NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM

SCHEDULE C: SUBACUTE CARE

ANNUAL REPORT - TASMANIA - 2011-2012

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

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| **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 Implementation Plan (IP) focuses primarily on building services in the North and North West. It also makes provision for some development in the South and in statewide end-of-life primary care capacity through Palliative Care Services. The IP also focuses on the further development of clinical services, shared care initiatives and outreach services focused on community wellness in order to reduce avoidable hospital admissions.  Recruitment of health professionals, particularly specialist staff, has been a continuing issue for regional Tasmania in implementing new or expanded services under the IP, with the Area Health Services managing to meet workforce shortages through strategies such as engaging specialists on a visiting basis.  In 2011-2012, the Palliative Care and Aged Care and Rehabilitation Clinical Networks successfully achieved their primary objectives. Their role is now being undertaken by the newly formed Tasmanian Lead Clinicians Group.  Under the NPA, specialist palliative care services have been expanded across the state and a new shared care service model has been established in Southern Tasmania.  New rehabilitation services in the North and North West of the state have continued to develop within their broader service systems and patient services grew substantially in 2011-2012.  With the new services coming on line in Northern and North West Tasmania, the state has achieved strong growth in subacute care activity in the past year, recording 20.1 per cent growth above the 2007-2008 activity baseline in total bed day equivalents and exceeding the targeted increase of 17.8 per cent.  Tasmania also continued to contribute to national subacute care policy development through its participation in national forums. |

| **Key Deliverables against States Implementation Plan** | **Timing /Progress** | | **NPA funding** | **Comments** |
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| Develop the work of Aged Care and Rehabilitation and Palliative Care Clinical Networks | | This project supported the objectives of the two networks, including planning and state-wide service development of aged care and rehabilitation services and palliative care services in Tasmania.  The project concluded during 2011-12. | $0.667M | This project provided a solid foundation for clinical advice and support into the development of integrated subacute care services and better connected pathways across sectors and around Tasmania.  It is anticipated that some of the successful initiatives from this project will be taken forward by the new Tasmanian Lead Clinicians Group. |
| Establish an integrated rehabilitation and geriatric evaluation and management service in the North West of Tasmania. | | During 2011-2012 the Rehabilitation in the Community Service commenced as a pilot service to provide rehabilitation services using a functional model of assessment and intervention. The initial catchment of three local government areas was quickly expanded to all local government areas.  The pilot was completed by June 2012.  The pilot experienced recruitment issues and delays in providing services due to vacancies.  A new project manager, with extensive rehabilitation experience commenced in February 2012.  Recruitment was finalised in 2011-12 to enable full service commencement in July 2012.  Staff and patient satisfaction surveys were also completed and a range of data collected to inform future planning.  During 2011-12 an integration plan was developed to merge the community rehabilitation service with the inpatient rehabilitation team. The integration of the two services will provide greater opportunities for continuity of care.  The Rehabilitation Strategy Implementation Committee reviewed the access, assessment/intervention and discharge processes across the new model and re-focussed services to be more patient‑centred. | $4.433M | The commencement of the integration of the two rehabilitation teams is planned for 2012-2013. |
| Enhance current rehabilitation services in the North through implementing an outpatient service | | The new Outpatient Rehabilitation Service in Northern Tasmania has been operational for 12 months (commenced July 2011). The multi-disciplinary, inter‑professional model is working well. Patient goal-setting and rehabilitation supporting goal attainment has been very successful. The service has achieved high satisfaction ratings both from patients and staff.  The new service team has introduced innovative group-based models to support the collaborative attainment of functional goals by patients with carer input and support.  During 2011-2012, the service provided care to patients and their carers through individual and group sessions. Education and information sessions were also provided.  The patient centred model of care continues to guide service development. | $3.978M | The opportunity to further expand the service has been limited by funding.  A secondary impact of this service has been the support that has provided by carers especially through group work.  The assumption that the psycho-social supports of patients could be met by community resources proved to be incorrect. This support has been more effectively provided by hospital staff within the outpatient setting. |
| Enhance access to shared care model of care in the South, avoid hospital admissions and establish an after-hours service. | | Under the new model of care, the Aged Care Team within the Royal Hobart Hospital (RHH) worked closely with the multidisciplinary team in the Emergency Department to prevent avoidable admissions for elderly patients. This strategy has been strengthened through the opening of an Acute Older Persons’ Unit within the RHH in March 2012.  Work also continued with Residential Aged Care Facilities (RACFs) to support residents to remain in their place of residence.  Emergency Decision Guidelines for RACFs, developed in collaboration with the Tasmanian Medicare Local and trialled in Southern Tasmania, are now being rolled out across the state.  The work around new models for chronic obstructive pulmonary disease and cardiac rehabilitation continued at the Clarence Integrated Care Centre. This program successfully trialled Telehealth support for patients in their homes. | $2.051M | The establishment of the new model of care has been completed.  The new model is being continually improved to meet emerging needs and complement other initiatives across aged and continuing care services in Southern Tasmania.  Meetings with the Tasmanian Medicare Local inform any changes that may improve the model. |
| Enhance palliative care integrated services through recruitment of specialist staff, including (part-time) clinical nurse consultants and allied heath professionals. | | Palliative care integrated services were enhanced by the recruitment of additional nursing and social work staff. | $0.868M | The project has concluded. |
| Project management and enhancement of data collections. | | During 2011-2012, Tasmania continued to contribute to national subacute data development through the Activity Based Funding Subacute Care Advisory Group and to meets its reporting obligations under the NPA. | $0.245M |  |