

Ambulatory and Continuing Care News

July 2009



Bed strategy – increased funding to open an additional 170 sub-acute beds

In December 2008 the state government funded a \$321.5 million bed package to treat up to 63,000 additional patients in Victoria's public hospitals. This additional funding aims to improve patient flow and access through the system by creating an additional 276 acute, critical care and sub-acute care beds.

Allocation of the funding includes an additional \$31 million per year for 170 sub-acute beds, \$10 million for emergency department diversion programs, \$2.5 million for HARP and the residential in-reach programs and \$2.5 million per year for sub-acute ambulatory care services (SACS).

The allocation of the funding builds on initiatives undertaken with the *Winter demand management strategy* so that these benefits can be sustained. This includes sustaining the 'step down' beds as sub-acute beds with appropriate funding, sustaining the Transition Care Program (TCP) Plus beds (now known as restorative care) and a number of the Residential Aged Care In-reach Clinical Support pilots.

A&CC have worked with health services to identify existing capacity and determine service needs. A number of health services were interested in exploring new models of care that target specific patient needs and support right care, right place and right time. Restorative care has been introduced, building on TCP Plus, which was piloted last year. In addition, a GEM model of care will be trialled that aims to enhance flow from acute to sub-acute through supporting medically unstable GEM patients in a sub-acute setting.

With the funding an additional 95 GEM beds, eight rehabilitation, 57 restorative care and 10 palliative care beds were able to be opened across the system, with 139 beds in the metropolitan and 31 in the rural regions.

Funding for refurbishment works to enable additional beds to be opened has also been provided to a number of health services.

For further information please contact Andre Catrice on 9096 1394 or <andre.catrice@dhs.vic.gov.au>.



Introducing Johanna Hayes

Johanna has recently joined the Chronic and Complex Care team in May. Her main responsibility will be to project manage the HARP diabetes service review, which will be occurring this year.

Her role will also involve working with her colleagues in the renal networks and HIV service redevelopments.

Johanna has come to the department with her most recent experience at Northern Health as a project officer with HARP and managing a wound clinic. Her previous jobs include a stint in ICU for seven years, remote area nursing on a tropical island in the Torres Strait and working at Harrods department store in the UK.

Johanna is enjoying work in the city with all the great eating, shopping and coffee opportunities.

HARP Diabetes Service Review

The HARP diabetes services were mainstreamed into the chronic diseases stream in 2005 to provide care for the increasing number of clients with diabetes who have complex needs and are frequent users or at risk of hospitalisation.

Currently there are diabetes services at 20 of the 22 HARP services. However, the diabetes services' model of care, maturity of services and program development vary considerably across the state. This primarily has been a result of the initial HARP pilot services commencing at different times throughout the HARP development. While the HARP services have been able to respond innovatively to the needs unique to their catchment, there is variability across HARP services statewide around an evidence-based best practice model of care for people with diabetes.

The HARP Diabetes Service Development Project is a quality improvement initiative. It will improve the care of people with moderate

to severe, or complex diabetes disease by defining a HARP diabetes model of care that: examines current models of diabetes care; defines the HARP diabetes client within the continuum of care; incorporates current evidence-based practice in diabetes management; locates HARP within the continuum of care; and recommends service improvement initiatives of diabetes care within HARP services.

The review will commence in October 2009 and will involve all the HARP diabetes services including high-risk foot clinics. The department will be involving the HARP services by having representation on the advisory committee as well as general consultation.

The project officer responsible for the HARP diabetes service review is [Johanna Hayes](#) and she is more than willing to discuss the project and assist with any queries. Johanna can be contacted on 9096 2082 and [<Johanna.hayes@dhs.vic.gov.au>](mailto:Johanna.hayes@dhs.vic.gov.au).

VINAH update 2009–10

The 2009–10 financial year welcomes version 5 of the VINAH MDS (happy 5th birthday, VINAH!).

Changes for version 5 include:

- 'Failed to Attend' contacts can now be captured. Definitions for 'Failed to Attend' contacts are in line with the SACS KPI definition: *Patients who fail to attend appointment (without notification on day of appointment or cancel within 24 hrs of appointment)*.
- MBS account class has been added.
- New programs include:
 - Family Choice Program
 - Victorian HIV Services
 - Victorian Respiratory Support Services.
- New episode streams include:
 - SACS – Specialist Polio
 - SACS – Specialist Movement Disorders
 - SACS – Specialist Other
 - HARP – Renal.
- New selections for the 'Completion of Proposed Plan of Treatment' field to bring it in line with the HIP guidelines.
- New Episode Health Conditions have been added. (Stay tuned for more work pending on this field for the 2010-11 financial year.)
- Referral In Source can now be an emergency department.
- Referral Out Date is a new field that will accompany the Referral Out Destination.

If you have any queries relating to these changes please do not hesitate to visit the Health Data Standards & Systems (HDSS) website at [<HDSS.HelpDesk@dhs.vic.gov.au>](mailto:HDSS.HelpDesk@dhs.vic.gov.au) or give Jason Ferriggi a call on 9096 2169.

HARP Community of Practice (COP) update

The HARP COP meeting scheduled for 21 August 2009 has been postponed until October 2009 due to the Australian Disease Management Association (ADMA) public forum being held on the same day. We encourage all HARP programs to ensure representatives attend the ADMA forum, which is of significant relevance to all HARP services.

ADMA public forum

Disease Management Programs: Design and Evaluation

Associate Professor Ariel Linden

21 August 2009

9 am – 10.30 am

AMREP Seminar Room

The Alfred

RSVP by 14 August to [<P.stoforidos@alfred.org.au>](mailto:P.stoforidos@alfred.org.au) or [<K.fiddes@alfred.org.au>](mailto:K.fiddes@alfred.org.au).

HIP forum > 19 June 2009

A cold winter's morning on Friday 19 June did not deter a record number of managerial and clinical staff from the sector attending the latest Health Independence Program (HIP) forum, held at the Marriott Hotel. The 155 attendees were greeted upon arrival with a delicious morning tea in preparation for a jam-packed agenda.



The forum was opened by Susan Race, followed by the program managers delivering the department updates, including a VINAH update. This was followed by a Residential In-reach pilot update from Stefan Wigg.



The second half of the morning focused on a presentation from Christine Jones and Cinzia Theobald that outlined the 'no wrong door approach' that Southern Health are implementing and incorporates access and initial needs identification of clients to HIP. The finale for the morning's activities was an interactive panel discussion with representation from Wendy Millar (Bendigo Health), Sue Thomas (Wodonga Regional Health Service),

Christine Jones (Southern Health) and Sian Reilly from the department. The panel gave an opportunity to discuss general HIP guideline implementation.



After lunch, the managerial meetings were held for PAC, SACS, HARP and HARP BCOP/rural SACS.

Evaluation forms were collated from the event and, of the 56 responses, the forum was rated as good regarding the structure and relevance of the content, the level of interaction with the department, as well as networking opportunities.

Suggestions for future presentations have also been noted.

The audience was thanked for once again accommodating a change of venue as the department conference room is unavailable at this time, due to the bushfire response work.



Mark your diaries now for the next HIP forum scheduled for Friday 11 September 2009.

Refugee Health Service Mapping Project

A significant number of refugees are arriving in Victoria with complex health concerns that require specialist and sometimes multiple investigations and referral at a time when people are least equipped to negotiate complex health services systems.

In collaboration with the department's Diversity Unit, the Ambulatory and Continuing Care (A&CC) section has provided funding to the Victorian Foundation for Survivors of Torture (Foundation House) to conduct a project examining how refugees can better access specialist care in collaboration with primary care services.

The objective of this project is to explore the national and international literature regarding care pathways for refugees requiring access to specialist health services, examine and map the current models in existence in Victoria and provide service model options to inform future departmental planning decisions.

The project commenced in January 2009 and is due for completion in July 2009.

For further information contact Chelsea Simpson, on 9096 7138 or <chelsea.simpson@dhs.vic.gov.au>.

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