table 6 - Elective Surgery and Emergency Capital projects

Projects funded under this Schedule							
Health Service/ Region	**Hospital /Campus**	**Project Description**	**Capacity**	**Estimated Project Allocation**	**Related Schedule**	**Estimated start date***	**Estimated finish date**
Metropolitan Health Services							
Alfred Health	The Alfred	Short Stay Unit expansion	6 SSU beds	$2,000,000	Emergency	April 2011	April 2012
Alfred Health	The Alfred	Expansion of the Operating Theatre Recovery area	8 Recovery bays (incl. 2 isolation bays)	$4,500,000	Elective Surgery	April 2011	July 2012
Alfred Health	Sandringham District Memorial Hospital	Expansion of Emergency Department	7 ED cubicles	$5,000,000	Emergency	April 2011	Oct 2012
Austin Health	The Austin	Reconfigure Emergency Department triage and waiting room to improve patient flow, increase patient examination room, treatment spaces and resuscitation cubicle.	Patient examination room, 1 resuscitation ED cubicle.	$1,000,000	Emergency	April 2011	Oct 2012
Austin Health	The Austin	Expansion of Intensive Care Unit bed capacity.	6 ICU beds	$2,000,000	Emergency / Elective Surgery	April 2011	Dec 2012
Austin Health	Austin Surgery Centre (Heidelberg Repatriation Hospital)	Expansion theatres, surgical beds and recovery bays.	4 Operating theatres and 12 surgical beds	$15,000,000	Elective Surgery	April 2011	June 2013

Northern Health	The Northern Hospital	Expansion of Operating Theatre to develop an additional theatre and endoscopy suite.	1 Operating Theatre and 1 Endoscopy Suite	$7,000,000	Elective Surgery	April 2011	Feb 2013
Peninsula Health	Frankston Hospital	Expansion of acute and short stay beds plus development of a transit lounge.	24 acute and short stay beds.	$5,000,000	Emergency / Elective Surgery	April 2011	Sept 2012
Southern Health	Dandenong Hospital	Development of an Acute Assessment Unit to provide a combined medical and surgical assessment of patients who present to the Emergency Department.	24 short stay beds	$4,000,000	Emergency	April 2011	Oct 2012
Southern Health	Monash Medical Centre - Clayton	Development of an Acute Assessment Unit to expand the existing general medical assessment unit and collocate with Emergency Department.	16 short stay beds	$3,000,000	Emergency	April 2011	July 2012
St Vincent's Health	St Vincent's Hospital	Expand Intensive Care Unit and reconfigure the Emergency Department at to improve patient flow.	4 high dependency unit (HDU) beds	$4,000,000	Emergency / Elective Surgery	April 2011	Apr 2013
Western Health	Sunshine Hospital	Expansion of Short Stay Unit and development of high dependency unit capacity.	6 SSU beds	$4,000,000	Emergency / Elective Surgery	April 2011	July 2013
Western Health	The Western Hospital	Expansion of Short Stay Unit	4 SSU beds	$1,000,000	Emergency	April 2011	Dec 2012
Western Health	The Williamstown Hospital	Expansion of Operating Theatre and increased sterilising department capacity.	1 Operating Theatre	$3,000,000	Elective Surgery	April 2011	Dec 2012
Austin Health and Peninsula Health	The Austin and Frankston Hospital	Equipment - Emergency Departments ICT		$0,700,000	Emergency	April 2011	June 2012
Metro Total				$61,200,000			

Rural Health Services							
Health Service/ Region	**Hospital /Campus**	**Project Description**	**Capacity**	**Estimated Project Allocation**	**Related Schedule**	**Estimated start date**	**Estimated finish date**
Barwon Region	Colac Hospital	Expansion of recovery area.	Improved flow	$1,500,000	Elective Surgery	(Jan 2013 commence construction)	August 2013
Gippsland Region	West Gippsland (Warragul) Hospital	Emergency Department expansion	5 ED cubicles	$2,000,000	Emergency	(Nov 2011 commence construction)	Dec 2012
Hume Region	Albury Wodonga Hospital	Expansion and reconfiguration of Emergency Department and expand day surgery capacity to improve surgical patient flow.	5 ED cubicles	$5,500,000	Emergency / Elective Surgery	(Jan 2012 commence construction)	Jul 2013
Hume Region	Northeast Health Wangaratta	Reconfiguration of Emergency Department to improve patient flow and develop additional procedure room and Surgical day stay area.	1 Procedure room and day stay area	$3,500,000	Emergency / Elective Surgery	(Oct 2012 commence construction)	Jul 2013
Loddon Mallee Region	Echuca Hospital	Refurbish Emergency Department to improve emergency patient flow	Improved flow	$1,000,000	Emergency	(Oct 2011 commence construction)	Jun 2012
Loddon Mallee Region	Mildura Base Hospital	Develop Short Stay Unit capacity.	4 SSU beds	$2,000,000	Emergency	(May 2013 commence construction)	Jun 2014
Rural Total				$15,500,000			

To be allocated		Statewide ICT/ Medical and Diagnostic Imaging Equipment – Subject to further planning		$12,700,000	Emergency / Elective Surgery	July 2011	June 2014
Statewide ICT/ Medical Equipment - Total				$12,700,000			
Total Capital Funding Allocation				**$89,400,000**			

* Estimated start date for capital works indicates consultant engagement unless otherwise specified. Start dates are indicative and subject to planning across the whole capital program.

SCHEDULE E – Sub acute beds or bed equivalent Funding

Due date:	31 March 2011
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SCHEDULE E – Sub acute beds or bed equivalent Information

The NPA on Improving Public Hospital Services provides funding for 1,316 sub acute beds (or bed equivalent) nationally, with 326 of these beds being made available in Victoria. Victoria will receive$58.2 million in funding in 2010-11 which includes capital and operating costs.

This Implementation Plan outlines how Victoria will allocate the funding provided in the NPA. Table 7 outlines the allocation of subacute funding in Victoria.

Victoria's Current Approach to Service Delivery	Demand for subacute services in Victoria is growing as a result of overall population growth, and the significant increase in the ageing population and associated prevalence of conditions associated with old age including stroke, cancer, dementia, fractured neck of femur, arthritis and diabetes. Older people are staying in hospital for shorter periods due to advances in medical treatment and increased opportunities for community-based care. Victoria's subacute service system aims to: • Maximise older peoples' independence and achieve their best health outcomes; • Minimise long term care needs; • Provide care in the appropriate location; and • Improve overall system response and patient flow. **Victoria's subacute care service system** Subacute services provide a number of programs that support the independence of older people and those with chronic and complex health care needs in hospital and in the community. There are a range of subacute services in Victoria: • Rehabilitation: inpatient, community rehabilitation (including centre based and home based rehabilitation), and paediatric rehabilitation services • Geriatric Evaluation and Management (GEM): inpatient and ambulatory specialist services • Palliative care: inpatient and community palliative care • Psychogeriatric care: community mental health services

	Admitted services Victoria has built a subacute service system which has supported an increasing number of people accessing subacute inpatient beds, achieved a steady decrease in the average length of a subacute hospital stay and responded to increasing complexity of older patients. For the same period, Victoria's subacute care system has continued to facilitate improvements in patient outcomes, with patients being discharged from hospital with greater improvement in function and activity of daily living scores in comparison to admission scores allowing more people to return home. In Victoria, 75 percent of rehabilitation patients and 50 percent of GEM patients return home after a subacute inpatient multiday stay *(Summary of data for 2004/05 to 2009-10 period).* In 2009-10 31,154 patients received 654,482 bed days of care in a designated subacute bed. Prevention and recovery care (PARC) services have been developed as a sub acute element of the acute end of the mental health service continuum. There are currently 140 PARC beds/places available across Victoria providing coverage for more than half the state of Victoria. PARCS are an option for people who are becoming unwell or who are in the early stages of recovery from an acute illness and need a short period of additional support for gains from the period in the inpatient setting to be strengthened and for community transition and treatment plans to be consolidated. This model will be expanded as part of Schedule E of the NPA. Building capacity across hospitals to ensure the provision of care that is focused on the complex care needs of older people, regardless of where they are in the hospital, is a priority focus for the development of new models of care and building acute/subacute partnerships. **Non-admitted services** The development of community based care supports the delivery of care in the location that best suits the needs of older people. This approach, combined with accessible and responsive bed based subacute services ensures that patients with complex needs access appropriate care across their illness trajectory. In 2009-10 home and/or centre based subacute care delivered 869,007 occasions of service to 71,398 people. Improving the alignment and integration of community-based programs to support the discharge from inpatient services and preventing or substituting for hospitalisation is a key focus.
How will projects help Victoria meet the NHHN (and NPA) objectives and outcomes?	**Subacute reform building blocks** **Building service and system capacity** • Program of capital expansion (see Table 7 below) • Capital workshops; ○ Improving the Environment for Older People in Health Services • Service expansion (see Table 8 below) • Reform initiatives to improve emergency department access:

	effectiveness and efficiency by redesigning hospital care projects (Joint work across schedule F): o Access to GEM to enable direct access from the Emergency Department o Improve access to Hospital In The Home (HITH) and Post Acute Care (PAC) models where patients can be directly admitted from the Emergency Department o Improve access to subacute and mental health consultation and liaison teams for appropriate treatment and discharge planning. **Improving access to subacute care** • Implementing the subacute and palliative care planning and service capability frameworks across regional and metropolitan Victoria. • Continue developing regional subacute plans based on audit of services against the capability frameworks. This will inform service and model of care development and workforce strategies that respond to regional needs and issues. **Improving the patient journey** • Reforming care pathways • Auditing health services against 2010-11 Health Independence Guideline priority areas: care coordination; early assessment; transition and exit; and ensuring an interdisciplinary approach to inform the work plan for subacute community of leaders' advisory group (see enhancing quality). **Enhancing quality** • Establishing a subacute community of leaders' advisory group. • Developing a subacute care communication strategy to attract and retain a skilled subacute interdisciplinary workforce. • Improving data reporting and access to service level data to inform clinical practice and model of care developments. **Supporting partnerships** • Exploring ways to use information technology to support care partnerships across services and sectors. • Promoting telehealth initiatives that support links between subacute services with regions and across regional and metropolitan Victoria. • Developing new models of care that supports links between subacute, mental health, acute and community services to ensure best care for older people everywhere.
Relationship with other Commonwealth or state funded activities	**Subacute reform: a journey of improvement** In November 2003 Victoria launched *Improving care for older people: a policy for health services*. This policy began a journey of service reform and improvements to better met the needs of older people. Other initiatives have been introduced to support this aim including the development of an

	audit tool to improve the environment for older people in health services (2006); the *Health Independence Program Guidelines* (2006) and the *Best Care for Older People Everywhere Toolkit* (2008). In 2009 the *subacute service system capability and access planning framework* was developed to improve access and subacute service quality across the state. These initiatives provide the foundations for subacute service improvement in Victoria. A range of COAG auspiced initiatives have strengthened and focussed Victoria's subacute reform activities, including the COAG Long Stay Older Patients (LSOP) initiative and the NPA on Hospital and Health Reform (Schedule C) signed in 2008. Victoria has supported the targeted twenty percent increase in subacute services by increasing subacute beds and expanding bed substitution and admission prevention programs. Victoria's first annual report for this NPA submitted in September 2010 and finalised in December 2010 saw a 12.35% expansion of subacute services from 2007/08. The reporting of six national performance indicators under this NPA provides ongoing focus on subacute care improvement in key areas such as quality and patient outcomes. Work occurring under Schedule A of the NPA on Hospital and Health Reform developing an activity based funding approach for subacute services will support better understanding of the costs and care types delivered by subacute services and provide an opportunity to establish a funding model to support good clinical and service delivery practices. Victoria's approach to the *NPA on Improving Public Hospital Services Schedule E New Subacute Beds Guarantee Funding* builds on this previous work and will integrate the successes and lessons of implementing the previous NPA on Hospital and Health Workforce reform. The work being undertaken as part of the subacute reform also includes joint initiatives with acute program areas (relates to Schedules A, B, C, D and F of the NPA) targeting links between subacute services, emergency departments and elective surgery to support patient flow across the system. These initiatives are reflected in the reform projects identified above. Subacute care has established as a priority area, joint work with the Closing the Gap Unit in the department to improve access to subacute services for Aboriginal people, their families and communities who require subacute care. These initiatives are reflected in the reform projects identified above, and will support Victoria in achieving the performance indicators associated with NPA –Closing the Gap on Indigenous health outcomes This Implementation Plan should be read in conjunction with the Implementation Plan for Schedule C of the NPA on Hospital and Health Reform, and schedules A, B, C, D and F of the NPA on Improving Public Hospital Services.

SCHEDULE E - Sub acute beds or bed equivalent funding

Sub acute beds or bed equivalent funding from 2010-11 to 2013-14

Table 7: Projects funded under Schedule E: Subacute capital

Health Service/ Region	Hospital /Campus	Care Type	Capacity	Estimated cost (Capital)	Estimated start date* (construction)	Estimated finish date (operational)
Metropolitan Health Services						
Alfred Health	Caulfield	Acquired brain injury rehabilitation service and independent living units	30 ABI beds 2 independent living units	$27 million	July 2012	Mar 2014
Austin Health	TBC	Mental health prevention and recovery care services	10 beds	$3.7 million	April 2012	July 2013
Eastern Health	Maroondah Angliss	Subacute service	20 beds at Maroondah 10 beds at Angliss	$5.7 million	Feb 2012 Nov 2011	Dec 2012 May 2012
Mercy Public Hospitals	Werribee	Subacute inpatient service and community rehabilitation centre	30 subacute beds and CRC	$28 million	June 2012	Sept 2013
Peninsula Health	Mornington	Subacute inpatient service and community rehabilitation centre	30 subacute beds and CRC	$25 million	Sept 2012	Nov 2013
Southern Health	Casey	Subacute inpatient service	30 beds	$22.2 million	Aug 2012	June 2014
St Vincent's Health	TBC	Mental health prevention and recovery care services	10 beds	$3.7 million	April 2012	July 2013
Metro Total				$115.3		

Rural Health Services						
Barwon Health	Geelong and Belmont	Subacute inpatient service and community rehabilitation centre	8 beds and CRC	$9.5 million	May 2012	July2013
Western District Health Service	Hamilton	Subacute inpatient service	Refurbishment of 5 beds and 3 bed extension	$3.5 million	Feb 2012	Jan 2013
Bass Coast Regional Health	Wonthaggi	Community rehabilitation centre and subacute inpatient refurbishment	CRC and 2 bed refurbishment	$4.5 million	Dec 2011	July 2013
Central Gippsland Health	Sale	subacute inpatient refurbishment	4 beds	$0.5 million	Dec 2011	March 2012
LaTrobe Regional Hospital	Traralgon	Subacute inpatient service and community rehabilitation centre	4 beds and CRC	$4.0 million	Feb 2012	Mar 2013
Ballarat Health	TBC	Mental health prevention and recovery care services	10 beds	$3.6 million	Oct 2013	June 2014
Wimmera Health	Horsham	Subacute inpatient service	20 beds	$10.0 million	May 2013	June 2014
East Grampians	Stawell	Community rehabilitation centre	CRC	$3.5 million	May 2013	May 2014
Goulburn Valley Health	Shepparton	Subacute inpatient service	8 bed refurbishment	$1.5 million	Jan 2013	May 2014
Moira Shire	Cobram	Community rehabilitation centre	CRC	$3.5 million	May 2013	June 2014
Echuca Regional Health	Echuca	Subacute inpatient services	24 beds	$13.5 million	May 2013	June 2014
Swan Hill District Hospital	Swan Hill	Community rehabilitation centre	CRC	$4.0 million	Feb 2013	Dec 2013
Rural Total				$61.6 million		
Equipment		Subject to further planning		$10.0 million	July 2011	June 2014
Total				**$186.9** million **		

* Estimated dates are indicative and subject to planning across the whole capital program.

**Total funding is $402.4m over four years. This comprises $186.9m for capital and $215.5m for operating funding.

Table 8: Projects funded under Schedule E: Recurrent funding 2010-11

Health Service/ Region	Care Type	Service delivery funding in 2010-11	Patients treated 10-11
Metropolitan Health Services			
Alfred Health	Rehabilitation and Geriatric Evaluation and Management	$6,206,920	424
Austin Health	Rehabilitation	$100,000	68
Calvary Bethlehem	Geriatric Evaluation and Management and palliative care	$917,493	103
Eastern Health	Rehabilitation and Geriatric Evaluation and Management	$1,402,814	168
Melbourne Health	Palliative care and Rehabilitation	$559,818	122
Mercy Public Hospitals	Palliative care and Rehabilitation	$534,818	105
Northern Health	Geriatric Evaluation and Management, palliative care and rehabilitation	$3,635,264	369
Peninsula Health	Geriatric Evaluation and Management, palliative care and rehabilitation	$1,712,723	242
Southern Health	Rehabilitation and Geriatric Evaluation and Management	$3,629,710	232
St Vincent's Health	Rehabilitation	$100,000	68
Western Health	Rehabilitation and Palliative care	$1,728,830	273
Metro Total		**$20,528,390**	**2,173**

Rural Health Services			
Barwon Health	Rehabilitation	$333,753	71
Colac Area Health	Palliative care	$46,400	5
South West Healthcare - Warrnambool	Palliative care and Rehabilitation	$238,564	84
Western District Health Service	Rehabilitation and Palliative care	$574,004	106
Portland	Palliative care	$46,400	5
Bass Coast Regional Health	Palliative care	$46,400	5
Bairnsdale Regional Health Service	Palliative care	$46,400	5
Central Gippsland Health Service	Geriatric Evaluation and Management, Palliative care and Rehabilitation	$620,404	105
Latrobe Regional Hospital	Rehabilitation	$60,000	41
West Gippsland Healthcare Group	Palliative care	$92,800	11
Gippsland Southern	Palliative care	$46,400	5
Ballarat Health Services	Rehabilitation, Geriatric Evaluation and Management and palliative care	$2,985,693	245
Wimmera Health Care Group	Rehabilitation and palliative care	$96,400	39
East Grampians	Palliative care	$41,315	5
Melton-Djewarrah	Palliative care	$92,800	11
Albury Wodonga Health	Rehabilitation and Palliative care	$1,445,529	161

Benalla & District Memorial Hospital	Rehabilitation	$50,000	34
Goulburn Valley Health	Rehabilitation	$100,000	68
Northeast Health Wangaratta	Palliative care	$87,715	10
Seymour Health	Rehabilitation and Palliative care	$96,400	39
Bendigo Health	Rehabilitation, Geriatric Evaluation and Management and Palliative care	$3,905,866	290
Echuca Regional Health	Rehabilitation	$50,000	34
Mildura Base Hospital	Palliative care	$97,885	11
Swan Hill District Hospital	Community rehabilitation centre	$50,000	34
Rural Total		**$11,251,128**	**1,425**
Total Service delivery funding		**$31,779,516**	**^3,598**
Capital funding		**$26,400,000**	
Total funding 10-11		**$58,179,516**	

^ Patients treated are based on funding from the Commonwealth, however activity funding is also provided by the Victorian Government, so it is difficult to specify what quantity of the additional patients arose solely from Commonwealth funding. As such any comments made by Ministers should reflect this.

SCHEDULE F – Flexible Funding Pool Information

Due date:	31 March 2011
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SCHEDULE F – Flexible Funding Pool Information

The NPA on Improving Public Hospital Services provides funding a total of $44.6 million over four years for flexible funding to be allocated by Victoria across Elective, Surgery, Emergency Departments and Sub acute services. Funding of $33.4 million will be allocated in 2010-11 (comprising $13.9 million from 2009-10 and $19.5 million from 2010-11).

In Victoria the funding has been allocated to support meeting the Elective Surgery and Emergency Department Targets. The allocation of flexible funding is not available beyond 2010-11 and will be provided in an Implementation Plan at a later date.

This Implementation Plan outlines how Victoria will allocate the flexible funding provided in the NPA (note: flexible funding has also been outlined as part of Schedules A and C).

How will projects help Victoria meet the NHHN (and NPA) objectives and outcomes?	The flexible funding will be used for a mix of activity and redesigning programs to improve patient flow to meet the targets. Victoria's approach to activity funding and improved performance in elective surgery and emergency department outcomes is covered in Schedules A and C (elective surgery) and B and D (emergency departments) of this document. Redesigning hospital care will focus on improving health service capability for redesign and delivering improvements in access, efficiency and service quality. Work has been undertaken on a specific area of the patient journey that the health service or the department has identified as being problematic and impacting on patient flow. Redesign is a key enabler to support reform and assist health services to achieve the National Access Targets and National Access Guarantee. There are three key redesign components of the strategy to achieve the National Access Targets and National Access Guarantee that will build on health service maturity and capability for redesign. The elements of the approach include: • Spread of redesign capability to ensure all health services with emergency departments are included. • Focused Diagnostics – for health services to identify key redesign opportunities which will contribute to attainment of National Access targets.

	• Solutions Design and additional project funding support for initiatives identified from the focused diagnostics targeted towards achievement of the national access targets or targeted redesign initiatives in areas of greatest need. The Redesign component of the National Access Targets strategy will include activities from a supported diagnostic phase, through solutions design and implementation. The scope of activities will be determined following the diagnostics. Options for the redesign component scope include: widespread local and system diagnostics followed by either; widespread solutions design and implementation or targeted solutions design and implementation in areas including, emergency departments operating theatres, inpatient settings, subacute and mental health. By redesigning hospital care a greater focus can be on delivering targeted efforts based on known constraints to access, efficiency and service quality identified through high level assessment of capacity and flow from an end to end patient journey perspective. Victoria's approach will be to enable health services to take a more structured approach to their redesign and improvement program by assisting them to undertake a broader high level diagnostic process to identify the key constraints to timely patient access and priority areas for improvement. A tool has been developed for health services to allow them to connect constraints to identify the areas within health services constraining patient flow and then implement targeted initiatives to improve patient flow. It is expected at an organisational level that health services show an improved understanding of whole of hospital flow and improvements in Key Performance Indicators covering quality cost and flow. At the system level participating health services should: deliver measurable process and performance improvements in national access targets; provide lessons for a broader transformational change program within Victorian health services; and build capability for transformational change within health services.
Relationship with other Commonwealth or state funded activities	State and Commonwealth Funding has previously been provided to health services to provide education and develop capabilities in redesigning care. A number of health services have directed this funding to improve the proportion of non-admitted patients who are treated and discharged within four hours as well as surgery improvements, such as improved theatre utilisation. This work will be further developed to build on existing health service redesign capability to ensure sustainability and spread of improvements. Projects previously funded by the Commonwealth through the Elective Surgery Waitlist Reduction Plan includes the *Redesigning the surgical patient journey.* Each step in the surgical patient journey occurs in a series, dependent on rates of flow in earlier and later parts of the process. Inefficiencies in one part of the journey can result in blockages in another.

	As part of the *Elective Surgery Waiting List Reduction Plan*, the government has funded a large, multi-site project to promote systematic redesign of the whole surgical journey. The participating sites - Ballarat Health Service, Northern Health and Southern Health have reviewed the overall management of their theatre capacity and surgical demand. Project solutions have been embedded in business as usual to achieve outcomes such as increased theatre utilisation and access to emergency surgery and decreases in postponements of emergency surgery and length of stay for these patients. Lessons from this demonstration project and new ways of working will continue to be spread to other Victorian health services.

Table 9 – Activity and Projects funded under Flexible Funding Pool

Activity/Projects funded under this Schedule			
Hospital/ Health Service	**Description**	**Funding**	**Funding period**
Refer Table 4	Targeted Elective Surgery Activity	$17,750,00	2010-11
Refer Table 10	Redesigning hospital care - Redesigning funding and clinical networks	$12,555,000	2010-11
Refer Table 11	Elective Surgery and Emergency Department Reform Initiatives (Elective surgery - $2m; ED – $1.09m)	$3,095,000	2010-11

Table 10 – Redesigning hospital care - Activity and Projects

Redesigning hospital care			
Hospital	**Description**	**Funding**	**Funding period**
Tertiary Health Services			
Alfred Health	Redesign Project – Reducing patient waiting times in specialist consulting clinics.	$415,370	2010-11 Expect completion 31 June 2011
Austin Health	Redesign Project –project to improve surgical flow.	$432,500	2010-11 Expect completion 31 June 2011
Melbourne Health	Redesign Project – Improving access and to improve flow and reduce wait times	$412,500	2010-11 Expect completion 31 June 2011
Southern Health	Targeted Redesign Funding - Emergency	$375,000	2010-11 Expect completion 31

	Department*		June 2011.
St Vincent's Health	Redesign Project –improve efficient medical patient management	$337,500	2010-11 Expect completion 31 June 2011
Metropolitan Health Services			
Eastern Health	Redesign Project – capacity and demand to maximize available capacity to better meet demand	$436,880	2010-11 Expect completion 31 June 2011
Mercy Health	Redesign Project – project to improve patient access and flow	$247,500	2010-11 Expect completion 31 June 2011
Northern Health	Redesign Project – Improving the medical patient journey	$337,500	2010-11 Expect completion 31 June 2011
Peninsula Health	Redesign Project	$337,500	2010-11 Expect completion 31 June 2011
Peter MacCallum Cancer Institute	Redesign Project – Inpatient journey redesign project to improve processes	$247,500	2010-11 Expect completion 31 June 2011.
Royal Children's Hospital	Redesign Funding – Improve Emergency and Elective Surgery access*	$210,000	2010-11 Expect completion 31 June 2011
Royal Victorian Eye and Ear Hospital	Redesign Project – Improving patient access to improve waiting times	$247,500	2010-11 Expect completion 31 June 2011
Royal Women's Hospital	Redesign Project – pathway project to improve patient flow	$255,000	2010-11 Expect completion 31 June 2011
Western Health	Redesign Project – Redesigning patient journey communication processes to improve general medical flow from Emergency Department	$412,500	2010-11 Expect completion 31 June 2011.
Regional Health Services			
Albury Wodonga Regional Health Service	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.

Ballarat Health Services	Redesign Project – project for Patient Journey to improve surgical flow	$247,500	2010-11 Expect completion 31 June 2011
Barwon Health	Redesign Project – Patient information flow to improve patient flow	$337,500	2010-11 Expect completion 31 June 2011
Bendigo Health Care Group	Redesign Project –project to improve patient flow	$255,000	2010-11 Expect completion 31 June 2011
Goulburn Valley Health	Redesign Project – patient journey to improve theatre allocations and scheduling	$255,250	2010-11 Expect completion 31 June 2011
Latrobe Regional Hospital	Redesign Project – medical patient journey to improve flow	$315,000	2010-11 Expect completion 31 June 2011
Northeast Health Wangaratta	Redesign project – redesigning the patient journey to improve patient flow	$255,000	2010-11 Expect completion 31 June 2011
West Gippsland Healthcare Group	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Rural Health Services			
Bairnsdale Regional Health Service	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Bass Coast Regional Health	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Central Gippsland Health Service	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Echuca Regional Health	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Mildura Base Hospital	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
South West Healthcare	Redesign Project – Safe and efficient patient care to improve ward processes.	$247,500	2010-11 Expect completion 31 June 2011

Swan Hill District Hospital	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011
Western District Health Service	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Wimmera Health Care Group	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Other Health Services			
Ambulance Victoria	Redesign Project*	$200,000	2010-11 Expect completion 31 June 2011.
Reform Coordination			
Activities that will be funded under reform coordination include: • Central coordination of these funds is required to provide expertise and support health services, to provide networking forums to share knowledge • Capability training and mentoring across 32 health services to deliver capacity for health service to improve patient access and outcomes • 2C in Health – connecting constraints using TORCH (Tool for organizations to Reveal Constraints in Health) roll-out across at least 8 health services to enable health services to identify constraints across the critical functional elements of the whole health service to provide a solid foundation for decision-making for their redesign programs and priorities. (Alfred Health, Barwon Health, Eastern Health, Melbourne Health, Peter MacCallum Cancer Institute, Southern Health, St Vincent's Health and Western Health) • 30 funded places across 19 health services in a University course developed to provide intensive training in operations management and best practice organizational performance for senior managers and executive directors. • Support Clinical Care Network for Emergency Care Improvement and Innovation Clinical Network (ECIICN) who engage emergency clinicians across 40 metropolitan, regional and rural emergency departments to improve emergency care in Victoria, working across organizational boundaries to promote: evidence-based care to reduce variation in clinical practice, implement best care practice, enhance patient safety through better use of medicines, promote patient-centred care and enhance staff capacity to lead and improve emergency care. The network works collaboratively to facilitate service improvement and share knowledge and information. • Support Clinical Care Networks for Cardiac, Stroke and Paediatric • Support for Clinical Networks in the areas of Stroke Cardiac and Paediatrics. The clinical networks work with clinicians in metropolitan, regional and rural public			2010-11

health services across Victoria. The focus of this work is to reduce variation in practice, improve access to high quality care and promote collaboration between organisations and clinicians to facilitate efficient and effective service delivery. • Both the Stroke and Cardiac networks are developing and implementing a range of initiatives to increase staff and health service capacity to appropriately diagnose and treat patients presenting with stroke and acute coronary syndrome. • The paediatric clinical network is working to improve capacity across the system to provide appropriate care in a number of clinical areas which have been identified by clinicians and health services as areas of need. • Rollout of junior doctors program to Melbourne Health and Southern Health. In order to promote junior doctor engagement in redesign initiatives, a targeted program has been developed which aims to support closing the redesign knowledge-skill gap, create capacity and opportunity to undertake improvement projects. The approach has been designed to enable rapid improvement and system redesign projects supported by key enablers such as redesign methodology, expert support, and incorporation into the Redesigning Hospital Care Program. Junior doctors are key stakeholders in the patient journey and hold decision making authority which influences the flow of work in the health care setting. Promoting their engagement is anticipated to improve redesign outcomes.	
• Completion of Medical Inpatient demonstration project at 4 Health services (Alfred Health, Eastern Health, Southern Health and Barwon Health) to deliver improved general medical patient flow.	2010-11 Expect completion 31 June 2011
Total Redesign Funding	$12,555,000

* Project scope to be determined following agreement of business cases and health service diagnostics.

Table 11 – Reform Initiatives funded under this Schedule

Reform Initiatives**	
Description	**Expected Completion**
Elective Surgery Reform Initiatives	
Emergency surgery model development, which would include support for multiple pilot sites. This may include assistance to establish units with dedicated surgeon support where there is capacity to access dedicated in-hours emergency theatre time.	30 Jun 2012
The Department will also explore other sources of competing demand that impact on the delivery of timely elective surgery, such as endoscopy services.	30 Jun 2012

Staged state-wide rollout of Enhanced Recovery After Surgery (ERAS, also known as fast-track surgery) that will build on work piloted under Stage 2 of the Commonwealth funded Elective Surgery Waitlist Reduction Plan (ESWLRP). Roll-out of ERAS across the State would further reduce length of stay and improve access for patients who require inpatient admission.	30 Jun 2012
Improved waitlist management practices for elective surgery patients through implementation of a change management approach and development of guidelines to reduce the maximum waiting time for patients.	30 Jun 2012
Improved theatre utilisation and capacity	30 Jun 2012
TOTAL - Elective Surgery Reform Initiatives	**$2,000,000**
Reform Initiatives to Improve Emergency Department access	
Supporting provision of earliest definitive care to patients, in the most appropriate setting, by senior clinicians. This may include supporting health services to establish or expand models of early senior clinician screening, review, assessment and early initiation of interventions. This can reduce delays in a patient's length of stay and reduce unnecessary investigations.	30 Jun 2012
Supporting health services to introduce or expand service models that stream patients at point of triage to the appropriate services to meet their care needs. This may include expanding fast-track services, which stream patients with low complexity illnesses and injuries that are unlikely to need admission to a designated area of the Emergency Department to be cared for by a dedicated medical and nursing team. Fast-track services have been shown to reduce waiting times for people with straightforward, simple complaints, and to reduce waiting room bottlenecks	30 Jun 2012
Providing increased access to diagnostic services within the Emergency Department setting to facilitate increased throughput and patient flow. This may involve increasing access to radiology, pathology and point-of-care testing via extended service hours, centralising the provision of radiography analysis services to the Emergency Department and installation of equipment and systems that facilitate timely provision of diagnostic information to the Emergency Department.	30 Jun 2012
Support further development of short stay models of care that enables patients to be seen quickly and assessed by the most appropriate senior health care professionals to provide an effective clinical decision regarding the patient's care. This facilitates the best use of resources and reduces the risk of moving patients to inappropriate settings without an appropriate diagnosis to allow care.	30 Jun 2012
Expansion of access to Geriatric Evaluation and Management (GEM) to enable direct access from the Emergency Department. (Refer also Schedule E)	30 Jun 2012
Improve access to Hospital in the Home (HITH) and Post Acute Care (PAC) models where patients can be admitted direct from the Emergency Department. (Refer also Schedule E)	30 Jun 2012
Improve access to consultation liaison services to GEM to provide advice and support to ensure the patient receives care in the most appropriate treatment	30 Jun 2012

setting and to progress appropriate discharge. (Refer also Schedule E)	
TOTAL – Emergency Department Reform Initiatives	**$1,095,000**

** Project details and health services still to be determined and will be provided in progress reports. Note: Funding is nominal as project scope may be varied on further diagnostics and health service capacity. Although funding will be cash flowed during 2010-11, it may be expended by health services over 2 years.

SIGNED for and on behalf of VICTORIA

David Davis

Printed Name

Signature

Minister for Health

Position

30/3/11

Date

Please send signed electronic copy (in PDF) to: *To be advised*

Please send signed hard copy to: *To be advised*
Department of Health and Ageing
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