Bulli Aged Care Centre of Excellence (ACCE) Model of Care

Working together building healthy futures

Version Control

Version	Date	Issued To	Remarks	Issued By
1.1	2 June 2016	ISLHD Chief Executive's model of care focus group	Draft model of care for development	Rebecca Heron-Dowling, ISLHD
1.2	7 June 2016	ISLHD Chief Executive's model of care focus group	Draft model of care, incorporating meeting minutes from the ISLDH Chief Executive's model of care focus group, for development	Rebecca Heron-Dowling, ISLHD
1.3	16 June 2016	ISLHD Chief Executive's model of care focus group	Re-issue with some sections deleted in track change	Gerard Duck, ISLHD
1.4	24 June 2016	ISLHD Chief Executive's model of care focus group	Re-issue incorporating all feedback on v1.3	Planning Team, ISLHD

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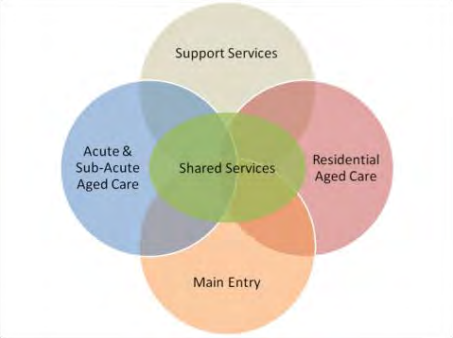
A. Introduction

A key direction of the Illawarra Shoalhaven Local Health District Health Care Services Plan 2012-2022 "Working Together Building Healthy Futures" – is to develop Bulli Hospital as an Aged Care Centre of Excellence. The Aged Care Centre of Excellence embodies the vision of the ISLHD by building healthy, resilient communities in partnership with IRT through the integration and provision of primary, inpatient and aged care services across the care continuum. This project outlines the capital redevelopment that needs to be undertaken to enable the evolution of the Bulli Hospital from a primarily acute medical/surgical hospital to one representing:

- Urgent Primary Health Care services – ensuring timely access to medical care for low acuity emergencies, reducing wait times and improving patient outcomes
- Excellence in aged care residential, inpatient and outpatient services;
- Expanded collaborative relationships for provision of specialist geriatric services in the region, including partnerships with general practitioners, the South Eastern Primary Health Network, local Aboriginal community controlled health services, local government, private aged care providers
- Opportunities for the development of international best practice models relating to aged care services, and
- System efficiencies relating to service capacity and cost reductions.

The project will see the redevelopment of the facilities at Bulli Hospital to transform the site into a modern, fully functional, innovative and integrated best practice environment for the provision of primary health care, inpatient, outpatients and community aged care services that will be networked across the District, supporting innovation, improved patient outcomes and better access to services for the Northern Illawarra communities.

The Bulli Aged Care Centre of Excellence (ACCE) represents a new era in the delivery of aged care services through establishment of an innovative partnership between ISLHD and IRT that is committed to providing service excellence to the community. The model is underpinned by the integration and sharing of services between the public and private partners, while retaining an identity for each, which seeks to maximise service quality, increase collaboration between providers across the care continuum, and optimise service efficiency. The concept model for the Aged Care Centre of Excellence is illustrated below.



Public	Private
Main entry	
Shared services	

Acute and Sub-Acute Aged care	Residential aged care
Support services	

OUR VISION

The ISLHD *Our Statement of Strategic Intent* sets the vision for the District and identifies the four key areas of reform required to achieve the vision. **Working together we will build healthy futures for our clients and residents** by:

- Investing in contemporary patient-centered models of care
- Developing an integrated health system
- Reconfiguring the capital footprint to match needs
- Building the workforce of the future

OUR PRINCIPLES

The ISLHD is committed to providing the highest quality of health care to the people of the Illawarra Shoalhaven that is safe and of high quality. The **principles** that we will use to drive our decision making are:

- *Equitable access* to timely quality health care regardless of financial status, background or place of residence
- *The right of the individual to make choices* based on realistic expectations of the health system
- *Efficient and appropriate allocation of resources* where they can do most good; on the basis of models of best practice which deliver best health outcomes, with fair proportions going to medical research, health promotion, preventative health, chronic disease management, medical retrieval, acute hospital *care and out-of-hospital care*
- *Openness* of governance and accountability of performance
- *Greater patient involvement in decision making* about their health care to improve health outcomes, and devolving decision making for improving patient care closer to the patient
- *Greater community and clinician involvement* in planning and delivery of efficient, world-class health services, supported by world-class facilities, equipment and technology.

BUILDING A SUSTAINABLE SERVICE SYSTEM for the *communities of the Illawarra Shoalhaven*, sets the context in which we want to manage our demand, and identifies guiding principles to inform our thinking and decision making:

- Promote and maintain a healthy population.
- Manage people 'at risk' of disease or illness in the community healthcare setting where possible.
- Manage people in the community health care setting where possible. Avoid hospital treatment and admission for those with 'chronic and complex needs'.
- Cost-effectively manage 'high acuity' patients.
- Develop and maintain critical foundations for demand management

B. Definitions

Terminology

The following terminology is to be used in any communications relating to the Bulli Aged Care Centre of Excellence

- IRT or IRT Group (not Illawarra Retirement Trust, the Trust, or the IRT)
- Care Centre (not residential aged care facility, or nursing home)
- Suites (not beds, i.e. 60 Suite Care Centre) when referring to the Care Centre
- Residents or customers (not patients) when referring to residents of the Care Centre
- Wings or units (not wards)
- No mention of high care or low care (these categories no longer exist)

C. The Current State of Play

C1. Background

ISLHD

Bulli Hospital is part of the operational portfolio of the General Manager, Northern Illawarra Hub and offers acute geriatric medicine and allied health services, outpatient geriatric and allied health services and community health services. The provision of aged care services is under the clinical governance of the ISLHD Division of Aged Care, Rehabilitation and Palliative Care. The provision of clinical services within the Urgent Primary Care Centre is under the clinical governance of the ISLHD Division of Critical Care. The provision of primary health nursing via the community health services is

managed by the Primary and Ambulatory Health Care Director. The Divisions and Hub are managed by the Executive Director, Clinical Operations.

A key direction of the District's Health Care Services Plan is to develop Bulli Hospital as the District wide centre of excellence for aged care services; focusing on geriatric medicine and enhanced primary and community health services. This will provide a critical mass of clinical expertise at this 'hub' to support the delivery of excellence in aged care across the whole District.

IRT

In the past, many aged care homes enabled residents to receive care at low-level or high-level in the same place of residence as they age. So generally, a resident is not required to move from their room of admission as a result of their changing care needs over time. This means that residents with varying degrees of health status and specialist nursing needs often reside alongside each other. This practice can result in:

- Increased clinical risk to residents
- Greater demands on staff numbers and skill
- Can undermine the confidence that families have in the provision of care resulting in increased levels of anxiety for the family
- Families are reluctant to allow their loved one to move to another area of the facility
- Places greater demands on the provision of specialized equipment
- The built environment not being complementary to the diversity of health needs within a care unit
- The built environment does not support staff efficiencies

C2. Policy Context

Detailed policy, funding and regulatory review may be required to confirm some aspects of the model of care. This will be undertaken as part of the ongoing development of the operational arrangements.

Local Health District

Our Health Care Services Plan "Working Together to Build Healthy Futures" details the direction and development of our health care services across the Illawarra Shoalhaven Local Health District (ISLHD) from 2012 to 2022, and is underpinned by ISLHD's 'Our Statement of Strategic Intent'. The "Dementia Strategic Plan 2015-2020," endorsed by Senior Executives and the Board, guides planning for ISLHD for services to be dementia friendly.

In early 2015, the ISLHD Board reviewed the vision that it communicated to its residents and communities in 2011 through the document "Our Statement of Strategic Intent, Working together building healthy futures", and made an assessment of progress made since that time. From that review, the Board endorsed 'Our Story' and 'Our Purpose', which communicates our vision of "Healthy People, Resilient Communities".

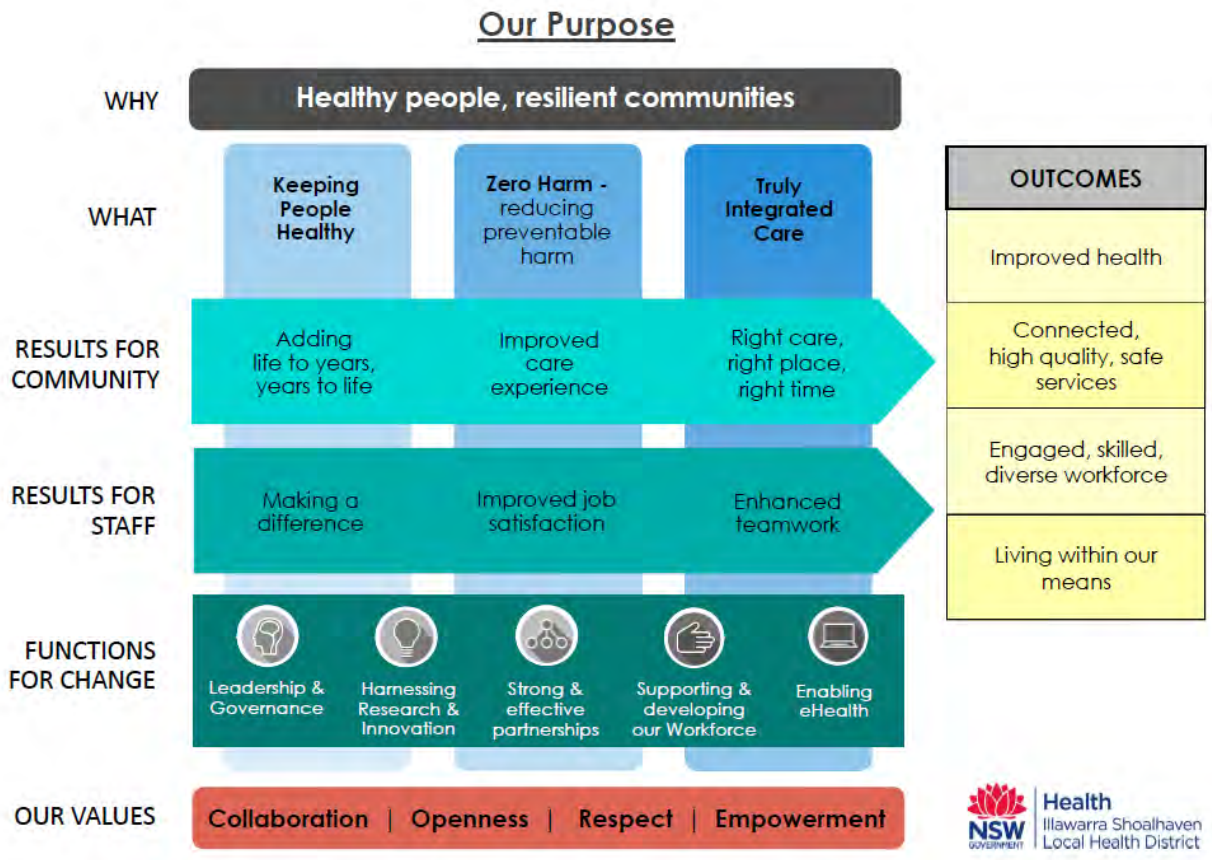
There were three goals that were established in 'Our Purpose'. These goals are:

- Keeping People Healthy

- Zero Harm – reducing preventable harm
- Truly Integrated Care

2011's Statement of Strategic Intent and the key reforms it highlighted were aimed at meeting the needs of residents, enhancing care, and putting the consumer at the centre of the care delivered. They were also aimed at addressing the unique geography of the Illawarra Shoalhaven, the historical misdistribution of services and workforce, ageing capital infrastructure, and ensuring the available resources are prioritised to maximise the health and wellbeing of the community. The three goals communicated in 'Our Purpose' are derived from the reforms stated in the Statement of Strategic Intent.

Figure 1 Illawarra Shoalhaven Local Health District 'Our Purpose'



NSW 2021: A Plan to Make NSW Number One, Illawarra South Coast Regional Plan[1]

The Illawarra South Coast Regional Action Plan is aligned to NSW 2021. It sets out the vision for the region and identifies the actions the NSW Government is taking over the next two years to address the priorities raised by communities in the region.
Specific areas identified within the Regional Action Plan which are fully aligned with the Aged Care Centre of Excellence include:

- Deliver improved health infrastructure and services
- Improve delivery of services such as health care, aged care, and mental health services
- Plan for the regions ageing population.

Re-start Illawarra Infrastructure Fund[2]

The NSW Government (Infrastructure NSW) established the $100 million Restart NSW Illawarra Infrastructure Fund to help fund priority infrastructure projects in the region. The Fund is part of the NSW Government's Restart NSW, and has been set up using proceeds from the long term lease of Port Kembla. The objectives of the Fund are to support new infrastructure projects in the Illawarra that open new economic opportunities and drive economic growth, making the Illawarra a better place to work, live and do business.

State

NSW 2021: A Plan to Make NSW Number One[3]:

- Return Quality Services. Provide the best transport, health, education, policing, justice and family services, with a focus on the customer
- Renovate Infrastructure. Build the infrastructure that makes a difference to both our economy and people's lives
- Strengthen our local environment and communities. Improve people's lives by protecting natural environments and building a strong sense of community
- Restore accountability to government. Talk honestly with the community, return planning powers to the community and give people a say on decisions that affect them

Each strategy is supported by goals, targets and priority actions; key ones relating to the Aged Care Centre of Excellence are summarised below.

[1] https://www.nsw.gov.au/sites/default/files/regions/regional_action_plan-illawarra-south-coast-_0.pdf
[2] http://www.infrastructure.nsw.gov.au/media/26083/restart_nsw_illawarra_guidelines.pdf
[3] http://www.ipc.nsw.gov.au/sites/default/files/file_manager/NSW2021_WEBVERSION.pdf

NSW Health

State Plan -

Goal 3 Drive Economic Growth in Regional NSW
Increase the share of jobs in regional NSW
Increase the population in regional NSW
Goal 6 Strengthen the NSW Skill Base
Build an educated and skilled workforce to drive a productive and growing economy.
Find ways to work collaboratively across government, industry and tertiary sectors to develop a skill base that meets the current and future needs of NSW businesses
The delivery of high quality, accessible and relevant training will support workforce participation and the growth of industry and business
Goal 7 Reduce travel times
Reduce travel times for people requiring access to comprehensive aged care services
Goal 11 Keep people healthy and out of hospital
Improve outcomes in mental health
Reduce potentially preventable hospitalisations.
Goal 12 Provide world class clinical services with timely access and effective infrastructure
Reduce hospital waiting times (planned surgery; emergency department treatments)
Improve transfer of patients from emergency departments to wards
Reduce unplanned admissions
Decrease healthcare associated bloodstream infections
Ensure all publicly provided health services meet national patient safety and quality standards
Increase patient satisfaction
Goal 19 Invest in critical infrastructure
Increase expenditure on critical NSW infrastructure.
Prioritise and deliver infrastructure in partnership with the private sector.
Increase investment in regional infrastructure.
Goal 20 Build liveable cities
Plan for towns and cities that are not only accessible and viable, but are great places to live and work
Good strategic planning will make it easier to travel between work and home; allowing people to spend more time with family and doing the things they choose
Goal 24 Make it easier for people to be involved in the community
Improve our sense of community (the local community has a strong sense of identity linked to the Bulli Hospital, which was originally built by community contribution).
Goal 25 Increase opportunities for seniors in NSW to fully participate in community life
Over the next 25 years the population aged 65 years and over in NSW is expected to more than double. The NSW Government will deliver services that meet the needs of older people in the community, provide assistance and leadership to build evidence–based policy and high quality, diverse and relevant services for older people across NSW
Goal 32 Involve the community in decision making on government policy, services and projects
Increase opportunities for people to participate in local government decision making and through local government encourage them to have a real say on local planning decisions

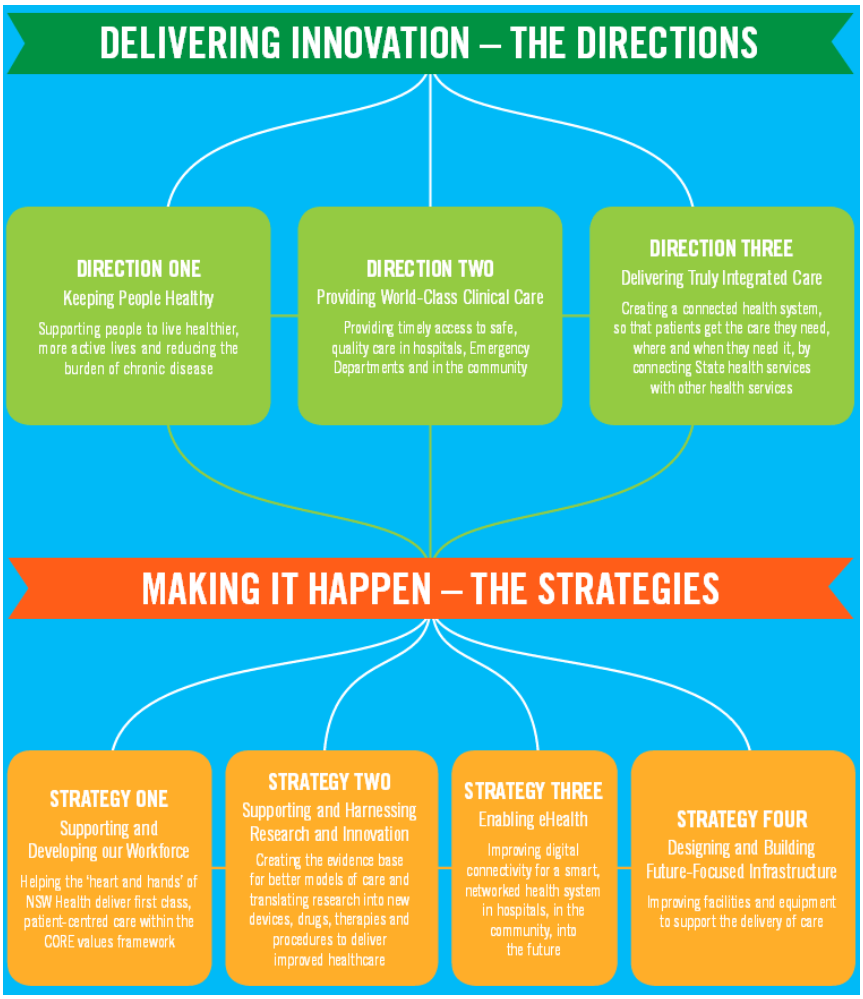
Towards 2021[4]

The NSW State Health Plan provides the strategic framework which brings together NSW Health's existing plans, programs and policies and sets priorities across the system for the delivery of 'the right care, in the right place, at the right time' for everyone. Key priority areas within the plan include:

a. Delivering patient-centred care across NSW Health
b. Improving integration across the broader health system, including connecting primary and acute services.

The plan outlines three directions and four associated strategies, displayed in Figure 2.

Figure 2 NSW State Health Plan: Towards 2021 - Directions and Strategies



Source: http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf

Other State plans include:

[4] http://www.health.nsw.gov.au/statehealthplan/Publications/NSW-State-Health-Plan-Towards-2021.pdf

- Advance Planning for Quality Care at End of Life: Action Plan 2013 - 2018
- NSW Aboriginal Health Plan 2013 - 2023
- Policy and Implementation Plan for Healthy Culturally Diverse Communities 2012-2016
- Population Health Surveillance Strategy, NSW 2011 to 2020

National

'Living Longer, Living Stronger' (April 2012) outlines the Commonwealth Governments Aged Care Reform Plan

A key principle underpinning this reform plan is to build a better, fairer and more nationally consistent aged care system; providing a flexible and seamless system that provides older Australians with more choice, more control and easier access to a full range of services.

Key initiatives are aimed at:

- Helping people to stay at home
- Assisting carers to access respite and other support services
- Delivering better residential aged care
- Strengthening the aged care workforce
- Supporting aged care research and evaluation
- Promoting better practice and partnerships
- Tackling the nations dementia epidemic
- Supporting older Australians from diverse backgrounds
- Supporting innovation, improved care and better business practice in priority areas of care

The Commonwealth's reform plan highlights the significant barriers that exist for people receiving aged care, particularly people in residential care, to access primary health care. Multidisciplinary care is essential, encompassing GPs, nurses, and other primary health care providers, specialists and aged care providers. In addition there is a need to remove barriers to accessing primary care for people with particular needs, including Aboriginal and Torres Strait Islander people and those living in rural and remote areas.

National Health Priority Areas (NHPAs)

The National Health Priority Areas (NHPAs) are diseases and conditions that Australian governments have chosen for focused attention because they contribute significantly to the burden of illness and injury in the Australian community.

Current NHPAs are:

a. Cancer control
b. Cardiovascular health
c. Injury prevention and control
d. Mental health

e. Diabetes mellitus
f. Asthma
g. Arthritis and musculoskeletal conditions
h. Obesity
i. Dementia

More information is available on the AIHW website: http://www.aihw.gov.au/national-health-priority-areas/

Aged Care Reform

More information is available on the Department of Social Services, Australian Government website: https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform

Home Care Packages Reform (including My Aged Care for hospitals)

More information is available on the Department of Social Services, Australian Government website: https://www.dss.gov.au/our-responsibilities/ageing-and-aged-care/aged-care-reform/home-care/home-care-packages-reform

IRT

National, State and IRT policy relative to

- Residential Aged Care
- Dementia care
- Palliative care

C3. Current Activity

ISLHD

A summary of the throughput projections is provided in this section. Current and proposed level of activity by unit of output or throughput (Separations, beddays, presentations and service events) is provided for the relevant services on site.

Table 1 provides information on throughput, historic and estimates, for the baseline year (2014/15), budget year (2015/16) and projected up to the first fully operational year (2018/19). The decrease in Non Admitted Patients (Outpatient Services) from 2014/15 to 2015/16 is due to the relocation of surgical services from the Bulli Hospital to the Wollongong Hospital.

Table 1: Activity projections

Stream	Volume (Admissions & Attendances)	Base Year (Actual) 2014/15	Current Year (Budget) 2015/16	Current year +1 2016/17	Project Commissioning 2017/18	Fully Operational 2018/19
ED	Presentations	5,843	6,002	6,002	6,002	7,555
Non Admitted Patients (Outpatient Services)	Service Event	3,189	2,165	2,165	2,165	2217
Sub-Acute Services - Admitted	Separations	1,114	1,042	1,042	1,042	1,176
	Beddays	17,548	19,090	19,090	19,090	19,710
Sub-Acute Services - Non Admitted Commonwealth funded (ACAT & ITACS)	Service Event	9,728	9,504	9,504	9,504	9,504

IRT

The Bulli ACCE residential care centre will deliver a specialised, resident focused model of care that ensures people get the right care, at the right time, by the right team and in the right place within the residential care centre. Rather than the current model of 'ageing in place' where residents often remain in their same room regardless of their changing needs, this new model proposes that flexibility is provided to meet the specific needs of the resident at the time, i.e. they don't need to stay in the same room but can move to different areas, including 'specialist' areas within the centre to suit their requirements.

The delivery of care will be individually focused and this may be enhanced by moving residents to another area within the care centre, for example after a period of hospitalisation or through progression of a particular condition e.g. dementia, or through the general ageing process.

In order to meet the specialist needs of residents living with dementia and those requiring palliative care there will be dedicated areas within the care centre that will specialise in meeting the needs of these individuals. The centre will be designed to cohort residents with specialty needs, for example the provision of a specialist palliative care (Namaste) unit and provision of specialist secure dementia units. The specialist dementia units will allow appropriate grouping of residents e.g. male/female, challenging behaviours etc.

Key requirements of each specialised area include:

- Appropriately trained staff, skilled to manage residents within the specialty area.
- Specialist equipment.
- Interior design of the unit appropriate for the residents accommodated (including consideration of the evidence based design principles for people living with dementia).

C4. Patient Profile

ISLHD

The types of patients who will benefit from accessing the Bulli ACCE are frail and elderly people and individuals who experience geriatric syndromes such as dementia, falls, delirium, polypharmacy, frailty and malnutrition.

IRT

Residents are typically female, aged 80 and over, and are widowed. They are mostly born in Australia and will require high care, with many having high-care needs in the behaviour domain. They will commonly be diagnosed with circulatory system diseases, hypertension, and have a mental illness. More than half of permanent residents will have a diagnosis of dementia.

Currently there are more than 353,800 Australians living with dementia. This number is expected to increase to 400,000 in less than five years. Without a medical breakthrough, the number of people with dementia is expected to be almost 900,000 by 2050.

The demand for palliative care services is increasing due to the ageing of the population and the increases in the prevalence of cancer and other chronic diseases that accompany ageing.

With this in mind, each unit will provide services to varying patient profiles.

The residents profiles are as follows

- The resident with advanced dementia who is exit seeking and has a history of challenging behaviours such as physical and verbal aggression, disinhibition, verbally disruptive and unpredictability.
- The resident who has dementia, has a history of exit seeking behaviour, and does not have a history of aggression
- The resident who has a diagnosis of dementia who has entered the end stage of life and has become chair / bed bound
- The resident who does not have any cognitive impairment and has a palliative diagnosis and has entered the phase where they are unable to provide care for themselves in their home and require an aged care facility.

D. Model of Care

D1. Service Objectives

ISLHD

The Models of Care and services identified to require redesign include but are not limited to:

Aged Care Centre of Excellence

The Aged Care Centre of Excellence embodies the vision of the ISLHD by building healthy, resilient communities in partnership with IRT through the integration and provision of primary, inpatient and aged care services across the care continuum.

The integrated service will deliver:

- Excellence through improved patient and resident experiences related to their care outcomes;
- Improved health outcomes and patient care experience through provision of a seamless continuum of care;
- Growth of the skills base in geriatric care for the Wollongong LGA and the whole of the Local Health District;
- Continued excellence in attracting a highly skilled staff mix across all disciplines;
- Opportunities for aged care research, education and innovation;
- Expanded relationships for provision of specialist geriatric services in the region, including partnerships with General Practitioners, the South Eastern Primary Health Network, local Aboriginal Community Controlled Health Services, local government, private aged care providers;
- Opportunities for the development of international best practice models relating to aged care services; and
- System efficiencies relating to building service capacity and cost reductions.

Urgent Primary Care Centre

The Urgent Primary Care Centre is a key component of the Bulli Aged Care Centre of Excellence and will facilitate the patient centred approach to care used within the ISLHD. The model will be consistent with the strategic vision articulated in the District's current Emergency Medicine plan, *Better Faster Emergency Care: improving emergency care and access across the Illawarra Shoalhaven*. In alignment with this plan, specific models of care are currently being adjusted across the district to ensure that care is appropriate, timely, and of high quality.

The model provided at the Bulli ACCE will be a continuation of the current level of service between 7am and 10pm. The service will continue to be a primary care level service specialising in timely management of minor injuries and lower acuity urgent care. The continued provision of rapid throughput, and integration with General Practice, aged care outpatients and other networked service providers, will ensure that the community continues to have access to high quality care.

The Centre will continue to operate on a walk-in basis, by GP referral, by referral from Wollongong Hospital Emergency Department, and when appropriate will offer phone advice for the local community about suitable access to the Centre or alternative care when required.

The Centre will continue to provide a limited range of planned activity in support of the local community where alternative services are not readily available. For example, this might include wound care and IV treatments to accommodate working community members who cannot readily access these services in General Practice or from ambulatory care teams.

As patients arrive at the Centre a nursing assessment will be undertaken to determine if the patient fits within the scope of practice or needs referral or transfer to a higher level of care for assessment and treatment.

Protocols will be maintained regarding the management of deteriorating patients or those requiring care outside the scope of the Centre, and for those who present to the Bulli Hospital outside of Centre opening hours.

Provision of higher acuity emergency care will not be provided on site within the Bulli Primary Care Centre, however well supported and established networks with Wollongong Hospital and the NSW Ambulance Service will continue. This will ensure patients who are unable to be treated and managed at Bulli will have an expedited transfer to higher level care, ensuring safe, appropriate and timely care is delivered to all patients.

These transfers will be expedited in accordance with NSW Health policies:

- PD2011_031 Inter-facility Transfer Process for Adults Requiring Specialist Care; and
- PD2010_031 Children and Adolescents –Inter-facility Transfers.

The Centre will continue to operate with and further develop holistic referral networks to ensure an appropriate range of follow-up options are available to patients, including close contact with General Practice to ensure continuity of care.

Medical Imaging

The medical imaging service will comprise a general x-ray room and store for a mobile X-Ray unit. This service support the Urgent Care and Inpatient services; however access is also required for outpatients and private referrals.

Mobile ultrasound will be provided in the future in the urgent care and inpatient units and therefore storage for these unit should be considered within the design.

Planning and design of the medical imaging service will be underpinned by the following service model:

- General X-Ray service (fixed and mobile units)
- Imaging processing undertaken by Computed Radiography (CR)
- Mobile ultrasound to be provided in the urgent care centre and inpatient units
- Patients requiring other imaging modalities will continue to be transferred to Wollongong
- Networked digital service with high speed intra-site and inter-site image transfer
- Timely service to assist with efficient patient flows
- Priority access for urgent care presentations

- Support for inpatient services as well as outpatient and private referrals.

External Functional Relationship:

- Direct access to Urgent Care
- Ready access to inpatient units, outpatient services, residential aged care, village center / main entry, and car parking and patient drop off / pick up

Patients from the inpatient based services will be transported to and from the Medical Imaging service by wards persons.

Outpatient and Allied Health Services

Outpatient and Allied Health services function as an integral part of the Bulli Aged Care Centre of Excellence and will be located next to the Urgent Primary Care Centre, offering close functional proximity to the Inpatient and Residential Aged Care services. Subject to funding, a comprehensive range of aged care focused medical, nursing and allied health services, including: dental, dietetics, diversional therapy, occupational therapy, physiotherapy, psychology, podiatry, social work, and speech therapy to best meet the needs of the community could be provided. Opportunities to integrate these services between the public and private providers will be further pursued as the clinical service model evolves.

Future opportunities for integration of Illawarra Shoalhaven Local Health District (ISLHD) Allied Health (AH) services to support the on-site residential aged care service (IRT):

- Shared AH services could be considered with due regard for additional staffing under a negotiated contract arrangement.
- Opportunity to share current Work Health and Safety (WHS) “Manual Handling Passport” initiative at Bulli ACCE. Staff from IRT would be able to access the current Manual Handling Champions Training on site. IRT staff will then become Manual Handling Passport Champions responsible for managing the Manual Handling Passport within IRT.
- Opportunity for IRT residents to access both the Inpatient and Outpatient Gym through a scheduling arrangement (note issue below). The current Outpatient Gym is accessed by patients attending the Geriatric Outpatient Clinics, pulmonary rehabilitation and falls prevention programs. The Inpatient Gym is utilised by Bulli Hospital Inpatients.
- The ISLHD *Stepping On* Program could be delivered to IRT residents. *Stepping On* is an evidence-based falls prevention program with the aim to build confidence and reduce falls in a community-based program for older people.

Issues to consider:

- Any additional AH service activity is unable to be met within the existing recurrent budget allocation for Bulli Hospital.
- The Inpatient Gym and Outpatient Gym is currently used between 8.00am – 4.30pm Monday – Friday. Out of hours/weekend availability may be possible depending on site access considerations. Potential scheduling opportunities exist to use either Gym during current

operation.

- The governance of any joint or shared positions would need to be carefully considered regarding:
  - prioritisation of patients and residents
  - scope of practice, credentialing and indemnity
  - accreditation
  - department activities and leave management
  - operational and professional reporting lines, i.e. who has operational/professional responsibility for the positions, whose policies/protocols do staff follow, which uniform gets worn, etc.

Inpatient Units

Bulli Hospital currently provides 56 inpatient beds, which will increase to 60 beds through the project. The combination of this inpatient facility with the residential aged care suites within the Bulli ACCE will be used to support patient's across the care continuum. Integrated patient support could include flexible step up and step down care for Bulli ACCE residents with acute needs and hospital inpatients with less acute needs and transitional support back into the community. The Bulli ACCE will also be capable of piloting innovative models in the area of palliative care and dementia specific care.

Residential Aged Care

The Bulli ACCE uses an integrated public and private service model, providing a "one stop shop" for patient centred aged care services. The private provider, IRT, will contribute capital funding for the construction of a 60 suite residential care facility and recurrent funding, transferred across from existing licenses, to support services. Of these, 6 beds will be used to support the innovative models of care described in this document between the ISLHD and the RACF.

The collocation of these services on the Bulli Hospital site will:

- Enhance the development of an aged care services 'one stop shop';
- Promote patient focused care;
- Improve patient transition between care levels;
- Provide opportunities for cross fertilisation of staff skills and learning; and
- Support sustainability of aged care services for the community.

In addition, it is anticipated that collocation of public and private services together on the Bulli Hospital site will leverage operational efficiencies through shared access to support services and infrastructure.

Bulli District Hospital with IRT: Possibilities for Integrated Care

- A clinical advice line which is an aged care single access point for RACFS offering clinical advice and support to staff. The service operates seven days a week and is staffed by acute aged care CNC's during the day and Wollongong Hospital Registered Nurses after hours. To provide evidence-based clinical advice to staff in RACF to support and enable their clinical decision making.

- The service is supported by next working day rapid access to ambulatory care geriatric clinic appointment with Specialist aged care medical staff for comprehensive geriatric assessment in the rapid access clinic appointments. Two guaranteed clinic appointment slots available at Bulli and Wollongong Hospital geriatric clinics each morning. (Total 4 rapid access clinic places available daily).
- Additional two places available at Bulli Hospital on Mondays to allow for possible increased demand over the weekend (total 6 rapid access clinic places)
- Direct admissions, if deemed necessary by the geriatrician, can occur from either outpatient clinics to inpatient wards at Wollongong, Shellharbour or Bulli Hospitals. (ED Bypass)
- Geriatric Outreach service which is an adjunct to the Residential Aged Care Clinical Advice Line. Specialised aged care team that outreaches to RACF to provide comprehensive geriatric assessment and management within the RACF. Complemented by Specialist consultation within the RACF via ehealth.
- The outreach service can provide aged care facilities and general practitioners with access to services where appropriate that is generally only available to inpatients. This may include access to diagnostics, specialist review and access to allied health and CNC review.
- Increased awareness and support for aged care facilities and their residents in the development and use of advanced care planning via the outreach service.
- A trial to discharge to RACF with a shared care area in the hospital where we manage patients that IRT are concerned about.
- Opportunities for IRT and ISLHD to provide access to a suite of specialized aged care services to support patients across the continuum of care. This hospice model might include:
  - Two ‘step-down’ beds to support patients whose needs fall between acute hospital support and residential care located within the Aged Care Centre.
  - Two dementia specific beds for patients assessed as requiring dementia specific placement and who are waiting for RACF placement, located within the Aged Care Centre.
  - Two hospice beds for identified aged care patients with a palliative trajectory as an alternative to existing palliative care hospital and home based services, located within the Aged Care Centre.
  - Four ‘step-up’ beds located within the ISLHD facility to manage higher need local aged care residents, who would be placed on ‘hospital leave’ from the RACF.
- Enhanced access to palliative care physicians and CNCs by cohorting and use of telehealth for medical consultation
- Access to CNC dementia/delirium for advice and education appropriate to the care setting as an adjunct to the DBMAS service that is available to RACFs
- Access to aged care CNCs for resident review following discharge from hospital if/as required
- Opportunities for education, training, research and innovation in aged care service delivery through collaboration and cross fertilisation of ideas between public and private partners. The integration and collocation of public and private partners on site will enhance opportunities for staff to strengthen their skills and knowledge through collaboration and cross fertilisation of ideas between health and residential care staff. This will provide a significant opportunity for the

Bulli ACCE to become a leader in aged care research and innovation and a workplace of choice for staff

- All education sessions & in-services will be advertised and made available to all staff on site.

Clinical Support Objectives

The future scope of clinical support services required at Bulli Hospital to support the new model of care is being confirmed through the project governance structure. Clinical support services at Bulli will include:

- Inpatient Pathology Specimen Collection Service
- Medical Imaging Services
- Pharmacy
- Research, Education and Training
- Aged Care Assessment Team

IRT

IRT's person centred model of care is value driven, focuses on independence, well-being and empowerment of individuals and families. It is founded on the ethic that all people are of absolute value and worthy of respect, no matter their disability.
The objectives of IRT is to provide specialised aged care services with the primary focus being on residents with a diagnosis of dementia or residents who have entered the end stage of the disease process. IRT also wants to provide support where possible to ISHLD through activities programs and the offering of respite beds.

D2. Expected Benefits / Outcomes

ISLHD

- Better patient journey and outcomes by the “right care and right place”
- Greater collaboration and care coordination between primary and specialist health care staff
- GP remains the primary caregiver for the community patient

IRT

The IRT model of care ensure that resident centred care is provided thus ensuring the resident with dementia is in an environment that promotes independence resulting in a decreases behaviours. The model focuses on individual needs thus ensuring that residents identified as entering the 'end of life' stage will receive care that enhances quality of life and facilities a good death.

- improved quality of life
- reduced behaviours of concern
- increase independence

ISLHD and IRT integration

- Better Patient and Resident Health and Experience
  - Seamless patient journey from acute to community based care
  - Enhanced service integration to manage the full needs of the patient and better respond to the increasing levels of chronic disease in the community
  - Improved access to locally available aged care services
- Better value for money
  - Increased output or cost efficiency through contemporary infrastructure
  - Increased output or cost efficiency through partnerships with private provider
- Sustainability
  - Delivery of a critical mass of clinical expertise to enable the delivery of excellence in aged care across the ISLHD
  - Excellence in recruitment and retention of a skilled staff mix across all disciplines
  - Improved Financial Performance
- Workforce
  - Improved workforce culture / morale
  - Improved staff recruitment and retention
- Safety
  - Purpose built environment increases the likelihood of a reduction in rate of falls
  - Reduction in hospital acquired infections

D3. Patient Eligibility Criteria

ISLHD

Bulli Hospital operates as an aged care focussed facility. It is not envisioned that the patient eligibility criteria for the public side of the facility will change from the current arrangements.

Patients generally appropriate for admission under care of a geriatrician are frail elderly patients who do not have a single pathology for active management with one or more of the following syndromes:

- Falls or change in mobility with no single system explanation evident
- Acute Delirium not requiring high level medical / surgical input, i.e. NIPPV, cardiac monitoring
- Behavioural challenges in Dementia patients not requiring psychogeriatric care in mental health unit
- Pelvic, Vertebral and Upper Limb fractures not requiring surgical intervention
- Deconditioning / functional decline with no identified acute untreated medical illness
- Neurodegenerative conditions with functional decline, i.e. Parkinson's disease

Patients generally not suitable for admission under the care of a geriatrician:

- Acute Mental Health issue where specialist mental health intervention is required (consult services are available to psychogeriatric unit)
- Elderly patients where a single treatable pathology is main reason for presentation

IRT

The secure dementia unit has an admission criteria as follows:

Residents must have at least one of the following:

- Exit seeking behaviour
- History of verbal / physical aggression
- Dementia diagnosis
- Permanent High Care NSAF

The palliative care unit has an admission criteria as follow:

Residents must have at least one of the following:

- Bed / chair bound
- Full assistance with ADL's
- Diagnosis of dementia
- Palliative care diagnosis
- Permanent High Care NSAF (for direct admission)

For the hospice model:

- Two 'step-down' beds to support patients whose needs fall between acute hospital support and residential care (these patients would need to hold a respite status under ACAT), located within the Aged Care Centre.
- Two dementia specific beds for patients assessed as requiring dementia specific placement and who are waiting for RACF placement, located within the Aged Care Centre.
- Two hospice beds for identified aged care patients with a palliative trajectory as an alternative to existing palliative care hospital and home based services, located within the Aged Care Centre.

D4. Patient Exclusion Criteria

ISLHD

Bulli Hospital operates as an aged care focussed facility. It is not envisioned that the patient exclusion criteria for the public side of the facility will change from the current arrangements.

For the hospice model:

- Will not replace existing systems where residents are palliated in RAC
- Will not duplicate care in instances where a patient would normally be managed in a residential aged care environment

IRT

For the novel models of care:

- Patients who do not hold a respite status under ACAT will not be able to access the two 'step-down' beds to support patients whose needs fall between acute hospital support and residential
- Patients who have not been assessed as requiring dementia specific placement will not be able to access the two dementia specific beds for patients who are waiting for RACF placement.
- Patients who are not on a palliative trajectory will not be able to access the two hospice beds for identified aged care patients with a palliative trajectory as an alternative to existing palliative care hospital and home based services.

D5. Hours of Operation

ISLHD

Existing operational arrangements for the public facility will remain in place.

IRT

Existing operational arrangements for the public facility will remain in place.

D6. Care Delivery Settings

ISLHD

Care will continue to be delivered in a range of purpose built settings to best suit the patient needs including inpatient wards, outpatient clinics, urgent care centre, and by outreach and inreach.

IRT

All care will be delivered on site as follows:

The dementia unit has an environment that has been designed to assist residents with "way finding". This is achieved through providing visual prompts such as different coloured corridors, individual residents doors (door based on the residents home from door), and varying murals and reference points throughout the unit.

The Palliative care environment is designed to stimulate the senses of the resident. This is done through staff providing activities for residents based on the residents' history and things from their past that trigger fond memories, such as smells, tastes of certain foods, use of familiar creams or perfumes, massage, and music. The environment has a calm atmosphere achieved through lighting and limiting the amount of noise.

E. The Patient Journey

E1. Access and Referral Pathways

ISLHD

Existing referral pathways will be maintained, with access to inpatient services, rapid review clinics and other aged care services already well established.

IRT

All admission will require NSAF for permanent or respite care, and residents will access the service through referral from the community or from direct referral from Bulli ACCE acute unit.

E2. Diagnosis / Assessment

ISLHD

As per existing arrangements.

IRT

Not applicable.

E3. Treatment / Intervention

ISLHD

As per existing arrangements.

IRT

Not applicable.

E4. Length of Stay (LOS)

ISLHD

No increase in inpatient LOS is envisioned.

IRT

Not applicable.

E5. Discharge / Transfer of Care

ISLHD

Existing discharge processes and protocols for transfer of care will be maintained. May evolve over time to enable new model of care.

IRT

Not applicable.

F. Functional Relationships

F1. External

ISLHD

Existing external functional relationships will be maintained, including the continuity of the role of general practice.

IRT

IRT residents are under the care of their GP. Where the GP makes a referral to geriatricians for inpatient, outpatient or other services, the collocation enables ease of access to these services in line with the novel models of care outlined in this document.

F2. Internal

ISLHD

Collocation of the residential care centre with the inpatient facility enables closer functional relationships as described in this document. Specifically, the care centre suites located closest to the shared core and inpatient facility will be made available for use in implementing the models of care described here, facilitating ISLHD staff access while minimising disruption to the home-like environment of the care centre for other residents.

IRT

IRT will work with ISLHD by providing support to patients admitted to the acute facility through offering the following services:

- Diversional Therapy programs
- Depending on sustained demand, IRT will provide a number respite beds specifically for ISHLD Bulli to assist with bed block and placement of patients requiring an aged care facility.

G. Governance Framework

G1. Clinical and Corporate Governance

Existing organisational and clinical governance arrangements will be maintained by each party. Additionally, a joint governance framework is being developed as a separate piece of work and can be acknowledged here once finalised.

A site management governance committee will be established between the two organisations. This will govern site specific issues such as security, WH&S, maintenance related to the building and infrastructure, emergency response, etc.

Clinical governance will fall under existing clinical governance structures of each organisation, dependent on where any individual patient or resident is admitted for care.

G2. Monitoring, Reporting and Performance Indicators

Simple indicators should be agreed upon based on the need for each aspect of the model described in the above section.

H. Research & Education

The Bulli ACCE will operationally run a schedule of staff training and development in the area of aged care, promoting knowledge sharing and best practice across the care continuum. A comprehensive, training and development framework for the facility will be developed in partnership.

Both organisations have specific research agendas related to aged care, and the Bulli ACCE will present unique opportunities to collaborate in this area.