

# Palliative Care Program

Policy and Funding Guidelines 2003-2004



## Three Year Outlook

In consultation with palliative care service providers and other relevant stakeholders, the Department plans to develop a Palliative Care Strategic Framework for Victoria for 2004-2009. This will set the future direction for palliative care services by determining effective service delivery models and ensuring that service delivery is consistent with the current goals of the Department of Human Services. The Framework will assist service providers in planning and implementing services while at the same time assist the Department in determining priorities for funding.

\$8 million has been allocated from the Hospital Demand Management Strategy to improve palliative care services over the next four years. The funding will be used to reflect current and future palliative care needs and appropriately distribute bed-based services. A major priority is to build more effective and efficient linkages between hospital based services and other palliative care services.

## 2003 – 2004 Outlook

The primary objectives of the palliative care program in Victoria are to meet the needs of the individuals requiring palliation during the terminal phase of illness, and to provide support to the clients' family members and carers while care is being provided and following death.

The palliative care services include inpatient services located in a health service or hospice environment, community-based palliative care services and a number of statewide services that provide specialised consultancy and other services. The consultancy services provide specialised advice related to palliative care in the areas of Motor Neurone Disease, paediatrics and HIV/AIDS.

In 2003/04, additional funding of \$1 million will be allocated to palliative care, providing a total budget of \$51 million. This will allow the development of initiatives in the integration of community and hospital services and the trialing of several day hospices.

## Range of services

In-patient palliative care services provide services within a hospital based or hospice environment to patients who are in the terminal phase of illness. Generally this is when active treatment for the patient's diagnosed illness ceases. Funding for inpatient services is on a per diem basis at the Palliative Care bed day rate. For 2003-04, the Non DVA rate is \$409 for metropolitan health services and \$413 for rural health services. The DVA rate is \$495 for metropolitan health services and \$498 for rural health services.

Community based palliative care services provide a range of services to clients in their home and may include nursing, liaison with medical practitioners, counseling for the client and their family, other allied health services, complementary therapies such as massage, and co-ordination with other services. Services are also required to provide palliative care support to clients 24 hours a day, 7 days a week. Services are expected to participate in the satisfaction survey to be conducted by Press Ganey Associates.

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## Unassigned Bed Funds

The aim of these funds is to optimize the flexibility of services in their ability to respond to the individual needs of a specific client. The funds may be utilised by services to acquire additional care for the client, to purchase equipment that is not readily available, or to arrange for additional home care or respite care for the client.

## Conditions of Funding-Palliative Care

### 1. Targets

Targets are established for inpatient services for both DVA (estimates) and non-DVA services. See table 1 below for targets. Funding for DVA activity is uncapped while non-DVA activity is capped. Health services in rural areas that have exceeded their bed day targets will be able to convert WEIS to palliative care.

Changes to targets at a Health Service level can only be undertaken after consultation and agreement with the Continuing Care Unit in the Department's head office.

### 2. Reporting

In-patient services are required to provide data through the Victorian Admitted Episodes Dataset. The VAED will be used to determine activity levels for inpatient palliative care services in meeting their targets. In addition, hospitals are required to supply admitted patient service activity to the Department as specified in the AIMS Manual. See Table 1 for activity targets for 2003 – 04.

Community based palliative care services are required to provide cumulative data to the Department through the VicPCRS, on a quarterly basis. Dates for submissions are:

- 28 October (reporting data from 1 July – 30 September);
- 28 January (reporting data from 1 July – 31 December);
- 28 April (reporting data from 1 July – 31 March); and
- 28 July (reporting data from 1 July – 30 June).

The data is required to be submitted by all community based palliative care services and is a funding requirement. The Department will provide comparative data back to services.

In addition, where community based palliative care services or their sub-agencies are registered hospitals, then these hospitals are required to submit non-admitted palliative care activity as specified in the AIMS Manual.

Financial reporting requirements for community based services are to be submitted on an annual basis and must be submitted by 1 October, three months following the end of the financial year. The reports are to be sent to the Regional Office. Financial acquittal of Unassigned Bed Funds is to be submitted in accordance with Regional Office requirements.

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Statewide palliative care services are required to report information in line with the deliverables contained in their service agreements. Income and expenditure reports must be submitted by 1 October, three months following the end of the financial year.

### 3. Recall

Recall will apply where inpatient bed activity falls below target. The recall process uses financial year activity measured against targets provided in the policy and funding Guidelines. Bed activity is calculated from data reported to the VAED. This is based on separated bed-days.

The Department recognises that health services may find it difficult to precisely meet the bed day target. Therefore the following approach to recall will apply.

For non-DVA activity, where throughput is between **0 and 2 per cent below** target, funding associated with the below target portion will be recalled at half the relevant rate. However, where the activity is **more than 2 per cent below** target, funding will be recalled equivalent to the total number of unmet bed days.

For non-DVA activity, throughput between **0 and 2 per cent above** target will be paid at half the relevant rate. However, where the activity is **more than 2 per cent above** target, no additional funding will be paid.

DVA activity is subject to recall equivalent to the total unmet bed days.

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**Table 1: Palliative Care Throughput Targets 2003-04: Bed Days**

Health Service/Hospital Campus	Bed Days Non DVA	Bed Days DVA
Austin and Repatriation Medical Centre	6035	500
St Vincent's Health <ul style="list-style-type: none"> <li>• Caritas Christi</li> </ul>	15780	1200
Bethlehem Hospital	9479	1705
Northern Health <ul style="list-style-type: none"> <li>• Broadmeadows</li> </ul>	6798	500
Mercy Health <ul style="list-style-type: none"> <li>• Mercy Werribee</li> </ul>	3377	0
Peninsula Health <ul style="list-style-type: none"> <li>• Mt Eliza Aged Care and Rehabilitation Service</li> </ul>	4500	560
Southern Health <ul style="list-style-type: none"> <li>• Monash Medical Centre</li> </ul>	4572	120
Western Health <ul style="list-style-type: none"> <li>• Sunshine Hospital</li> </ul>	2920	100
Bairnsdale RHS	292	
Ballarat Health Services	1752	47
Barwon Health	3658	238
Bendigo HC	2378	238
Central Gippsland Health	584	
Colac Community Health	292	
Djerriwarrh Health	584	
East Grampians Health	300	
Gippsland Southern Health	292	
Goulburn Valley Health	592	
Latrobe Regional Hospital	1168	
Mildura Base Hospital	576	
Portland and District Hospital	292	
Seymour District Hospital	296	
South West Health Care	877	
Wangaratta District Base Hospital	592	
Western District Health Service	292	
West Gippsland Health Care	584	
Wimmera Health Care Group	292	
Wodonga Regional Health	592	
Wonthaggi and District Hospital	292	