

## Australian Capital Territory (ACT) – First Progress Report against Subacute Care Implementation Plan

### ACT HEALTH

July – December 2009

Summary of Progress			
<p>The majority of initiatives presented under the ACT's Implementation Plan for the Subacute component of the National Partnership Agreement (NPA) on Hospital and Health Workforce Reform are funded by the ACT Government. This progress report presents summary of progress against initiatives funded by the Commonwealth.</p> <p>The subacute care reforms are generally progressing well without any major issues or concerns to report. Under both ACT Government and Commonwealth funded initiatives, the provision of subacute care services in the ACT is expected to increase by 5 per cent by June 2010. The ACT is well on the way to achieving its full year target for the period 2009-10.</p>			
Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p><b>1. Enhance equipment funding</b> for the Aged Care and Rehabilitation Service (ACRS) Equipment Loan Service to expand the range of equipment available to rehabilitation patients. This service is provided by ACRS at the Canberra Hospital.</p>	<p><b>Progress:</b> Existing stock is being assessed for replacement or enhancement.</p> <p><b>Timing:</b> Funding provided over four years and activities under this initiative will be implemented up to 2012-13.</p>	<p>\$ 726k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p> <p>Funding allocated for 2009-10 is expected to be fully acquitted in 2009-10.</p>	<p>Undertaking consultation with health professionals in relation to types of equipment required to enhance service provision to rehabilitation patients.</p>
<p><b>2. Rehabilitation Discharge Care Coordination Service.</b> This service covers the ACT region consisting of two skilled rehabilitation Registered Nurses whose role is to participate in the development of care plans for patients.</p>	<p><b>Progress:</b> The recruitment process for two Registered Nurses (full time equivalent) has been finalised.</p> <p><b>Timing:</b></p> <ul style="list-style-type: none"> <li>• Two RNs are expected to start during the first quarter of 2010.</li> <li>• Funding provided over four years</li> </ul>	<p>\$828k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p>	<p>The two RNs will undertake care coordination for rehabilitation patients.</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
	and activities under this initiative will be implemented up to 2012-13.		
<p><b>3. Disability Counsellor</b> – 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><b>Progress:</b> The recruitment process of a disability counsellor has been finalised. <b>Timing:</b></p> <ul style="list-style-type: none"> <li>• Successful applicant expected to start in early 2010.</li> <li>• Funding provided over four years and activities under this initiative will be implemented up to 2012-13.</li> </ul>	<p>\$440k over four years (out of total Rehabilitation funding of \$1.995 million over four years)</p>	
<p><b>4. Expanding Rapid Assessment of the Deteriorating Aged at Risk (RADAR) services</b> by increasing the capacity within the existing RADAR team by increasing FTEs. The services is provided to the whole ACT region.</p>	<p><b>Progress:</b> Recruitment processes have been finalised for:</p> <ul style="list-style-type: none"> <li>• a full-time registered nurse for RADAR service started in September 2009;</li> <li>• a full time occupational therapist with the successful applicant to start in February 2010; and</li> <li>• a geriatrician to increase medical support to the service.</li> </ul> <p><b>Timing:</b> Funding provided over four years and activities under this initiative will be implemented up to 2012-13.</p>	<p>\$1.622 million over four years</p>	

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p><b>5. Enhancement to existing services within the Older Persons Mental Health Service (OPMHS)</b> located at Calvary Public Hospital.</p>	<p><b>Progress:</b></p> <ul style="list-style-type: none"> <li>• More engagement with key stakeholders undertaken by the sub-team by attending monthly clinical meetings with Alzheimer's Association (<b>DBMAS</b>) and quarterly <b>ACT Respite Network Meetings</b>.</li> <li>• Three full time staff recruited and employed as a sub-team within the Community Team.</li> <li>• Completion of needs analysis of key stakeholders.</li> <li>• Interagency networking through formal meetings with the main agencies (DBMAS and ACT Respite Network).</li> <li>• Provision of rating scales and observation tools to service providers.</li> <li>• Establishment of formal fortnightly case reviews with residential care staff.</li> </ul> <p><b>Timing:</b> By September 2009 the sub team members had been successfully recruited.</p>	<p>\$1.276 million over four years</p>	<ul style="list-style-type: none"> <li>• The sub-team comprises one Social Worker, one Registered Nurse and one Enrolled Nurse</li> <li>• Monthly clinical meetings with DBMAS are to provide clear treatment and care plans in co-management of identified target group.</li> <li>• Quarterly <b>ACT Respite Network Meetings</b> are to disseminate current updated information on established and newly created services.</li> <li>• The outcomes of need analysis from the key stakeholders indicated requests for enhanced support with complex needs and challenging behaviours in a more coordinated manner.</li> <li>• The interagency networking was to: <ul style="list-style-type: none"> <li>- obtain best outcomes for consumers, maximising resources available and eliminating duplication of service delivery; and</li> <li>- establish educational support to residential care staff to allow greater competency in providing optimal care for clients.</li> </ul> </li> </ul>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
			<ul style="list-style-type: none"> <li>• Rating scales and observation tools are to enable closer monitoring and feedback for more accurate assessment of current presentations to achieve better treatment and outcomes</li> <li>• Fortnightly case reviews are to enhance staff knowledge on the management and care of the target group.</li> </ul>
<p><b>6. Expand palliative care service</b> by increasing FTEs for palliative care Nurse Practitioners, Nurses and Clinical Supervision at the Canberra Hospital.</p>	<p><b>Progress &amp; Timing:</b></p> <ul style="list-style-type: none"> <li>• Palliative Services Model of Care is being developed. It is expected to be completed by June 2010.</li> <li>• Recruitment for the Health Care Professionals positions for psychosocial support and increased palliative care nursing capacity is expected to be completed by June 2010.</li> <li>• <i>An Application for Establishment of a New Nurse Practitioner Position</i> for recruitment of two Nurse Practitioners is currently being drafted.</li> <li>• Recruitment to part time palliative care RN to be finalised during the first quarter of 2010.</li> </ul>	<p>\$1.995 million over four years</p>	<p>The development of Palliative Services Model of Care is to determine how to best utilise additional health care professionals, ensure effective clinical supervision and improve provision of services in the ACT and region. It is undertaken jointly by the Capital Region Cancer Service and Clare Holland House. The Model of Care is being incorporated into the <i>Application for Establishment of a New Nurse Practitioner Position</i> and it must be completed before new staff are recruited to make sure resources are efficiently utilised and long term benefits delivered.</p>

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
<p><b>7. Improvement in data collection and standards</b> throughout ACT Health.</p>	<p><b>Progress:</b> Development of a Project Brief is underway.</p> <p><b>Timing:</b> Funding provided over four years and activities under this initiative will be implemented up to 2012-13.</p>	<p>\$0.448 million over four years</p>	<p>Changes to data development and data definition within the Subacute Care component of the NPA will also be considered under this funding arrangement.</p>

Growth in subacute care services, July – December 2009					
Year	Patient type	Admitted	Non-admitted	Combined	Additional Comments
	Unit of measure for services	<i>Patient days</i>	<i>OOS</i>	<i>Bed-day equivalents<sup>(2)</sup></i>	
July-Dec 2009	Baseline data <sup>(1)</sup>	21,982	12,526	28,575	Based on ACT's Implementation Plan, the 2007-08 baseline data presented here is half of full year patient days, OOS and bed day equivalents. ACT will be reviewing its baseline data and methodology used in calculating bed day equivalents based on more recent information available and agreed national methodology for calculating growth and bed-day equivalents.  During the period July to December 2009, the ACT has achieved its full year growth target.
	Targeted growth for 2009-10 <sup>(3)</sup>	1,319	2,923	2,858	
	Growth in July-Dec 2009	2,324	5,563	5,252	

(1) Based on 2007-08 data for the 6 month report.

(2) Bed-day equivalent estimated on the basis that 1 admitted patient day is equivalent to 1.9 non-admitted occasions of service.

(3) As specified in the implementation plan for each State and Territory.