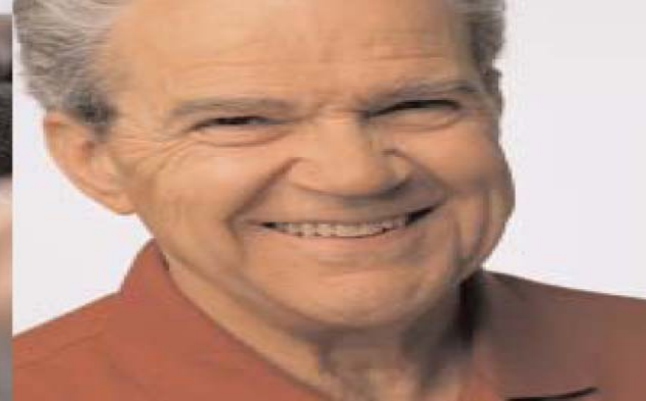


Sub-acute Ambulatory Care – An Integrated Service Framework



Sue Race

Manager, Sub-acute Ambulatory Care Services
Continuing Care, Programs Branch
Metropolitan Health and Aged Care Services

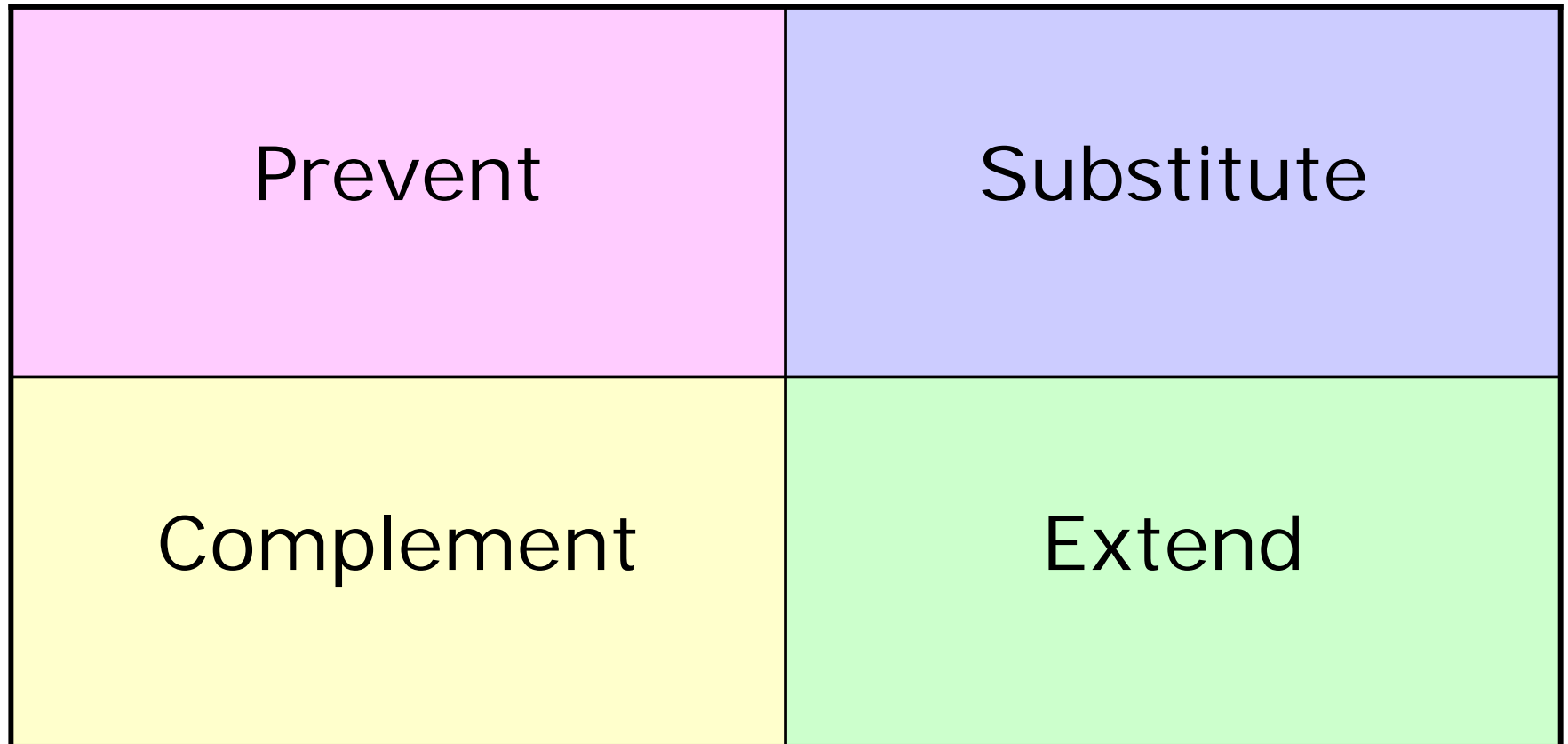
Sub-acute Ambulatory Care Services (SACS)



SACS Types and Settings

- Community Rehabilitation
 - Centre-based Rehabilitation
 - Home-based Rehabilitation
- Specialist Assessment and Management
 - Cognitive Dementia and Memory Services
 - Continence Clinics
 - Falls and Mobility Clinics
 - Pain Clinics
 - Wound Clinics
 - Movement Disorders Clinics
 - Geriatric Evaluation and Management Clinics

Purpose and Roles



Current Issues

- Services planned around the program or funding base
- Barriers to access and integration
- Limited choices for people
- Care based on the program
- Expertise linked to program areas
- Culture based around programs not people
- Inequity across the service system

SACS Framework

- Model of care
 - Principles
 - Guidelines
- Funding stream consolidation
- SACS Minimum Dataset
- Uniform accountability measures



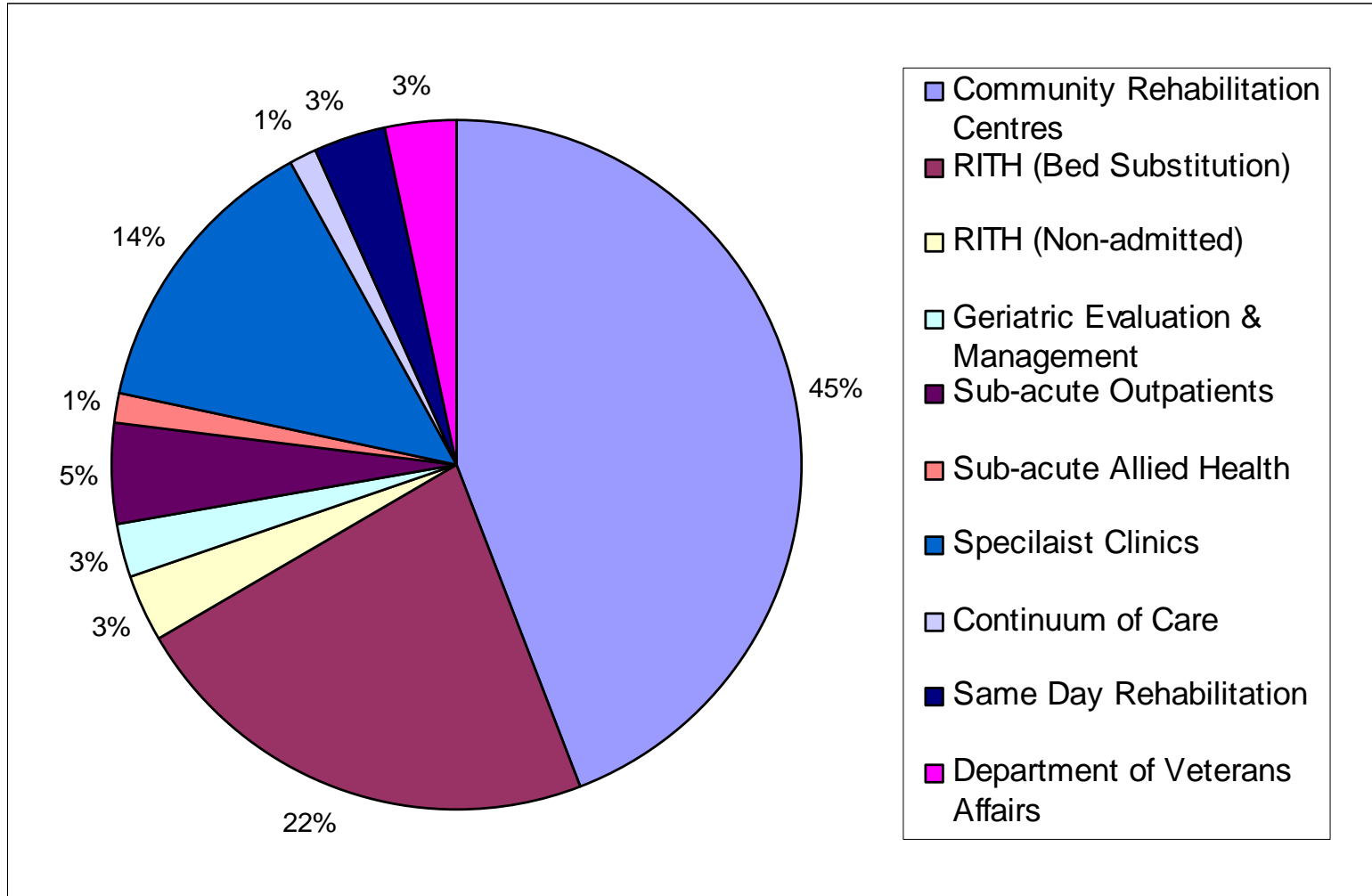
Vision for SACS



Principles underpinning SACS

- Place the client at the centre of their care
- Ensure practice is based on the best available evidence
- Based on an interdisciplinary approach
- Coordinated and integrated across all settings
- Promote health independence

SACS Funding Sources 2003-04



Funding Consolidation 2004-05

- Before

- 20 funding sources
- 16 specified block grants and 4 inpatient items
- Health Services with 12 sources
- Total funds ??

- After

- 2 SACS funding streams
- State (Non DVA) \$58.8 million
- DVA \$2.7 million
- Total SACS funds \$61.5 million

Funding Consolidation 2005-06

- Home-based Rehabilitation
 - Bed substitution models
- Transfer to SACS from July 2005
 - Ambulatory (non-admitted service model)
- Approximately \$17 Million
 - \$15 Million from Rehabilitation Level 2
 - \$3.5 Million from Hospital Demand Management Strategy

SACS Minimum Dataset

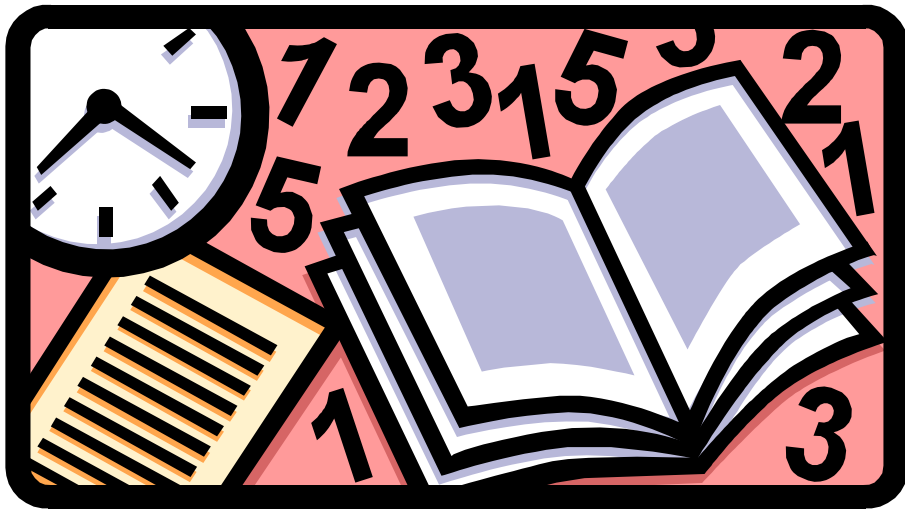
- Objectives:

- Improve integrity
- Reduce burden
- Align definitions
- Integrate with existing systems

- Enablers:

- Working Party
- Partnerships
 - Internal
 - External
- Pathways Home
- HealthSmart

Uniform Accountability



- Performance Indicators
 - Quantity
 - Timeliness
 - Quality

What do we want to achieve?

- Create services planned around the person
- Improve access and integration
- Establish real choices for people
- Create care in context
- Transfer of expertise
- Encourage culture change
- Achieve equity across the service system

