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

July 2010 – June 2011

Summary of Progress

In December 2008 the Victorian State Government provided funding to sub-acute services as a part of the 'Victorian Bed Strategy'. This included an additional full year effect of $36 million encompassing 170 new sub-acute beds across rehabilitation, geriatric evaluation and management (GEM), palliative care and restorative care, $2.5 million for Rehabilitation in the Home (RITH), $2.5 million for Residential Aged Care Clinical In-reach programs and $1 million one-off funding for capital improvements. In 2009-10 recurrent funding of $35 million was allocated to sustain the Bed Strategy. This will result in expenditure of greater than $140 million (when including capital and indexation) over the life of the Subacute NPA which is in excess of Victoria's allocation of $125 million.

Victoria continues to implement the Sub-acute NPA as outlined in the agreed Implementation Plan. An improvement in service mix is being developed via the implementation of strategies such as the Sub-acute Services Planning Framework, Health Independence Program guidelines, palliative care outcome measures and clinical indicators and embedding of improved workforce models.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
Implementation of the Sub-acute Services Planning Framework (SSPF) Guide for allocation of funding from the 'Victorian Bed Strategy' and state funded initiatives.	Continued establishment of services funded through the Victorian Bed Strategy.	See attached "Bed Strategy" document for allocation	Rural region plans identifying admitted and ambulatory growth at a regional and sub-regional level have been reviewed and are informing planning. Metropolitan health services have completed a self assessment against the Framework. Assessments will be reviewed by the Department to identify gaps in service capability. Department has received reports on a
Development of metropolitan and rural and regional implementation plans that map current service provision against the SSPF to identify gaps.	August 2009	State funded	

Refresh of the access benchmarks and forecasting models with activity data	December 2010	State funded	refresh of access benchmarks based on 2008-09 data. Information being used to inform subacute planning.
Health Independence Program Implementation Health services completed self assessment against each of the HIP guidelines	July 2009	State Funded	Implementation plans have been completed and are being actioned by health services.
Health services completed implementation plans for four key priority areas: ○ Access ○ Initial needs identification ○ Appropriate setting ○ Corporate Governance	First quarter 2009-10	State Funded	
Health services commencing implementation against the HIP implementation plans	Throughout 2009-10	State Funded	
Health services have received a implementation plan template for the next four priority areas for implementation of the HIP guidelines • Care coordinator • Assessment • Transition and exit • Interdisciplinary approach	December 2010. Due back April 2011	State Funded	Implementation plans for next four priority areas have been completed and submitted to the Department and are being actioned by health services

Reforming Care Pathways *Elective Orthopaedic Pathway* The project's aims are to: • improve the understanding of elective orthopaedic patient pathways across Victorian public hospitals • decrease patients' acute inpatient length of stay • improve the linkage between acute and rehabilitation services (inpatient and ambulatory) • decrease the number of patients referred to inpatient rehabilitation and increase the referral to RITH services • reduce the variation in clinical pathways and timelines across health services • increase acute inpatient capacity for elective joint replacement patients	Commenced 2009	$2.65 M	Continuation of pathway throughout the year. Outcomes to date are reports of improved systems and patient flow by allowing patients to be discharged (when clinically safe) to home with RITH. Model is being expanded to include other orthopaedic patient groups. Analysis of 2009-10 and half year 2010-11 data shows on average acute LOS has decreased by 1.4 days for both hip replacement and knee replacements. This equates to approximately 8100 acute bed days per annum.
Geriatric medicine pathway: Austin Health has opened a new 24 bed acute aged care ward on their sub-acute campus as a part of an innovative model of care funded by the Bed Strategy.	September 2009	$5.7 M	Program expanded to target GEM units in acute hospitals so older people admitted from ED are better supported through specialist geriatric services provided earlier in care pathway.

Residential Aged Care Clinical In-reach Program Mainstreaming commenced for eight programs post evaluation of pilot. The aim of this initiative is to provide services to residents of aged care facilities with access to treatment within their care setting. The intention is to both prevent unnecessary presentation to emergency departments but also to manage people in a more appropriate care setting.	Commenced July 2009	$2.5 million recurrent plus additional state funding	An independent evaluation completed in July 2009 found that the Residential In-reach pilots were well regarded, accessible and met referrer and hospital requirements. The review of the service activity and models of care found that a model providing care in the Residential Aged Care Facility was the most effective in reducing avoidable ED presentations, ambulance utilisation and improved patient outcomes. Service development is being informed by information sharing, problem solving and benchmarking. The program has expanded to 13 health services.
Palliative care *Admitted* Provision of an additional 3,285 palliative care beddays at Melbourne Health.	Implementation commenced July 2009	State funded	Implementation brought forward to the 2009-10 financial year and commenced service delivery in July 2009.
Outcome measures/clinical indicators Introduction of four new measures for community palliative care: • Phase of care at patient contact • Model of care • Patient preferred place to die • Patient preferred setting of care Clinical Advisory Groups established in each regional palliative care consortia	From 1 July 2009	State funded	Data being reported by community palliative care services.

Consultation liaison/shared care model: Progression of proposed minimum data set developed and business case submitted for inclusion in hospital data collection for 1 July 2010. Service Delivery Framework (SDF) to be further developed. Statewide Palliative Care Clinical Network to be further developed.	Throughout 2009-10	State funded	Consultancy data collection commenced Jan 2011. All regional palliative care consortia are working with regional in-patient, community and consultancy palliative care services in order to; • Assess service provision against the levels described in the SDF. • Identify gaps at both the individual service and regional levels. • Review workforce arrangements • Improve access for a greater proportion of the regional population. Palliative Care Clinical Network meeting regularly and overseeing progress in: • Pain identification and management • Clinical assessment tools • Bereavement framework • End of life pathways
Psychogeriatics Exploration of a definition of psycho-geriatric care.	July-December 2010	State funded	A cost driver study has further developed the definition of 'psycho-geriatric" care.
Improving service mix	September 2009	State funded.	State funded rollout of FIM training completed in December 2010. Mandatory reporting of FIM for GEM and rehabilitation from 1 July 2011.

National Benchmarking Actively contribute to the development of national benchmarks that are required within the Sub-acute NPA.	Throughout 2009-10		To date this work has encompassed: • Reviewing and/or developing data definitions and descriptions • Drafting of measures against the Sub-acute Care NPA performance indicators • Participating on the Benchmarking Reference Group for the Commonwealth led Benchmarking study

Appendix **Victorian Bed Strategy for 2010-11**

2010-11	Rehab Admitted (beds)	GEM Admitted (beds)	Restorative Care Admitted and No-admitted (Places)	Pall Care Admitted (Beds)		Resi In-Reach Non-admitted (Funding)	RITH Non-admitted (Funding)	Total funding
Metro								
Alfred		16	6			$ 424,360		
Austin		24	1			$ 424,360	$ 265,225	
Eastern			6	4				
Melbourne			11			$ 424,360	$ 265,225	
Mercy								
Northern			8			$ 424,360	$ 212,180	
Peninsula			4				$ 212,180	
PMCC								
Royal Children's								
RVEEH								
Royal Women's								
Southern		24	4				$ 291,748	
St Vincent's	4	4	4				$ 291,748	
Western		16				$ 424,360	$ 212,180	
Calvary				3				
Metro Total Beds	4	84	44	7				
Metro total Funding	$1,777,988	$16,495,080	$6,006,440	$1,405,250		$2,121,800	$1,750,485	$33,207,043
Regional								
Barwon			5	3			$ 291,748	
Ballarat		5					$ 159,135	
Bendigo		5	4			$ 424,360	$ 291,748	
Goulburn Valley			4			$ 106,090	$ 159,135	
Latrobe	4	1						
Regional Total Beds	4	11	13	3				
Regional Total Funding	$785,480	$2,160,070	$1,774,630	$607,725		$ 530,450	$ 901,765	$ 8,110,120
Total Beds	***8***	***95***	***57***	***10***				
Total Funding 2010-11	***$2,563,468***	***$18,655,150***	***$7,781,070***	***$2,012,975***		***$2,652,250***	***$2,652,250***	***$41,317,163***

Subacute care annual service activity and growth report

State/Territory: Victoria

Period: 2010-11

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	Caveats
Patient days (volumes)			*Admitted*			
Hospital based	277,200	83,500	318,666		679,366	(1)
Hospital in the Home						
Combined Hospital based & HITH						
Other (please specify)						
Total admitted patient days	277,200	83,500	318,666		679,366	(a)
or Separations (patients)						
Hospital based	13,655	6,007	14,163		33,825	(2)
Hospital-in-the-home						
Combined Hospital based & HITH						
Other (please specify)						
Total admitted separations	13,655	6,007	14,163		33,825	
Average length of stay	20.3	13.9	22.5		20.1	
Total Bed Day Equivalents	233,459	70,406	257,194		561,059	(b)
Occasions of service (volumes)			*Non-admitted*			
Centre based	429,356	54,224	48,254	48,107		(3)
Home based	83614	160,522	26,559	42,659		
Combined Centre & Home based						
Other (please specify)				6606		
Total occasions of service	512,970	214,746	74,813	97,372		
Weighted Bed Day Equivalents	202,915	54,529	29,594	49,148	336,186	(c)
Episodes[2] (patients)						
Centre based						
Home based						
Combined Centre & Home based	54,571	4,356	21,375			
Other (please specify)						
Total episodes	54,571	4,356	21,375		80,302	
Total group sessions	81,049	11,096	1,721	2,966	96,832	

[1] Geriatric Evaluation and Management

[2] Episode data is for information only, and not a factor for calculating growth in service delivery.

Table 2: Growth percentages (2010-11)

Growth percentages (2010-11)	Patient days	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs
Baseline	605,633	506,453	280,195	786,648
Targeted % increase				13.80%
Services in 2010-11	679,366	561,059	336,186	897,245
Increase in 2010-11	73,733	54,606	55,991	110,597
% increase	12.17%	10.78%	19.98%	14.06%

WBDE Ratios

	Ratio
Rehabilitation	
Paliative care	
GEM	
Psychogeriatric	

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)

Caveats

(1) - This refers only to activity under sch C and excludes the activity under schedule E
(2) - Separations are based on an average length of stay (noting that the entire episode figure cannot be used due to some separations excluded as included in schedule E)
(3) - Centre versus home based now uses VINAH percentages as a more accurate reflection of data

Notes

(A) - Non-admitted Rehab & GEM episode numbers are based on 70% VINAH compliance and unable to be split into home/centre/mixed, therefore all are placed under combined centre and home based
(B) - Psycho geriatric: Other includes Inpatient Setting or Public Hospital non-MH ward
(C) - Palliative care non-admitted data is inferred from 2008/09 data.
(D) - Group sessions are occasions of service delivered in group setting