Subacute Care – South Australian Implementation Plan

30 April 2009

Targets of schedule C

Expand service provision levels by 5% annually over the period 2009-10 to 2012-13

Under the Sub-acute Services Initiative the Commonwealth will provide South Australia with $39.973m in 2008/09 which will be spent over the period 2009/10 to 2012/13.

Key assumptions:

The subacute care initiative requires a 5 % increase across the mix of subacute services annually for 4 years.
South Australia has committed to achieve this 20% increase across all subacute services by July 2013.
Jurisdictions will reach agreement on targets and benchmarks for subacute care to be made publicly available by December 2009.
Interim targets will be negotiated for the first two years
The Plan, once finalised, will be made publicly available via the Department of Health website.

Risks and constraints in achieving the plan

Inability to access an appropriately trained workforce for increased service provision (moderate)
Infrastructure completion may be required at country general hospitals (moderate)
IT establishment and access in Country Health SA (moderate)
Preparatory work for implementation may slow achievement in service growth in the first year (moderate). Ideally achievement of 10% growth by 2010/11 will be seen as acceptable.

SA Health Reform Directions:

Extensive activity modelling underpinned the SA Health Care Plan and projected increasing demand for older persons services, rehabilitation, and palliative care. SA Health responded to this analysis by prioritising planning activities for growth in these areas.
The Statewide Clinical Networks were established to commence clinical engagement in the planning processes for priority areas. These Networks have provided SA Health with expert clinical support in developing comprehensive integrated evidence-based health service plans.
The SA Health:

- **Palliative Care Services Plan 2009-2016,**
- **Health Services Framework for Older People 2009-2016**
- **Statewide Rehabilitation Service Plan 2009 -2016**
- **SA Government response to the Stepping Up Report Recommendations**

form the basis of the Subacute Implementation Plan.

The regions will be provided with a budget allocation that includes but is not limited to funding through COAG which will allow them to commence implementation of the SA Health subacute service plans and achieve the 5% increase in activity levels required. The plans describe evidence-based subacute models of care that identify key service elements including service mix and workforce needs. State funds will contribute to expansion of

inpatient capacity for sub acute services and a range of out of hospital services in line with the SA Health Care Plan announcements. This planned expansion will provide an additional 65 rehabilitation, approximately 30 GEM, and 15 Palliative care beds in metropolitan areas. Within the state reform agenda COAG funds will allow faster expansion of ambulatory based services than would otherwise have been achieved.

As agreed in the National Partnership Agreement on Hospital and Health Workforce Reform, South Australia 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 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 new workforce models.
3. provide agreed data to the 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 reports will measure progress over a full financial year.

South Australia 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 for measuring growth in service provision for subacute care. South Australia 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 weightings 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.

Role of States	Key Deliverables for States Implementation Plan	Timing	Cost						Expected effects on Performance Benchmarks
			08/09 $'000	09/10 $,000	10/11 $'000	11/12 $'000	12/13 $'000	Total $'000	
Expand Service Delivery	**1 Rehabilitation Strategies** **Expand Ambulatory capacity in metropolitan areas** *Description:* Expand capacity of specialist rehabilitation service teams to increase volume of patients able to be supported in the community. Increases across metropolitan regions including paediatric services. These will include a number of 'packages' delivered in conjunction with Disability SA to support management in the community of children and young adults. Gradual increase in FTE across the four years to allow required training and development to be undertaken, includes funds for goods and services required to support team expansion. Note that state funds to be provided for associated expansion for equipment provision and NGO supports through the Out of Hospital Program. State funds enable associated expansion of inpatient bed capacity in line with SA's Health Care Plan. *Steps to Implementation:* Local implementation plans to be developed by regions with progress to be monitored by DH on a monthly basis. Joint planning process with Disability SA to establish the service for paediatric and young adults with disabilities to support timely transfer to the community for care.	FTE increases in specialist teams to be achieved over 4 years as follows 80% (15FTE), 85% (16FTE) , 95%(19FTE), 100%(20 FTE). Shared care model design for Disability/ DH Rehabilitation services to be completed by Dec 2009.		$m $1.892	$m $2.008	$m $2.241	$m $2.328	$m $8.469	Full implementation will see expanded services which will allow support for an additional approximate 365 patients in the community each year.(This is equivalent to 365 episodes or at ALOS of 13.3* days, 4,855 days) Implementation will be staged to achieve 100% by 2012/13.

			Cost						
	Performance Information: Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766								
	Expanded Inpatient and Ambulatory capacity in Country SA *Description:* Specialist Rehabilitation Services will be established at Whyalla Country General Hospital. This will include both inpatient and ambulatory components of the service. *Steps to Implementation:* A partnership arrangement with a metropolitan service will be established to provide specialist input to guide establishment of the service including development of clinical protocols training and development programs and initially to provide the medical specialist input required. The implementation is staged to allow the early establishment activity to be completed. Full staffing is expected to be achieved by the beginning of 2012/13. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform	Partnership arrangements to be in place by Sept 2009 Clinical protocols and training programs in place by Dec 2009 Recruitment of staff to occur gradually as follows: 75%(12FTE), 80%(13FTE), 85%((14FTE), 100%(16FTE).		$1.500	$1.600	$1.700	$2.000	$6.8	This expanded service will allow an additional approximately 180 patients to be managed locally each year. (This is equivalent to 180 separations/ episodes or at ALOS of 13.3* days 2,394 bed days) Implementation will be staged to achieve 100% by 2012/13.

			Cost						
	08-82260766								
	2 GEM Strategies **Expand Ambulatory capacity in metropolitan areas** *Description:* Establish community based Specialist GEM teams to provide mobile assessment services, and ongoing management services in the community, including support into residential aged care services. Gradual increase in FTE across the four years to allow required training and development to be undertaken, includes funds for goods and services required to support team expansion. Note that state funds to be provided for associated expansion for equipment provision and NGO supports through the Out of Hospital Program. State funds enable associated expansion of inpatient bed capacity in line with SA's Health Care Plan. *Steps to Implementation:* Regional implementation plans to be developed and progress to be monitored by DH on a monthly basis. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766	FTE increases in specialist teams to be achieved over 4 years as follows 80%(11 FTE), 85%(12FTE), 95%(14FTE), 100%(14.5 FTE).		$1.402	$1.489	$1.664	$1.752	$6.307	Expansion of this service capability will allow an additional approximately 270 patients to be managed in the community each year (This is equivalent to 270 episodes or at ALOS of 10.1* days 2,727 days) Implementation will be staged to achieve 100% by 2012/13.

			Cost						
	Expanded Inpatient and Ambulatory capacity in Country SA *Description:* Specialist GEM Services will be established at Whyalla Country General Hospital. This will include both inpatient and ambulatory components of the service. *Steps to Implementation:* A partnership arrangement with a metropolitan service will be established to provide specialist input to guide establishment of the service including development of clinical protocols training and development programs and initially to provide the medical specialist input required. The implementation is staged to allow the early establishment activity to be completed. Full staffing is expected to be achieved by the beginning of 2012/13. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766	Partnership arrangements to be in place by Sept 2009 Clinical protocols and training programs in place by Dec 2009 Recruitment of staff to occur gradually as follows: 75%(6FTE), 80%(6.5FTE), 85% (7FTE), 100% (8FTE).		$0.750	$0.800	$0.850	$1.000	$3.400	This expanded service will allow an additional approximately 170 patients to managed locally each year. (This is equivalent to 170 separations/ episodes or at ALOS of 10.1* days 1,717 bed days) Implementation will be staged to achieve 100% by 2012/13.
	3 Palliative Care Strategies **Expand Ambulatory capacity in metropolitan areas** *Description:* Expand capacity of specialist palliative care	FTE increases in specialist teams to be		$1.909	$2.028	$2.264	$2.369	$8.570	Expansion of services will allow an additional approximately 200 patients to be supported in the community each year(This is equivalent to 200 episodes or at ALOS

			Cost						
	service teams to increase volume of patients able to be supported in the community. Increases across metropolitan regions including paediatric services. Gradual increase in FTE across the four years to allow required training and development to be undertaken, includes funds for goods and services required to support team expansion. Note that state funds to be provided for associated expansion for equipment provision and NGO supports through the Out of Hospital Program. State funds enable associated expansion of inpatient bed capacity in line with SA's Health Care Plan. *Steps to Implementation:* Regional implementation plans to be developed and progress to be monitored by DH on a monthly basis. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766	achieved over 4 years as follows 80%(15FTE), 85%(17FTE), 95%((19FTE), 100%(20FTE).							of 15.3* days 3,060 bed days) Implementation will be staged to achieve 100% by 2012/13.
	Expanded Inpatient and Ambulatory capacity in Country SA *Description:* Establish inpatient and ambulatory components of specialist palliative care service at Mount Gambier Country General Hospital.			$0.750	$0.800	$0.850	$1.000	$3.400	This expanded service will enable an additional approximately 70 patients to receive appropriate support at end of life each year. (This is equivalent

			Cost						
	Steps to Implementation: A partnership arrangement with a metropolitan service will be established to provide specialist input to guide establishment of the service including development of clinical protocols training and development programs and initially to provide the medical specialist input required. The implementation is staged to allow the early establishment activity to be completed. Full staffing is expected to be achieved by the beginning of 2012/13. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766	Partnership arrangements to be in place by Sept 2009 Clinical protocols and training programs in place by Dec 2009 Recruitment of staff to occur gradually as follows: 75%(6FTE), 80%(6.5FTE), 85%(7FTE), 100%(8FTE).							to 70 separations/ episodes or at ALOS of 15.3* days 1,071 bed days) Implementation will be staged to achieve 100% by 2012/13.
	4 Psycho-geriatric strategies **Expand Ambulatory Capacity** *Description:* Redistribute existing resources across care types and geographic area to achieve better balance of services and improved equity of access in metropolitan regions Expand service delivery in country regions o Consolidate and expand capacity within Rural and Remote Mental Health Service to provide specialist Consultation and Liaison Service. Additional psychiatric services, expanded Emergency Triage and	Planned program of reform in place that will achieve redistribution of service by 2012/13 Consolidation and expansion of RRMHS to be complete by June 2010		Nil funds required $0.600	Nil funds required $0.640	Nil funds required $0.680	Nil funds required $0.800	Nil funds required $2.720	Additional 200 patients supported in country per annum.(50% increase) (This is equivalent to 200 separations/episodes or at ALOS of 25* days 5,000 bed days. Implementation will be staged to achieve 100% by 2012/13.

			Cost						
	Liaison Support to 24/7, increased telemedicine, admin support. o Expand capacity within community teams in the Northern, Southern and Peri-urban mental health networks. Additional clinicians for regional teams, staff training and development, vehicle leasing and other office establishment costs. *Steps to Implementation:* CHSA have a detailed business case which will guide implementation. Employment of additional specialist resources will commence immediately along with training and development to create additional community MH staff capacity. It is expected that full employment within the 3 country regional services will be achieved by beginning of 2012/13. Note that state funds will be provided for associated NGO supports required through the Out of Hospital Program. *Performance Information:* Performance against 07/08 base to be measured as agreed. Detail in relation to counts for IP and ambulatory to be agreed by December 2009. *Contact Details:* Shelley Horne Director Clinical Service Reform 08-82260766	Gradual recruitment of staff to achieve full staffing by July 2012.(Approximate annual staffing as follows 5FTE, 5.5FTE, 6FTE, 6.5FTE)							
Monitoring and Program Support	Establish a project support resource within DH to provide program support, integration with state reform processes and support performance monitoring and reporting *Contact Details:*	Position in place by July 2009 with transition to part time status in 2012/13. (1 FTE)		0.085	0.085	0.085	0.0526	0.3076	

			Cost						
	Shelley Horne Director Clinical Service Reform 08-82260766								
Establish and support consistent data and reporting processes	Develop consistent advice on identification of service setting and activity descriptors that reflects national best practice	Draft: August 2009 Final: December 2009 Review process: to be determined							Consistent data capture to ensure growth targets are met
	Support the implementation of consistent outcome measures and benchmarking activities that reflect national best practice	Completed by December 2010 for established services in Metropolitan areas Within 3 months of commencement of a new service Completed by July 2013 for Country services							Improved patient outcomes within different service settings Improved effectiveness of service provision
	Develop consistent regional reports to assist with monitoring implementation progress	Draft: October 2009 Final: December 2009							Increased number and mix of subacute services

*Note Average length of stay used to calculate bed days is derived from 2007/08 data, except for psychogeriatric which had ALOS of 200 days in 2007/08 which is distorted by a number of long stay patients. Instead ALOS of 25 days has been used.

Funding Allocation by Service Type and Year

Key Deliverable		2009/10	2010/11	2011/12	2012/13	TOTAL
Expand Service Delivery		$000's	$000's	$000's	$000's	$000's
	Rehabilitation	3,392	3,608	3,941	4,328	15,268
	GEM	2,152	2,289	2,514	2,752	9,707
	Palliative Care	2,659	2,828	3,114	3,369	11,970
	Psycho-geriatric	600	640	680	800	2,720
Monitoring and program support		85	85	85	53	308
Data and reporting processes	within existing	0	0	0	0	0
Total		8,887	9,450	10,335	11,302	39,973

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ATTACHMENT

National Partnership Agreement on Hospital and Health Workforce Reform

Subacute care reform component — Plan to enhance Subacute Services

State: **South Australia**

Year	Patient type	Admitted	Non-admitted	Combined	Alternatively: Combined
	Unit of measure for services	Patient days	Occasions of service	Patient day equivalents (*)	OOS equivalents (*)
	Baseline	174,826	45,514	197,583	395,166
	Targeted growth for year	3,695	12,718	10,054	20,108
2009-10	Targeted growth (%)	2.1%	28%	**5.1%**	5.1%
	Services in 2009-10	178,521	58,232	207,637	415,274
	Targeted growth for year	3942	13,512	10,698	21,396
2010-11	Targeted growth (%)	2.2%	23.2%	**5.2%**	5.2%
	Services in 2010-11	182,463	71,744	218,335	436,670
	Targeted growth for year	4,188	14,307	11,342	22,683
2011-12	Targeted growth (%)	2.3%	19.9%	**5.2%**	5.2%
	Services in 2011-12	186,651	86,051	229,676	459,353
	Targeted growth for year	4,927	15,897	12,876	25,751
2012-13	Targeted growth (%)	2.6%	18.5%	**5.6%**	5.6%

(*) Based on assumption that one PD day is equivalent to 2.0 non-admitted occasions of service

BASELINES

	2007-08				
	Patient days	Separations	ALOS		Non-admitted OOS
Rehab	89,960	6,763	13.3		12,484
Palliative	25,787	1,687	15.3		1,969
GEM	2,031	201	10.1		4,674
Psychogeriatric	57,048	285	200.2		26,387
Totals	**174,826**	**8,936**	**19.6**		**45,514**

GROWTH

	Patients (as per draft plan) (^)				Admitted Patient days (**)	Non-admitted OOS (**)
		Non-admitted				
	Admitted	Metro	Country	Total		
Rehab	172	760	8	940	2,300	4,949
Palliative	64	180	6	250	985	3,146
GEM	162	270	8	440	1,642	2,802
Psychogeriatric	0	0	200	200	0	5,000
Total	**398**	**1,210**	**222**	**1,830**	**4,927**	**15,897**
Average growth per year over four years					1,232	3,974

(^) assumes 50:50 split between admitted and non-admitted in estimated country patients
(**) Patients * ALOS
(**) Patients * ALOS * 2.0
^^ uses an estimate ALOS of 25 days
Growth numbers matched to Implementation Plan