



NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM

NSW Subacute Care Implementation Plan

**Annual Report
July 2010 to June 2011**

(prepared December 2011)

NSW Subacute Care Implementation Plan

Report for the period July 2010 to June 2011

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 2010-11, \$31.17m was allocated to the 15 Local Health Districts (LHDs), the Sydney Children's Hospitals Network, the St Vincent's Health Network and the NSW Ministry of Health. NSW Health¹ has had some notable successes for the second year of the four-year implementation plan in subacute care service delivery.

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

- Enhancement of existing subacute care services across NSW
- 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

NSW Health, in its 2009 Implementation Plan, set itself a 10% growth target over the first two years, 2009-10 to 2010-11. NSW has exceeded this target in 2010-11, with a recorded growth in activity across admitted and non-admitted settings of 24.9% over the baseline year of 2007-08. After accounting for bed days associated with the new subacute beds opened in 2010-11 under the National Partnership Agreement on Improving Public Hospital Services, the growth in activity over baseline is 22.6%. These results are explained in more detail in Table 2.

NSW has also applied its own methodology to measure growth across multiple years to take account of the declining average length of stay for subacute care. This method holds the average length of stay constant across the period of reporting. Under this methodology, NSW has achieved a 27.8% growth over baseline across both settings of care, after accounting for activity attributable to the National Partnership Agreement on Improving Public Hospital Services.

Among the four care types, rehabilitation services continue to represent the majority of bed days (69%) and separations (64%). Rehabilitation, palliative care and GEM accounted for 37%, 31% and 29% respectively of the non-admitted occasions of service.

Services continue to expand in a number of areas, predominantly metropolitan but also notably in many regional centres. As with last year, recruitment to some positions, particularly specialist positions, in rural NSW has been challenging. Outer metropolitan areas have also identified difficulties in recruiting staff to key frontline positions.

¹ NSW Health is the collective term for the NSW Ministry of Health, the 15 Local Health Districts, the Sydney Children's Hospital Network, the St Vincent's Health Network and other public health organisations such as the Ambulance Service of NSW.

It is noted that implementation of the NPA has continued in a changing health reform environment which has had an impact on NSW health services, particularly the establishment of 15 Local Health Districts and two specialty networks to replace the eight Area Health Services. The full implications of these changes are still being examined and clarified.

It is also noted that NSW has amended the baseline figures used in these reports to reflect the following changes:

- Due to the establishment of Albury Wodonga Health, and the consequential changes in funding for Albury Base Hospital and Albury Mercy Care, activity data relating to admitted patient services has been removed from the baseline, resulting in a new baseline (for admitted activity) of 520,625 patient days (or equivalent).
- Improvements in data processes (including coding to care type) have resulted in a more reliable data collection. As a result, 2007-08 (baseline year) and 2009-10 data have been re-extracted with the same inclusions and exclusions as the 2010-2011 data. This has had no impact on the baseline reported in Section 2, while some changes have been noted in 2009/2010 data related to SNAP designated units (as reported in Section 3, performance indicators C18 and C20).

This report is divided into three sections:

Section 1

This section includes the report on progress with implementation of the subacute care initiative in NSW in 2010-11. Progress is reported by care type, with commentary on activity undertaken in Local Health Districts.

Section 2

The section provides the data on service activity and growth in 2010-11 compared to the baseline (2007-08).

Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
Rehabilitation	<ul style="list-style-type: none"> • Virtual Aged Care community based rehabilitation program established in NBMLHD which has resulted in approximately 40% reduction in nursing home patients presenting to the Emergency Department. • NBMLHD has established a Mobile Rehabilitation Team, which operates in both inpatient and outpatient care settings. • Multidisciplinary Polytrauma Rehabilitation Service established in HNELHD and available for clients. Extensive service promotion has been undertaken with potential referrers and clients of the PTRS. Feedback from clients and referrers has been very positive. • SWLHD has opened an ambulatory and outreach Stroke rehabilitation program based in Blacktown Hospital. • HomeFirst home-based rehabilitation service model has been implemented in NBMLHD and WSLHD supporting the early discharge of patients. • Department of Rehabilitation Medicine established for North Shore Ryde Health Service (NSLHD) resulting in the review and streamlining of referral processes. • Roll-out of ambulatory rehabilitation services for young people with complex disabilities continues in all LGAs of the former Sydney South West Area Service (SLHD, SWSLHD) with occupational therapist and physiotherapist recruited. Marketing campaign implemented. • Rehabilitation services enhanced at Sacred Heart Hospice (SVHN). • Children’s Hospital Westmead (SCHN) has enhanced hospital based services for children with cerebral palsy. • Hub and Spoke model of rehabilitation service delivery currently in development in MLHD. • Multidisciplinary rehabilitation services enhanced in the Orange area through employment of physicians and allied health staff (WNLHD).
Palliative Care	<ul style="list-style-type: none"> • Palliative Care services in the North Shore Ryde (NSLHD) area have been enhanced through the funding of two palliative care advanced registrar training places. • Palliative Care Outreach services enhanced in Sacred Heart Hospice (SVHN) – services include social work, occupational therapy, physiotherapy, speech pathology and liaison psychiatry. • Palliative Care Outreach services now available in Sydney south east region (SESLHD). • HNEAHS has extended palliative care services and support through the employment of a palliative care consultancy at John Hunter Hospital and a Palliative Care specialist at Calvary Mater Hospital. • 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. • Paediatric Palliative Care service was officially launched at John Hunter Hospital in August 2010. This Service provides consultative paediatric palliative care support for northern and north-western New South Wales. • Blacktown Hospital (SWLHD) has established a palliative care outreach program improving access for patients requiring palliative care in the Western Sydney region. • Palliative care services in the Central Coast area have been enhanced

Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
	<p>through the recruitment of a social worker, occupational therapist, bereavement counsellor and palliative care nursing staff (CCLHD).</p> <ul style="list-style-type: none"> • Staff appointed to extend the days of operation at Braeside Day Hospital (SWSLHD). • Palliative Care services in MLHD enhanced through the provision of clinical support to smaller sites. The Palliative Care Nurse Practitioner in Wagga Wagga provides consultancy and support service within the Riverina region. • Multidisciplinary palliative care services enhanced in the Orange area through employment of allied health staff (WNLHD).
Geriatric Management (GEM)	<ul style="list-style-type: none"> • NSLHD has enhanced GEM services in the Northern Beaches and North Shore/Ryde areas through the provision of an Aged Care Rapid Response Outreach/In-reach model. • Blacktown Hospital (SWLHD) is now offering multidisciplinary outpatient/day hospital services including care coordination program for residents of Aged Care Facilities (ACFOR), improving access for GEM patients across the LGA. • Bankstown Day Hospital ambulatory GEM service has been expanded to include falls prevention, carer support and geriatrics clinics (SWSLHD). • A multidisciplinary model of care has been extended to include aged people in Wyong Hospital and Gosford Hospital (CCLHD). • Aged Care Clinics established at Calvary Hospital and Prince of Wales Hospital (SESLHD). • St Joseph's Hospital (SVHN) is increasing GEM services within current hospital infrastructure and developing new models of care for patients. • Day Hospital and Home Therapy services now available for patients in the Bowral and Wingecarribee LGAs (SWSLHD). • Multidisciplinary GEM services enhanced in the Orange area through employment of physicians and allied health staff (WNLHD).
Psychogeriatric Care	<ul style="list-style-type: none"> • Neuropsychology services enhanced for aged persons in both inpatient and outpatient settings at Hornsby Hospital (NSLHD). • Psychogeriatrics partnership between Aged Care Services within Hornsby and Ryde Hospitals and Specialist Mental Health Services for Older People (SMHSOP) which provides services to inpatients and outpatients at both Hornsby and Ryde hospitals and supports medical and nursing staff in the management of patients requiring psychogeriatric assessment. This initiative fills an identified gap in service provision and facilitates timely and appropriate assessment of older people with a mental illness, behavioural and psychological symptoms of dementia and delirium and chronic medical issues. • St Joseph's Hospital (SVHN) is increasing psychogeriatric services within current hospital infrastructure and developing new models of care for patients. • Planning is complete for the construction of a GEM/Psychogeriatric Unit at Port Macquarie Base Hospital (MNCLHD). • HNE has employed a Dementia Support Worker co-located within the Integrated Aged Care Team and based at Tamworth Community Health Centre.

Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
Service Development Support	<ul style="list-style-type: none"> Enhancement of telehealth and outreach education for Orange/Bathurst hub and spoke health services sites (WNLHD).
	<ul style="list-style-type: none"> Implementation of IT equipment and other infrastructure to support the provision of subacute care services through the Hub and Spoke model provided in the WNLHD is ongoing.
	<ul style="list-style-type: none"> SWAHS has appointed a temporary Subacute Care Data Coordinator to improve the quality and comprehensiveness of data.
	<ul style="list-style-type: none"> Children’s Hospital Westmead data development includes reviewing service type categories for Paediatric Sub Acute services; ongoing discussions with AROC regarding the development of paediatric impairment codes; and ongoing discussions with PCOC regarding the development of a Paediatric Palliative Care Resource Utilisation Tool.
	<ul style="list-style-type: none"> Data quality coordinator positions continue in many LHDs.
	<ul style="list-style-type: none"> The NSW Ministry of Health continues to be actively involved in the relevant work-streams of Activity Based Funding.

Key:

CCLHD	Central Coast Local Health District	FWLHD	Far West Local Health District
HNELHD	Hunter New England Local Health District	ISLHD	Illawarra Shoalhaven Local Health District
MNCLHD	Mid North Coast Local Health District	MLHD	Murrumbidgee Local Health District
NBMLHD	Nepean Blue Mountains Local Health District	NNLHD	Northern NSW Local Health District
NSLHD	Northern Sydney Local Health District	SCHN	Sydney Children’s Hospitals Network
SESLHD	South Eastern Sydney Local Health District	SNLHD	Southern New South Wales Local Health District
SWSLHD	South Western Sydney Local Health District	SVHN	St Vincent’s Health Network
SLHD	Sydney Local Health District	WNLHD	Western NSW Local Health District
WSLHD	Western Sydney Local Health District		

**Section 2: Annual growth in subacute care services across NSW
1 July 2010 to 30 June 2011**

Subacute care annual service activity and growth report

State/Territory: **New South Wales**

Period: 2010/11

Table 1: Activity by care type

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

Admitted

Hospital based	464,832	121,440	68,914	17,246	672,432
Hospital in the Home					
Combined Hospital based & HITH					
Other (please specify)					
<i>Total admitted patient days</i>	464,832	121,440	68,914	17,246	672,432

Separations (patients)

Hospital based	30,129	10,873	5,523	635	47,160
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
<i>Total admitted separations</i>					
Average length of stay					
<i>Total Bed Day Equivalent</i>	452,236	163,204	82,900	9,531	707,872

Occasions of service (volumes)²

Non-admitted

Centre based	428,214	347,494	347,565	42,105	1,165,379
Home based	99,294	98,008	64,285	633	262,220
Combined Centre & Home based					
Other (please specify)	18,746	14,728	14,562	912	48,948
<i>Total occasions of service</i>	546,254	460,230	426,412	43,650	1,476,547
<i>Weighted Bed Day Equivalent</i>	64,953	54,724	50,703	5,190	175,570

¹ Geriatric Evaluation and Management

Table 2: Growth percentages (2010-11)

Growth percentages (2010-11)	Patient days	Separations (as BDEs)	Occasions of service (as WBDEs)	Total (BDE)
	A	B	C	D
Baseline	520,625	520,625	158,423	679,048
Targeted % increase				
Services in 2010-11	672,432	707,872	175,570	848,002
Increase in 2010-11	151,807	187,247	17,147	168,954
% increase	29.16	35.97	10.82	24.88
Activity attributed to NPA-IPHS				15,324
Activity attributed to NPA-HHWR*				153,630
% increase attributed to NPA-HHWR*				22.62

WBDE Ratios

	Ratio
Rehabilitation	8.41
Palliative care	8.41
GEM	8.41
Psychogeriatric	8.41

Notes:

1. In this table NSW is using actual bed days and occasions of service converted to a WBDE to calculate the total BDE and growth (A+C=D).
2. Occasions of service are converted to WBDE at 8.41:1.
3. In 2010-11 a number of beds were opened under NPA IPHS. The bed days associated with these beds are included in the table. After accounting for this activity, NSW achieved a 22.6% growth in subacute care activity over the baseline year. While the table indicates that this growth is attributable to NPA-HHWR, this is not strictly correct as NSW Health also contributes funding to achieve growth in subacute care services.
4. NSW has previously identified and applied a slightly different methodology which allows the 2007-08 average length of stay to be applied in subsequent years to separations. This methodology takes account of the current observed trend to shorter average lengths of stay. Applying this methodology in 2010-2011 (B+C=D), NSW has achieved growth of 27.8%, after accounting for activity associated with NPA-IPHS.

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 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 Equivalent (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 ($\$1000/\$250 = 4$)

Total Day Equivalents (DE)

The total day equivalent is calculated by adding the total admitted patient days to the weighted bed day equivalent used to measure non admitted patient activity.

Bed Day Equivalent (BDE)

The BDE is calculated by applying an average length of stay of 15.01 (as calculated during the baseline year) to the total number of separations. This methodology is included in the NSW Implementation Plan.