South Australia – Final Report against Subacute Care Implementation Plan National Partnership Agreement on Hospital and Health Workforce Reform – Schedule C

(DoHA Template)

July 2010 - June 2011

Summary of Progress

South Australia's second annual report on the expansion of subacute care reports on service delivery initiatives that have enhanced the patient journey from initial access to individual outcomes. These COAG funded initiatives are working along-side reform activity already underway in South Australia, underpinned by 3 Statewide Service Plans:

- Statewide Rehabilitation Service Plan 2009 2017
- Palliative Care Services Plan 2009 2016
- Health Service Framework for Older People 2009 2016.

The SA Government response to the Stepping Up Report is also incorporated into the psychogeriatric component of the Country Health service expansion.

Some of the major themes that have influenced the design of service expansion have been:

- The delivery of services closer to where patients live
- Taking pressure off public hospitals
- Achieving consistency in evidence-based practice across all sites
- Reducing length of stay
- Increasing throughput

In 2010-11 the South Australian health entities were restructured to streamline services and documentation for patients. The metropolitan regions were re-named to reflect synonymous service delivery and are reported in this report as:

- Adelaide Health Service North/Central (AHS N/C)
- Adelaide Health Service South (AHS S)

The statewide services remain as previously reported:

- Country Health South Australia (CHSA)
- Child Youth Women's Health Service (CYWHS)

Regions are now aligned with the federal initiatives regarding Local Health Networks and will report accordingly in the future.

Key deliverables (From State/Territory Implementation Plan)	Progress and timing	Allocated funding for 2010-11	Comments
1. Rehabilitation Strategies (a) Expand ambulatory capacity in AHS S, AHS N/C and CYWHS	AHS S: Progress in 2010/11 has focussed on consolidation of the multidisciplinary Inreach Team (FTE 13.4), and the associated increase in inreach service provision to patients on medical wards, and outreach services to patients in their home. AHS N/C: Progress in 2010/11 has focussed on reviewing service need and	\$494,700 allocated to AHS S \$919,000 allocated to AHS N/C	In 2010/11 distribution of metropolitan rehabilitation beds has undergone review and realignment has commenced, to increase specialist services to meet patient need closer to where it is needed. Inreach services, providing rehabilitation on medical wards, has also been a major

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

in the community (including paediatric services).	2010/11 has focussed on ongoing recruitment to the multi-disciplinary team and the capability to report on Performance Indicators.	\$1,174,344 allocated to AHS N/C	throughout the year, for all regions.
	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.	\$250,200 allocated to CYWHS	
	CHSA: Progress in 2010/11 has focussed on ongoing recruitment and on expansion of at-home services.	\$800,000 allocated to CHSA	
4. Psychogeriatric Strategies (a) Expand service delivery in country regions	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.	\$640,000 allocated to CHSA	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
(b) Redistribute metro service delivery			Metropolitan psychogeriatric service delivery was reconfigured in 2009/10, separating acute psychogeriatric care from long stay psychogeriatric care.

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:

Episode of Care Type (admitted)	Methodology
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 Psycho-Rehabilitation **Palliative** GEM **Totals** geriatric 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 Total admitted separations 7,568 2,012 1.701 305 11,586 Benchmark Average length of stay 13.3 15.3 25.0 10.1 Total Bed Day Equivalents 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 Total occasions of service 28,498 28,980 14,407 37,745 109,630

Contact: Shelley Horne 08 8226 0766

54,815

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.

Weighted Bed Day Equivalents

Table 2: Growth percentages (2010-11)

	Table 2: Glowth percentages (2010-11)			
	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs	
Growth percentages (2010-11)		Ratio 2:1		
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%	
0 1 1 1 0 1 1 0 0 000 070				

Contact: Shelley Horne 08 8226 0766