

2004-2005 RURAL PATIENT INITIATIVE INFORMATION & CONDITIONS OF FUNDING

Purpose of Initiative

To improve access to elective surgery and selected medical services for people in rural Victoria.

Access to RPI Funding

Group B hospitals, Group C hospitals, Kilmore & District Hospital, Kyneton District Health Service and Seymour District Memorial Hospital are invited to apply for 2004-2005 RPI funding to treat long waiting Category 2 & 3 elective surgery and/or long waiting selected medical patients.

Applications will be assessed and prioritised against the following criteria:

- Demonstrated demand for services, as indicated by the number of Category 2 elective surgery patients waiting more than 90 days and Category 3 elective surgery patients waiting more than 1 year, as well as medical patients with excessively long waits*
- Estimated anticipated effect of any proposed funding on **the length of waiting times and waiting list numbers**
- Details and information about the proposed additional elective surgery activity at procedure level, including the number of patients to be treated, the number of WIES (or other payment) requested
- Ability of the proposed service to address identifiable gaps in the range of services available to the local community
- Capacity to establish the service and sustain the proposed levels of additional activity in the medium to long term
- Cost effectiveness in respect of the proposed number and type of patients treated
- Inclusion of a collaborative model involving more than one hospital and/or health service across a region and/or regions

*Hospitals that do not collect such data but are able to otherwise demonstrate need should discuss their proposal with Regional Office contacts.

Eligible hospitals should discuss proposals with regional office contacts prior to submitting applications to the regional office on or before Friday 28th May 2004. Applications must include completed Attachments A & B

Region	Contact	Email	Telephone
Barwon-South Western	Stuart Muller	stuart.muller@dhs.vic.gov.au	5226 4626
Gippsland	Julie Rogalsky	julie.rogalsky@dhs.vic.gov.au	5177 2548
Grampians	Nicola Reinders	nicola.reinders@dhs.vic.gov.au	5333 6025
Hume	Stephen Carroll	stephen.carroll@dhs.vic.gov.au	(02) 60557773
Loddon Mallee	Brad Iles	brad.iles@dhs.vic.gov.au	5434 5514

Document also available at:

<http://www.health.vic.gov.au/ruralhealth/aservices/funding.htm>

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General Conditions:

1. Funds are made available under the RPI (the initiative) to purchase elective surgery activity **in addition to usual elective surgery throughput.**
2. The type and level of activity undertaken should be appropriate to the level and role of the hospital within the local area and region.
3. The model of funding determines the type of payment received by hospitals. For example, if additional activity is approved at the normal WIES rate, funding will flow as WIES. VACS may also be allocated to support additional activity. However, if other models are employed which involve additional or modified costs, funding will be in the form of a cash flowed specified grant. Models that involve the transport of rural patients to other rural or metropolitan sites to receive more timely service may include additional costs for travel, medi-hotel arrangements or other additional costs if necessary.
4. Hospitals that receive additional funding through the initiative will be required to submit monthly activity reports as per previous years.
5. Budgets will be adjusted if additional elective surgery activity above normal activity is not demonstrated, or other agreed activity targets are not demonstrated.
6. Any review of hospital allocations will be undertaken in consultation with hospitals and Regional staff.
7. Additional elective surgery activity undertaken to treat long waiting Category 2 & 3 elective surgery and/or long waiting selected medical patients through the initiative will be flagged in the VAED. All Patients admitted through the initiative should be reported as Funding Arrangement 5. In accordance with long standing policy, the preferred models for service provision are non-fee for service models.
8. The allocation of RPI funds against submission requests is not guaranteed. The decision to allocate funds will be based on a number of factors including: proposals that meet application criteria, regional office advice and other statewide priorities.
9. RPI funding is non-recurrent.
10. RPI funding will not be made available for diagnostic endoscopies procedures including: gastroscopy, colonoscopy or arthroscopies.

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Access Coordinator Positions

Funding for Access Coordinator positions already funded will continue in the 2004-2005 financial year @\$80,000 including on-costs. Access Coordinator positions are currently funded at: Ballarat Health Services, Barwon Health, Bendigo Health Care Group, Goulburn Valley Health and Latrobe Regional Hospital.

Access Coordinator responsibilities include:

- Review and reform of waiting list processes to ensure patients receive consistent and equitable treatment. This includes the consistent application of relevant guidelines, such as the *Guidelines for the Removal of Patients from the Waiting List*, and consistent application of scheduling practices
- Active participation in the appropriate referral of patients to the Elective Surgery Access Service (ESAS), or similar initiatives that facilitate the transfer of long waiting patients to a designated health service with the capacity to provide treatment in a timely manner
- Active management of all long waiting patients
- Identification of barriers to timely access for both patients waiting to be admitted through the emergency department and patients on the elective surgery waiting list
- Identification of opportunities to improve access to acute and sub acute health services, recognising the impact of patient flow through the continuum of care
- Monitoring areas of potential exit block across the episode of care
- Supporting the implementation and monitoring of HDM type and HARP initiatives currently funded
- Liaising with Access Coordinators at other rural and metropolitan health services to identify best practice models for waiting list management
- Regular attendance at scheduled MESSIG meetings

The elective surgery website is at:

<http://electivesurgery.health.vic.gov.au/>

N.B. Access Coordinator positions are only available to: Ballarat Health Services, Barwon Health, Bendigo Health Care Group, Goulburn Valley Health, and Latrobe Regional Hospital

Document also available at:

<http://www.health.vic.gov.au/ruralhealth/aservices/funding.htm>

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Attachment A

1. What is the proposed funding model?

If activity is to be delivered through WIES, are payments additional to WIES needed (to cover additional costs such as travel, accommodation if required)?

2. Please provide information to demonstrate capacity to increase activity.
E.g. operating room rescheduling/capacity

3. If the proposed activity is to be delivered by/at another hospital, under what arrangements will this be delivered?

4. Non-ESIS hospitals only: Please provide information demonstrating un-met demand and quantifying the anticipated effect on length of waiting lists and waiting times. Either attach relevant information or complete below.

5. Other comments.

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Attachment B

Specialty	Waiting list Category	No. of patients in Category as at 1 July 2004	Average waiting time for patients in Category as at 1 July 2004	*RPI funded separations proposed	Anticipated number of patients in Category at 1 July 2005	Anticipated average waiting time of patients in Category at 1 July 2005	RPI funded WIES required	Relevant DRG & CMBS	Activity to be delivered at/by another hospital? Yes/No	Other: e.g. VACS required

***N.B. Figures are to reflect additional activity above levels of throughput to be performed within**