

NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM  
SCHEDULE C: SUBACUTE CARE  
ANNUAL REPORT - TASMANIA - 2010 - 2011

**PART A: PROGRESS AGAINST SUBACUTE CARE IMPLEMENTATION PLAN**

**Summary of Progress**

Tasmania has been allocated \$12.242 million, over four years, through the National Partnership Agreement on Hospitals and Health Workforce Reform (NPA) to increase the supply, capacity and quality of subacute care services across the State.

Tasmania's NPA 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.

Recruitment of health professionals, particularly specialist staff, has been a continuing issue for regional Tasmania in implementing new or expanded services under the Implementation Plan, with the Area Health Services managing to meet workforce shortages through strategies such as engaging specialists on a visiting basis.

Over 2010-2011, Tasmania has completed a number projects under its Implementation Plan. Both the Statewide Aged Care and Rehabilitation and the Palliative Care Clinical Networks were successfully established with 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. A shared care model of care has been fully implemented in the south of the State with new rehabilitation services continuing to be developed in the North and North West.

The State's Aged Care and Rehabilitation and Palliative Care Clinical Networks progressed a number of projects under their respective work plans. The Aged Care and Rehabilitation Clinical Network (ACRCN) provided leadership in the identification of planning priorities for dementia services while the Palliative Care Clinical Network (PCCN) focused on strengthening the network as a virtual community using the Program of Experience in the Palliative Approach (PEPA) program to engage members in education. The PCCN has also been engaged in developing a broad 'Healthy Dying Initiative', based on the principles of health-promoting palliative care.

In 2010-11 Tasmania performed well above the State's aggregate (two year) target of 10 per cent, reporting a 16.2 per cent increase in activity above the 2007-2008 baseline. This represents good progress at this point in the four-year development period.

| Key Deliverables against States Implementation Plan                                    | Timing /Progress   | NPA funding | Comments |
|--|--|-------------|----------|
| Develop the work of Aged Care and Rehabilitation and Palliative Care Clinical Networks | <p>In 2010-2011, the Aged Care and Rehabilitation and Palliative Care Clinical Networks have been valuable in leading and facilitating service planning in dementia and rehabilitation, with workshops focusing on both held early in 2011.</p> <p>As at 30 June 2011, projects across a range of clinical issues have been completed or are being progressed by the Networks.</p> <p>A second print run of the popular Tasmanian Capacity Toolkit was commissioned in 2010-2011.</p> <p>The resource was developed by the Aged Care and Rehabilitation Network (ACRN) in 2009 as a one-stop-shop resource for government and community workers, professionals, families and carers. The ACRN has also supported the establishment of clinical special interest groups, such as spinal cord injury.</p> <p>During 2010-2011, the ACRCN</p> | \$0.667M    |          |

| Key Deliverables against States Implementation Plan | Timing /Progress   | NPA funding | Comments |
|---|--|-------------|----------|
|   | <p>also provided input into the Tasmanian Elder Abuse Strategy Implementation Plan.</p> <p>In 2011, a major activity of the Palliative Care Clinical Network (PCCN) has been to strengthen the network as a virtual community using the Program of Experience in the Palliative Approach (PEPA) program to engage members in education.</p> <p>The PCCN has also been developing a broad 'Healthy Dying Initiative', based on the principles of health-promoting palliative care. This includes a focus on setting goals of care to improve decision-making at the end of life. Work has started on this in the Southern Area Health Service with the promotion of advance care planning, and advance care directives.</p> |             |          |

| Key Deliverables against States Implementation Plan   | Timing /Progress   | NPA funding     | Comments  |
|---|--|-----------------|---|
| <p>Establish an integrated rehabilitation and geriatric evaluation and management services in the North West of Tasmania.</p> | <p>During 2010-2011, the North West Area Health Service (NWAHS) engaged a Project Manager (Nursing and Allied Health) to scope and plan the design and establishment of an expansion of subacute rehabilitation and geriatric evaluation and management (GEM) services in the region.</p> <p>The design of the NWAHS Rehabilitation Services Strategy was finalised in September 2010 with a pilot project, <i>Rehabilitation in the Community Services</i> approved in December.</p> <p>While the pilot project largely targets rehabilitation type services, it also includes a capability to meet the needs of patients requiring GEM type services.</p> <p>Recruitment commenced to the new service positions in January 2011 with full operationalisation of the pilot service planned for 2011-2012.</p> | <p>\$4.433M</p> | <p>A delay has been experienced in project commencement due to recruitment delays and staff changes.</p> <p>The original planned start date was May 2011; however, recruitment delays and staff changes postponed commencement until July 2011.</p> |
| <p>Enhance current rehabilitation services in the North through implementing an</p>   | <p>Recruitment has been substantially completed.</p>   | <p>\$3.978M</p> |   |

| Key Deliverables against States Implementation Plan   | Timing /Progress  | NPA funding | Comments  |
|---|---|-------------|---|
| outpatient service.   | <p>Recruitment process currently underway for a nutritionist and an occupational therapist. The appointment of fulltime team leader has provided initial service planning and implementation.</p> <p>The new service model of care has been mapped and supporting documentation is currently being completed. The operational model will be multi disciplinary with an inter-professional focus, using patient centred goal directed therapy.</p> <p>Induction and orientation for the new team is currently underway. Training has included Goal Attainment Scaling (GAS) and Motivational Interviewing (MI).</p> <p>Statistical collection has commenced to map baseline occasions of service. Statistical reporting will begin in July 2011.</p> |             |   |
| Enhance access to shared care model of care in the South, avoid hospital admissions and establish an after hours service. | The new Shared Care service in the South commenced in January 2010 and continues to develop in response to demand and planned service improvements.   | \$2.051M    | The social work services in the Emergency Multidisciplinary Assessment Team (EMAT) in the South have been extended to weekends and out of hours. This has proved useful in supporting people who have complex health issues to remain in their place of residence, thus |

| Key Deliverables against States Implementation Plan   | Timing /Progress  | NPA funding     | Comments   |
|---|---|-----------------|--|
|   | <p>Senior allied health staff and managers have developed a framework for an advanced scope of practice service.</p> <p>Monthly meetings are held with General Practice South to discuss continuing implementation of the new model of care.</p> <p>New models of care also continue to be developed for a number of chronic diseases, utilising hospital and primary health.</p> |                 | <p>reducing avoidable admissions.</p> <p>The EMAT and community multidisciplinary teams have also undertaken work with the community aged care sector in identifying and improving referral pathways.</p> <p>Work has continued 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 the provision of medical, nursing and allied health professional services.</p> <p>A Nurse Practitioner has been appointed and is working with Geriatricians and GPs. Education sessions have occurred in the area of Advanced Care Directives, and further support mechanisms are being identified.</p> <p>Pilot projects to trial new models of care for a diabetes, COPD, and falls are being developed and implemented.</p> |
| <p>Enhance palliative care integrated services through recruitment of specialist staff, including (part-time) clinical nurse consultants and allied health professionals.</p> | <p>Palliative care services across the State have continued to be strengthened under this project in 2010-2011 by the expansion of additional specialist nursing and social work capacity.</p>  | <p>\$0.868M</p> |  |

| Key Deliverables against States Implementation Plan     | Timing /Progress  | NPA funding | Comments |
|---|---|-------------|----------|
| Project management and enhancement of data collections. | <p>During 2010-2011, Tasmania has continued to contribute to national work in the development of a non-admitted patient national minimum data set and subacute care benchmarking.</p> <p>Tasmania has also continued to contribute to national subacute data development through the Activity Based Funding (ABF) Subacute Care Advisory Group.</p> <p>Ongoing auditing of subacute care data management capabilities and requirements across Tasmania's hospitals has also been undertaken within the context of the national projects under the ABF Subacute work stream.</p> | \$0.245M    |          |

**Subacute Care Annual Service Activity and Growth Report - FOR PUBLICATION**

|                  |                            |
|------------------|----------------------------|
| State/Territory: | <b>Tasmania</b>            |
| Period:          | <b>01.07.10 - 30.06.11</b> |

| <b>Table 1: Activity by care type</b> |            |                  |                 |        |
|---------------------------------------|------------|------------------|-----------------|--------|
| Rehabilitation                        | Palliative | GEM <sup>1</sup> | Psychogeriatric | Totals |

| <b>Patient days (volumes)</b>      | <b>Admitted</b> |       |       |   |        |
|------------------------------------|-----------------|-------|-------|---|--------|
| Hospital based                     | 0               | 0     | 0     | 0 | 0      |
| Hospital in the Home               | 0               | 0     | 0     | 0 | 0      |
| Combined Hospital based & HITH     | 25,924          | 4,478 | 4,775 | 6 | 35,183 |
| Other (please specify)             | 0               | 0     | 0     | 0 | 0      |
| <i>Total admitted patient days</i> | 25,924          | 4,478 | 4,775 | 6 | 35,183 |

| <b>or Separations (patients)<sup>2</sup></b> | <b>Admitted</b> |       |       |      |       |
|--|-----------------|-------|-------|------|-------|
| Hospital based                               | 0               | 0     | 0     | 0    | 0     |
| Hospital-in-the-home                         | 0               | 0     | 0     | 0    | 0     |
| Combined Hospital based & HITH               | 1,135           | 217   | 141   | 1    | 1,494 |
| Other (please specify)                       | 0               | 0     | 0     | 0    | 0     |
| <i>Total admitted separations</i>            | 1,135           | 217   | 141   | 1    | 1,494 |
| Average length of stay                       | 22.84           | 20.64 | 33.87 | 6.00 | 23.55 |

| <b>Occasions of service (volumes)<sup>3</sup></b> | <b>Non-admitted</b> |   |       |   |        |
|---|---------------------|---|-------|---|--------|
| Centre based                                      | 36,408              | 0 | 1,051 | 0 | 37,459 |
| Home based  | 0                   | 0 | 971   | 0 | 971    |
| Combined Centre & Home based                      | 36,408              | 0 | 2,022 | 0 | 38,430 |
| Other (please specify)                            | 0                   | 0 | 0     | 0 | 0      |
| <i>Total occasions of service</i>                 | 36,408              | 0 | 2,022 | 0 | 38,430 |
| <i>Weighted Bed Day Equivalent<sup>4</sup></i>    | 18,204              | 0 | 1,011 | 0 | 19,215 |

| <b>Episodes (patients)<sup>2</sup></b> | <b>Non-admitted</b> |   |     |   |       |
|--|---------------------|---|-----|---|-------|
| Centre based                           | 5,571               | 0 | 0   | 0 | 5,571 |
| Home based                             | 0                   | 0 | 971 | 0 | 971   |
| Combined Centre & Home based           | 5,571               | 0 | 971 | 0 | 6,542 |
| Other (please specify)                 | 0                   | 0 | 0   | 0 | 0     |
| <i>Total episodes</i>                  | 5,571               | 0 | 971 | 0 | 6,542 |
| Total group sessions                   | 1,036               | 0 | 0   | 0 | 1,036 |

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

|   | Admitted<br>Patient Days | Weighted Non-<br>admitted<br>Occasions of<br>Service | Total Bed day<br>Equivalents |                 | Ratio |
|---|--------------------------|--|------------------------------|-----------------|-------|
| Baseline 2007-08                        | 32,689                   | 14,126   | 46,815                       | Rehabilitation  | 2:1   |
| Targeted % increase (2009-10 + 2010-11) | 13.4%                    | 18.0%  | 14.8%                        | Palliative care | 2:1   |
| Services in 2010-11                     | 35,183                   | 19,215   | 54,398                       | GEM             | 2:1   |
| Increase in 2010-11                     | 2,494                    | 5,089  | 7,583                        | Psychogeriatric | 2:1   |
| % increase                              | 7.6%                     | 36.0%  | 16.2%                        |                 |       |

Data Source: Automatically derived from primary data in the associated Admitted and Non-admitted worksheets.



## **DATA NOTES AND CAVEATS**

1. Geriatric Evaluation and Management
2. Admitted patient separations and non-admitted episodes patient episodes data are for information only and are not used here as a factor for calculating growth in service delivery.
3. 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.
4. For growth measurement purposes in Tasmania, one non-admitted occasion of service is equivalent in weight to one-half of one admitted bed day.

## **DEFINITIONS**

### **Subacute care**

Rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care, as defined in the most recent version of the National Health Data Dictionary.

### **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

Hospital-in-the-home (HITH) – provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. (METeOR 327268). 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).