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

**NSW Subacute Care Implementation Plan**

**Final Annual Report**

**July 2011 to June 2012**

**(revised December 2012)**

**NSW Subacute Care Implementation Plan**

**Report for the period July 2011 to June 2012**

**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.

Each AHS/LHD made its own investment decisions across the subacute care types (rehabilitation, palliative care, geriatric evaluation and management, and psychogeriatric care).

The quantum of services (bed days and/or separations and/or NAPOOS) delivered by NSW Health[[1]](#footnote-1) was required to increase by 20% (over baseline) by June 2013, distributed across AHS/LHDs. The target set for NSW was growth of approximately 138,000 bed day equivalents by 2012/13

The Ministry cashflowed allocations to AHSs/LHDs to enable cumulative growth targets to be met: $18m in 2009/10, $34m in 2010/11, $49m in 2011/12 and $64.5m in 2012/13.

The Commonwealth funding was insufficient to fund this level of growth. The Ministry therefore took account of underlying growth in service provision (in 2007/08 estimated at about 2% per annum) and revenue generated from private and compensable patients to meet total estimated costs.

The actual cost of subacute activity in NSW for 2011/12 was $691.3m[[2]](#footnote-2). In 2011/12, the increase in activity (134,235 Bed Day Equivalents (BDEs) at cost of $850 per BDE) since 2007/08 cost NSW approximately $114m pa. 43% of this cost was met by funding of $49m in 2011/12 under the NPA-HHWR.

Among the four care types, rehabilitation services continue to represent the majority of bed days (69%) and separations (62.5%). Rehabilitation, palliative care and GEM accounted for 36%, 27% and 34% respectively of the non-admitted occasions of service.

NSW Health has had some notable successes in 2011 – 12, the third year of the four-year implementation plan in subacute care delivery. It must be noted that the implementation of the NPA has continued in a challenging health reform environment which has had an impact on NSW health services, particularly the establishment of the 15 Local Health Districts and 2 separate speciality networks.

Activities in this report focus on the goals achieved during the third 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 15% growth target over the first three years 2009-10 to 2011-12. NSW has exceeded this growth target in 2011-12, with a reported growth in activity across admitted and non-admitted setting of 19.8% over the baseline year of 2007-8. This is the net increase in growth accounting for bed days associated with the subacute beds opened in 2011-12 under the National Partnership Agreement on Improving Public Hospital Services. These results are explained in more detail in Table 2A. This methodology does not reflect the decline in Average Length of Stay (ALOS) and the subsequent increase in numbers of patients seen by services – each requiring comprehensive assessment at commencement of their stay.

NSW has also applied its own methodology, outlined in our approved 2009 Implementation Plan, to measure growth across multiple years to take account of the declining ALOS for subacute care. This method holds the ALOS constant across the period of reporting (Table 2B).

Due to increased efficiency, the ALOS in NSW has declined from 15.01 days to 13.24 days since 2007/08. Adjusting the calculation to account for this efficiency shows that subacute care activity has increased by 32.6% compared to baseline rather than 19.8% - admitted activity as adjusted separations has increased by 41.3% against baseline rather than 24.6%, after accounting for activity attributable to the National Partnership Agreement on Improving Public Hospital Services. Non-admitted activity has increased by 30.7% since 2007/08.

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 2011-12. Progress is reported by care type, with commentary on activity undertaken in individual Local Health Districts.

**Section 2**

This section provides the data on the service activity and growth in 2011-12 compared to the baseline 2007-08 and 2010-11.

| **Section 1: Report on progress with implementation** | |
| --- | --- |
| **Key deliverables** | **Progress and timing – significant achievements** |
| **Rehabilitation** | * SESLHD established a partnership agreement with St Vincent’s Hospital for rehab in the home in March 2012 and expanded the rehabilitation service at the Sutherland Hospital. |
| * WSLHD Stroke Outreach Service was established in June 2011 with the development of a multi-disciplinary team throughout the year to establish protocols, procedures and establish therapy services. |
| * NBMLHD has established a Virtual Aged Care community based rehabilitation program leading to a reduction in residents of aged care facilities presenting to Emergency Departments. |
| * NBMLHD has established an Assessment and Rehabilitation Outreach and Outpatient Program (AROOP) focussing on older people with mental illness. |
| * NSLHD has established an Early Support Discharge Stroke program; a coordinated early supported discharge program for stroke patients in Royal North Shore Hospital for the NSLHD. |
| * NSLHD commenced a Renal Rehabilitation Program to target patients receiving renal dialysis with rehabilitation goals in line with the NSW Rehabilitation Model of Care. |
| * MLHD is undergoing a review of Rehabilitation and Aged Care services. The purpose is to develop and implement a District Clinical Services Plan to combine and improve Rehabilitation and Aged Care services across the district. |
| * WNSWLHD have recruited additional Occupational and Physical Therapy positions. |
| * SVHN commenced Sacred Heart/Prince of Wales Rehabilitation in the Home in mid 2012. |
| * ISLHD has established a Day Rehabilitation program at Port Kembla Hospital and Acute Care Rehabilitation (ART) at Shoalhaven Hospital. |
| * FWLHD has begun construction on a subacute care rehabilitation unit in Broken Hill |
| * NBMLHD has established a Mobile Rehabilitation Team (MRT), integrating rehabilitation with acute care, providing both inpatient and outpatient care. |
| **Palliative Care** | * ISLHD has established community multidisciplinary care teams in both the Illawarra and Shoalhaven regions |
| * SNSWLHD has demonstrated increases in non-admitted activity in both rehabilitation and palliative care. |
| * WNSWLHD has increased Occupational Therapy at Lachlan Health Service and Social Work and Central West Cancer Services, Orange. |
| **Geriatric Management (GEM)** | * WSLHD has established an outreach / care coordination program for residents of Aged Care Residential Facilities from Blacktown Hospital. Staffing has been in place since late 2011 providing a case management service to residents of aged care facilities in the Blacktown LGA. |
| * SESLHD has established a geriatric flying squad service at the Sutherland Hospital and St George Hospital. |
| * NNSWLHD is at project design stage to increase GEM unit beds. |
| * MNCLHD has capital works underway to develop additional GEM / Psychogeriatric unit beds at Port Macquarie Base Hospital. |
| **Psychogeriatric Care** | * SVN has opened additional assessment beds. |
| * FWLHD has completed the planning stage of a Mental Health Unit in Broken Hill with clinical staffing profiles created in readiness for recruitment of staff for the unit. |
| **Service Development Support** | * NBMLHD has recruited to an Area Data Quality and Reporting Program position. |
| * SESLHD has recruited a Subacute Health Information Officer. |
| * SESLHD has recruited allied health data project and subacute data officers. |
| * WSLHD has finalised recruitment to a position to support data quality. |
| * NNSWLHD has a Subacute Care Data Officer in place and Site Support for Subacute Care, supporting identification / categorising subacute care patients. |
| * HNELHD has conducted Subacute Data Quality workshops in Tamworth and Maitland Hospitals and Mehi Cluster (Primary and Community Health) with further planned to improve reporting. |

**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 2011 to 30 June 2012**

***Subacute care annual service activity and growth report***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State/Territory: | ***New South Wales*** | | |  |  |
|  |  |  |  |  |  |
| Period: | 2011/12 | | |  |  |
|  |  |  |  |  |  |
|  | **Table 1: Activity by care type** | | | |  |
|  | Rehabilitation | Palliative | GEM1 | Psycho - geriatric | Totals |
| **Patient days**  **(volumes)** | ***Admitted*** | | | | |
| Hospital based | 446,978 | 129,336 | 67,240 | 5,299 | 648,853 |
| Hospital in the Home |  |  |  |  |  |
| Combined Hospital based & HITH |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| *Total admitted patient days* | 446,978 | 129,336 | 67,240 | 5,299 | 648,853 |
| **Separations**  **(patients)** |  |  |  |  |  |
| Hospital based | 30,632 | 12,228 | 5,771 | 384 | 49,015 |
| Hospital-in-the-home |  |  |  |  |  |
| Combined Hospital based & HITH |  |  |  |  |  |
| Other (please specify) |  |  |  |  |  |
| *Total admitted separations* | 30,632 | 12,228 | 5,771 | 384 | 49,015 |
| **Occasions of service (volumes)** |  | ***Non-admitted*** | | |  |
| Centre based | 482,327 | 329,179 | 440,136 | 39,323 | 1,290,965 |
| Home based | 122,867 | 119,457 | 140,019 | 100,70 | 392,413 |
| Combined Centre & Home based |  |  |  |  |  |
| Other (please specify) | 18,978 | 17,643 | 18,416 | 2,410 | 57,447 |
| *Total occasions of service* | 624,172 | 466,279 | 598,571 | 51,803 | 1,740,825 |
| *Weighted Bed Day Equivalents* | 74,218 | 55,443 | 71,174 | 6,160 | 206,995 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 1 Geriatric Evaluation and Management | |  |  |  |  |
| 2 Episode data is for information only, and not a factor for calculating growth in service delivery. | | | | |  |

**Table 2A: Growth percentages (2011-12) reflecting actual ALOS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Growth percentages (2011-12)** | Patient days | Separations (as BDEs) | | Occasions of service (WBDEs) | | Total BDEs |
|  | A | B | | C | | D |
| **Services in baseline year 2007-08** | **520,625** | | **520,625** | | **158,423** | **679,048** |
| Services in 2010-11 | 672,432 | | 672,432 | | 175,570 | 848,002 |
| Activity attributed to NPA-IPHS in 2010-11 | 15,324 | |  | |  | 15,324 |
| **Services attributed to NPA HHWR in 2010-11** | 657,108 | |  | |  | **832,678** |
| Services in 2011-12 | 648,853 | | 648,853 | | 206,995 | 855,848 |
| Activity attributed to NPA-IPHS in 2011-12 | 42,565 | |  | |  | 42,565 |
| **Services attributed to NPA HHWR in 2011-12** | 606,288 | |  | |  | **813,283** |
| Service increase in 2011-12 compared to baseline | 85,663 | | 127,807 | | 48,572 | **134,235** |
| % increase in 2011-12 compared to baseline | 16.45% | | 24.55% | | 30.66% | **19.77%** |
| Service increase in 2011-12 compared to 2010-11 | -50,820 | | -24,000 | | 31,425 | **-19,395** |
| % increase in 2011-12 compared to 2010-11 | -7.73% | | -3.57% | | 17.90% | **-2.33%** |

**Notes**

1. NSW is using actual bed days and occasions of service converted to WBDEs to calculate the total BDE and growth (B+C=D).
2. Occasions of service are converted at 8.41:1
3. In 2010-11 and 2011-12 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 growth of 19.8% in subacute activity over the baseline year. This methodology does not account for the decline in Average Length of Stay (ALOS) from 15.01 days in 2007/08 to 13.24 in 2011/12. The table indicates that this growth is attributable to NPA-HHWR, however, this does not take account of funding contributed to subacute care services by NSW Health to achieve growth.

**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.

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)

**Table 2B: Growth percentages (2011-12) using 2007/08 ALOS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Growth percentages (2011-12)** | Patient days | Separations (as BDEs) | | Occasions of service (WBDEs) | | Total BDEs |
|  | A | B | | C | | D |
| **Services in baseline year 2007-08** | **520,625** | | **520,625** | | **158,423** | **679,048** |
| Services in 2010-11 | 672,432 | | 707,872 | | 175,570 | 883,442 |
| Activity attributed to NPA-IPHS in 2010-11 | 15,324 | |  | |  | 15,324 |
| **Services attributed to NPA HHWR in 2010-11** | 657,108 | |  | |  | **868,118** |
| Services in 2011-12 | 648,853 | | 735,715 | | 206,995 | 942,710 |
| Activity attributed to NPA-IPHS in 2011-12 | 42,565 | |  | |  | 42,565 |
| **Services attributed to NPA HHWR in 2011-12** | 606,288 | |  | |  | **900,145** |
| Service increase in 2011-12 compared to baseline | 85,663 | | 215,090 | | 48,572 | **221,097** |
| % increase in 2011-12 compared to baseline | 16.45% | | 41.31% | | 30.66% | **32.56%** |
| Service increase in 2011-12 compared to 2010-11 | -50,820 | | 27,843 | | 31,425 | **32,027** |
| % increase in 2011-12 compared to 2010-11 | -7.73% | | 3.93% | | 17.90% | **3.69%** |

**Notes:**

1. NSW is using separations converted to BDEs and occasions of service converted to WBDEs to calculate the total BDE and growth (B+C=D).
2. Separations are converted to BDEs at 1:15.01
3. Occasions of service are converted at 8.41:1
4. In 2010-11 and 2011-12 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 growth of 32.6% in subacute activity over the baseline year using 2007/08 ALOS of 15.01 days. The table indicates that this growth is attributable to NPA-HHWR, however, this does not take account of funding contributed to subacute care services by NSW Health to achieve growth.
5. The methodology applied to calculate Total BDEs (B+C=D) takes account of the observed trend towards shorter lengths of stay. This trend is responsible for the reduction reported against patient days (A) and increase in separations as BDEs (B).

**Commentary**

Due to increased efficiency, the ALOS in NSW has declined from 15.01 days to 13.24 days since 2007/08. Adjusting the calculation to account for this efficiency shows that subacute care activity has increased by 32.6% compared to baseline rather than 19.8% - admitted activity as adjusted separations has increased by 41.3% against baseline rather than 24.6%, after accounting for activity attributable to the National Partnership Agreement on Improving Public Hospital Services. Non-admitted activity has increased by 30.7% since 2007/08.

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 [↑](#footnote-ref-1)
2. NSW’s 2011/12 sub-acute per diem cost = $850. In 2011/12, admitted activity = 606,288 bed days plus non-admitted activity = 206,995 bed day equivalents (BDEs) = 813,283 BDEs x $850 = $691.3m [↑](#footnote-ref-2)