NATIONAL PARTNERSHIP AGREEMENT ON HOSPITAL AND HEALTH WORKFORCE REFORM

SCHEDULE C: SUBACUTE CARE

ANNUAL REPORT - TASMANIA – 2012-2013

PART A: PROGRESS AGAINST SUBACUTE CARE IMPLEMENTATION PLAN

Summary of Progress

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

Tasmania's Implementation Plan focused primarily on building services in the north and north west of the State, together with provision for some development in the south and in statewide end-of-life primary care capacity through Palliative Care Services across the state. The NPA also enabled the development of clinical networks and shared care initiatives promoting community wellness and reducing avoidable hospital admissions.

Recruitment of health professionals, particularly specialist staff, has been a continuing issue for regional Tasmania in implementing new or expanded services, with hospitals managing 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.

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 2012-2013.

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 27.3 per cent growth above the 2007-2008 activity baseline.

One project in the north west of Tasmania has experienced delays. This relates to the establishment of an integrated rehabilitation and geriatric evaluation and management services. The delays are due to recruitment issues and it is expected that the project will be complete by 30 June 2014. A request to vary this project was submitted to the Department of Health on 4 February 2013, with a follow up email on 4 September 2013. A response has not yet been received.

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
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	The project is complete. 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. Following the launch of the National Lead Clinicians Group in 2011, a new Tasmanian Lead Clinicians Group was established in 2012-13. Successful initiatives and issues identified out of the network project will be taken forward by the new group.
Establish an integrated rehabilitation and geriatric evaluation and management services in the North West of Tasmania.	The new community rehabilitation service has been operating since August 2012. Improved community and ambulatory services will sustain and complement new subacute inpatient services being developed under the NPA on Improving Public Hospital Services.	$4.433m	The project remains incomplete and a variation was submitted to the Department of Health on 4 February 2013, with follow up emails on 4 September 2013 and 16 December 2013. The variation requests an extension for the project until 30 June 2014. The delays experienced are in relation to recruitment. Tasmania has not received a response to this request for variation.
Enhance current rehabilitation services in the North through implementing an outpatient	The Outpatient Rehabilitation service has successfully delivered the planned objectives over the life of the project. The projected increase in service provision has far exceeded the projected target of increasing	$3.978m	The project is complete. The Outpatient Rehabilitation Service

service	services by more than the expected 20%. A successful and demonstrated patient centred and goal directed model of care has been developed with documented business processes and team operation. This model has been successful in developing a multi-disciplinary inter-professional learning approach for staff and assisting patients to meet their identified goals. Patient care has been delivered using innovative group and education sessions together with more traditional individual therapies. Consumers and staff have both reported high levels of satisfaction with the service, model and outcomes. Data and information collected through the service has been used to support other rehabilitation developments in the region.		has been an extremely successful project for clients. While service expansion has been limited by funding, the model could easily be developed into a comprehensive community rehabilitation service, extending services further into the community and filling service gaps across the region.
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 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 has continued at the Clarence Integrated Care Centre with a successful trial of Telehealth support for patients in their homes.	$2.051M	The establishment of the new model of care is complete. The new model is being continually improved to meet emerging needs and complement other initiatives across aged and continuing care services in Southern Tasmania. Regular 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	Palliative care integrated services across the state have been enhanced by the recruitment of additional nursing and social work staff, including: • Clinical Nurse Consultant;	$0.868M	The project is complete.

nurse consultants and allied health professionals.	• Increased social work resourcing; and • Implementation of music therapy program.		
Project management and enhancement of data collections.	Tasmania has continued to contribute to national subacute data development and meet its reporting obligations under the NPA.	$0.245M	

PART B: Subacute Care Annual Service Activity and Growth Report

Tasmania
01.07.12 - 30.06.13

Table 1: Activity by care type

	Rehabilitation	Palliative	GEM[1]	Psychogeriatric	Totals
Patient days (volumes)			***Admitted***		
Hospital based	0	0	0	0	0
Hospital in the Home	0	0	0	0	0
Combined Hospital based & HITH	17,529	4,182	11,175	8,207	41,093
Other (please specify)	0	0	0	0	0
Total admitted patient days	17,529	4,182	11,175	8,207	41,093
or Separations (patients)[2]					
Hospital based	0	0	0	0	0
Hospital-in-the-home	0	0	0	0	0
Combined Hospital based & HITH	803	500	480	117	1,900
Other (please specify)	0	0	0	0	0
Total admitted separations	803	500	480	117	1,900
Average length of stay	21.8	8.4	23.3	70.1	21.6
Occasions of service (volumes)[3]			***Non-admitted***		
Centre based	34,173	0	0	0	34,173
Home based	2,186	0	622	0	2,808
Combined Centre & Home based	36,359	0	622	0	36,981
Other (please specify)	0	0	0	0	0
Total occasions of service	36,359	0	622	0	36,981
Weighted Bed Day Equivalent [4]	18,180	0	311	0	18,491
Episodes (patients)[2]					
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
Total episodes	0	0	0	0	0
Total group sessions	0	0	0	0	0

Table 2: Growth

	Admitted Patient Days	Weighted Non-admitted Occasions of Service	Total Bed day Equivalents
Services in baseline year 2007-08	32,689	14,126	46,815
Services in 2011-12	32,843	23,400	54,398
Services in 2012-13	41,093	18,491	59,584
Service increase in 2012-13 compared to baseline	8,404	4,365	12,769
% increase in 2012-13 compared to baseline	**25.7%**	**30.9%**	**27.3%**
Service increase in 2012-13 compared to 2011-12	8,250	-4,910	5,186
% increase in 2012-13 compared to 2011-12	25.1%	-21.0%	9.5%

	WBDE Ratio
Rehabilitation	2:1
Palliative care	2:1
GEM	2:1
Psychogeriatric	2:1

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 patent 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-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).