Adapting to Changing Community Care Need

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Stanthorpe Hospital

Darling Downs Hospital and Health Service

Geographical Distribution

Source: www.granitebeltinformer.com.au

Health Services Summary

- 42 bed (Max) Rural Hospital servicing ~12 000 Pop
- Average Occupancy FY17 - 23pts/day
- Emergency, Inpatient, Maternity (CS Level), OPD – General Surgery, Primary Care, Antenatal, Mental Health, Pre-Admission, Tele-health enabled DDHHS

Primary Care Summary

- 6 GP Clinics
  - 1 x approx 4FTE
  - 1 x approx 3 FTE
  - 4 Solo GP's (1 with 0.4 GP Reg.)
- 2 Clinics Provide VMO Procedural and Emergency Private Inpatient Services (RG's)
- 1 clinic A/H Coverage Mon-Thur (PP Roster reduced coverage from end 2014)

Aged Care Summary

- Aged Care – 2 Facilities
  - Villa Carramar 38 Beds (opened 11/11-Increase to 105 by 03/18)
  - Carramar 60 beds (Medium Term Life-Span)

  Note: Stanthorpe Nursing Home (44 beds) closed 12/15

Internal Review – Clinical and Operational Audit

- Patient Level Costing Review 2015/16:
  - Facilitated improved understanding for staff as to where funding/activity is linked.
  - Campus Change Management facilitating streamlining of services between Emergency and Outpatients departments.
  - Working with GP and community members for better role delineation and understanding of hospital services
- Desire to demonstrate effective use of Section 19.2 Exemption Revenue

Notes on 19.2 Exemption

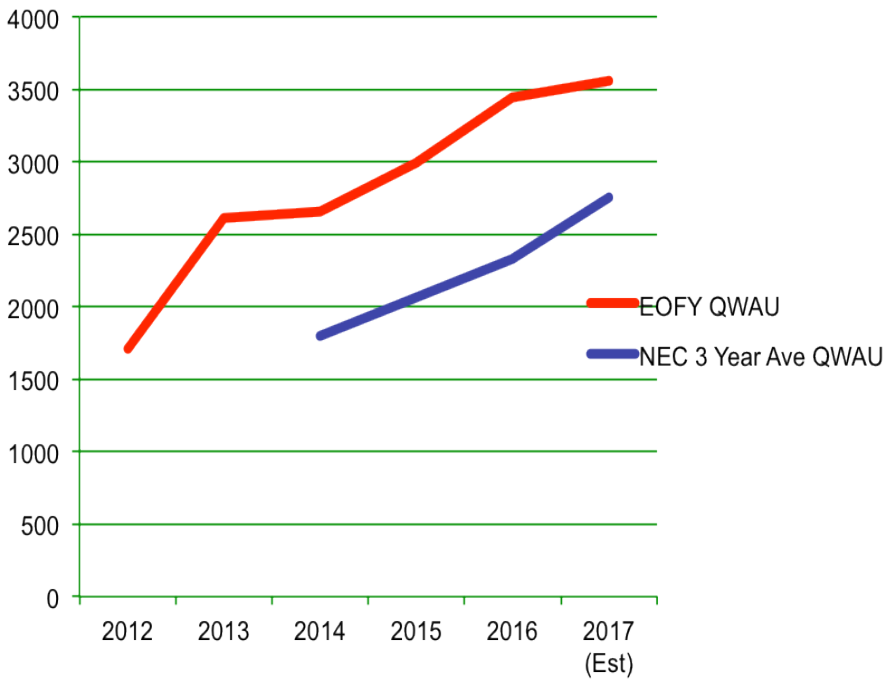
- Section 19(2) Exemption
  - Medicare bulk billing of patients
    - Non Referred, Non-Admitted
    - Able to bill to scope of General Practice
    - DO NOT enter into chronic disease management (Private GP Facilitation)
    - Admin support paid through revenue generation
  - Equipment: Urinalysis machines, Bili-chek, Additional CTG machine, Bladder Scanner, all able to be accessed by Private General Practitioners through the Stanthorpe Hospital
  - Training: PROMPT Midwives
  - Supporting initiatives to address workforce and training requirements

Health Funding

- The key difference between the NEP and the NEC is that in relation to the NEC the states and territories manage the total block funding amount provided to hospitals. This is determined through service level agreements that are made between the states and territories and the Local Hospital Networks.

Source - www.ihpa.gov.au

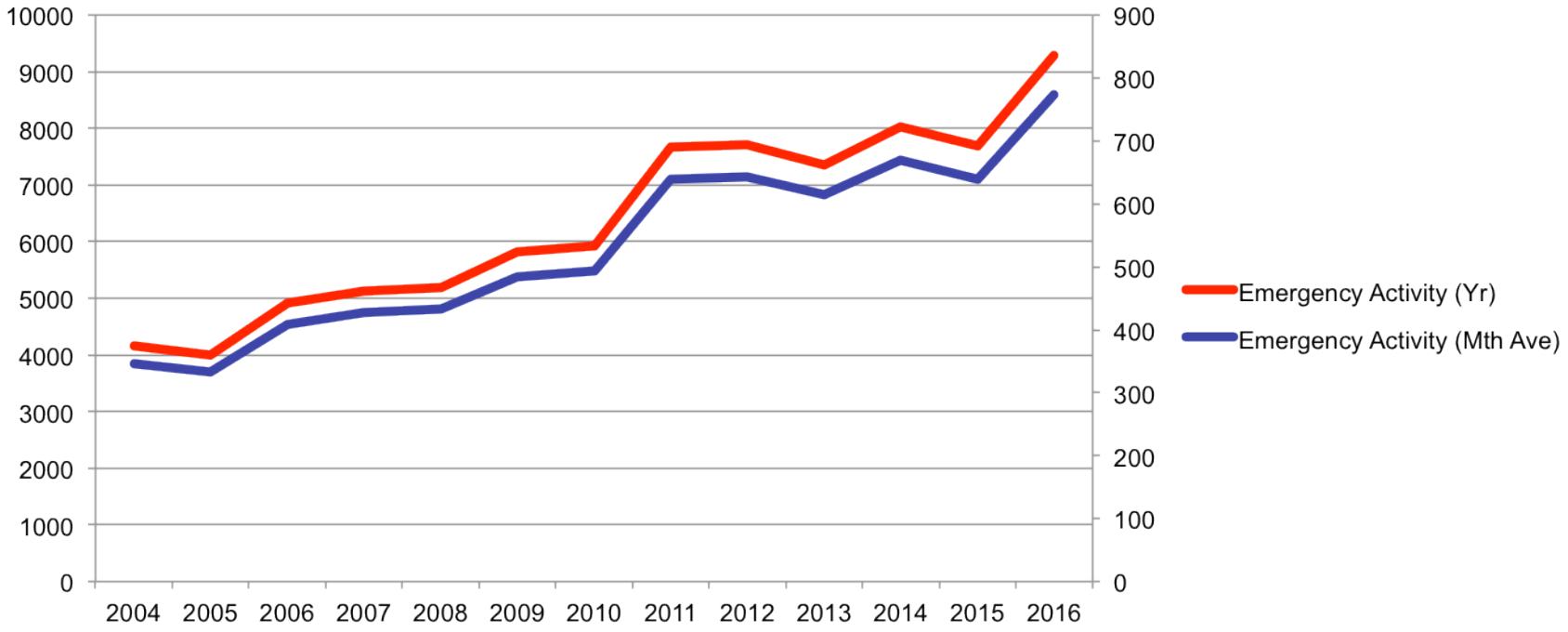
Overall Activity



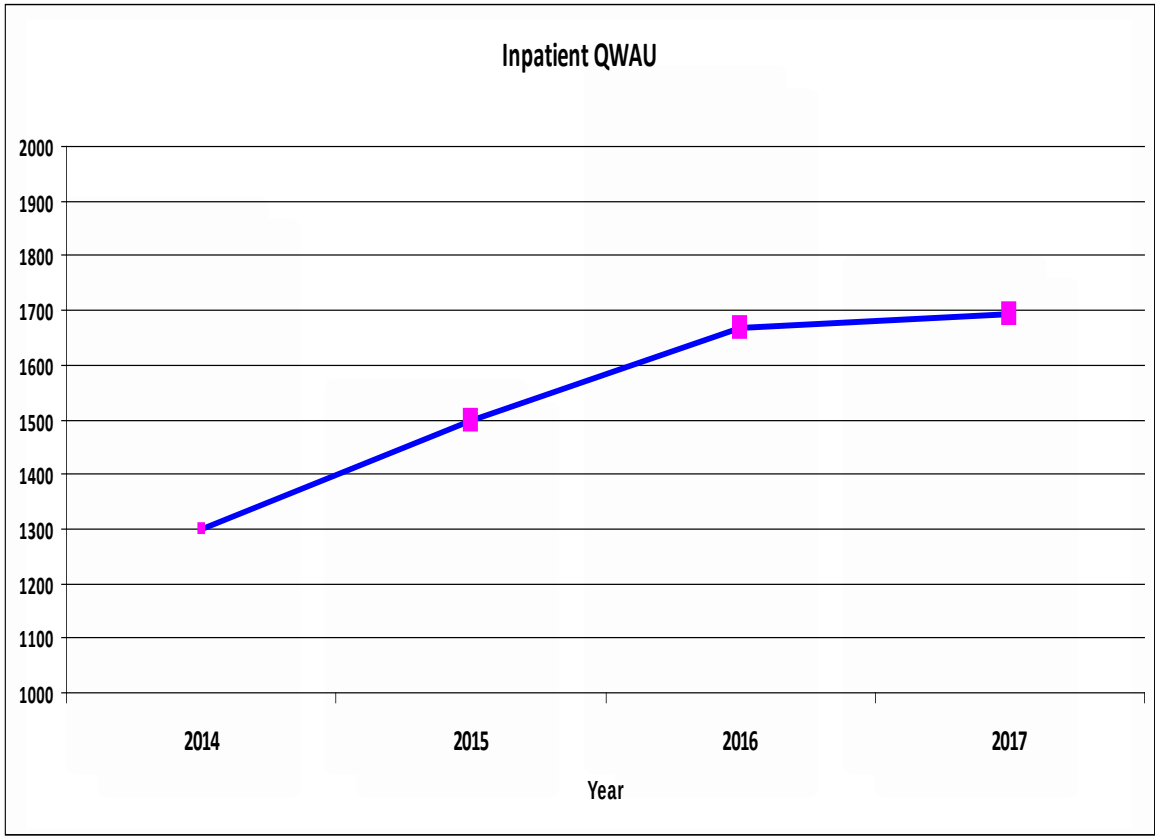
Notes:

- **EDIS Rollout May 2013**
- August 2014 – Federal A/H Review (Prof. Claire Jackson)
- 2014 Reducing A/H and Inpt. Private Services
- NP ED Credentialed 9/14
- New Medicare Local A/H arrangements July 2015 (Red tape for local GP's accessing AH incentives)
- Dec 2015 – SNH Closes
- Jan 2016 – 1 remaining GP Service A/H Mon-Thur
- Oct 2016 – New Private GP (RG Transition P/T → F/T Priv.)

Emergency Activity 2004-2016

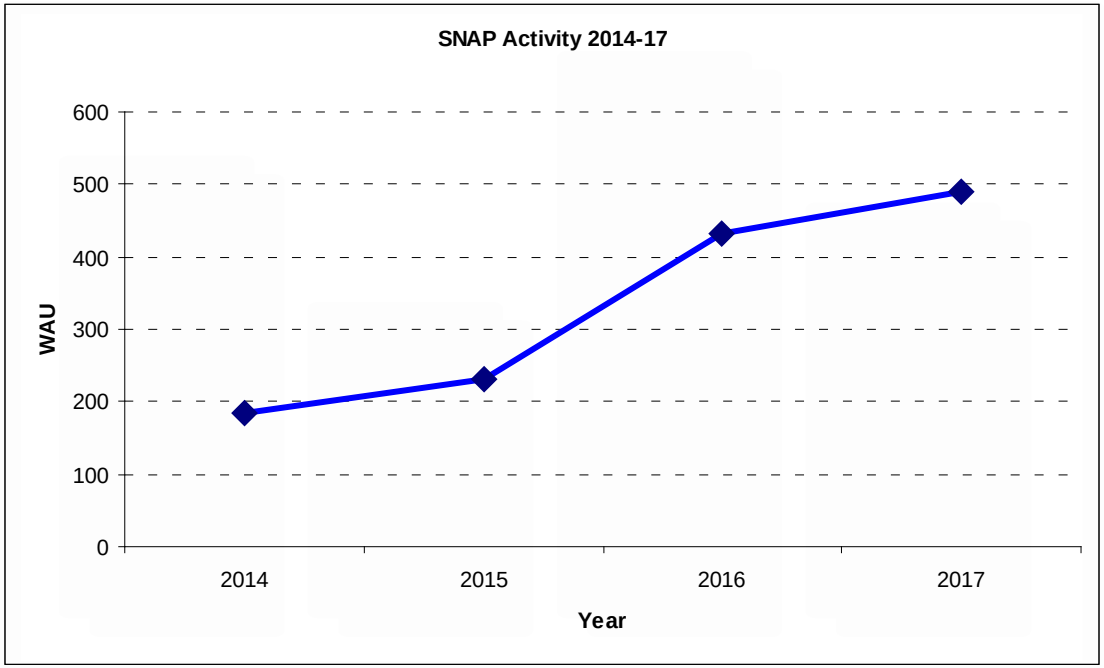


Acute Inpatient Activity



- Inpatient activity affected by a number of factors

Sub-Acute and Non-Acute Patient Classification (SNAP) Activity



- Sub and Non-Acute Care is greatest across 2015-2017
- Requires significant investment of time for patient planning

Workforce Impact

- Fatigue
  - Qualitative 4 step FRMS (Green, Yellow, Red < 8 hrs break, Black < 6 hrs break) converted to Quantitative tool for evaluation of data (1-4)
  - Growing episodes of high (significant) risk fatigue (Red, Black) – managed with assistance of PHO.

Meeting Challenges

- Primary and Aged Care sector engagement – GP's Churches of Christ Care
- Development of Nursing, Allied Health and Medical Models
- Service Delivery Block Funding Vs ABF (Revenue Generation)
- Additional OT lists for growing our own theatre staff both medical and nursing; partnering with QRGP Stanthorpe has managed to develop local capacity solutions as well as manage to keep waiting lists managed.
- Engaging with HealthPathways Darling Downs to contribute to high standard and consistent access to Secondary Care.

HealthPathways

- *Online manual used by clinicians to help make assessment, management, and specialist request decisions.*
- *Each pathway is an agreement between primary and specialist services on how patients with particular conditions will be managed in the local context.* [1]

Integrated Funding, Service, Training and Workforce Solution

- Multiple Parties engaged
  - Local (Team Stanthorpe)
    - Section 19.2 Committee
  - DDHHS (Approval of PHO Model)
  - ACRRM (Training Standards/Accreditation)
  - RRMS/QCP (Support for rotational engagement and 3GA approved program provider number access; with assistance to create sustainability in the service)
  - QRGP (Supporting lateral entry of suitable applicants)

Prevocational Rural Training Year

- Components
  - Recognised Learning Plan
  - Educational support in accredited practice
  - Access to 3GA approved provider program
  - Employment model (salaried)
  - Billings generation to offset employment costs
  - Local approvals process
  - Engaged doctors in training

Prevocational Rural Training Year

- Components
  - Collaborative model
  - Alignment with training towards a General Practice as a Speciality – Enhanced PIERCE model
    (Prevocational Integrated Extended Rural Clinical Experience)
  - Evaluation at regular intervals
  - Governance at an institutional level to ensure appropriate distribution of Medicare billings – assignment model

Initial Evaluation - Benefits

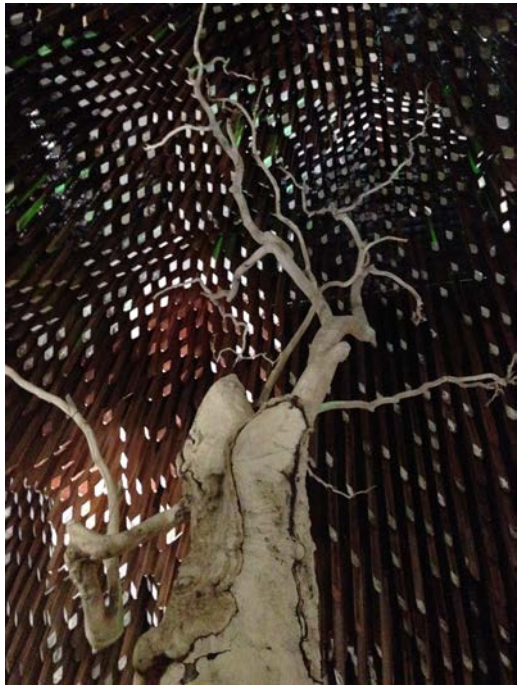
- Enhancement of flexible rostering across a greater span of hours
  - Developing evidence for reduction in cumulative fatigue for individual practitioners – “sharing the load”
- Developing evidence for reduction in Senior Medical Officer Recall/Overtime ($)

Initial Evaluation - Benefits

- Exposure to Primary Care with
  - Supported, structured training environment
  - Closes the “gap” left by PGPPP in rural medical training experience
  - Medicare offset to cost for salary of PHO
- Creation of an integrated solution to address community need where services are challenged

Initial Evaluation - Cons

- Perceived “Competition” between PRTY year PHO and PIERCE Interns for areas of clinical experience (Obstetrics, Anaesthetics, Paediatrics) – however manageable in longitudinal setting



Thank-you!

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