



NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM

NSW Subacute Care Implementation Plan

**Annual Report
July 2012 to June 2013**

NSW SUBACUTE CARE IMPLEMENTATION PLAN

Report for the period July 2012 to June 2013

CONTEXT

Under the Health and Hospital Workforce Reform (HHWR) National Partnership Agreement (NPA), NSW received \$165.652m in 2008-09 to enhance subacute care service delivery over the period 2009-10 to 2012-13.

Each previous Area Health Service (AHS)/Local Health District (LHD) made its own investment decisions as to where funding for sub acute care under the NPA would be directed across the sub acute care types (rehabilitation, palliative care, geriatric evaluation and management, and psychogeriatric care).

Under the NPA, the quantum of services (bed days and/or separations and/or non-admitted patients occasions of service (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 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 Ministry cashflowed allocations to AHSs and subsequently to LHDs, to enable cumulative growth targets to be met. These allocations were as follows: \$18m in 2009/10, \$34m in 2010/11, \$49m in 2011/12 and \$64.5m in 2012/13.

KEY ACHIEVEMENTS

NSW has increased sub acute care services by more than the rate of growth that was required under the HHWR NPA.

By the end of 2011-12, NSW had increased sub acute activity by 19.77% compared to baseline activity. The achieved growth was in addition to the activity attributed to the growth realised under the Improving Public Hospital Services (IPHS) NPA.

The 2012-13 financial year data indicates that sub acute care services under the HHWR NPA continued to grow. The cumulative growth rate over 2009-10 to 2012-13 was 21.46% compared to the required 20% under the HHWR NPA.

Growth in sub acute care activity has been achieved across the four care types as detailed in this report.

SUMMARY OF 2012-13 RESULTS

The cost of sub acute care to NSW in 2012-13 was \$701M based on 2012-13 sub acute activity and 2011-12 costing information². In 2012-13, the increase in activity (145,716 Bed Day Equivalents (BDEs) at 2011-12 cost of \$850 per BDE) since 2007/08 cost NSW

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 2012-13 costing information from NSW Local Health Districts is not available at this time. NSW's 2011/12 sub-acute per diem cost = \$850. In 2012/13, admitted activity = 602,874 bed days plus non-admitted activity = 221,890 bed day equivalents (BDEs) = 824,764 BDEs x \$850 = \$701m.

approximately \$124m pa. The Commonwealth's contribution reflects 52% of the total expenditure to this initiative based on 2012-13 activity and 2011-12 cost per BDE.

Among the four care types, rehabilitation services continue to represent the majority of bed days (67.7%) and separations (63.3%). Rehabilitation, palliative care, GEM and psychogeriatric care accounted for 32.3%, 24.8%, 39.6% and 3.3% respectively of the non-admitted occasions of service.

NSW has also applied its own methodology, as outlined in our approved 2009 Implementation Plan, to measure growth across multiple years to take account of the declining Average Length of Stay (ALOS) for subacute care. This method holds the ALOS constant (using 2007-08 ALOS) across the period of reporting (Table 2B).

Due to increased efficiency, the ALOS in NSW has declined from 15.01 days in 2007-08 (baseline) to 12.54 days in 2012-13. After also adjusting for activity attributable to the National Partnership Agreement on Improving Public Hospital Services, the results show that combined admitted and non-admitted subacute care activity increased by 41.02% (Table 2B) in 2012-13 against baseline rather than 21.46% (Table 2A).

CONTENTS

This report is divided into three sections:

Section 1

This section is a report on progress with implementation of the subacute care initiative in NSW in 2012-13. This section outlines some of the notable successes in 2012-13 achieved by NSW, the final year of the four-year implementation plan in subacute care delivery. 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 2012-13 compared to the baseline 2007-08 and 2011-12.

Section 1: 2012-13 Highlights / progress with implementation reported by particular LHDs

Key deliverables	Progress and timing – significant achievements
Rehabilitation	<ul style="list-style-type: none"> • Improved rapid assessment and management at Residential Aged Care Facilities and private homes to frail older patients at risk to hospitalisation • Multidisciplinary fast stream outpatient rehabilitation provided to patients who are safe to be at home but require intensive therapy. The program identified a number of issues that would otherwise lead to long term disability if not treated. • Increased level of community based rehabilitation services through both community nursing and allied health services in regional and more rural communities and increased access to specialist services and support. • Intensive outpatient day care evaluation and rehabilitation provided for older people with mental illness or moderate behavioural and psychiatric symptoms in dementia. Admissions to mental health inpatient care are prevented and acute psychogeriatric inpatients are discharged earlier. • Multidisciplinary rehabilitation is being provided to appropriate patients in the acute setting. • Case management for residents in Residential Aged Care Facilities (RACF) has prevented ED presentations.
Palliative Care	<ul style="list-style-type: none"> • With development of referral pathways and processes there has been an increased level of patient services and clinical support provided to small rural and remote sites. • Multidisciplinary Community Palliative Care Teams have provided specialised home based palliative medical and nursing care and have significantly increased patients' capacity to die at home. There has been an increase in non-admitted patient activity and an increase in home supported deaths • Increased occasions of service and now meeting the national standards for bereavement care for families of deceased children. A Bereavement Support Program for families is in place. • A children's palliative care service provides a consultative service to support children with palliative care needs and their families within NSW (and ACT) and incorporates clinical services.
Geriatric Management (GEM)	<ul style="list-style-type: none"> • Neuro-psychology services for aged persons provides accurate differential diagnosis of memory problems and types of dementia, having a direct impact on patients' quality of life by contributing to decreased length of stay, management of cognitive and behavioural problems and improved timeliness of assessment to determine a person's capacity to make decisions and to execute Guardianship and Power of Attorney. • Early and ongoing care planning, assessment and consultation for older inpatients has achieved an average 2-day reduction in waiting times for assessment and length of stay as well as contributing to improved discharge planning and reduced complaints from patients. • Provision of Nursing, Social Work and therapy services is being provided to people with chronic diseases in their own homes on weekends and public holidays • Geriatric Outpatient Therapy Unit provides timely access to specialist medical and nursing services for older people
Psychogeriatric Care	<ul style="list-style-type: none"> • Sub-acute psychogeriatric services for inpatients and a memory clinic for outpatients are being provided in the community and at Residential Aged Care Facilities. These services contribute to meeting the needs of older people in ED. • Dementia Nurses have assisted with building a comprehensive plan of care and support for patients with dementia and their carer/s, resulting in patients staying the home environment for as long as possible and reducing premature entry into Residential Aged Care Facilities.

Section 1: 2012-13 Highlights / progress with implementation reported by particular LHDs

Key deliverables	Progress and timing – significant achievements
	<ul style="list-style-type: none">• Increased access to interdisciplinary management and regular assessments are being provided for patients, particularly those outside of regional centres.

Section 2: Annual growth in subacute care services across NSW

1 July 2012 to 30 June 2013

Subacute care annual service activity and growth report

State/Territory:

Period:

Table 1: Activity by care type

	Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
Patient days (volumes)					
<i>Admitted</i>					
Hospital based	457,335	132,877	78,119	6,746	675,077
Hospital in the Home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted patient days	457,335	132,877	78,119	6,746	675,077
Separations (patients)					
Hospital based	34,075	12,883	6,412	453	53,823
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted separations	34,075	12,883	6,412	453	53,823
Occasions of service (volumes)					
<i>Non-admitted</i>					
Centre based	456,659	354,670	575,579	48,930	1,435,838
Home based	117,743	98,110	135,320	9,136	360,309
Combined Centre & Home based					-
Other (please specify)	28,963	10,516	27,735	2,731	69,946
Total occasions of service	603,365	463,296	738,634	60,797	1,866,092
Weighted Bed Day Equivalents	71,744	55,089	87,828	7,229	221,890

¹ Geriatric Evaluation and Management

Table 2A: Growth percentages (2012-13) reflecting actual ALOS

Growth percentages (2012-13)	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 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	648,853	606,288		813,283
Services in 2012-13	675,077	675,077	221,890	896,967
Activity attributed to NPA-IPHS in 2012-13		72,203		72,203
Services attributed to NPA HHWR in 2012-13	675,077	602,874		824,764
Service increase in 2012-13 compared to baseline	154,452	82,249	63,467	145,716
% increase in 2012-13 compared to baseline	29.67%	15.80%	40.06%	21.46%
Service increase in 2012-13 compared to 2011-12	26,224	-3,414	14,895	11,481
% increase in 2012-13 compared to 2011-12	4.04%	-0.53%	7.20%	1.34%

Notes

- NSW is using actual bed days and occasions of service converted to WBDEs to calculate the total BDE and growth (B+C=D).
- Occasions of service are converted at 8.41:1 to derive WBDEs
- In 2010-11, 2011-12 and 2012-13 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 21.46% 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 12.54 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.

Table 2B: Growth percentages (2012-13) using 2007-08 ALOS

Growth percentages (2012-13)	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 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	648,853	693,150		900,145
Services in 2012-13	675,077	807,883	221,890	1,029,773
Activity attributed to NPA-IPHS in 2012-13		72,203		72,203
Services attributed to NPA HHWR in 2012-13	675,077	735,680		957,570
Service increase in 2012-13 compared to baseline	154,452	215,055	63,467	278,522
% increase in 2012-13 compared to baseline	29.67%	41.31%	40.06%	41.02%
Service increase in 2012-13 compared to 2011-12	26,224	42,530	14,895	57,425
% increase in 2012-13 compared to 2011-12	4.04%	5.78%	7.20%	6.09%

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 15.01:1.
- 3 Occasions of service are converted at 8.41:1 to derive WBDEs
- 4 In 2010-11, 2011-12 and 2012-13 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 41.02% in subacute activity over the baseline year 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 on Tables 2A and 2B

Due to increased efficiency across the health system, the ALOS in NSW has declined from 15.01 days in 2007-08 (baseline) to 12.54 days in 2012-13.

The improvement in ALOS has implications on the growth rate achieved by NSW. Based on the agreed formula for converting separations to BDEs, the 2007-08 and 2012-13 ALOS results show different growth rates. Using the 2007-08 conversion rate NSW achieved growth of 41.02% compared to baseline, and based on the 2012-13 ALOS growth of 21.46% was achieved compared to the baseline. It is noted that the agreement only required NSW to achieve a growth of 20% from the baseline by 2012-13.

After adjusting the calculation to account for this efficiency in ALOS between 2012-13 and 2007-08 and after accounting for activity attributable to the National Partnership Agreement on Improving Public Hospital Services, the results indicate that:

- Admitted sub acute activity increased by 41.31% in 2012-13 (Table 2B) compared to baseline rather than 29.67% (Table 2A); and
- Non-admitted activity has increased by 40.06% in 2012-13 since 2007/08.

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 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)