

# TASMANIA'S HEALTH PLAN

Project Progress Chart  
*to December 2009*



# Tasmania's Health Plan

In May 2007, the Tasmanian Government released Tasmania's Health Plan. It is a roadmap to an integrated healthcare delivery system that meets the health needs of the community that we serve, today and into the future.

Tasmania's Health Plan was developed because our health system faces a number of challenges that cannot be ignored:

- o a dramatic increase in chronic disease
- o an ageing population
- o increasing costs of healthcare
- o an ageing workforce, and difficulties in recruiting staff

To meet these challenges to our health system today, tomorrow and for years to come, we need a comprehensive and strategic health plan for our state.








## Tasmania's Health Plan is underpinned by these principles:

- |  |   |
|--|---|
| All our health services will be:                   | Where services cannot be delivered safely, effectively and at an acceptable cost from within local communities, access to services should be facilitated through: |
| o accessible                                       | o service coordination  |
| o providing care that's needed, when it's needed   | o the provision of outreach services from an external base  |
| o client and family focused                        | o the use of technology   |
| o integrated with other health services            | o transport assistance  |
| o focused on being well, not just treating illness | o and other appropriate community support   |
| o planned for the future (sustainable)             |   |
| o delivered in a culturally appropriate manner     |   |

Tasmania's Health Plan will ensure we get the best value for our massive investment in health – 35% of the state budget – while meeting changing community needs.

## A guide to the Project Progress Chart

Progress chart indicators show at a glance how each of the active projects is going:

-  Project has been finalised
-  Project in trouble – problem with scope, plan, budget or resources
-  Project has some but not all resources needed
-  Project in progress
-  Project is on hold due to an externality, interdependency or scope change
-  Project is experiencing some difficulties
-  Revised project timeline

A revised project timeline may occur either because a project has started early or a project has had delays that have led to a change in the end date. Where projects are rolled into other projects, their place in the progress chart has been shaded. This may have occurred for a range of reasons.

In some cases projects are affected by departmental changes that have reduced the divide between primary and acute health services. For example, instead of having a service capability framework developed for primary health services and another for acute care services, the integrated approach brings both together under one plan, much in the same way as the Primary Health Services Plan and Clinical Services Plans have been brought together under Tasmania's Health Plan.

***Tasmania's Health Plan is helping create a safe, sustainable and efficient health system that provides all Tasmanians with the care they need, when they need it.***

You can find more information about Tasmania's Health Plan, including our monthly newsletters and the rest of our quarterly progress reports at [www.dhhs.tas.gov.au/thp](http://www.dhhs.tas.gov.au/thp)

## Significant progress on an ambitious agenda

Back in June 2007 the Department of Health and Human Services (DHHS) put together an implementation plan for the newly-released Tasmania's Health Plan. It was an ambitious agenda of more than 100 projects, stretching out over three and a half years.

Looking back over the progress made up until the end of 2009, it is clear that much has been achieved.

And while there are a number of projects yet to be completed, these are well underway.

***Tasmania's Health Plan is a living document, guiding service development into the future.***

This Progress Report only focuses on those projects set out in that original implementation plan. Yet Tasmania's Health Plan has continued to guide service development into the future.

For example, at the time of publication (January 2010), Premier David Bartlett and Health Minister Lara Giddings announced the State Government move to purchase the North West Regional Hospital from its private owners, Burnie Hospital Limited.

Ms Giddings said "By purchasing the hospital from its private owners, we will be able to plan for further development on the site and provide long term certainty for hospital services in NW Tasmania."

Premier David Bartlett and Health Minister Lara Giddings also announced additional State Government funding of almost \$8 million for redevelopment of the Mersey Community Hospital.

"This redevelopment is in line with Tasmania's Health Plan to ensure Mersey remains an essential part of acute health services on the Coast," Ms Giddings said.

## Setting the direction for the future

DEPARTMENT OF HEALTH AND HUMAN SERVICES



Tasmania's Health Plan has also been incorporated into DHHS Strategic Directions, along with other programs, under the Future Health strategy:

- Tasmania's Health Plan
- Bridging the Gap: Reform of Mental Health Services
- Improving Time to Treatment: Tasmania's Elective Surgery Improvement Plan
- Leading the Way: Tasmania's Health Professionals Shaping Future Care
- Working in Health Promoting Ways: A Strategic Framework for DHHS
- Keeping our Services Safe: Safety and Quality Reforms

You can find more information on this at

[http://www.dhhs.tas.gov.au/about\\_the\\_department/strategic\\_directions\\_2009-2012](http://www.dhhs.tas.gov.au/about_the_department/strategic_directions_2009-2012)

# project overview – clinical support, safety and quality of services

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10
<b>Strengthening Clinical Support, Safety and Quality of Services</b>												
✓	<b>Develop Clinical Network Model and Operational Framework</b>	Develop a framework of governance, scope, funding and accountability for clinical networks, Advisory Council.	—————									
✓	<b>New Clinical Advisory Council</b>	a) Develop a short consultation paper on establishing a new Clinical Advisory Council and clinical networks.			———							
✓		b) Select membership and convene the new Clinical Advisory Council.			—————							
✓	<b>Cancer Network incorporating Tas Cancer Network Project - state-wide service</b>	Establish a Cancer service Network Demonstration Program (CanNET) in partnership with Cancer Australia funding to support the establishment of a managed clinical network for cancer services in Tasmania.	—————									
✓	<b>Best Practice, Credentialing and Scope of Practice</b>	Establish best practice processes for credentialing and to define process for scoping the practice of senior clinicians.			—————			—————				
✓	<b>Rehabilitation and Aged Care Network</b>	Develop a network to enhance the coordination of patient care across the State.			—————			—————				
●	<b>Chronic Disease Network</b>	Develop a network to enhance the coordination of patient care across the State.					—————		—————			

# comments – clinical support, safety and quality of services

## A few words about clinical support ...

Clinical support and clinical networks increase the involvement of health professionals and key stakeholders in the planning, delivery, evaluation and improvement of health services.

Tasmania's Health Plan is committed to this through the:

- establishment of the Tasmanian Clinical Advisory Committee
- development of clinical networks
- creation of a new position – Chief Health Officer.

### Tasmanian Clinical Advisory Committee



*Dr Craig White, Chief Health Officer, has wide experience in health services at senior operational, management, policy and strategic levels, including two years as CEO of the Royal Hobart Hospital.*

*He is the Chair of the Tasmanian Clinical Advisory Committee.*

### Tasmanian Cancer Clinical Network



*Dr Cameron Hunter is a Staff Specialist (Respiratory/General Medicine) at the Royal Hobart Hospital.*

*He is the Clinical Leader of the Tasmanian Cancer Clinical Network.*

### Aged Care and Rehabilitation Network



*Dr David Dunbabin is a Staff Specialist (Geriatric Medicine) at the Royal Hobart Hospital.*

*He is the Clinical Leader of the Aged Care and Rehabilitation Network.*

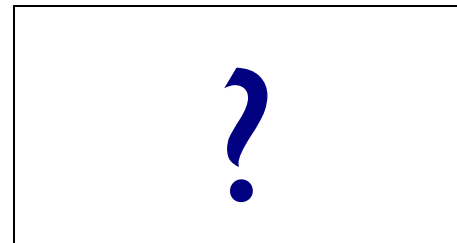
### Palliative Care Network



*Professor Michael Ashby is the Clinical Director of Palliative Care at the Southern Tasmanian Area Health Service.*

*He is the Clinical Leader of the Palliative Care Network.*










### Chronic Disease Network



*Expressions of interest have been called for the Clinical Leader of the Chronic Disease Network.*

*This selection process is happening now!*

## project overview – education and training

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10
<b>Education and Training</b>												
	<b>Development of Clarence Inter professional Learning and Education site</b>	Work with the University to examine the feasibility of a Primary Health Clinical Centre at the Clarence Community Health Centre providing inter-professional learning experience for medical, nursing and allied health staff in a community based setting. General practice service to the community will continue under this arrangement.		—————								
	<b>Development of Launceston Interprofessional Learning and Education site</b>	Work with the University to examine the feasibility of developing the Launceston General Hospital precinct as an enhanced primary and secondary education centre providing interprofessional learning for health professional students.		—————								
	<b>Further development of Rural Health Centres as Rural Health Teaching Sites</b>	Increase the number of rural health teaching sites over the course of the THP roll out to increase access to learning facilities across the state.			—————							
	<b>Strengthen Partners in Health agreement to further develop health research and education</b>	Work with the University of Tasmania to further develop health research and education in Tasmania, strengthening links and expanding the scope of education and research in health services and health outcomes	—————						———			
	<b>Explore the potential to expand allied health tertiary education in Tasmania</b>	a) Increasing access to Physiotherapy education in Tasmania.	—————									
		b) Increasing access to Nutrition and Dietetics education in Tasmania.					—————					
		c) Further development of a degree course for environmental Health officers in Tasmania.	—————									
		d) Increased Workplace Clinical Psychology Training across the department.			—————			———				
	<b>Research and evaluation of demonstration sites established under Tasmania's Health Plan</b>	Monitor all projects undertaken under Tasmania's Health Plan for effectiveness in order to measure the success of each project.			—————							

## comments – education and training

### Training health professionals in Tasmania ...

Tasmania's Health Plan is about making sure we have the health professionals we need to meet the changing needs of Tasmanians. An example of where the University of Tasmania (UTas) and the DHHS have worked together to achieve this is Environmental Health Officers.

There has been a decline in the number of Environmental Health Officers employed by councils over the past decade, at the same time as the scope of work had been expanding.



**University of Tasmania and the DHHS worked together to introduce a new course by the School of Human Life Sciences - Bachelor of Health Science (Environmental Health), offered in Launceston in 2008.**

This new degree course will increase the number and capacity of qualified people to meet future workforce demands and environmental health challenges.

The scope of the role is broad, dealing with issues including food safety, air and water quality, solid waste management, health promotion epidemiology, communicable diseases prevention and control, noise pollution and the use of hazardous substances ...just to name a few.



**Mr Jeff McNamara has been appointed as Lecturer in Environmental Health as part of a conjoint position with DHHS and UTas.**

**Jeff has been an Environmental Health Officer in Tasmania and interstate for thirty years and was previously the Director of Development Services at the Central Coast Council.**

Enrolment numbers have been pleasing, with five of the current student cohort already obtaining cadetships with Local Government Authorities.

The first cohort from the program will graduate in mid 2011.

### Evaluating Tasmania's Health Plan

No matter what the size of a project, it is important to measure its achievements against what it set out to do. The DHHS is committed to a rigorous evaluation of Tasmania's Health Plan so that we can deliver high quality, safe services for the people of Tasmania.

This evaluation is happening now and will continue until all Tasmania's Health Plan projects have been completed. This will help us better understand 'what works' for Tasmania.



# comments – enablers

## Building for the future ...

*at the Bruny Island Community Health Centre*

... improving our rural health and community services



*at the Launceston General Hospital Department of Emergency Medicine*

... improving access to emergency medical care



*at the Clarence GP Super Clinic and Integrated care Centre*

... improving the treatment of chronic diseases



*with accessible living units in the Central Highlands*

... enabling independent living for the aged and disabled



*at the new Tasmanian Ambulance Station and extension to the Triabunna Community Health Centre*

... improving our emergency medical retrieval services



*at surgical theatres and new acute oral health unit within the North West Regional Hospital*

... improving our emergency and elective surgery services



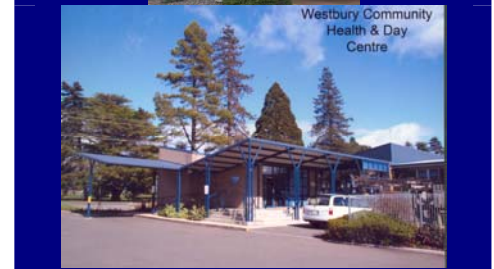
*with a new electronic medical records system linking all Tasmania's public hospitals*

... improving the safety and quality of our services











*at the Westbury Community Health Centre*

... improving health and community services to rural Tasmania



## project overview – general practice integration

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10	
<b>General Practice Integration</b>													
	<b>Primary Health working with General Practice on chronic disease</b>	a) Develop a whole of state strategy for general practice		—————									
		b) Develop a policy framework to guide general practice provision of state funded community health services	—————										
		c) Develop a consistent DHHS policy concerning the availability of support arrangements for general practice.			—————								
		d) Development of demonstration services for GP provision of state funded community health services			—————								
		e) Evaluation of demonstration outcomes					—————						
		f) Expansion of GP provision of state funded community health services									—————		
	<b>DHHS and GP Links (with mental health services, alcohol and drug services)</b>	Strengthen links between a range of DHHS services, such as mental health, drug and alcohol services for example, with General Practice to foster a multi-disciplinary team approach to action around chronic disease.	—————										
	<b>Sustainable General Practice</b>	a) Develop principles and policies for the engagement of general practice	—————										
		b) Increase support through GP Workforce Tasmania for GP recruitment	—————										



**Why is this on hold?** Tasmania has not been able to finalise the whole-of-state strategy for general practice until the Australian Government settles on the national model for primary health funding and service provision. This is expected to become clearer in the first half of 2010.

## comments – general practice integration

### A few words about general practice ...

Under Tasmania's Health Plan, the DHHS is providing funding to General Practice Workforce Tasmania over three years to help recruit and retain rural general practitioners, especially in areas where the DHHS operates district hospitals and Community Health Centres.

GP Workforce Tasmania has employed a full time Recruitment Officer to help manage vacancies at practices in rural areas. This additional capacity has been instrumental in helping a number of rural GP practices to achieve a sustainable level of staffing.

A part-time Project Officer has been working in partnership with consenting rural GP practices to develop business and clinical processes to help manage patient demand, so reducing the potential for GP burnout and the loss of an essential service to rural hospitals and rural communities.

They have also provided increased personalised support to new rural GPs and their families. This includes induction and orientation training to new GPs and wider support for the family to assist in the relocation and settlement process, including assisting families with accommodation, education needs, and employment needs for their spouses.



***The funding provided by the DHHS has increased GP Workforce Tasmania's capacity to recruit new rural doctors and at the same time has addressed the issue of rural doctor retention by providing specialised advice and support.***

The DHHS has also finalised a package of measures to support rural doctors in Tasmania. The new Rural Doctors Partnership includes:

- the establishment of a Rural Doctors Consultative Committee
- a new Rural Medical Practitioners (Public Sector) Agreement; and
- a recruitment, retention and rural general practice support strategy.

***Without this kind of Partnership we cannot attract or retain our rural medical workforce.***

The Agreement has been developed conjointly between the DHHS and a negotiating group of rural doctors with the assistance of the Australian Medical Association. The new Agreement represents significant increases in remuneration for rural doctors who provide services on behalf of the DHHS. Increases in remuneration and other forms of support help keep Tasmania competitive in the national GP recruitment market.

Under this Agreement an additional \$2.5 million per annum has been allocated to support rural medical practice in Tasmania. This brings the Tasmanian Government's total expenditure to approximately \$4.6 million.

Agreement provisions include retention of obstetrics, anaesthetic, surgical, kilometrage and pharmacy allowances, leave entitlements and salary sacrifice and packaging arrangements. Other key features include:

- Increases to Rural GP's hourly rate;
- Increases to call back payments;
- Payment of an annual availability fee;
- Payments equivalent to one hour per week for participation by rural doctors in quality and safety improvement activities; and
- Payment of up to 4 hours per fortnight for participation in health promotion and chronic disease prevention activities.

## project overview – integrating acute and primary health services, strengthening primary and population health

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10	
<b>Integrating Acute and Primary Health Services</b>													
✓	<b>Integrating Primary and Acute Care through an Area Health Service structure</b>	Develop consistency in service provision arrangements between primary and acute health around the state.											
✓	<b>Operationalising the Integration of Primary and Acute Care</b>	b) Implementing regional projects in the South											
✓		c) Implementing regional projects in the North											
✓		d) Implementing regional projects in the North West											
✓	<b>Single Access Point</b>	Expand the 'Tasmanian CAREpoint' trial to provide a single access point to community services in the form of a call centre facility.											
<b>Strengthening Primary and Population Health</b>													
✓	<b>Primary Health Development</b>	a) Develop communication packages to explain Primary Health Approach											
✓		b) Recruit Primary Health Coordinators											
		c) Communicate the primary health approach through staff development activities	<i>This has now been established as part of the on-going work of the DHHS.</i>										
✓	<b>Planning for Sustainability</b>	a) Recruit to Primary Health Area structure, develop processes											
		b) Communicate the health planning principles emerging from Tasmania's Health Plan	<i>This has now been established as part of the on-going work of the DHHS.</i>										
		c) Develop local health planning frameworks, annual reporting mechanisms	<i>This has now been established as part of the on-going work of the DHHS.</i>										
●	<b>Consistent Community Health</b>	Develop consistency across Community Health Centres around the state.											

# comments – integrating acute and primary health services

## Integrating services to make it easier for you ...

The Tasmanian Access Point Demonstration Project demonstrates a single point of access for contact, information, screening, intake and referral to Home and Community Care (HACC) services.

HACC is a jointly funded program and the Australian and Tasmanian Government aim is to improve access to a simpler, streamlined and better coordinated community care system.



Access Point provides an easily recognisable point at which people can obtain community care information, have eligibility screened and needs identified, and receive guided referral to the most appropriate service, or to further assessment if required.

***One, easy to identify, point of contact allows simplified access to information about community care and support.***

Operations from the Tasmanian based office commenced in March 2009, with a blended workforce of health professionals and customer service officers. The services covered by the Access Point will be implemented in stages but covers community nursing, personal care, domestic assistance, home maintenance and the Home Independence Program.



***Team members, pictured at the Tasmanian Customer Service Centre in Hobart.***

Team Leader Angela Doyle has been gradually making contact with service providers around the state, with the aim of expansion across the southern region of Tasmania and eventually the rest of the state.

## On-going community and rural health reform ...

'Seamless service' is the aim of integrating acute and primary health services. As a way of working towards that goal DHHS has organised services by geographical area. The new 'area' model for planning, developing and managing health services (ie a single management team in each area) was complete by the end of 2009.

We all know that one size does not fit all, so one of the important additions to DHHS has been the development of a business unit specifically aimed at improving the delivery of community and rural health services.

They have taken on the on-going responsibility for promoting, and working with key partners in the development of, the 'primary health approach' across the state. Tasmania's Health Plan (p 31) sets out the primary health approach as:

- a focus on health and wellbeing, not just illness;
- a population perspective on health, not only for individuals;
- a multidisciplinary team approach to care;
- a partnership approach in which a range of groups and organisations need to work together on improving health;
- a focus on actual health needs, such as chronic disease, rather than service needs; and
- fostering individuals control over their health and participation in health decision-making.

This approach will guide the on-going work of health service reform.

# project overview – strengthening primary and population health

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10
<b>Strengthening Primary and Population Health</b>												
✓	<b>Rural Health Centre Redevelopment</b>	a) Implementation of new service model at Rosebery	█			█						
✓		b) Implementation of new service model at Ouse	█					█				
✓		c) Increase inpatient beds at New Norfolk				█						
H		d) Increase inpatient beds at Swansea							█			
✓		e) Increase access to community nursing, post acute care, visiting services, day respite (dependant on implementation of new service model elsewhere in the state)				█						
✓	<b>Integrating Population Health Approaches</b>	Develop an orientation program for the new Primary Health Coordinators, Health Promotion Officers, Area Services Co-ordinators and Area Managers	█									
✓	<b>Preventing and Managing Chronic Disease Across the Care Continuum</b>	a) Develop a chronic disease strategy that includes the development and adoption of state-wide service standards drawing on existing national and other contemporary good practice.			█			█				
✓		b) Development of a state-wide health promotion framework	█					█				
✓		c) Recruitment of Health Promotion Coordinators			█							
✓		d) Identify population groups most at risk of chronic disease, with an initial focus on diabetes	█									
✓		e) Increase effort in cessation of tobacco smoking	█									
		f) Develop state-wide Chronic Disease Self-Management Plan					█		█			
✓	<b>Improving Youth Health Services</b>	a) Develop a policy framework for youth health services within Primary Health			█							
		b) Develop partnerships to encourage young people to engage in healthy lifestyles	<i>This has now been established as part of the on-going work of the DHHS.</i>									



**Why is this on hold?** The establishment of the Southern Tasmanian Area Health Service in 2009 has meant that new service solutions have become possible for the East Coast. Two new paramedics have been located at the new Triabunna Ambulance Station (under construction now).

## comments – strengthening primary and population health

### Tackling the causes of chronic disease ...

The Alcohol & Drug Service's new Smoking Cessation Service is now up and running. The Service provides education and support to health professionals on conducting the ABC of Smoking Cessation - a new brief intervention framework for helping smokers quit.



***Smokers are more likely to make changes to their behaviour based on advice from a trusted health professional.***

The ABC of Smoking Cessation training is delivered by three Regional Cessation Coordinators based at the Royal Hobart, Launceston General and North West Regional Hospitals.

The Smoking Cessation Project has also provided Quit Tasmania with an additional \$160,000 for anti-smoking media campaigns and an extra Quitline counsellor.

### Promoting health and well-being ...

In addition to improvements in health facility infrastructure, the implementation of new service models at Rosebery and Ouse have seen a wealth of new initiatives launched from these sites, with a great focus on health promotion and illness prevention.

Events such as the Central Highlands Community Health Centre Health Expo and the Healthwest Rural Health Week celebrations have also involved the younger – school aged – population.

At Ouse approximately 47 children from the local primary school came down to participate in the first Health Expo on site since becoming a health centre. Each of the children received a “show bag” of health related

goodies all kindly donated by local suppliers. Staff talked on a range of health issues, from the importance of washing hands and personal hygiene, exercise and a healthy heart, dental care and the issues around healthy diet and nutrition.

The ‘Be Proud - Laugh out Loud’ and ‘The Ministry of Funny Walks’ sessions in schools in Rosebery, Strahan and Queenstown also taught kids that how we feel effects our posture, our confidence and our health.

### Working in Health Promoting Ways



The health promotion framework means a structured response to increases in obesity and other health ‘risk factors’ in the community.

## project overview – acute health services

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10
<b>Acute Services: North West Regional Hospital</b>												
✓	<b>Review of the North West / North component of the Clinical Services Plan</b>	Review and revise planning for acute services in the North West within Tasmania's Health Plan (Clinical Services Plan), in response to the Commonwealth Government take over of the Mersey Hospital.			—————							
✓	<b>Planning principles for the North West</b>	Adopt recommended principles to underpin planning and delivery of hospital services in the North West			—————							
✓	<b>Develop a detailed clinical service profile for the NWRH</b>	Develop a detailed clinical service profile for the NWRH in consultation with the AG and /or operator of Mersey Community Hospital			—————			—————				
✓	<b>Relationship with Australian Government</b>	Seek to agree a robust performance monitoring and reporting framework with the AG to ensure NWRH and Mersey Community Hospital contribute equitably to the provision of integrated health care for the region			—————							
✓	<b>Work with Private Sector</b>	Work with the private sector to determine ways to develop appropriate private sector inpatient services			—————			—————				
✓	<b>Consolidation of North West ICU services to North West Regional Hospital (NWRH), Burnie</b>	Consolidate North West Intensive Care Unit services to the North West Regional Hospital (NWRH), Burnie.	—————									
✓	<b>Reassign Mersey vascular Service to State-wide Vascular Services</b>	Develop a State-wide Vascular Services team operating out of the Royal Hobart Hospital (RHH).	—————									
✓	<b>New Model for Obstetrics Services</b>	Revise plans to consolidate high and medium risk obstetrics patients at the NWRH Burnie and develop a midwifery led low risk birthing service and pre and post natal care, in response to the Commonwealth Government take over of the Mersey Hospital.			—————							
<b>Acute services: Southern Regional</b>												
✓	<b>Royal Hobart Hospital</b>	Complete the business case for the development of the RHH including an ICC			—————							

## comments – acute health services

### More than just bricks and mortar ...

Under Tasmania's Health Plan, the 2009-10 capital works program is pumping \$79 million into Tasmania's economy and will result in the creation of around 800 new building industry jobs next financial year.

But Tasmania's health services are much more than bricks and mortar. The majority of the DHHS budget goes on the people doing the caring.



*Did you know that one in every three DHHS employees is a nurse?*

In 2008, the Government announced four-year funding of \$20.8 m to employ an extra 75 nurses in our public hospitals. A total of \$5.2 million has been dedicated to this initiative in 2009-10.

An extra \$48 million has been allocated over four years – including \$8.25 m in 2009-10 – for ambulance and patient transport and accommodation services.

This funding will help ensure the services are on a sustainable footing into the future and support improved transport services for people who need to receive healthcare outside their local community



*\$2 million has been allocated for replacement ambulances in 2009-10.*

*This is part of a four-year replacement program worth \$10.7 million*

### Hospitals working together ...

Under Tasmania's Health Plan rural hospitals are working more closely than ever before with the major urban hospitals of Hobart, Launceston, Burnie and Latrobe.

A rural hospital 'intranet' website has been developed to help staff at the major hospitals know when and how to transfer their patients quickly, easily and safely. An interactive map, information about each site and a checklist for doctors helps hospitals work together for the best outcomes of their patients.

Under the Area Health Services, it has become easier than ever for staff to work in more than one environment. Sharing staff across rural and major urban hospitals is great for staff development, as well as for patient outcomes.

## project overview – clinical services planning

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10
<b>Clinical Service Planning</b>												
●	<b>Develop Operational Framework and Protocols for Single Site and State-wide Services</b>	Develop an operational framework that defines elements including single site and state-wide and regional services, governance, governance over operational staff, funding and accountability for single site, regional and state-wide services.				■						
●	<b>Service Capability Framework and role delineation</b>	Develop a service capability framework to be applied across the entire health system including the role of each hospital				■						
	<b>Cardiac Electrophysiology</b>	Assess, consider, and implement (if agreed) the introduction of cardiac electrophysiology as part of a tertiary centre for the delivery of a full range of cardiac services according to interventional cardiology inpatient demand.	<i>This has now been established as part of the on-going work of the DHHS.</i>									
✓	<b>Positron Emission Tomography (PET) Scanner</b>	Assess, consider and implement (if agreed) the installation of a PET/CT scanner at the RHH	■									
✓	<b>Cystic Fibrosis Services</b>	Oversee and manage translation of statewide operational framework for cystic fibrosis services in Tasmania.				■						
●	<b>Pain Management Services</b>	Oversee and manage translation of statewide operational framework for pain management services in Tasmania.					■					
✓	<b>Additional Linear Accelerator (Northern Tasmania)</b>	a) Assess need, feasibility, funding and timeframe			■							
●		b) Implement installation if assessment positive						■				
●	<b>Pathology Services</b>	Complete feasibility studies of a state-wide service.						■				

## comments – clinical services planning

### Positron Emission Tomography (PET) Scanner...

***PET/CT equipment in the Medical Imaging Department of the Royal Hobart Hospital***



... improving detection & diagnosis

PET (Positron Emission Tomography)/CT Scanning is a combined imaging technology to detect and diagnose cancer, heart disease or neurological diseases.

Tenders have been invited for the supply, ongoing support and maintenance of PET/CT equipment, including all necessary components, in the Medical Imaging Department of the Royal Hobart Hospital.

The installation of a public PET scanner at the RHH will cost in total more than \$7 million. The Australian Government has committed to the cost of the machine and associated equipment. Tasmania will fund the associated works to house the scanner from the \$100 million RHH Redevelopment Fund.

### Statewide Cystic Fibrosis Services ...

Cystic fibrosis (also known as CF) is a common hereditary disease which affects the entire body, causing progressive disability and often, early death.

A statewide coordinator for paediatric CF services has been appointed – Nicole Micallef commences in the position in February and is based in North West Tasmania.

Nicole will be working with hospitals across the state to help educate staff about the disease and its treatment.

### LGH Linear Accelerator ...

***A dual energy linear accelerator and accessories for the Holman Clinic at the Launceston General Hospital***



... improving cancer treatment

A linear accelerator is the device most commonly used for external beam radiation treatments for patients with cancer.

Tenders have been invited for the supply and installation of a dual energy linear accelerator and accessories for the Holman Clinic at the Launceston General Hospital (LGH).

This follows on from the first major contract for the redevelopment, awarded to Tasmanian construction company Hazell Bros., for the construction of a \$3.8 million bunker to house the LINAC.

The purchase and installation of a third linear accelerator for the LGH is expected to cost more than \$7 million – funded jointly by the Tasmanian and Australian governments.

## project overview – clinical services planning (continued)

Clinical Service Planning										
●	<b>Medical Imaging Services</b>	Complete feasibility studies of a state-wide service coordinated through a single administrative structure to ensure service sustainability.								
✓	<b>Bariatric Surgery</b>	Review scope and operational arrangements for this service.								
●	<b>Gastro-Intestinal and Hepatobiliary Surgery (LGH)</b>	Oversee and manage translation of statewide operational framework for gastro-intestinal and hepatobiliary surgery services in Tasmania.								
	<b>Specialist Cardiology</b>	Oversee and manage translation of statewide operational framework for specialist cardiology services in Tasmania.	<i>This has now been established as part of the on-going work of the DHHS.</i>							
●	<b>Clinical Genetic Services</b>	Oversee and manage translation of statewide operational framework for clinical genetic services in Tasmania.								
●	<b>Vascular Services</b>	Oversee and manage translation of statewide operational framework for vascular services in Tasmania.								
✓	<b>Develop Statewide Bone Marrow Transplantation Service</b>	Oversee and manage translation of statewide operational framework for bone marrow transplantation services in Tasmania.								
●	<b>Cancer Services</b>	Develop appropriate governance, funding and accountability for regional and statewide services.								
●	<b>Renal Medicine</b>	Develop appropriate governance, funding and accountability for regional and statewide services.								
●	<b>Infectious diseases</b>	Develop appropriate governance, funding and accountability for infectious diseases								
●	<b>Morbid Obesity</b>	Develop a preferred model for the provision of bariatric surgery in Tasmania. This will also inform the development of an integrated plan for morbid obesity.								

## comments – clinical services planning (continued)

### Bariatric surgery ...

The prevention and management of obesity is a priority for governments around Australia and the world.

***There is currently a significant interest from the public and government in bariatric surgery as one tool in the treatment of obesity, and as strategy to reduce the costs of health care in Australia through the reduction of health issues co-morbid with obesity.***

In 2008-09, the House of Representatives Standing Committee on Health and Ageing conducted the Inquiry into Obesity, to review the increasing prevalence of obesity in the Australian population, focusing on future implications for Australia's health system. The committee found bariatric surgery to be an effective response to morbid obesity, and recommended that morbidly obese Australians be given access to this surgery within Australian public health systems.

The National Health and Medical Research Council (NHMRC) currently recommends bariatric surgery as the most effective treatment for adults presenting with morbid obesity; that is, patients between 18 and 65 years with a BMI greater than 40, or a BMI greater than 35 and serious medical co-morbidities.

Tasmania's public health system, through the Royal Hobart Hospital provides bariatric surgery to between 25 and 50 patients per annum.

As part of delivering on Tasmania's Health Plan, DHHS commissioned a review of public hospital bariatric surgery services – *Review of Scope and Operational Arrangements for Bariatric Surgery in Tasmania* (January 2009), to inform the future directions of this surgery within Tasmania's public health

system. This review was released to the Tasmanian Clinical Advisory Council (TCAC) for comment in April 2009.

In May 2009, DHHS developed a suite of three options for bariatric surgery careways within Tasmania's public health system.

On 1 June 2009, the DHHS Departmental Executive considered these options, and requested that an advisory group be formed to further consider the suite of options and any evidence available regarding bariatric surgery. Departmental Executive specified that this advisory group should include clinical, allied health and policy experts to ensure comprehensive advice.

A Bariatric Surgery CareWay Advisory Group has been established to provide evidence-based advice and make recommendations to the DHHS for the planning, delivery, evaluation and improvement of bariatric surgery in Tasmania, with consideration for the principles of cost-effectiveness in public health service delivery.

***Obesity is a medical condition in which excess body fat has accumulated to the extent that it might have an adverse effect on health.***



## project overview – health system planning

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10	Jan 2011 - ++
<b>Health System Planning</b>													
✓	Develop Policy for commissioning new services	Develop a policy for the introduction of any new service across all areas of the Health Services group to ensure that all new services are underpinned by the principles articulated in Tasmania's Health Plan.			■	■	■						
✓	New Models of Emergency and Short Stay Care (RHH)	Plan and develop new models of care, such as an emergency short stay unit, a fast track clinic, an emergency mental health zone and medical assessment and planning units.		■	■	■	■						
✓	New Models of Emergency and Short Stay Care (LGH)	a) Plan and develop new models of care, such as an emergency short stay unit, a fast track clinic, an emergency mental health zone and medical assessment and planning units.			■	■	■	■	■				
●		b) Complete redevelopment of LGH emergency department.					■	■	■				
●	Aged and Rehabilitation Services (including in the community)	Develop new service models for aged and rehabilitation services			■	■	■	■	■				
✓	23 Hour Elective Surgical Services in the North West	Explore the need for stand alone surgical centres operating extended day surgery.			■	■	■	■					
✓	Benchmarking	The Dept will monitor and report annually on benchmarking data including regionalisation utilisation data, length of stay and rate of admissions for Ambulatory Care Sensitive Conditions						■	■	■	■	■	■
✓	Area self sufficiency	Establish area service delivery arrangements and policy			■	■	■	■	■	■	■	■	■

## comments – health system planning

Under Tasmania's Health Plan, Area Health Services have been developed to bring primary and acute (hospital) health care together under a single management team, bringing decision-making and health system planning closer to the patient. The Chief Executive Officers (CEOs) of the three Area Health Services spoke at the September 2009 Tasmania's Health Plan Community Forums about their plans for the future. Their full presentations may be found at [http://www.dhhs.tas.gov.au/future\\_health/tasmanias\\_health\\_plan/what\\_has\\_happened\\_so\\_far](http://www.dhhs.tas.gov.au/future_health/tasmanias_health_plan/what_has_happened_so_far)

### Southern Tasmania Area Health Service (STAHS)



STAHS CEO Michael Pervan and RHH Director, Community Relations, Pene Snashell

#### ***'immediate gains from service integration'***

The opportunity for integration covers all existing state owned and operated health facilities across Southern Tasmania, as well as new capital developments planned for the immediate future.

It requires entrepreneurship – particularly around identifying opportunities for further integration or collaboration.

STAHS have a priority list of services that can integrate naturally and for which there is already some degree in interconnectivity.

### Northern Area Health Service



Consumer Representative Suzanne Linnet and Northern Area Health Service CEO John Kirwan

#### ***'build services around the patient/population, not the providers'***

The major theme of the structural changes within DHHS is integration – avoiding overlaps and closing gaps in service provision and improving communication between providers and patients.

The challenge of an integrated service delivery system is to shift from a system that responded to the illness of individuals to a system that has accountability for improving the health status of a defined population.

### North West Area Health Service



North West Area Health Service CEO Jane Holden

#### ***'a more flexible and responsive structure'***

The Area Health structure allows for:

- local decision making quickly where local solutions are appropriate;
- horizontal movement of resources to enhance patient pathways and improve communication;
- relocation of resources to more appropriate settings; and
- expanding resource allocation planning from personal health to include population health goals.

## project overview – statewide system development

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10	Jan 2011 - ++
<b>Statewide System Development</b>													
	<b>Alcohol and Drugs Action</b>	Develop closer links between primary health and alcohol and drug services. Increase access to alcohol and drug programs in rural areas	<i>This has now been established as part of the on-going work of the DHHS.</i>										
✓	<b>Primary Mental Health Service Development</b>	Extension of primary mental health services through partnership developments, for example, through the 'Headspace' project targeting youth mental health. Increase access to mental health programs in rural areas											
✓	<b>Develop Operational Framework for the Development of Integrated Care Centres (ICCs)</b>	Identify and define services for each level of ICCs, developing an operational framework for each level, as well as responsibility frameworks and service agreements through use of a working group, research of best practice and communicating and engaging stakeholders to develop ICCs around the state.											
●	<b>Develop ICC Launceston</b>	Develop an ICC in the Launceston area.											
●	<b>Develop ICC/ GP Super Clinic Clarence/ GP Super Clinic Sorell</b>	a) Develop an ICC / GP Super Clinic in Clarence b) Work with Commonwealth and other stakeholders to develop a GP Super Clinic in the Sorell area.											
✓													
●	<b>Develop ICC Kingborough</b>	Develop an ICC in the Kingston area.											
●	<b>Develop ICC Hobart</b>	Develop an ICC in conjunction with the Royal Hobart Hospital Redevelopment Project.											
✓	<b>Develop ICC or Tier 3 CHC Glenorchy</b>	Assess the feasibility of developing an ICC in the Glenorchy area.											
✓	<b>Burnie GP Super Clinic</b>	Work with Commonwealth and other stakeholders to develop a GP Super Clinic in the Burnie area.											
✓	<b>Devonport GP Super Clinic</b>	Work with Commonwealth and other stakeholders to develop a GP Super Clinic in the Devonport area.											

## comments – statewide system development

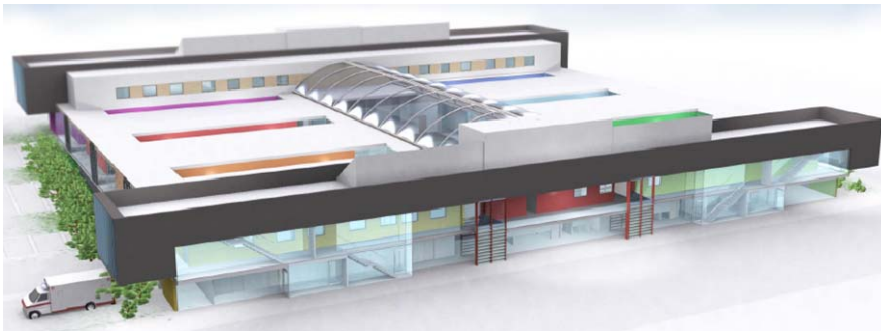
### Integrated Care Centres

While each of the ICCs being developed in Tasmania share common strategic goals and objectives, the service profile and operating models being developed at Glenorchy, Launceston, Clarence and Kingborough reflect the differing needs of their catchment communities and specific local opportunities for service development and integration.

At each site key stakeholder consultations were followed by a data analysis of current population characteristics and service usage. This was then projected out to determine future service needs.

In Clarence and Launceston, construction design and development has been undertaken while further detailed planning continues to determine the models of care, service re-modelling and the development of new services.

In Hobart, Glenorchy and Kingborough, work is continuing with local councils and other stakeholders to progress the development.



Architectural rendering of Clarence Integrated Care Centre and GP Super Clinic

### GP Super Clinics

The Australian Government has committed \$275.2 million over five years, from 2007-08, to establish GP Super Clinics in 36 localities across Australia. The Tasmanian Government is working with the Commonwealth and other stakeholders to develop these clinics across Tasmania.

<http://www.health.gov.au/internet/main/publishing.nsf/Content/pacd-gpsuperclinics-tas>



Photo of the construction of the Devonport GP Super Clinic courtesy of [http://www.cmcd.com.au/gp\\_superclinic.html](http://www.cmcd.com.au/gp_superclinic.html)

## project overview – workforce sustainability

Indicator	Project Name	Project Description	June - Dec 07	Jan - April 08	May - Aug 08	Sept - Dec 08	Jan - April 09	May - Aug 09	Sept - Dec 09	Jan - April 10	May - Aug 10	Sept - Dec 10	Jan 2011 - ++
<b>Workforce Sustainability</b>													
	<b>Planning for a Sustainable Health Workforce</b>	Develop and publish a workforce plan for Tasmania.	<i>This has now been established as part of the on-going work of the DHHS.</i>										
✓	<b>Workforce Modelling</b>	Undertake a workforce modelling exercise based on activity projects in the THP to establish clear targets for workforce numbers in each health professional category over the life of the plan and identify key workforce risks and/or the need to redesign care pathways.			—————								
✓	<b>Retention and Development</b>	Develop retention strategies that can assist existing health professionals to stay in the workforce.			—————								
	<b>Nursing and Allied Health Workforce Initiatives</b>	Further develop innovative models for the nursing and allied health workforce.	<i>Integrated into the Leading the Way program of work.</i>										
	<b>Nurse Practitioners</b>	Rural Health nurse practitioner in place during 2008	<i>Integrated into the Leading the Way program of work.</i>										
	<b>New Workforce Models</b>	Develop new workforce models to meet new service requirements and examine the roles of the existing workforce in the context of the new service model to achieve a better match with service requirements. Identification of training needs to equip staff to work within new models of care (starting with Primary Health).	<i>Integrated into the Leading the Way program of work.</i>										
	<b>Operational Framework for Public/Private employment</b>	Facilitate cooperative arrangements for health care professionals across both private and public sectors.	<i>This has now been established as part of the on-going work of the DHHS.</i>										

## comments – workforce sustainability

As identified in Tasmania's Health Plan, Tasmania is facing unprecedented challenges to its healthcare system. The state has an ageing workforce and there are increasing demands on the system from an ageing population and the increasing number of Tasmanians living with chronic disease. There are also many challenges in recruiting new healthcare staff.

In June 2009, the Tasmanian Government launched an action strategy called *Leading the Way*.

*Leading the Way* tackles contemporary challenges to service delivery and to embrace new ways of working that put our patients and clients at the centre of everything we do.

***Leading the Way: Tasmania's Health Professionals Shaping Future Care addresses the need for a flexible healthcare workforce in Tasmania in four strategic areas:***

- ***valuing people's experiences***
- ***safety and quality***
- ***supporting strong leadership***
- ***new ways of working.***



*Leading the Way* aims to create the momentum for change within the health and human services professions in Tasmania.

### **The Consistent Ward**

One example of this is the Consistent Ward project. The Consistent Ward uses the principles of 'lean thinking' (streamlining) to improve health services systems, resulting in more time for patient care.

The Consistent Ward was introduced at Royal Hobart Hospital in 2008 with positive results. It is now widely established in many areas of the hospital.

Under *Leading the Way*, funding for the introduction of the Consistent Ward is now available for Launceston General Hospital and North West Regional Hospital.



***The Leading the Way Innovations in Practice Awards celebrate innovative practices and projects that lead to improvements in clients' and patients' experiences provided by the DHHS.***



### **Leadership and Management Program**

In order to achieve positive change throughout the DHHS, leadership needs to come from all levels of the organisation and all parts of the state.

The Chief Nurse and Allied Health unit and Care Reform unit are currently working in collaboration to develop a leadership and management program for departmental staff, to achieve these aims.

## project overview – transport and accommodation, community engagement

Developing Integrated Transport and Accommodation Services										
✓	<b>Acute Services Patient Transport (inc ambulance)</b>	Review all acute patient transport, including urgent, non urgent and community transport elements.	[Gantt chart bar]							
✓	<b>Medical Retrieval</b>	Review adult medical retrieval services and develop an implementation plan to ensure that the service is appropriately funded, staffed and resourced for sustainability.	[Gantt chart bar]							
✓	<b>Accommodation</b>	Review patient accommodation availability near to the acute hospitals to meet current and future needs.	[Gantt chart bar]							
✓	<b>Non Emergency Patient and Community Transport Services</b>	Review community transport and develop an implementation plan to establish community transport networks that will better coordinate services and improve transport options and develop a modern strategy for transport through the implementation of a state wide service model to coordinate both Patient and Community Transport Services	[Gantt chart bar]							
THP Operational Framework										
●	<b>THP Community Forums</b>	Work with Consumer Representatives to hold bi-annual regional Community Forums to provide information and discussion about Health Plan progress	[Gantt chart bars]							
✓	<b>Development of a Consumer Engagement Strategy</b>	a) Develop agency consumer engagement policy options paper	[Gantt chart bar]							
✓		b) Develop policy framework for local planning and consumer engagement	[Gantt chart bar]							
		c) Develop local planning and public and stakeholder engagement processes	<i>This has now been established as part of the on-going work of the DHHS.</i>							
		d) Monitor implementation processes	<i>This has now been established as part of the on-going work of the DHHS.</i>							

## comments – transport and accommodation, community engagement

### Transport and accommodation services expanding



The Tasmanian Ambulance and Health Transport Service provides emergency ambulance care and transport services and a non-emergency patient transport service through a network of 50 stations statewide.

It also coordinates other providers of road ambulance services as well as fixed and rotary wing air services.

***Tasmania is the only Australian state not to have an ambulance fee or levy to help pay for these critical services.***

The State Government has allocated an extra \$48 million in the 2009-10 State Budget over the next four years – including \$8.25 million in 2009-10 – to help ensure the sustainability and expansion of these critical services in the absence of a user levy.

A total of \$5.9 million in State and Federal funds has also been made available to build a state of the art new communications centre tasked with coordinating all emergency, non urgent, community transport and medical retrieval for the State. The new site expected to be ready by the end of June 2010.

The State Government has also provided \$700,000 for an additional ambulance and six more paramedics to be stationed in Hobart. This will support the introduction of a new late-shift crew in Hobart from the end of January 2010.

### Consumer and community engagement



Tasmania's Health Plan is a blueprint for the reform of Tasmania's health services into the future. The Plan was developed with input from consumers, health professionals and service providers. It commits to a three year program of consultation activities during the implementation stage. This commitment will be fulfilled in 2010.

Reporting on, and discussion about, Tasmania's Health Plan will take the following forms in 2010:

- In the North West, meetings will be 'conjoined' with/held immediately prior to Area Community Network meetings.
- In the South, meetings will be designed to complement rather than duplicate the Southern Area Health Service consumer engagement process that is currently being developed.
- In the North, where Area-wide community engagement processes have not been developed, Community Forums will continue to be held.
- All meetings/forums/ reporting will include a presentation from the Departmental Executive on the broader reform agenda.