

Department of Human Services

PROJECT BRIEF



1. PROJECT NAME:

Sub-acute Ambulatory Care Services Program Framework Development

Version Number:	2A
Date last updated:	18 November 2003
Project Client:	Executive Director Metropolitan Health and Aged Care Services
Project Manager:	Sue Race
Approval Status:	Draft
Approved by:	Janet Laverick

2. BACKGROUND

Inpatient stays in acute hospitals continue to be shorter due to advances in medical treatment and changes in funding arrangements. Subsequently, ambulatory services will increase in prominence as future health services demand more emphasis on community treatment and care for people with chronic, but generally manageable, diseases and disabilities. Targeted health promotion and disease management strategies aim to reduce the need for hospital admissions.

Sub-acute services are typified as being client focused, interdisciplinary models of care, orientated to flexible service delivery in a range of settings, and directed at improving and maintaining functional capacity and maximising independence. Sub-acute ambulatory care services are a key component of the continuum of care and for many clinical conditions, direct access to a sub-acute ambulatory care service will facilitate an early and effective discharge.

These services:

- Support optimal transfer or movement from acute and sub-acute inpatient services;
- Reduce admissions and readmissions to inpatient services by providing therapeutic interventions to client's referred directly from the community; and
- Help client's to achieve the maximum level of reintegration into the community.

The Sub-acute Program currently encompasses a number of ambulatory services including: Community Rehabilitation Centres, Home-based rehabilitation or therapy, Specialist Clinics (Cognitive Dementia and Memory Services, Continence, Falls and Mobility and Pain), Sub-acute outpatient services, Unassigned Geriatric Evaluation and Management (GEM), and "Same Day" Rehabilitation Services.

The different types of Sub-acute Ambulatory Care Services (SACS) generally operate in isolation according to their funding base and accountability requirements. This reduces the ability of Health Services to provide an integrated service that delivers the appropriate client care, in a timely manner, in the most appropriate setting and at the most appropriate cost. Draft Sub-acute Ambulatory Care Services Guidelines form the basis of the model of care for the program. The draft has been circulated to the field as an exposure draft for comment. This work will be built upon in line with the key principles espoused in the policy paper to develop the model of care for SACS.

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3. OBJECTIVES

To develop the SACS Program Framework, taking into account the following principles:

- To provide the most appropriate care for the client;
- To support a client-focused model of care;
- To encourage and support continuity of client care;
- To encourage appropriate use of SACS;
- To encourage integration of SACS within a Health Service; and
- To encourage appropriate transition from inpatient settings and optimise community reintegration.

4. SCOPE (INCLUSION & EXCLUSION)

The following SACS will be included in the scope of this project:

- Community Rehabilitation Centres;
- Home-based rehabilitation or therapy;
- Unassigned GEM;
- Sub-acute outpatients (non admitted patients);
- Continuum of Care (where this is providing a sub-acute ambulatory care service); and
- "Same Day" rehabilitation

For further consideration as to how to best include:

- Cognitive Dementia and Memory Service;
- Continence Clinics;
- Falls and Mobility Clinics; and
- Pain Clinics

To consider the links and interface between SACS and the following services:

- Hospital in the Home (HITH);
- Post Acute Care (PAC); and
- Aged Care Assessment Services (ACAS).

5. LINKAGES TO KEY POLICY DOCUMENTS, DIVISIONAL PLANS & KEY STRATEGIES

The project will align with the following:

- The Continuing Care policy paper "*Improving care for older people: a policy for Health Services*".
- The Metropolitan Health Strategy
- The Departmental Plan
- The Metropolitan Health and Aged Care Services Divisional priorities

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6. RELATED INITIATIVES & INTERDEPENDENCIES

- Reflects a sub set of the implementation plan for the "Improving care for older people: a policy for Health Services" policy paper.
- Primary Care Partnerships

7. CONSTRAINTS

Constraints are factors that may limit the project management team's options for delivering.

- Organisational structures within individual Health Services
- Organisational structures within the Department of Human Services
- Organisational structures within the broader health care system
- Change management processes
- There is a lack of consistent data describing all SACS

Project assumptions:

- That no Health Service will experience a reduction in funding through this project
- That integration of SACS will improve client care
- That integration of SACS will increase flexibility for Health Services

8. COMMENCEMENT OF PROJECT:

July 2003

8b. COMPLETION OF PROJECT:

June 2004

9. KEY TASKS, DELIVERABLES & TIMEFRAMES

1. Reconvene working party, revise terms of reference.	25 June 2003
2. Draft SACS model of care developed for comment.	
3. Development of communication and consultation framework	February 2004
4. Incremental consolidation of funding streams – Stage 1	
5. Accountability measure and reporting framework developed	February 2004
6. Minimum Data Set and Key Performance Indicators set developed.	
7. Publication of framework.	March 2004
8. Implementation of framework commenced.	
9. Performance management and evaluation (Stage 2)	March 2004
	June 2004
	June 2004
	June 2004

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10. CLIENT OF PROJECT DELIVERY

The results of the project will be used by:
Victorian Government Department of Human Services
Victorian Public Health Services
Users of Victorian Public Health services

11. STAKEHOLDERS & POTENTIAL PARTNERSHIPS

Victorian Public Health Services
Metropolitan Health and Aged Care Services

- Metropolitan Health Service Relations Branch
- Reporting
- Finance

Rural and Regional Health Services and Aged Care Services Division
Regional Offices
Victorian Healthcare Association
Australasian Society for Geriatric Medicine
Australasian Faculty of Rehabilitation Medicine
Allied Health in Rehabilitation Consultative Committee
Australian Rehabilitation Nurses Association
Carers Victoria
Minister for Health
Minister for Aged Care

12. CLIENT & STAKEHOLDER ACCEPTANCE CRITERIA

The 'critical success factors' required to ensure the client and stakeholders will be satisfied with the completion of the project and its desired outcomes include:
Client focused model of care
Single point of referral for SACS
Single point of administration
Consolidated funding and universal accountability measure
Consolidated data set
Key performance indicators

13. CONSULTATION

This section lists consultations planned during the project:
Reference Group
Health Services
Peak Bodies (via representation from Reference Group)
Rural and Regional Health Services and Aged Care Services Division
Regional Offices
Relevant Branches with MH&ACS
Consumer Groups
Minister for Health
Minister for Aged Care

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14. COMMUNICATION PLAN/STRATEGY:

- Regular updates to the field
- Meetings with individual Health Services
- Forum for the field
- Framework document circulated and published on web site

15. RISKS AND THEIR MANAGEMENT (CONTROL)

This section identifies potential risks (factors) likely to affect the successful completion of the project and seeks the details of how they will be managed.

Risks:

- Inability to define a standard accountability measure
- Other priority work within the Continuing Care Unit takes precedence delaying time line.

16. PROJECT ORGANISATION & CONTROL

The working party will report via Janet Laverick to the Director, Programs Branch within the Metropolitan Health and Aged Care Services Division.