

Rebuilding Health Services

Building a Tasmania we
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The Plan to rebuild our essential
services

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A poor public health system will become the legacy of the Labor-Green Government

The Labor-Green Government has closed over 100 hospital beds

In a nine month period in 2011-12, the Government axed 287 full-time nursing jobs – more than one per day

Rebuilding Health Services

A majority Liberal Government will begin the task of rebuilding our essential frontline health services, which have been gutted by the Labor-Green Government.

Through our investment of an additional \$76 million into elective surgery, we will:

- Re-open and fully staff up to **40 hospital beds** throughout the State;
- Employ up to an additional **110 full time equivalent frontline health professionals and hospital workers** to staff those beds, including 85 full time equivalent nurses, as well as doctors, allied health professionals, hospital aides and ward clerks;
- Fully staff up to **an additional two Intensive Care Unit beds** at the Royal Hobart Hospital to ensure that elective surgery, especially major cardiac surgery, can proceed; and
- Ensure that Tasmanians stuck on waiting lists for years can get their operations sooner, **with up to 15,000 extra procedures***.

In addition, to ensure better management of elective surgery in our hospitals, the Liberals will establish “Surgical Precincts” at the Royal Hobart Hospital initially, to allow elective surgery to proceed, and reduce the incidence of cancellation.

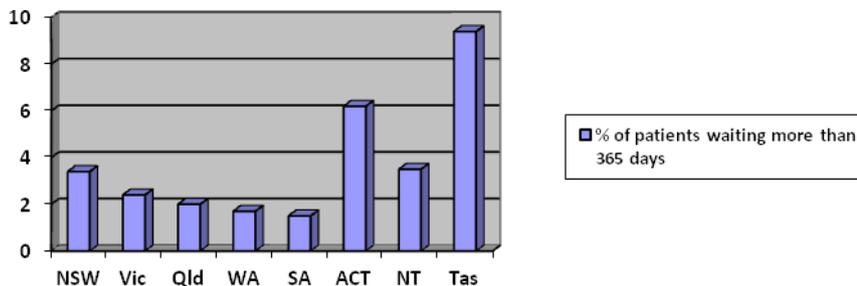
This is part of our plan for a new model of surgical care in Tasmanian hospitals to ‘separate’ the two streams of surgery – elective and emergency – which has proved successful elsewhere**.

* The Liberals’ \$76 million funding will be directed to all surgery specialties and level of complexity, from neurosurgery to simple procedures; therefore, the exact number of procedures is difficult to quantify.

** http://www.surgeons.org/media/307115/sbm_2011-05-24_separating_elective_and_emergency_surgery.pdf

Why do we need to rebuild frontline health services?

Elective surgery patients in Tasmania are waiting too long for care. The percentage of patients waiting more than 365 days is by far the worst in the country***.



Our public hospitals are gridlocked. According to nurses, bed access block is normal, with patients waiting overnight in Emergency Departments, or even staying the night in Recovery post operatively^. Elective surgery is routinely cancelled because of lack of beds.

Labor-Green Government budget cuts since 2011-12 have closed over 100 hospital beds, shut operating theatres and slashed elective surgery. In a nine-month period in 2011-12, the Government axed 287 full-time nursing jobs - more than one a day.

Two independent reports into Tasmania's health system^^ reveal the impact of the Labor-Green Government's ill-considered cuts to frontline health services:

- Budget cuts have reduced services and frontline staff and this could be “potentially dangerous for patients”;
- “Delivery of hospital services has declined significantly” in comparison with the rest of the nation; and
- Tasmania has fewer public hospital beds per capita than the national average and lower rates of hospitalisation, but in the context of our health needs, this suggests a “relative under-supply of hospital services”.

*** Australian Hospital Statistics 2011-12 – Elective Surgery Waiting Times.

^ ANF Media Release, 23 May 2013.

^^ The Commission on Delivery of Health Services in Tasmania, Preliminary Report, 21/12/12 and The Impact of Budget Cuts on Tasmanian Public Hospital Performance, Martyn Goddard, May 2013.

The Plan to rebuild our essential services

What this policy means for you

For patients, the Liberal policy will mean that thousands of Tasmanians can get their operation sooner, significantly improving their quality of life.

For health professionals, it will mean that our surgeons can get back into operating theatres, there will be more job opportunities in our own State for our Tasmanian-trained health professionals, and there will be less frustration for our health workers as patient flow is improved.

For our General Practitioners, it will reduce pressure on those who are managing patients stuck on long waiting lists and getting sicker.

For our health system generally, it will help reduce dangerously-high occupancy levels and over-crowding in our hospitals, making it safer for both patients and staff.