

*FIRST (INTERIM) REPORT AGAINST TASMANIA'S SUBACUTE CARE IMPLEMENTATION  
PLAN UNDER THE NATIONAL ACTION PLAN ON HOSPITALS AND HEALTH  
WORKFORCE REFORM*

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## **INTRODUCTION AND BACKGROUND**

Under the National Healthcare Agreement, COAG signed off the National Partnership Agreement (NPA) for Hospitals and Health Workforce Reform on 29 November 2008; it is worth \$3.042 billion comprising Australian Government transfers to states and territories, Australian Government direct payments and state/territory contributions.

There are four reform components in this NPA:

- activity based funding;
- improving health workforce capability and supply;
- enhancing the provision of subacute services;
- taking the pressure off public hospitals (DEM).

Subacute care in the Agreement comprises:

- rehabilitation;
- geriatric evaluation management;
- psycho-geriatric services and;
- palliative care.

Tasmania has been allocated a total of \$12.242 million in sub acute care funding over four years to implement changes that will produce a weighted 20 per cent increase in productivity over four years across admitted and non-admitted service. (This weighting requires a current ratio of one inpatient day to two non-admitted *Occasions of Service*).

There has been agreement that over the four years of the NPA work would be undertaken at a national level to establish agreed definitions of service type; measurement; and benchmarking for admitted and non-admitted services. The funding is initially for a four year seeding period. It will aid the jurisdictions to develop the subacute continuum of services.

There is agreement on reporting dates and a requirement to publish progress against targets.

Tasmania's implementation plan, including initiatives aimed at enhancing sub acute care services, was submitted within the required timeframe and was approved in June 2009. The Australian Government provided funding in a one-off payment to the jurisdictions in June 2009.

Tasmania's implementation plan describes also detailed project and regional funding allocations and how the required 20 per cent growth above the 2007-08 volumes would be achieved.

As with other states and territories, Tasmania struggled to provide reliable service activity data in some care settings and under some care types. This was particularly the case for subacute care provided in non-admitted settings, including outpatients and the community. The lack of national definitions and standards has presented difficulties for all jurisdictions in confidently setting baselines and growth targets in non-admitted services. Indeed, like other state and territories Tasmania experienced difficulty in even gaining non admitted data as no centralised state or national system currently exists for the collection of non-admitted data.

## STATEWIDE AND REGIONAL PROGRESS AGAINST INITIATIVES

### NORTH WESTERN TASMANIA

The goal of the North West Area Health Service (NWAHS) Rehabilitation Project is to design and implement a NWAHS Gold Standard Rehabilitation Model comprising:

1. Nurse-led, integrated multi-professional fast track and slow stream, including geriatric evaluation, admitted rehabilitation services
2. Coordinated multi-professional ambulatory rehabilitation Services
3. Targeted and community rehabilitation services linked in a facilitated, meaningful and purposeful way.

The development of such a service will allow for timely access to appropriate care from a multidisciplinary team, in an appropriate setting with relevant governance structures in place.

#### Summary of Progress

The North West Area Health Service (NWAHS) has engaged an expert consultant to lead a project management team comprising nursing and allied health, in researching and developing a model of service delivery for the population needs of the North West. An evidence based model of care will be developed in conjunction with the University of Tasmania's Rural Clinical School and the Aged Care and Rehabilitation Clinical Network.

Eight designated rehabilitation beds have been established and recruitment is currently underway for allied health staff and a geriatrician.

**Key deliverables  
and allocation of  
NPA funding**

**Progress and timing**

**Comments**

<p>Establish an integrated rehabilitation and geriatric evaluation and management services in North West of Tasmania. <i>(\$4.669 million over 4 years)</i></p>	<p>Stakeholder Consultation re current and predicted services:</p> <ul style="list-style-type: none"> <li>• Medical strategic planning day occurred on 8<sup>th</sup> October 2009</li> <li>• Meetings with key operational stakeholders occurred on 15<sup>th</sup> and 19<sup>th</sup> October 2009</li> </ul> <p>Engagement of a consultant to facilitate the project scoping phase:</p> <ul style="list-style-type: none"> <li>• Scheduled for February 2010.</li> </ul> <p>Recruitment:</p> <ul style="list-style-type: none"> <li>• Processes will commence in January 2010 for: <ul style="list-style-type: none"> <li>- a dietician</li> <li>- a part-time palliative care nurse and social worker</li> <li>- an external project consultant</li> <li>- a rehabilitation clinical nurse consultant</li> <li>- physicians with an interest in rehabilitation and/or geriatrics</li> </ul> </li> </ul>	<p>A round table discussion with key acute and community stakeholders agreed to define the philosophy of practice through this project to one of rehabilitation and self management throughout the care continuum.</p> <p>Agreement has been reached to establish a project management team to research population health data together with regional hospital separations and diagnoses in building an evidence-supported and needs-based model of care into the future.</p>
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## NORTHERN TASMANIA

As part of the redevelopment of the LGH Rehabilitation Ward to a 26 bed inpatient service, the NAHS will develop and implement a subacute outpatient service that will enhance and build capacity in the delivery of inpatient aged care and rehabilitation services on the North of the state.

The NAHS will also increase specialist palliative care acute hospital based consultative services to an additional 0.5 FTE at the level of specialist clinical nurse consultant - acute hospital consultative hours and 0.25 FTE allied health - acute hospital consultative hours.

Information will be obtained separately regarding progress against the subacute palliative care services enhancement initiatives in the North.

### Summary of Progress

The NAHS was notified of the result of its funding application on 18 December 2009 and commenced implementation of the project in January 2010..

A short-term project has commenced to map and document the best models of care, processes and final staffing mix to meet the requirements of the enhanced service. Recruitment will commence following endorsement of the recommendations from the

project.

Key deliverables and allocation of NPA funding	Progress and timing	Comments
Enhance current rehabilitation services in Northern Tasmania through implementing an outpatient service.  (\$4.214 million over 4 years)	<ul style="list-style-type: none"> <li>• Construction of an additional 8 inpatient beds and recruitment of additional staff at the Launceston General Hospital has been completed in preparation for the planned expansion of subacute care capacity in Northern Tasmania</li> <li>• New models of care and processes and will be completed June 2010.</li> </ul>	

## SOUTHERN TASMANIA

The aim of the NPA Subacute Care Initiative through the Southern Tasmania Area Health Service (STAHS) is to enhance access to a shared care model of care in the South of the State and to 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 that 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.

Summary of Progress		
<p>Protocols and referral processes have been developed for the shared care model and recruitment was completed in December 2009. .</p> <p>As the current service model has now expanded to include service aspects for the whole of the recently established Southern Tasmanian Area Health Service (STAHS) it was decided to recruit to positions on a temporary basis for the investigation and development of the enhanced model of care which will be implemented in 2010. These positions include two Clinical Nurse Consultants and an Allied Health Professional Clinical Lead.</p> <p>The model for the Nurse Practitioner is being developed with recruitment to occur in early 2010. and a geriatrician will commence on a short term locum from 1 January 2010.</p>		
Key deliverables and allocation of NPA funding	Progress and timing	Comments

<p>Enhance access to shared care model of care in Southern Tasmania and avoid hospital admissions (\$2.447 million over 4 years)</p>	<ul style="list-style-type: none"> <li>• Recruitment of staff has occurred to commence service in January 2010.</li> <li>• Protocols and referral processes have been developed.</li> <li>• The new Nurse Practitioner role requires approval for Scope of Practice, Clinical Supervision Guidelines and List of Scheduled Substances.</li> <li>• Senior allied health staff and managers are developing the framework for an extended/advanced scope of practice service.</li> <li>• Monthly meetings have been established with GP South to discuss implementation of this model of care.</li> <li>• New models of care are also under development for a number of chronic diseases utilising hospital and primary health services.</li> </ul>	<p>The Emergency Multidisciplinary Assessment Team 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.</p> <p>It was determined by the Team that the additional resources required were for the Social Work service and that the other professions would be able to support the weekend service within the current resources.</p> <p>Initial work has built on the shared care model to support elderly patients in their place of residence, either in their home or Residential Aged Care Facility. This has included medical, nursing and allied health professionals providing limited services.</p> <p>With the establishment of the Southern Tasmanian Area Health Service the opportunity to enhance these services utilising both hospital and primary health staff has occurred. It is proposed</p>
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		<p>that additional specialised nursing and allied health services will be provided to support GPs and community health staff.</p> <p>This model requires significant planning for service development, including new technologies, as well as workforce capability. The new model utilises Nurse Practitioners and extended and advanced scope of practice for both allied health professionals and nursing staff.</p>
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## STATEWIDE INITIATIVES

<b>Key deliverables and allocation of NPA funding</b>	<b>Progress and timing</b>	<b>Comments</b>
<p>Develop the work of statewide Aged Care and Rehabilitation and Palliative Care Clinical</p> <p>(\$0.667 million over 4 years)</p>	<ul style="list-style-type: none"> <li>• Staff are in place and the networks are progressing well.</li> <li>• Project work plans have been completed or are being finalised. New projects are planned early in 2010.</li> </ul>	
<p>Project management and enhance data collection</p> <p>(\$0.245 million over 4 years)</p>	<ul style="list-style-type: none"> <li>• While the initial project to collect baseline data has been completed, a follow-up and ongoing project is being implemented to support Tasmania's continuing contribution to the development of the national subacute non-admitted national minimum data set benchmarking.</li> </ul>	

**Growth in subacute care services, July – December 2009**

Patient type	Admitted	Non-admitted	Combined
Unit of measure for services	<i>Patient days</i>	<i>OOS</i>	<i>Bed-day equivalents</i>
Baseline data 2007-08	32 639	28 252	93 570
Targeted growth for 2009-10	3 650	2 260	9 560
Combined activity for July-Dec 2009	18 273	20 030	58 333