

A focus on Strengthening palliative care: Policy and strategic directions 2011 – 2015

On 26 August 2011 the Hon David Davis MLC, Minister for Health launched *Strengthening Palliative Care: policy and strategic directions 2011 – 2015* (available at www.health.vic.gov.au/palliativecare).

This policy outlines how the Victorian government will meet the challenges in palliative care through expanding the capacity of services, addressing gaps in the system and raising community awareness about death and dying, and will guide the work of palliative care services, consortia and government from 2011-2015.

The actions outlined in this policy will equip specialist palliative care services



in Victoria to meet growing demand for palliative care. The strategic directions in this policy are consistent with the *Victorian Health Priorities Framework 2012-2022: Metropolitan Health Plan*.

As part of the government's election commitments, \$34.4 million additional funding has been allocated to palliative care services over the next four years to implement the actions in this policy.

Palliative care improves the quality of life of patients and their families facing the problems associated with life-threatening illness. It does this through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. (WHO 2010)

A focus on activity-based funding

Most of you will be aware that, as part of the national health reforms, activity-based funding (ABF) will be introduced for all public hospital admitted and non-admitted subacute care services. The Commonwealth has agreed to defer the introduction of ABF in subacute, mental health and hospital-auspiced community services until 1 July 2013. From 1 July 2012 the focus will be on introducing ABF in admitted acute, emergency department and outpatient clinical areas. It is likely you will hear about, or be involved in, processes established by your health service to accommodate the introduction of ABF for these clinical services.

ABF aims to ensure that services across Australia will, for the first time, be funded using the same approach. ABF represents a substantial shift in the way subacute activity is funded. ABF links the level of funding with the

resources required for the condition being treated. This shift in funding approach will be new for most areas of subacute care.

The AN-SNAP classification system will be used to determine the resources required to treat admitted subacute patients and inform funding allocations across the classification streams. AN-SNAP uses a number of data items to collect resource allocation information that will need to be collected and reported to the Department of Health in order to determine the cost to the health service for treating the patient. In preparation for the introduction of ABF, a number of data items will be modified or added to the Victorian Admitted Episodes Dataset (VAED) for 1 July 2012, including:

- requiring mandatory reporting of impairment codes for rehabilitation (currently this is optional)

- introducing 'phase of care' for inpatient palliative care episodes (care type 8)
- introducing a RUG-ADL score for inpatient palliative care episodes (care type 8)
- mandatory collection and reporting of the functional improvement measure (FIM) for rehabilitation (care types 2, 6, 7 and P) and geriatric evaluation and management (care type 9).

The additional 12 months will allow the department to work more closely with health services to trial and refine a number of modifications to clinically relevant data items in order to collect the required information for AN-SNAP. The department will hold a number of clinician and management forums with services in the lead up to the introduction of ABF on 1 July 2013.

A focus on the COAG Long Stay Older Patients initiative

Victoria has been allocated \$19.04 million as part of a two-year extension of the Council of Australian Governments Long Stay Older Patients (COAG LSOP) initiative.

The Victorian COAG LSOP implementation plan for the two-year extension continues to focus on building organisational policy and program capacity to improve care processes for older people. To ensure that cultural and practice changes achieved are sustained, health services will be expected to develop and embed organisation-wide policy that provides a framework to minimise functional decline of older people regardless of where they are located in the hospital.

Key resources developed by the Victorian Department of Health will continue to support this work, including *Best care for older people everywhere – The toolkit* and *Improving the environment for older people in health services – an audit tool*.

Health services are required to implement a number of key actions and other suggested activities.

Key actions that must be implemented are:

- evidence-based environmental improvements to better meet older people's care needs, based on an environmental assessment against *the audit tool*
- organisation-wide policy development that provides a framework to minimise functional decline of older people regardless of where they are located in the hospital (policy will be evidenced by high-level support for improving care of older people in acute settings, including links with quality and safety frameworks)
- embedding the evidence base contained within *The toolkit* to inform models of care for older people with a focus on minimising functional decline
- scholarships for health service staff to undertake continuing education or research, or to

attend professional development activities with a particular focus on workforce capacity building to better respond to the needs of older people in hospital settings.

Suggested additional areas include:

- backfill funding for clinical champions, project implementation or policy development activities
- activities addressing complex discharge planning for frail older people
- development of education and training resources
- IT infrastructure to support implementation
- activities supporting work to meet the requirements of the *Subacute services planning framework*.

Implementation funding was made available in June to support environmental improvements in acute hospital settings. Operational funds followed in August 2011 to address the action areas described above. A further allocation will follow in 2012 to extend the program into 2012–13.

Update on initiatives and projects for continuing care

Initiative or project	Progress	Contacts and further information
Closing the Gap	<p>Earlier this year, the Continuing Care unit explored what actions could be taken to improve the access of Aboriginal people to (and the use of) subacute care services.</p> <p>This work has included a review of current policy and relevant practice in other health programs. The experiences and ideas of the sector have been gathered at the February Health Independence Programs (HIP) service provider's forum and from reporting on the HIP guidelines.</p> <p>Recommendations from the analysis will guide future initiatives to improve access to subacute services for Aboriginal people.</p>	<p>Amanda Bolleter Phone: 9096 2115 Email: amanda.bolleter@health.vic.gov.au</p>
Health independence programs guidelines	<p>All health services have now submitted their HIP guidelines progress reports.</p> <p>Feedback from the department to the first and second group of reports has been finalised and we anticipate that feedback to all health services will be finalised by the end of September.</p> <p>Input from health services has identified a number of areas of the guidelines where further clarification is required.</p>	<p>Carol Pyke Phone: 9096 0509 Email: carol.pyke@health.vic.gov.au</p>
Review of chronic fatigue syndrome services	<p>The final report from this review has been received and has been considered by the advisory group. The department is currently finalising its response to the review's recommendations.</p>	<p>Carol Pyke Phone: 9096 0509 Email: carol.pyke@health.vic.gov.au</p>
Hospital in the Home (HITH)	<p>The next HITH Manager Forum is scheduled for Monday 14 November from 11 am to 3 pm at 50 Lonsdale Street (Level 1, Room 1.10).</p> <p>The department is currently finalising the HITH guidelines. Thank you to all who gave feedback.</p>	<p>Gen Cooper Phone: 9096 1332 Email: gen.cooper@health.vic.gov.au</p>
Transition Care Program	<p>The final 163 places are to become operational between July and November 2011, bringing Victoria's total TCP allocation to 1,000 places by the end of this calendar year.</p>	<p>Betty Tzouvelis Phone: 9096 1313 Email: betty.tzouvelis@health.vic.gov.au</p>
Implementation of the functional independence measure (FIM)	<p>Thank you those who provided feedback early this year regarding FIM collection and reporting issues. Collated results were sent to relevant departmental areas, and confirmed the need for additional training support. The department will offer further training later in the year, with a focus on developing a sustainable workforce and trainers, particularly within regional areas.</p>	<p>Tania Cossich Phone: 9096 0487 Email: tania.cossich@health.vic.gov.au</p>

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Update on initiatives and projects for continuing care (continued)

Initiative or project	Progress	Contacts and further information
Hospital Admission Risk Program (HARP)	<p>A monitoring framework for HARP services will be introduced in 2011–12 including the trialling of targets relating to the number of active clients and the number of new clients per annum. In 2011–12 HARP funding will not be linked to performance against the targets nor will recall apply for any activity under or over target. HARP service managers will continue to be involved in reviewing the appropriateness of the proposed targets for each health service.</p> <p>Targets will be integrated into program guidelines for 2012–13. Data collection for key performance indicators will be through AIMS, VINAH minimum dataset, and through an annual snapshot.</p>	<p>Dianne Berryman Phone: 9096 0024 Email: dianne.berryman@health.vic.gov.au</p> <p>Silvana Cavalli Phone: 9096 1338 Email: silvana.cavalli@health.vic.gov.au</p>
<i>Subacute services planning framework</i>	<p>Overall, it is expected that subacute care services will continue to develop in line with the <i>Subacute services planning framework</i>, taking into account health service level and associated role in statewide, regional and local service delivery.</p> <p>As a part of the framework's implementation a self-assessment template will be provided to metropolitan health services to assist in mapping the current level and nature of services provided against the framework. The template will be sent to the director of subacute services for completion with a request that the health service CEO endorse the completed template prior to it being returned to the department. A meeting to discuss the results from this mapping will be arranged with each health service, with the outcomes expected to inform health service planning for subacute services.</p>	<p>Andre Catrice Phone: 9096 1394 Email: andre.catrice@health.vic.gov.au</p>
Improving access to SACS	<p>In 2011–12 the department has specifically increased funding focusing on reducing waiting lists for cognitive, dementia and memory services (CDAMS) and chronic pain management clinics.</p>	<p>Rachel Barton Phone: 9096 1390 Email: rachel.barton@health.vic.gov.au</p>
<i>Victorian health policy and funding guidelines 2011–12</i>	<p>Subacute care targets, funding recall guidelines, reporting and other requirements are detailed in the 2011–12 <i>Policy and funding guidelines</i>. The guidelines can be found at www.health.vic.gov.au/pfg.</p>	<p>Jackie Kearney Phone: 9096 2143 Email: jackie.kearney@health.vic.gov.au</p>

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