

National Partnership
Agreement 2009
Sub acute plan
Tasmania
2009- 2013

I. The Tasmanian Context

Tasmania's Ageing Population

Over the last decade Tasmania's population has experienced both growth and decline. Current predictions suggest that the size of the population will increase slightly over the next 20 years, but that the composition of the population will change as the age of the average Tasmanian increases.

This is due in part to the conventional causes of population ageing experienced right across Australia (i.e. low birth rates and increased life expectancy), but is exaggerated by large numbers of older migrants entering the state, coupled with many younger people moving interstate or overseas.

The 'dependency ratio' is a measure of the number of people in a population who are outside the traditional working age, compared to the number of people who are within it. It is used to measure the capacity of a population to support itself within its available workforce. In Tasmania the dependency ratio has been projected to increase substantially over the next 40 years due to the ageing of the population. Over this time, the number of Tasmanians aged 65 years and over is anticipated to more than double and the number aged 80 years and over is set to more than treble. Meanwhile, the number of Tasmanians in lower age groups is already in decline. This suggests that Tasmania will find it increasingly difficult to adequately support its ageing population.

Table 1: Tasmania population growth 2007/2018

State population		Population by region		
	Tasmania	South	North	North West
2007	493 371	243 820	139 466	110 085
2018 projected	528 556	264 122	149 509	114 925

In line with these projections, it is anticipated that future demand for aged care services will increase at a significantly faster rate than planned increases in the supply of aged care services. A shortfall is likely to arise as Australian Government aged care funding is currently allocated on the basis of the number of people aged 70 years and over in a population. The number of people aged 80 years and over however comprise the most rapidly increasing service group in Tasmania.

Table 2: Tasmanian Population, by region, age 70+ and 80+

Population	Pop 70-100 by region			Pop 80-100 by region		
	South	North	North West	South	North	North West
2007	24 624	14 781	11 941	9 649	5 627	4 517
2018 projected	32 724	20 244	16 651	11 616	7 200	5 972

In addition to these pressures, the increase in the number of older people living with dementia is also likely to place particular strain on aged care service providers. It is well documented that the incidence of dementia in the community will continue to increase in Tasmania given the demographic profile: 2% of

the population aged 60-65 has dementia and the incidence doubles every 5 years. Currently there are over 5,000 people with dementia in Tasmania. It is estimated that this will increase to 14,340 by 2050..

Rehabilitation

This plan will form one component of the state-wide framework for rehabilitation services commenced as a result of the review of Tasmanian rehabilitation services April 2007. The Tasmanian Government recently funded \$3 million to develop services in the north of Tasmania which has centred on developing inpatient, outpatient and community therapy services for the Launceston region.

Recent researchers stress the importance of a full system of rehabilitative care in order to manage patient health and function outcomes and costs. This includes inpatient rehabilitation services but also sub acute, transitional, outreach and community services with a key focus on reduction of impact on chronic health conditions. The 2007 report found that the strategic focus on acute care rather than rehabilitation in Tasmania left it with challenges in all areas.

The review of Tasmanian rehabilitation services established that Tasmania has an under supply of rehabilitation beds, with a shortfall in 2007 estimated at 50-60 beds. It further estimates at any one time, that at least 70 other beds and up to 100 acute beds in Tasmanian public hospitals are occupied by rehabilitation and other sub-acute patients. The informal jurisdictional benchmark for rehabilitation beds per 100 000 population in 2007 was between 28 and 30. The Tasmanian distribution was lower for all regions – 47 to 49 designated in total - and in the North West (population 100 000) the total bed number was only 8. This lack of beds has led to delays in discharge from acute facilities due to concerns about access to post discharge therapy and support.

The lack of ambulatory rehabilitation services in the North and North West regions was found to limit the alternative options to provide rehabilitation to those who require it.

The population profile of the North West is of particular concern. While the total population for the North West region is not projected to grow significantly, the older population growth for the whole of Tasmania is three times the rate of the Australian population as a whole, with the most rapid growth being in the North West. Between 2003 and 2018, the population over 70 years of age in the North West will have doubled to 4.4% of the population.

Palliative Care

The Tasmanian palliative care model recognises that the setting of palliative care is influenced by the patients needs and in consultation with the patient. Setting of care can be varied, covering care at home and in community settings, in residential aged care, in designated inpatient palliative care beds and units together with public, private and rural hospitals.

Specialist palliative care clinicians have an expert role in direct care and shared care for clients with complex needs and a consultative role supporting primary care providers in the ongoing management of clients' needs. To build primary care capacity, clinicians continue to provide palliative care education to health professionals across the State.

Through the implementation of this new service delivery model Tasmania has been able to increase the accessibility and capacity of palliative care services in the State. The core elements of a palliative care service system are community based services, designated inpatient beds and hospital consultative teams. Demand for services continues to grow with a steady annual increase in clients accessing palliative care services, the number of referrals and utilisation of designated palliative care beds.

State-wide strategies for improving rehabilitation and sub acute care.

For the purpose of this document the term ‘rehabilitation and sub acute care’ is used to refer to the acute rehabilitation episode and all subsequent sub acute interventions across rehabilitation, palliative care, psycho-geriatric and geriatric evaluation and management, including community outpatients and community interventions.

2. Issues

The strategic directions for rehabilitation and sub acute care have been formed on the basis of the recommendations of the 2007 Review and are based on the following considerations

Sustainability and quality

- The role of rehabilitation and sub acute care in the state has been under represented and under resourced both in terms of beds and community services. The cost of this under representation is felt through increased bed usage in acute care, for the clients and extended use more intensive community and residential support.
- There is a shortage of medical and allied health staff in Tasmania in general and in rehabilitation and sub acute services in particular.
- There is a need to continue to develop integrated models of care and consistent pathways across the continuum from community to acute care and return to community.
- There has been insufficient structure to support communication between services to grow and support one another.

Equity and access

- Although there are no current formally agreed national benchmarks the rehabilitation and aged care sub acute services in all three regions of Tasmania are under-represented in comparison with other jurisdictions.
- The distribution of services across the three regions in Tasmania is inequitable with the North and the North West requiring development.

Accountability and transparency

- There is a lack of data concerning rehabilitation and palliative care events especially in community (non-admitted) services. This is attributable to differences in the definition and measurement of events together with variations in data collection. Planning and accountability across the state will be improved by more consistent and reliable information and data collection.

3. Strategic Direction

The strategic direction over the last two years has focused on building up the services models and has been articulated in the Tasmania Health Plan which has driven the planning for health services in Tasmania since 2007.

Development has focused on sustainability of services for the long term and quality through:

- Developing integrated models of care
- Developing workforce capacity
- Equity of service access across the state – rurality

- Accountability and transparency
- Data management

Developing integrated models of care

The Health Service in Tasmania is restructuring into regional models of care with single points of accountability for delivery of inpatient, out-patient and community services across each of the three regions: South, North and North West.

Specialist palliative care teams (in the South, North and North West) already work in a shared care arrangement with other health providers to provide support and care to palliative care clients wherever they may be in Tasmania – including public and private hospitals, residential aged care homes, group homes or the patient’s own home. For many palliative care clients, the community is the preferred place of care and admission to a specialised palliative care inpatient unit or hospital occurs only for short periods to stabilise care. Additional specialist clinical hours will increase the capacity ensure palliative care is provided in the most suitable care setting.

Community integrated care services are being developed to manage the health needs of their populations. Shared care initiatives with General Practitioners and primary health services are successfully being developed across the state.

The state is developing the infrastructure to support clinical networks across five areas of service delivery.

The strategic planning and policy unit has brought together the separate strands of planning and policy concerning aged care, rehabilitation and sub acute care under a single entity in the Office of Aged Care and Rehabilitation (OACR) whose function it is to develop the policy and implementation planning for rehabilitation and sub acute care. This service has carriage of the palliative care and aged care and rehabilitation/sub acute care networks which are currently developing projects to improve services across the state; and the implementation of the Australian Government Transition Care and Long Stay Older Patients programmes as well as HACC funding. The Clinical Networks are a key strategy for achieving integration and developing the continuum of care for sub acute services in the state.

National Partnership Agreement (NPA) funding will be allocated, monitored and reported centrally through OACR.

Developing workforce capacity

Tasmania’s Department of Health and Human Services and the University of Tasmania have incorporated course development strategies within its Partners in Health agreement including the examination and resolution of the needs for training and research, as well as initiatives that will support the development of health services in Tasmania.

The development of the state’s capacity to recruit, train and retain specialist clinicians, and allied health staff is a key focus in this initiative.

It is also recognised within the Department of Health and Human Services that the workforce shortages that exist in the rural regions in medical and allied health professions will not easily be resolved. Where there is a lack of rehabilitation and sub acute care medical specialists there is a lack of focus for these services and they remain under-developed.

Strategic leadership through the implementation of clinical networks is provided through the Office of Aged Care and Rehabilitation with the support of the Chief Health Officer and the Tasmania Clinical Network Advisory Council. A diversity of experience and knowledge from within the networks is provided through broad membership of geriatric, palliative care and rehabilitation medical specialists;

university based academic medical researchers; GPs; allied health and nursing specialists and members of the community.

The regions are seeking contemporary approaches to manage services and alternative models of care. These include the implementation of nurse practitioner models of care; use of support workers and supporting the infrastructure through use of technology such as tele-health initiatives. The development of subacute rehabilitation bases in the North and North West is a key strategy towards bringing the local health care up to the level aimed for across the state. These initiatives are already successfully attracting staff to the regions. It is likely that targeting general physicians with special interest in aged care and rehabilitation and subacute care will increase the likelihood of successfully filling vacancies. Shared care initiatives with General Practitioners are successfully being developed across the state.

The implementation of clinical networks will enhance the linkages between disciplines and services across the state and as the electronic communication systems are implemented for the clinical networks and such initiatives as e-health, the communication and patient management systems will improve access to information and clinical support.

The NPA funding will support the objectives of the clinical networks helping to build staffing levels and to facilitate the professional development of existing staff in implementing new models of care. The developments are particularly focused in the North and North West regions. The structure will support access to clinical support from specialist consultants across the state.

Equity of access across the state

While rehabilitation and sub acute care services have been underdeveloped across the state, the North and the North West regions have been more particularly affected through lack of infrastructure and ability to attract staff.

In the last two years Australian Government and State funding have targeted the North in particular building its rehabilitation and sub acute bed capacity from 18 to 26 and building on its rehabilitation and palliative care clinical nursing and allied health services. Its next area of development is enhancement of its outreach service.

The North West has increased its surgical service volumes and is aiming to develop the Mersey Hospital as a sub acute base to improve rehabilitation services. Four new sub acute beds have recently been established in the Mersey campus of the North West Regional Hospital with further plans to expand the outreach services from that centre. Possible sources of capital funding are being explored to aid the development of the site as a rehabilitation centre.

The NPA funding will be focused in further developing the services in the North and the North West and continuing to build end of life primary care capacity. It will be used to further develop clinical services, shared care initiatives, outreach services focused on community wellness that will lead to avoidance of hospital admittance. This will simultaneously increase access to acute beds, freed up through the enhancement of these programmes.

Accountability.

Data management and transparency have been key issues in the Tasmanian Health Plan. The Department of Health and Human Services publishes its progress against the targets within the plan.

The Office of Aged Care and Rehabilitation will be responsible for developing implementation plans for rehabilitation, psycho-geriatric and palliative care across the state. Regions will report progress towards the new initiatives regularly.

Data management is a key concern as the continuum of care for rehabilitation and sub acute care is not well defined and the collection of data for non admitted patients is not centralised. The Office of Aged Care and Rehabilitation will work with the Strategy Policy and Planning units and the regions to develop systems and to implement the agreed NP systems of reporting once completed. National Partnership funding will support the regions in implementing these systems.

Summary

Anticipated outcomes in improved sub acute care at state and regional level include:

- Improved communication systems and structures state wide through the work of the clinical networks in aged care and rehabilitation and palliative care
- Improved equity of access to clinical care across the state with physicians with specialties in rehab /aged care/ psycho-geriatrics
- Focus on wellness and appropriate end of life support within a person's community through development of continuum of care pathways through specialist practitioners (med/nurse/allied health). This will also reduce the number of unplanned hospitalisations and unplanned re-admissions; and reduce ALOS which is a better for outcome for the patients.
- Enhanced process of integrated care across the rehabilitation /sub acute continuum – Community to impatient hospital services and back to community
- Increased application of the shared care model with primary health and GPs.
- Services available at weekends and out of hours in the South of the region.
- Accurate and timely data management.

4. Implementation Plans

4.1 Contact for all Plans:

Wendy Quinn, Director, Office of Aged Care and Rehabilitation

4.2 Develop the work of Aged Care and Rehabilitation and Palliative Care Clinical Networks through project support

Ongoing funding for two project officers to support planning and initiatives of the networks and state-wide service development. The Networks will be instrumental in supporting the development of the workforce in these areas, especially where recruitment of staff is difficult.

Timing

- Positions finalised May 2009.
- Project Implementation plans written July 2009

Service Growth Targets

- See Attachment One

Estimated Volumes

- Four clinical network projects to support access and integrated care implemented with defined targets met.

4.3 Establish an integrated rehabilitation and geriatric evaluation and management services in the North West of the region.

This will comprise two general physicians who will have specialist interest in aged care and rehabilitation, and building on current clinical nurse staffing levels and allied health staff to provide shared care with GPs and primary health services in the community. The sub acute beds recently

established in the Mersey hospital will form part of this initiative. The focus of the model will be on maintaining wellness in the person's place of residence, including appropriate use of all supports including aids and equipment when necessary. The initiative will support the development of current staff in managing changes in models of care.

Timing:

- Recruitment completed January 2010
- Model of care established January 2010
- Policies and procedures developed to provide integrated service within the two sub - regions January 2010
- Full integrated service implemented March 2010

Service Growth Targets

See attached sheet

- 4 sub acute GEM beds on line increase in inpatient specialist bed days with specialist medical, CNC and therapy support increase – 350% over four years
- Increase in non admitted OOS and episodes of care 20% over four years

Estimated Volumes

To be agreed

4.4 Enhance current rehabilitation services in the North through implementing outpatient service.

The North region has developed its inpatient aged care and rehabilitation services and is ready to begin developing its workforce so that it can implement community outpatient services. These services will work to support people post discharge and eventually to manage a wellness model of care maximising use of all supports including equipment.

Timing:

- Recruitment completed December 2010
- Model of care established December 2010
- Policies and procedures developed to provide integrated service. January 2010
- Full integrated service implemented March 2010

Service Growth Targets

See Attachment One

- Provide specialist therapy and CNC outpatient rehabilitation clinics 20% over four years
- Increase average OOS per episode 48% over four years
- Increase diversion from hospital for GEM 20% over four years

Estimated Volumes

To be agreed

4.5 Enhance access to shared care model of care in the South of the region and avoid hospital admissions

This enhancement will build on current services to develop and implement a model of care that will support complex, chronically ill people by introducing a multi-disciplinary team to support general practitioners and other community services who identify people who are at risk of health deterioration

or hospitalisation. The service is one of geriatric evaluation and its focus will be on supporting this group of people to maintain wellness

The service in the South will be extended to weekend and out of hours. This has been trialled and shown to be a useful in supporting people who have complex health issues to remain in their place of residence, thus reducing the number of admissions each person may experience.

Timing

- Recruitment completed December 2009

Service Growth Targets

See Attachment One

- Increase access to diversion from hospital out of hours service increase 20% over four years
- Increase shared care services 20% over four years

Estimated Volumes

To be agreed

4.6 Enhance Palliative Care: Integrated services

Tasmania's Health system is keen to increase access to non admitted services and to enable all Tasmanian adults to develop and manage a plan for their end of life care, in the event they are unable to make such decisions at the time. Tasmania has only a partial system for managing end of life decision-making. While there is a legislative framework, there is no systematic way to make the benefits of Advanced Care Plans available across service settings. Workforce training and the development of training resources are crucial to the success of this initiative.

Timing

- Recruitment completed December 2009

Service Growth Targets

See Attachment One

- Increase clinical hours available for specialist palliative care consultative teams by 20% over four years
- Implement a system for Advanced Care Planning
- Alleviate pressure on emergency departments and acute hospital beds

Estimated Volumes

To be agreed

4.7 Project Management and Enhance Data collection

This will establish project support that will provide programme performance monitoring, training and reporting and the development of consistent regional reporting systems to assist this. It will also support the identification of service setting and activity descriptors and the implementation of consistent outcome measures and benchmarking activities that reflect national best practice

Timing

Recruitment will begin immediately

Service Growth Targets

- Consistent systems and data capture to ensure growth targets are met. This will lead to improved planning and patient outcomes within different service settings and
 - Improved effectiveness of service provision
 - Increased number and mix of subacute services

Estimated Volumes

To be agreed

4.8 Reporting

Once finalised, the plan will be made publicly available. This plan will become part of the processes used for publishing the Tasmanian Health Plan through the DHHS intranet site:

www.dhhs.tas.gov.au/future_health

5. Other commitments

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

1. review this plan at least 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.

Tasmania 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.

Tasmania 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 (NMDS) for ongoing reporting.

Summary of Programmes

	Rehabilitation	GEM	Psycho-geriatric	Palliative Care
North West \$4.333K	General physician with special interest in rehabilitation and team of specialist nurses. Allied Health professionals	General physician with special interest in aged care and psycho-geriatric care and team of specialist nurses. Allied Health professionals		
	Shared care initiative with GPs and primary health: unplanned hospital admission avoidance			
	Specialist support for the 4 x Sub acute beds			
North \$3.978M	Outpatient services allied health and nursing team	hospital avoidance		
South: \$2.051M		Shared Care for older people with chronic illness After hours support		
State-wide \$1.777M	Clinical network coordination and support: <ul style="list-style-type: none"> • Simplified assessment and referral processes • Technology to support integration of services and shared care processes • Project support 			Increase clinical hours for specialist palliative care consultative teams
	Advanced Care Plans Project Management and Enhanced data collection.			Integrated palliative care Clinical Network Coordination and support RN specialist nursing and social work across state-wide
Total \$12.242 over 4 yrs				

ATTACHMENT ONE: Subacute care reform component — Plan to enhance Subacute Services

State **TASMANIA**

Year	Patient type	Admitted	Non-admitted	Combined	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.
	Unit of measure for services	Patient days (1)	Occasions of service (OOS) (2)	OOS equivalent (*)	
2009-10	Services in 2008-09	32,689	28,252	93,570	(1)GEM, inpatient north west. (2) Outpatient and home based OOS
	Targeted growth for year	3,650	2,260	9,560	
	Targeted growth (%)	11.2 %	8%	10.2%	
2010-11	Services in 2009-10	36,339	30,512	103,130	(1)GEM, inpatient north west. (2) Outpatient and home based
	Targeted growth for year	730	2,825	4,285	
	Targeted growth (%)	2.2%	10%	4.6%	
2011-12	Services in 2010-11	37,069	33,337	107,415	(1)GEM, inpatient north west. (2) Outpatient and home based
	Targeted growth for year	0	2,825	2,825	
	Targeted growth (%)	0	10%	3%	
2012-13	Services in 2011-12	37,069	36,162	110,240	(1)GEM, inpatient north west. (2) Outpatient and home based
	Targeted growth for year	0	2,825	2,825	
	Targeted growth (%)	0	10%	3%	

(*) Occasions of service equivalent, assuming one patient day is equivalent to 2.0 occasions of service

ATTACHMENT ONE (continued)

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				Totals
	Rehabilitation	Psycho-geriatric	Geriatric Evaluation Management	Palliative	
Admitted					
Patient days (volumes)					
Hospital based	28,885	50	231	3,523	32,689
Hospital in the Home					
Combined Hospital based & HITH	28,885	50	231	3,523	32,689
Other (please specify)					
<i>Total admitted patient days</i>	28,885	50	231	3,523	32,689
Separations (patients)					
Hospital based	1,141	29	24	268	1462
Hospital-in-the-home					
Combined Hospital based & HITH	1,141	29	24	268	1462
Other (please specify)					
<i>Total admitted separations</i>	1,141	29	24	268	1462

ATTACHMENT ONE (continued)

	Rehabilitation	Psycho-geriatric	Geriatric Evaluation Management	Palliative	Totals
Occasions of service (volumes)			<i>Non-admitted</i>		
Centre based	26,826				26,826
Home based					
Combined Centre & Home based					
Other (please specify) Number of referrals to specialist palliative care				1,426	1,426
<i>Total occasions of service</i>	26,826			1426	28,252
Episodes (patients)					
Centre based	1589		1450		3039
Home based	120	120	120		360
Combined Centre & Home based					
Other (please specify)					
<i>Total episodes</i>	1709	120	1570		3,399
 Total group sessions	 854				 854

