

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

July 2011 – June 2012
ACT HEALTH DIRECTORATE

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 initiatives outlined in the ACT's implementation plan are generally progressing to plan. In the first year of the NPA on HHWR (2009-10), the ACT increased subacute service provision over the baseline by 26 per cent, surpassing the required four year aggregate target of 20 per cent total growth in activity by 2012-13.

The 2011-12 activity growth report, required under Schedule C, reflected a minor contraction in subacute service provision in the ACT in 2011-12. Despite this, the ACT reports an 8.44 per cent increase in subacute service provision over the baseline.

Technical issues relating to data collation methodologies have contributed to the 2011-12 activity growth result, as have workforce issues in other segments of the ACT healthcare system, as well as the ACT's service deliver profile. For example, the ACT increased non-admitted occasions of service through increased work in the community over 2011-12.

More broadly, extensive work, over and above implementation efforts under this agreement, is underway in the ACT to improve provision of subacute care in the ACT region. This includes not only the implementation of subacute beds under the *National Partnership Agreement on Improving Public Hospital Services*, but also planning and development for the establishment of a new subacute hospital in the ACT.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p>1. Enhance equipment funding for the Rehabilitation, Aged and Community Care (RACC) Equipment Loan Service (ELS) to expand the range of equipment available to rehabilitation patients. This service is provided by RACC at the Canberra Hospital.</p> <p>Note that Aged Care and Rehabilitation Service (ACRS) changed its name to Rehabilitation, Aged and Community Care (RACC).</p>	<p>Equipment requirements have been identified, and ordered to be received and paid for by 30 June 2012.</p> <p>Activities under this initiative will be implemented up to 2012-13.</p> <p>1.0 FTE Health Service Officer (HSO) who was permanently appointed in September 2010 continues to work in this role.</p>	<p>\$ 726k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenditure for 2011-12 on this key deliverable is \$127,555</p>	<p>The staffing profile for Equipment Loan Service (ELS) has been enhanced to include an additional 1.0 FTE additional HSO staff.</p> <p>Service continues to provide a two person delivery service, five days a week for hospital beds, hoist and recline/lift chairs.</p> <p>10 X 18” Breezy Basix wheelchairs with left/right elevating leg rests have been ordered.</p> <p>All equipment ordered for the ELS enhancement pool was ordered and received by 30 June 2012.</p> <p>Bariatric equipment such as bathing items and wheelchairs have been purchased to meet demand.</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 consists 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 and continue with these roles.</p>	<p>\$828k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenditure for 2011-12 on this key deliverable was \$224,801</p>	<p>The two registered nurses 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 are 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>A Disability Counsellor (1.0 FTE) recruited in February 2010 and the counsellor is working continue in this role.</p>	<p>\$440k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenditure for 2011-12 on this key deliverable is \$105,226</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 continues 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>

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			<p>There have been periods over the last six to nine months in 2011-2012 where the position has been vacant due to the temporary transfer of the nominal occupant. However, a counselling service has been provided by existing social work and clinical psychology staff during these vacancies.</p> <p>An evaluation of this service is currently being undertaken.</p>
<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 and currently continue with their role.</p> <p>The skill mix in the team was changed from 1 FTE of Occupational Therapist (OT) to a 0.5 FTE OT and a 0.5 FTE Registered Nurse level 2 (RN2) to better reflect the clinical requirements of the patients.</p>	<p>\$1.622 million over four years</p> <p>Total expenditure for 2011-12 on this key deliverable was \$262,115 .</p>	<p>RADAR continues to provide a short term assessment and management service to elderly clients living in the community or in a residential aged care facility (RACF). Referrals are received from General Practitioners (GPs) who have a deteriorating elderly client in the community who potentially can be managed at home or in a RACF. From 1 January to 30 June 2012, the RADAR team saw 133 clients with 1168 occasions of service.</p> <p>Of the 133 patients seen only 33 required admissions to hospital. Of the 33 clients 13 were admitted through either the Calvary or The Canberra Hospital</p>

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			<p>Emergency Department, and 8 were admitted into a private hospital under the care of a geriatrician.</p> <p>The admission rate has remained unchanged, however the use of RADAR by the GP's to facilitate an admission continues.</p> <p>In order to continue to provide RADAR services, the team is comprised of a multidisciplinary team as follows: :</p> <ul style="list-style-type: none"> 1.0 FTE Nurse Practitioner 1.5 FTE Registered Nurse Level 2 0.48 FTE Social Worker 0.5 FTE Occupational Therapist 1.2 FTE Geriatrician <p>RADAR continues to promote its service to GPs. The RADAR team have been involved in the education of the GPs involved in the <i>GP Aged Day Service Program (GPADS)</i>. RADAR is also represented at the Medicare Local level. RADAR continues to maintain a good working relationship with Hospital in the Home (HITH).</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<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>All <i>OPMHCT Sub Team</i> members have commenced their Certificate IV training qualifications to support the delivery of educational sessions to RACF's.</p> <p><u>Services Liaison:</u> The <i>OPMHCT Sub Team</i> had multiple service liaisons with the Residential Aged Care Facilities (RACF) that were caring for two residents who were involved in the death of a third resident. These two residents were not consumers of mental health services at the time of the incident but became consumers shortly afterwards.</p>	<p>\$1.276 million over four years.</p> <p>The total expenditure for 201-12 was \$362,623.</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 OPMHCT.</p>

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	<p><u>Educational session:</u> The <i>OPMHCT Sub Team</i> provided multiple informal training sessions to a variety of RACF's focusing on targeted/individual issues related to residents mental health presentations.</p> <p>The <i>OPMHCT Sub Team</i> liaised with two RACF's to define their education needs and are progressing this. The <i>OPMHCT Sub Team</i> liaised with one RACF regarding that RACF's vacant Education Officer position and has liaised with their new Education Officer to progress defining that RACF's education needs.</p> <p>A member of the <i>OPMHCT Sub Team</i> delivered training to the Canberra Institute of Technology Chronic Disease workshop.</p> <p><u>Clinical Consultation:</u> In accordance with ACT Health Directorate's <i>Mental Health, Justice Health & Alcohol & Drug Services Division's clinical reporting requirements</i>, a review of all</p>		

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p>Consumers' progress is required every 3 months. As part of this process the <i>OPMHCT Sub Team</i> liaise with RACF staff and aged care services for input on clients' status.</p> <p>The <i>OPMHCT Sub Team</i> liaises with RACF's and aged care services in respect to new referrals to OPMHCT and closure of OPMHCT consumers.</p> <p>Clinical consultation and hands on support occurs between the <i>OPMHCT Sub Team</i> and OPMHCT staff regarding the transition of consumers from home to RACF's.</p> <p>The <i>OPMHCT Sub Team</i> has been allocated new consumers to clinically manage where the primary/current issue has been progressing transitions from home to RACF's.</p> <p>The <i>OPMHCT Sub Team</i> has been allocated new consumers to clinically manage who present with complex needs.</p>		

Key deliverables	Progress and timing	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 for 2011- 12 was \$413,568</p>	<p>The development of Palliative Services Model of Care has been completed.</p> <p>A Palliative Care Nurse Practitioner position has been recruited to at 1.0FTE and is based at Canberra Hospital.</p> <p>A second Nurse Practitioner position has been recruited to at 1.0FTE and has been transferred to Calvary Health Care to enable a Palliative Care Nurse Practitioner in Clare Holland House.</p> <p>A Registered Nurse Level 2 has been recruited at 0.63FTE, as part of the clinical nursing palliative care team at Canberra Hospital.</p> <p>Two allied health professionals positions have been recruited to, totalling 1.5FTE.</p> <p>A research proposal for ‘caregiver well-being’ is currently under development.</p>

Key deliverables		Allocation of NPA funding	Comments
<p>7. Improvement in data collection and standards throughout ACT Health Directorate.</p>	<p>Activities under this initiative will be implemented up to 2012-13.</p> <p>Data collection started from 1 July 2012.</p>	<p>\$0.448 million over four years</p> <p>No expenditure on this item to date.</p>	<p>Data collection has commenced for Admitted Sub-acute and Non-acute Care Activity Based Funding Data Set Specifications, from 1 July 2012. This data will be reported to the Independent Hospital Pricing Authority in 2012-13 on a quarterly basis.</p> <p>The ACT, in December 2011, participated in the PricewaterhouseCoopers investigative review of cost drivers and classification systems for sub-acute care in Australia. This review will inform the work for the new classification system for sub-acute patients, which is expected to commence during 2012-13.</p>

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National Partnership Agreement Hospital and Health Workforce Reform, Schedule C Subacute, Growth

State/Territory: **ACT**

Period: **2011-12**

* To calculate growth percentages (Table 2), use Patient days (volumes)

Table 1: Activity by care type

	Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
Admitted					
Patient days (volumes)					
Hospital based	28264	7325	3956	945	40490
Hospital in the Home	13	0	6	0	19
Combined Hospital based & HITH	28277	7325	3962	945	40509
Other (please specify)	0	0	0	0	0
<i>Total admitted patient days</i>	28277	7325	3962	945	40509
or Separations (patients)					
Hospital based	2603	648	374	42	3667
Hospital-in-the-home	3	0	1	0	4
Combined Hospital based & HITH	2606	648	375	42	3671
Other (please specify)	0	0	0	0	0
<i>Total admitted separations</i>	2606	648	375	42	3671
Average length of stay	10.85	11.30	10.57	22.50	11.03
<i>Total Bed Day Equivalents</i>					(b)
Non-admitted					
Occasions of service (volumes)					
Centre based	4615	1502	2445	0	8562
Home based	107	9465	688	0	10260
Combined Centre & Home based	4722	10967	3133	0	18822
Other (please specify)	22544			13098	35642
<i>Total occasions of service</i>	27,266	10,967	3,133	13,098	54,464
<i>Weighted Bed Day Equivalents</i>	13,911	5,834	1,910	5,874	27,529
Episodes² (patients)					
Centre based	4615	1502	2445	0	8562
Home based	107	9465	688	0	10260
Combined Centre & Home based	4722	10967	3133	0	18822
Other (please specify)	22544			13098	35642
<i>Total episodes</i>	27266	10967	3133	13098	54464
Total group sessions					

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 (2011-12)

Growth percentages (2011-12)	Occasions of service				WBDE Ratios	
	Patient days	Separations (BDEs)	service (WBDEs)	Total BDEs	Ratio	
Services in baseline year 2007-08	43965		18,780	62745	Rehabilitation	1:1.196
Services in 2010-11	47115		25,887	73002	Palliative care	1:1.88
Targeted % increase				5%	GEM	1:1.64
Services in 2011-12	40509	(b)	27,529	68038	Psychogeriatric	1:2.23
Service increase in 2011-12 compared to baseline	-3456		8749	5293		
% increase in 2011-12 compared to baseline	-7.86%		46.58%	8.44%		
Service increase in 2011-12 compared to 2010-11	-6606		1642	-4964		
% increase in 2011-12 compared to 2010-11	-16.31%		5.96%	-6.80%		

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)