

Palliative Care Program

Policy and funding guidelines 2006–07

A Victorian
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initiative



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2006-07 outlook

Recurrent funding of \$4 million per annum has been allocated from the Hospital Futures funding to palliative care from 2006-07 to continue the implementation of the Strengthening Palliative Care policy. This policy document outlines the future direction for health and community providers in the provision of specialist palliative care services and the implementation of the palliative approach.

In 2006-07 this funding will support implementation strategies that will:

1. expand the current hospital-based specialist palliative care team model to provide Consortia-wide clinical advice and response and to develop formal support links with rural regions.
A review of the hospital-based specialist palliative care services will be conducted in 2006/07
2. develop a 24-hour statewide back-up service model for staged implementation from October 2006
3. provide a rural palliative care purchasing fund to purchase specialist medical palliative care hours in each DHS rural region
4. purchase new, or expand existing nursing capacity in community palliative care services for rural and metropolitan areas. Funding allocation from July 2006.

The eight Regional Palliative Care Consortia will continue to be the platform for the delivery of specialist palliative care and will be responsible for: regional planning; coordinating care; determining priorities for future service development and funding; and participation in the development of a service delivery framework (this work will inform the future directions for role designation).

The Regional Palliative Care Consortia will receive \$100,000 in 2006-07 (\$160,000 for the North West Regional Palliative Care Consortium) to continue to support consortium infrastructure to undertake the key roles identified above.

New funding for the provision of direct service delivery will be allocated in consultation with Regional Palliative Care Consortia to progress implementation areas identified above. Funds will be allocated using the Palliative Care Resource Allocation Model. Consortia will be responsible for regional implementation.

Development and implementation will be carried out in consultation with palliative care service providers and relevant stakeholders through the eight Regional Palliative Care Consortia. The Palliative Care Implementation Advisory Group (PCIAG) will play a key role in identifying priority work areas and implementation processes.

Reviews for 2006-07

It is expected that specialist palliative care services, health services and other relevant stakeholders will participate in reviews relating to:

- Palliative Care Hospital Training and Development Grants
- Hospital based specialist palliative care consultancy teams (including RDNS)
- Data set for community palliative care services
- Designated palliative care beds.

Range of services

Inpatient, community and statewide palliative care

Inpatient palliative care services provide services within a hospital based or hospice environment to patients who require specialist inpatient palliative care or respite. Generally this is when active treatment for the patient's diagnosed illness ceases. Funding for designated palliative care beds is at the palliative care bed day rate.

Community palliative care services provide a range of services to clients in their home including nursing, liaison with medical practitioners, counseling for the client and their family, allied health services, complementary therapies and coordination with other services. Services are to provide palliative care support 24 hours a day, seven days a week.

Unassigned bed fund

The primary aim of the unassigned bed fund is to fund the hire or purchase of equipment or services that will allow palliative care clients to remain at home without compromising their quality of care when they would otherwise require admission to an inpatient setting. The unassigned bed fund is designed to fund services or equipment which a community palliative care service would not normally provide as part of its standard service or which are over and above the level of usual service provision.

Statewide priority areas

The priority policy development areas in 2006–07 are:

- Ongoing support for the Regional Palliative Care Consortia including clear governance arrangements
- Development and implementation of a 24/7 support services
- Development of a service delivery framework to support core competencies and a statewide training approach
- Workforce, including education, training and research

Conditions of funding–palliative care

Targets

Targets are established for inpatient services for non-DVA (estimates), DVA and unassigned services. See Table 1 for targets. Funding for DVA activity is uncapped while non-DVA activity is capped. Health services in rural areas that have exceeded their bed day targets may be able to convert weighted inlier equivalent separations (WIES) to palliative care after consultation with the Rural and Regional Health and Aged Care Division and the Continuing Care Unit of the Programs Branch.

Changes to targets at a health service level can only be undertaken after consultation and agreement with the Access and Metropolitan Performance Unit in the department's central office.

Reporting

In-patient services are required to provide data through the Victorian Admitted Episodes Dataset (VAED). The VAED will be used to determine activity levels for inpatient palliative care services in meeting their targets. In addition, hospitals are required to supply admitted patient service activity to the department as specified in the Agency Information Management System (AIMS) Manual.

Community palliative care services are required to provide cumulative data to the department through the Victorian Palliative Care Reporting System (VicPCRS), on a quarterly basis. Dates for submissions are:

- 28 October (reporting data from 1 July – 30 September)
- 28 January (reporting data from 1 July – 31 December)
- 28 April (reporting data from 1 July – 31 March)
- 28 July (reporting data from 1 July – 30 June).

The data is required to be submitted by all community palliative care services and is a funding requirement. The department will provide comparative data back to services.

In addition, where community palliative care services or their sub-agencies are registered hospitals, then these hospitals are required to submit non-admitted palliative care activity as specified in the AIMS Manual.

Financial reporting requirements for community services are to be submitted on an annual basis and must be submitted by 1 October, three months following the end of the financial year. The reports are to be sent to the regional office. Financial acquittal of unassigned bed funds is to be submitted in accordance with regional office requirements.

Statewide palliative care services are required to report information in line with the deliverables contained in their service agreements. Income and expenditure reports must be submitted by 1 October, three months following the end of the financial year.

Recall

The department recognises that health services may find it difficult to precisely meet the annual palliative care bed day targets. The following approach to recall will apply to all palliative care services in 2006–07:

- Where total public inpatient palliative care activity is between 0 and 2 per cent below target, funding associated with the below target portion will be recalled at half the relevant rate.
- Throughput between 0 and 2 per cent above target will be paid at half the relevant rate.
- Where actual public throughput is below 98 per cent of target, payments will be adjusted to reflect work actually done.
- DVA activity is subject to recall for 100 per cent of any shortfall between actual activity and target.
- Bed activity and throughput are calculated from data reported to the VAED. This is based on separated bed-days.

Table 1: Palliative care bed day throughput targets 2006-07: bed days

Health Service/hospital campus	Bed days non-DVA	Bed days DVA	Bed days Unassigned
Austin Health	5500	515	
Bairnsdale Regional Health Services	292	49	
Ballarat Health Services			
- Ballarat	1752		
- Queen Elizabeth G.C.		117	
Barwon Health			
- Geelong	3658		
- Grace McKellar Centre		378	
Bass Coast Regional Health	292	26	
Bendigo Health Care Group	2378	185	457
Calvary Health Care Bethlehem Limited	9669	1383	115
Caritas Christi Hospice Limited	15780	901	
Central Gippsland Health Service	584	18	292
Colac Area Health	292	21	
Dherriwarrh Health Services	584	4	
East Grampians Health Service	300		
Echuca Regional Health			194
Gippsland Southern Health Service	292	91	
Goulburn Valley Health	592		
LaTrobe Regional Hospital	1168	28	
Maryborough District Health Service			84
Mercy Public Hospitals Incorporated	3377		
Mildura Base Hospital Pty Ltd	576	68	
Mt Alexander Hospital			100
Northeast Health Wangaratta	592	1	1424
Northern Health	6798	424	
Peninsula Health Care Network	4500	408	
Portland District Health	292	108	
South West Healthcare	877		
Southern Health			
-Casey	1460	4	
- Monash M.C.	4472	26	
Sunraysia Community Health Services Inc			235
Swan Hill District Hospital			177
West Gippsland Health Care Group	584	42	
Western District Health Service	292	16	
Western Health	3210	126	
Wimmera Health Care Group	292	3	
Wodonga Regional Health Service	592	13	
Total	79080		