



<p>(b) Expand subacute inpatient and ambulatory capacity at Whyalla Country General Hospital</p>	<p>preparing sites for service delivery.</p> <p>CYWHS: Progress in 2010/11 has focussed on completion of recruitment to the multi-disciplinary team (FTE 10.3), and the associated increase in service delivery to patients on medical wards and in their home.</p> <p>CHSA: Progress in 2010/11 has focussed on ongoing recruitment to the multi-disciplinary ambulatory team based at Whyalla Country General Hospital, which is now operating at capacity. Patients who previously had to travel to the city for rehabilitation services now receive these services in or near their homes.</p>	<p>\$524,000 allocated to CYWHS</p> <p>\$1,600,000 allocated to CHSA</p>	<p>development in 2010/11. Reporting on FTE and Performance Indicators has progressed throughout the year, for all regions.</p>
<p><b>2. GEM Strategies</b> (a) Establish community based specialist GEM services</p> <p>(b) Establish specialist GEM services at Whyalla Country General Hospital (inpatient &amp; ambulatory)</p>	<p>AHS S: Progress in 2010/11 has focussed on recruiting to the multi-disciplinary team which is almost complete. Services commenced in the 3<sup>rd</sup> quarter.</p> <p>AHS N/C: Progress in 2010/11 has focussed on the commencement of recruiting to the multi-disciplinary team; services commenced in the 4<sup>th</sup> quarter.</p> <p>CHSA: Progress in 2010/11 has focussed on recruiting to the multi-disciplinary teams and commencing services in the 2<sup>nd</sup> quarter.</p>	<p>\$496,400 allocated to AHS S</p> <p>\$938,325 allocated to AHS N/C</p> <p>\$800,000 allocated to CHSA</p>	<p>Early intervention in the community and emergency department assessment in acute settings has been the main GEM development in 2010/11. Reporting on FTE and Performance Indicators has progressed throughout the year, for all regions</p> <p>A new patient pathway from SA Ambulance Service directly into community GEM has commenced and is in the process of being formalised.</p>
<p><b>3. Palliative Care Strategies</b> Expand capacity of specialist palliative care service teams to increase volume of patients able to be supported</p>	<p>AHS S: Progress in 2010/11 has focussed on consolidation of the multi-disciplinary community team (FTE 49.07), who have increased occasions of service to non-admitted patients by 62%.</p> <p>AHS N/C: Progress in</p>	<p>\$592,450 allocated to AHS S</p>	<p>Realignment of hospice beds and expansion of at-home palliative care has been the major development in 2010/11. Reporting on FTE and Performance Indicators has progressed</p>

<p>in the community (including paediatric services).</p>	<p>2010/11 has focussed on ongoing recruitment to the multi-disciplinary team and the capability to report on Performance Indicators.</p> <p>CYWHS: Progress in 2010/11 has focussed on ongoing service delivery by the multi-disciplinary team (FTE 3) to patients moving from admitted to non-admitted status.</p> <p>CHSA: Progress in 2010/11 has focussed on ongoing recruitment and on expansion of at-home services.</p>	<p>\$1,174,344 allocated to AHS N/C</p> <p>\$250,200 allocated to CYWHS</p> <p>\$800,000 allocated to CHSA</p>	<p>throughout the year, for all regions.</p>
<p><b>4. Psychogeriatric Strategies</b></p> <p>(a) Expand service delivery in country regions</p> <p>(b) Redistribute metro service delivery</p>	<p>CHSA: Progress in 2010/11 has been on expanding all country Older Persons Mental Health teams by including psychogeriatric clinicians. Recruitment and retraining are completed and access to visiting Psychogeriatricians has been brokered. Patients who historically have had to travel to the city for these specialist services are now routinely receiving care in or near their homes.</p>	<p>\$640,000 allocated to CHSA</p>	<p>All Country mental health teams now have psychogeriatric clinicians in their full time establishment; barriers to service delivery have been removed to ensure all adult patients, regardless of age, can receive specialist care from the one team. Reporting on FTE and Performance Indicators has progressed throughout the year, for all regions</p> <p>Metropolitan psychogeriatric service delivery was reconfigured in 2009/10, separating acute psychogeriatric care from long stay psychogeriatric care.</p>

**Subacute Care annual service activity and growth report:**

NB: The COAG Subacute report template uses methodology that measures growth in beddays. SA Health is concerned that this measure will not reveal growth in patient throughput, because of SA Health's commitment to ongoing decreases in ALOS. That is, as ALOS decreases and patient throughput increases, the actual growth in activity may not be apparent by measuring beddays.

SA Health is undertaking a number of reforms that will result in a decreasing ALOS. SA Health seeks to operate services at full capacity over 7 days, so that patients receive therapy and can be admitted, discharged and transferred everyday of the week. SA Health seeks to provide more intensive services in fewer days of therapy so as to prepare the patient to receive ongoing therapy from a community based provider, with services provided mostly in the client's home.

In order to measure growth appropriately, in the context of reform, SA Health has agreed with the Commonwealth on a method for measuring growth in Rehabilitation, GEM and Palliative Care services. SA Health will use the reference year (2007/08) ALOS in the formula to calculate beddays in each of the years 2009/10, 2010/11, 2011/12 and 2012/13 (Table A). It is expected that ALOS will continue to decline over the forthcoming years. By using the reference year ALOS, the increasing beddays SA Health expects to see will reflect growth in patient separations.

In order to measure growth appropriately, in the context of reform, SA Health has agreed with the Commonwealth on a method for measuring growth in Psychogeriatric Care. SA Health will use the benchmarked LOS of 25 days in the formula to calculate beddays in each of the years 2009/10, 2010/11, 2011/12 and 2012/13 (Table A). It is expected that LOS will continue to decline over the forthcoming years. By using the benchmarked LOS, the increasing beddays SA Health expects to see will reflect growth in patient separations.

**Table A:**

<b>Episode of Care Type (admitted)</b>	<b>Methodology</b>
Rehabilitation	Separations x reference year ALOS
GEM	Separations x reference year ALOS
Palliative Care	Separations x reference year ALOS
Psychogeriatric	Separations x benchmark LOS 25

Non-admitted activity and Performance Indicators are measured as per the methodology provided by the Commonwealth.

Admitted and non-admitted activity reports (tables 1 and 2), and Performance Indicator reports (tables 3-7) follow.

**Table 1 shows separations and occasions of service by Episode of Care type for FY2010-11. Separations are calculated using the methodology in Table A**

State/Territory:

**South Australia**

Period:

2010-11

Rehabilitation	Palliative	GEM	Psycho-geriatric	Totals
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**Separations (patients)**

**Admitted**

Hospital based	2,502	1,834	1,701	305	6,342
Hospital-in-the-home	256				256
Combined Hospital based & HITH	4,810	72			4,882
Other (public-funded private beds)		106			106
<i>Total admitted separations</i>	7,568	2,012	1,701	305	11,586
Benchmark Average length of stay	13.3	15.3	10.1	25.0	
<i>Total Bed Day Equivalentents</i>	100,668	30,755	17,188	57,548	206,159

**Occasions of service (volumes)**

**Non-admitted**

Centre based	21,239	1,623	8,164		31,026
Home based		27,357	167	37,745	65,269
Combined Centre & Home based	7,259		6,076		13,335
Other (please specify)					0
<i>Total occasions of service</i>	28,498	28,980	14,407	37,745	109,630
<i>Weighted Bed Day Equivalentents</i>					54,815

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**Table 2 shows growth percentages for FY2010-11** In this table all 4 care types are totalled to one Separations figure; growth is measured as a total for the state.

**Table 2: Growth percentages (2010-11)**

<b>Growth percentages (2010-11)</b>	Separations (BDEs)	Occasions of service (WBDEs) Ratio 2:1	Total BDEs
Baseline	174,826	22,757	197,583
Services in 2010-11	206,159	54,815	260,973
Increase in 2010-11	31,333	32,058	63,390
% increase	17.9%	140.9%	32.1%

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