Hospitals and Health Workforce Reform
National Partnership Agreement – Subacute care Implementation Plan

1 Strategies, opportunities and constraints

The Northern Territory has a relatively small, yet widely dispersed population, which requires an innovative approach when planning any health care initiative. In 2008 the population of the Northern Territory was estimated to be 221,000. (ABS 2008). The NT is the third largest state or territory in area, representing 17.5% of Australia's total landmass but it is home to only 1% of the Australia population.

The NT has a far greater proportion of Indigenous people (32%) than any other state or territory. The majority of the Indigenous population (81.2%) live in remote or very remote locations.

The Department of Health and Families Cultural Security Policy requires health and community service providers to:

- Identify those element of Aboriginal culture that affect the delivery of health and community services in the Northern Territory
- Review service delivery practices to ensure that they do not unnecessarily offend Aboriginal people's culture and values;
- Act to modify service delivery practices where necessary; and
- Monitor service activity to ensure that our services continue to meet culturally safe standards.

Any new services that are developed under this National Partnership Agreement will meet the requirements of the Cultural Security Policy.

The strategies outlined in the Implementation Plan are consistent with the Northern Territory Building Healthier Communities: a framework for Health and Community Services 2004 – 2009. The framework outlines the Northern Territory government's commitment to ensure that all Territorians enjoy long and healthy lives and that the Territory has health and community services that are responsive, accountable and effective.

For the purposes of this implementation plan under the National Partnership Agreement on Hospital and Health Workforce Reform on subacute care, the following strategies will be implemented by the Northern Territory Department of Health and Families.

1.1 Establish a psycho-geriatric service in the Northern Territory.

Psycho-geriatric patients are often inappropriately accommodated in hospitals or admitted to inpatient mental health facilities. There are a number of psycho-geriatric clients in the community who have no nominated GP and receive no home visits from health staff. An intervention when these clients are in the community will significantly reduce the likelihood of them requiring hospitalisation.

Funding will be utilised under the subacute reform to establish a psycho-geriatric service. The intent of the service will be to improve the health, modify the symptoms experienced and enhance the function, behaviour and or quality of life for a patient with age-related organic brain impairment. The service would provide early intervention, assessment, assist with the development of care plans, provide case management, monitor the implementation of the plan and provide education and advice to service providers. The service will have an office

in Central Australia and one in the Top End and liaise closely with the Aged Care Assessment Team and Mental Health Services.

Recruiting experienced health professionals to the newly established service and attracting a Psycho-geriatrician to the Northern Territory may be difficult. A visiting service model will also be considered depending upon the outcomes of a recruitment campaign. The ongoing difficulties experienced in other areas of health has led to the development of successful visiting service models, for example Genetic Services, and these models will be used to inform a visiting psycho-geriatric model if this is required.

The timeline for the establishment of the new service is as follows:

Recruitment completed	December 2009
Service admission criteria, policies and procedures developed	December 2009
Psycho-geriatric service commences	January 2010

1.2 Establishing a Step-down Unit at the Royal Darwin Hospital

This unit would provide care to rehabilitation patients, geriatric patients, palliative and psychogeriatric patients following their acute medical management.

The Step-down Unit would be an adjunct to the inpatient, fast stream rehabilitation unit and allow for efficiencies in staffing. By grouping subacute patients together the rehabilitation nursing philosophy will be utilised, thus leading to better patient outcomes, better continuity of care and shorter length of stay

The establishment of the unit will require some reconfiguration of space and some minor building works to an existing ward within the hospital. The availability of tradespeople and the scheduling of capital works is always a concern. Timely discussions with the Department of Planning and Infrastructure about the scope of work and the timing of the build will commence immediately when the plan is approved.

The timeline for the commissioning of the new unit is as follows:

Complete scope of works	August 2009
Prepare request for tender	September 2009
Building works commenced	December 2009
Step-down unit opened	July 2010

1.3 Enhanced Hospital in the Home Program Alice Springs Hospital

The Hospital in the Home Program will be enhanced so that active and slow steam rehabilitation clients can be referred to the service. The service will recruit allied health professionals and Aboriginal Health Workers to the Hospital in the Home Program. The Aboriginal Health Workers will provide culturally safe care to indigenous clients referred to the service. The service will be supported by the Alice Springs Hospital Rehabilitation Consultant.

This would enable active and slow steam rehabilitation patients to be discharged to receive rehabilitation in their own homes or if their home is not local or conducive to the rehabilitation program, they will be accommodated in motel or hostel accommodation.

However during peak tourist season the cost of and availability of hostel and motel accommodation may become prohibitive. Discussions will commence with local providers to negotiate a priority arrangement.

The timeline for the commencement of the new service is as follows:

Recruitment completed	August 2009
Purchase of equipment	August 2009

Referral to HITH Service policies and procedures revised	August 2009
Service commenced	September 2009

1.4 Establish a Geriatric Evaluation and Management Service at Royal Darwin Hospital

The Northern Territory has the most rapidly ageing population in Australia. There is no hospital-based Geriatrician in the Northern Territory and no Geriatric Evaluation and Management Service.

The part-time community based geriatrician provides some geriatric evaluation and management (GEM) services to admitted older patients who have cognitive dysfunction, chronic illness or a disability. The establishment of an acute service will free up the community geriatrician to focus on providing community based services, should reduce the length of stay for complex older patients in the acute setting and provide for a coordinated and planned approach to the provision of care to this client group.

Recruiting experienced health professionals and a Geriatrician to Darwin may be difficult. A visiting service model will also be considered depending upon the outcomes of a recruitment campaign.

The timing for the commencement of the new service is as follows:

Recruitment completed	December 2009
Service admission criteria, policies and procedures developed	December 2009
GEM Services commences	January 2010

2 Service growth targets and estimated volume of new services

See Attachment A proposed service growth targets.

3 Public annual reporting

The Implementation plan will be published on the Department of Health and Families
The Implementation plan will be published on the Department of Health and Families Internet site.

The Northern Territory will report publically against the plan by 30 September each year for the preceding financial year. The report will be posted on the Department of Health and Families Internet site.

4 Ongoing participation and development

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

1) Review this plan at least biannually to take account of emerging issues (unless otherwise agreed nationally);
2) 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 date improvement through agreed models of care, including improved data collection and reporting arrangement; 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.
3) 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;

4) 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 report will measure progress over a full financial year.

The Northern Territory will work with the other states and territories and the Commonwealth to achieve national agreement on improved measurement and data for subacute care including an auditable method of measuring growth in service provision for subacute care. The Northern Territory will nominate and support representatives on a Subacute Care Measurement Working Party to steer the following stages.

(i) Define the measures and data required to report the Subacute NPA performance indicators;

(ii) Develop and agree data item definitions;

(iii) 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;
- Subacute care as a whole;
- The conversion study is to develop resource weighting to be used to;
- Establish new baselines for reporting from 1 July 2010; and
- Measure growth against those baselines.

(iv) Develop business cases for the addition of new data items to existing National Minimum Data Sets (NMDSs) for ongoing reporting.

(v) Identify benchmarks.

5 Contact details

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Attachment A

Service growth targets and estimated volume of new services

Year	Patient type	Admitted	Non-admitted	Combined		Admitted	Non-admitted	Combined
	Unit of measure for services	Patient days	Occasions of service	Patient day equivalents		Patient days	Occasions of service	Patient day equivalents
	Services in 2008-09	7,939	13,152	11,227	Growth over 1yr	7,939	13,152	11,227
	Targeted growth for year	956	70	974		956	70	974
2009-10	Targeted growth (%)	12.0%	0.5%	8.7%		12.0%	0.5%	8.7%
	Services in 2009-10	8895	13222	12,201	Growth over 2 yrs			
	Targeted growth for year	1086	294	1,160		2042	364	2,133
2010-11	Targeted growth (%)	12.2%	2.2%	9.5%		25.7%	2.8%	19.0%
	Services in 2010-11	9981	13516	13,360	Growth over 3 yrs			
	Targeted growth for year	85	14	89		2127	378	2,222
2011-12	Targeted growth (%)	0.9%	0.1%	0.7%		26.8%	2.9%	19.8%
	Services in 2011-12	10066	13530	13,449	Growth over 4 yrs			
	Targeted growth for year	82	14	86		2209	392	2,307
2012-13	Targeted growth (%)	0.8%	0.1%	0.6%		27.8%	3.0%	20.5%

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

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

	Type of care				
	Rehabilitation	Psychogeriatric	Geriatric Evaluation and Management	Palliative	Totals
			Admitted		
Patient days (volumes)					
Hospital based	4626			3294	7920
Hospital in the Home	19				19
Combined Hospital based & HITH					
Other (please specifiy)					
Total admitted patient days	4645			3294	7939
Separations (patients)					
Hospital based	468			314	782
Hospital-in-the-home	1				1
Combined Hospital based & HITH					
Other (please specifiy)					
Total admitted separations	469			314	783
			Non-admitted		
Occasions of service (volumes)					
Centre based	2619			146	2765
Home based				10387	10387
Combined Centre & Home based				10533	
Other (please specify)					
Total occasions of service	2619			10533	13152

Episodes (patients)

Centre based	888			80	968
Home based					
Combined Centre & Home based					
Other (please specify)					
Total episodes	888			80	968

Total group sessions	289			Nil	289