

Subacute Improvement Group (B12)

28-29 November 2018, Melbourne
Meeting Code HRT1823

Why participate?

- ❑ *Benchmark with your peers to understand how your Subacute services compare*
- ❑ *Identify opportunities for improvement in patient care, counting, coding, and costing Subacute patients*
- ❑ *Share issues and innovations with your colleagues*
- ❑ *Develop practical action plans to improve your service*

SUBSCRIBE

Select Optional Activity B12 on your subscription agreement and return by email to:
accounts@healthroundtable.org

COST

\$A5,250* for first facility in your network. \$A4,250* for each additional facility. *excl GST

Individual delegate venue fees are billed separately.

ENQUIRIES

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The Subacute Improvement Group aim is to improve the provision of high quality care by sharing information on implementing innovative and effective practice.

This group is dedicated to connecting data and service providers across the system to ensure Subacute services deliver *"the right care to the right people at the right time"*. This years Subacute Improvement Group will continue the progress made in previous meetings by:

- Developing specific Subacute benchmarking reports that focus on quality and safety of patients
- Examining and benchmarking different models of care
- Collecting and benchmarking a consistent and complete data set of SNAP coded patient data
- Measuring and benchmarking performance across the total patient journey including ED, acute, Subacute and outpatient care
- Working with key partners

The Subacute Improvement Group meeting is an excellent forum for discussion and a great opportunity to hear from leading experts in the field and share innovations from our membership. We hope you can join this growing group and share your wisdom as well as gaining new knowledge from your peers.



Subacute national Standards report

Standard	Indicator	Latest 12 months	HRT median	Performance*	2 year trend	Latest quarter
Standard 1 Governance for safety and quality	1.1 - Hospital Diagnosis Standardised Mortality Ratio (HDxSMR)**					
	1.3 - Subacute care type RSI	120%	98%			115%
	1.4 - Subacute care type Average Length of Stay	32.9	18.0			31.8
Standard 2 Partnering with consumers	2.1 - Proportion of formal complaints closed within 35 days*	92%	89%			
	2.2 - Proportion of formal complaints acknowledged in 5 days*	100%	100%			
Standard 3 Preventing and controlling HAIs	3.1 - Healthcare associated SAB per 10,000 bed days	0.4	0.0			0.8
	3.2 - Rate of hand hygiene compliance*	74%	82%			74%
	3.3 - Risk adjusted rate of urinary tract infections	0.11%	0.05%			0.16%
Standard 4 Medication safety	4.1 - Skin adverse effects per 10,000 bed days	0.4	0.0			0.0
	4.2 - Coagulation defects due to drugs per 10,000 bed days	1.3	1.0			0.0
Standard 6 Clinical handover	6.1 - 28 day emergency readmission rate	2.6%	9.2%			2.4%
	6.2 - 28 day emergency readmission rate (excluding short stay)	5.5%	7.6%			5.2%
Standard 8 Preventing and managing pressure injuries	8.1 - Risk adjusted rate of pressure injuries	0.07%	0.02%			0.07%
	8.2 - Risk adjusted rate of stage 3 and 4 pressure injuries	0.00%	0.00%			0.00%
	8.3 - Rate of unspecified pressure injuries	15.9%	16.3%			14.3%
Standard 9 Recognising and responding to clinical deterioration	9.1 - Risk adjusted rate of cardiac and respiratory arrests	0.00%	0.00%			0.00%
Standard 10 Preventing falls and harm from falls	10.1 - Risk adjusted rate of in-hospital falls	0.11%	0.04%			0.14%
	10.2 - Falls with fracture or intracranial injury per 10,000 bed days	1.7	1.1			2.5

* Performance bands are quartiles of the z-score. ** Indicators marked have results for the last 6 months as they are collected at a different frequency. They include all care types
** The updated HSMR methodology (known as Hospital Diagnosis Standardised Mortality Ratio) is restricted to only acute episodes.

Subacute Improvement Group

What do you need to do?

- ❑ Designate a subacute liaison representative to act as a key contact with The Health Roundtable on meeting attendance, data and survey submissions, definitions, practices and policies
- ❑ Regularly review updated reports and ensure distribution in your organisation
- ❑ Report progress on current Aim Statements and improvement plans
- ❑ Identify an innovative idea for implementation to improve patient outcomes
- ❑ Organise a delegation of up to four people to attend the annual workshop

What does The Health Roundtable do?

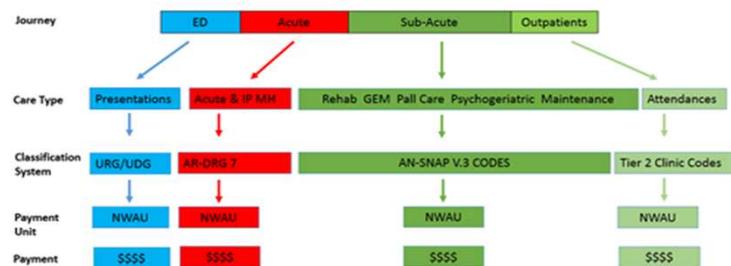
- ❑ Produces periodic reports highlighting Subacute performance within the total patient journey
- ❑ Invites expert speakers who can share innovative ideas on key topics for workshops
- ❑ Facilitates the annual meeting and assist in identifying and sharing innovative practices
- ❑ Provides ongoing support around data and reports

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The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.

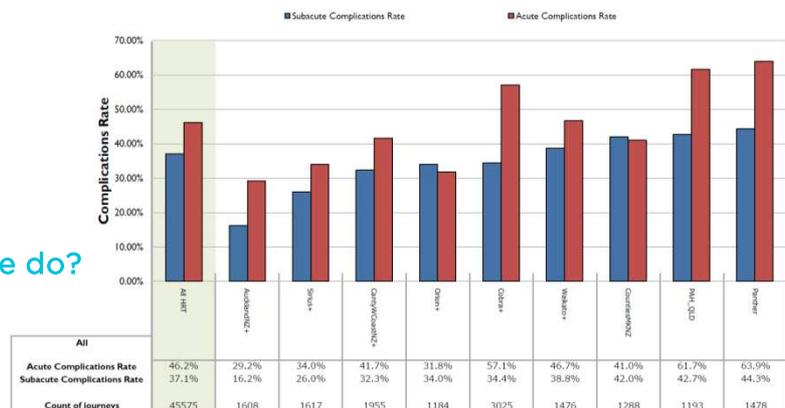
Activity Based Funding

Translating a Patient Journey to Payment Units under ABF



Subacute complication rates

The rate of subacute complications at All HRT is 37.08%, based on CHADx codes with hospital onset location



Date	Timeline and key dates for 2018
April	2017/2018 data
17 Oct	Meeting agenda finalised
17 Oct	Pre-meeting survey circulated
14 Nov	Pre-meeting surveys returned
21 Nov	Briefing packages distributed to members
28-29 Nov	Subacute Workshop – Melbourne