

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

July 2012 – June 2013

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 a summary of progress against initiatives funded by the Commonwealth.

The ACT's subacute service provision activity growth has been impacted by factors external to aspects identified in the ACT implementation plan, such as professional recruitment constraints and revisions of the original subacute service provision baseline due to national and local changes to the counting and recording of subacute activity.

Despite these challenges, the ACT has been and remains committed to increasing and improving sub-acute service provision, and the National Partnership Agreement on Hospital Health Workforce Reform (NPA on HHWR) has enabled significant achievements towards this ongoing goal. The NPA on HHWR has enabled significant workforce enhancement in the ACT, which the ACT will continue to fund upon conclusion of the NPA, including:

- i. 1.5 FTE allied health professionals at Canberra Hospital palliative care.
- ii. 1.0 FTE Health Service Officer supporting the Equipment Loan Service.
- iii. 2.0 FTE Registered Nurses functioning as discharge co-coordinators (in the Aged Care and Rehabilitation Service).
- iv. 1.0 FTE disability counsellor (in the Aged Care and Rehabilitation Service).
- v. 0.6 FTE geriatrician in the Rapid Assessment of the Deteriorating Aged at Risk service.
- vi. 0.5 FTE Occupational Therapist in the Rapid Assessment of the Deteriorating Aged at Risk service.
- vii. 0.5 FTE Registered Nurse Level 2 in the Rapid Assessment of the Deteriorating Aged at Risk service.
- viii. 3.0 FTE in the Older Persons Mental Health Service.
- ix. 1.0 FTE Palliative Care Nurse Practitioner at Canberra Hospital.
- x. 1.0 FTE Palliative Care Nurse Practitioner at Clare Holland House.
- xi. 0.63 FTE Registered Nurse Level as part of the clinical nursing palliative care team at Canberra Hospital.

In addition to this workforce enhancement, which has enabled the increase and improvement of a range of sub-acute services, the NPA on HHWR has also enabled the purchase of equipment for the Equipment Loan Services (ELS) to meet demand and to expand the range of equipment available to rehabilitation patients, such as bariatric equipment, bathing items and wheelchairs.

The ACT's ongoing commitment to sub-acute service provision and continuation of key principles beyond the NPA on HHWR is evidenced through the development of a new subacute hospital.

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>Location: Rehabilitation, Aged and Community Care – Village Creek Centre Kambah</p>	<p>Equipment requirements have been identified and ordered from July 2012 to June 2013.</p> <p>Activities/purchasing under this initiative have been implemented up to and ending 30 June 2013.</p> <p>1.0 FTE Health Service Officer (HSO) who was permanently appointed in September 2010 continues to work in this role on an ongoing basis.</p>	<p>\$726k over four years (out of total Rehabilitation funding of \$1.995 million over four years).</p> <p>Total expenditure for 2012-13 on this key deliverable is \$139,579.71</p>	<p>The staffing profile for Equipment Loan Service (ELS) has been enhanced to include an additional 1.0 FTE Health Service Officer (HSO).</p> <p>Equipments for the ELS enhancement pool was ordered and received by 30 June 2013.</p> <p>Bariatric equipment such as bathing items and wheelchairs were 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 have been implemented up to 30 June 2013.</p> <p>Two Registered Nurses (2.0 FTE) work as Discharge co-ordinators were employed in February 2010 and continue in 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 2012-13 on this key deliverable is \$258,901.14</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 and surrounding region.</p>	<p>Activities under this initiative has been implemented up to 2012-13.</p> <p>A Disability Counsellor (1.0 FTE) was recruited in February 2010.</p>	<p>\$440k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Total expenditure for 2012-13 on this key deliverable is \$111,841.88</p>	<p>The Disability Counsellor provides a service to clients and their families/carers in both the inpatient and outpatient setting. The counsellor’s service starts in the inpatient rehabilitation setting and continues into the community setting after the client is discharged. The counsellor also provides support to community based clients who have not been admitted into the hospital program.</p>

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<p>4. Rapid Assessment of the Deteriorating Aged at Risk (RADAR): expanding this service by increasing the capacity within the existing RADAR team by increasing FTEs. The services are provided to the whole ACT and surrounding region.</p>	<p>An internal audit was conducted in September 2013 (change in personnel) which identified the omission of some staffing costs related to this program. Correct staffing from commencement of the program should have been reported as:</p> <p>2009-10 Registered Nurse Level 2 – 1.0 FTE HPO3 – 1.0 FTE Geriatrician 0.6 FTE DON – 0.15FTE</p> <p>2010-11 Registered Nurse Level 2 – 1.5 FTE HPO3 – 0.5 FTE Geriatrician 0.6 FTE DON – 0.15 FTE (9 mths) ADON – 0.33FTE (3 mths)</p> <p>2011-12 Registered Nurse Level 2 – 1.5 FTE HPO3 – 0.5 FTE Geriatrician 0.6 FTE ADON – 0.33FTE</p>	<p>\$1.622 million over four years</p> <p>Total expenditure for 2012-13 on this key deliverable is \$602,733.63</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' (GP's) who have a deteriorating elderly client in the community who potentially can be managed at home or in a residential aged care facility.</p> <p>In the reporting period 1 July 2012 – 30 June 2013, RADAR had 349 referrals and 2545 occasions of service. Activity significantly increased compared with the previous year. Of the 349 patients referred to RADAR, 45 required admission to hospital. This reflects an admission rate of only 13%. This means that 87% of patients seen by the RADAR team, received clinical intervention and management that resulted in the patient not requiring admission to hospital. An increase in Nurse Practitioner FTE and Geriatrician FTE was a direct response to an increase in service demand.</p>

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	<p>2012-13 Registered Nurse Level 2 – 1.5 FTE HPO3 – 0.5 FTE Geriatrician 0.8 FTE ADON – 0.33FTE Nurse Practitioner – 0.5 FTE Activities under this initiative have been implemented up to 30 June 2013.</p>		<p>RADAR continues to promote its service to GPs. RADAR staff have contributed to the training of ACT Ambulance Service officers in their Extended Care Paramedics (ECP) pilot program funded by Health Workforce Australia. RADAR continues to work closely with ACT Health Hospital in the Home (HITH).</p>
<p>5. Enhancement to existing services within the Older Persons Mental Health Service (OPMHS) located at Calvary Hospital.</p>	<p>Activities under this initiative have been implemented up to 30 June 2013.</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>Two of the <i>OPMHCT Sub Team</i> members are continuing with their studies in Certificate IV training qualifications to support the delivery of educational sessions.</p> <p><u>Services Liaison:</u> The <i>OPMHCT Sub Team</i> had service liaisons with Morling Lodge, Mirinjani, Jindalee and Calvary Retirement Village</p>	<p>\$1.276 million over four years.</p> <p>Total expenditure for 2012-13 on this key deliverable is \$370,911.</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>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p>on multiple occasions. These service liaisons were to either support consumers transitioning from independent living to RACF's or to support and participate in management planning to RACF staff, assisting them to manage established residents presenting with challenging behaviours.</p> <p>The <i>OPMHCT Sub Team</i> worked with ACT Housing for a tenant who presented with challenging behaviours as well as potential for physical and mental health deterioration. This enhanced coordinated care and support to the tenant who required RACF placement.</p> <p>The <i>OPMHCT Sub Team</i> worked with multiple non government organisations for consumers, providing preventative services to reduce the need for unnecessary hospital admissions and providing enhanced coordinated care and support for consumers requiring RACF placement.</p>		

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p><u>Educational session:</u> The <i>OPMHCT Sub Team</i> provided individual and group education sessions with Morling Lodge, Mirinjani, Jindalee and Calvary Retirement Village on multiple occasions focusing on targeted/individual issues related to residents mental health presentations.</p> <p>The <i>OPMHCT Sub Team</i> provided individual and group education sessions at Southern Cross Garran with a focus on mental health presentations which initiated awareness of mental health issues and prompted a response from staff members seeking clarification, validation and assistance for personal and professional purposes.</p> <p>The <i>OPMHCT Sub Team</i> participated in internal education sessions regarding Behavioural and Psychological Symptoms of Dementia which they have then used to educate RACF staff, enhancing the management and care of RACF residents who regularly</p>		

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p>present with this diagnosis.</p> <p>The <i>OPMHCT Sub Team</i> participated in internal education sessions regarding Compassion Fatigue and Burnout which they have then used to educate RACF staff, assisting RACF staff to manage their stress of caring for residents with challenging behaviours.</p> <p>Members of the <i>OPMHCT Sub Team</i> presented at the 13th International Mental Health Conference on the Gold Coast. The presentation was titled The Integration of Resolution with Recovery Principles for the Ageing Person. This presentation enhanced awareness to other aged care service providers of the difficulties facing clinicians who support clients who are faced with death and dying at the end stage of the lifespan.</p> <p>The <i>OPMHCT Sub Team</i> provided education sessions to consumers and carers in their own homes to assist with the understanding and management of complex mental illness</p>		

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p>presentations, preventing unnecessary hospital admissions and supporting transition from independent living to RACF placements.</p> <p>The <i>OPMHCT Sub Team</i> provided education sessions to non government organisations to prevent unnecessary hospital admission and to promote and support successful transition back to the community for older persons with mental illness and complex care 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>The <i>OPMHCT Sub Team</i> provided education session to Social Workers at Calvary John James Hospital to assist with identification and clarification of mental health issues in older adults.</p> <p><u>Clinical Consultation:</u> In accordance with ACT Health Directorate's <i>Mental Health, Justice Health & Alcohol & Drug Services</i></p>		

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	<p><i>Division's clinical reporting requirements</i>, a review of all 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 consumers' 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>		

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	<p>The <i>OPMHCT Sub Team</i> has been allocated new consumers to clinically manage who present with complex needs.</p> <p>The <i>OPMHCT Sub Team</i> consults with the Parkinson's Disease Nurse Practitioner to assist with the management of challenging behaviours associated with Parkinson's Disease/ Dementia.</p> <p>The <i>OPMHCT Sub Team</i> consults with non government organisations to assist with the management of older persons with MI and complex care needs.</p>		
<p>6. Expand palliative care service by increasing FTEs for palliative care Nurse Practitioners, Nurses and Clinical Supervision at the 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>\$1.995 million over four years.</p> <p>Total expenditure for 2012-13 on this key deliverable is \$560,187</p>	<p>There are \$500,301 in remaining funds as a result of the delay in the employment of the two nurse practitioners in 2009-10 and 2010-11. This funding will be used for continuation of the positions in 2013-14.</p>

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	<p>An RN2 has been recruited at 0.63FTE, as part of the clinical nursing palliative care team at Canberra Hospital.</p> <p>Two allied health professional positions have been recruited to, totalling 1.5 FTE.</p> <p>Research with a topic on 'caregiver well-being' has been commenced.</p>		
<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>Fully expended.</p>	<p>The ACT is collecting and supplying data for Admitted Sub-acute and Non-acute Care to the Independent Hospital Pricing Authority and the Administrator of the National Health Funding Pool as per their respective data requirements.</p> <p>In early 2013 the ACT developed the ACT Data Integrity Strategy to improve data quality and standards including clinical data systems to the final datasets used to analyse and report on activity. The ACT has created and recruited to the position of Director of Information Integrity. The Director of Information Integrity will audit and support the ongoing improvement of data collections and standards used throughout the ACT Health Directorate.</p>

Changes in expenditures:

Key deliverable		Expenditure (\$)				remaining funding over four years (\$)
		2009-2010	2010-11	2011-12	2012-13	
4	previously reported	162,125	288,530	262,115	n/a	n/a
4	amended expenditure reported	167,250	390,342	426,426	602,734	35,248

Key deliverable		Expenditure (\$)				remaining funding over four years (\$)
		2009-2010	2010-11	2011-12	2012-13	
6	previously reported	28,316	327,137	413,568	n/a	n/a
6	amended expenditure reported	28,316	350,192	555,995	560,187	500,310*

*this funding is being spent in 2013-14 for the continuation of two nurse practitioner positions.

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

State/Territory:

Period:

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

Table 1: Activity by care type

	Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
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Patient days (volumes)

Admitted

	Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
Hospital based					
Hospital in the Home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted patient days	27810	6820	5605	306	40541

or Separations (patients)

Hospital based	2606	600	456	28	3690
Hospital-in-the-home					0
Combined Hospital based & HITH					0
Other (please specify)					0
Total admitted separations	2606	600	456	28	3690
Average length of stay	10.7	11.4	12.3	10.9	11.0
Total Bed Day Equivalents	27,810	6,820	5,605	306	40,541

Occurrences of service (volumes)

Non-admitted

Centre based					
Home based					
Combined Centre & Home based					
Other (please specify)					
Total occasions of service	27,773	10,967	3,583	14,974	57,297
Weighted Bed Day Equivalents	14,170	5,595	2,185	6,715	28,665

Episodes² (patients)

Centre based					
Home based					
Combined Centre & Home based					
Other (please specify)					
Total episodes	27,773	10,967	3,583	14,974	57,297
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 (2012-13)

WBDE Ratios

Growth percentages (2012-13)	Patient days	Occurrences of service		Total BDEs	Ratio
		Separations (BDEs)	(WBDEs)		
Services in baseline year 2007-08	43965		18,780	62745	Rehabilitation 1:1.9
Services in 2011-12	40509		27,529	68038	Palliative care 1:1.9
Targeted % increase	5%		5%	5%	GEM 1:1.6
Services in 2012-13	40,541		28,665	69206	Psychogeriatric 1:2.2
Service increase in 2012-13 compared to baseline	3,424		9,885	6461	
% increase in 2012-13 compared to baseline	-8%		53%	0	
Service increase in 2012-13 compared to 2011-12	32		1,136	1,168	
% increase in 2012-13 compared to 2011-12	0.08%		4.13%	1.72%	

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

Occurrences 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)

NOTES:

The ACT's subacute service provision activity growth has been impacted by factors external to items identified in the ACT implementation plan, such as professional recruitment constraints and revisions of the original subacute service provision baseline due to national and local changes to the counting and recording of subacute activity.