

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

Annual Report - Financial Year 2012-2013

July 2012 – June 2013

Summary of Progress

WA has completed the final year of the WA Subacute Care Implementation Plan 2009-2013 (“the Plan”) with positive results.

Over the four years of the Plan, WA achieved an overall increase in subacute care weighted bedday activity of 45.5% over the baseline year of 2007-2008. In 2012-2013, WA achieved a 15.5% increase in activity over 2011-2012.

All identified projects in the Plan have been implemented and are fully operational. With the exception of one project, all services were established within the first three years outlined in the Plan.

The remaining project, Kalgoorlie Integrated Rehabilitation Service, commenced operation in November 2012 and is now fully operational.

Significantly, this now completes the establishment of dedicated subacute resource centres or “hubs” in all major regional centres across WA. Smaller sites are also the recipient of consultant and outreach services initiated through the Plan.

This is a major achievement for Western Australia given the previous low profile of the subacute care sector particularly across regional WA, prior to the implementation of the Plan.

As a result of prudent management and effective administration of the Plan, it has been possible to implement a reinvestment strategy generated by savings accrued across the life of the Plan. The focus of this reinvestment strategy was investment in the subacute care clinical workforce and an extension to services in outlying sites to address regional imbalances in equity of access to services.

In addition, the WA Statewide Subacute Care Training and Development Centre (TRACS WA) is now fully integrated into the WA subacute care sector as well creating links with the non-government sector to enhance the provision of subacute care services in WA.

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The Centre is unique in WA and aims to improve the quality of subacute services provided to Western Australians. Training is accessible through a range of strategies including videoconferencing, self-paced learning packages, e-learning, communities of practice meetings, funding and support of skills exchange programs, workshops and seminars. The Centre has a well developed governance architecture with Co-Leads, Development Facilitators and Clinical Leads across the domains. It is also supported by an Expert Reference Group of respected specialist clinicians and academics currently practicing in the subacute domains. The focus of TRACS WA is on interdisciplinary learning across professions.

TRACS WA is currently focussing on the development of a “Subacute Care Core Curriculum” designed to form part of the orientation of the workforce entering the WA subacute care sector. The key areas of the curriculum are core business, evidence based practice, quality and service efficiency. It is intended that medical, nursing, allied health and support staff will participate in the core curriculum. It is also intended to seek executive endorsement to promote the integration of the curriculum into standard work practices across WA Health.

Investment in subacute care services through NPA 1 has created a number of positive outcomes for WA:

- reinforcement of the importance of subacute care discharge options in reducing demand for beds in the emergency and acute care settings as well as reductions in cost pressures, particularly with the expansion of non-admitted subacute care services.
- development of subacute service infrastructure to assist in earlier discharge and transfer of rural patients treated in metropolitan hospitals to regional hospital where rehabilitation can take place and assist metropolitan hospitals to become more efficient.
- Development of a stronger rural and regional allied health workforce and recognition of the benefits to the health system generated by access to subacute services. Metropolitan hospitals are now more confident in discharging to rural hospitals with respect to rehabilitation, geriatric and psycho-geriatric management
- Establishment of services where key gaps existed in the metropolitan area both in the non-admitted and admitted settings, (for example stroke rehabilitation, fast track GEM Units).

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
REHABILITATION			
DAY THERAPY SERVICES <ul style="list-style-type: none"> ▪ Increase in service delivery levels at metropolitan Day Therapy sites: ▪ Increase in service delivery levels at regional sites: 	<p>Service delivery at full capacity according to agreed funding levels for 2012-2013</p> <p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$4,643,738 total - Recurrent funding - \$1,720,653 in 2012-13 - \$2,558,414 total - Recurrent funding - \$910,013 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Metropolitan services occurring at Armadale, Bentley, Fremantle – Moss Street, Joondalup, Osborne Park Hospital, Mercy Day Therapy, Sir Charles Gairdner, Swan Districts and Rockingham.</p> <p>Regional services occurring at Geraldton, Northam, Albany and Bunbury and Kalgoorlie. Kalgoorlie was the last site to establish a Day Therapy Program as part of Schedule C funding.</p>
REHABILITATION IN THE HOME (RITH) <ul style="list-style-type: none"> ▪ Increase in service delivery levels in metropolitan area 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$3,495,408 total - Recurrent funding - \$1,380,067 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Expansion of existing rehabilitation in the home (RITH) services in the North Metropolitan Region linked to Osborne Park and Joondalup Hospital sites and in the South Metropolitan Region linked to the Armadale, Bentley, Peel and Rockingham Hospital sites.</p>

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<p>COMMUNITY REHABILITATION (WA COUNTRY HEALTH SERVICES)</p> <ul style="list-style-type: none"> ▪ Commencement of home-based service delivery in regional locations 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$655,430 total - Recurrent funding - \$226,572 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Home-based rehabilitation services commenced at Geraldton, Albany.</p> <p>*Note: It was originally planned to have commence community rehabilitation at Bunbury. The funding has been converted to Day Therapy services at outlying sites in the South West. This is reflected in the reduction in funding for Community Rehabilitation.</p>
<p>COMMUNITY PHYSIOTHERAPY SERVICES</p> <ul style="list-style-type: none"> ▪ Increase in existing community based physiotherapy services in the North and South Metropolitan Regions ▪ Increase in community based physiotherapy services at Northam 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p> <p>Full service at Northam hospital 2012-2013</p>	<ul style="list-style-type: none"> - \$3,045,647 total - Recurrent funding - \$1,224,000 in 2012-13 - \$208,000 total - Recurrent funding - \$64,730 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Diversification of community physiotherapy programs commenced, eg cardio-pulmonary, stroke rehabilitation.</p>

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<p>AMPUTEE SPECIALIST REHABILITATION SERVICES</p> <ul style="list-style-type: none"> Specialist medical rehabilitation services for amputee patients with the integration of an allied health multi-disciplinary team to service North and South Metro Regions 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$710,627 total - Recurrent funding - \$254,153 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>The multidisciplinary outreach service is provided by the Statewide Rehabilitation Centre (Shenton Park) and delivered at outpatient clinics at Fremantle and Sir Charles Gairdner Hospitals.</p>
<p>DEDICATED PARKINSON DISEASE AMBULATORY CARE OUTREACH REHABILITATION SERVICES – SOUTH METROPOLITAN REGION</p> <ul style="list-style-type: none"> Regional ‘hub and spoke’ model with a multi-disciplinary rehabilitation focus for people with Parkinson’s disease at Day Therapy Units. 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$3,741,305 total - Recurrent funding - \$1,233,305 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Allied health and clinical experts from a central Day Therapy Unit (Moss Street Centre for clinical expertise and training) consultation at satellite units on a rotating basis; Armadale, Bentley, Rockingham/Peel.</p> <p>Establishment of Centre of Excellence in Parkinson’s Disease in South Metro.</p>
<p>DEDICATED PARKINSON DISEASE AMBULATORY CARE OUTREACH REHABILITATION SERVICES – NORTH METROPOLITAN REGION</p> <ul style="list-style-type: none"> Regional “hub and spoke” model with a multi-disciplinary rehab focus for people with Parkinson’s disease at Day Therapy Units. 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$441,624 total - Recurrent funding - \$225,024 in 2012-2013 	<p>Expansion of 2012-2013 project deliverables for Parkinson’s Disease Rehabilitation programs.</p> <p>A full multi-disciplinary team including medical specialist input established at Swan Districts Hospital to service north-eastern</p>

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		<ul style="list-style-type: none"> - \$279,376 total - Recurrent funding \$98,976 in 2012-13 	<p>metropolitan catchment area. Service operates with the Day Therapy Unit program. Linked to Osborne Park Hospital centre for clinical expertise and training in capacity as North Metropolitan Centre of Excellence in Parkinson’s Disease.</p> <p>Outreach nursing service for central north metropolitan region to complement existing Osborne Park Hospital Centre of Excellence for Parkinson’s Disease.</p>
<p>SECONDARY STROKE UNIT IN NORTH METROPOLITAN REGION</p> <ul style="list-style-type: none"> ▪ Integrated secondary stroke rehabilitation service – Osborne Park Hospital 	<p>Service delivery at full capacity according to agreed funding level for 2011-2012 at specified sites</p>	<ul style="list-style-type: none"> - \$3,834,097 total - Recurrent funding \$1,444,128 in 2012-2013 	<p>2012-2013 project deliverables completed.</p> <p>North Metropolitan Area Health Secondary Stroke unit at Osborne Park Hospital with Early Supported Discharge and Outpatient service. The dedicated inpatient unit is 10 beds. This service acts to take pressure off acute hospital services at the Sir Charles Gairdner Hospital tertiary site.</p>
<p>SECONDARY STROKE SERVICES IN SOUTH METROPOLITAN AREA HEALTH SERVICE - BENTLEY HOSPITAL</p> <ul style="list-style-type: none"> ▪ Integrated secondary stroke rehabilitation service – Bentley Hospital 	<p>Service Commencement 2011-12</p>	<ul style="list-style-type: none"> - \$2,521,000 total - Recurrent funding \$1,356,000 in 2012-2013 	<p>2012-2013 project deliverables completed.</p> <p>Inpatient and outpatient services dedicated to stroke rehabilitation at South Metropolitan secondary hospital site, meeting objectives of rehabilitation care provision ‘closer to home’ and taking pressure off acute hospital services at the Royal Perth Hospital tertiary site.</p>

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<p>NEUROSCIENCE SPECIALIST - SOUTH METROPOLITAN AREA HEALTH SERVICE - BENTLEY HOSPITAL</p>	<p>Service commencement January 2013</p>	<ul style="list-style-type: none"> - \$213,250 total - Recurrent funding \$182,000 in 2012-2013 	<p>This position provides the specialised medical consultation for the stroke unit at Bentley Hospital as well as provide expertise and clinician availability for Parkinson’s Disease programs.</p>
<p>MID-WEST REHABILITATION INPATIENT - Geraldton</p>	<p>Service delivery at full capacity according to agreed funding level for 2011-2012 at specified sites</p>	<ul style="list-style-type: none"> - \$327,215 total - Recurrent funding \$113,286 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Additional Allied health resources to service inpatient rehabilitation needs at Geraldton Hospital.</p>
<p>GREAT SOUTHERN INPATIENT REHABILITATION - Albany</p>	<p>Service delivery at full capacity according to agreed funding level for 2011-2012 at specified sites</p>	<ul style="list-style-type: none"> - \$327,715 total - Recurrent funding \$113,286 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Additional allied health resources to service inpatient rehabilitation needs at Albany Hospital</p>

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<p>SOUTH WEST INTEGRATED REHABILITATION SERVICE</p> <ul style="list-style-type: none"> ▪ Inpatient rehabilitation and restorative service for South-West region of WA 	<p>Service delivery at full capacity according to agreed funding level for 2012-2013 at specified sites</p>	<ul style="list-style-type: none"> - \$4,456,000 total - Recurrent funding \$1,863,836 2012-2013 	<p>2012-2013 project deliverables completed.</p> <p>Dedicated 10-bed inpatient unit at Bunbury Regional Hospital, integrated with the Day Therapy Unit and linked to regional sites. A Geriatrician provides consultancy and liaison services throughout the South West Health region.</p>
<p>OUTSTANDING PROJECTS 2011-2012 - REHABILITATION COMMENCED 2012-2013</p>			
<p>INPATIENT REHABILITATION SERVICE - KALGOORLIE</p>	<p>Service delivery commenced</p>	<ul style="list-style-type: none"> - \$352,400 total - Recurrent funding \$322,400 2012 – 2013 (inpatient rehabilitation team). - Additionally, \$53,270 allocated in 2012-2013 for site visits to Kalgoorlie Regional Hospital by a metropolitan based rehabilitation physician. 	<p>Service model in a rural and remote region determined. Visiting service by metropolitan based rehabilitation physician in order to assist with initial start up of service.</p> <p>The integrated service comprises a dedicated Inpatient and Day Therapy Unit service based on a multi-disciplinary approach to rehabilitation.</p>

GERIATRIC EVALUATION AND MANAGEMENT			
<p>GERIATRIC EVALUATION AND MANAGEMENT SERVICE – SOUTH-WEST REGION OF WA</p>	<p>Full service 2012-2013</p>	<ul style="list-style-type: none"> - \$989,000 total - Recurrent funding \$351,212 in 2012-13 	<p>2012-2013 project deliverables completed. Geriatric consultation and liaison across the South-West region.</p>
<p>GEM SERVICES AT DAY THERAPY SITES IN THE METROPOLITAN REGION</p>	<p>Full service commencement 2011-2012</p>	<ul style="list-style-type: none"> - Nil allocation, within existing Department of Geriatric Medicine resources - Aged and Continuing Care Directorate project staff support 	<p>2012-2013 project deliverables completed.</p> <p>Best practice initiative/State-wide Reform Program to promote consistent assessment practices, equity of access to a uniform suite of services across WA continues with engagement of all Day Therapy Units (DTUs) and geriatricians in metropolitan and regional areas.</p> <p>Guidelines agreed and published.</p> <p>Data collection processes improved with mapping to national Tier 2 Non-admitted data collection framework.</p> <p>Data Collection framework for all WA DTU’s agreed and published.</p>

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<p>VISITING GERIATRICIAN CONSULTATION AND LIAISON SERVICE TO ALL RURAL AND REMOTE REGIONS</p>	<p>Service delivery at full capacity.</p>	<ul style="list-style-type: none"> - \$1,365,267 total - Recurrent funding \$351,646 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Visiting Geriatrician Service support across WA Country Health Services to provide a specialist geriatric consultation and liaison service.</p> <p>Sites visited include Bunbury, Collie, Busselton, Harvey, Bridgetown, Narrogin, Albany, Kalgoorlie, Esperance, Northam, Merredin, Moora, Geraldton, Port Hedland, Broome, Kununurra.</p>
<p>CLINICAL SUPPORT SERVICE FOR VISITING GERIATRICIAN SERVICE TO RURAL AND REMOTE REGIONS</p>	<p>Service delivery at full capacity.</p>	<ul style="list-style-type: none"> - \$1,061,563 total - Recurrent funding \$364,288 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>Clinical support in WA Country Health Services region that provides support for the Visiting Geriatrician Service and implementation of care recommendations post consultant geriatrician visit. Sites are as listed in preceding paragraph for Visiting Geriatrician services.</p>
<p>NORTH METROPOLITAN AREA HEALTH SERVICE – DEDICATED GEM UNIT</p>	<p>Service delivery at full capacity.</p>	<ul style="list-style-type: none"> - \$1,365,000 total - Recurrent funding for allied health - \$546,000 and \$194,000 for GEM Registrar position in 2012-2013 	<p>A 14-bed Unit at Sir Charles Gairdner Hospital commenced in August 2011, providing the only dedicated GEM Unit for the North Metropolitan region. It is a “fast-track” rehabilitation ward located on a tertiary hospital campus.</p>

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<p>SOUTH METROPOLITAN AREA HEALTH SERVICE – DEDICATED GEM UNIT</p>	<p>Service delivery at full capacity.</p>	<p>- \$897,000 total Recurrent funding for allied health - \$454,000 2012-13</p>	<p>A 10-bed GEM Unit commenced at Fremantle Hospital in September 2011, providing a dedicated GEM Unit for the South Metropolitan region. It is a “fast-track” rehabilitation ward located on a tertiary hospital campus and is similar in model to the North Metropolitan region GEM unit.</p>
<p>REINVESTMENT STRATEGY – GERIATRIC WORKFORCE DEVELOPMENT</p>	<p>Commencement January 2012</p>	<p>- \$1,286,110 in total Recurrent funding \$961,210 2012-2013</p>	<p>Savings accumulated across the three year operation of the WA Subacute Care Plan provided the opportunity for re-investment in the geriatric workforce for the following positions:</p> <ul style="list-style-type: none"> - Advanced trainee registrar in geriatrics Bentley Hospital - Advanced trainee registrar in geriatrics – Bunbury Regional Hospital - Basic trainee registrar in geriatrics – Armadale Hospital - Fractured Neck of Femur discharge nurse at Osborne Park Hospital - Occupational Therapist - RPH GEM Unit

PSYCHO-GERIATRIC CARE			
<p>CO-LOCATION OF DEDICATED IN-PATIENT PARKINSON DISEASE REHABILITATION SERVICES WITH PSYCHOGERIATRIC CARE SERVICES – SOUTH METROPOLITAN REGION</p>	<p>As reported in the 2009-2010 Annual Report, this project was redefined and reconfigured to become the Parkinson’s Disease outreach rehabilitation service for the South Metropolitan Area Health Service region.</p>	<p>N/A</p>	<p>N/A</p>
<p>VISITING PSYCHO-GERIATRICIAN CONSULTATION AND LIAISON SERVICE - RURAL AND REMOTE REGIONS</p>	<p>Full service commencement.</p>	<ul style="list-style-type: none"> - \$837,821 total - Recurrent funding \$280,301 in 2012-13 	<p>2012-2013 project deliverables completed</p> <p>Visiting Psycho-geriatricians conduct clinics at Albany, Bunbury, Broome, Geraldton, Kalgoorlie, Esperance, Kununurra, Port Hedland, Carnarvon, Northam, Narrogin, Merredin.</p>
<p>SENIOR OLDER ADULT MENTAL HEALTH SUPPORT SERVICE – RURAL AND REMOTE REGIONS</p>	<p>Full service commencement.</p>	<ul style="list-style-type: none"> - \$1,451,110 total - Recurrent funding \$534,310 in 2012-13 	<p>Older adult mental health professionals in rural and remote regions provide support for the Visiting Psycho-geriatrician Service and for local specialist mental health services, by implementing</p>

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			the care plans and recommendations established by the medical consultants. Sites are as listed in the preceding paragraph for Visiting Psycho-geriatrician service.
PALLIATIVE CARE			
<p>PALLIATIVE CARE TRAINING REGISTRARS POSITIONS</p> <ul style="list-style-type: none"> ▪ Two community-based palliative care medical registrar training positions to service the North and South Metropolitan Regions 	Full service commencement.	<ul style="list-style-type: none"> - \$893,368 total - Recurrent funding - \$307,449 in 2012-13 	2012-2013 project deliverables completed.
<p>PALLIATIVE CARE TRAINING FOR RESIDENTIAL AGED CARE</p> <ul style="list-style-type: none"> ▪ Evidence Based Training Package 	Full service commencement.	<ul style="list-style-type: none"> - \$567,000 total - Recurrent funding - \$216,320 in 2012-13 	<p>2012-2013 project deliverables completed.</p> <p>The Training Program focuses on capacity building of the workforce and advanced care planning. Over the course of 2012-2013, the following was delivered;</p> <ul style="list-style-type: none"> -23 Training sessions completed -552 attendees at training sessions -113 Residential Aged Care Facility mentor visits conducted post training.

WORKFORCE TRAINING AND DEVELOPMENT			
Clinical Training and Workforce Development Unit	Establishment of a Training and Development Unit completed. The Unit is named TRACS WA: TR Aining Centre in Subacute care	- \$2,162,098 total - Recurrent funding - \$1,393,600 in 2012-13	See below for outline of progress during 2012 - 2013
<p><u>Centre Management:</u> Architecture of TRACS WA fully established with recruitment to all positions, Operational Plan 2012-2013 published</p> <p><u>Communications:</u> Launch of TRACS WA website, Presentation at WA Health Conference November 2012, Monthly production of TRACS WA newsletter, Engagement with key stakeholders across WA Health, peak bodies, private hospitals and Universities</p> <p><u>Communities of Practice:</u> 9 communities of practice meetings 2012-2013, Video Conferencing of all meetings included regional and remote participation, SAC Map developed and delivered to SAC Community</p> <p><u>Resource Repository:</u> SAC Resource database created and maintained –230+ entries including references, books, audio, DVD, training manuals, Website created in Intranet and advertised throughout SAC sector, Library of hardcopy resources established and maintained – 100+ items including audio, visual, posters, manuals, education packages.</p> <p><u>SAC Training and Advocacy:</u> Health Workforce Funds to develop an undergraduate IPP Clinical placement resource kit, Mapping of Professional associations and SAC related training available, Mapping of post-graduate sub-acute qualifications and funding opportunities available for allied health, nursing and medical staff in WA/nationally.</p> <p><u>Subacute Care Training Modules:</u> Completion of Foundation of SAC” Training Session content, Delivery of 2 “Foundation of SAC” Training Sessions to 90 people, Identification of core skills & knowledge required for effective subacute care workforce</p> <p><u>Supported Learning Activities:</u> Completion of Subacute Community Training and Development Needs Assessment Project, Alternative media use for learning activities, TRACS WA Learning Funded Projects - Three Rounds 2012- 2013; 9 Supported Learning Projects approved.</p>			

DATA COLLECTION AND REPORTING

<p>SUBACUTE CARE REPORTING AND IMPROVEMENTS IN DATA COLLECTION</p>	<p>Across life of COAG NPA funding</p>	<ul style="list-style-type: none"> - \$825,000 total - Recurrent funding \$500,000 in 2012-13 	<p>WA has participated in national meetings to achieve national consistency in subacute care measurement.</p> <p>Improvement in statewide collection of subacute care activity with dedicated funding for additional positions located within Data Integrity Branch.</p> <p>Improvements in data collection contributed to a revision in baseline methodology for 2007-2008 and revised activity for 2009-2010, 2010-2011 and 2011-2012. 2012-2013 data has been reported on this basis.</p> <p>Development and implementation of data collection reporting frameworks to support the Subacute Care NPA are self-supporting and sustainable beyond the life of the NPA funding.</p>
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National Partnership Agreement Hospital and Health Workforce Reform, Schedule C Subacute, Growth

State/Territory: **WA**

Period: **2012-13**

Table 1: Activity by care type

* To calculate growth percentages (Table 2), use Patient days (volumes)

Patient days (volumes)

	Rehabilitation	Palliative	GEM ¹	Psycho - geriatric	Totals
Admitted					
Hospital based	149886	33270	17654	32784	233594
Hospital in the Home	54698	0	0	0	54698
Combined Hospital based & HITH	204583	33270	17654	32784	288291
Other (please specify)	0	0	0	0	0
Total admitted patient days	204583	33270	17654	32784	288291

or Separations (patients)

Hospital based					
Hospital-in-the-home					
Combined Hospital based & HITH					
Other (please specify)					
Total admitted separations					
Average length of stay					
Total Bed Day Equivalents					(b)

Occasions of service (volumes)

	Non-admitted				
Centre based	664478	UTD	1884	82375	748737
Home based	0	83574	0	17436	101010
Combined Centre & Home based	664478	83574	0	99811	847863
Other (please specify)	0	1757	0	0	0
Total occasions of service	664478	85331	1884	99811	851504
Weighted Bed Day Equivalents	332239	42666	942	49906	425752

Episodes² (patients)

Centre based				6511	
Home based				2465	
Combined Centre & Home based					
Other (please specify) CPS and Falls	3494				
Total episodes				8976	
Total group sessions	3494			18094	

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)	Total BDEs	
Services in baseline year 2007-08	227053		262,721	Rehabilitation 1:2
Services in 2011-12	270267		348,010	Palliative care 1:2
Targeted % increase 2012-2013	1.5		12	GEM 1:2
Targeted services increase 2012-2013	230292		294117	Psychogeriatric 1:2
Actual services in 2012-13	288291	(b)	425752	
Service increase in 2012-13 compared to baseline	61238		163031	
% increase in 2012-13 compared to baseline	27.0%		62.1%	
Service increase in 2012-13 compared to 2011-12	18024		77742	
% increase in 2012-13 compared to 2011-12	6.7%		22.3%	

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 (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)

(*) Weighting between admitted patient days and non-admitted occasions of services (x2)

Notes - Subacute Care Annual Service Activity and Growth Report, Western Australia, 2012/13:

1. All counts were prepared using the latest data available.
2. UTD - unable to determine.
3. NA - not applicable.
4. The Growth Template for 2012/13 excludes WA activity that has already been reported as part of NPA2/E. For Projects that have received funding from both NPA1/C and NPA2/E, WA has applied Option 2 from the nationally endorsed *'Definitions and counting methodology for the National Partnership Agreement on Improving Public Hospital Services'*. i.e., Growth has been counted under NPA1/C first, then the remaining growth has been assigned to NPA2/E.
5. Admitted data also includes public patients at private hospitals under contractual arrangements.
6. Admitted data were sourced from the WA Health Hospital Morbidity Data Collection. For public hospital patients (including Joondalup and Peel Health Campuses), the Discharge Extract was used. For public patients in private hospitals, the Coded Data Extract was used.
7. It is not currently possible to source all Non-admitted data from unit records (i.e. patient-level electronic data). Therefore, some aggregated count data has also been used, which cannot be validated through comparison with unit records.
8. The WA methods used for 2012/13 reporting are consistent with those used to produce the 2007/08 baseline counts (that were revised in 2011).
9. In WA, mental health services are provided under three programme streams: Child and Adolescent Mental Health Services, Adult and Older Adults. For 2012/13 Subacute Non-admitted Psychogeriatric statistics (activity), only those occasions of service that were provided as part of an Older Adults programme stream were counted. It therefore excluded occasions of services provided to people aged 65 years and older in the Adult programme stream.
10. The Non-admitted count of activity excludes public patients treated at private hospitals under contractual arrangements.
11. Due to introduction of ABF and the Non-admitted Patient Data Set Specification, the count of Non-admitted Rehabilitation activity (cell B23) represents 'service events' rather than 'occasions of service' where possible.
12. Currently, the distinction between group and individual occasions of Rehabilitation service (Non-admitted) is impossible to determine with confidence. These data were counted as individual occasions of service.