SA – Report against Subacute Care Implementation Plan

July – December 2009

Summary of Progress
South Australia's Subacute Care Implementation Plan positions COAG initiatives to increase service delivery within the broader reform in these 4 areas being guided by Statewide Service Plans released in late 2009/early 2010. Significant state funds have also been allocated towards these service areas, which has contributed to the level of growth achieved in the first 6 month period. Key strategies in each area include recruitment of significant additional staff and delays have been experienced through this process. Governance arrangements to monitor and support implementation are in place. Note: The State Reform Agenda recognises that improvements in clinical practice within some inpatient subacute services will reduce average length of stay, which in some instances is well above benchmark. For this reason growth in separations is a better measure of expansion of the service. The methodology used to determine bed day equivalents for calculation of the baseline utilises separations and benchmark average length of stay to calculate bed days for comparison purposes. The report for the first 6 months utilises this methodology to measure against the baseline.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
Rehabilitation: 1a. Expand capacity of specialist rehabilitation service teams to increase volume of patients able to be supported in the community – including packages delivered in conjunction with Disability SA to support management in the community of children and young adults. 1b. An Interventional Ambulatory model of care will be established for paediatric care. 2. Specialist Rehabilitation services will be established at	Rehabilitation: 1a & b. Plans for a new model of care for providing ambulatory (non-admitted) rehabilitation care to children and youth and their carers were submitted in Dec 09 and approved in Feb 2010. A project officer has been employed to commence recruitment to the new positions and implementation of the new model of care. 2. Plans for building new rehabilitation sites were	Rehabilitation: 1a & b. COAG funding of $495,000 has been allocated for the development of an Interventional Ambulatory model of care offering a 4.8 FTE multi-disciplinary clinical team and equipment from 2 community bases (1 x north + 1 x south). 2. COAG funding of $1,500,000 has been	Implementation Working Group membership and Terms of Reference established January 2010. Recruitment processes have been slow and may have an impact on the completion date.

Whyalla Country General Hospital. 3. Implementation of a Rehabilitation Acute Team (ReACT)	submitted in Dec 09-Jan 10 and approved in Feb 2010. Clinical Lead positions have been recruited to and mass recruiting campaigns have commenced as joint efforts for combined regional service providers 3. Plans for implementing this new team were submitted in Jan 10 and approved Feb 2010. Recruitment commenced in March 2010	allocated for the commencement of the development of level 3 rehabilitation sites in country regions, and associated FTE increases by 12 FTE. Planned *go live* date in April. Clinical Specialists appointed. 3. COAG funding of $466,000 has been allocated for the commencement of incremental increases in multi-disciplinary FTE by 10.1 to work towards achieving planned increases for separations and occupied bed days.	
<u>GEM</u> 1a & b. Establish community based specialist GEM teams to provide mobile assessment services, with a gradual increase in FTE across the 4 years to allow required training and development to be undertaken, including funds for goods and services required to support team expansion	<u>GEM</u> 1a. Plans for developing inpatient beds and an ambulatory team at country sites were submitted in Dec 09 and approved in Feb 2010. A recruitment campaign was commenced in March 2010. 1b. Plans for increasing multi-disciplinary FTE in order to	<u>GEM</u> 1a. COAG funding of $750,000 has been allocated for the development of 3 inpatient beds and a multi-disciplinary ambulatory service for regional sites, and the associated increase in FTE by 6.0 1b. COAG funding of $467,000 has been	Implementation Working Group membership and Terms of Reference established January 2010. Recruitment processes have been slow and may have an impact on the completion date. Due to metropolitan regions having differing inherent regional constructs, progress in this service area is not uniform and may have an impact on the completion date.

	commence working towards achieving an increase in separations occupied bed days for geriatric evaluation and management were submitted in Dec 09 and with details of the staffing plan were approved in Jan 2010. Recruitment began in Feb 2010. 1c. Plans to implement the following services were submitted and approved in March 2010, and include such improvements as: - Rapid Response Service - Increased planned direct admission to GEM Units - Building the capacity of primary health and community care providers - Manage older people who have complex health care needs - Support for GPs and Residential Aged Care Facilities - Develop an interdisciplinary approach to older people's health management	allocated for the commencement of incremental increases in multi-disciplinary FTE by 8.0. 1c. $702,000 COAG funding has been allocated for the development of the interdisciplinary team proposed to provide the services planned.	
<u>Palliative Care</u> 1a & b & c. Expand capacity of specialist palliative care service teams to increase volume of patients able to be supported in the community (including	<u>Palliative Care</u> 1a. Plans increasing multi-disciplinary FTE by 5.8 to work towards increasing separations and occupied bed days were submitted in Dec 09 and with	<u>Palliative Care</u> 1a. $558,000 COAG funding has been allocated for the commencement of recruitment to the planned FTE increases to the multi-	Implementation Working Group membership and Terms of Reference established January 2010. Recruitment processes have been slow and may have an impact on the completion date.

paediatric services).	detailed staffing plans were approved in Jan 2010. Palliative Care Packages for the End of Life Program commenced in October 09, shortening length of stay for country patients in metro hospitals by offering support at home post discharge.	disciplinary team.	
	1b. Plans for an initial workforce and service expansion in one of its metropolitan hospitals were submitted in Jan 10 and approved in Feb 2010.	1b. $606,439 COAG funding has been allocated to support its plans for an initial workforce and service expansion at a western metro hospital	
	1c. Plans for the development of at-home and respite care were submitted in Dec 09 and approved in Jan 2010.	1c. COAG funding of $236,300 has been allocated for the development of packages for terminal phase care, stabilisation care, complex continuing care and respite care.	
2. Establish inpatient and ambulatory components of specialist palliative care at a regional hospital.	2. Plans develop a Level 4 Service at a country hospital to provide services to additional patients for end of life care each year were submitted in Dec 09 and approved in Jan 2010. Recruitment of staff (jointly with other regional campaigns) commenced in March 2010.	2. $750,000 COAG funding has been allocated for the commencement of this service which will encompass services to 4 inpatient beds and an increase of ambulatory services to have the capacity to offer 24hr services, and an FTE	

		increase by 6.	
Psychogeriatric Care 1. Redistribute existing resources across care types and geographic areas to achieve better balance of services and improved equity of access in metropolitan regions.	Psychogeriatric Care 1. Plans to distribute funding and resources into the wider metropolitan area based on demographics and improved access for patients were pre-approved under state reform plans.	Psychogeriatric Care 1. Reform in metropolitan hospitals has progressed with the transition of an acute ward away from a large psychiatric institution into a new Older Persons Mental Health Services acute unit within a mainstream general hospital. The new unit commenced operation on 25 November 2009 and is located in the northern suburbs of Adelaide which has increased accessibility for patients and families. A similar transition of an acute unit into a mainstream hospital in the Western area is planned for early 2012. This will conclude the process of acute transition into mainstream metropolitan general hospitals for older person's mental health acute services. Planning continues in the development of partnerships with the NGO sector around the	Implementation Working Group membership and Terms of Reference established January 2010.

		management of extended care beds for older persons with mental health issues.	
2. Expand service delivery in country regions.	2. Plans for increasing regional access to psychiatry and allied health services were submitted in Dec 09 and approved in Jan 10.	2. COAG funding of $600,000 has been allocated for increasing psychiatry and allied health FTE by 6.5 and building on existing Rural & Remote services to 200 patients.	Recruitment processes have been slow and may have an impact on the completion date.

Growth in subacute care services, July – December 2009					
Year	Patient type	Admitted	Non-admitted	Combined	Additional Comments
	Unit of measure for services	*Patient days*	*OOS*	*Bed-day equivalents*[2]	Basis of conversion for bed-day equivalents is the same as that used in the baseline data; ie 1 patient day = 2.0 non-admitted occasions of service NB: Regions' plans for improvement were approved and funds were allocated against them in the Jan-Jul 2010 period.
July-Dec 2009	Baseline data[1]	174,826	45,514	197,583	
	Targeted growth for 2009-10[3]	178,521	59,104	207,637	
	Growth in July-Dec 2009	96,440	45,013	118,947	

(1) Based on 2007-08 data for the 6 month report.
(2) Please specify the basis of comparison/conversion of admitted and non-admitted services if this method of counting is used.
(3) As specified in the implementation plan for each State and Territory.

NOTE: AS PER TEMPLATE, BASELINE DATA AND TARGETED GROWTH ARE CALCULATED OVER 12 MONTHS. GROWTH JUL-DEC IS CALCULATED OVER 6 MONTHS