Overview of Queensland Health Subacute Proposals under Schedule E, Improving Public Hospital Services National Partnership Agreement

The proposed initiatives under Schedule E of the Improving Public Hospital Services National Partnership Agreement (NPA), focus on increasing capacity in the public hospital system in Queensland by freeing up acute care beds for those who need them, thereby reducing pressure on emergency departments.

In addition to improving patient flow, these initiatives are importantly targeted towards improving patient health outcomes, functional capacity and quality of life through the provision of additional rehabilitation, palliative care, subacute mental health services and geriatric services in both hospitals and the community, thereby reducing the risk of readmission. These proposals are drawn from a number of key Queensland Health planning documents and sources including the Rehabilitation Medicine Services Plan, the Health Services Plan, and District Health Service plans.

The attached projects build on, and are additional to, the subacute service capacity which is being funded by the Commonwealth Government in Queensland under Schedule C of the Health and Hospitals Workforce Reform National Partnership Agreement.

The projects involving major capital works leverage off the major infrastructure investments currently being progressed in the major population growth areas in Queensland.

A number of projects do not require any or minimal infrastructure (such as non-admitted/community delivered subacute services) which can deliver an increase in subacute service activity in a short space of time. These projects were identified with the support of local clinicians in Queensland's Health Service Districts. Each proposal was assessed against a set of established criteria which included the capacity to provide new or expanded services with associated measurable increases in activity, timeframes in which the increase in activity can be delivered, and capacity to improve patient flow.

Part of the assessment included calculating the level of activity for each proposal on a year by year basis. Based on this assessment it is expected that these recommended proposals will deliver the following level of bed or bed equivalent activity in each year against the targets in the NPA:

Beds (including bed equivalents)	2010-11	2011-12	2012-13	2013-14
Estimated increase in activity	50	225	266	333
Target	66	133	199	265

While Queensland will not meet the activity targets for 2010-11 as the year has already commenced, it will exceed the activity targets in year two, and meet the targets in years three and four (thereby meeting the overall activity target of 265 bed or bed equivalents over the life of the NPA).

In terms of innovation, all proposals are focused towards increasing patient flow through the system, for example, in Ipswich a Geriatric Management team is to be located in the Emergency Department to ensure that older people at risk are more appropriately assessed and managed. Some proposals use the latent capacity of the non-government sector to deliver services such as St Vincents Hospital to deliver palliative care, GEMS and rehabilitation. In addition, there are partnership arrangements between James Cook University and the Division of General Practice in Townsville to deliver community rehabilitation which will not only deliver services but will support training and research for allied health professionals.

The proposed initiatives:

- Provide new or expanded subacute services with a measurable increase in activity
- Meet identified local needs
- Support people closer to where they live – in some cases provide services in the patient's own home
- Make best use of non-utilised existing infrastructure
- Utilise latent capacity in the non-government sector, and
- Integrate existing admitted and non-admitted services to improve patient flow.

The recommended subacute proposals are for new or expanded services that will result in an increase in measurable activity that will meet the increase in subacute activity required under the NPA of 265 beds (or bed equivalents) over the years 2010/11 to 2013/14.

Statement of assumptions for counting beds and bed equivalents:

Beds are counted based on the total estimated number of occupied bed days, divided by 365 to give a number of beds for each year of the NPA where the additional services are intended for admitted patients.

For nonadmitted services, nonadmitted occasions of service (NAPOOS) are converted to occupied beddays by counting two NAPOOS as equivalent to one bedday. This is the conversion factor included in the implementation plan for Queensland under the Health and Hospitals Workforce Reform NPA.

It should be noted that the information provided in the project plans is based on the estimated activity generated by the additional beds and services to be funded under the NPA.