**Summary of recommendations**

**Recommendation 1**

The attached amendments to the Respiratory and Sleep Medicine Service Profile be accepted for the final version of the TRDF (Attachment A).

**Recommendation 2**

Amend Level 3 service description to read ‘provides visiting respiratory outpatient care. Patients requiring admission for inpatient respiratory care should be transferred to a Level 4 or greater facility.’

**Recommendation 3**

Amend Level 4 service description for respiratory to read ‘provides care by a resident General Physician and outpatient consultation by a visiting Respiratory Physician’.

**Recommendation 4**

Amend Level 5 to include the following dot points:

a. Category 3 or above Respiratory function unit on-site and a bronchoscopy suite  
b. Accredited Respiratory advanced training program  
c. On-call respiratory physician 24 hours.

**Recommendation 5**

Amend Level 6 to include the following dot points:

a. Category 4 Respiratory function unit on-site  
b. Integrated public sleep service with laboratory on-site  
c. Specialised medical ward with non-invasive ventilation (NIV) capability/area  
d. On-site cardiothoracic surgery and PET scanning.

**Recommendation 6**

Insert at the end of the document:

‘Thoracic Society of Australia and New Zealand Respiratory Function Unit (Adult Lung Function Laboratory) Categories

**Category 1**

Basic assessment of respiratory function including, as a minimum, measurement of static lung volumes (total lung capacity, residual volume, functional residual capacity and vital capacity); maximum expiratory flow rates before and after bronchodilator (maximum expiratory flow volume curves); carbon monoxide gas transfer; and maximum respiratory pressures measured at the mouth.'
**Recommendation 7**

The Launceston General Hospital co-ordinates the provision of sleep services for the North West; with development of a 2 bed overnight public sleep laboratory (with appropriate staffing support and infrastructure) at either the NWRH or MCH to replace the current suboptimal externally contracted service.

**Recommendation 8**

The development of a 2 bed overnight public sleep laboratory at the RHH (with appropriate staffing support and infrastructure).

**Recommendation 9**

Strengthening of interstate partnership, in particular with RCH and VRSS.

**Recommendation 10**

The Women, Adolescents and Children’s CAG undertake a review of paediatric respiratory and sleep medicine services.

**Recommendation 11**

Incorporation of Lung transplant services into the public hospital system-RHH.

**Recommendation 12**

Enhanced UTAS/THS partnership and streamlined processes for clinical studies including ethics submission.

**Recommendation 13**

Development of a LGH Respiratory Function Unit with appropriate staffing support and infrastructure.

**Recommendation 14**

Category 2

Measurements as in Category 1 plus arterial blood gas analysis.

Category 3

Standard assessment of respiratory function including measurements as in Categories 1 or 2 plus pharmacologic and non-pharmacologic bronchial provocation tests and exercise tests.

Category 4

Comprehensive assessment of respiratory function including measurements in Category 3 plus any of the following: measurements of the control of breathing, of lung mechanics, of chest wall mechanics, of pulmonary gas exchange, of nasal resistance, simulated altitude measurements and any other complex measurements of respiratory function.’
The LGH to coordinate and provide lung cancer, outreach and regional referral services in respiratory medicine for the North West.

**Recommendation 15**

Development of an accredited advanced training program in respiratory medicine at the LGH.

**Recommendation 16**

Implementation and resourcing of a permanent pulmonary rehabilitation program at the NWRH.

**Recommendation 17**

Exploration of public basic lung function testing (including gas transfer and lung volumes) for the NW region- NWRH or MCH inclusive of appropriate staffing support and infrastructure.

**Recommendation 18**

TRDF for Respiratory and Sleep Medicine to state that the following procedures are not to be currently performed in Tasmania:

a) Bronchial thermoplasty
b) Endobronchial lung volume reduction techniques

**Recommendation 19**

Develop formal referral pathway for lung volume reduction assessment and management by an interstate partnership with the Alfred Hospital.

**Recommendation 20**

 Undertake a feasibility study on the provision of assessment for and performance of bronchial thermoplasty interstate.

**Recommendation 21**

Amend Level 5 to include the following dot points:

- On-call respiratory physician 24 hours
- Accredited respiratory medicine registrar.

**Recommendation 22**

Amend Level 6 to include the following dot points:

- Accredited respiratory medicine registrar(s)
- Specialist Respiratory RNs-eg Lung cancer, Tuberculosis
- Specialist Respiratory Physiotherapist.

**Recommendation 23**

Sleep physician(s) with 1.0 FTE to be appointed in the South.
**Recommendation 24**
Sleep physician(s) with 1.0 FTE to be appointed in the North/ North West. This may be a mixture of public and private appointments.

**Recommendation 25**
A permanent Respiratory Physician with 1.0 FTE to be appointed to the North / North West region.
- LGH Respiratory Unit to provide regional referral and outreach role.

**Recommendation 26**
Increase in Specialist Respiratory Nurse support of 0.2 FTE for the LGH Pulmonary Hypertension service.

**Recommendation 27**
Administrative support with 0.5 FTE to be appointed to the LGH for implementation of statewide oxygen and assisted ventilation contracts for the North and North West region.

**Recommendation 28**
Appoint a second respiratory registrar for research/high patient workload in the South. This would allow the RHH to meet Level 6 requirements.

**Recommendation 29**
Amend Level 6 Respiratory support services to read:

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**Recommendation 30**
Urgent review of radiology support services at the LGH – with specific reference to ability to perform image guided percutaneous biopsies.

**Recommendation 31**
Exploration of new models of care based on regional admission data and researched business plans. This will need to include identification of appropriate staffing requirements to provide services.
- For example, pilot modelling of data for COPD at the RHH (2012-2013) has identified avoidable hospitalisations and patients with multiple admissions, suitable for a supported discharge/HITH program.