

WESTERN AUSTRALIA – Progress against Subacute Care Implementation Plan National Partnership Agreement on Hospital and Health Workforce Reform – Schedule C

July 2009 – June 2010

Summary of Progress

In WA, progress can be summarised as an initial 6 months dedicated to planning and consultation at the local level to assist the implementation of the subacute care reforms and a second stage of service delivery. Despite a six month loss in service activity, WA met projected growth targets for the period July – December 2009.¹ Simultaneously, planning and consultation for projects planned for 2010-2011 also occurred in the period March – June 2010.

The planning process adopted to enable implementation at the local level was beneficial in itself, as it served to strengthen the credibility of the reform process outlined in the WA Subacute Care Plan. It also strengthened the role of the State Government Department of Health central coordinating and planning role (through the Aged Care Policy Directorate) in achieving timely implementation of the Plan.

The process set up by the Aged Care Policy Directorate to implement the Plan has enabled streamlined planning for the commencement of projects planned for 2010-2011.

All planned projects occurred according to planned timelines in 2009-2010. The approach taken for 2009-2010 was to focus on the expansion of existing subacute care services.

The most notable outcomes for patients who require subacute care services were for patients in regional and remote areas of WA with the expansion of the geriatric visiting consultation and liaison service to major health centres and some secondary health centres across the state and the expansion of community physiotherapy services in the metropolitan area as well as the commencement of the first community physiotherapy service in a regional location.

In addition, two regional centres commenced rehabilitation services through a new Day Therapy Unit. The gradual extension of non-admitted rehabilitation services in regional centres in the first year of the operation of the Subacute Care Plan is seen as an important step and provides a strong platform for such services in other regional centres and extension of inpatient services for the forthcoming year 2010-2011.

¹ March 30 2010 Activity Report WA - NPA

Notable achievements have also occurred in the area of data collection processes and the quality of subacute care data. With funding allocated to the employment of staff dedicated to the improvement of subacute care data collection, there has been a greater awareness and understanding of the importance of accurate data collection across the WA Department of Health.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
REHABILITATION			
<p>DAY THERAPY SERVICES</p> <ul style="list-style-type: none"> ▪ Increase in service delivery levels at metropolitan Day Therapy sites: <ul style="list-style-type: none"> - Armadale - Bentley - Fremantle – Moss Street - Joondalup - Osborne Park Hospital - Mercy Day Therapy - Sir Charles Gairdner - Swan Districts ▪ Increase in service delivery levels at regional sites: <ul style="list-style-type: none"> - Geraldton Day Therapy Unit - Northam Day Therapy Unit 	<p>Planning and consultation completed</p> <p>Funding allocated for additional FTE</p>	<ul style="list-style-type: none"> - \$562,000.00 full year - part year allocation \$281,000 for 09/10 occurred with surplus built in over forthcoming years - Recurrent funding 	<p>2009-2010 project deliverables completed</p>

<p>REHABILITATION IN THE HOME (RITH)</p> <ul style="list-style-type: none"> ▪ Expansion in existing rehabilitation in the home (RITH) services the North Metropolitan Region for the Osborne Park and Joondalup Hospital sites 	<p>Allocations for additional FTE occurred.</p> <p>Service delivery commenced from January 2010</p>	<ul style="list-style-type: none"> - Recurrent funding - \$200,000 - Part year effect of \$150,000 for 09/10 with surplus build in over forthcoming two years to manage workforce supply issues at site level 	<p>2009-2010 project deliverables completed</p>
<p>COMMUNITY PHYSIOTHERAPY SERVICES</p> <ul style="list-style-type: none"> ▪ Increase in existing community based physiotherapy services in the North and South Metropolitan Regions 	<p>Allocations for additional FTE occurred.</p> <p>Service delivery activity commenced January 2010</p>	<ul style="list-style-type: none"> - Recurrent funding - \$600,000 - Part year allocation of 328,430 for 09/10 with surplus built in over forthcoming two 	<p>2009-2010 project deliverables completed</p>

<ul style="list-style-type: none"> Increase in community based physiotherapy services at Northam 		years\$ - \$25,000 - Recurrent funding	
<p>AMPUTEE SPECIALIST REHABILITATION SERVICES</p> <ul style="list-style-type: none"> Expansion of specialist medical rehabilitation services for amputee patients with the integration of an allied health multi-disciplinary team to service North and South Metropolitan Regions 	<ul style="list-style-type: none"> Allocations for additional FTE occurred. Specialist medical consultant rehabilitation services commenced January 2010 Full team service delivery delayed until April 2010. 	<ul style="list-style-type: none"> \$150,000 Part year allocation \$73,456 for 09/10 occurred with surplus built in over forthcoming two years Recurrent funding 	<p>2009-2010 project deliverables completed</p> <p>The multidisciplinary outreach service is provided by the Statewide Rehabilitation Centre (Shenton Park) and delivered at outpatient clinics at Fremantle and Sir Charles Gairdner Hospitals.</p>
<p>Planning and Consultation for new REHABILITATION projects set for commencement 2010-2011 that occurred in 2009-2010</p>			
<ul style="list-style-type: none"> Dedicated Parkinson Disease ambulatory care outreach rehabilitation services – South Metropolitan Region 	<p>Planning and consultation processes redefined the service delivery model from admitted to non-admitted configuration over broader geographic area (in contrast to original proposal submitted under the WA</p>	<ul style="list-style-type: none"> \$1,200,000 Recurrent funding 	<p>Redefined model resulting in a regional “hub and spoke” model with a multi-disciplinary rehabilitation focus for people with Parkinson’s disease at Day Therapy Units. Allied health and clinical experts will consult to 4 satellite Day Therapy Units with a central Day Therapy Unit</p>

ATTACHMENT 4A

	<p>Subacute Care Plan 2009-2013 and approved by the Australian Government).</p>		<p>acting as the centre for clinical expertise and training</p>
<ul style="list-style-type: none"> ▪ Support the development of secondary stroke units in North and South Metropolitan Area Health Services using existing infrastructure with the provision of additional dedicated allied health, physician support with commitment to early discharge program into the community 	<p>Planning and consultation processes completed for the North Metropolitan Area Health Service, with service commencement October 2010</p> <p>Planning and consultation for the South Metropolitan Area Health Service due to commence in July 2010, with service commencement planned for July 2011</p>	<ul style="list-style-type: none"> - \$1,300,000 - Recurrent funding for three years for the North Metropolitan Area Health Service and based at Osborne Park Hospital - \$1,300,000 - Recurrent funding for two years for the South Metropolitan Area Health Service 	<p>North Metropolitan Area Health Secondary Stroke unit to include increased Allied Health and medical staff, with an Early Supported Discharge and Outpatient service. The inpatient unit will be 10 beds.</p> <p>In addition the unit will provide support and training in stroke rehabilitation to staff working in other metropolitan and regional sites</p>
<p>GERIATRIC EVALUATION AND MANAGEMENT</p>			

ATTACHMENT 4A

<ul style="list-style-type: none"> ▪ Provision of GEM services to be delivered at Day Therapy sites in the metropolitan region 	<p>January 2010</p>	<ul style="list-style-type: none"> - Nil allocation, within existing Department of Geriatric Medicine resources 	<p>Best practice initiative.</p> <p>Data collection practices to improve recording of this activity at Day Therapy sites.</p> <p>Model of Care for Day Therapy service provision outlines data collection rules</p> <p>Statewide Reform Program underway to promote consistent assessment practices, equity of access to a uniform suite of services across WA</p>
<ul style="list-style-type: none"> ▪ Expansion of Visiting Geriatrician Consultation and Liaison service to all rural and remote regions: - Bunbury, Collie, Busselton, Harvey, Bridgetown - Narrogin, - Albany - Kalgoorlie, Esperance - Northam, Merriden, Moora - Geraldton - Port Hedland - Broome, Kununurra 	<p>Commencement January 2010</p>	<ul style="list-style-type: none"> - \$346,500 - Part year allocation of \$329,000 for 09/10 - Recurrent funding 	<p>2009-2010 project deliverables completed</p> <p>Revised model of care with pre and post visiting consults using tele-health to streamline site visits</p> <p>Formal Service Agreements between WA Country Health Services and North and South Metropolitan Health Services</p>
<p>Planning and Consultation for new GEM projects set for commencement 2010-2011 that occurred in 2009-2010</p>			

ATTACHMENT 4A

<ul style="list-style-type: none"> ▪ Geriatrician Clinical Support Service 		<ul style="list-style-type: none"> - \$343,500 - Recurrent funding 	<p>Clinical support in the WA Country Health Services regions will provide support for the Visiting Geriatrician Service and will provide a local specialist aged care service to implement the care recommendations post consultant geriatrician visit.</p>
PSYCHO-GERIATRIC CARE			
<ul style="list-style-type: none"> ▪ Co-location of dedicated in-patient Parkinson Disease rehabilitation services with Psychogeriatric care services – South Metropolitan Region 	<p>This project has been redefined. It was not possible to co-locate inpatient beds at Fremantle Hospital for people who required psycho-geriatric care and for people with Parkinson’s Disease who also have psychogeriatric care needs.</p>	<ul style="list-style-type: none"> - The original funding commitment was cost neutral for the psycho-geriatric component. - Reconfiguration of the service delivery model incurs nil budgetary impact to WA Subacute Care Plan 	<p>This project has been redefined to an ambulatory care hub and spoke model for people with Parkinson’s disease. (as described above). A Clinical Psychologist has been included as a member of the core team that provides outreach services to people with Parkinson’s Disease.</p> <p>The redefined service model promotes greater equity of access to a specialist Parkinson’s Disease rehabilitation service at a reduced cost per patient.</p>

Planning and Consultation for new PSYCHO-GERIATRIC CARE projects set for commencement 2010-2011 that occurred in 2009-2010			
<ul style="list-style-type: none"> Visiting Psycho-geriatrician Consultation and Liaison service to all rural and remote regions of WA Country Health Service resource centres that will collaborate and partner with Geriatrician Visiting Service 	<p>Planning for the new service completed.</p> <p>Commencement July 2010</p>	<ul style="list-style-type: none"> \$288,000 Recurrent funding 	<p>This is will be a new service requiring careful consideration of workforce supply and timing of visits with geriatricians to rural and remote regions. The first 6 months of operation will be viewed as a pilot phase, with service delivery being refined based on feedback and outcomes of the first 6 month's of service operation</p>
<ul style="list-style-type: none"> Senior Mental Health Professions with skills and expertise in Older Adult Mental Health conditions in the WACHS regions 	<p>Planning for this service completed.</p> <p>Commencement July 2010</p>	<ul style="list-style-type: none"> \$494,000 Recurrent funding for three years 	<p>Older adult mental health professions in the WACHS regions will provide support for the new Visiting Psycho-geriatrician Service and will provide a local specialist mental health service to implement the care recommendations post consultant visit.</p>
PALLIATIVE CARE			
<ul style="list-style-type: none"> Two community based palliative care medical registrar training positions to service the North and South Metropolitan Regions. 	<p>Allocations for 2 FTEs occurred and staff appointed</p> <p>Service delivery commenced January 2010</p>	<ul style="list-style-type: none"> \$271,360 Part calendar year effect of \$145,890 allocated 09/10 Recurrent funding for three years 	<p>2009-2010 project deliverables completed</p>

WORKFORCE TRAINING AND DEVELOPMENT			
<ul style="list-style-type: none"> Clinical Training and Workforce Development Unit 	<p>Planning for the establishment of a Training and Development Unit in progress.</p> <p>Architecture of unit developed.</p> <p>Commencement 2010 -2011 financial year</p>	<ul style="list-style-type: none"> N/a for period 2009-2010 	<p>Consultation on model progressed in 2009-2010</p> <p>A model similar to the Victorian Geriatric Medicine Training Program is being considered with application to an interdisciplinary approach to subacute care service delivery. (Visits to Melbourne to explore the Victorian model undertaken).</p>
DATA COLLECTION AND REPORTING			
<ul style="list-style-type: none"> Subacute Care Reporting and Improvements in Data Collection 	<p>Across life of COAG NPA funding</p>	<ul style="list-style-type: none"> Requirement to report on subacute care activity related to COAG NPA funding inbuilt into all project funding allocations 	<p>WA has participated in national meetings to achieve national consistency in subacute care measurement.</p> <p>Improvement in statewide collection of subacute care activity with dedicated funding for additional positions at WA Health central data collection and</p>

ATTACHMENT 4A

			repository unit. Development and implementation of data collection reporting frameworks to support the Subacute Care NPA that will be self-supporting and sustainable beyond the life of the NPA funding.
Contact Officer: <i>Gail Milner, A/Executive Director, Innovation and Health System Reform Division</i> Phone: (08) 92222254			

Subacute care annual service activity and growth report

State/Territory: **Western Australia**

Period: **2009/10**

Table 1: Activity by care type

* To calculate growth percentages (Table 2), use EITHER Patient days (volumes) OR Separations (patients)

	Rehabilitation	Palliative	GEM ¹	Psychogeriatric	Totals
--	----------------	------------	------------------	-----------------	--------

Patient days (volumes)

Admitted

Hospital based	196,763	21,061	6,328	41,228	265,380
Hospital in the Home	24,285	34	1	-	24,320
Combined Hospital based & HITH	221,048	21,095	6,329	41,228	289,700
Other (please specify)	-	-	-	-	-
<i>Total admitted patient days</i>	221,048	21,095	6,329	41,228	289,700

or Separations (patients)

Hospital based					
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
<i>Total admitted separations</i>					
Average length of stay					
<i>Total Bed Day Equivalents</i>					(b)

Occasions of service (volumes)

Non-admitted

Centre based	530,070	UTD	NA	69,888	599,958
Home based	UTD	72,186	NA	13,519	85,705
Combined Centre & Home based	530,070	72,186	NA	83,407	685,663
Other (please specify)	NA	657	268	NA	925
<i>Total occasions of service</i>	530,070	72,843	268	83,407	686,588
<i>Weighted Bed Day Equivalents</i>	265,035	36,422	134	41,704	343,294

Episodes² (patients)

Centre based					
Home based					
Combined Centre & Home based					
Other (please specify)					
<i>Total episodes</i>					
Total group sessions	5,167	NA	NA	3,338	8,505

¹ Geriatric Evaluation and Management

² Episode data is for information only, and not a factor for calculating growth in service delivery.

Table 2: Growth percentages (2009-10)

WBDE Ratios

Growth percentages (2009-10)	Patient days	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs	WBDE Ratios	
					Rehabilitation	Ratio
Baseline	232,837		265,049	497,886	Rehabilitation	1:2
Targeted % increase	0.4%		3.7%	2.2%	Palliative care	1:2
Services in 2009-10	289,700	(b)	343,294	632,994	GEM	1:2
Increase in 2009-10	56,863		78,245	135,108	Psychogeriatric	1:2
% increase	24%		30%	27%		

Definitions

Subacute care

Rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care, as defined in the most recent version of the National Health Data Dictionary.

Admitted Care

Patient days – the total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period (METeOR 270045).

Separation – the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical (METeOR 327268).

Hospital-in-the-home (HITH) – provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary (METeOR 327308).

Hospital based – admitted subacute care services provided in acute, non-acute and subacute hospitals or same-day establishments or through Hospital-in-the-home (HITH) care.

Non-admitted Care

Occasions of service (OOS) – the number of occasions of examination, consultation, treatment or other service provided to a patient (METeOR 291061)

Group sessions – care or assistance simultaneously being provided to more than one person (METeOR 294406), either as an occasion of service or episode.
Centre based – subacute care services provided in non-admitted settings including hospital outpatient clinics and hospital outreach and hospital-aided community health facilities.

Home based – subacute care services provided to non-admitted patients in their place of residence through a hospital outpatient, hospital outreach or hospital-aided community health program.

Episode of care - A period of health care with a defined start and end date (METeOR 268978).

Weighted Bed Day Equivalents (WBE)

The WBE is the ratio of the admitted bed day cost to the non-admitted count cost.

Example:

If the admitted bed day cost is \$1000 and non-admitted count cost is \$250, then $WBE = 1:4$ ($\$1000/\$250 = 4$)

General Notes:

1. All counts were prepared using the latest validated data available (01/12/2010 for Admitted data).
2. UTD - unable to determine.
3. NA - not applicable.
4. Admitted data also includes public patients at private hospitals under contractual arrangements.
5. Admitted data were sourced from the WA Health Hospital Morbidity Data Collection. For public hospital patients (including Joondalup and Peel Health Campuses), the Discharge Extract was used. For public patients in private hospitals, the Coded Data Extract was used.
6. It not possible to source all non-admitted rehabilitation data from unit records (i.e. patient-level data). Aggregated count data has been used, which is not able to be validated through comparison with unit records. Therefore, this data may be subject to change as the data collection and quality improvement processes are progressed through the WA Subacute Care Data Quality Enhancement Project.
7. Non-admitted rehabilitation "Occasions of Service" have been sourced from the variable "Clinic Type" with a value of "1 - Allied Health" in the WA Outpatient Care NMDS.
8. Unless otherwise specified, the methods used for 2009/10 reporting are consistent with those used to produce the baseline counts.
9. Data for C16 and C17 has not been segregated into regions. C16 requires the calculation of access rates to subacute services that have been age-standardised using the direct method. One of the fundamental steps in direct standardisation is calculation of the age specific rates where the numerator is the frequency of an event (eg. beddays) and the denominator is the category specific population. The NPA template has specified the ABS source document that disaggregates the WA population by age (eg. the estimated resident population with the 5 year stratum. The NPA template has specified the ABS source document that disaggregates the WA date by age, state and care type.

Growth Template:

1. In WA, mental health services are provided under three programme streams: Child and Adolescent Mental Health Services, Adult and Older Adults. To maintain comparability with the baseline subacute non-admitted psychogeriatric statistics, the method of analysis for C16 included only those occasions of service that were provided as part of an Older Adults programme stream. It therefore excluded occasions of services provided to people aged 65 years in the Adult programme stream.
2. Currently, the distinction between group and individual occasions of rehabilitation service (non-admitted) is not able to be determined with confidence. These data were counted as individual occasions of service. This may lead to under-reporting. This is consistent with the method used to produce the baseline counts.
3. The non-admitted rehabilitation occasions of service (cell B23) have been sourced from the variable 'Clinic Type' with a value of '1 - Allied Health' in the Outpatient Care NMDS. This is consistent with the method used to produce the baseline counts.
4. The non-admitted count of activity excludes public patients seen at private hospitals under contractual arrangements.