Victoria – Progress against Subacute Care Implementation Plan
National Partnership Agreement on Hospital and Health Workforce Reform – Schedule C

July 2011 – June 2012

Summary of Progress
In December 2008 the Victorian State Government provided funding to subacute services as part of the 'Victorian Bed Strategy'. This included an additional full year effect of $36 million encompassing 170 new subacute beds across rehabilitation, geriatric evaluation and management (GEM), palliative care and restorative care, $2.5 million for Rehabilitation in the Home (RITH), $2.5 million for Residential Aged Care Clinical In-reach programs and $1 million one-off funding for capital improvements. In 2009-10 recurrent funding of $35 million was allocated to sustain the Bed Strategy. This will result in expenditure of greater than $140 million (when including capital and indexation) over the life of the Subacute NPA which is in excess of Victoria's allocation of $125 million. Victoria continues to implement the Subacute NPA as outlined in the agreed Implementation Plan. An improvement plan in service mix is being developed via the implementation of strategies such as the Subacute Services Planning Framework, Health Independence Programs (HIP) guidelines, palliative care outcome measures and clinical indicators and embedding of improved workforce models.

Key deliverables	Progress and timing	Allocation of NPA funding	Comments
Implementation of the Subacute Services Planning Framework (SSPF) Guide for allocation of funding from the 'Victorian Bed Strategy' and state funded initiatives.	Continued establishment of services funded through the Victorian Bed Strategy.	See attached "Bed Strategy" document for allocation	Rural and Metropolitan health services have completed an audit of subacute services against the framework. The department has collated data and has reported the findings back to health services and departmental regional contacts for benchmarking purposes.

Development of metropolitan and rural and regional implementation plans that map current service provision against the SSPF to identify gaps.	August 2009	State funded	A second refresh of subacute access planning benchmarks based on 2010-11 data is underway. Information being used to inform subacute planning. SSPF further developed to include additional ambulatory subacute services - Hospital Admission Risk Program.
Refresh of the access benchmarks and forecasting models with activity data.	October 2012	State funded	
Health Independence Programs Implementation Health services completed self assessment against each of the HIP guidelines and completed implementation plans for eight key priority areas: • Access • Initial needs identification • Appropriate setting • Corporate governance • Care coordinator • Assessment • Transition and exit • Interdisciplinary approach	July 2009	State Funded	Implementation plans have been completed and are being actioned by health services.

Reforming Care Pathways *Elective Orthopaedic Pathway* The project aims are to: • improve the understanding of elective orthopaedic patient pathways across Victoria public hospitals • decrease patients' acute inpatient length of stay • improve the linkage between acute and rehabilitation services (inpatient and ambulatory) • decrease the number of patients referred to inpatient rehabilitation and increase the referral to RITH services • reduce the variation in clinical pathways and timelines across health services • increase acute inpatient capacity for elective joint replacement patients	Commenced 2009	$2.73 M	Continuation of pathway throughout the year. Outcomes to date are reports of improved systems and patient flow by allowing patients to be discharge (when clinically safe) to home with RITH. Model is being expanded to include other orthopaedic patient groups. Analysis of 2009-10 and 2010-11 data shows on average acute LOS has decreased 1.7 days for knee replacements and 1.4 days for hip replacements. This equates to approximately 4900 acute beds days per annum
Geriatric Medicine Pathway Austin Health has opened a new 24 bed acute aged care ward on their subacute campus as part of an innovative model of care funded by the Bed Strategy. Pilot a GEM@ Home model to test the appropriateness of the model to respond to the care needs of older people	September 2009 Commenced development 2012	$5.8 M	Program expanded to target GEM units in acute hospitals so older people admitted from ED are better supported through specialist geriatric services provided earlier in care pathway. Over the last six months the department has been working with a metropolitan health service to develop a GEM@ Home model

presenting at emergency departments.			for piloting in early 2013 to test the appropriateness of the model to respond to the care needs of older people presenting at emergency departments and identify the key components of service delivery.
Early Stroke Discharge Pathway The project aims to pilot models of early support for patients requiring rehabilitation post stroke within Victorian metropolitan public health services.	2012-13	State and NPA IPHS	A pilot will test a stroke rehabilitation pathway across two health services with the aim of improving early access to rehabilitation (both inpatient and ambulatory) and reduce acute length of stay.
Residential Aged Care Clinical Indicators Mainstreaming commenced for eight programs post evaluation of pilot. The aim of this initiative is to provide services to residents of aged care facilities with access to treatment within their care setting. The intention is to both prevent unnecessary presentation to emergency departments but also to manage people in a more appropriate care setting.	Commenced July 2009	$2.7 M recurrent plus additional state funding	An independent evaluation completed in July 2009 found that the Residential In-reach pilots were well regarded, accessible ad met referred and hospital requirements. The review of the service activity and models of care found that a model providing care in the Residential Aged Care Facility was the most effective in reducing avoidable ED presentations, ambulance utilisation and improved patient outcomes. Service development is being informed by information sharing, problem solving and benchmarking. The program has expanded to 13 health

			services.
Palliative care *Admitted* Provision of an additional 3,285 palliative care beddays at Melbourne Health.	Implementation commenced July 2009	State funded	Implementation brought forward to the 2009-10 financial year and commenced service delivery in July 2009.
Outcome measures/clinical indicators Introduction of four new measures for community palliative care: • Phase of care at patient contact • Model of care • Patient preferred place to die • Patient preferred setting of care Clinical Advisory Groups established in each regional palliative care consortia	From 1 July 2009	State funded	Data being reported by community palliative care services.
Consultation liaison/shared care model: Progression of proposed minimum data sets developed and business case submitted for inclusion in hospital data collection for 1 July 2010. Service Delivery Framework (SDF) to be further developed.	Throughout 2009-10	State funded	Consultancy data collection commenced Jan 2011. All regional palliative care consortia are working with regional in-patient, community and consultancy palliative care services in order to: • Assess service provision against the levels described in the SDF. • Indentify gaps at both the individual

Statewide Palliative Care Clinical Network to be further developed.			service and regional levels. • Review workforce arrangements. • Improve access for a greater proportion of the regional population. Palliative Care Clinical Network meeting regularly with the following projects completed and implementation underway: • Pain identification and management • Clinical assessment tools • Bereavement framework • End of life pathways
Psychogeriatrics Exploration of a definition of psychogeriatric care.	July- December 2010	State funded	A cost driver study has further developed the definition of "psycho-geriatric" care.
Improving service mix	September 2008	State funded	State funded rollout of FIM training completed in December 2010. Mandatory reporting of FIM for GEM and rehabilitation from 1 July 2011.

National Benchmarking Actively contribute to the development of national benchmarks that are required within the Subacute NPA.	Throughout 2009-10		To date this work has encompassed: • Reviewing and/or development data definitions and descriptions • Drafting of measures against the Subacute Care NPA performance indicators • Participating on the Benchmarking Reference Group for the Commonwealth led Benchmarking study.

Appendix ***Victorian Bed Strategy for 2011-12***

2011-12	Rehab Admitted (beds)	GEM Admitted (beds)	Restorative Care Admitted and No-admitted (Places)	Pall Care Admitted (Beds)	Resi In-Reach Non-admitted (Funding)	RITH Non-admitted (Funding)	Total funding
Metro							
Alfred		16	6		$ 437,091		
Austin		24	1		$ 437,091	$ 273,182	
Eastern			6	4			
Melbourne			11		$ 437,091	$ 273,182	
Northern			8		$ 437,091	$ 218,545	
Peninsula			4			$ 218,545	
Southern		24	4			$ 300,500	
St Vincent's	4	4	4			$ 300,500	
Western		16			$ 437,091	$ 218,545	
Calvary				3			
Metro Total Beds	4	84	44	7			
Metro total Funding	$1,801,348	$17,956,248	$6,167,040	$1,446,130	$2,185,454	$1,803,000	$31,359,220
Regional							
Barwon			5	3		$ 300,500	
Ballarat		5				$ 163,909	
Bendigo		5	4		$ 437,091	$ 300,500	
Goulburn Valley			4		$ 109,273	$ 163,909	
Latrobe	4	1					
Regional Total Beds	4	11	13	3			
Regional Total Funding	$808,840	$2,224,310	$1,822,080	$625,245	$ 546,364	$ 928,818	$ 6,955,656
Total Beds	***8***	***95***	***57***	***10***			
Total Funding 2011-12	***$2,610,188***	***$20,180,558***	***$7,989,120***	***$2,071,375***	***$2,731,818***	***$2,731,818***	***$38,314,876***

Subacute care annual service activity and growth report

State/Territory: Victoria

Period: 2011-12

Table 1: Activity by care type

* To calculate growth percentages (Table 2), use Patient days (volumes)

	Rehabilitation	Palliative	GEM[1]	Psycho - geriatric	Totals	
Patient days (volumes)			***Admitted***			
Hospital based	282,401	86,458	335,155		704,014	
Hospital in the Home						
Combined Hospital based & HITH						
Other (please specify)						
Total admitted patient days	282,401	86,458	335,155	0	704,014	(a)
or Separations (patients)						
Hospital based	13,709	6,501	15,589		35,798	
Hospital-in-the-home						
Combined Hospital based & HITH						
Other (please specify)						
Total admitted separations	13,709	6,501	15,589	0	35,798	
Average length of stay	20.6	13.3	21.5		19.7	
Total Bed Day Equivalents	237,712	72,895	270,398		581,005	(b)
Occasions of service (volumes)			***Non-admitted***			
Centre based	437,344	71,517	53,494	48,107	610,462	
Home based	76,574	205,681	22,600	42,659	347,514	
Combined Centre & Home based						
Other (please specify)				6606	6,606	
Total occasions of service	513,918	277,198	76,094	97,372	964,582	
Weighted Bed Day Equivalents	203,290	70,387	30,100	49,148	352,925	(c)
Episodes[2] (patients)						
Centre based						
Home based						
Combined Centre & Home based	54,672	5,623	21,741		82,036	
Other (please specify)						
Total episodes	54,672	5,623	21,741		82,036	
Total group sessions	74,518	14,567	1,522	2,430	93,037	

[1] Geriatric Evaluation and Management

[2] Episode data is for information only, and not a factor for calculating growth in service delivery.

Table 2: Growth percentages (2011-12)

Growth percentages (2011-12)	Patient days	Separations (BDEs)	Occasions of service (WBDEs)	Total BDEs
Services in baseline year 2007-08	605,633	506,453	280,195	786,648
Services in 2010-11	679,366	561,059	336,186	897,245
Targeted % increase				17.30%
Services in 2011-12	704,014	581,005	352,925	933,930
Service increase in 2011-12 compared to baseline	98,381	74,552	72,730	147,282
% increase in 2011-12 compared to baseline	16.24%	14.72%	25.96%	18.72%
Service increase in 2011-12 compared to 2010-11	24,648	19,946	16,739	36,685
% increase in 2011-12 compared to 2010-11	3.63%	3.56%	4.98%	4.09%

WBDE Ratios

	Ratio
Rehabilitation	
Paliative care	
GEM	
Psychogeriatric	

Definitions

Subacute care

Rehabilitation, palliative care, geriatric evaluation and management and psychogeriatric care, as defined in the most recent version

Admitted Care

Patient days – the total number of days for all patients who were admitted for an episode of care and who separated during a specified reference period (METeOR 270045).

Separation – the process by which an episode of care for an admitted patient ceases. A separation may be formal or statistical (METeOR 327268).
Hospital-in-the-home (HITH) – provision of care to hospital admitted patients in their place of residence as a substitute for hospital accommodation. Place of residence may be permanent or temporary (METeOR 327308).
Hospital based – admitted subacute care services provided in acute, non-acute and subacute hospitals or same-day establishments or through Hospital-in-the-home (HITH) care.

Non-admitted Care

Occasions of service (OOS) – the number of occasions of examination, consultation, treatment or other service provided to a patient (METeOR 291061)

Group sessions – care or assistance simultaneously being provided to more than one person (METeOR 294406), either as an occasion of service or episode.
Centre based – subacute care services provided in non-admitted settings including hospital outpatient clinics and hospital outreach and hospital-auspiced community health facilities.
Home based – subacute care services provided to non-admitted patients in their place of residence through a hospital outpatient, hospital outreach or hospital-auspiced community health program.
Episode of care - A period of health care with a defined start and end date (METeOR 268978).

Weighted Bed Day Equivalents (WBE)

The WBE is the ratio of the admitted bed day cost to the non-admitted count cost.
Example:
If the admitted bed day cost is $1000 and non-admitted count cost is $250, then WBE = 1:4 ($1000/$250 = 4)