

## ATTACHMENT 2

### **SOUTH AUSTRALIA – FINAL REPORT AGAINST SUBACUTE CARE IMPLEMENTATION PLAN NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM – SCHEDULE C**

**1<sup>st</sup> July 2011 – 30<sup>th</sup> June 2012**

#### **Summary of Progress**

South Australia's third annual report on the expansion of subacute care documents 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 three state wide service plans:

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

The South Australian Government's response to the Stepping Up Report is also incorporated into the psychogeriatric component of the Country Health SA Local Health Network's health service expansion.

In addition to the current COAG funding which is being provided, South Australia is also contributing other State funds to further enhance the availability and expansion of subacute care service delivery initiatives that will enhance the patient journey from initial access to individual outcomes.

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.

The former Health Service Regions in South Australia ceased to exist after 30 June 2011 and as of 1 July 2011 became Local Health Networks (LHNs). There are five LHNs in South Australia:

- Northern Adelaide Local Health Network (NALHN)
- Central Adelaide Local Health Network (CALHN)
- Southern Adelaide Local Health Network (SALHN)
- Country Health SA Local Health Network (CHSA LHN)
- Women's and Children's Health Network (WCHN).

**2011 / 2012 Annual Overview of Achievements– COAG Subacute**

Subacute Area	High Level Summary	FY 2011/12 Funding Allocation
<b>1. Rehabilitation:</b>		
WCHN	<p>The WCHN Ambulatory Rehabilitation Service has grown from a relatively new service (six months old in July 2011) to running at close to capacity. Staffing levels were maintained over the year.</p> <p>In 2011/2012 there were a total of 1,202 bed days of intensive paediatric rehabilitation provided and additional services provided to children following acute medical or surgical interventions.</p> <p>Work was done in collaboration with the Adult Spinal Cord Rehabilitation Services at Hampstead Rehabilitation Centre for the benefit of patients with spinal cord Injuries.</p> <p>Work has continued on the transition model as well as enhanced clinic models.</p>	\$ 582,000
CA LHN:	<p>Although COAG funded staffing levels have declined slightly during the financial year activity has grown.</p> <p>New ambulatory services established during the financial year included:</p> <ul style="list-style-type: none"> <li>• Concussion Clinic- commenced in 2012 with multi – disciplinary (MD) team providing advice and education to people following a concussion.</li> <li>• Spinal Outreach Rehabilitation Team - established a MD ambulatory rehabilitation service as part of the state wide spinal cord injury services, providing discharge / transition support for people with newly acquired injury.</li> </ul> <p>Continuing COAG funded initiatives, included:</p> <ul style="list-style-type: none"> <li>• Trial of inter - disciplinary clinician to complete initial assessment, undertake discharge planning role, increased group sessions to improve efficiencies for service provision.</li> </ul>	\$538,400

Subacute Area	High Level Summary	FY 2011/12 Funding Allocation
	<ul style="list-style-type: none"> <li>• Stroke Follow - Up Clinic- Located at the Hampstead Day Rehabilitation Centre. MD assessment and review of clients who have experienced a stroke and been discharged from Stroke Unit at the Hampstead Day Rehabilitation Centre</li> <li>• Amputee Follow - Up Clinic - Located in Day Rehabilitation Centre. MD assessment and review.</li> </ul>	
NALHN	<p>In February 2012 the NALHN established a regional rehabilitation service operating out of the Modbury Hospital.</p> <p>Also, in February the first community based prosthetics clinic commenced at the Elizabeth GP Plus Health Care Centre supported by a prosthetist, medical consultant and nurses. Demographic and service demand modelling has been undertaken in the planning of this clinic.</p> <p>The Northern Adelaide Rehabilitation in the Home (RITH) Service has been established with the recruitment of a manager, allied health and nursing staff, registrar and senior consultant. This service will provide a seven (7) day nursing service and five (5) day allied health service to the equivalent of 20 beds across the NALHN catchment area. Patients referred to RITH will become an inpatient of Modbury Hospital. Its scope of service includes provision of rehabilitation therapy in the patient's home; and provision of rehabilitation services for those patients unable to access therapy in day rehabilitation or outpatient services.</p> <p>Additional outpatient clinics are also currently being scoped.</p>	\$ 538,400
SALHN:	<p>The Ambulatory Rehabilitation Service operated at capacity throughout the year.</p> <p>Day rehabilitation and rehabilitation in the home OOS continued to grow.</p> <p>Seven (7) day rehabilitation activity increased and there was an increasing shift from the provision of a five (5) day to a seven (7) day service.</p>	\$552,900

<b>Subacute Area</b>	<b>High Level Summary</b>	<b>FY 2011/12 Funding Allocation</b>
CHSA LHN:	<p>The services continue to experience most demand in the ambulatory settings.</p> <p>New rehabilitation services commenced in the Riverland.</p> <p>There has been a focus on staff training to enhance the service models in order to achieve consistency across the four (4) designated sites.</p> <p>Ongoing service improvement activities were supported through the state wide clinical leads who were exploring tele - health based service protocols, allied health assistant training and orientation, as well as extensive local training programs for teams.</p>	\$ 1,700,000
<b>2. GEM:</b>		
NALHN and CALHN	<p>Progress in 2011/12 saw the full complement of multi - disciplinary staff being employed and the team moving to full service capacity.</p> <p>Now planning for the integration of community teams and inpatient services to promote strong approaches across the care continuum.</p> <p>Client services have grown significantly. End of year saw stronger integration of services across the care continuum.</p>	<p>NALHN: \$ 539,800</p> <p>CALHN: \$539,800</p>
SALHN	The newly developed geriatric ambulatory team has operated with its full complement of staff.	\$ 554,800
CHSA LHN	<p>Services have continued to operate as they have for the previous year.</p> <p>All multi-disciplinary teams are now established with a visiting geriatrician service supplemented by video case conferencing.</p> <p>A major focus has been training and education of clinicians and development of links with existing services.</p>	\$ 850,000
<b>3. Palliative Care:</b>		
WCHN	<p>The palliative care team has appointed a specialist pharmacist and a business support consultant.</p> <p>Home medicines reviews are being conducted and a research project will commence in August 2012.</p> <p>An End of Life Care working group has commenced.</p> <p>A paediatric bereavement services audit has been conducted and is now being written up. A paediatric spiritual assessment tool has been developed for clinical trial.</p>	\$ 278,000

<b>Subacute Area</b>	<b>High Level Summary</b>	<b>FY 2011/12 Funding Allocation</b>
<p>NALHN and CALHN</p>	<p>New governance structures were established to strengthen reform work and improve service delivery within the NALHN and CALHN palliative care services.</p> <p>A state-wide community based pharmacy network has been established to improve home-based palliative care medicine use.</p> <p>Development of palliative care bereavement service model to be adopted by both the CALHN and NALHN services</p> <p>Plans well advanced to develop initial assessment clinic in the NALHN in line with the existing SALHN and CALHN services.</p> <p>In 2011 / 2012 NALHN has continued to focus on recruitment to the multidisciplinary team, this includes the appointment of an acting service manager and two (2) further nurse practitioner candidates in line with the Palliative Care Services Plan.</p> <p>Additional visits to country areas by allied health staff are building a partnership plan to provide Level 6 support to these services.</p> <p>Accreditation across both Modbury and Lyell McEwin Hospitals has taken place which included a review of palliative care services and achievements to date.</p> <p>Hospice beds continue to be utilised across NALHN with an increase in inter - hospital transfers between Lyell McEwin and Modbury Hospitals.</p>	<p>NALHN \$646, 150 and CALHN: \$646, 150</p>

<b>Subacute Area</b>	<b>High Level Summary</b>	<b>FY 2011/12 Funding Allocation</b>
SA LHN	<p>Services have continued to operate as they have for the previous year. All positions appointed continue to provide ongoing support to community patients.</p> <p>Outreach services increased by 35% in the 2011/12 FY from the previous financial year, some of this is due to increased activity, however there has also been a concerted effort by the service to impress upon staff to record all activity.</p> <p>The inpatient unit has also experienced increasing vacancies and a reduction in occupied bed days, which has been the result of more clients taking up the option of home based palliative care packages. It should also be noted that Daw House was closed for three (3) weeks while renovations occurred.</p>	\$662,150
CHSA LHN	<p>The "Respecting Patient Choices" Program which supports advanced care planning has been rolled out and consolidated.</p> <p>Continued provision of at-home palliative care through End of Life Care Packages as well as continuing to provide services by multi-disciplinary teams that work in admitted and non-admitted settings.</p>	\$ 850, 000
<b>4. Psychogeriatric Care:</b>		
CHSA LHN	<p>Most mental health teams had full staffing establishment throughout the year.</p> <p>Education of clinicians continues to be a priority with new education sessions being developed for trial.</p> <p>A monthly visiting psycho-geriatrician service has also commenced in association with the Yorke Peninsula and Clare mental health team.</p> <p>A new digital tele - health network for video conferencing has gone live in the first half of 2012.</p>	\$680,000

## **Subacute Care Annual Service Activity and Growth Report:**

The COAG Subacute report template uses methodology that measures growth in bed days. As stated on previous occasions 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 bed days.

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 seven (7) days, so that patients receive therapy and can be admitted, discharged and transferred every day 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 Australian Government 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 bed days 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 bed days 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 Australian Government on a method for measuring growth in Psychogeriatric Care. SA Health will use the benchmarked LOS of 25 days in the formula to calculate bed days 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 bed days SA Health expects to see will reflect growth in patient separations.

It should be noted that reports C16a and b Admitted Beds days per 1,000 population and non-admitted occasions of service per 1,000 population clearly show the effect of SA reforms which have focussed on increasing ambulatory services to enable more people to receive care at home. The outcome for Psycho-geriatric services reflects the transition of some of these patients from State run institutional long stay accommodation to community based NGO operated (state funded) accommodation.

**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

**Table 1: Separations and Occasions of Service by Episode of Care Type for FY 2011-12** ( Separations are calculated using the methodology in Table A).

State/Territory:

**South Australia**

Period:

2011-12

Rehabilitation	Palliative	GEM	Psycho-geriatric	Totals
----------------	------------	-----	------------------	--------

**Separations (patients)****Admitted**

Hospital based	3,280	1,806	1,596	281	6,963
Hospital-in-the-Home (HITH)	367	0	0	0	367
Combined hospital based and HITH	5,710	0	0	0	5,710
Other (public-funded private beds)	0	110	0	0	110
<i>Total admitted separations</i>	<b>9,357</b>	<b>1,916</b>	<b>1,596</b>	<b>281</b>	<b>13,150</b>
Benchmark Average Length of Stay	13.3	15.3	10.1	25.0	
<i>Total Bed Day Equivalents</i>	<b>124,465</b>	<b>29,287</b>	<b>16,127</b>	<b>56,948</b>	<b>226,827</b>

**Occasions of Service (volumes)****Non-admitted**

Centre based	22,843	2,075	9,657	0	34,575
Home based	967	44,425	12,814	28,623	86,829
Combined centre and home based	18,149	0	0	0	18,149
Other (please specify)					0
<i>Total occasions of service</i>	<b>41,959</b>	<b>46,500</b>	<b>22,471</b>	<b>28,623</b>	<b>139,553</b>
<i>Weighted Bed Day Equivalents</i>					<b>69,777</b>



**Table 2: Growth percentages for FY 2011/12** (In this table all four care types are totalled to one separations figure and growth is measured as a total for the State).

**Table 2: Growth percentages (2011 / 12)**

<b>Growth percentages (2010-11)</b>	<b>Separations (BDEs)</b>	<b>Occasions of Service (WBDEs) Ratio 2:1</b>	<b>Total BDEs</b>
Baseline 2007-08	174,826	22,757	197,583
Services in 2010-11	206,159	54,815	260,973
<b>Services in 2011-12</b>	<b>226,827</b>	<b>69,777</b>	<b>296,604</b>
Increase from 2007-08	52,001	47,020	99,021
Increase from 2010-11	20,668	14,962	35,631
Targeted % increase	20.0%	20.0%	20.0%
% increase from 2007-08	29.7%	206.6%	50.1%
% increase from 2010-11	10.0%	27.3%	13.7%

Contact: Shelley Horne 08 8226 07662