

# Improving the Management of Subacute and Acute Care

## NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN TASMANIA

### PRELIMINARIES

- G1 The outcomes and outputs of this Schedule will contribute to improving the quality of the Tasmanian health system through a program of work focused on taking a patient centred approach which reflects the patient journey across services. The program of work will aim to improve subacute care in Tasmania by developing a clear service model for geriatric evaluation and management care (GEM), for rehabilitation, and by promoting cultural change. The program will also develop a multi-morbidity framework for acute and primary care, and will aim to improve the quality, safety, efficiency and continuity of care delivered in Tasmania.
- G2 The Commonwealth will provide the Tasmanian Government with \$20.7 million from 2016-17 to 2019-20 for subacute and acute health reform projects in Tasmania, to build on the reforms underway through the Tasmanian Government's *One State, One Health System, Better Outcomes* reforms, by extending the objective of a single health system to include settings outside of acute hospitals.

### TERMS OF THIS SCHEDULE

- G3 This Schedule will take effect from the date that it is signed by the Commonwealth and the Tasmanian Government (the Parties). It will expire on 31 August 2020, or upon completion of the project and the acceptance of the final performance report, and processing of the final payments against the milestones.
- G4 This Schedule may be terminated early, or extended, as agreed by the Parties and evidenced in writing. Early termination or extension of this Schedule must occur in accordance with Part 6 – Governance Arrangements of the National Partnership Agreement on Improving Health Services in Tasmania (the Agreement).

### OUTCOMES AND OUTPUTS

#### Outcomes

- G5 The outcomes of this Schedule will be:
- a) the development of a patient-centred approach which is reflective of the patient journey through all care settings and their contribution to effective self-management;
  - b) strengthened networks and linkages between primary and specialist providers, and between the primary and acute sector;

- c) improved integration and coordination between the primary and community health sectors;
- d) improved culture including boundary and role clarification, data exchange and communications;
- e) enhanced focus on both service and system level collaboration and care co-ordination (public, private, community, tertiary and aged) between providers and settings;
- f) reduction in avoidable hospital presentations, admissions and re-admissions; and
- g) improved patient experience in the areas of rehabilitation and GEM.

## Outputs

- G6 The outcomes of this Schedule will be achieved by the development and implementation of projects that supports the following outputs:
- a) comprehensive review of rehabilitation and GEM services in Tasmania including priority areas for action;
  - b) a state-wide Model of Care for Rehabilitation;
  - c) a state-wide Model of Care for GEM;
  - d) implementation plans to support the implementation of the GEM and Rehabilitation Models of care;
  - e) development of resources and workforce development plans across care settings;
  - f) a subacute policy framework that will establish future strategic and service delivery priorities in Tasmania and embed service and system developments and reforms commenced and implemented through this action plan; and
  - g) resources for community and consumer awareness raising and capacity building.

## ROLES AND RESPONSIBILITIES

- G7 To realise the outcomes and outputs of this Schedule, each party has specific roles and responsibilities to achieve in addition to the roles and responsibilities under the Agreement.

### Role of the Commonwealth

- G8 The Commonwealth agrees to be accountable for the following additional roles and responsibilities:
- a) accepting satisfactory Action Plans;
  - b) monitoring the performance in the delivery of outcomes for this Schedule; and
  - c) accepting satisfactory progress reports for the Action Plans demonstrating improved management of subacute and acute care.

## Role of Tasmania

- G9 Tasmania agrees to be accountable for the following additional roles and responsibilities:
- a) overseeing the performance of all projects detailed in the Action Plan as agreed by the Commonwealth.
  - b) meeting the performance and reporting requirements of this Schedule.

## PERFORMANCE MONITORING AND REPORTING

- G10 Tasmania will provide six-monthly Progress Reports and a Final Report for each agreed Action Plan.

## Action Plans

- G11 In accordance with Clause 12 b) of the Agreement, Tasmania will develop Action Plans in consultation with the Commonwealth that set out Tasmania's strategy for delivering Outputs under this Schedule.
- G12 The Action Plans will:
- a) detail the scope, cost and timeframe for activities funded in order to achieve the outcomes and outputs of this Schedule;
  - b) address how the activities will achieve Outcomes and Outputs of this Schedule;
  - c) be prepared using the template at Annex 1;
  - d) be reviewed and updated (if required) by Tasmania within six months of this Schedule being signed; and
  - e) be reviewed and updated (if required) annually by Tasmania.
- G13 Six Action Plans have been agreed as follows:
- a) Improving the Management of Subacute Care;
  - b) Delivering connected care for complex patients with multiple chronic needs;
  - c) Anticipatory Care Trials;
  - d) Building Capability and Capacity of Rural and Regional Services;
  - e) Outreach Support – Alcohol and Drug Services; and
  - f) Subacute Capability Building.

## Progress Reports

- G14 Progress against the projects outlined in the Action Plans will be reported in accordance with the timeframes outlined in Table G1. Progress Reports for the Action Plans are due to the Commonwealth within one month of the end of the reporting period and in the format at Annex 2, or in a format agreed by both the Commonwealth and Tasmanian Government.

Table G1 - Progress Reports

| Reporting Period   | Due Date        |
|--|-----------------|
| <b>Improving Primary Health Care</b>   |                 |
| Commencement of agreement to 30 December 2017                                | 31 January 2018 |
| 1 January 2018 – 30 June 2018  | 31 July 2018    |
| 1 July 2018 – 31 December 2018   | 31 January 2019 |
| 1 January 2019 – 30 June 2019  | 31 July 2019    |
| <b>Delivery of services to vulnerable patients with complex health needs</b> |                 |
| Commencement of agreement to 30 December 2017                                | 31 January 2018 |
| 1 January 2018 – 30 June 2018  | 31 July 2018    |
| 1 July 2018 – 31 December 2018   | 31 January 2019 |
| 1 January 2019 – 30 June 2019  | 31 July 2019    |
| <b>Anticipatory Care Units</b>   |                 |
| Commencement of agreement to 30 March 2018                                   | 30 April 2018   |
| 1 April 2018 – 30 September 2018   | 31 October 2018 |
| 1 October 2018 – 31 March 2019   | 30 April 2019   |
| 1 April 2019 – 30 September 2019   | 31 October 2019 |
| <b>Building up of Rural Regional Services</b>                                |                 |
| Commencement of agreement to 30 March 2018                                   | 30 April 2018   |
| 1 April 2018 – 30 September 2018   | 31 October 2018 |
| 1 October 2018 – 31 March 2019   | 30 April 2019   |
| 1 April 2019 – 30 September 2019   | 31 October 2019 |
| <b>Outreach Support – Alcohol and Drug Services</b>                          |                 |
| Commencement of agreement to 30 March 2018                                   | 30 April 2018   |
| 1 April 2018 – 30 September 2018   | 31 October 2018 |
| 1 October 2018 – 31 March 2019   | 30 April 2019   |
| 1 April 2019 – 30 September 2019   | 31 October 2019 |
| <b>Supporting Primary Funding</b>  |                 |
| Commencement of agreement to 30 March 2018                                   | 30 April 2018   |
| 1 April 2018 – 30 September 2018   | 31 October 2018 |
| 1 October 2018 – 31 March 2019   | 30 April 2019   |
| 1 April 2019 – 30 September 2019   | 31 October 2019 |

- G15 Each Progress Report will follow the template at Annex 2 to this Schedule. Each Progress Report will cover progress against each accepted Action Plan towards delivery of outputs and include:
- details of activity current as of the final day of the reporting period;
  - expenditure to date, current as of the final day of the reporting period;
  - next steps, including a short summary of activities that are expected to occur in the next reporting period and the expected dates of completion;
  - information on any delays that have been experienced, details of the cause of delay/s and actions completed or planned to mitigate future delays; and
  - advice on any other sensitive issues that may impact on achieving milestones, or sensitivities of which the Australian Government should be aware.

- G16 Progress Reports will not be required where all of the projects outlined in the Action Plan are complete, deliverables have been met, and a satisfactory final report has been received and accepted by the Commonwealth.

## Final Reports

- G17 A Final Report for each Action Plan is to be provided to the Commonwealth to provide a final assessment of outcomes, in accordance with timeframes in Table G2.

**Table G2 – Final Reports**

| <b>Final Report</b>  | <b>Due Date</b> |
|--|-----------------|
| Improving the Management of Subacute Care                                  | 31 January 2020 |
| Delivering connected care for complex patients with multiple chronic needs | 31 January 2020 |
| Anticipatory Care Trials   | 30 April 2020   |
| Building Capability and Capacity of Rural and Regional Services            | 30 April 2020   |
| Outreach Support – Alcohol and Drug Services                               | 30 April 2020   |
| Subacute Capability Building   | 30 April 2020   |

- G18 The Final Reports will be stand-alone documents that can be used for public information dissemination purposes regarding the projects under this Schedule and will:
- a) describe the conduct, benefits and outcomes of each project;
  - b) evaluate the extent to which the program achieved the outcomes specified in the Action Plan;  
and
  - c) explain why any aspect of the program was not achieved.

## FINANCIAL ARRANGEMENTS

### Financial Contributions

G19 Under this Schedule, the Commonwealth will provide Tasmania with up to \$20.7 million over the 2016-17 to 2018-19 period as outlined in Table G3.

Table G3 – Commonwealth financial contributions (\$m) <sup>(a)</sup>

|  | 2016-17<br>\$m | 2017-18<br>\$m | 2018-19<br>\$m | Total<br>\$m |
|--|----------------|----------------|----------------|--------------|
| Improving the Management of Subacute Care                                  | 5.0            | -              | -              | 5.0          |
| Delivering connected care for complex patients with multiple chronic needs | 0.663          | 0.037          | -              | 0.7          |
| Anticipatory Care Trials   | -              | 1.35           | 1.0            | 2.35         |
| Building capability and capacity of rural and regional services            | -              | 2.713          | 1.35           | 4.063        |
| Outreach Support – Alcohol and Drug Services                               | -              | 0.9            | 0.3            | 1.2          |
| Subacute capability building   | -              | 5.0            | 2.35           | 7.35         |
|  | 5.663          | 10.0           | 5.0            | 20.663       |

(a) Subject to agreement to Action Plans

G20 Payments will be made as set out in Table G4.

Table G4 – Milestones and associated payments

| Milestone  | Due Date                 | Payment (\$m) |
|--|--------------------------|---------------|
| <b>Improving the Management of Subacute Care</b>                       |                          |               |
| Signing of the Schedule and Commonwealth acceptance of the Action Plan | Agreement to Action Plan | 5.0           |

| <b>Delivering connected care for complex patients with multiple chronic needs</b>   |                          |       |
|---|--------------------------|-------|
| Signing of the Schedule and Commonwealth acceptance of the Action Plan              | Agreement to Action Plan | 0.663 |
| Acceptance by the Commonwealth of the Commencement of agreement to 30 December 2017 | 31 January 2017          | 0.037 |

| <b>Anticipatory Care Trials</b>  |            |      |
|--|------------|------|
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 1.35 |
|  | April 2019 | 1.0  |

| <b>Building capability and capacity of rural and regional services</b>           |            |       |
|--|------------|-------|
| <b>Project 1 - Building Medical Workforce Capacity</b>                           |            |       |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 0.7   |
|  | April 2019 | 0.592 |
| <b>Project 2 - Building Allied Health capability and capacity</b>                |            |       |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 1.013 |
|  | April 2019 | 0.387 |
| <b>Project 3 - Developing a Wellness Framework for Tasmania</b>                  |            |       |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 1.0   |
|  | April 2019 | 0.371 |

| <b>Outreach Support - Alcohol and Drug Services</b>                              |            |     |
|--|------------|-----|
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 0.9 |
|  | April 2019 | 0.3 |

| <b>Subacute capability building</b>  |            |      |
|--|------------|------|
| <b>Project 1 - Improving collaborative care</b>                                  |            |      |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 3.0  |
|  | April 2019 | 1.6  |
| <b>Project 2 - SoPI/TRDF grants program</b>                                      |            |      |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 1.5  |
|  | April 2019 | 0.7  |
| <b>Project 3 - Post-acute discharge clinical redesign</b>                        |            |      |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 0.3  |
|  | April 2019 | 0.05 |
| <b>Project 4 - Telerehab</b>   |            |      |
| Completion of scheduled Project stages in accordance with the agreed Action Plan | April 2018 | 0.2  |

**NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN  
TASMANIA  
- SCHEDULE G  
ACTION PLAN**

*To be completed in accordance with the terms of the Schedule*

|                          |  |
|--------------------------|--|
| <b>Due Date:</b>         |  |
| <b>Date submitted:</b>   |  |
| <b>Primary Contact:</b>  |  |
| <b>Phone:</b>            |  |
| <b>Email:</b>            |  |
| <b>Secondary Contact</b> |  |
| <b>Phone:</b>            |  |
| <b>Email:</b>            |  |

| Project Number                   | Name |
|----------------------------------|------|
| <b>Activity Description</b>      |      |
| <b>Outputs</b>                   |      |
| <b>Outcomes</b>                  |      |
| <b>Estimated Cost</b>            |      |
| <b>Milestones</b>                |      |
| <b>Estimated Start Date</b>      |      |
| <b>Estimated Completion Date</b> |      |



**NATIONAL PARTNERSHIP AGREEMENT ON IMPROVING HEALTH SERVICES IN  
TASMANIA  
- SCHEDULE G**

**PROGRESS REPORT – [month, year]**  
*To be completed in accordance with the terms of the Schedule*

|                           |  |
|---------------------------|--|
| <b>Due Date:</b>          |  |
| <b>Date submitted:</b>    |  |
| <b>Primary Contact:</b>   |  |
| <b>Phone:</b>             |  |
| <b>Email:</b>             |  |
| <b>Secondary Contact:</b> |  |
| <b>Phone:</b>             |  |
| <b>Email:</b>             |  |

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

| Service name and location   |                                      |  |
|---|--------------------------------------|--|
| Progress to date  |                                      | <i>(Please provide a short summary of any activities that have occurred in relation to the project, for example, elements of the project that have been completed or are progressing, steps taken to implement the project etc...)</i> |
| Outcomes/Outputs  |                                      | <i>(Please indicate progress towards achieving Schedule outcomes and outputs as a result of this progress)</i>   |
| Next steps:   |                                      | <i>(Please provide a short summary of the activities that are expected to occur in the next reporting period)</i>  |
| Have there been any delays in the project? If yes, please provide details:                            | YES NO<br><i>(please circle box)</i> | <i>(If yes, please provide details of any problems that have been encountered in completing the project, for example, delays in implementation and barriers preventing work.)</i>  |
| Has there been any change to overall cost estimates?  | YES NO<br><i>(please circle box)</i> | <i>(If yes, please provide details of how cost estimates have changed and the reasons why.)</i>  |
| Other issues/sensitivities including relationship with other Commonwealth or state funded activities. |                                      | <i>(Are there any other issues that may impact on the successful completion of this project by the due date; or any other sensitivities that the Commonwealth should be aware of)</i>  |

## Schedule G

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

*Signed for and on behalf of the Australian Government by*

A handwritten signature in black ink, appearing to be 'G. Hunt', written over a horizontal line.

**The Honourable Greg Hunt MP**

Minister for Health

Date *10* January 2018

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

A handwritten signature in black ink, appearing to be 'M. Ferguson', written over a horizontal line.

**The Honourable Michael Ferguson MP**

Minister for Health

Date *10* January 2018