Schedule E

Improving Patient Pathways through Clinical and System Redesign

NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN TASMANIA

PRELIMINARIES

E1 The outcomes and outputs of this Schedule will contribute to improved public patient access to services and reduce unnecessary hospitalisation and readmission through clinical redesign and innovation.

E2 The Commonwealth will provide Tasmania with:

(a) $21.9 million between 2012-2013 and 2015-2016 to enhance emergency department capacity in Tasmanian public hospitals through clinical redesign projects as outlined in E3;

(b) $3.6 million in 2015-16 to support a robust clinical redesign program aimed at improving the quality and safety of patient care, and the capacity and sustainability of Tasmania's health system; and

(c) $0.5 million between 2014-15 and 2015-16 to enhance state-wide system reform activities to improve public patient access to services.

E3 Clinical redesign projects will be informed by the Commission on Delivery of Health Services in Tasmania (the Commission) and be identified in Annual Action Plans, and will include:

(a) the expansion of the existing Fast Track Clinic within the Launceston General Hospital;

(b) the establishment of an Emergency Medical Unit within the Launceston General Hospital;

(c) the establishment of an Emergency Medical Unit within the Royal Hobart Hospital; and

(d) ongoing employment of Psychiatric Emergency Nurses at the Royal Hobart Hospital.

E4 Formal evaluation of the Fast Track Clinic within the Launceston General Hospital and Psychiatric Emergency Nurses and the Emergency Medical Unit within the Royal Hobart Hospital will be undertaken from 1 August 2013 to 30 June 2016 to determine their impacts on relieving emergency department pressures. The latter stage of this period will include planning for sustainability beyond the term of this Schedule.

E5 Formal evaluation of the Emergency Medical Unit within the Launceston General Hospital will take place from the acceptance of the 2014-15 Action Plan to completion of the program to determine their impacts on relieving emergency department pressures. The latter stage of this period will include planning for sustainability beyond the term of this Schedule.

E6 It is intended that the Commonwealth and Tasmania will work collaboratively using best endeavours to facilitate the achievement of outcomes that are sustainable beyond the expiry of this Schedule without the need for additional funding.

TERMS OF THIS SCHEDULE

E7 This Schedule takes effect from the date that it is signed by the Commonwealth and Tasmania and will expire on 30 June 2016 or on completion of the program, including acceptance of final performance reporting and processing of final payments against milestones. This Schedule may be terminated earlier or extended, as agreed in writing by the Parties, in accordance with Part 6 – Governance Arrangements, of the National Partnership Agreement on Improving Health Services in Tasmania.

OUTCOMES AND OUTPUTS

Outcomes

E8 The outcomes of this Schedule will be improved efficiency, effectiveness and sustainability of health services in Tasmania, including the removal of obstacles to patient flow that contribute to emergency department overcrowding and reducing hospitalisation and readmission.

Outputs

E9 The outcomes of this Schedule will be demonstrated by a parallel cost benefit and health impacts and outcomes evaluation which will seek to demonstrate:

(a) improved patient access in more appropriate settings to health care services for low acuity minor illnesses and injuries by expanding the Fast Track Clinic at the Launceston General Hospital;

(b) improved patient access to observation and/or additional tests for up to 24 hours, without inpatient hospital admission, by establishing an Emergency Medical Unit within the Royal Hobart Hospital and the Launceston General Hospital;

(c) improve timely admission of mental health presentation and discharges in the Emergency Department through appropriate patient pathways by the continued employment of the Psychiatric Emergency Nurses at the Royal Hobart Hospital; and

(d) sustainable, cost effective models of care which produce cost savings and other efficiencies in health service provision.

ROLES AND RESPONSIBILITIES

E10 To realise the outcomes and outputs of this Schedule, each Party has specific roles and responsibilities in addition to the roles and responsibilities set out in the National Partnership Agreement.

Role of the Commonwealth

E11 The Commonwealth agrees to be accountable for the following additional roles and responsibilities:

(a) commissioning and funding an independent evaluator, whose role will include the development of a framework in consultation with Tasmania, and ongoing evaluation of the performance of the projects;

(b) providing real-time results of the evaluation to Tasmania to assist in pursuing sustainability and service improvements;

(c) where appropriate, in accordance with the *Fair Work (Building Industry) Act 2012*, ensuring that financial contributions to a building project or projects as defined under the Fair Work (Building Industry – Accreditation Scheme) Regulations 2005, are only made where a builder or builders accredited under the Australian Government Building and Construction Occupational Health and Safety Accreditation Scheme is contracted; and

(d) where appropriate, ensuring that compliance with the National Code of Practice for the Construction Industry and the Australian Government Implementation Guidelines for the National Code of Practice for the Construction Industry is a condition of Australian Government funding.

Role of Tasmania

E12 Tasmania agrees to be accountable for the following additional roles and responsibilities:

(a) providing a financial contribution of $533,000 to support the implementation of this Schedule;

(b) from March 2014, including the National Weighted Activity Unit counts for the services performed under this Schedule (both estimates and actuals) in its reports to the Administrator of the National Health Funding Pool. Data provision to the Administrator will separately identify these services (for each Local Hospital Network) and Tasmania will direct the Administrator to exclude these services from the calculation of the Commonwealth contribution (and share of the NEP) to Tasmanian public hospital services funded on an activity basis under the National Health Reform Agreement;

(c) overseeing the performance of the projects;

(d) meeting the performance and reporting requirements of this Schedule;

(e) monitoring establishment and ongoing implementation of clinical pathways to ensure appropriate referrals and escalation procedures;

(f) undertaking marketing activities to promote the services and ensure that patients are directed to the most appropriate care;

(g) where appropriate, ensure that necessary infrastructure is in plan to enable the delivery of services as outlined in clause E3;

(h) where appropriate, ensuring that any building projects are completed by a builder or builders who are accredited under the Australian Government Building and Construction Occupational Health and Safety accreditation scheme;

(i) where appropriate, ensuring that building practices comply with the National Code of Practice for the Construction Industry and the Australian Government Implementation Guidelines for the National Code of Practice for the Construction Industry, is a requirement of receiving funding from the Commonwealth; and

(j) providing data and input that contributes to the independent evaluation of the activities, outcomes and outputs of this Schedule.

PERFORMANCE MONITORING AND REPORTING

E13 Tasmania will provide quarterly data sets and six-monthly Progress Reports for projects outlined under Clause E3.

Action Plans

E14 In accordance with Clause 12(b) of the Agreement, Tasmania will develop an Action Plan in consultation with the Commonwealth that sets out Tasmania's strategy for delivering outputs under this Schedule. From 2013-14 Action Plans will be agreed on an annual basis prior to the commencement of the subject year.

E15 Action Plans will include service delivery details to assist in evaluating the effectiveness of the projects outlined under Clause E3, clinical redesign. This level of information will be reviewed and updated annually, based on analysis of data and evaluation findings. The template for an Action Plan is at **Annex 1** may be amended in future years by agreement between the Commonwealth and Tasmania based on relevant changes to the scope and/or implementation of the services.

E16 Action Plans must also include details of any arrangements for the fit-out of premises, staff recruitment and management and hours of operation. The 2012-13 funding will be used to ensure that all necessary facilities, infrastructure and resources are available as soon as possible to support the expansion of the existing Fast Track Clinic within the Launceston General Hospital, and the establishment of an Emergency Medical Unit and the continued employment of the Psychiatric Emergency Nurses at the Royal Hobart Hospital.

Quarterly Data Sets

E17 The format of quarterly data reporting will be agreed between the Commonwealth and Tasmania within one month of signing this Schedule. The quarterly data sets may potentially include:

(a) demographic profile of all service users;

(b) occasions of service (by URG and/or DRG);

(c) number of presentations requiring diagnostic services (imaging and/or pathology) and pharmacy;

(d) wait times, consultation/treatment times and 'did not waits' by day of week and time of day

(e) number and origin/destination of referrals to/from the services (e.g. GPs, community health organisations, aged care facilities, multidisciplinary teams and EDs);

(f) changes in triage status of patients and movement between services;

(g) inappropriate presentations;

(h) unplanned re-presentations within 48 hours, 14 days and 28 days;

(i) patient experience and satisfaction with service;

(j) health professional experience and satisfaction with service;

(k) impacts on demand for ED services (volume, waiting times and achievement of the National Emergency Access Target);

(l) impacts on demand for admitted services (number of patients avoiding admission);

(m) adverse events/effects;

(n) number of electronic discharge summaries sent to regular care providers within 4 days of discharge; and

(o) cost of care for all new, existing and avoided services on a unit basis.

E18 Additional data items may be included for evaluation and reporting by agreement between the Commonwealth and Tasmania for projects outlined under Clause E3, clinical redesign.

E19 Quarterly data sets for projects outlined under Clause E3, clinical redesign are due to the Commonwealth within one month of the end of that quarter and where possible, with the agreement of Tasmania, will be provided through a system developed by the independent Commonwealth commissioned evaluator.

E20

Progress Reports

E21 Tasmania will report against the projects outlined in the annual Action Plan, with the exception of activity undertaken in respect to Clauses E2(b) and E2(c), at six month intervals in accordance with the timeframes outlined in Table E1. Reports are due to the Commonwealth within one month of the end of the preceding six month period and in the format at **Annex 2**.

Table E1: Progress Reports

Reporting Period	Due Date
1 July 2014 to 31 December 2014	31 January 2015
1 January 2015 to 30 June 2015	31 July 2015
1 July 2015 to 31 December 2015	31 January 2016
1 January 2016 to 30 June 2016	31 July 2016

E22 All Progress Reports will cover progress against the accepted Action Plan, details of activity and expenditure to date, and include a status update current as of the final day of the Progress Report period. Performance data and other information contained in quarterly data reports will be used in the ongoing evaluation of the program to be conducted by an independent

evaluator to be commissioned by the Commonwealth for projects outlined under clause E3, clinical redesign.

E23 An annual financial report will be due on 28 February each year and will include financial expenditure data for each project under Clause E3, covering the preceding financial year and the six months to 31 December. The financial information will contain cumulative data on the full costs associated with the services under Clause E3 to allow for future modelling and assessment of sustainability for project outlined under clause E3, clinical redesign.

E24 A final financial expenditure data report is due by 30 November 2016 and will cover the period between 1 January 2016 and 30 June 2016.

E25 The format of annual financial data reports provided under Clause E3 will be agreed between the Commonwealth and Tasmania.

Final Report

E26 A Final Report is due following completion of the program to allow for final assessment of outcomes. The Final Report will be a stand-alone document that can be used for public information dissemination purposes regarding the projects under this Schedule and must:

(a) describe the conduct, benefits and outcomes of each project;

(b) evaluate the extent to which the program achieved that specified in the Action Plans; and

(c) explain why any aspect of the program was not achieved.

FINANCIAL ARRANGEMENTS

Financial contributions

E27 Under this Schedule, the Commonwealth will provide an estimated financial contribution to Tasmania of $26.0 million over the period 2012-13 to 2015-16 as outlined in Table E2.

Table E2: Estimated Commonwealth financial contribution ($ millions)

Year	2012-13	2013-14	2014-15	2015-16	Total
Total estimated Commonwealth financial contribution	4.74	6.94	5.34	8.99	**26.01**

Note: All figures are rounded and may not total actual allocations. Actual payments will be calculated to the nearest dollar.

E28 Payments will be made as set out in Table E3.

Table E3: Milestones and associated payments

2012-13 Milestones	**Due date**	**Amount**
Commonwealth receipt of 2013-14 Draft Action Plan including estimated levels of activity and service commencement dates	30 June 2013	$4.74 million
2013-14 Milestones		
Commonwealth acceptance of 2013-14 Action Plan	30 August 2013	$3.47 million
Commonwealth acceptance of quarterly data sets for each service for the period July 2013 to October 2013	30 November 2013	$1.74 million
Commonwealth acceptance of all quarterly data sets for each service for the period November 2013 to April 2014	31 May 2014	$1.74 million
2014-15 Milestones		
Commonwealth acceptance of 2014-15 Action Plan associated with Clause E2(a)	1 July 2014	$2.55 million
Commonwealth, acceptance of quarterly data sets for each service for the period May 2014 to October 2014	30 November 2014	$1.27 million
Provision of an agreed schedule of activities to be undertaken in relation to Clause E2(c)	30 April 2015	$0.25 million
Commonwealth acceptance of all quarterly data sets for each service for the period November 2014 to April 2015	31 May 2015	$1.27 million
2015-16 Milestones		
Commonwealth acceptance of 2015-16 Action Plan associated with Clause E2(a)	1 July 2015	$2.55 million
Execution of the Deed of Novation regarding activities to be undertaken in relation to Clause E2(b)	1 July 2015	$3.60 million
Provision of an agreed schedule of activities to be undertaken in relation to Clause E2(c)	1 July 2015	$0.25 million
Commonwealth acceptance of all quarterly data sets for the period May 2015 to October 2015	30 November 2015	$1.29 million
Commonwealth acceptance of all data sets for the period November 2015 to April 2016	31 May 2016	$1.29 million
Commonwealth acceptance of all remaining data sets in relation to Clause E2(a)	31 August 2016	$0

E29 For the purposes of this Schedule the following definitions are provided:

(a) **Adverse event**[1] – an incident in which harm results to a person receiving health care

(b) **Emergency Medical Unit (Royal Hobart and Launceston General Hospitals)** – an observation unit in the emergency department for patients requiring between 4 and 24 hours of therapy

(c) **Community health organisations** – Government and non-government providers of healthcare outside acute and general practice services. This may include community health centres, Integrated Care Centres and private allied health services

(d) **Consultation time** – the time a patient spends with medical personnel for diagnosis and/or treatment

(e) **Did not wait** – the patient left the premises of their own accord, after triage but prior to being examined

(f) **DRG** – Diagnosis Related Groups – patient classification system which provides a clinically meaningful way of relating the types of patients treated in a hospital to the resources required by the hospital

(g) **Fast Track Clinic** – an alternative treatment space in emergency departments dedicated to rapid triage and treatment of patients with minor illnesses and injuries

(h) **Inappropriate presentation** – a patient presenting with an illness/injury that does not fall within the scope of the projects described in this Schedule

(i) **Multidisciplinary team** – a team composed of members from different healthcare professions with specialised skills and expertise who collaborate together to make treatment recommendations that facilitate quality patient care

(j) **NEP** – National Efficient Price determined by the Independent Hospital Pricing Authority

(k) **Occasions of service** – the administration of treatment or diagnosis

(l) **Referral** - the recommendation for a patient to see another health professional for a specified reason

(m) **S.90 community pharmacy** – community based pharmacies that are approved under Section 90 of the *National Health Act 1953* to supply pharmaceutical benefits at particular premises

(n) **Unplanned re-attendance** – a patient who represents with an illness/injury that was perceived to be resolved

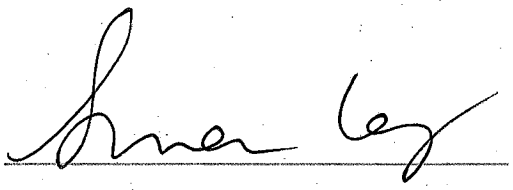
(o) **URG** – Urgency Related Groups – patient classification system which provides a way of relating the number and types of patients treated in an Emergency Department i.e. summarises Emergency Department patient complexity and type

(p) **Waiting time** – the time elapsed between patient presentation and the commencement of clinical care

[1] Australian Commission on Safety and Quality in Health Care, *National Safety and Quality Health Service Standards*, Sept 2012

The Parties have confirmed their commitment to this agreement as follows:

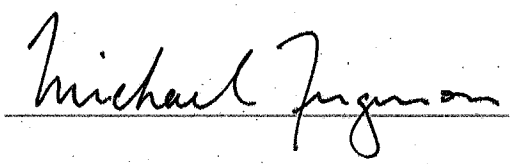
Signed *for and on behalf of the Commonwealth of Australia by*



The Honourable Sussan Ley MP
Minister for Health and Minister for Sport of the Commonwealth of Australia

17/6/ 2015

Signed *for and on behalf of the State of Tasmania by*



The Honourable Michael Ferguson MP
Minister for Health of the State of Tasmania

3 June 2015

Annex 1

NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN TASMANIA – SCHEDULE E

ANNUAL ACTION PLAN

To be completed in accordance with the terms of the Schedule

Date submitted	
Primary contact name	
Phone	
Email	
Secondary contact name	
Phone	
Email	

FOR THE YEAR <201? To 201?>	
Provide details of activity to be undertaken to inform state-wide system reform to improve public patient access to services.	

(Copy and complete this table for each discrete project under the Schedule)

FOR THE YEAR <201? To 201?>	
Provide descriptive details of the model of care to be provided	
Provide details of any refurbishment or fit out to premises to be undertaken	
Provide details of the expected quantum and type of services to be provided under this Schedule	
Provide details of the expected hours of operation	
Provide details of corporate and clinical governance arrangements	
Provide details of the staffing profile and any recruitment activities to be undertaken	
Provide details of the protocols to ensure appropriate referrals to and from the centre and other services (eg GPs, EDs, multidisciplinary teams and community health organisations)	
Provide details of steps to be taken to avoid/minimise inappropriate presentations	

Identify any challenges to delivering services and mitigating strategies	
Provide details of any other issues/sensitivities	