

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

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

PROJECT(S) IMPLEMENTATION PLAN

Total Funding Allocation for all Schedules

Under the NPA on Improving Public Hospital Services, Victoria will receive the funding in Table 1 for facilitation, flexible and capital funding over 5 years (from 2009-10 to 2013-14). This update to the Implementation Plan (IP) provides interim advice for 2013-14 facilitation funding, as well as capital funding from 2009-10 to 2013-14.

Table 1 - Commonwealth funding 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	(\$ million)	(\$ million)	(\$ million)	(\$ million)	(\$ million)
Elective Surgery		\$88.30	\$23.80		
Emergency Departments		\$43.50	\$18.70	\$12.40	
Flexible Funding	\$13.90	\$19.50	\$5.60	\$5.60	
Facilitation Total	\$13.90	\$151.30	\$48.10	\$18.00	
Capital Funding					
Elective Surgery	\$8.10	\$18.90	\$5.40		
Emergency Departments	\$11.40	\$22.80	\$11.40	\$11.40	
Capital Total	\$19.50	\$41.70	\$16.80	\$11.40	
Subacute Funding (includes facilitation & capital)		\$58.20	\$78.40	\$111.10	\$154.70
Total	\$33.40	\$251.20	\$148.30	\$170.50	\$154.70

In 2013-14 the Commonwealth is scheduled to provide \$154.7 million to Victoria for the NPA on Improving Public Hospital Services. The only funding allocation under 2013-14 is for schedule E-Subacute.

Capital funding has been allocated across capital projects (table 2) and operational/ facilitation funds (table 3) for subacute.

SCHEDULE E – Sub acute beds or bed equivalent Funding and Information

Due date:	31 May 2013
Date submitted:	
Primary Contact:	Jon Evans
Phone:	03 9096 7059
Email:	jon.evans@health.vic.gov.au
Secondary Contact:	Jackie Kearney, Manager, Continuing Care
Phone:	03 90962143
Email:	Jackie.kearney@health.vic.gov.au

The NPA on Improving Public Hospital Services provides funding for 1,316 sub acute beds (or bed equivalents) nationally, with 326 of these beds being made available in Victoria. In 2013-14, Victoria will receive \$154.7 million in funding which includes capital and operating funding.

This Implementation advice outlines how Victoria will allocate the funding provided in the NPA. Victoria plans to expend all the funds under this schedule and deliver the 326 beds required under this agreement.

<p>Victoria's Current Approach to Service Delivery</p>	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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. <p>Victoria's subacute care service system</p> <p>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.</p> <p>There are a range of subacute services in Victoria:</p> <ul style="list-style-type: none"> • 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 • Mental Health: community mental health services <p>Admitted services</p> <p>Victoria has built a subacute service system which has supported an increasing</p>
--	--

	<p>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 (<i>Summary of data for 2004/05 to 2009-10 period</i>). 31,154 patients received 654,482 bed days of care in a designated subacute bed in 2009-10.</p> <p>Prevention and recovery care services (PARCS) have been developed as a subacute element of the acute end of the mental health service continuum. There are currently 140 PARCS beds/places available across Victoria providing coverage for more than half the state of Victoria.</p> <p>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.</p> <p>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.</p> <p>Non-admitted services</p> <p>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.</p> <p>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.</p>
<p>How will projects help Victoria meet the NHHN (and NPA) objectives and outcomes?</p>	<p>Subacute reform building blocks</p> <p>Building service and system capacity</p> <ul style="list-style-type: none"> • Program of capital expansion (see Table 2 below) • Capital workshops; <ul style="list-style-type: none"> ◦ Improving the Environment for Older People in Health Services • Service expansion (see Table 3 below) • Specialist subacute equipment to enhance quality of current service provision and support expansion of subacute services. • Reform initiatives to improve subacute access, effectiveness and efficiency by redesigning hospital care projects: <ul style="list-style-type: none"> ◦ Access to GEM to enable direct access from the Emergency Department ◦ 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.
- o Redesigning patient flow from acute to admitted subacute and also to the community

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.
- One-off investment in subacute ambulatory care services (SACS) to address longer than average wait times for rehabilitation and specialist clinic services.

Improving the patient journey

- Reforming care pathways focused on enhancing patient access and flow across the service system. Examples include early supportive discharge for stroke patients and GEM at home.
- Continue to monitor health services against Health Independence Program Guidelines 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.
- Enhance specialist subacute care workforce through supporting engagement in training and development
- 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.

2013-14 Investment in Projects

In 2013-14, the reform projects specifically targeted for NPA investment include:

- Capital expansion (table 2)

	<ul style="list-style-type: none"> • Service expansion (table 3) • Specialist subacute equipment to enhance quality of current service provision and support expansion of subacute services (see footnote 2 of table 2) • Enhance specialist subacute care workforce through supporting engagement in training and development (see footnote 2 of table 3) • Waitlist reduction for subacute ambulatory care services (SACS) to address longer than average wait times for rehabilitation and specialist clinic services (see footnote 3 of table 3). • Redesigning patient flow from acute to admitted subacute and also to the community (see footnote 3 of table 3)
<p>Relationship with other Commonwealth or state funded activities</p>	<p>Subacute reform: a journey of improvement</p> <p>In November 2003 Victoria launched <i>Improving care for older people: a policy for health services</i>. 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 <i>audit tool to improve the environment for older people in health services (2006)</i>; the <i>Health Independence Program Guidelines (2008)</i> and the <i>Best Care for Older People Everywhere Toolkit (2008)</i>. In 2009 the <i>subacute service system capability and access planning framework</i> was developed to improve access and subacute service quality across the state. These initiatives provide the foundations for subacute service improvement in Victoria.</p> <p>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 Workforce Reform (NPA HHWR 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 latest annual report (2011-12) for this NPA which was submitted in December 2012 saw a 18.72% expansion of subacute services from 2007/08 (excludes activity under Schedule E of this NPA IPHS). The reporting of six national performance indicators under the NPA HHWR provides ongoing focus on subacute care improvement in key areas such as quality and patient outcomes.</p> <p>Work occurring under Schedule A of the NPA on Hospital and Health Workforce 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.</p> <p>Victoria's approach to the <i>NPA on Improving Public Hospital Services Schedule E New Subacute Beds Guarantee Funding</i> builds on this previous work and will integrate the successes and lessons of implementing the previous NPA on Hospital and Health Workforce reform.</p> <p>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.</p> <p>Subacute care has established as a priority area, joint work with the Closing the</p>

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 Workforce Reform, and the other previous schedules of the NPA on Improving Public Hospital Services.

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

This Implementation advice in Table 2 and 3 outline the allocation of subacute funding in Victoria.

Table 2: Projects funded under Schedule E: Subacute capital

Projects funded under this Schedule						
Health Service Region	Hospital / Campus	Care Type (and Capacity)	Project Allocation - Estimated cost (capital)	Estimated Start Date (construction)	Construction Finish Date	
METROPOLITAN HEALTH SERVICES						
Alfred Health	Caulfield	A 32 bed Acquired brain injury rehabilitation service and independent living units (42 beds with contribution from Transport Accident Commission)	\$27,000,000	Jan 2013	June 2014	
Austin Health	Heidelberg	Mental Health 10 Prevention And Recovery Care Service (PARCS) beds. The project TEL has been revised from \$3.7 million to \$3.9 million - refer note 1.	\$3,900,000	June 2013	June 2014	
Eastern Health	Maroondah Angliss	20 GEM beds GEM 5 GEM beds	\$5,700,000	Nov 2013 Jan 2012	June 2014 Apr 2012	
Mercy Public Hospitals	Werribee	30 subacute beds (GEM and Rehab) and a community rehabilitation centre Noting the project completion date has changed by one month due to the discovery of unexpected latent site conditions during construction	\$28,000,000	June 2012	Oct 2013	
Peninsula Health	Mornington	30 GEM beds and a community rehabilitation centre	\$25,000,000	Aug 2012	Mar 2014	
Southern Health	Casey	30 subacute beds (GEM and Rehab)	\$22,200,000	Feb 2013	June 2014	
St Vincent's Health	Fitzroy	Mental Health 10 Prevention And Recovery Care Service beds. The project TEL has been revised from \$3.7 million to \$4.45 million - refer note 1.	\$4,450,000	June 2013	June 2014	
Metro Total			\$167.5 million			

Health Service/ Region	Hospital (Campus)	Care Type (and Capacity)	Project Allocation- Estimated cost (capital)	Estimated Start Date (construction)	Construction Finish Date
Rural Health Services					
Barwon Health	Geelong	New community rehabilitation centre (CRC) at Belmont 8 GEM beds	\$9,500,000	May 2012 July 2012	Mar 2013 July 2013
Western District Health Service	Hamilton	8 GEM and Rehab beds and associated rehabilitation areas.	\$3,500,000	Jan 2012	April 2013
Bass Coast Regional Health	Wonthaggi	2 Rehabilitation beds plus a community rehabilitation centre (CRC)	\$4,500,000	Aug 2013	June 2014
Central Gippsland Health	Sale	4 Rehabilitation beds	\$500,000	Feb 2012	Aug 2012
LaTrobe Regional Hospital	Traralgon	4 Rehabilitation beds Community rehabilitation centre extension	\$4,000,000	Feb 2012 Nov 2012	Oct 2012 Dec 2013
Albury Wodonga Health Service	Wodonga	Mental Health 10 Prevention And Recovery Care Service beds. The project TEI has been revised from \$3.6million to \$3.1 million - refer note 1.	\$3,100,000	Oct 2013	June 2014
Wimmera Health	Horsham	20 subacute beds (Rehabilitation and GEM)	\$10,000,000	May 2013	June 2014
Stawell Regional Health	Stawell	Community Rehabilitation Centre	\$3,500,000	Feb 2013	Jan 2014
Goulburn Valley Health	Shepparton	8 GEM beds	\$1,500,000	Jan 2013	Feb 2014
Moira Shire	Cobram	Community Rehabilitation Centre	\$3,500,000	May 2013	June 2014
Echuca Regional Health	Echuca	24 Subacute beds (Rehab, GEM and Palliative Care)	\$13,500,000	Nov 2012	June 2014
Swan Hill District Hospital	Swan Hill	Community Rehabilitation Centre	\$4,000,000	May 2013	Dec 2013
Rural Total			\$63.1 million		
Equipment			\$10 million		
TOTAL PROJECT FUNDING			\$167.35 million		
CAPITAL EXPENDITURE FORECAST 2013-14			\$77.94 million		

Note 1 - Project funding of \$11.0 million was provided for three PARCS projects: Austin Health, Heidelberg, \$3.7 million; St Vincent's Health, Fitzroy, \$3.7 million; and Albany/Wodonga Health, Wodonga, \$3.6 million. The original allocation was notional, with limited information available at the project outset on land acquisition costs at the three sites. As project planning has advanced and land acquisition costs confirmed, there are higher than original costs associated with the metropolitan sites and a lower cost for the rural site. The net impact is that overall TEI will be \$11.45 million and Victoria will contribute the additional \$0.45 million.

Note 2 - \$3.3m for equipment was allocated in 2011-12 and remaining \$6.7m to be allocated in 2013-14. Submissions for equipment from health services will be reviewed and funding will be allocated for high priority/essential subacute equipment. Equipment guidelines for health services are available at <http://docs.health.vic.gov.au/docs/doc/subacute-equipment-funding-guidelines-2013-14> and have built on the pre-existing allocation. Allocations to health services will be included in 2013-14 progress reports similar to 2012-13 process.

Note 3 - The total Project Allocation includes a contribution from Victoria of \$450k. I.e. the Commonwealth contribution through the NPA is \$186.9m

Table 3: Projects funded under Schedule E: Operational/facilitation funding 2013-14

Please note:

- The introduction of new Activity Based Funding models will impact the costs of providing subacute bed days. The implementation plan and the progress reports will include 2013-14 service delivery funding based on 2012-13 bed day prices and 2.5 per cent indexation.
- If any Commonwealth funding reduction is implemented in 2013-14, the achievement of 2013-14 subacute care targets may be impacted.
- Due to the Commonwealth requesting submission of this Implementation Plan in May, some changes to 2013-14 allocations are expected as health services finalise budgets and capital project timelines. These changes will be reported to the Commonwealth in Victoria's progress reports.

Health Service/Region	Care Type	Bed Numbers for 2013-14	Service delivery funding in 2013-14	Approximate patients treated 13-14
Metropolitan Health Services				
Alfred Health	Geriatric Evaluation and Management Rehabilitation	33 GEM beds 6.7 Rehab beds and 3.8 Rehab bed equivalents Total 43.4 new beds	\$11,219,327	1,155
Austin Health	Geriatric Evaluation and Management Rehabilitation Mental Health	4 GEM beds 8.1 Rehab bed equivalents 0.4 Mental health PARCS beds Total: 12.5 beds	\$3,049,376	1,517
Calvary Bethlehem	Palliative care Geriatric Evaluation and Management	3.6 Pall Care beds 0.4 GEM beds Total 4 beds	\$854,079	103
Eastern Health	Rehabilitation Geriatric Evaluation and Management	2 Rehab beds and 5.6 Rehab bed equivalents 18.3 GEM beds Total 25.9 beds	\$5,793,557	1,305
Melbourne Health	Palliative care Rehabilitation	2 Pall Care beds 2.7 Rehab bed equivalents Total 4.7 beds	\$1,273,627	579
Mercy Public Hospitals	Geriatric Evaluation and Management Palliative care Rehabilitation	6.3 GEM beds 6.3 Rehab beds and 1.6 Rehab bed equivalents 2 Pall Care beds Total 16.1 beds	\$3,623,117	551
Northern Health	Geriatric Evaluation and Management Palliative care Rehabilitation	12 GEM beds 4 Pall Care beds 2.4 Rehab bed equivalents Total 18.4 beds	\$3,954,170	709
Peninsula Health	Geriatric Evaluation and Management Palliative care Rehabilitation	13 GEM beds 1 Pall Care beds 3.5 Rehab bed equivalents Total 17.5 beds	\$4,077,455	879

Health Service/Region	Care Type	Bed Numbers for 2013-14	Service delivery funding in 2013-14	Approximate patients treated 13-14
Royal Children's Hospital	Rehabilitation	0.5 Rehab beds and 1.0 Rehab bed equivalents Total 1.5 beds	\$418,927	190
Southern Health	Rehabilitation Geriatric Evaluation and Management	2 Rehab beds and 2.3 Rehab bed equivalents 16.9 GEM beds Total 21.2 beds	\$4,565,485	697
St Vincent's Health	Rehabilitation Mental Health	2.4 Rehab bed equivalents 0.4 Mental health PARC beds Total 2.8 beds	\$875,368	476
Western Health	Rehabilitation Palliative care	20 Rehab beds and 3.6 Rehab bed equivalents 2 Pall Care beds Total 25.6 beds	\$5,642,501	1,018
Metro Total		193.8 beds	\$65,344,979	9,179
Rural Health Services				
Barwon Health	Rehabilitation Geriatric Evaluation and Management	3 Rehab beds and 4.0 Rehab bed equivalents 8 GEM beds Total 15 beds	\$3,431,070	929
Colac Area Health	Palliative care Rehabilitation	0.2 Pall Care beds 0.2 Rehab bed equivalents Total 0.4 beds	\$94,424	37
South West Healthcare - Warrambool	Geriatric Evaluation and Management Palliative care Rehabilitation	9.1 GEM beds 3.4 Pall Care beds 1.1 Rehab bed equivalents Total 13.6 beds	\$2,872,392	411
Western District Health Service	Geriatric Evaluation and Management Palliative care Rehabilitation	3 GEM beds 0.2 Pall Care beds 2 Rehab bed and 1.1 Rehab bed equivalents Total 6.3 beds	\$1,358,619	278

Health Service/Region	Care Type	Bed Numbers for 2013-14	Service delivery funding in 2013-14	Approximate patients treated 2013-14
Portland	Palliative care Rehabilitation	0.2 Pall Care beds 0.7 Rehab bed equivalents Total 0.9 beds	\$263,549	143
Bass Coast Regional Health	Palliative care Rehabilitation	0.2 Pall Care beds 2 Rehab beds and 0.1 Rehab bed equivalents Total 2.3 beds	\$811,530	58
Bairnsdale Regional Health Service	Palliative care Rehabilitation	0.2 Pall Care beds 0.7 Rehab bed equivalents Total 0.9 beds	\$248,174	133
Central Gippsland Health Service	Rehabilitation Palliative care	4 Rehab beds and 0.9 Rehab bed equivalents 0.4 Pall Care beds Total 5.3 beds	\$1,144,959	241
Latrobe Regional Hospital	Rehabilitation	4 Rehab beds and 3.5 Rehab bed equivalents Total 7.5 beds	\$1,870,070	735
West Gippsland Healthcare Group	Palliative care Rehabilitation	0.4 Pall Care beds 0.8 Rehab bed equivalents Total 1.2 beds	\$314,411	153
Yarram & District Health Service	Rehabilitation	0.2 Rehab bed equivalents	\$52,531	33
Gippsland Southern	Palliative care	0.2 Pall Care beds	\$43,174	5
Ballarat Health Services	Geriatric Evaluation and Management Rehabilitation Palliative care	10.3 GEM beds 4 Rehab beds and 3.1 Rehab bed equivalents 1.2 Pall Care beds Total 18.6 beds	\$3,847,628	766

Health Service/Region	Care Type	Bed Numbers for 2013-14	Service delivery funding in 2013-14	Approximate patients treated 13-14
Wimmera Health Care Group	Geriatric Evaluation and Management Rehabilitation Palliative care	3.5 GEM beds 2.3 Rehab beds and 0.7 Rehab bed equivalents 0.2 Pall Care beds Total 6.7 beds	\$1,498,835	220
East Grampians	Palliative care	0.2 Pall Care beds	\$38,443	5
Stawell	Rehabilitation	0.8 Rehab bed equivalents	\$450,500	147
Melton-Djerriwarrah	Rehabilitation Palliative care	0.6 Rehab bed equivalents 0.4 Pall Care beds Total 1.0 beds	\$268,286	124
Albury Wodonga Health ¹	Rehabilitation Palliative care Mental Health	4.4 Rehab bed equivalents 0.4 Pall Care beds 0.8 Mental Health PARCS beds Total 5.6 beds	\$1,566,144	834
Benalla Health	Rehabilitation	0.6 Rehab bed equivalents	\$184,121	115
Goulburn Valley Health	Geriatric Evaluation and Management Rehabilitation	8 GEM beds 2.5 Rehab bed equivalents Total 10.5 beds	\$2,270,365	568
Northeast Health Wangaratta	Rehabilitation Palliative care	0.7 Rehab bed equivalents 0.4 Pall Care beds Total 1.1 beds	\$287,898	139
Seymour Health	Rehabilitation Palliative care	0.6 Rehab bed equivalents 0.2 Pall Care beds Total 0.8 beds	\$227,295	120
Moira-Shire area (Cobram)	Rehabilitation	0.8 Rehab bed equivalents	\$450,055	149

Health Service/Region	Care Type	Bed Numbers for 2013-14	Service delivery funding in 2013-14	Approximate patients treated 13-14
Bendigo Health	Geriatric Evaluation and Management Rehabilitation Palliative care	1.0 GEM beds 4 Rehab beds and 2.9 Rehab bed equivalents 1.5 Pall Care beds Total 18.4 beds	\$3,841,886	761
Castlemaine Health	Rehabilitation	0.2 Rehab bed equivalents	\$51,250	32
Echuca Regional Health	Rehabilitation Geriatric Evaluation and Management Palliative care	1.0 Rehab beds and 1.0 Rehab bed equivalents 1.0 GEM beds 0.3 Palliative care beds Total 3.3 beds	\$907,575	218
Mildura Base Hospital	Palliative care Rehabilitation	0.4 Palliative care beds 0.7 Rehab bed equivalents Total beds 1.1	\$312,829	149
Swan Hill District Hospital	Rehabilitation	1.4 Rehab bed equivalents	\$599,106	272
Rural Total		Total 224.9 beds	\$59,307,089	7775
Subacute Training & development	All care types	0 bed equivalents	\$1,000,000 ²	
Redesign / pathways & waitlist reduction	All care types	19.3 rehab bed equivalents	\$10,820,000 ²	4,614

TOTAL SERVICE DELIVERY FUNDING 2013-14	Total 138.6 beds	\$86,472,668	21,597
TOTAL CAPITAL EXPENDITURE FORECAST 2013-14		\$77,940,000	
TOTAL 2013-14		\$164,412,668 ⁵	

¹ The description for Albury Wodonga Health in the table only refers to the Victorian component. NSW have contributed to ten additional subacute beds (GEM/Rehab) at Albury Wodonga Health (started in 2011-12). This project will still be captured and reported separately to the above activity.

² \$1 million will be allocated to health services to support training and development of subacute clinical staff and to trial new approaches to managing access and triaging of ambulatory services. This has been delayed from the 2012-13 financial year to align with the other equipment, redesign and waitlist reduction projects. Application process is available at <http://www.health.vic.gov.au/subacute/>. Allocations to health services will be included in progress reports in 2013-14.

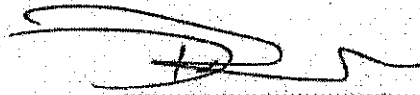
³ \$10.82 million will be allocated towards redesign projects reforming care pathways and one-off investment in SACS to address longer than average wait times for services. Redesign projects will apply process redesign methodology to analyse and improve processes surrounding patient care. The focus will be improving overall service system response and patient flow through admitted services and improving access to subacute services. The split between projects will depend on the health services applications, however the nominal split is \$3.41 million towards redesign and \$7.41 million towards wait list reduction activity. Details on the application process is available at <http://www.health.vic.gov.au/subacute/>. Allocations to health services will be included in progress reports in 2013-14.

⁴ Estimated patient numbers based on average length of stay and based on funding from this National Partnership only (Rounding may occur).

⁵ The sum of bed numbers for services includes rounding.

⁶ The full \$402.4 million for this schedule has been allocated. The \$9.7 million difference between 2013-14 Commonwealth funding (\$154.7 million) and expenditure in 2013-14 (\$164.4 million) will be covered from unexpended funds from 2012-13. This relates to the subacute training and development operational funding delay (footnote 2) and capital funding cash flows.

SIGNED for and on behalf of Victoria



.....
Printed Name

.....
Signature

.....
Position

.....
Date

28.5.2013

Please send signed electronic copy (in PDF).

Please send signed hard copy to:

National Partnership Agreement Branch
Department of Health and Ageing
GPO Box 9848
Canberra ACT 2601