

WESTERN AUSTRALIA - Report against Subacute Care Implementation Plan

July – December 2009

Summary of Progress

In WA, the initial 6 months of 2009-2010 was allocated for planning and consultation to assist area health services with the implementation of the subacute care reforms according to Schedule C.

Allocations of funding under the WA Subacute Care Plan (WA SAC) have occurred for the first year of operation of the WA Subacute Care Plan, based on the initial 6 months planning and consultation phase. It is anticipated that there will be an increase in the provision of subacute care services of 5 per cent by June 2010.

There are no major issues or concerns to report.

Key Deliverables against States Implementation Plan	Timing	NPA funding	Comments
REHABILITATION			
2009-2010 <ul style="list-style-type: none"> ▪ Increase in service delivery levels at metropolitan Day Therapy Unit (DTU) sites. ▪ Increase in service delivery levels at Geraldton Day Therapy Unit ▪ Site locations identified 	Allocations for additional FTE occurred across DTUs. Activity related to the WA SAC due to commence January 2010.	\$562,000.00 (part year allocation \$281,000 for 09/10 occurred with surplus built in over forthcoming years) Recurrent funding	Planning principles of equity of access, continuity, cost-effectiveness and sustainability were the key principles. Allocations based on : <ul style="list-style-type: none"> - increased baseline activity at all sites - specific service area development at certain sites - improvements in data collection at site level - areas of unmet need, particularly at peripheral metropolitan secondary hospital sites

<ul style="list-style-type: none"> ▪ Increase in existing rehabilitation in the home (RITH) services North and South Metropolitan Regions 	<p>Allocations for additional FTE occurred. Service delivery due to commence January 2010</p>	<p>\$200,000 (part year allocation \$150,000 for 09/10 occurred with surplus built in over forthcoming two years to manage workforce supply issues at site level) Recurrent funding</p>	<p>No changes to timing or costing. Allocations based on current metropolitan based RITH/Homelink model operating in the North and South Metropolitan regions and targeted at the peripheral areas of the metropolitan area and identified WACHS regions</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 in Midwest region 	<p>Allocations for additional FTE occurred. Service delivery activity due to commence January 2010</p>	<p>\$600,000 (part year allocation \$328,430 for 09/10 occurred with surplus built in over forthcoming two years) Recurrent funding \$50,000 Recurrent funding</p>	<p>Allocations based on clinical areas of need where there were identified wait-lists including cardio-physiotherapy, neurological rehabilitation, stroke and falls. Peripheral areas of the metropolitan regions received priority. Activity levels at WACHS site of Northam expanded.</p>
<p>Expansion of specialist medical rehabilitation services for amputee patients with the integration of an allied health multi-disciplinary team to service North and South Metropolitan Regions</p>	<p>Allocations for additional FTE occurred. Service delivery due to commence March 2010</p>	<p>\$150,000 (part year allocation \$73,456 for 09/10 occurred with surplus built in over forthcoming two years) Recurrent funding</p>	<p>As above. No changes to timing or costing. This service will act as an outreach consultation and liaison service operating from the Statewide Rehabilitation Centre. Additional rehabilitation specialist services also built in to the new service.</p>
<ul style="list-style-type: none"> ▪ Dedicated in-patient Parkinson Disease rehabilitation services – South Metropolitan Region 	<p>Consultations in progress on sustainable configuration of the service. Foreseeable delay in commencement of service to July 2010</p>	<p>\$1,200,000 Recurrent funding</p>	<p>Possibility of re-configuration to community based rehabilitation model for this patient cohort and subsequent reduction recurrent funding. Regional area health service re-configuration to determine final model.</p>

GERIATRIC EVALUATION AND MANAGEMENT			
<ul style="list-style-type: none"> Provision of GEM services to be delivered at Day Therapy sites in the metropolitan region 	Formal commencement January 2010	Nil allocation, within existing Department of Geriatric Medicine resources	Best practice initiative. Data collection practices to improve recording of this activity at Day Therapy sites.
<ul style="list-style-type: none"> Expansion of Visiting Geriatrician Consultation and Liaison service to all rural and remote regions of WA Country Health Service resource centres. 	January 2010	\$375,000 (Part year allocation of \$237,000 for 09/10 occurred) Recurrent funding	Adherence to planning principles of equity of access, continuity, cost-effectiveness and sustainability requiring adequate consultation and planning with all stakeholders. Collaborative visiting model with psycho-geriatricians considered. Incorporation of tele-health and education for support teams in regions also incorporated.
PSYCHO-GERIATRIC SERVICES			
<ul style="list-style-type: none"> Co-location of dedicated in-patient Parkinson Disease rehabilitation services with Psychogeriatric care services – South Metropolitan Region 	As above Consultation occurring on sustainable configuration of the service.	The funding commitment is part of the commitment for the service identified above in the rehabilitation domain.	Possibility of re-configuration to community based rehabilitation model for this patient cohort as mentioned above.
<ul style="list-style-type: none"> Visiting Psycho-geriatrician Consultation and Liaison service to all rural and remote regions of WA Country Health Service resource centres that will collaborate and partner with Geriatrician Visiting Service 	Extensive planning ahead of schedule. Negotiations with key stakeholders to establish this new service. Service anticipated to commence July 2010.	\$300,000 Recurrent funding	Adherence to planning principles of equity of access, continuity, cost-effectiveness and sustainability require adequate consultation and planning. There are no changes to costings and timing. This service will be entirely new and requires careful consideration of workforce supply and timing of visits with geriatricians to rural and remote regions.

PALLIATIVE CARE			
<ul style="list-style-type: none"> ▪ Two community based palliative care medical registrar training positions to service the North and South Metropolitan Regions. 	<p>Allocations for 2 FTEs occurred and staff appointed Service delivery to commence January 2010</p>	<p>\$200,000 Recurrent funding for three years Part calendar year effect of \$66,980 allocated.</p>	<p>Supports the training of palliative care staff, including oncology trainees to deliver care in the community.</p> <p>The funding provides for a 1.0 FTE Community Palliative Care Registrar position for three years, from 2010 to 2012 for South Metropolitan Area Health Service. This position will complement the North Metropolitan Area Health Service Community Palliative Care Registrar position funded at 0.6 FTE under the WA Subacute Care Plan from 2009 to 2011.</p>
WORKFORCE TRAINING AND DEVELOPMENT			
<ul style="list-style-type: none"> ▪ Clinical Training and Workforce Development Unit 	<p>Commencement 2010 -2011 financial year</p>	<p>N/a for period 2009-2010</p>	<p>Preliminary scoping work being undertaken ahead of schedule</p> <ul style="list-style-type: none"> - scoping of training of subacute care workforce in WA - scoping of establishment of a training unit - consultations to assess current national training programs - survey of current geriatrician workforce and medical rehabilitation specialists - examination and promotion of alternative models for allied health workforce strategies

DATA COLLECTION AND REPORTING			
<ul style="list-style-type: none"> Subacute Care Reporting and Improvements in Data Collection 	Across life of COAG NPA funding	Requirement to report on subacute care activity related to COAG NPA funding inbuilt into all project funding allocations	<p>WA participation in national meetings to achieve national consistency in subacute care measurement</p> <p>Increase in workforce to improve statewide collection of subacute care activity with dedicated funding for additional positions at WA Health central data collection and repository unit</p> <p>Development and implementation of data collection reporting frameworks to support the Subacute Care NPA</p>

Growth in subacute care services, July – December 2009					
Year	Patient type	Admitted	Non-admitted	Combined	Additional Comments
	Unit of measure for services	<i>Patient days</i>	<i>OOS</i>	<i>Bed-day equivalents⁽²⁾</i>	
July-Dec 2009	Baseline data ⁽¹⁾	232,837	530,098	497,886	
	Targeted growth for 2009-10 ⁽³⁾	1,012	19,623	10,824	
	Growth in July-Dec 2009 ⁽⁴⁾	29,736	54,193	56,833	

(1) Based on 2007-08 data for the 6 month report.

(2) Using a conversion factor of two Occasions of Service is equivalent to one patient day (bed-day).

(3) As specified in the implementation plan for each State and Territory.

(4) Calculated from difference between figures for July -December 2009 and estimated baseline data for July -Dec 2007
Note: 2009-10 data are preliminary and subject to change