

October 2014

Tasmanian Clinical Services Profile Implementation Plan

September 2015

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I. Introduction

The *One State, One Health System, Better Outcomes (One Health System)* reforms outlined in the White Paper provides a framework for a sustainable Tasmanian health system that will provide all Tasmanians with improved health services.

The task now is to implement the changes outlined to achieve high quality, safe and efficient clinical services to provide better outcomes for Tasmanians.

Since the release of the White Paper, the Tasmanian Health Service (THS) has been created, bringing together three regional health services under one service delivery system. This change provides the vehicle to deliver more joined up services across the state, reducing duplication and ensuring that regional boundaries no longer represent barriers to delivering safe and high quality care for all Tasmanians.

This Implementation Plan (the Plan) outlines how the changes outlined in the White Paper will be implemented over a period of time. The key focus is on ensuring that all clinical disciplines are focussed on providing services to all Tasmanians on a statewide basis.

Some changes, such as the development of the Northern Cancer Service have already begun, ensuring better outcomes are secured in the short term. Other changes will require careful planning and management to ensure there is no adverse impact on service delivery or patient care during the transition period.

The Plan also describes the important relationship between the THS, the Department of Health and Human Services (DHHS) and the Minister for Health as the implementation process continues. How the THS and the DHHS will evaluate the success of implementing the changes, both in terms of reporting to the government and the community, how any financial impacts of service changes will be considered, and how the Tasmanian Role Delineation Framework (TRDF) and subsequent Tasmanian Clinical Services Profile (TCSP) will evolve over time to ensure the health system remains agile and adapts to delivering health services over time.

The scope of this Plan includes implementation planning for:

- Key service changes where there are significant structural or clinical service level changes, for example, the establishment of a Northern Integrated Surgical Service.
- Service changes at the Mersey Community Hospital.
- The development of statewide service delivery models for all clinical services outlined in the TCSP.
- Patient transport and accommodation initiatives to support the implementation of the changes.

Project implementation summaries outlining the implementation milestones have been developed and are provided at Appendix I.

2. Key actions and milestones

Establishment of the clinical advisory group convenors conference

Clinicians are driving this Plan across the THS. Clinicians have been actively working in a collegiate manner to provide advice and direction on building clinical services across the state that align with the TCSP.

This work has been facilitated by the establishment of clinical advisory groups (CAGs) that provide a mechanism to bring together a multidisciplinary team, with statewide representation to advise on current services and design statewide models of care that will provide better, more joined up services across the state.

To bring together a cross disciplinary focus, a CAG Convenors Conference has been established, with the first meeting to take place in October 2015. This will provide a mechanism to improve collaboration and consultation across the state and ensure that there is a mechanism for clinicians to provide input into the prioritisation of the implementation of changes.

The CAGs and other advisory groups already have a significant body of work that is underway in developing statewide models of care.

Key implementation milestones

- Northern Cancer Services - Commence May 2016.
- Northern Integrated Surgical Service:
 - additional surgical services provided from the Mersey Community Hospital (MCH) - September 2015
 - full implementation of the 23 hour elective surgery service at the MCH - July 2016
- Birthing services in the North West consolidated in Burnie - July 2016.
- Additional emergency ambulance services in the North West - July 2016.
- Extended Care Paramedic and First Intervention Vehicle operational in Launceston - July 2016.
- Additional non-emergency transport services to support the clinical services changes - July 2016.
- Bus service for patient and family transport in the North and North West supported by upgrades or development of hospital transit lounges - July 2016.

3. Governance

The THS is responsible for delivering health services to all Tasmanians according to the Service Agreement between the Minister for Health and the THS.

The DHHS is responsible for maintaining the Service Agreement and for providing recommendations to the Minister for Health on changes to the Agreement.

A number of changes related to the implementation of the White Paper have already been carried out; others will occur over the coming months and some changes will take time to be fully and safely implemented.

It is important appropriate governance is established to ensure the implementation of the White Paper changes are monitored and evaluated over time. Key stakeholders such as the Government, health services and the community will be kept informed of progress.

Governing Council

The Governing Council will receive advice from the Project Coordination Group. They will provide strategic oversight; monitor progress against key milestones and sign off on the achievement of statewide service reform structures.

The Chair of the Governing Council will provide regular updates on implementation progress to the Minister.

Project Coordination Group

A project coordination group will be established to provide strategic oversight at a DHHS and THS level and monitor the implementation of the Plan. It will include the CEO of the THS and the Secretary of the DHHS.

Where a clinical service has a future clinical service level that differs from the current one (as outlined in the White Paper), the CEO and Secretary will approve the transition of the services to the new level, including the timing of the transition and the resource configuration required to meet the new clinical service profile.

The DHHS as the system managers are responsible for the TRDF. The sites of service delivery and the scope of clinical services provided are currently defined through the TCSP, based on the TRDF.

THS Executive and Implementation Working Groups

Within the THS, implementation will be driven by implementation working groups who are responsible for delivering specific projects against agreed milestones. These working groups will consist of managers for the individual projects identified in the Plan.

These working groups will report to the THS Executive, which currently consists of the Chief Executive Officer and the Executive Directors of Services (EDSs) of the THS. The THS Executive will have strategic and operational oversight of all the projects; be accountable for the delivery of outcomes against the milestones and within budget; have a coordinating and prioritisation function; and provide regular reports to the Project Coordination Group and the THS Governing Council.

4. Reporting and evaluation

The performance of the THS is monitored through a number of existing mechanisms including the *2015-16 Service Agreement between the Minister for Health and the Tasmanian Health Service*. This agreement contains a range of KPIs across clinical services, financial management and safety and quality measures.

The *2015-16 Performance Framework* provides a clear and transparent outline of how the performance of the THS against the requirements of the Service Agreement is assessed and reported upon and outlines how responses to performance concerns are structured in accordance with the Act.

The THS will institute regular additional reporting on the implementation of the One Health System White Paper reforms. This reporting to cabinet will be based on the milestones identified in the implementation schedule that forms part of this Plan.

5. Process

This Plan covers 53 individual projects. Each project is based on either a clinical service change identified in the White Paper, the implementation of a statewide model of care and clinical services or a patient transport initiative outlined in the *Patient Transport Services - White Paper Companion Document*.

The CAGs and other advisory groups are leading a process through which the current clinical services are being mapped against the clinical service profile outlined in the White Paper and the TRDF. This process will lead to an identification of any realignment requirements and actions required to either meet the current or proposed service levels outlined.

A CAG Convenors Conference will be established to facilitate cross discipline engagement to improve collaboration and consultation across the state.

The community, human resource, financial, technological and infrastructure implications, and clinical service impacts of each individual clinical service change will vary from service to service. These will be identified and worked through as the clinical services profile for each of the hospitals outlined in the White Paper is achieved.

No service changes will be made until hospitals are equipped to meet additional demand and the new service can be provided safely.

Clinical services not included in the White Paper will also be expected to develop statewide models of care to deliver the best outcome for all Tasmanians. Advice and further work may be required from the CAGs or other relevant advisory groups as appropriate. The elements of these statewide services are delineated in more detail in the following section.

Ambulance Tasmania, DHHS and THS are working collaboratively to implement the patient transport initiatives. Implementation working groups with representatives from the relevant stakeholders will operationalise these initiatives within the budgets allocated by Government.

Financial and Human Resources

The financial and human resource implications of identified service changes will vary from service to service.

In some circumstances there will be no additional funding or human resources required. For example, where moving to a statewide service only requires the development and implementation of statewide policies and procedures.

In other circumstances, a reallocation of funding and staff within an existing service may provide a more equitable and efficient service across the state. For example, services where there have been considerable expenses on locums may be reorganised to improve sustainability by building capacity within an integrated service model across regions.

To bring some other clinical services in line with the expectations outlined in the White Paper, additional resources may need to be identified (e.g. additional operating theatre capacity at Mersey to support the 23-hour dedicated elective surgery).

If any additional funding is required to implement service changes then that will be subject to the usual budget development process.

6. Developing statewide models of care

There is an expectation that all current and future clinical services will over time be reviewed to ensure that they are underpinned by statewide models of care.

Core Elements of Clinical Services

Clinical services will:

- Be underpinned by statewide policies and procedures.
- Have a sustainable model of care that will support the attraction and retention of a suitably qualified workforce.
- Deliver high quality, safe services.
- Have appropriate management systems in place, including a clearly defined monitoring and reporting framework.
- Have clearly defined accountabilities.
- Document the clinical services profile across the THS sites.

It is expected that all clinical services in Tasmania will be underpinned by statewide models of care over time.

Statewide policies and procedures

Clinical services should be underpinned by consistent access and treatment policies to support a high quality, safe service that delivers equitable care to all Tasmanians.

Model of care

The model of care through which the clinical service is delivered will be determined with the input of the clinical advisory groups, patients, managers, staff, health care partners and the community.

The guiding principles of a model of care are that it:

- is patient centric
- has localised flexibility and considers equity of access
- supports integrated care
- supports efficient utilisation of resources
- supports safe, quality care for patients
- has a robust and standardised set of outcome measures and evaluation processes
- is open to innovation and considers new ways of organising and delivering care
- has developed intrastate and interstate transfer policies to support the safe movement of patients between facilities.

Effective Workforce Development Plans

Workforce planning should be undertaken at a statewide level to ensure that prioritisation of recruitment is given to those areas that require it most.

The following principles in designing a sustainable workforce to meet the needs of the clinical service should guide the development of the workforce plans:

- The service and workforce model should support the sustainable recruitment of staff
- The service design and workforce should enable safe working hours to be adhered to
- Adequate clinical case loads are required to sustain the proposed size of the workforce
- There should not be any sole person dependant services.

Management

The delivery of clinical services with an underpinning statewide model of care requires robust management systems that include:

- Clinical governance and quality management systems
- Effective corporate management
- Effective risk management
- Effective data collection, reporting and review

The management structure around each clinical service may differ. For example, for some services like cardiothoracic surgical services and genetics services that are delivered from a single site, a single clinical leader will be appropriate. Other services, like women's and children's services that support high volumes across the state will be managed and delivered at three sites.

Where it is safe, clinically appropriate and supported by adequate case volumes, services should be managed and delivered locally under the guidance of appropriate statewide policies.

Accountability

The service agreement between the THS and the Minister will guide the delivery of services according to defined budgets and service targets.

The THS is responsible for delivering clinical services to all Tasmanians. The THS will be required to account for their performance on a statewide basis, addressing issues such as accessibility and outcomes of care.

The accountability for the delivery of the service at the local level will vary according to the clinical service structure. For example, if a clinical service is managed and delivered via a southern hub and northern hub, then the accountability for local service delivery will rest at each of the sites.

Clinical services profile across the THS sites

Where the population base supports the provision of a clinical service locally, services should be provided at the closest available site where it is safe to do so. This may mean that services are provided at one, two, three or four of the major acute hospitals or across primary care (public and private) and acute hospital sites.

It may also mean that some elements of the service are only provided interstate where there is not the volume of cases to support the service being provided in a safe high quality way, the cost of the service make the service prohibitive or there are recruitment difficulties.

The DHHS as the system managers are responsible for the TRDF. The sites of service delivery and the scope of clinical services provided are currently defined through the TCSP, based on the TRDF.

Process for evaluating whether a clinical service has a statewide model of care

The CAGs or other relevant advisory groups (where there is not a CAG structure) will develop statewide models of care for their services.

These models will be initially considered by the THS Management and THS Governing Council. The Minister and DHHS will be advised when a clinical service has developed a robust statewide model of care.

The implementation of each statewide model of care will occur over time with the appropriate processes being undertaken to consider any resource implications.

7. Projects

The Implementation Plan for the *One Health System* White Paper is inclusive of;

- Key service changes where there are significant structural or clinical service level changes, for example, the establishment of a Northern Integrated Surgical Service.
- Service changes at the Mersey Community Hospital.
- The development of statewide models of care for all clinical services outlined in the TCSP.
- Patient transport and accommodation initiatives to support the implementation of the changes.

This translates to 53 projects that require planning and implementation.

Individual project summaries are provided at Appendix I.

8. Consultation and engagement

The THS and the DHHS will consult and engage with the community, staff and their representatives as the changes outlined in this implementation plan are developed and implemented.

Community and Staff Engagement

The community will be engaged in the implementation process through the current consumer engagement forums across the regions.

Staff will be engaged through regular staff forums, newsletters and meetings as appropriate.

Clinical Advisory Groups

The CAGs and other advisory groups are leading a process through which the current clinical services are being mapped against the clinical service profile outlined in the White Paper and the Tasmanian Role Delineation Framework.

The CAGs are expected to have representatives of the nursing, medical and allied health workforces. In addition, an update in the terms of reference of the CAGs will include a requirement to have a consumer representative where possible. This will provide a mechanism to include consumers as key contributors to the development of statewide models of care.

Appendix – Project Summaries

Legend:		Task Complete		Task Timeframe		Task scheduled for completion
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I. Northern Cancer Service

Provision of Oncology Services across the Northern half of Tasmania

Project Lead	Mr Grant Smith
Project Team	CEO, Executive Director – NW, Grant Smith, Stan Gauden, Denise Parry
Clinical Advisory Group	Cancer Services Clinical Advisory Group
Objective	To provide a comprehensive cancer service across the Northern half of Tasmania with Radiation Oncology services available in Launceston and Burnie and Medical Oncology services available at Launceston, Burnie and Latrobe in appropriately staffed and supported units.
Approach	<p>The project will be undertaken in the following stages:</p> <p>The service coming together under a single Director and Manager with an agreed organisational structure.</p> <p>Medical Oncology moving into their new building at Burnie in November 2015 subject to the building works being completed on schedule.</p> <p>Continuation of Medical Oncology Services at the Mersey Community Hospital.</p> <p>Radiation Oncology Services will commence at Burnie in May 2016.</p> <p>Ongoing review of the structure and service delivery over the next few years improve efficiency and effectiveness and to utilise existing and new technology in the provision on oncology care and staff training and peer review.</p>
Budget implications	<p>The additional budget attached to this project is \$14.5 Million over 4 years allocated as \$2.1Million, 3.8 Million, \$4.1Million and \$4.5Million respectively from 2015/16</p> <p>The funding will provide for additional staff at Burnie to run the radiation and medical oncology services. Recruitment has already begun.</p>
Linkages with other projects	Aria Oncology Electronic Health Record Project is key for statistical, clinical and efficiency purposes.

Implementation Plan (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Approval of Project Plan	✓					
Appointment of Chief Radiation Therapist for Burnie	✓					
Appointment of Project Director, Manager of Service and approval of organisational structure		○				
Linear Accelerator installed at the North West Regional Hospital (NWRH)		○				
Commissioning of Building at the NWRH		○				
Commencement of Medical Oncology Services in new Cancer Centre in Burnie		○				
Commencement of Radiation Therapy Services in new Cancer Centre in Burnie				○		

2. Northern Integrated Surgical Service

The Northern Integrated Surgical Service will provide sustainable surgical services across the North and North West.

Project Leads	Mr Brian Kirkby and Mr Scott Fletcher
Project Team	Northern Integrated Surgical Services Committee
Clinical Advisory Group	Tasmanian Statewide Surgical Services Clinical (TSSSC) Advisory Committee
Objective	<p>To provide an integrated surgical service across the North and North West.</p> <p>To increase elective surgery capacity and sustainability across the State and to reduce elective surgery waiting lists in Tasmania.</p> <p>To establish a 23 hour dedicated elective surgical service at the Mersey Community Hospital.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <p><i>Northern Integrated Surgical Service</i></p> <ul style="list-style-type: none"> • Establishment of the Northern Integrated Surgical Service. • Increase access to specialist services in the North West by providing additional procedures and/or outpatient access to endoscopy, urology, ENT and plastic surgery services. <p><i>Implementing the Clinical Service Profile at the NWRH and the MCH</i></p> <ul style="list-style-type: none"> • Movement of surgical services where patients require more than one overnight stay from the MCH to the NWRH. • Movement of planned surgical services where patients would require a postoperative ICU bed from the NWRH to LGH. <p><i>23 Hour Day Surgery Centre</i></p> <ul style="list-style-type: none"> • Establishment of an extended day surgery service at the MCH supported by increased subspecialty services provided on an outreach basis from the NWRH, LGH and RHH. • Reconfiguring the High Dependency Unit at the MCH to a post-operative surgical support unit. • Business plan to increase theatre capacity at the MCH
Linkages with other projects	Mersey Community Hospital – Clinical Profile

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Commence provision of increased procedural services at the MCH within current capacity	<input checked="" type="checkbox"/>					
Establishment of the Northern Integrated Surgical Service		<input type="checkbox"/>				
Business case to expand theatre capacity at the MCH		<input type="checkbox"/>				
Movement of planned surgical cases where patients would require a postoperative ICU bed from the NWRH to LGH			<input type="checkbox"/>			
Movement of surgical cases where patients would require more than one overnight stay from the MCH to NWRH					<input type="checkbox"/>	
Reconfiguration of the HDU to a Surgical Support Unit					<input type="checkbox"/>	
Full implementation of a 23 hour elective surgical service within infrastructure capacity					<input type="checkbox"/>	

3. Mersey Community Hospital – Clinical Profile

Project Lead	Mr Eric Daniels
Project Team	Mersey Community Hospital – Clinical Profile – Working Group
Clinical Advisory Groups	<p>Tasmanian Statewide Surgical Services Committee (TSSSC) - Northern Integrated Surgical Services Committee</p> <p>Sub-acute Clinical Advisory Group</p> <p>Women’s and Children’s Services (WACS)</p>
Objective	<p>To plan, coordinate and implement the component changes to the clinical service profile of the Mersey Community Hospital.</p> <p>There are a significant number of service changes for the Mersey Community Hospital outlined in the One Health System White Paper. These changes require coordination to ensure that the transition of services occurs in a way that ensures the ongoing, safe delivery of services across facilities and are matched to the capacity of the MCH and the other hospitals to which activity is expected to move.</p>
White Paper	<p>Clinical Service Profile changes outlined in the White Paper:</p> <ul style="list-style-type: none"> • Consolidate acute stroke, and acute medical admissions requiring an overnight stay to the NWRH or LGH. • Consolidate maternity and neonatology services in the North West region to Burnie. • Establish a 23 hour dedicated elective surgical service through the Northern Integrated Surgical Service: <ul style="list-style-type: none"> ○ Develop 23 hour model of care ○ Transition all surgical cases requiring more than a 23 hour stay to the NWRH or LGH. ○ Reconfigure High Dependency Unit to a post-operative surgical support unit ○ Increase access to the following services: Urology, Vascular • Establish new and enhanced subacute services: <ul style="list-style-type: none"> ○ Geriatric Services ○ Palliative Care ○ Rehabilitation Services

- Establish new services for:
 - Drug and Alcohol
 - Rheumatology
 - Pain Management
- Emergency department:
 - Develop protocols to ensure that the ED provides services consistent with the TCSP
 - Examine the model of care and staffing profile to provide a more sustainable service.

Approach

Establish a working group incorporating project leads for the different elements outlined above.

Undertake within the new role delineation framework, a detailed analysis of the facility to support the transition of existing services and the addition of new services within the current building.

Consult with the relevant stakeholder especially DHHS to finalise a staged approach to implementing the service changes within the MCH.

Prepare transition plan for the NWRH and LGH to facilitate the changes within the MCH.

Commence the provision of new services where current capacity allows.





Work with project leads to coordinate the service changes.

Linkages with other projects

Northern Integrated Surgical Services project

Consolidation of birthing and inpatient maternity services in the North West region

Transport, Accommodation and Care Coordination initiatives





Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Establishment of working group						
Consultant report on the new configuration of the MCH Clinical Profile						
Consultation with Commonwealth and DHHS on transitioning to the new clinical services profile						
Development of business plans for each clinical service change						
Transition plan from implementation of the newly configured MCH						
Completion of transition (July 2017)						

4. Consolidate birthing and inpatient maternity services in Burnie

Maternity services provide care for mother and baby along the continuum of care. This includes during pregnancy, during labour and birth, and during the postnatal period.

Birthing and inpatient maternity services in the North West will be reconfigured. There will be a single level 4 maternity service provided in the North West in Burnie. The Mersey Community Hospital will provide level 1 antenatal and post natal maternity services. Antenatal and postnatal services will continue to be delivered at a range of locations across the North West.

Project Lead	Ms Pat Martin
Project Team	Planning Committee
Clinical Advisory Group	Women's and Children's Clinical Advisory Group
Objective	To consolidate birthing and inpatient maternity services in the North West Region to Burnie, and provide antenatal and post-natal outreach services at the Mersey Community Hospital.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Analysis will be undertaken to determine the most appropriate facility in Burnie for the delivery of birthing and inpatient maternity services. • Corporate and clinical governance arrangements will be determined • Transition arrangements in place prior to shift of services in Burnie • Staffing arrangements will be determined • An analysis of transport and accommodation requirements will be undertaken Consultation process with the unions • A staff communications and engagement strategy will be developed • A community engagement strategy will be developed.
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Maternity Services Project</p> <p>Neonatology Services Project</p> <p>Patient Transport, Accommodation and Care Coordination initiatives</p>







Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Project Lead appointed						
Planning Committee established						
Facility in Burnie determined						
Birthing and inpatient services transferred to Burnie						

5. Emergency Ambulance Services

Ambulance Tasmania provides emergency ambulance services across Tasmania through a network of 54 ambulances stations and five community emergency response teams.

Project Lead	Mr Paul Templar
Objective	To provide twelve additional paramedics (including relief staff) within Ambulance Tasmania based in Latrobe/Devonport to deliver additional emergency coverage during peak periods of operation.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Consultation with key stakeholders on the introduction of an additional day shift and afternoon shift • Procurement of additional facilities at Mersey • Recruitment and induction of paramedics • Commencement of the service
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$5.4 million has been allocated to this initiative.
Linkages with other projects	<p>Maternity Services</p> <p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Consultation with key stakeholders						
Confirmation of additional facilities at the Mersey						
Recruitment new paramedics						
Fit out of new facilities						
Induction of new paramedics						
New service commences						

6. Extended Care Paramedics and First Intervention Vehicle

Extended Care Paramedics (ECPs) are experienced paramedics with advanced training and skills in patient assessment, delivery of quality care and coordination of appropriate referral pathways. ECPs treat identified patients in collaboration with other health professionals, in their usual place of residence, thus reducing emergency department presentations and providing a more holistic level of care.

Project Leads Mr Wolfgang Rechberger, Regional Manager North (AT)

Dr Con Georgakas, Director of Medical Services (AT)

Objective To provide three additional paramedics (including relief staff) to Ambulance Tasmania to provide an Extended Care Paramedic service to Launceston.

Approach The project will be undertaken in the following stages:

- Development of an appropriate ECP Training program in partnership with UTas
- Roll out of training and completion by interested paramedics
- Recruitment of suitably qualified paramedics
- Induction of new paramedics and where necessary internship
- Commencement of the service

Budget implications The Government has committed \$24 million to provide better support for patient transport. Up to \$1.4 million has been allocated to this initiative.

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Development of ECP training program in partnership with UTas						
Recruitment of new paramedics for backfill complete						
Completion of training by interested paramedics						
Selection of new ECPs complete						
Induction of new paramedic for back fill complete						
New services commences						

7. Enhancing Tasmania's Retrieval and Referral Service

Project Lead	Dr Con Georgakas - Director Medical Services Ambulance Tasmania
Advisory Groups	Tasmanian Ambulance Clinical Council Aeromedical and Medical Retrieval Advisory Committee Trauma Clinical Advisory Group Women's and Children's Service Clinical Advisory Group
Objective	To develop a new integrated retrieval and referral service to improve access to timely, high quality care before, during and after transport for trauma victims, critically ill patients, newborns, and children from across the State.
Approach	The project will be undertaken in the following stages: <ul style="list-style-type: none"> • Consultation with key stakeholders • Clinical redesign of system • Establishment of retrieval system model for Tasmania • Monitoring of key outcomes and evaluation
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$5.87 million has been allocated to this initiative.
Linkages with other projects	Trauma Services project Women's and Children's Services project




Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Finalise design and development of service						
Recruitment and training of key clinical staff						
Commencement of enhanced retrieval and referral service						

8. Non-Emergency Patient Transport (NEPT) Review

Project Lead	Mr Mathew Healey
Project Team	NEPT Working Group
Objective	To provide additional non-emergency patient transport support for those areas most impacted by the clinical service changes outlined in the White Paper.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Assess the likely impact on demand for non-emergency patient transport arising from changes to the clinical services against current service availability. • Develop a proposed service profile to address areas of most significant need. • Design and conduct a competitive process to deliver the agreed service improvements.
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$250,000 has been allocated to this initiative.
Linkages with other projects	This project is linked to the investment of emergency transport and the proposed patient and family transport service.

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Report on project demand for NEPT, proposed service profile and competitive process						
Complete competitive process						
Service commences						

9. Patient and Family Hospital Transport – North/North West

Project Lead	Mr Mathew Healey
Project Team	Patient and Family Hospital Transport Working Group
Objective	To provide a low cost bus service for patients and families between the Launceston General Hospital (LGH), Mersey Community Hospital (MCH) and the North West Regional Hospital (NWRH) particularly for outpatient appointments or elective surgery and families travelling to see patients that are receiving care outside of their region.
Approach	<p>The project will be undertaken in the following stages:</p> <p>Bus Service and Administration</p> <ul style="list-style-type: none"> • Establishment of a low-cost bus service between LGH, MCH and NWRH • Work with THS to agree on an administration system to support the service. • Identify scope of upgrades to hospital 'transit lounges.
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$4.55 million has been allocated to this initiative.
Linkages with other projects	<p>Utilisation of this service will be critical dependent upon implementation of other reforms that require travel for services across the North and North-West, notably</p> <ul style="list-style-type: none"> • Consolidation of birthing and in-patient maternity services to Burnie • Consolidation of acute medical services at NWRH • Increased elective surgery at MCH.

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Bus Service						
Identify the potential demand for the bus service for suitable patients and families						
Confirm the proposed profile of services between hospitals						

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Department of State Growth to negotiate/tender service arrangements						
Bus Service commences						
Administration						
Agree administration arrangements						
Implement administration arrangements						
Hospital Upgrade – Transit Lounge						
Scope and cost proposed upgrades						
Tender for works						
Undertake Capital Works						

10. Review of the Patient Travel Assistance Scheme (PTAS)

Project Lead	Mr Mathew Healey
Project Team	PTAS Working Group
Objective	To review the eligibility criteria for PTAS to ensure that the scheme supports the implementation of the <i>One Health System</i> reforms and, in particular, support people travelling to the Mersey Community Hospital to access elective surgery.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Amend current criteria to allow people to travel to the Mersey Community Hospital to access elective surgery • Review eligibility criteria and administrative arrangements for PTAS.
Linkages with other projects	The benefits of this project will rely on increased utilisation of elective surgery at the Mersey Community Hospital by patients from outside of the North West.

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Amend PTAS to allow people to travel to the Mersey Community Hospital access elective surgery						
Review eligibility criteria and administrative arrangements for PTAS						

II. Telehealth Expansion







Telehealth is the provision of healthcare services using video and other technologies that allows the patient and clinician to be physically remote from each other. This allows for greater accessibility and efficiency of care.

The THS has an existing telehealth network used routinely for meetings between clinicians across the state, but are not routinely used for direct patient care.

To further reduce the need for both patients and clinicians to travel, the THS will expand its telehealth network to enable its use in direct patient care (where clinically appropriate). This will mean that, for example, outpatient clinic patients could be scheduled to attend their local hospital, but be seen by a clinician at another hospital.

To further support rural and remote patients, the THS will work with GPs and other primary care providers to extend the reach of some outpatient services to allow patients to participate in hospital clinics from their usual GP practice, further reducing the need for travel.




Project Lead	Mr Tom Simpson
Advisory Group	Telehealth Interest Group
Objective	To expand telehealth capabilities to allow for outpatient consultations to occur remotely; and develop links with primary care providers to expand the adoption of telehealth across care settings.
Approach	<p>Key project activities include:</p> <ul style="list-style-type: none"> • Develop business processes to support an expansion to services through delivering a Telehealth Architecture Roadmap (joint project with THS, DHHS, and DPAC) • Develop clinical processes to support the broader use of telehealth services • Engage with Clinical Advisory Groups to identify priority areas for staged implementation, and form a Telehealth Interest Group. • Engage with primary health providers to pilot GP access to hospital telehealth services. • Implement business and technical solutions for capacity expansion, using broader platforms such as mobile and remote access, and patient scheduling. • Improving THS telehealth coordination capability. • Staged implementation by clinical discipline. • Developing a change management plan to support embedding new models of outpatient care delivery into practice
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$2.65m has been allocated to this initiative.

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Appointment of Outpatient Clinics Project Manager and Technology Architecture Project Manager						
Formation of Telehealth Interest Group						
Finalisation of Telehealth Architecture Roadmap						
Implementation of technology solutions for patient scheduling						
Delivery of a number of Telehealth Clinics provided						
First Telehealth Clinic held between GP and hospital using automated scheduling						
Development of business case for additional Telehealth Clinics.						

12. Accommodation Support - Statewide

Project Lead	Mr Mathew Healey
Project Team	Accommodation Support Working Group
Objective	Increase availability of affordable accommodation for patients and families who must travel for health care through an investment in new or existing accommodation services.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Conduct an analysis of the availability and demand for accommodation support for patients and families accessing acute hospital services, including an assessment of strategies to improve the utilisation of existing services. • Review the options for investing in new or existing accommodation support, including an analysis of the costs and benefits of each option. • Recommend an investment profile and strategy for new and/or existing accommodation options.
Budget implications	The Government has committed \$24 million to provide better support for patient transport. Up to \$4.55 million has been allocated to this initiative.
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Consolidating birthing and inpatient maternity services in Burnie</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Report on the analysis of the availability and demand for accommodation support including an assessment of strategies to improve the utilisation of existing services						
Report on options for investing in new or existing accommodation support, including an analysis of the costs and benefits of each option						
Final strategy and implementation plan for investment in improved accommodation support						

13. Anaesthetic Services

Anaesthetic Services are provided by a multidisciplinary anaesthetic and anaesthetic assistant workforce with a range of skills in providing procedural and operative anaesthesia. Anaesthetics may be delivered by a anaesthetic senior medical practitioner or appropriately credentialed registered general medical practitioners in health centre settings, through to large tertiary referral hospitals.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of Anaesthetic Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Anaesthetic Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p> <p>Surgery projects</p>




Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

14. Intensive Care Unit/High Dependency Unit

An Intensive Care Unit (ICU) is a specially staffed and equipped, separate, self-contained section of a hospital for the management of patients with potentially life threatening conditions, and/or potentially reversible organ failures. An ICU provides clinical expertise, facilities and equipment for the support of patients and their families, utilising skills of specialist medical, nursing and allied health staff who are specifically trained in the multidisciplinary management of critically ill patients.

A High Dependency Unit (HDU) may be combined with an ICU or located separately. A HDU is a specifically staffed and equipped section of a hospital that provides a level of care intermediate between intensive care and general ward care. It may be located in a hospital with Level 4, 5 or 6 ICUs or as a satellite unit supported by ICU in another hospital within a reasonable transport time, as long as transfer systems are available, safe and robust.

Convenor	Dr Andrew Turner
Clinical Advisory Group	Intensive Care Services Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of ICU/HDU Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map ICU/HDU Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Increase access to ICU beds at the Royal Hobart Hospital, to support statewide models of care. • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p> <p>Surgery projects</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group						
Identify realignment requirements						
Develop statewide models of care						

15. Medical Imaging Services

Medical Imaging encompasses a spectrum of both conventional and sophisticated diagnostic and interventional practices. It encompasses general radiography, ultrasound, computed tomography (CT) scan, fluoroscopy, bone mineral densitometry, mammography, angiography, interventional radiology, and magnetic resonance imaging (MRI). Nuclear Medicine diagnostic imaging has also been included in the Medical Imaging delineation section of the Tasmanian Role Delineation Framework, it uses radiopharmaceuticals (radioactive substances) to provide functional and dynamic imaging, and includes gamma camera imaging as well as more specialist investigations such as PET (positron emission tomography) scanning.

Convenor	Dr Robert Howie
Clinical Advisory Group	Medical Imaging Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Medical Imaging Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Medical Imaging Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care				●		

16. Pathology Services

Pathology Services provide testing of materials, tissues or fluids from a patient to determine the cause and nature of a disease.

Convenor	Dr Vince Murdolo
Clinical Advisory Group	Pathology Services Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Pathology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Pathology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council that includes services within the North West.

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care (within current framework and full statewide service)				●		

17. Pharmacy Services (Hospital)

Pharmacy services include preparation, dispensing and clinical monitoring and provision of information on appropriate utilisation of drugs within health services. The level of pharmacy service provided by a health facility reflects acuity of patients and complexity of patients treated. Pharmacy services must comply with the *Poisons Act 1971* and Pharmacy Board of Australia legislation regarding storage and security requirements.

Project Lead	Mr Tom Simpson
Advisory Committee	Statewide Hospital Pharmacy Executive
Objective	To establish statewide models of care for the delivery of Pharmacy Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Pharmacy Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Cancer Service</p> <p>ICU/HDU Services</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care			●			

18. Cardiothoracic Surgery

Cardiothoracic Surgery is the field of medicine related to the surgical treatment of diseases of the chest, particularly surgery of the heart and lungs.

Convenors	Mr Ashutosh Hardikar/ Dr Paul MacIntyre
Clinical Advisory Group	Cardiac Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Cardiothoracic Surgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Cardiothoracic Surgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Cardiology Services, Trauma Services, General Surgery, Respiratory Medicine Transport, Accommodation and Care Coordination initiatives Support Services projects

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Review statewide models of care						●

19. Ear, Nose and Throat Services

Ear, Nose and Throat (ENT) Services treat disease, injuries or deformations of the ears, nose, throat, head and neck areas. ENT surgical services encompass a broad range of complexity from uncomplicated day procedures and elective surgery, to highly complex case including intracranial procedures.

Higher level ENT services work in close partnership with other specialist medical and surgical services. In particular patients with complex ENT problems may require radiotherapy and plastic and reconstructive surgery to maximise the quality of the care they receive. Patients with complex ENT problems may also require specialist allied health support from audiology, speech pathology, dietetics and physiotherapy.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of ENT Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map ENT Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Northern Integrated Surgical Services project Mersey Community Hospital – Clinical Profile</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				○		
Develop statewide models of care						○

20. General Surgery

General Surgery includes emergency and elective surgery with varying levels of surgical complexity. It is a large and diverse craft group with a number of clinical disciplines e.g. colorectal surgery, breast and endocrine surgery. The levels of surgical complexity indicate the requisite levels of clinical support services required in general surgery and are especially important in determining the appropriate levels of anaesthetic, perioperative and ICU services.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of General Surgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map General Surgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Northern Integrated Surgical Services project Mersey Community Hospital – Clinical Profile

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

21. Neurosurgery

Neurosurgery is the surgical speciality that deals with the diagnosis and treatment of disorders which affect any portion of the nervous system, including the brain, spinal cord, peripheral nerves and extra-cranial cerebrovascular system.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of Neurosurgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Neurosurgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Northern Integrated Surgical Services project

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

22. Orthopaedic Surgery

Orthopaedics is the clinical speciality involving the treatment of diseases and abnormalities of the musculoskeletal system due to trauma, congenital developmental abnormalities, degenerative or disease processes.

Depending on the role level of service, this service may include general orthopaedics, trauma, joint replacement, orthotics and a range of other specialised components. Treatment ranges from non-surgical management to surgical management on an emergency, acute and elective basis. Higher level orthopaedic services rely on access and links to other appropriate specialists.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of Orthopaedic Surgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Orthopaedic Surgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project and surgery projects</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

23. Plastics and Reconstructive

Plastics and Reconstructive Surgery refers to the surgical discipline that delivers services to repair, remodel and/or restore body parts.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of Plastics and Reconstructive Surgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Plastics and Reconstructive Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p> <p>Surgery projects</p>

Implementation Schedule (July 2015 – December 2016)




Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

24. Urology Services

Urology deals with the diagnosis and treatment of diseases of both the male and female urinary tract as well as the male reproductive tract. Depending on the role level of service provided service components may range from day stay surgery and basic endoscopic procedures to elective and acute procedures including trans-urethral or trans-rectal procedures and trauma cases.

Appropriate levels of clinical support service provision are extremely important especially for anaesthetics, perioperative, pathology, imaging and pharmacy as well as access to appropriate allied health services. Higher level urologic services rely on access and links to other appropriate specialists.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	To establish statewide models of care for the delivery of Urology Services in Tasmania. To increase services at the Launceston General Hospital to increase access to Urology Services for residents of the North West.
Approach	The project will be undertaken in the following stages: <ul style="list-style-type: none"> • Map Urology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Mersey Community Hospital – Clinical Profile Northern Integrated Surgical Services project and surgery projects




Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group						
Identify realignment requirements						
Develop statewide models of care						

25. Vascular Surgery

Vascular surgery is a speciality of surgery in which diseases of the venous, lymphatic and arterial systems are diagnosed and managed. Depending on the level of service provided, vascular surgical services may include medical, minimally invasive endovascular and open surgical procedures.

Appropriate levels of infrastructure and clinical support service provision are important in vascular surgical services, especially anaesthetics, perioperative, intensive care, imaging, renal medicine, endocrinology and pharmacy services. Higher level vascular surgery services rely on access and links to other appropriate specialists, including cardiothoracic and interventional radiology.

Clinical Advisory Group	Tasmanian Statewide Surgical Services Committee (TSSSC)
Objective	<p>To establish statewide models of care for the delivery of Vascular Surgery Services in Tasmania.</p> <p>To increase the availability of Vascular Surgery Services for residents of the North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Vascular Surgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project and surgery projects</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group						
Identify realignment requirements						
Develop statewide models of care						

26. Cancer Services

Cancer services refer to the overall suite of specialised services delivered by health facilities in the diagnosing and treating cancer and cancer survivors.

Convenor	Associate Professor Rosemary Harrup
Clinical Advisory Group	Cancer Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Cancer Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Cancer Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Northern Cancer Service</p> <p>Paediatric Oncology Services</p> <p>Patient Transport, Accommodation and Care Coordination initiatives</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

27. Cardiology Services

Cardiology Service involves the prevention, investigation, diagnostic, treatment and management of a range of cardiac diseases, e.g. coronary artery disease, valvular heart disease, arrhythmias, heart failure and adult congenital heart disease. Services can range from emergency care, to acute care, surgery, rehabilitation, ongoing care for chronic conditions, and palliative care.

Convenor	Dr Paul MacIntyre
Clinical Advisory Group	Cardiac Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Cardiology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Cardiology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Cardiothoracic Services</p> <p>Telehealth</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

28. Emergency Medicine

Emergency Medicine is the clinical speciality that is dedicated to the diagnosis and treatment of unforeseen illness or injury.

Convenor	Dr Marielle Ruigrok
Clinical Advisory Group	Emergency Departments Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Emergency Medicine Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Emergency Medicine Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Trauma Services

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

29. Endocrinology Services

Endocrinology is the branch of medicine that deals with the medical aspects of hormones and their associated disease conditions.

Convenor	Dr John Burgess
Clinical Advisory Group	Endocrinology Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Endocrinology Services in Tasmania.</p> <p>To increase services at the Launceston General Hospital to increase the availability of Endocrinology Services for residents of the North West and North of Tasmania.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Endocrinology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Telehealth

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care				●		

30. Gastroenterology

Gastroenterology refers to a branch of medicine focused on the digestive system and its disorders. There are linkages with surgical management in relation to the delivery of endoscopy services and there will need to be a cross disciplinary working group established to progress a statewide model of care in this area.

Project Lead	To be confirmed.
Objective	To establish statewide models of care for the delivery of Gastroenterology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Gastroenterology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. A cross disciplinary working group of medicine and surgery will need to be established to consider the delivery of a statewide model of care for endoscopy services. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements				●		
Develop statewide models of care						●

31. General Medicine

General Medicine refers to the maintenance of health and the diagnosis, management and non-surgical treatment of disease. General Medicine care is provided to adult patients.

Project Lead	Dr Nicole Hancock
Advisory Group	A working group will be established for this project.
Objective	To establish statewide models of care for the delivery of General Medicine Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map General Medicine Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Medical sub-specialities

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Project Lead	✓					
Identify realignment requirements			●			
Develop statewide models of care						●

32. Hyperbaric Medicine

Hyperbaric and Diving Medicine is a specialised area of clinical practice involving the diagnosis, management and treatment of dysbaric illness of all levels of severity and for patients with medical conditions that respond to hyperbaric oxygen, including arterial gas embolism, gangrene and necrotizing infections, complex problem wounds, radiation injury and necrosis, acute ischaemic conditions and trauma.

Project Lead	Associate Professor David Smart Dr David Cooper
Objective	To establish statewide models of care for the delivery of Hyperbaric and Diving Medicine Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Hyperbaric and Diving Medicine Services at the Royal Hobart Hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Review statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Identify Project Lead	✓					
Identify realignment requirements			●			
Review and update statewide models of care				●		

33. Infectious Disease

Infectious Disease is the discipline of medicine that provides specialised diagnosis and management of illness resulting from pathogenic micro-organisms.

Project Leads Dr Louise Cooley

Dr Katie Flanagan

Objective To establish statewide models of care for the delivery of Infectious Disease Services in Tasmania.

To increase the availability of Sexual Health services for residents of the North and North West.

Approach The project will be undertaken in the following stages:

- Map Infectious Disease Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile.
- Develop or update statewide models of care to ensure the service:
 - Is underpinned by statewide policies and procedures
 - Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce
 - Delivers high quality, safe services
 - Has appropriate management systems in place, including a clearly defined monitoring and reporting framework
 - Has clearly defined accountabilities
 - Has documented clinical services profile across the THS sites
- Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Linkages with other projects Pathology Services

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Identify Project Lead	✓					
Identify realignment requirements		●				
Review and update statewide models of care						●

34. Neurology Services

Neurology is the speciality that deals with diseases of the nervous system (including the brain, spinal cord and peripheral nerves) especially those due to vascular, inflammatory, autoimmune or degenerative causes (e.g. stroke, epilepsy, multiple sclerosis, parkinsons disease and neuropathy).

Convenor Dr Michael Dreyer

Clinical Advisory Group Neurology and Stroke Clinical Advisory Group

Objective To establish statewide models of care for the delivery of Neurology Services in Tasmania.

To increase services at the Launceston General Hospital and the North West Regional Hospital to increase the availability of Neurology Services for residents of the North and North West.

Approach The project will be undertaken in the following stages:

- Map Neurology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile.
- Develop or update statewide models of care to ensure the service:
 - Is underpinned by statewide policies and procedures
 - Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce
 - Delivers high quality, safe services
 - Has appropriate management systems in place, including a clearly defined monitoring and reporting framework
 - Has clearly defined accountabilities
 - Has documented clinical services profile across the THS sites
- Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Linkages with other projects Acute Stroke Services, Telehealth

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

35. Renal Services

Renal medicine is a specialised area of clinical practice involving the diagnosis, management and treatment of complications for patients with kidney impairment and/or disease. Kidney disease can involve a sudden onset episode (acute) or develop over months or years (chronic).

Care is typically delivered in a range of health settings by numerous health professionals and through varying treatment modalities, including surgery, dialysis and supportive care.

Convenor	Dr Geoff Kirkland
Clinical Advisory Group	Renal Services Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Renal Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Renal Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

36. Respiratory Medicine

Respiratory Medicine is the branch of medicine that diagnoses and manages diseases of the respiratory system. The service can be delivered by respiratory specialists at larger hospitals, performing emergency care and diagnostic tests through to registered medical practitioner providing outpatient services in smaller facilities.

Project Lead	Dr Nick Harkness
Clinical Advisory Group	Respiratory and Sleep Medicine Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Respiratory Medicine Services in Tasmania.</p> <p>To increase services at the Royal Hobart Hospital to provide high complexity respiratory services to patient in Tasmania, reducing the need for interstate travel.</p> <p>To increase services at the Launceston General Hospital to increase the respiratory function assessment capability in the North and North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Respiratory Medicine Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Telehealth, Support Services

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

37. Rheumatology

Rheumatology is a sub-specialty in internal medicine that diagnoses and manages non-surgical joint, muscle and bone conditions, and other rheumatic diseases.

Convenor	Dr Hilton Francis
Clinical Advisory Group	Musculoskeletal Medicine Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Rheumatology Services in Tasmania.</p> <p>To increase services at the Launceston General Hospital to improve access to specialist treatments for rheumatological conditions for residents of the North and North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Rheumatology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Pain Management Services, Orthopaedic Services

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

38. Acute Stroke Services

Stroke medicine is a specialised area of clinical practice involving the diagnosis, treatment, and rehabilitation of patients who have experience a stroke.

Convenors	Dr Michael Dreyer / Dr Helen Castley
Clinical Advisory Group	Neurology and Stroke Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Stroke Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Stroke Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Neurology Services</p> <p>Telehealth</p> <p>Mersey Community Hospital – Clinical Profile</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

39. Trauma Service

Trauma services provide initial assessment, stabilisation and management of patients presenting with trauma.

Convenor	Dr Sandy Zalstein
Clinical Advisory Group	Trauma Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Trauma Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Trauma Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Enhancing Tasmania's Retrieval and Referral Service

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

40. Maternity Services

Maternity Services provides care for mother and baby along the continuum of care. This includes during pregnancy, during labour and birth, and during the postnatal period.

Convenor	Dr Tony De Paoli
Clinical Advisory Group	Women's, Adolescents and Children's Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Maternity Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Maternity Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Consolidating birthing and inpatient maternity services in the North West region</p> <p>Mersey Community Hospital – Clinical Profile</p> <p>Patient transport, accommodation and care coordination initiatives</p> <p>Gynaecology Services</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		○				
Develop statewide models of care						○

41. Neonatology Services

Neonatology Services provide a range of care from well infant care to highly specialist care, for sick, low birth weight and/or premature infants, and/or infants born with congenital or other conditions.

Convenor	Dr Tony De Paoli
Clinical Advisory Group	Women's, Adolescents and Children's Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Neonatology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Neonatology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

42. Paediatric Medicine

Paediatrics is a medical speciality that manages medical conditions affecting babies, children and young people.

Convenor	Dr Tony De Paoli
Clinical Advisory Group	Women's, Adolescents and Children's Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Paediatrics Medicine Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Paediatrics Medicine Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Consolidating birthing and inpatient maternity services in the North West region</p> <p>Maternity Services, Neonatology Services</p> <p>Cancer Services</p> <p>Mersey Community Hospital – Clinical Profile</p> <p>Patient Transport, Accommodation and Care Coordination initiatives</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

43. Paediatric Surgery

Paediatrics is a medical speciality that manages medical conditions affecting babies, children and young people.

Convenor	Dr Tony De Paoli
Clinical Advisory Group	Women's, Adolescents and Children's Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Paediatrics Surgery Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Paediatrics Surgery Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Consolidating birthing and inpatient maternity services in the North West region</p> <p>Maternity Services</p> <p>Mersey Community Hospital – Clinical Profile</p> <p>Patient transport, accommodation and care coordination initiatives</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

44. Gynaecology Services

Gynaecology is the branch of medicine that deals with the treatment of diseases of the female reproductive system. Services are delivered by registered medical practitioners who are credentialed in gynaecology.

Convenor	Dr Tony De Paoli
Clinical Advisory Group	Women's, Adolescents and Children's Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Gynaecology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Gynaecology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Maternity Services in the North West Region project</p> <p>Maternity Services</p> <p>Mersey Community Hospital – Clinical Profile</p> <p>Patient transport, accommodation and care coordination initiatives</p>

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

45. Child and Adolescent Mental Health Acute Inpatient Services

Child and Adolescent Mental Health Services (CAMHS) are specialist multidisciplinary services for infants, children, adolescents and their families between the age of 0 and 18 years, who present with severe and complex mental health problems that cause functional impairment and have an adverse impact on social and emotional development or risk of harm. As well as the provision of specialist care, CAMHS will provide support for other service sectors to provide mental health services to children with mild to moderately severe problems.

Convenor	Dr Fiona Wagg
Clinical Advisory Group	Child and Adolescent Mental Health Services Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Child and Adolescent Mental Health Services in Tasmania.</p> <p>To increase services at the Launceston General Hospital to increase the availability of inpatient services locally for residents of the North and North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Child and Adolescent Mental Health Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Royal Hobart Hospital/Launceston General Hospital Redevelopment projects</p> <p>Patient transport, accommodation and care coordination initiatives</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

46. Drugs and Alcohol Services

Alcohol and Drug Services provide a wide range of services to assist individuals, families and community to reduce the harm caused by substance abuse.

Project Lead	Dr Adrian Reynolds
Advisory Groups	Alcohol and Drug Services Leadership Group Clinical Speciality Group
Objective	To establish statewide models of care for the delivery of Alcohol and Drug Services in Tasmania. To increase the availability of Alcohol and Drug Services for residents of the North West.
Approach	The project will be undertaken in the following stages: <ul style="list-style-type: none"> • Map Alcohol and Drug Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Appoint Project Lead	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

47. Mental Health Inpatient Services




A project plan will be developed for Mental Health Inpatient Services following the release of the Rethink Mental Health plan.

48. Ophthalmology Services

Ophthalmology deals with diseases of the eye. Ophthalmology services are delivered by medical practitioners who are specialists in the medical and surgical care of the eyes and vision system and in prevention of eye disease and injury.

Convenor	Dr Kristin Bell
Clinical Advisory Group	Ophthalmology Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Ophthalmology Services in Tasmania.
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Ophthalmology Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other project	Surgery projects

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group						
Identify realignment requirements						
Develop statewide models of care						

49. Oral Health Services

Oral health includes emergency and elective treatment of oral health problems of varying levels of clinical complexity.

Project Leads	Ms Emma Bridge/Dr Chris Handbury
Advisory Groups	Oral Health Service Tasmania (OHST) Management Committee OHST Clinical Governance Committee
Objective	To establish statewide models of care for the delivery of OHST in Tasmania. To conduct a trial across the North West to improve mothers' oral health by providing priority access to oral health services for eligible pregnant women.
Approach	The project will be undertaken in the following stages: <ul style="list-style-type: none"> • Map OHST services at each acute site to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Consolidation of maternity services in the North West region

Implementation Schedule (July 2015 – December 2016)

Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Appoint Project Lead	✓					
Identify realignment requirements	✓					
Develop statewide models of care		●				
Scope Trial I Project (priority access for pregnant women in the NW)				●		
Commence Trial Project						

50. Pain Management

Pain management specialists are experts in the diagnosis of causes of pain and in the management of pain. Anaesthetists, rheumatologists, neurologists and sub-specialist surgeons may specialise in pain management. Specialist pain services are comprised of multidisciplinary teams of medical practitioners, specialist nurses, allied health professionals and psychologists.

Convenor	Dr Hilton Francis
Clinical Advisory Group	Musculoskeletal Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Pain Management Services in Tasmania.</p> <p>To increase the availability of Pain Management Services for residents of the North West and North of Tasmania.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Pain Management Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Northern Integrated Surgical Services project</p> <p>Surgery projects</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements			●			
Develop statewide models of care (March 2017)						

51. Geriatric Services

Geriatric medicine is a speciality that focuses on the health care of older people. It aims to promote health by preventing and treating disease and disabilities in older adults.




Convenor	Professor Michael Ashby
Clinical Advisory Group	Sub-acute Clinical Advisory Group
Objective	To establish statewide models of care for the delivery of Geriatric Services in Tasmania. To increase services as the Launceston General Hospital and the Mersey Community Hospital to deliver Geriatric Services across the North and North West.
Approach	The project will be undertaken in the following stages: <ul style="list-style-type: none"> • Map Geriatric Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Mersey Community Hospital – Clinical Profile Palliative Care Rehabilitation Services

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

52. Palliative Care Services

Palliative Care Services refer to a group of services that cover the continuum of care required for all people who are experiencing a life limiting illness with little or no prospect of a cure. Services also extend to the patient's family, friends and their carers and are provided in acute hospital, sub-acute and community settings.

Convenor	Professor Michael Ashby
Clinical Advisory Group	Sub-acute Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Palliative Care Services in Tasmania.</p> <p>To establish a new service at the Mersey Community Hospital to increase the availability of Palliative Care Services for residents of the North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Palliative Care Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	Mersey Community Hospital – Clinical Profile Geriatric Services, Rehabilitation Services

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group						
Identify realignment requirements						
Develop statewide models of care						

53. Rehabilitation Medicine Services

Rehabilitation Medicine Services provides care for patients to improve functional status by reducing impairment, activity limitation and participation restriction. Services provided in this category range from outpatient services or those delivered in a community setting, to inpatient Rehabilitation Medicine Services with access to dedicated multidisciplinary teams for those with complex care needs.

Convenor	Professor Michael Ashby
Clinical Advisory Group	Sub-Acute Clinical Advisory Group
Objective	<p>To establish statewide models of care for the delivery of Rehabilitation Medicine Services in Tasmania.</p> <p>To establish a new service at the Mersey Community Hospital to increase the availability of Rehabilitation Medicine Services for residents of the North West.</p>
Approach	<p>The project will be undertaken in the following stages:</p> <ul style="list-style-type: none"> • Map Rehabilitation Medicine Services at each acute hospital to identify any realignment requirements to ensure that it meets the complexity level assigned under the Tasmanian Clinical Services Profile. • Develop or update statewide models of care to ensure the service: <ul style="list-style-type: none"> ○ Is underpinned by statewide policies and procedures ○ Has a sustainable model of care that will support the attraction and retention of a suitably qualified workforce ○ Delivers high quality, safe services ○ Has appropriate management systems in place, including a clearly defined monitoring and reporting framework ○ Has clearly defined accountabilities ○ Has documented clinical services profile across the THS sites • Develop a Business Case for submission to the THS Executive/Governing Council (if required).
Linkages with other projects	<p>Mersey Community Hospital – Clinical Profile</p> <p>Palliative Care, Geriatric Services</p>

Implementation Schedule (July 2015 – December 2016)						
Action	July - Sept	Oct - Dec	Jan - Mar	Apr - June	July - Sept	Oct - Dec
Engage Clinical Advisory Group	✓					
Identify realignment requirements		●				
Develop statewide models of care						●

Acronyms

AT	Ambulance Tasmania
CAGs	Clinical Advisory Groups
CEO	Chief Executive Officer
CT	Computed Tomography (CT scan)
DHHS	Department of Health and Human Services (DHHS)
DPAC	Department of Premier and Cabinet
ECP	Extended Care Paramedics
ED	Emergency Department
EDS's	Executive Directors of Services
ENT	Ear, Nose and Throat
GP	General Practitioner
HDU	High Dependency Unit
ICU	Intensive Care Unit
KPI	Key Performance Indicator
LGH	Launceston General Hospital
MCH	Mersey Community Hospital
MRI	Magnetic Resonance Imaging
NEPT	Non-Emergency Patient Transport
NWRH	North West Regional Hospital
NW	North West region
OHST	Oral Health Service Tasmania
PET	Positron Emission Tomography

PTAS	Patient Transport Assistance Scheme
TCSP	Tasmanian Clinical Services Profile
THS	Tasmanian Health Service
TRDF	Tasmanian Role Delineation Framework
TSSSC	Tasmanian Statewide Surgical Services Committee
UTas	University of Tasmania
WACS	Women's and Children's Service