

# Post Acute Care Service Model Review

## Draft Response to recommendations

February 2008

	<b>Recommendation</b>	<b>Response</b>
1.	DHS requires PAC services to immediately develop and publish dispute resolution and complaint handling processes. These processes must focus on urgent resolution given the impact on bed availability if PAC services are not supplied.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate requirement to have dispute resolution and complaint handling processes.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1 Draft HIP Guidelines Section 2.1.8</p>
2.	That PAC services develop and publish customer service standards for responsiveness and quality to all stakeholders.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate requirements to have standards for responsiveness and quality to all stakeholders:</p> <p>Refer: Draft HIP Guidelines Section 1.1.1 Draft HIP Guidelines Section 1.1.2 Draft HIP Guidelines Section 2.1.8</p>
3.	That risk identification and risk mitigation frameworks within PAC services are identified and reported annually to DHS. These risks could include OH&S risks, clinical care risks and financial risks.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate requirement to have risk mitigation frameworks.</p> <p>Refer: Draft HIP Guidelines Section 1.1.2 Draft HIP Guidelines Section 1.1.3 Draft HIP Guidelines Section 1.2.2 Draft HIP Guidelines Section 1.2.3 Draft HIP Guidelines Section 1.2.8 Draft HIP Guidelines Section 1.3.2 Draft HIP Guidelines Section 1.3.5 Draft HIP Guidelines Section 3.1.4</p>

4.	That PAC services develop an annual financial reporting framework that ensures stakeholders (especially referring hospitals) receive accurate, comprehensive and comparative information that supports decision making in relation to usage of PAC services.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate requirement to have annual financial reporting frameworks.</p> <p>Refer: Draft HIP Guidelines Section 2.1.5 Draft HIP Guidelines Section 3.1.3</p>
5.	That DHS consider improving the data collection from PAC services to improve benchmarking and performance assessment.	<p><b>Recommendation supported.</b></p> <p>Action: Victorian Integrated Non-admitted Health (VINAH) Minimum Data Set currently being implemented across PAC (and SACS and HARP-CDM) to improve data collection.</p> <p>The department will collate information for benchmarking and performance assessment.</p>
6.	That DHS consider development of an improved system-wide governance process for interPAC referrals to ensure that metropolitan hospital-based PACS are not disadvantaging patients from other hospitals.	<p><b>Recommendation supported.</b></p> <p>Action: The department will introduce revised interPAC referral arrangements during 2008.</p> <p>A working party, involving key stakeholders, will map processes for the introduction of revised interPAC referral arrangements within the framework of a single point of access.</p> <p>The HIP guidelines require that intake is based on client needs rather than referral source.</p> <p>The HIP guidelines incorporate the requirement to have dispute resolution and complaint handling procedures Refer to response to recommendation 1.</p>
7.	That DHS consider development of an improved system-wide governance framework to ensure equitable treatment of patients with respect to eligibility and service provision.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate the requirement to ensure equitable treatment of patients.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1</p>
8.	That PAC services develop quality of care standards to ensure adequate risk management for patients and service providers including communication with general practitioners (GPs) for ongoing care.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate quality of care standards to ensure adequate risk management.</p> <p>Refer response to recommendations 2 and 3.</p>

		<p>Action: HIP guidelines to incorporate requirement to ensure communication with general practitioners.</p> <p>Refer:  Draft HIP Guidelines Section 1.1.1  Draft HIP Guidelines Section 1.1.3  Draft HIP Guidelines Section 1.1.5  Draft HIP Guidelines Section 1.1.6  Draft HIP Guidelines Section 1.1.7  Draft HIP Guidelines Section 1.2.9  Draft HIP Guidelines Section 1.3.1  Draft HIP Guidelines Section 1.3.2  Draft HIP Guidelines Section 1.3.6</p>
9.	That DHS reconsider the governance and management meetings required for regionally based programs and consider replacing multiple meetings with a meeting covering a range of programs.	<p><b>Recommendation supported.</b></p> <p>Action: The Department has introduced a new meeting structure in 2008 with meetings for all three programs (PAC, HARP-CDM and SACS) on same day. The three program areas will have a joint meeting in the morning and program specific meetings in the afternoon.</p>
10.	That DHS contract with one party only as the fundholder and that this party be responsible for transparency and accountability of governance. Previous consortium members may meet or continue to meet as an advisory group if desirable.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines to incorporate that the department will contract with one fundholder who will be accountable for governance arrangements.</p> <p>Refer:  Draft HIP Guidelines Section 3.1.3</p>
11.	That PAC services develop mechanisms to improve interactions with GPs.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines to incorporate requirement to ensure communication with general practitioners  Refer to response to recommendation 8.</p>
12.	That DHS consider strategies for overcoming service shortages in allied health eg withholding a portion of hospital occupational therapy budgets (OT) budgets for allocation to PAC or promoting the use of allied health assistants working under the supervision of senior staff.	<p><b>Recommendation supported, however responsibility for operational management rests with health services/agencies.</b></p>

13.	That DHS review the impact of Home and Community Care (HACC) waiting lists on PAC service delivery and relationships.	<p><b>Requires further consideration.</b></p> <p>Action: Discussions to be held with the department's Aged Care Branch to discuss the feasibility of this proposal.</p>
14.	That PAC services consider the most efficient use of staff time rather than focus on staff location. Face-to-face discussions valuable in complex discharges and high bed pressure units but electronic and telephonic referrals are more efficient for simpler discharges. For off-site services the development of a hospital liaison PAC role should be considered. There should be a focus on units where there is pressure on beds.	<p><b>Recommendation that PAC services consider the most efficient use of staff time is supported.</b></p> <p>Action: HIP guidelines support agencies to introduce organisational arrangements, systems and processes that will facilitate effective utilisation of staffing resources.</p> <p>Refer: Draft HIP guidelines Section 1.1.1 Draft HIP Guidelines Section 1.1.3</p>
15.	<p>That PAC services consider the following improvements to linkages to discharge planning:</p> <ul style="list-style-type: none"> <li>• Continuing education to ward staff regarding PAC services and provision of contact details</li> <li>• Regular visits (at least monthly) to discharge points</li> <li>• Earlier discharge planning, commencing at admission for patients requiring PAC services</li> <li>• Greater weight be given to clinical assessments</li> <li>• Streamlining of simpler discharges requiring a simpler service package (eg home help and meals on wheels)</li> <li>• A focus on prompt response to telephone messages from discharge planners</li> <li>• A focus on relevant, accurate and appropriate information in referrals to service providers.</li> </ul>	<p><b>Recommendations supported.</b></p> <p>Action: HIP guidelines to incorporate information dissemination requirements.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1</p> <p>Action: HIP guidelines to incorporate assessment/information requirement provisions.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1. Draft HIP Guidelines Section 1.1.3</p> <p>Action: HIP guidelines to incorporate responsiveness requirements.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1 Draft HIP Guidelines Section 1.1.2</p> <p>Action: HIP guidelines to incorporate service provider information referral requirements.</p> <p>Refer: Draft HIP Guidelines Section 1.1.5 Draft HIP Guidelines Section 1.1.7 Draft HIP Guidelines Section 1.3.2</p>
16.	<p>That PAC services consider the following improvements to accessibility:</p> <ul style="list-style-type: none"> <li>• Midwifery patients need better consideration</li> <li>• Refusal of PAC should be kept to a minimum if the result of refusal is longer hospital stay (especially</li> </ul>	<p><b>Recommendations supported</b></p> <p>Action: HIP Guidelines to include updated eligibility criteria for PAC program.</p> <p>Refer: Draft HIP Guidelines: Post Acute Care</p>

	<p>interPAC referrals).</p> <ul style="list-style-type: none"> <li>• That private patients and their discharge planners be advised of their eligibility in PAC education materials</li> <li>• Restriction of funds may mean less accessibility in some PAC catchments (mainly regional)</li> </ul>	<p>Action: HIP guidelines to incorporate the requirement to process all referrals.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1 Draft HIP Guidelines Section 1.1.2</p>
17.	<p>That DHS consider expanding the PAC program parameters to pre-admission clients where a hospital admission may be avoided if PAC services are provided.</p>	<p><b>Requires further consideration.</b></p> <p>Comment: No expansion of PAC eligibility to pre-admission clients is proposed at this stage. This recommendation will be considered in context of other programs roles.</p>
18.	<p>That DHS immediately develop a monitoring program for interPAC referrals and require PACs to provide reason for any refusal of service. The monitoring should also require PAC services to identify and justify any additional administrative requirements they place on interPAC referrals.</p>	<p><b>Recommendation supported.</b></p> <p>Action: HIP Guidelines will incorporate the requirement that all referrals to the single point of access will be processed and that systems will be developed to facilitate "out of area referrals". The HIP guidelines will also incorporate the requirement to provide reasons for non-acceptance to a HIP program.</p> <p>Refer: Draft HIP Guideline Section 1.1.1</p> <p>Action: The department will introduce revised interPAC referral arrangements during 2008.</p> <p>Refer to response to recommendation 8.</p>
19.	<p>That DHS consider the adoption of a common form for all interPAC referrals.</p>	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate the requirement for HIP programs to adopt a common referral form.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1.</p> <p>Comment. This recommendation will also be considered in the context of the introduction of revised interPAC referral arrangements.</p>
20.	<p>That DHS consider retaining the budget cover for interPACs and reimbursing interPAC service provision when provided to ensure that patients from hospitals outside a PAC catchment are not disadvantaged for financial reasons.</p>	<p><b>Recommendation not supported.</b></p> <p>Comment: The introduction of revised interPAC referral arrangements and the HIP guidelines will result in improvements in access.</p>
21.	<p>That DHS continue the policy development of an integrated model for a range of programs including PAC but ensure that access to PAC</p>	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will facilitate the implementation of an integrated model</p>

	services is still provided with a sense of urgency and that current knowledge and skills with respect to service networks is not lost. The process will need to be very efficient and not just add another layer of administration between clinicians and service deliverers.	<p>Action: HIP guidelines will incorporate responsiveness requirements, including specific PAC responsiveness requirements.</p> <p>Refer: Draft HIP Guidelines Section 1.1.1 Draft HIP Guidelines Section 1.1.2</p>
22.	That DHS develop a robust implementation plan for the integrated model that will reach clinicians, service providers and other stakeholders to ensure a smooth transition.	<p><b>Recommendation supported.</b></p> <p>Comment: HIP guidelines are being developed to provide a framework for the implementation of an integrated model.</p> <p>DHS to assist where reasonable to understand limitations in meeting guidelines in a timely fashion.</p>
23.	That DHS sponsor the preparation and publication of a consolidated list of programs, their eligibility requirements, access arrangements and services provided.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines currently being drafted and will be released to the field for comment in February.</p>
24.	That DHS lead the development and publication of minimum core PAC guidelines covering the following issues: <ul style="list-style-type: none"> <li>• Eligibility</li> <li>• Minimum service packs (for simple and complex cases)</li> <li>• Pre-approvals for after hours discharges for minimum service levels eg one or two nursing visits</li> </ul>	<p><b>Recommendations supported in part.</b></p> <p>Action: Draft HIP guidelines will incorporate revised eligibility requirements for PAC (refer to response for recommendation 16.)</p> <p>Comment: Responsibility of health services to consider the need for minimum service packs.</p> <p>Comment: Responsibility of health services to consider the need for after-hours approval requirements/arrangements.</p>
25.	Guidelines to be reviewed at least annually with input from service providers, referrers and other stakeholders.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines to be regularly reviewed.</p>
26.	That DHS and PACs consider aligning PAC service levels with HACC service levels where there is no clinical requirement for a difference.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines will incorporate requirement to align service levels where no clinical requirement for a difference.</p> <p>Refer: Draft HIP Guidelines Section 1.3.2</p>
27.	The guidelines should allow for flexibility in the initial service provider visits when unidentified issues become apparent eg occupational health and safety	<p>Comment: May be considered as part of proposed review of brokerage arrangements</p>

	(OH&S) issues.	
28.	That DHS lead the development of standard reporting in consultation with PACs. As PAC transaction costs are already unavoidably high, the imposition of any additional administration requirements should be kept to a minimum. This means utilising information that is already collected or could be easily obtained eg from service providers	<p><b>Recommendation supported</b></p> <p>Action: VINAH in process of being implemented.</p>
29.	That DHS develop and publish rigorous definitions for the cost elements used in PAC reporting so that this data is more robust and can be used for benchmarking.	Action: Further consideration required in the context of the introduction of VINAH.
30.	<p>That DHS and PACs consider efficient ways to report the following matters:</p> <ul style="list-style-type: none"> <li>• Maternity cases referred to PAC</li> <li>• Refusal of PAC services especially interPACs</li> <li>• The % of separations that receive PAC by hospital</li> <li>• Funds allocated and expended by hospital</li> <li>• Client satisfaction</li> <li>• Care outcomes</li> </ul>	<p>Action: Monitoring of maternity cases to be considered in the context of the introduction of VINAH.</p> <p>Action: HIP guidelines have a requirement to process all referrals.</p> <p>Refer to response to recommendation 18.</p> <p>Action: Reporting of PAC separations by PAC services to be considered in context of introduction of VINAH.</p> <p>Action: Reporting of funds allocated by hospital to be considered in the context of introduction of VINAH.</p> <p>Action: HIP guidelines will incorporate requirement to seek consumer feedback.</p> <p>Refer: Draft HIP Guidelines Section 1.2.6</p> <p>Action: Monitoring of outcome location/outcome measures will be considered in the context of introduction of VINAH.</p>
31.	<p>That DHS and PACs consider the following opportunities for improvements in efficiencies:</p> <ul style="list-style-type: none"> <li>• <b>Greater use of e-referral</b></li> <li>• Continuity of care utilising the same service provider for different programs where possible</li> <li>• <b>Direct employment of allied health staff where cost savings are clearly</b></li> </ul>	<p><b>Recommendations supported.</b></p> <p>Comment: Introduction of e-referral is being considered as part of the department's Healthsmart strategy and is also supported through the department's work on the introduction of service coordination.</p> <p>Action: The HIP guidelines will incorporate a requirement to consider utilisation of same service providers to ensure continuity of care where</p>

	<p><b>demonstrated</b></p> <ul style="list-style-type: none"> <li>• Streaming of simpler discharge cases into simple administration for assessment and case management rather than one size fits all</li> <li>• <b>Sharing legal costs for brokerage agreements</b></li> <li>• <b>Bulk purchasing of services (where quality of service is guaranteed to be maintained)</b></li> <li>• Creation of a single point of entry with other related programs (provided the urgency of assessment and service provision for PAC is not lost and no additional administration burden is imposed on referring clinicians)</li> <li>• Use of multiskilled staff who are co-located to handle PAC service requests</li> <li>• Improved referral information to be given to service providers</li> </ul>	<p>practicable</p> <p>Comment: Responsibility of health services to consider the most cost-effective utilisation of staffing.</p> <p>Action: The department will sponsor work in 2008 to identify opportunities to improve current brokerage arrangements.</p> <p>(Note non-bolded recommendations have previously been addressed)</p>
32.	That DHS lead the development of model brokerage agreements – at least two – one comprehensive for complex services and a simpler version for simpler services	<p><b>Recommendation supported in principle.</b></p> <p>Action: The department will sponsor work in 2008 to identify opportunities to improve current brokerage arrangements.</p>
33.	That DHS and PACs investigate the feasibility of non-exclusive agreements for purchase of services in bulk from large suppliers such as the Royal District Nursing Service (RNDS).	<p><b>Recommendation supported in principle.</b></p> <p>Action: The department will sponsor work in 2008 to identify opportunities to improve current brokerage arrangements.</p>
34.	That DHS require all PACs to ensure their brokerage agreements are current and that they cover identified risk management processes such as OH&S risk management.	<p><b>Recommendation supported.</b></p> <p>Action: HIP guidelines to incorporate brokerage agreement requirements.</p> <p>Refer: Draft HIP Guidelines Section 1.3.2</p>
35.	That DHS lead an annual planning meeting of PACs to identify likely changes over a three year time frame to provide input into a DHS policy making.	<p><b>Recommendation supported in principle.</b></p> <p>Comment: This proposal needs to be considered within the broader framework of HIP programs.</p>