

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**

**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.

<b>Key Deliverables against States Implementation Plan</b>	<b>Timing /Progress</b>	<b>NPA funding</b>	<b>Comments</b>
Develop the work of Aged Care and Rehabilitation and Palliative Care Clinical Networks	<p>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.</p> <p>The project concluded during 2011-12.</p>	\$0.667M	<p>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.</p> <p>It is anticipated that some of the successful initiatives from this project will be taken forward by the new Tasmanian Lead Clinicians Group.</p>

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
<p>Establish an integrated rehabilitation and geriatric evaluation and management service in the North West of Tasmania.</p>	<p>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.</p> <p>The pilot was completed by June 2012.</p> <p>The pilot experienced recruitment issues and delays in providing services due to vacancies.</p> <p>A new project manager, with extensive rehabilitation experience commenced in February 2012.</p> <p>Recruitment was finalised in 2011-12 to enable full service commencement in July 2012.</p> <p>Staff and patient satisfaction surveys were also completed and a range of data collected to inform future planning.</p> <p>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.</p> <p>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.</p>	<p>\$4.433M</p>	<p>The commencement of the integration of the two rehabilitation teams is planned for 2012-2013.</p>

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
<p>Enhance current rehabilitation services in the North through implementing an outpatient service</p>	<p>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.</p> <p>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.</p> <p>During 2011-2012, the service provided care to patients and their carers through individual and group sessions. Education and information sessions were also provided.</p> <p>The patient centred model of care continues to guide service development.</p>	<p>\$3.978M</p>	<p>The opportunity to further expand the service has been limited by funding.</p> <p>A secondary impact of this service has been the support that has provided by carers especially through group work.</p> <p>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.</p>
<p>Enhance access to shared care model of care in the South, avoid hospital admissions and establish an after-hours service.</p>	<p>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.</p> <p>Work also continued with Residential Aged Care Facilities (RACFs) to support residents to remain in their place of residence.</p> <p>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.</p> <p>The work around new models for chronic obstructive pulmonary disease</p>	<p>\$2.051M</p>	<p>The establishment of the new model of care has been completed.</p> <p>The new model is being continually improved to meet emerging needs and complement other initiatives across aged and continuing care services in Southern Tasmania.</p> <p>Meetings with the Tasmanian Medicare Local inform any changes that may improve the model.</p>

Key Deliverables against States Implementation Plan	Timing /Progress	NPA funding	Comments
	and cardiac rehabilitation continued at the Clarence Integrated Care Centre. This program successfully trialled Telehealth support for patients in their homes.		
Enhance palliative care integrated services through recruitment of specialist staff, including (part-time) clinical nurse consultants and allied health 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	

## PART B: Subacute Care Annual Service Activity and Growth Report

State/Territory:	<b>Tasmania</b>
Period:	<b>01.07.11 - 30.06.12</b>

**Table 1: Activity by care type**

	Rehabilitation	Palliative	GEM <sup>1</sup>	Psychogeriatric	Totals
<b>Admitted</b>					
<b>Patient days (volumes)</b>					
Hospital based	0	0	0	0	0
Hospital in the Home	0	0	0	0	0
Combined Hospital based & HITH	21,373	4,018	7,440	12	32,843
Other (please specify)	0	0	0	0	0
<i>Total admitted patient days</i>	21,373	4,018	7,440	12	32,843
<b>or Separations (patients)<sup>2</sup></b>					
Hospital based	0	0	0	0	0
Hospital-in-the-home	0	0	0	0	0
Combined Hospital based & HITH	899	431	267	5	1,602
Other (please specify)	0	0	0	0	0
<i>Total admitted separations</i>	899	431	267	5	1,602
<i>Average length of stay</i>	23.8	9.3	27.9	2.4	20.5
<b>Non-admitted</b>					
<b>Occasions of service (volumes)<sup>3</sup></b>					
Centre based	41,419	0	0	0	41,419
Home based	4,583	0	797	0	5,380
Combined Centre & Home based	46,002	0	797	0	46,799
Other (please specify)	0	0	0	0	0
<i>Total occasions of service</i>	46,002	0	797	0	46,799
<i>Weighted Bed Day Equivalent<sup>4</sup></i>	23,001	0	399	0	23,400
<b>Episodes (patients)<sup>2</sup></b>					
Centre based	0	0	0	0	0
Home based	0	0	0	0	0
Combined Centre & Home based	0	0	0	0	0
Other (please specify)	0	0	0	0	0
<i>Total episodes</i>	0	0	0	0	0
<i>Total group sessions</i>	2,668	0	0	0	2,668

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

	Admitted Patient Days	Weighted Non-admitted Occasions of Service	Total Bed day Equivalents	WBDE Ratio
Services in baseline year 2007-08	32,689	14,126	46,815	Rehabilitation 2:1
Services in 2010-11	35,183	19,215	54,398	Palliative care 2:1
Targeted % increase	13.4%	28.0%	17.8%	GEM 2:1
Services in 2011-12	32,843	23,400	56,243	Psychogeriatric 2:1
Service increase in 2011-12 compared to baseline	154	9,274	9,428	
% increase in 2011-12 compared to baseline	0.5%	65.6%	20.1%	
Service increase in 2011-12 compared to 2010-11	-2,340	4,185	1,845	
% increase in 2011-12 compared to 2010-11	-6.7%	21.8%	3.4%	

## 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, 1 x non-admitted occasion of service is equivalent in weight to 1/2 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-aided 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-aided community health program.

Episode of care - A period of health care with a defined start and end date (METeOR 268978).