

As illustrated in Table 2.3 below, the diversity of the services provided under the Program is considerable. They range from direct health related expenditure such as nursing, medical supplies and allied health services, through to personal care, meals, home maintenance and travel. As noted above, this diversity is a function of the very wide brief given to the program. That is, to provide what is necessary to assist the post acute recovery of all patients in need, right across the demographic spectrum.

Table 2.3: Services Provided by PAC Projects

Types of Service	Total No. of Units	Average Unit of Cost	PAC total \$	MoE total \$	Total Cost	% of Overall Total Cost	MoE (% of Item Cost)
Accommodation	2,294	40.93	71,701	22,172	93,873	2.5%	23.6%
Allied Health	276	27.90	4,932	2,766	7,698	0.2%	35.9%
Attendant Care	27	240.00	6,480		6,480	0.2%	
Childcare	7,003	5.34	25,846	11,518	37,365	1.0%	30.8%
Client Advocacy	1	13.55	14		14	0.0%	
Client Care Plan	2,043	21.77	34,223	10,247	44,471	1.2%	23.0%
Client Equipment	20,187	1.16	21,747	1,750	23,496	0.6%	7.4%
Education	3,218	10.85	33,756	1,155	34,911	0.9%	3.3%
Continence Supplies	3,957	2.27	8,989		8,989	0.2%	
Delivered meals	65,719	5.07	263,174	70,008	333,183	9.0%	21.0%
Garden Maintenance	12	20.05	246		246	0.0%	
Home Based Respite	1,219	17.38	16,279	4,918	21,197	0.6%	23.2%
Home Care	56,767	19.10	952,952	131,159	1,084,111	29.4%	12.1%
Home Maintenance	4,695	3.12	11,932	2,724	14,656	0.4%	18.6%
Interpreting	159	25.88	4,125		4,125	0.1%	
Medical Supplies	44,560	1.02	45,523	6	45,529	1.2%	0.0%
Nutrition	157	47.92	6,187	1,326	7,513	0.2%	17.6%
Occupational Therapy	1,383	36.74	45,263	5,553	50,816	1.4%	10.9%
Other	583	44.30	9,392	16,427	25,818	0.7%	63.6%
Personal Care	18,054	20.39	326,724	41,464	368,188	10.0%	11.3%
Pharmacy	40	39.78	1,585		1,585	0.0%	
Physiotherapy	8,511	27.32	216,509	16,017	232,525	6.3%	6.9%
Podiatry	112	29.35	2,403	890	3,293	0.1%	27.0%
Recreational	270	15.71	558	3,688	4,246	0.1%	86.9%
Registered Nurse	47,338	23.94	891,141	242,057	1,133,198	30.8%	21.4%
Respite Care	1,430	10.45	9,778	5,159	14,937	0.4%	34.5%
Rise and Retire	41	24.00	984		984	0.0%	
Sleepovers/Overnight Care	310	33.91	10,515		10,515	0.3%	
Social Work	46	57.63	2,388	235	2,623	0.1%	9.0%
Speech Pathology	163	56.30	8,839	323	9,162	0.2%	3.5%
Travel	25,948	0.51	13,240	0	13,240	0.4%	0.0%
Transport	36,120	1.24	43,602	1,346	44,948	1.2%	3.0%
Totals	352,756	10.45	3,091,16	594,667	3,685,83	100.0%	16.1%

source: Department of Human Services Post Acute Care (PAC) Program, Client Activity, Purchased Services and Financial Reports, 1 July 1998 – 20 June 1999

- (3) that data gathered by the study will determine the impact, if any, of the RCT on hospital length of stay;
- (4) that, on reasonable assumptions, increased control patient length of stay would not have a significant impact on hospital costs; and
- (5) on the same assumptions, it was unlikely that the operation of the RCT would threaten hospitals' emergency or elective bonuses.

A written response from the DHS to the targeted PAC Projects contained the following key points:

- (1) the DHS would not be prepared to adjust the price paid for a given patient episode as the case mix formula already accounted for length of stay;
- (2) the DHS would take the effect of the RCT into account if it could be shown to have caused participating hospitals to forfeit their emergency or elective bonuses.

Experience during the recruitment stage of the RCT suggested that, while a considerable volume of additional work was required on the part of the PAC teams, on balance, the ethical and practical concerns were not insurmountable and did not generate the level and volume of difficulties at first envisioned. In addition, subsequent analysis of the data from the evaluation established that there was no significant difference in hospital length of stay between Trial arms. (see Chapter 6, section 6.2) A range of characteristics of the PAC projects which took part in the study is presented in Table 2.5 below.

Table 2.5: Characteristics of Post Acute Care Projects Participating in the study

	Project1	Project2	Project3	Project4
Year established	1995	1998	1998	1998
Region	inner urban	urban	urban	outer urban
Project model	integrated L2	integrated L1	integrated L2	integrated L2
1998-9 PAC Budget	550,000	598,000	574,000	287,000
service expenditure	56,495	56,016	67,240	34,255
average client cost	263.99	304.44	210.78	242.94
average service cost	13.9	17.9	6.63	16.10
average total cost	102.1	163.0	55.4	133.5
% service exp. MoE ¹	20.5	14.7	2.2	1.0
average PAC hosp. LOS	19	21	26	20
% all clients ≥ 65 years	66.7	69.8	50.9	44.7
% trial clients ≥ 65 years	56.6	73.1	60.1	43.0
PAC numbers in month ²				
Immediately prior to RCT	92	70	149	54
Immediately following RCT	80	98	116	81
Duration of study	25 weeks	18 weeks	20 weeks	25 weeks
Numbers recruited	203	239	370	395

1 The proportion of MoE organised through PAC tends to be higher for those projects with a larger proportion of aged patients.

2 New clients accepted during the month.

