



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 Health¹ 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 \$691.3m². 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

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

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

- 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • NBMLHD has recruited to an Area Data Quality and Reporting Program position. • SESLHD has recruited a Subacute Health Information Officer.

Section 1: Report on progress with implementation

Key deliverables	Progress and timing – significant achievements
Support	<ul style="list-style-type: none"> • SESLHD has recruited allied health data project and subacute data officers.
	<ul style="list-style-type: none"> • WSLHD has finalised recruitment to a position to support data quality.
	<ul style="list-style-type: none"> • NNSWLHD has a Subacute Care Data Officer in place and Site Support for Subacute Care, supporting identification / categorising subacute care patients.
	<ul style="list-style-type: none"> • 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	GEM ¹	Psycho - geriatric	Totals
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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)					
<i>Total admitted patient days</i>	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)					
<i>Total admitted separations</i>	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
<i>Total occasions of service</i>	624,172	466,279	598,571	51,803	1,740,825
<i>Weighted Bed Day Equivalents</i>	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 A	Separations (as BDEs) B	Occurrences of service (WBDEs) C	Total BDEs 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.