

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

July 2012 – June 2013

Summary of Progress

In December 2008 the Victorian State Government provided funding to subacute services as part of the ‘Victorian Bed Strategy’. This included an additional full year effect of \$36 million encompassing 170 new subacute 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 has implemented the Subacute NPA as outlined in the agreed Implementation Plan. An improvement plan in service mix has been developed via the implementation of strategies such as the Subacute Services Planning Framework, Health Independence Programs (HIP) 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 Subacute 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 and Metropolitan health services have completed an audit of subacute services against the framework. The department has collated data and has reported the findings back to health services and departmental regional contacts for benchmarking purposes.

Development of metropolitan and rural and regional implementation plans that map current service provision against the SSPF to identify gaps.	August 2009	State funded	A second refresh of subacute access planning benchmarks based on 2010-11 data has been completed. The SSPF has been developed to include additional ambulatory subacute services - Hospital Admission Risk Program.
Refresh of the access benchmarks and forecasting models with most recent activity data.	October 2012	State funded	Information being used to inform subacute planning.
<p>Health Independence Programs Implementation</p> <p>Health services completed self assessment against each of the HIP guidelines and completed implementation plans for eight key priority areas:</p> <ul style="list-style-type: none"> • Access • Initial needs identification • Appropriate setting • Corporate governance • Care coordinator • Assessment • Transition and exit • Interdisciplinary approach 	July 2009	State Funded	Implementation plans have been completed and are being actioned by health services.

<p>Reforming Care Pathways <i>Elective Orthopaedic Pathway</i> The project aims are to:</p> <ul style="list-style-type: none"> • improve the understanding of elective orthopaedic patient pathways across Victoria 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	\$2.73 M	<p>11 health services implemented dedicated home-based rehabilitation services.</p> <p>Outcomes are reports of improved systems and patient flow by allowing patients to be discharge (when clinically safe) to home with RITH. The model has been expanded to include other orthopaedic patient groups.</p> <p>Analysis of data shows on average acute length of stay at targeted health services has decreased 1.7 days for hip replacement and 1.62 days for knee replacement. This equates to approximately 6,354 acute beds days per annum.</p>
<p><i>Geriatric Medicine Pathway</i> Austin Health has opened a new 24 bed acute aged care ward on their subacute campus as part of an innovative model of care funded by the Bed Strategy.</p> <p>Pilot a GEM@ Home model to test the appropriateness of the model to respond to the care needs of older people</p>	<p>September 2009</p> <p>Commenced development 2012</p>	\$5.8 M	<p>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.</p> <p>Over the last six months the department has been working with a metropolitan health service to develop a GEM@ Home model</p>

<p>presenting at emergency departments.</p>			<p>for piloting in 2013 to test the appropriateness of the model to respond to the care needs of older people presenting at emergency departments and identify the key components of service delivery.</p> <p>GEM @ Home provides comprehensive specialist assessment and multidisciplinary team intervention. A report found it was effective in identifying older people at risk of admission in the community.</p>
<p><i>Early Stroke Discharge Pathway</i> The project aims to pilot models of early support for patients requiring rehabilitation post stroke within Victorian metropolitan public health services.</p>	<p>2012-13</p>	<p>State and NPA IPHS</p>	<p>A pilot commenced in 2012-13 across two health services testing stroke rehabilitation pathways with the aim of improving early access to rehabilitation (both inpatient and ambulatory) and reducing acute length of stay. In data reported to date ESD patients have acute average length of stay of 3.7 days compared to patients in usual pathway with an acute average length of stay of 9 days.</p>
<p><i>Residential Aged Care Clinical Indicators</i> Mainstreaming commenced for eight programs post evaluation of pilot.</p> <p>The aim of this initiative is to provide services to residents of aged care facilities with access to treatment</p>	<p>Commenced July 2009</p>	<p>\$2.7 M plus additional recurrent state funding</p>	<p>An independent evaluation completed in July 2009 found that the Residential In-reach pilots were well regarded, accessible ad met referred and hospital requirements.</p> <p>The review of the service activity and models of care found that a model providing care in the Residential Aged</p>

<p>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.</p>			<p>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.</p> <p>The program has expanded to 13 health services. Through additional state funding in 2013 there has been growth in some existing services and establishment of the program in subregional health services.</p>
<p>Palliative care <i>Admitted</i> Provision of an additional 3,285 palliative care beddays at Melbourne Health.</p>	<p>Implementation commenced July 2009</p>	<p>State funded</p>	<p>Implementation brought forward to the 2009-10 financial year and commenced service delivery in July 2009.</p>
<p><i>Outcome measures/clinical indicators</i> Introduction of four new measures for community palliative care:</p> <ul style="list-style-type: none"> • Phase of care at patient contact • Model of care • Patient preferred place to die • Patient preferred setting of care <p>Clinical Advisory Groups established in each regional palliative care consortia</p>	<p>From 1 July 2009</p>	<p>State funded</p>	<p>Data being reported by community palliative care services.</p>

<p><i>Consultation liaison/shared care model:</i> Progression of proposed minimum data sets developed and business case submitted for inclusion in hospital data collection for 1 July 2010.</p> <p>Service Delivery Framework (SDF) to be further developed.</p> <p>Statewide Palliative Care Clinical Network to be further developed.</p>	<p>Throughout 2009-10</p>	<p>State funded</p>	<p>Consultancy data collection commenced Jan 2011.</p> <p>All regional palliative care consortia are working with regional in-patient, community and consultancy palliative care services in order to:</p> <ul style="list-style-type: none"> • 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. <p>Palliative Care Clinical Network meeting regularly with the following projects completed and implementation underway:</p> <ul style="list-style-type: none"> • Pain identification and management • Clinical assessment tools • Bereavement framework • End of life pathways
<p>Psychogeriatrics Exploration of a definition of psychogeriatric care.</p>	<p>July- December 2010</p>	<p>State funded</p>	<p>A cost driver study has further developed the definition of “psycho-geriatric” care.</p>

<p>Improving service mix</p>	<p>September 2008</p>	<p>State funded</p>	<p>State funded rollout of FIM training completed in December 2010. Mandatory reporting of FIM for GEM and rehabilitation from 1 July 2011. Additional training workshops offered throughout 2012-13.</p>
<p>National Benchmarking Actively contribute to the development of national benchmarks that are required within the Subacute NPA.</p>	<p>Throughout 2009-10</p>		<p>To date this work has encompassed:</p> <ul style="list-style-type: none"> • Reviewing and/or development data definitions and descriptions • Drafting of measures against the Subacute Care NPA performance indicators • Participating on the Benchmarking Reference Group for the Commonwealth led Benchmarking study. • Developing mechanisms for health service reporting.

Appendix

Victorian Bed Strategy for 2012-13

2012-13	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		\$ 448,018		
Austin		24	1		\$ 448,018	\$ 280,011	
Eastern			6	4			
Melbourne			11		\$ 448,018	\$ 280,011	
Northern			8		\$ 448,018	\$ 224,009	
Peninsula			4			\$ 224,009	
Southern		24	4			\$ 308,012	
St Vincent's	4	4	4			\$ 308,012	
Western		16			\$ 448,018	\$ 224,009	
Calvary				3			
Metro Total Beds	4	84	44	7			
Metro total Funding	\$1,810,108	\$18,150,720	\$6,231,280	\$1,461,460	\$2,240,090	\$1,848,075	\$31,741,733
Regional							
Barwon			5	3		\$ 308,012	
Ballarat		5				\$ 168,007	
Bendigo		5	4		\$ 448,018	\$ 308,012	
Goulburn Valley			4		\$ 112,005	\$ 168,007	
Latrobe	4	1					
Regional Total Beds	4	11	13	3			
Regional Total Funding	\$817,600	\$2,248,400	\$1,841,060	\$631,815	\$ 560,023	\$ 952,038	\$ 7,050,936
Total Beds	8	95	57	10			
Total Funding 2012-13	\$2,627,708	\$20,399,120	\$8,072,340	\$2,093,275	\$2,800,113	\$2,800,113	\$38,792,669

Subacute care annual service activity and growth report

State/Territory: Victoria

Period: 2012-13

Table 1: Activity by care type

* To calculate growth percentages (Table 2), use EITHER Patient days (volumes) OR Separations (patients)

Patient days (volumes)

	Rehabilitation	Palliative	GEM ¹	Psycho-geriatric	Totals
Admitted					
Hospital based	274,955	85,866	338,665		699,486
Hospital in the Home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted patient days					699,486 (a)

or Separations (patients)

Hospital based	13,545	6,708	16,440		36,693
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted separations	13,545	6,708	16,440		36,693
Average length of stay	20.3	12.8	20.6		19
Total Bed Day Equivalents	231,635	72,403	272,909		576,948 (b)

Occasions of service (volumes)

Centre based	434,774	71,402	59,487	50,108	615,771
Home based	89,682	229,871	30,782	43,040	393,375
Combined Centre & Home based					
Other (please specify)				6,554	6,554
Total occasions of service	524,456	301,273	90,269	99,702	1,015,700
Weighted Bed Day Equivalents	207,459	76,500	35,708	50,324	369,991 (c)

Episodes² (patients)

Centre based					
Home based					
Combined Centre & Home based	59,597	16,025	25,791		101,414
Other (please specify)					
Total episodes	59,597	16,025	25,791		101,414
Total group sessions	63416	5,056	1634	1221	71327

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 (2012-13)

WBDE Ratios

Growth percentages (2012-13)	Occasions of service				Ratio
	Patient days	Separations (BDEs)	(WBDEs)	Total BDEs	
Baseline	605,633	506,453	280,195	786,648	Rehabilitation
Targeted % increase				20.00%	Palliative care
Services in 2012-13	699,486	576,948	369,991	946,938	GEM
Increase in 2012-13 compared to baseline	93,853	70,495	89,796	160,290	Psychogeriatric
% increase	15.50%	13.92%	32.05%	20.38%	

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-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).

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)