

Australian Capital Territory – Progress against Subacute Care Implementation Plan National Partnership Agreement on Hospital and Health Workforce Reform – Schedule C

July 2010 – June 2011
ACT HEALTH

Summary of Progress

The majority of initiatives presented under the ACT's Implementation Plan are funded by the ACT Government. This progress report presents summary of progress against initiatives funded by the Commonwealth.

The subacute care reforms are generally progressing to plan. There are no major issues or concerns to report in regards to the implementation of initiatives described under the ACT Subacute Care Implementation Plan.

The only issue with the ACT figures relates to the number of psychogeriatric occasions of services provided in the years prior to 2010-11. Mental Health ACT noted some counting irregularities in the reporting of psychogeriatric services which resulted in the double counting of some services in previous years. The figures for 2010-11 show actual results with any duplication removed.

Despite this, the ACT has met the target for growth in sub-acute services over the past four years.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p>1. Enhance equipment funding for the Aged Care and Rehabilitation Service (ACRS) Equipment Loan Service (ELS) to expand the range of equipment available to rehabilitation patients. This service is provided by ACRS at the Canberra Hospital.</p>	<p>Equipment requirements have been identified, and ordered to be received and paid for by 30 June 2011.</p> <p>Activities under this initiative will be implemented up to 2012-13.</p> <p>1.0 FTE Health Service Officer (HSO) was permanently appointed in September 2010.</p>	<p>\$ 726k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Remainder of 2010/11 funding to provide equipment for Equipment Loan Services (ELS).</p> <p>Full year expenditure on Equipment = \$102,330</p> <p>Total expenses YTD for 2010-11 on this key deliverable is \$153,003</p>	<p>An additional Health Service Officer (HSO) would be hired and funded within the existing funding allocation for 2010-11. The hiring of the HSO is to anticipate the expected increase in activity resulting from the enhancement of the equipment pool in 2010-11.</p> <p>The staffing profile for ELS has been enhanced to include an additional 1.0 FTE additional HSO staff.</p> <p>Additional 1 FTE HSO3 team member for Equipment Services has enhanced delivery services to the ACT community. This has allowed the service to provide a two person delivery service, five days a week for hospital beds, hoist and recline/lift chairs.</p> <p>The equipment ordered for the ELS was identified by the Coordinator and referring clinicians'.</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p>2. Rehabilitation Discharge Care Coordination Service. This service covers the ACT region and consist of two skilled rehabilitation Registered Nurses whose role is to participate in the development of care plans for patients.</p>	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>Two Registered Nurses (2.0 FTE) as Discharge co-ordinators were employed in February 2010.</p>	<p>\$828k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenses YTD for 2010-11 on this key deliverable is \$217,759</p>	<p>The two RN's provide contact with patients eligible for admission to an inpatient rehabilitation unit to ensure the patients are aware what to expect. In addition, their role focuses on assisting with discharge coordination for complex patients including facilitating goal setting meetings, and case conferences. Post-discharge follow-up/home visits undertaken to ensure any evolving issues can be resolved without readmission to hospital.</p>
<p>3. Disability Counsellor – to provide counselling and support services to patients and their families or carers who are newly disabled This service covers the ACT region.</p>	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>The recruitment process for a disability counsellor (1.0 FTE) has been finalised. The successful applicant commenced employment in February 2010.</p>	<p>\$440k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenses YTD for 2010-11 on this key deliverable is \$106,793</p>	<p>The Disability Counsellor provides a service to clients and their families/carers in both the inpatient and outpatient settings. The counsellor's service starts in the inpatient rehabilitation setting and into the community setting after the client's discharge. The counsellor also provides support to community based clients who have not been admitted into the hospital program.</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p>4. Expanding Rapid Assessment of the Deteriorating Aged at Risk (RADAR) services by increasing the capacity within the existing RADAR team by increasing FTEs. The services are provided to the whole ACT region.</p>	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>The additional 0.6 full time equivalent (FTE) of a geriatrician was recruited in January 2011. The skill mix in the team was changed from 1 FTE of Occupational Therapist (OT) to a (0.5FTE) OT and a (0.5FTE) Registered Nurse level 2 (RN2). The change in skill mix of the OT position was necessitated by the clinical requirements of the patients. The demand for OT has not been proven to equate to 1 FTE, whereas the nursing requirements have increased, especially when existing nursing staff are on leave.</p>	<p>\$1.622 million over four years</p> <p>Total expenses YTD for 2010-11 on this key deliverable is \$288,530</p>	<p>The RADAR team continues to demonstrate interventions that have resulted in maintaining clients in the community, rather than them presenting to hospital.</p> <p>A comprehensive service has been possible with the recruitment of an OT and a RN level 2. This has enabled a rapid response to equipment and further functional assessment by the OT and follow-ups by the RN to ensure implementation of the care plan.</p> <p>The additional Geriatricians have ensured access to specialised assessments and care planning.</p> <p>A review of the Occupational Therapist position identified that 0.5FTE was adequate to support the service. Approval was received to utilise the remaining 0.5 FTE as a Registered Nurse Level 2 as this role will provide support to meet growing demand for improved follow-up of clients and maintain optimum service when staff</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
			are on leave. A recruitment process is currently underway to permanently fill the RN2 position.
<p>5. Enhancement to existing services within the Older Persons Mental Health Service (OPMHS) located at Calvary Public Hospital.</p>	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>Three full time staff were recruited and employed in September 2009 and continue to work as a sub-team within the Older Persons Mental Health Community Team (OPMHCT)</p> <p>Building capacity in the workforce is a priority area. The ACT Mental Health Workforce Project Officer (former title) provided an information session to OPMHCT staff on 5 April 2011. This focussed on identified ACT Health/Mental Health workforce difficulties and challenges, development of linkages with universities/schools, promotional strategies, website re-design, etc. This Officer will continue to meet with the OPMHCT to assist with workforce planning issues.</p>	<p>\$1.276 million over four years.</p> <p>The total expenditure from July 2010 to June 2011 is \$343k, including \$284k employee expenses and \$59k operating expenses</p>	<p>Enhancement to the existing services also cover expanding liaison to service area providing educational sessions to residential aged care facilities; and ensuring the continuity of clinical consultation in the facilities. All of these were undertaken by OPMH-Community Team (OPMH-CT).</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p><u>Services Liaison:</u></p> <p>Regular informal service liaison with Residential Aged Care Facilities (RACFs).</p> <p>NPA sub-team staff participated in the Aged Care Services/OPMHS Stakeholder Meeting on 6 April 2011, contributing in discussions related to training issues. It is expected that these staff will have a greater role in these meetings in respect to education/training issues with RACFs.</p> <p><u>Educational session:</u></p> <ul style="list-style-type: none"> 8.5.11: A planned presentation on delirium (to be held in conjunction with Dementia Behaviour Management Advisory Service - Alzheimers Australia) for Kangara Waters Village was due to be held. Unfortunately, the Staff Educator at this facility failed to advise staff of the presentation and this did not proceed. 		

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	<ul style="list-style-type: none"> • 20 May 2011: 5 x sessions were delivered to the Canberra institute of Technology course “Chronic Disease Self-Management”, held at Bruce Campus. This course included sessions on depression/schizophrenia/bipolar affective disorder. • Scheduled presentations to Morshead Home for May 2011 were cancelled by facility Staff Educator. These have since been re-scheduled for July – August 2011. • 23 June 2011: A meeting was held with Staff Educator Mirrinjani Nursing Home to discuss and arrange education sessions – to commence 12 July 2011. • 29 June 2011: Contact was made with Ozanam Village manager and in-principle agreement was made to provide educational sessions at this facility in the second half of 2011. <p>Ongoing informal education</p>		

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	<ul style="list-style-type: none"> discussions held with staff of various RACF's in the course of providing clinical contact/review of clients. <p><u>Clinical Consultation:</u> In accordance with Divisional clinical reporting requirements, reviews of all clients' progress is required every 3 months. As part of this process, NPA sub-team staff liaise with RACF staff for input on clients' status. NPA sub-team staff also liaise with RACFs in respect to closure of OPMHCT clients. Clinical consultations continue to occur as a part of referral processes for clients referred from RACFs and clients considered appropriate for ongoing subsequent follow up by OPMHCT</p>		

Key deliverables		Allocation of NPA funding	Comments
<p>6. Expand palliative care service by increasing FTEs for palliative care Nurse Practitioners, Nurses and Clinical Supervision at the Canberra Hospital.</p>	<p>Funding provided over four years and activities under this initiative will be implemented up to 2012-13.</p>	<p>\$1.995 million over four years.</p> <p>Total expenditure from July 2010 to June 2011 is \$327,137</p>	<p>The development of Palliative Services Model of Care has been completed.</p> <p>Two Palliative Care Nurse Practitioner positions have been recruited to, totalling 2.0FTE</p> <p>Funding for one of the Nurse Practitioner's has been transferred to Calvary Health Care to enable a Palliative Care Nurse Practitioner in Clare Holland House.</p> <p>An RN2 has been recruited at 0.5FTE, as part of the clinical nursing palliative care team at Canberra Hospital.</p> <p>Two Psychologist positions have been recruited to, totalling 1.5FTE</p>

Key deliverables		Allocation of NPA funding	Comments
7. Improvement in data collection and standards throughout ACT Health.	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>Project Brief to review the different data collection has been completed and confirmed in the last financial year.</p>	<p>\$0.448 million over four years</p> <p>Nothing to report under this</p>	<p>Changes to data development and data definition within the Subacute Care component of the NPA will be considered under this funding arrangement and will be undertaken during the 2010-11 or 2011-12 period.</p>

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Subacute care annual service activity and growth report

State/Territory: ACT

Period: 2010-11

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

Table 1: Activity by care type

Patient days (volumes)

		Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
		<i>Admitted</i>				
Hospital based		29617	7621	8934	765	46937
Hospital in the Home		94	0	84	0	178
Combined Hospital based & HITH		29711	7621	9018	765	47115
Other (please specify)		0	0	0	0	0
<i>Total admitted patient days</i>		29711	7621	9018	765	47115 (a)

or Separations (patients)

		Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
		<i>Admitted</i>				
Hospital based		2713	629	704	21	4067
Hospital-in-the-home		5	0	3	0	8
Combined Hospital based & HITH		2718	629	707	21	4075
Other (please specify)		0	0	0	0	0
<i>Total admitted separations</i>		2718	629	707	21	4075
Average length of stay		10.93	12.12	12.76	36.43	11.56
<i>Total Bed Day Equivalents</i>						

Occasions of service (volumes)

		Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
		<i>Non-admitted</i>				
Centre based		382	201	863	0	1446
Home based		1	6752	884	0	7637
Combined Centre & Home based		383	6953	1747	0	9083
Other (please specify)		19359	3950	2097	17107	42513
<i>Total occasions of service</i>		19,742	10,903	3,844	17,107	51,596
<i>Weighted Bed Day Equivalents</i>		10,072	5,799	2,344	7,671	25,887

Episodes² (patients)

		Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
Centre based		382	201	863	0	1446
Home based		1	6752	884	0	7637
Combined Centre & Home based		383	6953	1747	0	9083
Other (please specify)		19359	3521	2097	17107	42084
<i>Total episodes</i>		19742	10474	3844	17107	51,167
Total group sessions		0	17	0	0	17

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 (2010-11)					WBDE Ratios	
Growth percentages (2009-10)		Occasions of service			Rehabilitation	Ratio
		Patient days	Separations (BDEs)	Total BDEs		
Baseline		43965		18,780	62745	1:1.96
Targeted % increase					5%	1:1.88
Services in 2010-11		47115		25,887	73002	1:1.64
Increase in 2010-11		3150		7,107	10257	1:2.23
% increase		7.16%		37.84%	16.35%	

Definitions

Subacute care

Rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care, as defined in the most recent version

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-auspiced 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-auspiced 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)