

# TASMANIA'S HEALTH PLAN

Project Progress Chart  
December 2008



# 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:

- a dramatic increase in chronic disease
- an ageing population
- increasing costs of healthcare
- 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 helping create a safe, sustainable and efficient health system that provides all Tasmanians with the care they need and when they need it. Tasmania's Health Plan is underpinned by the following principles:

All our health services will be:

- accessible
- providing care that's needed, when it's needed
- client and family focused
- integrated with other health services
- focused on being well, not just treating illness
- planned for the future (sustainable)
- delivered in a culturally appropriate manner

Where services cannot be delivered safely, effectively and at an acceptable cost from within local communities, access to services should be facilitated through

- service coordination
- the provision of outreach services from an external base
- the use of technology
- transport assistance
- and other appropriate community support

Tasmania's Health Plan increases the focus on disease prevention, health promotion and community-based care, with acute hospitals reserved for patients that community services cannot manage. In addition to personal benefits for individuals, these changes can help relieve the pressure on our hospitals. In short, 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. You can find more information about Tasmania's Health Plan, including monthly newsletters and reports, at [www.dhhs.tas.gov.au/thp](http://www.dhhs.tas.gov.au/thp)

## A guide to the Project Progress Chart

Tasmania's Health Plan continues to point the way for health services in Tasmania and this Project Progress Chart helps keep all Tasmanians up-to-date on our progress along this path. This project chart is the third in a series, with the first released in May 2008. This December 2008 update tracks the progress of the 80+ projects already underway. The implementation of Tasmania's Health Plan is overseen by a coordination group headed by the Secretary of the Department of Health and Human Services (DHHS). This group meets every month to scrutinise progress and undertake high-level, ongoing coordination of each project on this chart.

### Key Terms

**A project** is a carefully defined set of activities that use resources (money, people, materials, energy, space, provisions etc.) to accomplish change. A project needs to have a plan and scope (to know what they need to achieve), a budget and resources (to have the capacity to carry out the project plan).

The Tasmanian Government Project Management guidelines have been used to guide all of the projects in Tasmania's Health Plan. Information and examples are available at [http://www.egovernment.tas.gov.au/themes/project\\_management](http://www.egovernment.tas.gov.au/themes/project_management)

**Primary health** services: every time Tasmanians visit their General Practitioner (GP), have a prescription filled at a pharmacy or consult with a community nurse or healthcare worker, they access primary healthcare. Because primary health services are often the first point of contact, treatment for more complex conditions may require transfer to other care providers, such as hospitals (that deliver **acute care** services).








**Chronic diseases** such as asthma, cancer, diabetes and arthritis are on the increase in Tasmania. These diseases have the following things in common:

- complex and multiple causes
- usually have a gradual onset, although they can have a sudden onset and acute stages
- occur across the life cycle, although they become more prevalent with older age
- can compromise quality of life through physical limitations and disability
- are long term and persistent, leading to a gradual deterioration of health
- while usually not immediately threatening, they are the most common and leading cause of premature mortality.

**Elective surgery** is non-urgent surgery that the person decides to undertake under advice from their doctor. The person is referred to a hospital specialist outpatient clinic where specialists determine the need for surgery.

### Progress indicators

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

-  Project has been finalised
-  Project has **no** scope, plan, budget or resource allocation
-  Project has a scope, project plan, budget or resources - **but not all**
-  Project has scope, project plan, budget, resources and is in progress
-  Project is on hold due to an externality, interdependency with another project, budget problem, or need for a change to scope
-  Project is in progress but 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.

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

Indicator	Project Number	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 - ++	
✓	CN01	Develop Clinical Network Model and Operational Framework	Develop a framework of governance, scope, funding and accountability for clinical networks, Advisory Council.	—————											
✓	CN02	New Clinical Advisory Council	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.			—————									
●	CN03	Cancer Network incorporating Tas Cancer Network Project - state-wide service	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.	—————											
●	CN04	Development of Clinical Networks	Develop, maintain and foster clinical networks.				—————	—————	—————	—————	—————	—————	—————	—————	
●	CN05	Best Practice, Credentialing and Scope of Practice	Establish best practice processes for credentialing and to define process for scoping the practice of senior clinicians.			—————	—————	—————							
●	CN06	Safe, Quality Services	a) Develop common structures within Health Services to support safety and quality processes			—————									
			b) Develop a plan for external accreditation of primary health services						—————						
			c) Implement external accreditation of primary health services									—————			
	CN07	Service Capability Framework	Develop a service capability framework to be applied across the entire health system				—————	—————	—————	—————	—————	—————	—————	—————	
●	CN08	Rehabilitation and Aged Care Network	Develop a network to enhance the coordination of patient care across the State.			—————	—————	—————							
	CN09	Chronic Disease Network	Develop a network to enhance the coordination of patient care across the State.					—————							
●	CN10	Clinical Consultative Meetings	Convene bi-annual state-wide clinical consultative meetings until formal ongoing networking structures have been agreed and implemented				—————	—————	—————	—————	—————	—————	—————	—————	

# 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 the development of stronger mechanisms for clinical support and leadership within DHHS through:

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

This is reflected in the overview chart projects **CN01**, **CN02**, **CN03**, **CN04**, **CN08**, **CN09** and **CN10**. This clinical support group of projects has gone ahead strongly.

As shown on the chart, the preliminary work is done and the TCAC is up and running. The December TCAC meeting will be the first for newly appointed CHO Dr Craig White. Dr White has wide experience in health services at senior operational, management, policy and strategic levels, including the past two years as CEO of the Royal Hobart Hospital (RHH).

Tasmania's cancer clinical network will evolve from the CanNET Tasmanian pilot project, which is funded until May 2009. It includes health professionals delivering cancer services in Tasmania (in the hospitals and in the community), consumers and other support services. CanNET is developing a cancer plan for Tasmania, a directory of services and other information resources (paper and electronic). It is led by Professor Ray Lowenthal and Dr Stan Gauden.

CanNET recently held Consumer Engagement Forums in Burnie, Devonport, Launceston, Hobart and Bicheno. Information gained from these forums will be used to inform the development of a consumer engagement model for cancer care services.

A key deliverable of the CanNET Project is the appointment of two Cancer Care Coordinators based at the RHH and LGH. The focus of these appointments will be on colorectal and lung cancer and the

establishment of multidisciplinary teams and care coordination for these two distinct cancers.

The Rehabilitation and Aged Care Network (**CN08**) is another early starter. Aged care and rehabilitation services in Tasmania are delivered through public, private and community agencies in a variety of environments: hospital-based inpatient and outpatient treatment, primary care settings, community health centres and home care. Prevention related efforts are delivered through an even broader range of avenues within the community.






Information sessions on this clinical network were held in Hobart, Burnie and Launceston in early October. In order to make sure that the clinical network has broad based participation from the aged care and rehabilitation community of interest, the project timeline was extended until May 2009.

Another project that has had a timeline change is the statewide clinical consultative forums (**CN10**). The aim of these forums is to find consensus about the best way to support ongoing communication across the state in each clinical area. The development of clinical networks is discussed, as well as other options such as regular planning forums.

When the project progress chart was first developed in May 2008, it was thought these meetings would start in mid-2009 but because of the enthusiasm for the development of clinical networks a revised timeline has brought the work forward into 2008.

This year has seen forums held for Renal Services, Critical Care and Medical Retrieval, Diabetes Services, and Women's and Children's Services. It is likely that at least some of these forums will result in the development of new clinical networks (**CN04**). The wording of this project description is now broader to reflect the wide variety of new networks being developed. Similarly **CN07** is rolled into **SSS02** as these two projects are integrated through departmental changes that reduce the divide between primary and acute services.

## project overview – education and training

Indicator	Project Number	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 - ++	
	ET01	Post Graduate Medical Training	Further development of post graduate medical training in Tasmania in collaboration with Colleges, Universities and the Department.		—————										
	ET02	Development of Clarence Inter professional Learning and Education site	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.		—————										
	ET03	Development of Launceston Interprofessional Learning and Education site	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.		—————										
	ET04	Further development of Rural Health Centres as Rural Health Teaching Sites	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.		—————										
	ET05	Strengthen Partners in Health agreement to further develop health research and education	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	—————											

## comments – education and training

### Strengthening Partners in Health ...

Partners in Health (PiH) is a partnership between the University of Tasmania (UTAS) Faculty of Health Science and DHHS.

This partnership was first formed in 1998 because DHHS and UTAS understood the importance of working together to maintain and develop a health workforce and to contribute to the health and well being of the people of Tasmania through education, training, research and quality service delivery. The fundamental principle of the partnership is to work together to contribute to “The health and well being of the people of Tasmania through workforce education and development, quality service delivery and health research”.



From left: Prof Carmichael, Ms Bent (Chair 2008), Prof Walker, Mr Barnett

There are two levels to the partnership:

1. Strategic level, which is managed by the PiH Management Committee (above),
2. Operational level.

### PiH Strategic Direction, Future Directions 2008-2011

Future Directions sets out a clear vision for PiH over the next three years. It identifies six shared objectives with clear aims and outcomes. It is supported by the *PiH Governance Framework* and *PiH Program Management Framework*. The documents were developed to strengthen the partnership by providing a clear policy framework.

### UTAS Health Services and Workforce Education Unit

A new Unit has been established at UTAS to develop, coordinate and drive UTAS's response to health workforce priorities emerging nationally through the Council of Australian Governments' initiatives, the National Health and Hospitals Reform Commission and through Tasmanian's Health Plan.

The operational partnership can be seen throughout DHHS and UTAS in the training, employment, development and education of existing and future health staff. This partnership is also visible in Tasmanian health research settings and through the various PiH Project Groups.










### Clarence Interprofessional Learning and Education site

A PiH priority in 2008 was to examine the feasibility of a Primary Health Clinical Centre at the Clarence Community Health Centre to provide interprofessional learning experiences for medical nursing and allied health staff in a community-based setting. The partnership engaged Professor John Marley to provide an accurate, timely and useful report. The recommendations of the Marley Report will be incorporated into the development of the Clarence Integrated Care Centre/GP Super Clinic.

For further information on PiH please refer to the website:

[www.healthsci.utas.edu.au/pih/index.html](http://www.healthsci.utas.edu.au/pih/index.html)

## project overview – education and training (continued)

Indicator	Project Number	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 - ++
	ET06	Explore the potential to expand allied health tertiary education in Tasmania	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.											
	ET07	Research and evaluation of demonstration sites established under Tasmania's Health Plan	Monitor all projects undertaken under Tasmania's Health Plan for effectiveness in order to measure the success of each project.											

### Evaluating Tasmania's Health Plan ...

No matter what the size or complexity of a project, it is important to measure its achievements against well-defined criteria. Tasmania's Health Plan commits to evaluation on three levels:

- the evaluation of *any* demonstration sites established (as in project **ET07** listed above)
- the evaluation of every project's performance against the Tasmanian Government Project Management Guidelines (publicly available on [www.egovernment.tas.gov.au](http://www.egovernment.tas.gov.au))
- the evaluation of the effect of *all* projects in achieving the aims of Tasmania's Health Plan.

Tasmania's Health Plan (p. 27) states that Tasmania's health services will be:

- o accessible as close as possible to where people live, providing services can be delivered safely, effectively and at an acceptable cost
- o appropriate to community needs
- o client and family focused
- o integrated through effective service coordination and partnerships between providers
- o designed for sustainability.

Where services cannot be delivered safely, effectively and at an acceptable cost locally, access will be made available through service coordination, transport assistance and other appropriate support.

## comments – education and training (continued)

### Expanding allied health tertiary education in Tasmania ...

There are workforce shortages around the state, the country and the world. One of the best ways we can encourage a strong workforce in Tasmania is to provide educational opportunities here. This project (**ET06**) is actually many projects in one and is outlined below.

#### *Physiotherapy*

Through PiH, DHHS and UTAS are exploring options to set up physiotherapy education in Tasmania.

This has involved researching models of physiotherapy education delivered in other states and territories, and considering how these can be adapted in Tasmania to create a sustainable local physiotherapy program.



The absence of undergraduate and postgraduate physiotherapy education in Tasmania is a significant barrier to recruiting and retaining a local physiotherapy workforce. Work is continuing to identify ways to overcome this problem.

#### *Clinical psychology*

DHHS and UTAS have worked together to educate and train postgraduate clinical psychology students in Tasmania since 2001. In recent years the context for clinical psychology clinical education has changed. UTAS is also working with other agencies to support the education of clinical psychology postgraduate students and UTAS and DHHS are working together to:

- Develop an agreement that meets the needs of both agencies and supports students and supervisors
- Explore alternative approaches to clinical placements and options for the future.

#### *Environmental health*

A new Bachelor of Health Science (Environmental Health) degree has been developed as part of Tasmania's Health Plan.

This is important because a critical shortage of environmental health officers locally and nationally is forecast in the next 10 years given the demographics of the current workforce and the number of people now graduating.



UTAS will offer the degree in Launceston from 2008. Graduates of the new degree will implement public health legislation and monitor and maintain a range of environmental health standards.

Work in this area has a huge scope. Environmental health officers deal with a broad range of issues including food safety, air and water quality, water and solid waste management, health promotion epidemiology, communicable diseases prevention and control, noise pollution and the use of hazardous substances.

This presents job opportunities for science-minded graduates who want to work in well-paid positions that positively affect people's health in a broad sweep of areas.

## project overview – enablers

Funding and Performance																
Indicator	Project Number	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 - ++		
	F01	Cost Analysis and Incorporation into Budget Processes	Develop business cases and models for THP project implementation.	[Gantt bar from June 2007 to Dec 2009]												
	F02	Resource Allocation and Management for Financial Accountability	Develop a resource allocation model for health services that will maintain and improve equity of resource distribution between regions	[Gantt bar from June 2007 to May 2009]												
	F03	Performance Agreements / Clinical Engagement	Define explicit performance agreements for each hospital incorporating targets for clinical activity within agreed budgets and a clinical engagement strategy.			[Gantt bar from May 2008 to Dec 2008]										
Health Information and Communication Technology																
	HICT01	e-health Priorities Incorporated into Existing Information Management Projects and Work Program	a) Develop a e-health strategy b) Develop and deliver an information management work program to support the THP			[Gantt bar from Jan 2008 to Dec 2009]										
Infrastructure and Capital Planning																
	ICP01	Investigate the capacity of current Infrastructure to meet projected THP Activity	Investigate and assess the capacity of existing infrastructure to support THP initiatives.	[Gantt bar from June 2007 to Dec 2009]												
	ICP02	Develop Plans for New Infrastructure to support the THP	Develop a capital resources program to reflect the priorities of the THP.			[Gantt bar from May 2008 to Dec 2009]										

## comments – enablers

### Supporting Tasmania's Health Plan through ...

#### Funding

The State Government has committed \$24.6 million over four years to implement Tasmania's Health Plan. This money will:

- Improve the statewide medical retrieval service to improve access to health and hospital services for people living in rural and remote areas (\$1.25 million in 2008-09)
- Develop a new diabetes service in conjunction with GP North to provide greater levels of care for people in Northern Tasmania (\$500,000 per year)
- Progress the Launceston Integrated Care Centre (ICC) and a new Clarence GP Super Clinic/ICC to provide easier and faster access to services for our community
- Work with GPs to develop better integration between acute and community care in mental health and chronic disease so patients have safe and consistent care (\$500,000 over two years)

#### **\$18.5 million will be spent over four years to improve information systems**

- Develop a chronic disease strategy to identify the needs and provide better access to services for people with chronic disease and to plan for the way services are delivered in the future (\$150,000)
- Develop a consumer engagement strategy so that Tasmanian people can have a say in how services are planned and delivered (\$300,000 over two years)
- Establish aged and rehabilitation, chronic disease and cancer clinical networks so that clinicians and consumers can work together across the state more effectively (\$150,000 per network)
- Establish a Statewide Cystic Fibrosis Service to ensure people across Tasmania can access services when they need it (\$150,000)

- \$3 million for equipment and infrastructure at the North West Regional Hospital to fit out a fourth operating theatre and to upgrade the day surgical suite
- Increase staffing for allied health and rehabilitation services in northern Tasmania including the Launceston General Hospital - \$3 million in 2008-09 increasing to \$4 million in 2009-10.

#### Information and communication technology

The State Government has also pledged \$18.5 million over four years to improve the health and human services information system across Tasmania and implement the e-health strategy.

Information technology projects underway include:

- o Replacement of the Patient Administration System
- o Replacement of the hospital pharmacy system that includes medicines reconciliation
- o Implementation of an electronic discharge record for people leaving hospital. These will be provided to GPs and other health professionals
- o Implementation of an oncology system
- o Implementation of a Clinical Portal where clinicians get a range of patient-centric health record information
- o Development of a Health Provider Directory to assist data dissemination
- o Development of a Mental Health Services Clinical Information System
- o Implementation of a statewide Medical Imaging and Picture Archiving System
- o Development of a statewide system to assist medical retrievals and provide advice to rural clinicians
- o Refresh our information communications infrastructure to help implement these systems
- o Refresh and increase the size of the TeleHealth network to increase the range of services offered.

## project overview – general practice integration

Indicator	Project Number	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 - ++		
●	GP01	Primary Health working with General Practice on chronic disease	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									■				
●	GP02	DHHS and GP Links (with mental health services, alcohol and drug services)	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.	■												
✓	GP03	Sustainable General Practice	a) Develop principles and policies for the engagement of general practice	■												
✓			b) Increase support through GP Workforce Tasmania for GP	■												

## comments – general practice integration

Tasmania's Health Plan recognises general practice as a key component of primary health services. The Memorandum of Understanding "Collaboration for Improved Health Outcomes" between DHHS and General Practice Tasmania is one way we work together. The General Practice Tasmania network supports contemporary general practice in Tasmania by linking GPs with each other, by supporting all members of the general practice team and, increasingly, by enabling, supporting and/or closely liaising with allied health professionals as part of the primary health service team. More information on the General Practice Tasmania network is available at [www.gptasmania.com.au/](http://www.gptasmania.com.au/)

There are three projects working towards a closer integration between general practitioners and state health services. Each of these can be divided into subprojects, especially **GP01** primary health working with general practice on chronic disease.

### Extra support and funding for GP Workforce Tasmania will help recruit and retain rural and regional GPs

The Primary Health Chronic Disease Demonstration Service will provide primary chronic disease care in urban and rural community settings to increase access to multidisciplinary, integrated services for people. Based in Launceston, this service will reach out to the northern region from February 2009.

Initially, the demonstration service will offer a program of care for people with stable type 2 diabetes. Services will include diabetes education, podiatry, exercise physiology and dietetics. The service will work closely with patients' GPs to provide a one-stop shop to help patients manage their chronic condition.

This approach will reduce the chance of complications and the need for acute medical intervention, and even hospitalisation. Over time, the demonstration service will look to expand its services to include other chronic conditions besides diabetes.






DHHS has provided establishment funding to General Practice North to allow operations at the demonstration service to start. Representatives from a wide variety of stakeholder groups were invited to participate in developing the service, which aims to accept its first referrals in February 2009 with an official opening in March 2009.

DHHS and GP Links Project (**GP02**) will strengthen the link between the primary health, mental health and alcohol and drug services. DHHS has advertised to recruit a new two-year fixed term GP liaison position that will support the development and implementation of the primary mental health clinical network. This network will engage general practice as well as other key stakeholders that deliver mental health services.

The Sustainable General Practice project (**GP03**) has given extra support and funding to GP Workforce Tasmania to help recruit and retain rural and regional general practitioners. In addition to increasing recruitment capacity, General Practice Workforce will work with rural GP practices to develop business and clinical processes to moderate patient demand and so reduce the potential for GP burnout and loss of an essential service to rural hospitals and to communities.

Consistent arrangements for the support of rural GPs are being developed. A discussion paper outlining the issues and a proposal for a new approach was made available to a reference group of rural GPs who will work with DHHS to agree on support arrangements for GPs based in primary facilities in early 2009. This process has taken a little longer than expected and this is reflected on the progress chart opposite.

## project overview – integrating acute and primary health services

Indicator	Project Number	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 - ++
	IAP01	Rural Emergency Response	Develop a rural accident and emergency response plan, to support emergency response services in rural areas by developing an operational framework and protocols and engaging key stakeholders.	■		■								
	IAP02	Integrating Primary and Acute Care through an Area Health Service structure	Develop consistency in service provision arrangements between primary and acute health around the state.				■		■		■			
	IAP03	Operationalising the Integration of Primary and Acute Care	a) Improve coordination across the primary and acute service sectors through service changes and the development of new positions and processes to enhance coordination, access and patient information flow.			■								
			b) Implementing regional projects in the South					■		■				
			c) Implementing regional projects in the North					■		■				
			d) Implementing regional projects in the North West				■		■					
	IAP04	Single Access Point	Expand the 'Tasmanian CAREpoint' trial to provide a single access point to community services in the form of a call centre facility.	■		■		■		■				

## comments – integrating acute and primary health services

### *Developing a rural emergency response*

Developing protocols between services to meet the emergency needs of rural communities has taken much work and getting an agreement has taken longer than originally planned. As a result, project timelines for **IAP01** are extended.

### *Better support for Tasmania's future health and communities*

'Seamless service' is the aim of integrating acute and primary health services. As a way of working towards that goal DHHS has started a transition to organise services by geographical area. However, bringing together primary and acute health services under area management is *not* a return to the regional health boards of the past.

### **Acute hospitals will not overshadow the primary health agenda**

Tasmania's Health Plan provides a statewide framework in which a devolved structure such as this can operate. The new 'area' model for planning, developing and managing health services (ie a single management team in each area) will be complete by the end of 2009 and is described in the progress chart through changes in the projects **IAP02** and **IAP03**.

The aim is to create a health system model where resources can move across the sector to best serve the needs of our communities. This will create local decision making about where scarce resources should go and to create a linked healthcare service with sub regional communities. This will also cut red tape for patients.

Acute hospitals will not overshadow the primary health agenda. Although budgets across community and hospital will remain independent, services will come under one umbrella to raise the quality of care, avoid overlap in service provision, close off gaps in service provision and improve communication between service providers and patients/clients.

### *Single access point*

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

This 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.



Starting in early 2009, the Royal District Nursing Service will work with HACC providers of community care in Southern Tasmania. When the access point is operational, clients and their carers may telephone, fax or email to find out about their closest services. This will help older Tasmanians get the help they need to stay in their homes as long as possible and to retain their independence.

### *Strengthening primary and population health*

Some of the projects previously grouped under 'integrating acute and primary health services' (**IAP05**, **IAP06** and **IAP07**) are now grouped into the 'strengthening primary and population health' section of this report.

## project overview – health system planning

Indicator	Project Number	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 - ++
●	NSM01	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.											
●	NSM02	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.											
●	NSM03	New Models of Emergency and Short Stay Care (LGH)	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. Complete redevelopment of LGH emergency department.											
●	NSM04	New Models of Emergency and Short Stay Care (NWRH)	Plan and develop new models of care, such as an emergency short stay unit, a fast track clinic, an emergency mental health zone, medical assessment and planning units and general practice clinic.											
●	NSM05	Aged and Rehabilitation Services (including in the community)	Develop new service models for aged and rehabilitation services											

## comments – health system planning

Planning and developing new models of care is a challenging process but, if successful, the benefits can be substantial. For example, all three major hospitals are working on new models of emergency and short stay care. This process involves a number of steps, including a review of hospital data to see when the peak periods of demand occur and an examination of which interventions could be most effective in meeting these needs.

In the North West, this project (**NSM04**) now includes the redesign of emergency services for the North West (**NW07**) and new model of emergency short stay and GP clinic at Burnie (**NW11**). These changes have been made in response to the return of the Mersey Community Hospital to State management.

## project overview – health system planning (continued)

Indicator	Project Number	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 - ++
●	NSM06	23 Hour Elective Surgical Services in the North West	Explore the need for stand alone surgical centres operating extended day surgery.											
●	NSM07	Partnerships and Collocation with Private Hospitals	A viable and strong private health sector is important and strong partnerships between the private and public sector need to be established. Partnerships may provide an opportunity to collocate and or provide services on behalf of the public sector.											
	NSM08	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											
●	NSM09	Area self sufficiency	Establish area service delivery arrangements and policy											
	NSM10	Health Industry Forum	Establish a Health Industry Forum with the private sector to ensure that the health services are developed and work together cooperatively for the overall benefit of the community											

As some projects have progressed, it has become obvious that they are really not as separate as was first thought but are steps in the same process.

An example here is the development of a Health Industry Forum (**NSM10**) and the development of partnerships and collocation with private hospitals (**NSM07**). These projects have been combined. Other changes include some wording in relation to 23 Hour Elective Surgical Services (**NSM06**), to take account of the inclusion of the Mersey Community Hospital in Tasmania's Health Plan once more.

The wording in relation to regional self-sufficiency targets (**NSM09**) has also been changed to take into account the move towards an area structure for service delivery. This project is currently examining the support mechanisms and legislative and regulatory frameworks necessary for increased local area administration and accountability.

## project overview – north west regional hospital

Indicator	Project Number	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 - ++
✓	NW01	Review of the North West / North component of the Clinical Services Plan	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.			—————								
✓	NW02	Planning principles for the North West	Adopt recommended principles to underpin planning and delivery of hospital services in the North West			—————								
H	NW03	Develop a detailed clinical service profile for the NWRH	Develop a detailed clinical service profile for the NWRH in consultation with the AG and/or operator of Mersey Community Hospital			—————								
✓	NW04	Relationship with Australian Government	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			—————								
H	NW05	Work with Private Sector	Work with the private sector to determine ways to develop appropriate private sector inpatient services			—————			—————					
✓	NW06	Consolidation of North West ICU services to North West Regional Hospital (NWRH), Burnie	Consolidate North West Intensive Care Unit services to the North West Regional Hospital (NWRH), Burnie.	—————										
	NW07	Redesign Emergency Services for the North West	Ensure that the flow of high acuity emergency patients from the Mersey Hospital to Burnie NWRH, following the changed role of the Mersey, is coordinated and effective.		—————									

## comments – north west regional hospital

The North West Regional Hospital has adopted eight planning principles for the delivery of services to the North West (**NW02**). These are:

- Safe and reliable services – to better meet the expectations of the community
- Unity – to work closely with all providers in the North West
- Innovation – be open to new ideas and support education
- Communication – provide technology and people
- Participation – engaging the community
- Responsibility – meeting agreed expectations
- Evaluation – to ensure cost effective action
- Positiveness – the responsibility of every employee to lead by example.

*North West Tasmania is characterised by coastal 'ribbon development'.*

*This has led to a corresponding spread of health services along the coast and presents particular challenges in the delivery of sustainable services.*



When management of the Mersey Community Hospital transferred to the Tasmanian Government in July, it also rejoined Tasmania's Health Plan.

A number of the projects on the progress chart relate to the transfer of the ownership of the Mersey hospital to the Australian Government, followed by the transfer of the management of the facility to the State Government. Many of these projects are completed but others are on hold until the area management structure is in place.





These issues have not impeded service delivery at the North West's two hospitals and services at the Mersey are clearly defined.



The service profile agreed between the Australian and State Governments for the Mersey Community Hospital is:

- a high dependency unit
- 24/7 day emergency department
- general and specialist medical services (including paediatrics)
- oncology services
- low-risk obstetrics and gynaecological services
- surgery and surgical specialties (other than planned complex surgery) that can be safely performed at the Mersey, including overnight planned and unplanned surgery and related post surgical care
- clinical support services such as pathology, radiology and pharmacy
- outpatient services
- palliative care
- geriatric support
- community and outreach services
- such other services as the Australian and Tasmanian Governments agree.

## project overview – north west regional hospital (continued)

Indicator	Project Number	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 - ++	
	NW08	Reassign Mersey vascular Service to State-wide Vascular Services	Develop a State-wide Vascular Services team operating out of the Royal Hobart Hospital (RHH).	—————											
	NW09	Redesign rehabilitation, subacute and transitional care services and implement a new model of care in the North West	Revise plans to develop a sub acute and transitional aged and post stroke discharge rehabilitation service in response to the Commonwealth Government take over of the Mersey Hospital.				—————								
	NW10	New Model for Obstetrics Services	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.			—————									
	NW11	New Model for Emergency Short Stay and GP Clinic at Burnie	The development of new models of emergency and short stay care including co-located GP clinic.				—————								
	NW12	Short Stay Paediatrics Unit	Develop a low acuity, short stay paediatrics unit as part of a regional service.				—————								
	NW13	Renal Medicine/ Dialysis Services	Enhance renal dialysis capability for the North West community with additional chairs at Burnie.					—————							
	NW14	Extended Day Surgery Unit	Revise the proposed significant new role for the Mersey as a day only elective surgery unit, in response to the Commonwealth Government take over of the Mersey Hospital.					—————							

## comments – north west regional hospital (continued)

As part of the development of an Area structure and implementation of Tasmania's Health Plan, a consultative forum has been established in North West Tasmania to:

- Provide a communication forum for local health issues;
- Assist in prioritisation of local health investment needs; and
- Foster participation in consultation on programs in the North West like accommodation and transport.

Known as the North West Health Services Network, the first meeting was held on 4 December 2008. At this forum, North West Regional Hospital CEO Jane Holden outlined the following proposals for the Area Health Services:

- Deliver health services on budget
- Reduce and over time eliminate waiting times greater than recommended
- Integrate primary and secondary services
- Improve communication
- Use technology to improve access to, and quality of, health services
- Be transparent in our reporting to the community
- Focus our work on the patients and not the health service or hospital needs
- Develop services that influence lifestyles
- Create a health service that acts like a magnet to new staff.

But most of all to:

*Improve the health status of the North West population by working together.*



New models for obstetrics services in North West Tasmania (**NW10**) are already being developed. Dr Michael Saunders and Francine Douce are conducting a review of maternity services in the North West region to inform the development of an integrated service for the communities of this region.

The first round of consultations (predominantly with staff) has commenced. This will identify any service changes that have occurred since Tasmania's Health Plan was developed.

As can be seen in the progress chart opposite, a number of projects have altered their timeframe or scope and two of these projects are rolled up into others: **NW11** into **NSM04** and **NW14** into **NSM06**.

These changes are in response to the continuing development of the structure delivering health care services in the region.

## project overview – strengthening primary and population health

Indicator	Project Number	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 - ++	
✓	PH01	Primary Health Development	a) Develop communication packages to explain Primary Health Approach	■			■								
✓			b) Recruit Primary Health Coordinators	■											
●			c) Communicate the primary health approach through staff development activities			■									
			d) Target one service site per region for further development				■								
			e) Develop a schedule for on-going development of service sites							■					
✓	PH02	Planning for Sustainability	a) Recruit to Primary Health Area structure, develop processes	■			■								
●			b) Communicate the health planning principles emerging from Tasmania's Health Plan		■										
			c) Develop local health planning frameworks, annual reporting mechanisms						■						
			d) Develop local health plans										■		
●	PH03	Consistent Community Health	Develop consistency across Community Health Centres around the state.			■									

Tasmania's Health Plan outlined plans for redesigning the health system to strengthen health promotion and illness prevention. As part of this, four new Health Promotion Coordinators will be appointed throughout the state and health promotion approaches will be integrated across the primary health workforce. Community health services staff will now receive support and information to carry out their health promotion work. Training will be provided to key staff in this area in 2008-09.

While implementation of Tasmania's Health Plan has resulted in stronger links between primary and population health, several of the projects in the above progress chart are rolled up into the 'integrating acute and primary health' project (**IAP03**) to reflect the work going on in this area.

## comments – strengthening primary and population health

### The primary health approach ...

Tasmania's Health Plan supports the primary health approach and many of the projects on the progress chart opposite are aimed at putting this approach into practice.

Primary health care means essential healthcare based on practical, scientifically sound, culturally appropriate and socially acceptable methods. It is universally accessible to people in their communities; involves community participation; is integral to, and a central function of, the country's health system; and is the first level of contact with the health system.

It should be provided by a suitably trained workforce supported by integrated referral systems and in a way that gives priority to those in most need. It endeavours to maximise community and individual self-reliance and participation, and involves collaboration with other sectors. It includes health promotion, illness prevention, early intervention as well as advocacy and community development.

Primary health services in Tasmania combine a population-based approach based on the social model of health with clinical care that aims to provide the best outcomes for individuals and communities. This approach encourages community capacity building to promote health and wellbeing of communities.

Key elements of the primary healthcare approach include:

- a focus on health and wellbeing, not just illness
- a population perspective on health, not only for individuals
- a multi-disciplinary team approach to care
- a partnership approach in which a range of groups and organisations work together to improve health

- a focus on actual health needs, such as chronic disease, rather than service needs
- fostering individuals' control over their health and participation in health decision making.

The primary health approach is characterised by:

- area-based planning for the healthcare needs of local communities stemming from a population health approach to healthcare planning
- considering the needs of all the population within a given area, not just those accessing health services
- a social model of health ensuring health and wellbeing is improved by addressing social and environmental determinants of health in tandem with biological and medical factors
- the healthcare system working collaboratively with other sectors to address the social and environmental factors that inhibit wellbeing.
- 

### Planning for sustainability ...

Tasmania's Health Plan focuses on planning and designing services for sustainability. This means that services:

- have sufficient patient volume to support and maintain the competence of healthcare professionals
- support a staffing infrastructure that can withstand temporary shortages without excessive cost or operational burden
- have quality equipment and facilities
- have appropriate access to necessary clinical and non-clinical support services
- have reasonable and manageable costs over time in the context of competing demands for limited resources
- have transparent and predictable funding allocations.

## project overview – strengthening primary and population health (cont.)

Indicator	Project Number	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 - ++	
●	PH04	Rural Health Centre Redevelopment	a) Implementation of new service model at Rosebery	■				■							
●			b) Implementation of new service model at Ouse	■				■							
Ⓜ			c) Increase inpatient beds at New Norfolk					■							
			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)				■								
	PH05	Primary Health Partnerships	a) Develop a policy framework for the role, management of Primary Health Partnerships that integrate services in local areas	■											
			b) Development of a demonstration site for Primary Health Partnerships					■							
			c) Evaluation of Primary health Partnership outcomes							■					
			d) Expansion of Primary Health Partnerships to other sites									■			
			e) Improve links with local government							■					

**Rural Health Centre Redevelopment** While some work has already been accomplished (see opposite page) plans to increase access to community services (**PH04e**), run through HACC, are dependent upon accessing Commonwealth funding. The Council of Australian Government (COAG) process is examining changing the roles of Commonwealth and State in relation to HACC, which means that service planning is on hold and results are uncertain.

**Primary Health Partnerships** All the elements of the Primary Health Partnership project (**PH05**) are rolled up into the consumer engagement project (**THP02**).

## comments – strengthening primary and population health (continued)

### *Rosebery and West Coast health service development*

Tasmania's Health Plan has introduced a new tiered service delivery model, services capability framework, accreditation processes and clinical audits to ensure that services are safe, high quality and sustainable.



As part of this work the Rosebery Community Hospital has become the Rosebery Community Health Centre that offers extended opening hours and an after hours nurse triage and treatment service. This service model is enhanced through a commitment of additional funding from the State Government and OZ Minerals at Rosebery. A formal service and funding agreement is with OZ Minerals for completion, which when signed will complete the new service model at Rosebery.

The enhanced service model is funded until June 2010 when an evaluation conducted in partnership with the UTAS Rural Clinical School will make recommendations about the service model's future. Stage 1 of the site re-development is complete and stage 2 will be completed by early 2009. Stage 2 will improve the centre's capacity to host a range of community-based services such as community and self-help groups, which will strengthen health promotion support and chronic disease management approaches.

The Tasmanian Ambulance Service is actively recruiting ambulance volunteers for the Rosebery volunteer ambulance service. The

Government will also provide an additional paramedic based at Queenstown.

### *Central Highlands*

In the course of developing Tasmania's Health Plan it was found that services at the Ouse District Hospital were not sustainable because of workforce shortages and the low use of the four subacute inpatient beds, which had just 38 patient separations in 2005-06. The six aged care beds were also heavily subsidised by the State Government despite being a Commonwealth responsibility.

Tying up resources in the aged care beds meant that the State Government was unable to focus on improving outreach services through packages such as aged care in the home or hospital in the home. The changes implemented through the Plan will improve services for the whole community with their strong focus on primary and preventative health.

However, continuing concern in the Derwent Valley about the future of health services at Ouse prompted an independent review of the feasibility of a multi-purpose health service at Ouse. The Australian Government, Tasmanian Government and the Central Highlands Council worked in partnership to consider the sustainability of a Multi-Purpose Service (MPS) delivery model for Ouse. The independent review report was released in July 2008 after significant consultation and analysis of local health needs and issues. It recommended that an MPS (or any in-patient facility) was not viable in the Central Highlands because of quality of care and long term viability issues. New and or/expanded services will be in place before there are any further changes to existing services. An appropriate date to cease in-patient and residential aged care services at Ouse District Hospital is being explored.



## comments – strengthening primary and population health (cont.)

The increasing prevalence of chronic disease has been described as “the climate change of the health system”. Tasmania is suffering an epidemic of chronic disease, which creates very high demand for health services.



Tasmania’s Health Plan recognises that this demand will escalate unless health risk factors for chronic disease in the community are addressed through a population health approach.

To achieve this, Departmental service providers and new staff will be kept up to date with the population health approach.

Work is also underway on the development of a statewide health promotion framework. New Health Promotion Coordinators have also been recruited.

To help meet the challenge of increased levels of chronic disease, new diabetes allied health positions were funded through Diabetes Australia – Tasmania.

These positions provide telephone and community-based educational and self-management services that will improve health outcomes and reduce lifestyle risk factors for people recently diagnosed with type 2 diabetes, pre-diabetes or at risk of developing type 2 diabetes.

Capacity to address chronic conditions has increased with the appointment of four Chronic Disease Coordinators to provide regional and statewide support and coordination.

Community Nutrition positions are in place around the state to work with service providers and community groups, and to build nutrition workforce skills. These positions will support our hard working staff in the community.

In addition there is a new Population Health Planning and Evaluation position to build capacity in health promotion program evaluation. We need to collect evidence that the new approach of Tasmania’s Health Plan is making a difference.

The recent appointment of a Smoking Cessation Coordinator will improve smoking cessation interventions across Tasmania. Two of three regional hospital-based cessation nurses are also in place. Additional funding to Quit Tasmania will employ another Quitline counsellor and increase media campaigns to generate more quit attempts. The Pharmaceutical Society of Australia has also received funds for an early 2009 campaign to promote pharmacies as an option for smokers to get cessation advice and support.

The Youth Health Service Framework 2008-2011 will ensure a planned approach to support for young people’s health and wellbeing in Tasmania. The framework is now in action through an implementation plan that outlines priorities from improving internal processes to working more closely across sectors to ensure better services and outcomes for young people.



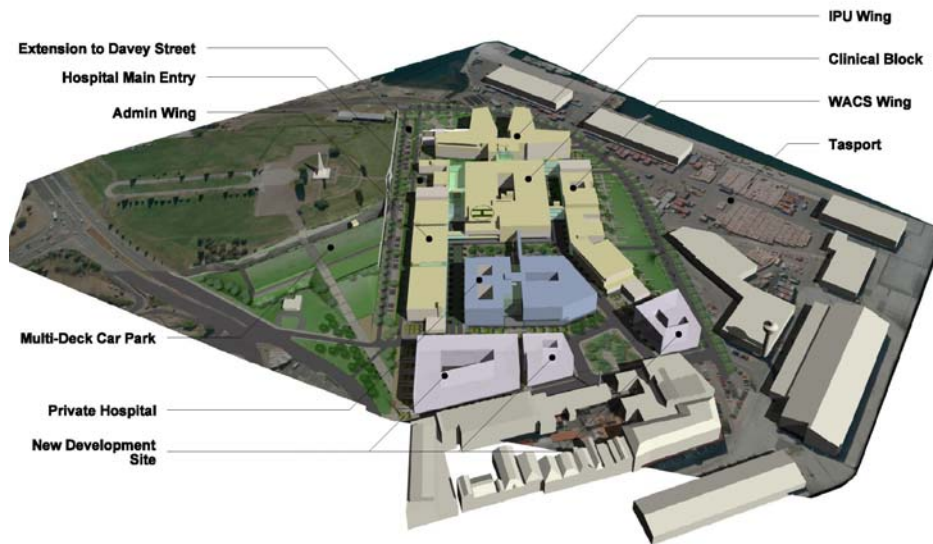
## project overview – royal hobart hospital

Indicator	Project Number	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 - ++
●	S01	Royal Hobart Hospital	Complete the business case for the development of the RHH including an ICC											

### The Royal Hobart Hospital ... more than a single project!

While the 'New Royal' project is specifically referred to in project **S01**, a number of other projects in Tasmania's Health Plan directly reference the Royal Hobart Hospital (RHH). This includes the new models of emergency and short stay care project (**NSM02**), reassignment of Mersey vascular service to statewide vascular services (**NW08**), development of processes for an integrated care centre in Hobart (**SSD07**) and assessing the need for a positron emission tomography scanner at the RHH (**SSS04**).

### Proposals for the 'New Royal' ...



## comments – royal hobart hospital

### The Royal Hobart Hospital and the ‘New Royal’ ...

Tasmania’s health needs are changing. Our population is getting older and lifestyle induced illnesses, such as diabetes and obesity, are increasing, which is putting extra pressure on our health system. At the same time, new and better ways of caring for people are being developed. With existing buildings dating from the 1930s, the Royal Hobart Hospital (RHH) was originally constructed to meet models of care that are now obsolete. Recent developments, such as the new Emergency Department, alleviate some pressures but do not solve the long-term needs of the hospital.

In 2006, a report into the future of the RHH found that the existing buildings were causing inefficiencies in the delivery of health services. The report recommended a new hospital be built close to or within the CBD to provide the best opportunity to meet health service delivery needs into the future. The Tasmanian Government has accepted this recommendation and planning for the new hospital is now underway. It is expected to take at least seven years to plan and build the new hospital.

The Core Objective of the New Royal Project is to redevelop the Royal Hobart Hospital facility to support its role as the principal tertiary referral and teaching hospital within an integrated Tasmanian health system. The new facility will support the sustainable delivery of contemporary acute services and will be flexible in its response to future health needs.

The new hospital will not only replace ageing infrastructure, but it will facilitate the adoption of contemporary models of care that will improve health services delivery. The new hospital will support

Tasmania’s Health Plan, which provides a strategic framework to transform the delivery of the state’s health services. Planning for the new hospital is happening in conjunction with statewide health service and infrastructure planning.

Investigation of the facility in 2006 concluded that the existing hospital was inadequate to meet future demands. Tasmania’s Health Plan, released in 2007, provides a strong policy basis for the project. A determination was made early in the project to consider a site near the CBD for a number of key reasons including, best access for the majority of patients, staff and visitors and the maintenance of strong physical linkages with existing health services, business and general commerce that exists around the RHH. A site selection study identified the Railyards as a suitable alternative site.

The Masterplan study considered multiple options for redevelopment on both sites and recommended a new hospital be built on the Railyards site. Redevelopment on the existing hospital site is less desirable from a DHHS perspective as it will cost more, take longer to complete than a new building, incur greater risks and will not result in optimal functional outcomes. The preferred option (Option 7a) on the Railyards site was released for public comment in July 2008 and subsequently amended in response to feedback received.

A business case is being prepared for submission to Government in December 2008. A response from Government is not anticipated until early in the New Year, March 2009. The business case includes information on the financial, economic, environmental and social impacts of all options.

# project overview – statewide system development

Indicator	Project Number	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 - ++
●	SSD01	Alcohol and Drugs Action	Develop closer links between primary health and alcohol and drug services. Increase access to alcohol and drug programs in rural areas											
●	SSD02	Primary Mental Health Service Development	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											
●	SSD03	Develop Operational Framework for the Development of Integrated Care Centres (ICCs)	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.											
●	SSD04	Develop ICC Launceston	Develop an ICC in the Launceston area.											
●	SSD05	Develop ICC/ GP Super Clinic Clarence/ GP Super Clinic Sorell	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.												
	SSD06	Develop ICC Kingborough	Develop an ICC in the Kingston area.											
●	SSD07	Develop ICC Hobart	Develop an ICC in conjunction with the Royal Hobart Hospital Redevelopment Project.											
●	SSD08	Develop ICC or Tier 3 CHC Glenorchy	Assess the feasibility of developing an ICC in the Glenorchy area.											
	SSD09	Burnie GP Super Clinic	Work with Commonwealth and other stakeholders to develop a GP Super Clinic in the Burnie area.											
	SSD10	Devonport GP Super Clinic	Work with Commonwealth and other stakeholders to develop a GP Super Clinic in the Devonport area.											
	SSD11	Develop Patient satisfaction/ patient experience feedback mechanism	Development of a process that provides patients with the mechanism to inform services about their satisfaction with their experience and monitors agency performance against standard measures											

## comments – statewide system development

### Developing integrated care centres in Tasmania ...

Recent health reform initiatives in Tasmania focus on the need to better integrate services for better client and patient outcomes.

Tasmania's Health Plan has introduced a tiered service delivery model that establishes an integrated network of health services across Tasmania.

Traditionally healthcare delivery settings were determined largely by their funding source. However, it is increasingly recognised that client/ patient access should not be impeded by funding or organisational boundaries but rather services should be integrated, and gaps and duplication reduced.

### Integration links two or more service providers and/or agencies to address the individual's or family's preventive, treatment, and maintenance and support needs in a more coordinated and comprehensive way

Integration adopts a broad definition and encompasses activity that includes:

- formal and informal linkages with other agencies and service providers
- goals for outcomes of care agreed by the individual and service provider/s
- cooperation and collaboration in implementing specific interventions and strategies
- formal sharing of care between, and across, professional disciplines and between hospitals, and community-based social and healthcare settings.

Tasmania's Health Plan defines Integrated Care Centres as facilities that:

- house a range of health services across primary and acute care

- provide efficient, coordinated care regardless of who funds, owns or provides each service
- are less interventional and more oriented towards care in the community rather than hospitals.

The completion of the Clarence Interprofessional Learning and Education feasibility study (**ET02**) gave an endorsement to the development of a major education and teaching centre for medical, nursing and other health professionals as part of the Clarence Integrated Care Centre. This will also incorporate a Commonwealth-funded GP Super Clinic, integrated care services focusing on complex and chronic disease as well as other community-based health services.

The description of this project (**SSD05**) is changed to break up the two separate developments in Clarence and Sorell.

Progress on the Clarence development is significant. Extensive stakeholder consultations were held around the draft service model. This included a GP planning session in collaboration with GP South and GP Training Tasmania. A project website is established for communication with stakeholders and a consultant will deliver a governance model to support integrated services. A project brief is in place and an expression of interest let to commission an architect.

Work on the Launceston Integrated Care Centre is also proceeding in consultation with service providers and the community.

The wording on projects **SSD09** and **SSD10** is changed to reflect the Australian Government's commitment to develop GP Super Clinics on the North West coast.

## project overview – clinical service planning

Indicator	Project Number	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 - ++
●	SSS01	Develop Operational Framework and Protocols for Single Site and State-wide Services	Develop an operational framework that defines elements including single site and state-wide and regional services, governance, funding and accountability for single site, regional and state-wide services.											
●	SSS02	Service Capability Framework and role delineation	Develop a service capability framework to be applied across the entire health system including the role of each hospital											
	SSS03	Cardiac Electrophysiology	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.											
●	SSS04	Positron Emission Tomography (PET) Scanner	Assess, consider and implement (if agreed) the installation of a PET/CT scanner at the RHH											
●	SSS05	Cystic Fibrosis Services	Develop appropriate governance, funding and accountability for Cystic Fibrosis services in Tasmania.											
	SSS06	Pain Management Services	Develop appropriate scope, governance, funding and accountability for Pain Management services in Tasmania.											
●	SSS07	Additional Linear Accelerator (Northern Tasmania)	a) Assess need, feasibility, funding and timeframe b) Implement installation if assessment positive											
●	SSS08	Hyperbaric Medicine	Review demand for hyperbaric medicine, available infrastructure and opportunities for integration with other specialties, including multi-disciplinary outpatient clinics											
	SSS09	Pathology Services	Complete feasibility studies of a state-wide service.											
	SSS10	Medical Imaging Services	Complete feasibility studies of a state-wide service coordinated through a single administrative structure to ensure service sustainability.											

## comments – clinical service planning

Development of new services and equipment for Tasmania's health system is only undertaken after consideration. The 10 projects in the progress chart opposite are no exception. In some cases, such as in Cystic Fibrosis services (**SSS05**), this work has started earlier than originally expected.

Other work is yet to start. For example, the 2007 Clinical Services Plan recommends that it is clinically appropriate for to develop a single site electrophysiology service in Tasmania and to undertake a feasibility study by June 2010. This is built into the progress chart (**SSS03**).



In many cases, there are a range of opinions for the delivery of a particular service. There is continuing debate about the facilities needed at the RHH to support Hyperbaric Oxygen Therapy (HBOT) for various conditions. Many reviews of this treatment have been conducted.

Evidence of effectiveness is limited to defined clinical indications. The Medical Services Advisory Committee (MSAC) of the Australian Government has recommended continuation of public funding for a limited range of indications.

The Clinical Services Plan recommends that:

- the RHH service is for the management of patients with conditions that HBOT is effective, like decompression illness, gas gangrene, air or gas embolism, diabetic wounds including diabetic gangrene and diabetic

foot ulcers, necrotising soft tissue infections including necrotising fasciitis and Fournier's gangrene and the prevention and treatment of osteoradionecrosis

- in addition, in the absence of new evidence of lack of effectiveness, it is reasonable to design the service to provide treatment of non-healing, refractory wounds in non-diabetic patients and refractory soft tissue radiation injuries
- the service is reviewed to ensure a sustainable service is available for patients with conditions for which there is evidence of the effectiveness of the treatment. This may require consideration of workforce support arrangements with interstate units
- if HBOT is provided for a broader range of clinical conditions it should be provided under research conditions in clinical areas in which a need for further research is identified. In these circumstances, consideration is necessary of the research priority of this service and potential funding sources to ensure money is not diverted from other areas of clinical priority.

As such, the Clinical Services Plan recommends the Department complete an expert review of hyperbaric oxygen therapy by June 2009. This is in train (**SSS08**).

The Clinical Services Plan also recommends consideration of statewide services for pathology (**SSS09**) and medical imaging (**SSS10**). Although these services are operating cooperatively across the state, it is thought that upcoming workforce challenges will require a single statewide management focus to ensure sustainable service delivery. This work is also scheduled into Tasmania's Health Plan implementation.

## project overview – clinical service planning (continued)

Indicator	Project Number	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 - ++
●	SSS11	Bariatric Surgery	Review scope and operational arrangements for this service.				■							
	SSS12	Gastro-Intestinal and Hepatobiliary Surgery	a) Develop appropriate funding and accountability mechanisms b) Develop appropriate clinical governance mechanisms				■		■	■				
	SSS13	Specialist Cardiology	a) Develop appropriate funding and accountability mechanisms b) Develop appropriate clinical governance mechanisms				■		■	■	■			
	SSS14	Clinical Genetic Services	a) Develop appropriate funding and accountability mechanisms b) Develop appropriate clinical governance mechanisms				■		■	■				
●	SSS15	Vascular Services	a) Develop appropriate funding and accountability mechanisms b) Develop appropriate clinical governance mechanisms	■	■	■	■		■	■	■			
●	SSS16	Develop Statewide Bone Marrow Transplantation Service	Develop a formal state-wide bone marrow transplantation service.		■	■	■							
●	SSS17	Cancer Services	Develop appropriate governance, funding and accountability for regional and statewide services.				■	■	■	■	■			
●	SSS18	Renal Medicine	Develop appropriate governance, funding and accountability for regional and statewide services.			■	■	■	■	■				
●	SSS19	Rapid Patient Transfer	Develop formal protocols for the rapid transfer from the North and North West direct to theatre at the RHH of patients with time critical vascular emergencies			■	■							
●	SSS20	Infectious diseases	Develop appropriate governance, funding and accountability for infectious diseases				■	■	■	■	■			
	SSS21	Neonatal and paediatric intensive care and retrieval	Develop appropriate governance, funding and accountability for neonatal intensive care; paediatric intensive care, neonatal and paediatric retrieval						■	■	■			
	SSS22	Morbid Obesity	Complete integrated plan for the management of morbid obesity						■	■				

## comments – clinical service planning (continued)

Clinical Services Plan recommendations are quite specific in some instances because of safety and effectiveness issues. For example, in most developed health services, bariatric surgery is recommended as a treatment option for adults with morbid obesity if a number of health-related criteria are met.

### **Bariatric surgery is surgery on the stomach and/or intestines to help a person with extreme obesity lose weight**

A significant relationship between volume of cases and outcomes are demonstrated for bariatric surgery. The draft review of scope and operational arrangements for bariatric surgery is complete (**SSSI1**) and is receiving comment.

The vascular services scoping study document is also out for comment (**SSSI5**).

Work has begun on the framework for a statewide bone marrow transplant program (**SSSI6**).

A statewide cancer services plan (**SSSI7**) is also being developed. This project has clear links to the cancer clinical network.



### **Vascular services provide care for patients with diseases of fluid vessels outside the heart, lungs and brain cavity**

The clinical consultative meeting that was held in October identified a range of tasks to improve renal services (**SSSI8**), including the development of a statewide renal plan to inform the development of governance, funding and accountability for regional and statewide services.

Expressions of interest have recently been sought from consultants to develop this plan. It is expected that the tenderer will develop a state plan for renal services detailing an implementation strategy and funding plan.

The plan will take account of expected future demand, the views of key stakeholders, evidenced based practice and strategies to ensure successful implementation of the plan.

A leadership group and executive sponsor have also been identified and will have responsibility for overseeing the development of the plan.

### **A bone marrow transplant is important in the treatment of blood disorders such as acute leukaemia and other malignant disorders of the bone marrow**

The development of formal protocols for rapid patient transfer (**SSSI9**) is the subject of continuing discussions amongst the many services involved.



## comments – integrated transport and accommodation services

### Changes to patient transport ...

- The accommodation allowance for overnight stays within Tasmania will increase by \$16 to \$46 a night
- Outside Tasmania, the allowance will jump to \$64 from \$30 – in some instances doubling similar allowances offered in other states
- The current 13c a kilometre fuel subsidy will increase to 19c a kilometre, which makes Tasmania a national leader in subsidising patient travel.

In addition to the PTAS improvements, the State Government will fund immediate improvements to patient accommodation in Hobart as well as communications and medical retrieval services, including a new centralised communication centre.

### Health-related accommodation

The Government will immediately provide the following modest capital grants to address the critical accommodation shortages in Launceston and Hobart:

- contribute \$90,000 to the Spurr Wing in Launceston to install bathrooms in the three large ground-floor bedrooms
- contribute \$70,000 towards a facility in Hobart operated by the Bone Marrow Donor Institute to provide low-cost quality accommodation for up to 21 patients, family and carers, predominantly from the North and North West.

### Capital expenditure

- buy five new vehicles for the North West Patient Transport Service fleet and three new vehicles for the Southern Patient Transport Service
- establish a centralised coordination of patient transport and community transport services with a new IT platform, an increase in

staff and better training to deliver statewide coordination of non-urgent and community transport

- enhance telehealth infrastructure to provide care and advice as close as practicable to patients' homes to reduce the need for any unnecessary travel
- upgrade Queenstown Airport to allow fixed-wing planes to takeoff and land safely.

### Medical retrieval services

- establish coordination of medical retrieval services through the Tasmanian Ambulance Service (TAS) Communications Centre
- ensure a senior, clinically-trained ambulance officer or appropriately trained clinician is available to advise the TAS Communications Centre 14 hours a day, seven days a week
- increase extended scope of practice training for Paramedics.

### Non-emergency patient transport and community transport

- ensure non-emergency patient transport continues to be provided for card-holding renal dialysis and radiotherapy patients based on vehicle availability
- wherever possible, ensure community transport for patients who need renal dialysis, chemotherapy, radiotherapy or nursing home travel
- introduce centralised coordination of all non-urgent patient transport, with the Tasmanian Ambulance and Health Transport Service (TAHTS) as the preferred provider of non-urgent patient transport.

### Residents of Bass Strait Islands

Ensure there is appropriate patient transfer and lifting equipment in airport facilities as necessary.

## project overview – tasmania’s health plan operational framework

Indicator	Project Number	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 - ++
●	THP01	THP Community Forums	Work with Consumer Representatives to hold bi-annual regional Community Forums to provide information and discussion about Health Plan progress	■			■	■		■	■		■	■
●	THP02	Development of a Consumer Engagement Strategy	a) Develop agency consumer engagement policy options paper			■								
●			b) Develop policy framework for local planning and consumer engagement			■		■						
●			c) Develop local planning and public and stakeholder engagement processes			■			■					
			d) Monitor implementation processes										■	

### Development of a consumer engagement strategy ...

DHHS has not had a systematic approach to consumer engagement for a decade unlike some other jurisdictions.

Research literature shows that there are significant benefits to the community and the health system if governments actively seek to involve communities and consumers in health planning, policy development, service design and in decisions about their own care.

Tasmania’s Health Plan recommends the establishment of such a process and CEOs and Directors of service areas are asked to include engagement with their community and consumers within the Agency Operating Framework.

In 2009, DHHS will conduct a community consultation process to hear community responses to the development a DHHS consumer engagement process.

It is important in planning the consultation forums, and other strategies, to ensure that people from a diverse range of cultural and indigenous backgrounds, health conditions and geographical locations can participate in the process.



## comments – tasmania’s health plan operational framework

### Tasmania’s Health Plan Community Forums

Tasmania’s Health Plan points to opportunities for greater community and consumer engagement and commits to undertaking ongoing community consultation throughout the Plan’s implementation.

To fulfil this commitment, Community Forums have been established in each region of the state. These bi-annual, half day stakeholder forums are held in each region to showcase progress in implementing the Plan and listen to feedback and advice. Forums were held in March and October/September during 2008 and more are scheduled for next year.

Currently there are 80+ projects active under Tasmania’s Health Plan and so any one forum can only give a taste of progress. Tasmania’s Health Plan Consumer Representatives have helped to prioritise what needs to be on the agenda at the Community Forums.

Between 30 and 50 people, including a range of consumer representatives, government and health service providers from a broad range of organisations, attend each of the three regional meetings. Participants represent a cross-section of the community, with the same individuals coming together regularly over several years to discuss the implementation of the Plan.



Find out what was said at Tasmania’s Health Plan Community Forums at: [www.dhhs.tas.gov.au/\\_data/assets/pdf\\_file/0005/35816/Oct08\\_THP\\_Community\\_Forums\\_Report.pdf](http://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/35816/Oct08_THP_Community_Forums_Report.pdf)

### Tasmania’s Health Plan Consumer Representatives

When the call for Expressions of Interest (EOI) for Tasmania’s Health Plan Consumer Representatives went out, the newspaper advertisements stated that ... “we are seeking ten energetic and committed people in each region of Tasmania who can represent their local communities as we implement the Plan ... selected on the basis of their individual capacity to inform the implementation of Tasmania’s Health Plan and to promote and advocate directions within the Plan amongst peers”.

Under the EOI process, all Consumer Representatives have made a commitment to ongoing involvement through to 2010.

The EOI only mandated participation in Tasmania’s Health Plan Community Forums and this is all that is expected of Consumer Representatives. However, in response to requests for more information and involvement, additional meetings were held.

In 2008, Tasmania’s Health Plan Consumer Representatives undertook a range of activities outside the Community Forums, including site visits to regional Community Health Centre facilities, led by the local Primary Health Coordinator, and site visits to major acute hospitals.



These meetings are part of the ongoing commitment to consumer engagement under Tasmania’s Health Plan.

## project overview – workforce sustainability

Indicator	Project Number	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 - ++
	WS01	Planning for a Sustainable Health Workforce	Develop and publish a workforce plan for Tasmania.											
	WS02	Workforce Modelling	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.											
	WS03	Retention and Development	Develop retention strategies that can assist existing health professionals to stay in the workforce.											
	WS04	Nursing and Allied Health Workforce Initiatives	Further develop innovative models for the nursing and allied health workforce.											
	WS05	Nurse Practitioners	Rural Health nurse practitioner in place during 2008											
	WS06	New Workforce Models	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).											
	WS07	Operational Framework for Public/Private employment	Facilitate cooperative arrangements for health care professionals across both private and public sectors.											

## comments – workforce sustainability

Workforce sustainability is central to providing health services in Tasmania. Reflecting this focus, DHHS structural changes have increased the prominence of the offices of the Chief Health Officer, Chief Nurse and Principal Allied Health Advisor.

In addition, from January 2009, DHHS Care Reform will commence operation and comprise Human Resources, Safety and Quality, Workforce Planning and Development and System Reform.

The draft Strategic Workforce Plan (**WS01**) was developed for discussion and input from the recently appointed DHHS Director of Care Reform.

Strategies for retention and development (**WS03**) are being developed in individual business units and this will be a foundation for an Agency-wide strategy.

A range of nursing and allied health workforce initiatives (**WS04**) have been developed:

### *Nursing in Tasmania*

In the interim, work is continuing within the DHHS on the following nursing topics:

- Returning to Nursing
- Nurse Practitioners in Tasmania
- Statewide Nurse Preceptor Education Program
- Development of new models of care based on best practice examples from Australia and overseas.

Nurses or midwives returning to practice may be eligible for grants through the Commonwealth initiative Bringing Nurses Back into the Workforce Program. Nurses and midwives who have not been employed for 12 months or longer may be eligible for this grant.

DHHS provides supportive programs to help all nurses return to practice.

From 2009, Nursing, Allied Health and Medical staff in DHHS Operational and Departmental Units will have professional leadership from the Chief Health Officer, Chief Nurse and Principal Allied Health Advisor, while their line management will remain with their respective CEO/Director.

### *Allied health professionals in Tasmania*

Expanded scope of practice is one of the options for a more flexible workforce and more effective use of the skills of our health workforce. It will be a significant issue in the redesigning of the Tasmanian health services where there is growing pressure on better use of health professional's skills in the context of Tasmania's workforce demographics.

Work is currently being undertaken to define what expanded scope of practice means in the context of DHHS allied health professionals, services provided, appropriate professional groups, skill development and credentialing. The aim of this work is to identify the opportunities for expanded scope of practice for allied health professionals in DHHS.

Work is also being undertaken to develop a framework for the introduction of therapy assistants. This will help overcome current and future shortages in the availability of allied health services. Work is being done in relation to Therapy Assistants working in

- Occupational Therapy
- Speech Pathology
- Podiatry
- Dietetics
- Physiotherapy

The development of an operational framework for public/private employment (**WS07**) will be further explored by DHHS Human Resources in the context of the integrated care centres and the GP super clinics.