AUSTRALIAN CAPITAL TERRITORY

Agreed requirements for ACT Plan under Subacute Care Reform Component of National Partnership Agreement
30 April 2009

Agreed requirement	Description	Comment
Strategies, opportunities and constraints		

In 2004-05, ACT Health established the Aged Care and Rehabilitation Service (ACRS) to provide services in the hospital setting and across the community, supporting ACT residents and providing some regional services to residents of NSW. Aged care and rehabilitation services span the care continuum, ranging from illness prevention services to assessment, diagnosis, treatment, support and rehabilitation. ACRS services are delivered across a broad range of sites throughput the ACT, including hospitals, community health centres and patients' home. Please see Attachment 1 for list of services covered by ACRS.

Rehabilitation and Geriatric Evaluation and Management (GEM) services are provided by ACRS while Psychogeriatric care is currently managed within Mental Health ACT.

In 2004, ACT Health formed the Capital Region Cancer Service (CRCS) to provide cancer treatments to the metropolitan population of the ACT and patients within the surrounding region of NSW. Palliative care service is covered within the scope of service of CRCS.

For the purpose of this implementation plan under Subacute Care Reform Component of the National Partnership Agreement on Hospital and Health Workforce Reform, the strategies outlined below are to be implemented by ACT Health.

1. Rehabilitation

Equipment services

ACRS provides a range of equipment services to serve the needs of residents of the ACT and surrounding region. The service aims to provide equipment to support anyone in the community with permanent or temporary disabilities to maintain their independence. The service consists of:

- ACT Equipment Scheme – offers funding to assist permanent residents of the ACT with long term disabilities to obtain and maintain a range of equipment to live at home or in the community.
- Equipment loan service – the service operates an extensive range of loan equipment for short-term use by people in their own home. Clients

include those requiring equipment to support their safe discharge from hospital, people who need access to equipment for a trial period as part of an assessment process, or those who are awaiting procurement of equipment for ongoing permanent use.

The funding from this subacute reform component will be used to enhance equipment funding for the ACRS Equipment Loan Service to expand the range of equipment available to rehabilitation patients.

Hospital-based services

ACRS provides a spectrum of services ranging from Acute Medical Services to Subacute Services (Rehabilitation and GEM) at the Canberra Hospital and Calvary Public Hospital. The service aims to maintain or improve independence and function, and assist both older people and people who have sustained traumatic injuries to live independently.

Rehabilitation is a dynamic process in which patients are supported in achieving optimum physical, emotional, psychological, social and vocational potential in order to maintain dignity and self-respect. Rehabilitation is an approach, an attitude and a process involving the specialised techniques and interactions of members of the Rehabilitation team. An individual plan is developed for patients in the Rehabilitation Ward by all team members, in consultation with the patient, the patient's family, cares and significant others.

In addition to existing services and strategies in place within ACRS (see Attachment 1), funding from this reform component will assist in establishing the following new services:

- Rehabilitation Discharge Care Coordination service – this service will consist of two skilled rehabilitation registered nurses whose role will be to participate in the development of care plans for patients approaching discharge from the acute or inpatient subacute setting into the community. They will then provide a transitional expert service supporting the patient's health needs, coordinating care provision, problem solving and assisting the transition to independent living. The aim is to both enhance the expert post-discharge services available and to prevent avoidable readmissions to the acute setting.
- Disability Counsellor – to provide counselling and support services to patients and their families or supporters who are newly disabled. The service will be provided both in the hospitals and in the patient's transition to the community.

2. Palliative care

The current palliative care service provision within the ACT includes:

- The Canberra Hospital (TCH) campus – consultation service,

assessment, management, referral to other services and follow up of patients

- Calvary Public Hospital – community based service, 19 bed inpatient Hospice and Home Based Palliative Care service providing support to approximately 120 people each month living with and dying from life limiting illnesses who wish to remain in their home.

Staffing levels at TCH have remained unchanged since 2002. With the increasing demand for services, there is a need to manage complex palliative patients more efficiently to smooth the transition between hospital and community based service.

To improve the efficiency of the palliative care service and expand the service across ACT Health, the Capital Region Cancer Service will link and integrate the palliative care service by increasing FTEs for palliative care Nurse Practitioners, health care professionals, palliative care nurses and clinical supervision. The proposed strategy will integrate palliative care across the different disciplines within TCH campus and enhance the linking and integration of acute sector with community based services and health care providers.

The TCH Nurse Practitioner will focus on developing an early discharge strategy across TCH. This is complemented by the community based Nurse Practitioner with a focus on implementing a hospital avoidance strategy in the community setting. The Nurse Practitioner (NP) will work closely with specialist and Clinical Nurse Consultant (CNC). The NP will provide initial assessment and planning of care, while the CNC will focus on implementing the management plan, discharge and follow-up of palliative care patients at TCH. The introduction of the NP will increase the capacity of the CNC to implement and deliver campus wide education regarding palliative care and cover topics such as pain, symptom management and dying with dignity. In addition, the CNC will participate and implement palliative care specific quality improvement projects across the campus.

The TCH service is complemented by the community based NP with focus on implementing a hospital avoidance strategy in the community setting. The community NP position will establish professional relationships with GP to support provision of ongoing care to palliative care patients (based on the successful RADAR model described below). GPs can access the palliative care NP who can provide supportive care, management, follow-up and referral for community based clients.

Another service gap that has been identified is the provision of psychosocial support to palliative care patients. A health care professional position providing psychosocial support to patients at TCH would enhance the existing service by providing end of life care and bereavement services.

3. Geriatric Evaluation and Management (GEM)

Rapid Assessment of the Deteriorating Aged at Risk (RADAR)

RADAR is a rapid response program to support older people in the community, when they are becoming unwell and their own GP requires assistance with medical management. The goal of the program is to provide an older person with a rapid medical intervention to prevent a subsequent hospital admission.

The RADAR team (comprising medical staff, aged care nurse practitioner, other nursing staff) will remain closely in contact with the GP and will liaise with available services (pathology, imaging, hospital in the home, domiciliary allied health, community rehabilitation, ACAT) to ensure that timely investigation and multidisciplinary management is available for the older person in the appropriate environment. The GP is an active member of the team and is expected to contribute to the management plan to ensure ongoing care once the period of ill health has resolved.

ACT Health will be expanding RADAR through this National Partnership Agreement by increasing capacity within the existing RADAR team. This will involve increasing FTEs for Senior Staff Specialist, nursing and RADAR support team.

4. Psychogeriatric care

Mental Health ACT (MHACT) Older Persons Mental Health Service (OPMHS) provides an integrated community/inpatient service with the opening of a 20 bed facility at Calvary Public Hospital in February 2007.

Often consumers requiring admission or discharge from aged mental health units have complex psychiatric and aged care needs. They may be persons who have physical frailty, chronic mental illness and/or cognitive impairments. Frequently, their complex care needs and degree of behavioural and psychological disturbance means that they are at risk of becoming homeless or require admission to a residential aged care facility. The ACT does not have a specialist Psychogeriatric facility to support such consumers.

These people require comprehensive and collaborative home (be that community or a facility) and community supports either to avoid an inpatient admission or to allow discharge from an acute unit back to the community.

This proposed enhancement to services would provide preventative services to older persons with mental illness and complex care needs to reduce the need for unnecessary hospital admissions and to promote and support

successful transition back to the community and mainstream care. It will provide enhanced coordinated care and support to consumers requiring residential placement either in the community or in transition from the OPMHS to residential aged care.

The enhancement to existing service within OPMHS will also aim to provide education, support and collaborative management planning to residential facilities staff to assist them to manage consumers with challenging behaviours. The OPMHS also proposes to formalise and enhance links with aged care services such as Alzheimer's Australia, primary care services and other community based services.

5. Other ACT Health strategies that have an effect on subacute services

Capital Asset Development Plan (CADP)

A major planning process was undertaken in the latter half of 2007 to identify the infrastructure requirements to deliver improved models of care to meet future demand and for the provision of health services to 2022. The planning process involved the application of hospital activity projection methodologies, a number of workshops with clinicians and the development of conceptual plans for both public hospitals and community health centres. As a result, the ACT Government has committed $300 million as the first stage of what is expected to be a $1 billion investment over 10 years for building the health system to serve the needs of the community over the next decade and beyond. A step down facility at The Canberra Hospital (see details below) is one of the capital asset requirements identified in the CADP.

Step down facility

The hospital activity projections provide for a movement toward care in the community and in a step down facility in place of acute hospital care in the medical and non-acute service related groups. The planned step down facility within the Canberra Hospital campus will provide alternative accommodation for patients who don't need to be admitted but need to be close to hospital.

The planned step down facility is a subacute unit and is one of set of planned strategies to accommodate changing models of care in relation to hospital avoidance. It is one of a number of solutions aimed at decreasing hospital bed numbers by providing additional care in the community and also in transitional or step down facilities.

ACT Health is currently in early stages of planning for the 18 bed step down facility. A Project Definition Plan will be completed by September 2009.

Workforce issues

One of the challenges within the subacute services is the sustainability of ACT Health workforce capable of continuing to deliver high quality health care to the people of the ACT and the surrounding region. This was addressed in the ACT Health's Workforce Plan 2005 – 2010 and will be complemented by ACT Health's implementation of the workforce reform component of the National Partnership Agreement.

Specific strategies are in place within different services to address workforce shortage and workforce retention. For example, ACRS has established a dedicated education unit in partnership with the University of Canberra to better support undergraduate nurses. In 2007-08, ACRS established the prosthetics and orthotics postgraduate scholarship to ensure long-term growth of the service with qualified staff.

Improvement in data collection and standards

Another major challenge for ACT Health is the implementation of quality data collection and standards within non-admitted services. In 2007-08 ACT Health implemented a Common Patient Management Administration System and a unique patient identifier across the Canberra Hospital and ACT Community Health. These initiatives provided a framework for improvement of data and information available to support ACT Health.

Within the context of this implementation plan, ACT Health will initiate a project that will establish a process of regularly extracting non-admitted data (outpatient and community health) from the Patient Administration System, data validation and internal publication of selected data items. The end product will be a monthly internal publication of non-admitted unit record data to be used by relevant ACT Health staff to support service delivery, data analysis, policy, research and performance reporting.

ACT Health will also participate in the development of nationally consistent standards, definition and benchmark within the framework of this National Partnership agreement.

6. Service growth

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, funding will be provided in 2008-09 for the ACT to expand service provision levels by 5% annually over the period 2009-10 to 2012-13. The initiatives described above (sections 1 to 4) will generally increase the service provision for non-admitted services across different types of care. The funding provided for increase in FTEs will enable ACT Health to expand services in the community, hence the focus of the ACT's strategies

under this National Partnership is to expand non-admitted services.

In 2006-07, one of ACT Health priorities was the opening of a new sub and non acute facility at Calvary Public Hospital, comprising psychogeriatric beds and rehabilitation beds. The impact of the new unit can be seen in the 20.5% increase in the number of total patient days reported for all aged care and rehabilitation services in 2006-07. The new unit was opened in February 2007. However, due to staffing constraint the unit was unable to meet the expected increase in activity for 2007-08. However, ACT Health is expecting that inpatient activity for subacute services will increase by 3% annually from 2008-09. Hence, current initiatives/strategies funded by the ACT Government will provide for up to 3% service growth targets for admitted subacute services from 2009-10 onward. For example, the ACT Government has allocated over $2.6 million for service enhancements for the period 2009-10 and 2010-11 to Aged Care and Rehabilitation Services. The ACT Government funding will directly benefit all patients requiring admission to the acute and sub-acute rehabilitation units, including elderly clients. The initiative provides for the conversion of post acute care beds to sub-acute care beds at the new Sub and Non-Acute Service (SNAS) Facility at Calvary Hospital.

As described below under section 8, a national level initiative will establish a suitable conversion ratio to enable annual growth in services. The nationally agreed conversion ratio will be used to establish new baselines for reporting from 1 July 2010 and to measure growth against those baselines. In this regard, the ACT presents preliminary service growth targets for 2009-10 to 2012-13 for admitted and non-admitted services (see Attachment 2). The baselines and targets (Attachment 2) will be updated upon completion of the nationally agreed conversion ratio.

7. Implementation plan review

The ACT will review this plan at least biannually to take account of emerging issues (unless otherwise agreed nationally). The review of the implementation plan will also consider the service growth targets and if necessary will also revise the service growth targets based on nationally agreed methodology. The first review and revision of this implementation plan will be undertaken upon completion of the national level conversion study (see Section 8 below).

8. National initiatives

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, the ACT will:

1. participate in national arrangements established to address:
   - enhanced provision and mix of subacute care services, with a particular focus on the types of subacute care most needing

expansion and on regional areas with the greatest need for enhanced services;
    - quality and data improvements through agreed models of care, including improved data collection and reporting arrangements; and
    - strengthened capacity of the multi-disciplinary subacute care workforce; including improved geographical distribution, an increase in the supply of the workforce and development of new workforce models.
2. provide agreed data to the Commonwealth – including performance information as set out in the National Partnership Agreement – and participate in work with national data collection agencies to collect and evaluate data on subacute care;
3. publicly report (in a nationally agreed format) on its performance against the annual growth targets for subacute care published in this plan. The first report will measure the first 6 months of progress (June – December 2009) while subsequent reports will measure progress over a full financial year.

The ACT will work with other States ad Territories and the Commonwealth to achieve national agreement on improved measurement and data for subacute care including an auditable method for measuring growth in service provision for subacute care.

The ACT will nominate and support representatives on a Subacute Care Measurement Working Party to steer the following stages:

1. Define the measures and data required to report the Subacute NPA performance indicators;
2. Develop and agree data item definitions;
3. Undertake a cost study to establish suitable conversion ratios to enable annual growth in services to be measured for:
    - both hospital and community-based services,
    - each of the four care types; and
    - subacute care as a whole.

    The conversion study is to develop resource weightings to be used to:
    - establish new baselines for reporting from 1 July 2010; and
    - measure growth against those baselines.
4. Identify suitable benchmarks for all subacute care types
5. Develop business cases for the addition of new data items to existing National Minimum Data Sets (NMDSs) for ongoing reporting.

Service growth targets		
Service growth targets (state-wide and, where	Service growth target – total for the ACT: please see Attachment 2	It is noted that transition care and maintenance care are excluded in this implementation plan.

appropriate, at regional level)		Growth target to be at total ACT level, not by hospital or by service Please see Attachment 2 for service growth targets by year Note that the ACT's focus under this National Partnership agreement is to expand non-admitted services. The ACT has invested in the expansion of admitted services through its infrastructure development in 2006-07 and provided funding for 3% service growth increase for admitted sub-acute care services for 2009-10 onward.
Improved service mix	Service growth targets must be such that their achievement will demonstrate improvement in the mix of services to which access is available. This will demonstrated by separating growth targets for admitted and non-admitted.	
Outcomes (measurement against targets)		
Measurement of growth in services	To measure 5 per cent growth in services per annum from July 2009 (a) baselines must be established and (b) units of measurement identified.	
(a) Baselines	ACT baseline data for 2007-08 please see Attachment 3	See Attachment 3 – for 2007-08 ACT data It should be noted that baselines will be calculated based on 2007-08 data and will be reviewed once 2008-09 data are available.
(b) Unit measures	Admitted patient service – unit of measure is patient days Non-admitted service – unit of measure is number of occasions of service Combined service – one admitted patient day is cost equivalent to 1.9 occasions of service	It is proposed to have separate growth targets and unit of measures for admitted and non-admitted services
Nationally	Interim measures—not	The NPA does not require

standard measures	necessarily the same for each state—are allowable for the 2009-10 year. Nationally agreed measures are required from 2010-11	nationally standardised measurement until 2010-11. Benchmarks, measures and standards for implementation are to be developed or adopted for use from 2010-11 onwards. ACT Health will participate in the development of nationally standardised measurement, benchmarks and standards. ACT Health will implement nationally agreed measures as required from 2010-11.
Comment: Once uniform national measurements are agreed, it would be desirable if plans could be reformulated, in conjunction with the annual reports.		
National benchmarks		
National benchmarks to be taken into account	Assessment of achievement against 'national benchmarks' is required.	Comprehensive agreed national benchmarks do not yet exist—especially for care in the community setting; this is a matter for collaborative work between jurisdictions. ACT Health will participate in the development of national benchmarks.
Other		
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Public annual reporting	Annual reporting on the subacute care reform component against achievement of the ACT Health implementation plan will be published on ACT Health website

ATTACHMENT 1:

ACRS services are delivered across a number of sites throughout the ACT, including hospitals, community health centres and patients' homes. They include:

- hospital-based admitted and outpatient geriatric and rehabilitation medicine services, including ortho-geriatrics, at both The Canberra Hospital and Calvary Public Hospital
- geriatric medicine and rehabilitation medicine outpatient services to regional NSW
- Rapid Assessment of the Deteriorating and At-Risk aged (RADAR) service, providing services to older people in their own homes, including residents of aged care facilities
- aged care client assessment services
- residential aged care liaison
- multicultural aged care liaison and Partners in Culturally Appropriate Care program
- day care, supporting the frail aged and disabled, provided at both Tuggeranong and Belconnen
- Men's dementia-specific day care, provided at both Tuggeranong and Belconnen
- transitional Therapy and Care Program, supporting patients in the post-hospital discharge period, either in a residential setting or in their own homes
- falls injury prevention services, including the Falls and Balance service and the Community Outreach Assessment Program
- transitional rehabilitation services at the Rehabilitation Independent Living Unit
- community-based rehabilitation services
- exercise rehabilitation services
- vocational assessment and rehabilitation services
- driver assessment and rehabilitation services
- ACT Equipment Subsidy Scheme and Equipment Loan Service
- Domiciliary Oxygen & Respiratory Support program
- ACT Continence Support Service
- Rehabilitation engineering services
- Specialised Wheelchair and Posture Seating service, providing information and advice on assistive technology
- prosthetics and orthotics services
- aids for independent living advice and information service at the Independent Living Centre
- ACRS research services

ATTACHMENT 2: Baseline and service growth target (preliminary or interim measures)
National Partnership Agreement on Hospital and Health Workforce Reform
Subacute care reform component — Plan to enhance Subacute Services

State **ACT**

Year	Patient type / Unit of measure for services	Admitted Patient Days (PD)	Non-admitted Occasions of service (OOS)	Combined* PD+(OOS/1.9)	State-wide strategies: care types to be grown and the modes of care to be emphasised (e.g. out-patient rehabilitation, admitted GEM, etc.). Consideration of regional aspects and regional service provision should be discussed where appropriate. **Note: The funds under this National Partnership will be used by the ACT in expanding non-admitted services**
2009-10	Services in 2008-09**	43,965	25,053	57,151	Expansion of RADAR, enhancement of Older Persons Mental Health Service,
	Targeted growth for year**	1,319	2,923	2,858	expand palliative care service in the community, enhance equipment services, and
	Targeted growth (%)**	3%	12%	5%	improve care plans for patients
2010-11	Services in 2009-10**	45,284	27,976	60,008	
	Targeted growth for year**	1,359	3,120	3,000	
	Targeted growth (%)**	3%	11%	5%	
2011-12	Services in 2010-11**	46,642	31,096	63,009	
	Targeted growth for year**	1,399	3,327	3,150	
	Targeted growth (%)**	3%	11%	5%	
2012-13	Services in 2011-12**	48,042	34,423	66,159	
	Targeted growth for year**	1,441	3,547	3,308	
	Targeted growth (%)**	3%	10%	5%	

*** Combined service estimated on the basis that 1 admitted patient day is cost equivalent to 1.9 non-admitted occasions of service. ACT Health is uncertain of this measure as it has not been a common practice in the ACT to report combined admitted and non-admitted services.**
**** The ACT will update this table and provide revised baseline and service growth targets upon completion of the nationally agreed conversion ratio.**

ATTACHMENT 3:

National Partnership Agreement on Hospital and Health Workforce Reform : Schedule C - Subacute care

REVISED Template for subacute care baseline activity, using 2007-08 data

ACT, 2007-08

	Type of care				
	Rehabilitation	Psychogeriatric	Geriatric Evaluation and Management	Palliative	Totals
Admitted					
Patient days (volumes)					
Hospital based	29552	467	6801	7095	43915
Hospital in the Home	50				50
Combined Hospital based & HITH					
Other (please specifiy)					
Total admitted patient days	29602	467	6801	7095	43965
Separations (patients)					
Hospital based	2245	21	540	572	3378
Hospital-in-the-home	4				4
Combined Hospital based & HITH					
Other (please specifiy)					
Total admitted separations	2249	21	540	572	3382
Non-admitted					
Occasions of service (volumes)					
Centre based (outpatient clinics)	672	16405	1155	1358	19590
Home based				5463	5463
Combined Centre & Home based					
Other (please specify - community, home & other non-admitted excluding outpatient clinics within hospital setting)					0
Total occasions of service	672	16405	1155	6821	25053
Episodes (patients)					
Centre based					0
Home based					0
Combined Centre & Home based					
Other (please specify)					0
Total episodes	0	0	0	0	0
Total group sessions					0