



**NATIONAL PARTNERSHIP AGREEMENT  
ON HOSPITAL AND HEALTH  
WORKFORCE REFORM**

**NSW Subacute Care Implementation Plan**

**Annual Report  
July 2009 to June 2010**

# NSW Subacute Care Implementation Plan

## Report for the period July 2009 to June 2010

### Executive Summary

Under the National Partnership Agreement, NSW received \$165.652m to enhance subacute care service delivery over the period 2009-10 to 2012-13.

In developing its Implementation Plan, NSW Health took account of the timeframes required to plan, develop and implement service enhancements, as well as the need to provide a sustainable funding base for the year on year growth required under the NPA.

For the year 2009-10, \$17.9m was allocated to the eight Area Health Services, the Children's Hospital at Westmead and the NSW Department of Health. NSW Health<sup>1</sup> has had some notable successes for the first year of the four-year implementation plan in subacute care service delivery.

Activities in this report focus on the goals achieved during the first year of implementation:

- Establishment of governance arrangements, for example Area-wide or care type-specific oversight/advisory committees
- Enhancing and refining models of care and clinical pathways
- Improving the integration of care across services and developing appropriate systems for delivery of continuity of care models
- Increases in subacute care service delivery and addressing gaps in service provision
- Recruitment to medical, nursing and allied health positions, and other administrative positions including data management
- Reviewing and refining data collection and management practices

New services have commenced in a number of areas, predominantly in metropolitan areas but also notably in many regional centres. Recruitment to some positions, particularly specialist positions, in rural NSW has been challenging. Rural Area Health Services are continuing to identify alternative methods for recruitment to subacute care positions.

At the regional level there has been a difference in emphasis on setting of care and care-type, while at the state-wide level, the proportion of activity in admitted and non-admitted settings, as measured in bedday equivalents remains steady. In 2007-08 approximately 77% of activity was in the admitted setting. In 2009-10 it was approximately 78%.

Rehabilitation services continue to represent the majority of beddays (72%), separations (66%) and combined bedday equivalents (about 65%). For non-admitted occasions of service, rehabilitation, palliative care and GEM accounted for 37%, 33% and 27% respectively.

A first year target was not set by NSW Health in its Implementation Plan, rather a 10% target over two years, 2009-10 to 2011-12. NSW has achieved this target in 2009-10. We are pleased to report that patient days increased by 16.2% and occasions of service by 8.25%. Applying NSW's conversion method to the data, NSW achieved a 14.4% growth over baseline across both settings of care.

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<sup>1</sup> NSW Health is the collective term for the NSW Department of Health, the 8 Area Health Services, the Children's Hospital at Westmead and other public health organisations such as the Ambulance Service of NSW.

Improved data collection has contributed to this strong growth however, as section 1 indicates, there has been significant effort invested in improving service access.

This report is divided into two sections:

### **Section 1**

This section includes the report on progress with implementation of the subacute care initiative in NSW in 2009-10. Progress is reported by care type, with commentary on activity undertaken in individual Area Health Services.

### **Section 2**

The section provides the data on service activity and growth in 2009-10 compared to the baseline (2007-08).

## Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
<b>Rehabilitation</b>	<ul style="list-style-type: none"> <li>• Therapy intensity in inpatient rehabilitation facilities increased throughout SESIAHS.</li> <li>• Increased the expansion/enhancement of outpatient rehabilitation services across SESIAHS.</li> <li>• Establishment of a new service to address gaps in rehabilitation across HNEAHS, including medical support for rehabilitation services and a multidisciplinary community rehabilitation team.</li> <li>• Recruitment of an Occupational Therapist which has reduced the waiting times for clients in HNEAHS.</li> <li>• Paediatric rehabilitation service established in Newcastle (HNEAHS).</li> <li>• Part-time staff specialist and part-time physiotherapist employed at Children’s Hospital Westmead to enhance hospital based services for children with cerebral palsy.</li> <li>• Fairfield Hospital (SSWAHS) opened 12 subacute care beds which are networked with Liverpool Hospital.</li> <li>• SSWAHS has improved continuity of care for young adults with complex disabilities by increasing support for transition of children and adults in specialist unit to adult support services. A CNC and a Staff Specialist Rehabilitation as well as Allied Health staff have been recruited.</li> </ul>
<b>Palliative Care</b>	<ul style="list-style-type: none"> <li>• Southern Hospital Network has enhanced its subacute care medical workforce in Illawarra (SESAHS)</li> <li>• Central Hospital Network has provided support and education to residential aged care facilities in SESIAHS.</li> <li>• HNEAHS has extended palliative care support to outlying areas in Hawks Nest, Bulahdelah and Gloucester.</li> <li>• HNEAHS has established an Aboriginal Health Education Officer position to provide information and education on palliative care to Aboriginal communities across the Hunter New England region.</li> <li>• A paediatric palliative care staff specialist has been employed at John Hunter Hospital as well as dedicated paediatric palliative care CNC, Social Worker and administrative positions.</li> <li>• Outreach clinics for paediatric palliative care have been established at Taree, Tamworth and Narrabri (HNEAHS).</li> <li>• Canterbury Hospital (SSWAHS) has expanded palliative care unit by 6 beds to improve inpatient care, patient outcomes, quality of care and continuity of service provision.</li> <li>• The 1300 After Hours Patient Support number for Palliative Care patients has been extended to Inner West patients. Benefits include earlier intervention, providing immediate advice and reduced admissions to the Palliative Care Unit in Canterbury Hospital (SSWAHS).</li> <li>• Camden Hospital (SSWAHS) established a Day Hospital/Therapy Centre in April 2010. Benefits include patients receiving palliative care treatments at home where appropriate, improved quality of care and continuity of care, and reduced inpatient admissions resulting in the Hospital’s increased efficiency in treatment times.</li> </ul>

## Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
	<ul style="list-style-type: none"> <li>• Recruitment of Nurse Practitioner in Queanbeyan (GSAHS) to commence in early 2011, with a Palliative Care Program Coordinator already engaged.</li> <li>• GWAHS has recruited 1 FTE Palliative Care Occupational Therapist for the region.</li> <li>• NCAHS recruitment of FTE staff to provide inpatient / community palliative care services in the Richmond Network</li> </ul>
<b>Geriatric Management (GEM)</b>	<ul style="list-style-type: none"> <li>• Southern Hospital Network has expanded its GEM outpatient aged care clinics in Illawarra and Shoalhaven (SESIAHS).</li> <li>• War Memorial Hospital Waverley has implemented a new GEM outreach service (SESIAHS).</li> <li>• Bankstown Day Hospital (SSWAHS) is now offering multidisciplinary outpatient/day hospital services, improving the access of GEM patients across the LGA.</li> <li>• Long Jetty and Woy Woy Hospitals (NSCCAHS) have implemented the first stage of a GEM Model of Care program by recruiting medical and allied health staff.</li> <li>• Ryde Hospital (NSCCAHS) developed an In-Reach Nursing service during 2009/10.</li> <li>• GWAHS has recruited a Geriatrician/Rehabilitation Physician to enhance GEM services.</li> <li>• GWAHS has recruited a 0.5 FTE Dietician for the Integrated Geriatric and Rehabilitation Clinical Network.</li> <li>• NCAHS was successful in gaining funding for Specialist Training Program (advanced trainee in geriatric medicine) co-located at the Port Macquarie and Lismore Base Hospitals. The positions will work in the GEM units and add to the clinical / capacity building of the existing workforce.</li> <li>• NCAHS established GEM beds and recruited FTE staff to provide inpatient subacute care services at Lismore and Port Macquarie Base Hospitals.</li> </ul>
<b>Psychogeriatric Care</b>	<ul style="list-style-type: none"> <li>• SESIAHS enhanced its Specialist Mental Health Services for Older People at St Vincent's, Prince of Wales and St George Hospitals through recruitment of CNC and Clinical Psychologist positions.</li> <li>• Central Coast Health Service (NSCCAHS) recruited nursing, medical and administration staff as part of its ASET Outreach/GRACE program. It also increased its communication and education program for RACFs, GPs and health services involved in implementing this program.</li> <li>• NCAHS established psychogeriatric beds and recruited FTE staff for inpatient subacute care services at Lismore and Port Macquarie Base Hospitals. Some difficulty faced in recruitment of the specialist psychogeriatric Nurse Practitioner position.</li> </ul>
<b>Service Development Support</b>	<ul style="list-style-type: none"> <li>• SESIAHS has appointed a Project Manager for 6 months to oversee the implementation of enhanced subacute care data collection across South Eastern Sydney and an Information Officer to improve reporting, data collection and quality control.</li> </ul>

## Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
	<ul style="list-style-type: none"> <li>• HNEAHS has appointed a Data Quality Coordinator to increase management support and improve data entry compliance, reporting and standardisation across the area.</li> <li>• SWAHS has appointed a Subacute Care Data Coordinator to improve accuracy in reporting.</li> <li>• GSAHS is developing a training package for refined clinical data definitions, to be used in training all community health sites and to appoint 'super users' to improve accuracy of data recording.</li> <li>• GWAHS has enhanced its delivery of Telehealth and outreach education services for Orange/Bathurst.</li> <li>• GWAHS is continuing to progress its development of the Allied Health Assistant Subacute Care Certificate IV traineeship program, with recruitment of 5 FTE trainees at Parkes, Cowra, Canowindra and Molong Health Services recently completed.</li> <li>• The Children's Hospital at Westmead has undertaken a review of the data capture solution in addition to Patient Journey Mapping to understand patient activity.</li> <li>• The Children's Hospital Westmead has employed a Subacute Care Project Officer and a Subacute Care Project Analyst to facilitate subacute care project planning, coordination, and data requirements.</li> <li>• NCAHS has employed a Subacute Care Data Project Officer and Project Manager to implement its Data Improvement Strategy.</li> <li>• Data quality and reporting support enhanced through IT upgrades, recruitment and improved reporting processes across GWAHS.</li> <li>• The NSW Department of Health has upgraded the Department of Health Reporting System (DOHRS) for community based services to a web-based application. It continues to support AHS data coordinators through training workshops.</li> <li>• The NSW Department of Health continues to be actively involved in national subacute care activities including the Subacute Care Working Group, and Non-Admitted NMDS Working Group, the related workstreams of Activity Base Funding and the development of benchmarks for subacute care.</li> <li>• The NSW Department of Health has updated the NSW projection tool for admitted subacute care (SiAM).</li> </ul>

### Key:

GSAHS	Greater Southern Area Health Service	NSCCAHS	Northern Sydney Central Coast Area Health Service
GWAHS	Greater Western Area Health Service	SESAHS	South Eastern Sydney Illawarra Area Health Service
HNEAHS	Hunter New England Area Health Service	SWAHS	Sydney West Area Health Service
NCAHS	North Coast Area Health Service	SSWAHS	Sydney South West Area Health Service

## Section 2: Annual growth in subacute care services across NSW

1 July 2009 to 30 June 2010

### Subacute care annual service activity and growth report

State/Territory: **New South Wales**

Period: 2009/10

**Table 1: Activity by care type**

	Rehabilitation	Palliative	GEM <sup>1</sup>	Psycho - geriatric	Totals
<b>Patient days (volumes)</b>					
<b>Admitted</b>					
Hospital based	448,831	115,812	38,441	16,332	619,416
Hospital in the Home					
Combined Hospital based & HITH					
Other (please specify)					
<i>Total admitted patient days</i>	448,831	115,812	38,441	16,332	619,416
<b>Separations (patients)</b>					
Hospital based	28,907	10,469	3,692	579	43,647
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
<i>Total admitted separations</i>	28,907	10,469	3,692	579	43,647
Average length of stay					
<i>Total Bed Day Equivalents</i>					
<b>Occasions of service (volumes)</b>					
<b>Non-admitted</b>					
Centre based	435,050	327,127	282,321	37,431	1,081,929
Home based	37,806	112,832	62,479	1,492	214,609
Combined Centre & Home based					
Other (please specify)	61,871	32,948	49,803	5,530	150,152
<i>Total occasions of service</i>	534,727	472,907	394,603	44,453	1,446,690
<i>Weighted Bed Day Equivalents</i>	63,582	56,231	46,921	5,286	172,020

<sup>1</sup> Geriatric Evaluation and Management

**Table 2: Growth percentages (2009-10)**

**WBDE Ratios**

Growth percentages (2009-10)	Patient days	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs	WBDE Ratios	
						Ratio
Baseline	533,138		158,907	692,045	Rehabilitation	8.41
Targeted % increase	-		-	-	Palliative care	8.41
Services in 2009-10	619,416		172,020	791,436	GEM	8.41
Increase in 2009-10	86,278		13,113	99,391	Psychogeriatric	8.41
% increase	16.2%		8.25%	14.4%		

**Notes:**

- NSW’s methodology calculated a weighted (across all 4 care types) bedday cost then applied an average price of a NAPOOS to that weighted bedday cost. Hence the WBDE ratio is the same for all care types (8.41).

**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)