

Sub-acute Non-admitted Patient Services 2004-05



Sub-acute ambulatory care (non-admitted patient) services include community rehabilitation centres, sub-acute outpatient services, home-based rehabilitation or therapy services and specialist clinics.

As part of the development of the Sub-acute Ambulatory Care Services (SACS) framework a number of funding streams (Community Rehabilitation Centres (CRC), specialist clinics, unassigned GEM, continuum of care, sub-acute allied health, ambulatory home-based rehabilitation or therapy and same day rehabilitation) have been consolidated into a single SACS funding stream in 2004-05.

The consolidated SACS funding stream will provide Health Services with the ability to deliver flexible services in a range of care settings in response to patients' identified needs. Health Services will need to ensure that patients requiring SACS on transition from a hospital stay have priority of access to these services and the patients' continuum of care is effectively maintained.

It is expected that patients will continue to have access to a comprehensive suite of specialist assessment and investigative services including Cognitive Dementia and Memory; Continence; Falls and Mobility; and Pain Management. Health Services will be expected to maintain the current level of service provision encompassing assessment, investigative and therapeutic interventions under the consolidated SACS funding stream.

Access to Same Day Rehabilitation (under CRAFT VicRehab) as an admitted patient will no longer be available - this will now be delivered as a non-admitted patient service as part of the SACS framework. The Continuum of Care program will also now be delivered as part of the SACS framework.

In the following information Health Service refers to the acute and sub-acute campuses of a Health Service, as well as the additional programs that a Health Service provides in the community. The term "Health Services" has been capitalised to differentiate it from general health care and ongoing community support services delivered by various providers in the community.

Reporting Requirements

SACS will report patient activity and throughput to both the Agency Information Management System (AIMS) data collections on the Sub-acute Services Non-Admitted Patients 305 S2 form and the Continuing Care Section's CRC Minimum Data Set (MDS) and Performance Indicators (October 1998) and the Specialist Clinics MDS and Performance Indicators (July 1999).

The Sub-acute Services Non-Admitted Patients 305 S2 form has been revised in line with the SACS funding consolidation. This form will now specifically capture centre-based rehabilitation (activity that occurs at the CRC or sub-acute outpatient department), home-based rehabilitation activity and specialist assessments and investigations. The specialist clinics are now grouped under the item *Specialist Assessment and Investigation* and include a range of clinic types operating within the sub-acute non-admitted service system.

Centre-based and home-based rehabilitation occasions of service (previously referred to as attendances) and sub-acute specialist clinic occasions of service will be reported on the Sub-acute Services Non-Admitted Patients 305 S2.

Sub-acute Non-admitted Patient Services 2004-05



Centre-based Rehabilitation

This includes all *occasions of service* to non-admitted patients attending a CRC or a sub-acute outpatient department managed by the Health Service where rehabilitation services are provided.

Centre-based rehabilitation services refer to services that are provided 'on campus', that is, services provided on a Health Service (hospital or Community Health Centre) site.

The number of public and DVA occasions of service and the number of public and DVA individuals should be recorded.

A centre-based rehabilitation service (CRC or sub-acute outpatient department) should generally be regarded as a separate functional unit of the Health Service even though a range of health professionals provides services. For this reason, each occasion of service on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the centre during the course of the day.

It is recognised that the style of service provision can differ between Health Services and that any one service can have a different mix of full day occasions of service, sessional occasions of service and single therapy occasions of service.

Full Day Centre-based Occasion of Service

A full day occasion of service is a day visit by a non-admitted patient to a centre for assessment, treatment or other services.

A full day occasion of service is recorded each time a non-admitted patient presents to a centre for assessment, treatment or other services and the total therapy time equates to three hours or more per occasion of service.

Sessional Centre-based Occasion of Service

A sessional occasion of service is a half-day visit by a non-admitted patient to a centre for assessment, treatment or other services.

A sessional occasion of service is recorded each time a non-admitted patient presents for assessment, treatment or other services and the total therapy time equates to over one hour and up to three hours of therapy per occasion of service.

Single Therapy Centre-based Occasion of Service

A single therapy occasion of service is a visit by a non-admitted patient to a centre for assessment, treatment or other services.

A single therapy occasion of service is recorded each time a non-admitted patient presents for a single assessment, treatment or other services and the total therapy time is up to and including one hour of therapy per occasion of service.

Number of Group Sessions

This includes the number of group sessions provided to non-admitted patients attending a Sub-acute Ambulatory Care Service. Each group session is counted once only, regardless of the size of the group or the number of staff providing services.

Sub-acute Non-admitted Patient Services 2004-05



Group sessions include educational and therapy sessions for non-admitted patients and health education or health promotion sessions for relatives of patients and members of the general public, for example, Functional Activity Groups.

Home-based Rehabilitation

A number of models of home-based rehabilitation services are currently in operation. Primarily these models can be described as bed substitution or ambulatory models of care. Funding streams for ambulatory home-based rehabilitation or therapy services have been consolidated under SACS. Bed substitution models are currently funded under CRAFT VicRehab or per diem. In 2004-05 these services will continue to be funded under CRAFT VicRehab or per diem however during 2004-05 further work will be undertaken to cost the delivery of intensive home-based rehabilitation to identify the level of service and funding that should be transferred to the SACS funding stream in 2005-06. Under this model it is necessary for all components of the inpatient level of care to be provided and is subject to all policies and procedures relating to inpatient services.

Ambulatory home-based rehabilitation or therapy services include all occasions of service to non-admitted patients where a rehabilitation service is provided in the patient's home, place of work, or other non-Health Service site. Each occasion of service on one day should be counted only once, regardless of how many staff interactions or service contacts occur at the patient's home, place of work, or other non-Health Service site during the course of the day.

Off campus services refer to the fact that the service providers 'travel' to the patient. However, 'travel' does not include travel within a Health Service, between campuses of a Health Service, or between one Health Service and another.

The number of public and DVA occasions of service and the number of public and DVA individuals should be recorded.

Full Day Home-based Occasion of Service

A full day occasion of service is a day visit by staff to a non-admitted patient's home, place of work, or other non-Health Service site for assessment, treatment or other services.

A full day occasion of service is recorded each time a non-admitted patient is visited by staff at their home, place of work, or other non-Health Service site for assessment, treatment or other services and the total therapy time equates to three hours or more per occasion of service.

Sessional Home-based Occasion of Service

A sessional occasion of service is a half-day visit by staff to a non-admitted patient's home, place of work, or other non-Health Service site for assessment, treatment or other services.

A sessional occasion of service is recorded each time a non-admitted patient is visited by staff at their home, place of work, or other non-Health Service site for assessment, treatment or other services and the total therapy time equates to over one hour and up to three hours of therapy per occasion of service.

Single Therapy Home-based Occasion of Service

A single therapy occasion of service is a visit by staff to a non-admitted patient's home, place of work, or other non-Health Service site for assessment, treatment or other services.

Sub-acute Non-admitted Patient Services 2004-05



A single therapy occasion of service is recorded each time a non-admitted patient is visited by staff at their home, place of work, or other non-Health Service site for a single assessment, treatment or other services and the total therapy time is up to and including one hour of therapy per occasion of service.

Sub-acute Ambulatory Care Data Set

During 2004-05 a consolidated SACS data set will be developed based on the existing CRC and Specialist Clinics data sets. Existing data sets will need to be maintained while the consolidated data set is being developed and implemented. Patient level data for people managed under SACS will be reported on the CRC data set in the interim period. A consolidated SACS data set will enable for the first time comprehensive statewide service planning for SACS.

SACS that have not previously reported against these data sets should contact Susan Race on 9616 1331 to discuss reporting requirements for 2004-05.

Accountability

Community Rehabilitation Places and sub-acute specialist clinic occasions of service will provide an interim measure of accountability. During 2004-05 further work will be undertaken in developing a more meaningful accountability measure. Centre-based and home-based rehabilitation occasions of service (previously referred to as attendances) and sub-acute specialist clinic occasions of service will be reported on the Sub-acute Services Non-Admitted Patients 305 S2. The calculation of Community Rehabilitation Places is no longer required to be reported on this form.

Community Rehabilitation Places

A Community Rehabilitation Place is considered to represent a full day place. A full day place may be utilised by more than one individual, depending on the operating style of the service.

In 2004-05 Community Rehabilitation Places will be calculated from both centre-based and home-based rehabilitation occasion of service for each of the three service styles (full day, sessional and single therapy).

In order to calculate the number of Community Rehabilitation Places, the number of individuals attending, the style of service they receive and their number of occasions of service should be known.

Community Rehabilitation Places are calculated on the assumption that *one* full-day client utilises one full-day place, *two* sessional clients utilise one full-day place and *six* single-therapy clients utilise one full-day place.

$$\begin{aligned} \text{Community Rehabilitation Places} = & \\ & (\text{Number of centre-based and home-based full day occasions of service}) + \\ & (\text{Number of centre-based + home-based sessional occasions of service} / 2) + \\ & (\text{Number of centre-based + home-based single therapy occasions of service} / 6) \end{aligned}$$

Specialist Assessment and Investigation

The specialist clinics are now grouped under the item *Specialist Assessment and Investigation* and include the following range of clinics: Continence; Cognitive Dementia and Memory Service (CDAMS); Falls and Mobility; Pain Management; Wound Management and Geriatric.

Sub-acute Non-admitted Patient Services 2004-05



A specialist clinic is assumed to be multi-disciplinary, with clinical services provided by a range of medical, allied health, nursing and other staff for assessment and treatment of the relevant disorder.

The number of public and DVA occasions of service and the number of public and DVA individuals should be recorded.

Department of Veterans Affairs (DVA) Patients

The Department of Veterans Affairs funds DVA patients in all sub-acute services separately, and activity is not capped. Shortfalls in DVA throughput cannot be substituted by above target public patient throughput.

For DVA patients it is essential that the DVA number for non-admitted patients be accurately recorded in the MDS. This will enable the Department to clearly identify occasions of service for DVA patients and account for the service to DVA. If the DVA number is not recorded or recorded incorrectly the premium payment for associated occasions of service cannot be made.

For DVA patients' service activity will be measured by the number of DVA occasions of service and the number of DVA individuals. Reconciliation to DVA will be on the basis of DVA patient occasions of service.

SACS Funding for 2004-05 and Notional Throughput Targets

Funding and notional throughput targets will soon be available.

For further information please contact Susan Race on 9616 1331.