

Tasmania – Progress against Subacute Care Implementation Plan National Partnership Agreement on Hospital and Health Workforce Reform – Schedule C

July 2009 – June 2010

Summary of Progress

Tasmania has been allocated \$12.242 million over four years, through the NPA, to increase the supply, capacity and quality of subacute care services across the State.

Under the NPA, the State has a range of obligations, largely aligning with Agency's planning directions under Tasmania's Health Plan. Tasmania's implementation plan focuses primarily on building services in the North and North West. It also includes some development in the South and in statewide end-of-life primary care capacity through Palliative Care Services. It has been used to further develop clinical services, shared care initiatives and outreach services focused on community wellness that will lead to avoidance of hospital admission.

A key commitment under Tasmania's Health Plan has been the establishment of Clinical Networks, mirroring the experience of most Australian States and Territories. The aim of the Networks is improved patient outcomes for people needing care through greater involvement of clinicians and consumers in the state wide planning, delivery, evaluation and improvement of aged care and rehabilitation services in Tasmania. The plan supports the objectives of the clinical networks helping to build staffing levels and to facilitate the professional development of existing staff in implementing new models of care. Again, the developments are particularly focused in the North and North West.

Tasmania has completed a number of projects under its implementation plan. Both the Statewide Aged Care and Rehabilitation and the Palliative Care Clinical Networks have been successfully established with ongoing project support. Palliative care services have been expanded across the three service regions and innovative models of subacute care have also been implemented or are being developed across those regions.

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
Develop the work of Aged Care and Rehabilitation and Palliative Care Clinical Networks	Staff are in place and the networks are progressing well. Project work plans on a range of clinical issues, such as long stay older patients and data definitions, have been completed	\$0.667M	

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
	or are being finalised. New projects will be identified in the 2010-11 work plan.		
Establish an integrated rehabilitation and geriatric evaluation and management services in the North West of Tasmania.	<p>Following extensive research and consultation with stakeholders, a model has been designed encompassing an Intensive Rehabilitation Unit (IRU) with a linked Rehabilitation in the Community Service (RICS).</p> <p>An implementation plan for the new model has been developed and a pilot program will commence in October 2010.</p> <p>Recruitment of new health professional staff has across a range of disciplines been mostly completed.</p>	\$4.433M	<p>Recruitment of health professional staff, particularly specialist, is a significant and ongoing issue in the North West region of Tasmania.</p> <p>A key component of the new service is the recruitment of at least one General Physician with an interest in rehabilitation or geriatric evaluation and management.</p> <p>While this has not yet been achieved it will remain a priority in aiming to maximise the most successful implementation of the new model. If a General Physician is not recruited full-time to the region, the model will still be effective but will require other available support strategies, such as medical 'in-reach' from other regions.</p>
Enhance current rehabilitation services in the North through implementing an outpatient service.	<p>Recruitment of additional staff at the Launceston General Hospital is in progress in preparation for the planned expansion of subacute care capacity in Northern Tasmania.</p> <p>New models of care and processes were completed in June 2010.</p> <p>Recruitment processes have</p>	\$3.978M	

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
	commenced.		
<p>Enhance access to shared care model of care in the South, avoid hospital admissions and establish an after hours service.</p>	<p>Recruitment of staff has been completed with the new service commencing in January 2010.</p> <p>A new Nurse Practitioner position is planned.</p> <p>Senior allied health staff and managers are developing the framework for an extended/advanced scope of practice service.</p> <p>Monthly meetings have been established with General Practice South to discuss implementation of this model of care.</p> <p>New models of care are also under development for a number of chronic diseases utilising hospital and primary health services.</p>	\$2.051M	<p>The Emergency Multidisciplinary Assessment Team in the South will be extended to weekend and out of hours. This has been trialled and shown to be a useful in supporting people who have complex health issues to remain in their place of residence, thus reducing the number of admissions each person may experience.</p> <p>Initial work has built on the shared care model to support elderly patients in their place of residence, either in their home or Residential Aged Care Facility. This has included medical, nursing and allied health professionals providing limited services.</p> <p>It is proposed that additional specialised nursing and allied health services will be provided to support GPs and community health staff.</p> <p>The new model utilises Nurse Practitioners and extended and advanced scope of practice for both allied health professionals and nursing staff.</p>
<p>Enhance palliative care integrated services through recruitment of specialist staff, including (part-time) clinical nurse consultants and allied health professionals.</p>	<p>Recruitment has been mostly completed, or is in progress, across all three regions,</p>	\$0.868M	

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
Project management and enhancement of data collections.	While the initial project to collect baseline data has been completed, a follow-up and ongoing project is being implemented to support Tasmania's continuing contribution to the development of the national subacute non-admitted national minimum data set benchmarking.	\$0.245M	

Subacute care annual service activity and growth reportState/Territory: **Tasmania**Period: **01.07.09 - 30.06.10****Table 1: Activity by care type**

* To calculate growth percentages (Table 2), use EITHER Patient days (volumes) OR Separations (patients)

Rehabilitation	Palliative	GEM (1)	Psycho - geriatric	Totals
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Patient days (volumes) (2)**Admitted**

Hospital based	N/A	N/A	N/A	N/A	N/A
Hospital in the Home	N/A	N/A	N/A	N/A	N/A
Combined Hospital based & HITH	33,953	2,887	634	52	37,526
Other (please specify)	N/A	N/A	N/A	N/A	N/A
<i>Total admitted patient days</i>	33,953	2,887	634	52	37,526

or Separations (patients)

Hospital based	N/A	N/A	N/A	N/A	N/A
Hospital-in-the-home	N/A	N/A	N/A	N/A	N/A
Combined Hospital based & HITH	N/A	N/A	N/A	N/A	N/A
Other (please specify)	N/A	N/A	N/A	N/A	N/A
<i>Total admitted separations</i>	N/A	N/A	N/A	N/A	N/A
Average length of stay	N/A	N/A	N/A	N/A	N/A
<i>Total Bed Day Equivalents</i>	N/A	N/A	N/A	N/A	N/A

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

Centre based	N/A	N/A	N/A	N/A	N/A
Home based	N/A	N/A	N/A	N/A	N/A
Combined Centre & Home based	32146	N/A	1587	N/A	33733
Other (please specify)	N/A	N/A	N/A	N/A	N/A
<i>Total occasions of service</i>	32,146	N/A	1,587	N/A	33,733
<i>Weighted Bed Day Equivalents</i>	N/A	N/A	N/A	N/A	(c)

Episodes (patients) (3)

Centre based	N/A	N/A	N/A	N/A	N/A
Home based	N/A	N/A	N/A	N/A	N/A
Combined Centre & Home based	N/A	N/A	N/A	N/A	N/A
Other (please specify)	N/A	N/A	N/A	N/A	N/A
<i>Total episodes</i>	N/A	N/A	N/A	N/A	N/A
Total group sessions	N/A	N/A	N/A	N/A	N/A

Table 2: Growth percentages (2009-10)**WBDE Ratios**

Growth percentages (2009-10)	Patient days	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs	WBDE Ratios	
					Rehabilitation	Ratio
Baseline	32,639		28,252	93,570	Rehabilitation	2/1
Targeted % increase	11.20%		8.0	10.2%	Palliative care	
Services in 2009-10	37,526	(b)	33,733	108,785	GEM	2/1
Increase in 2009-10	4,887		5,481	15,255	Psychogeriatric	
% increase	14.97%		19.40%	16.30%		

DATA NOTES AND CAVEATS

- Geriatric Evaluation and Management
- N/A -Due to regional difference in non-admitted patient data collections, statewide hospital and community level service data is only available at a combined level.
- Episode data, if available, is for information only, and not a factor for calculating growth in service delivery.
- As with other states and Territories, Tasmania has reservations about the quality of some of its non-admitted patient data at this time. This is anticipated to improve over time, particularly with the development and implementation of a new Non-admitted Patient Activity National Minimum Data Set.

Definitions

Subacute care

Rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care, as defined in the most recent version

Admitted Care

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 Equivalents (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 $WBE = 1:4$ ($\$1000/\$250 = 4$)