

Submission to Independent Hospital Pricing Authority

*Draft Australian National Subacute and Non-Acute
Patient Classification Version 5.0*

May 2021

Introduction

The Queensland Nurses and Midwives' Union (QNMU) thanks the Independent Hospital Pricing Authority (IHPA) for the opportunity to comment on the *Draft Australian National Subacute and Non-Acute Patient (AN-SNAP) Classification Version 5.0* (the draft AN-SNAP V5).

Nursing and midwifery is the largest occupational group in Queensland Health (QH) and one of the largest across the Queensland government. The QNMU is the principal health union in Queensland covering all classifications of workers that make up the nursing and midwifery workforce including registered nurses (RN), midwives, nurse practitioners (NP) enrolled nurses (EN) and assistants in nursing (AIN) who are employed in the public, private and not-for-profit health sectors including aged care.

Our 65,000 members work across a variety of settings from single person operations to large health and non-health institutions, and in a full range of classifications from entry level trainees to senior management.

The QNMU will provide a general comment on the draft of the AN-SNAP V5. Our comments are from the view that nurses and midwives provide invaluable healthcare and that pricing and funding models should include nurse/midwife models of care that allow nurses and midwives to work to their full scope of practice.

General feedback

The QNMU welcomes the review and supports in principle the proposed AN-SNAP V5. We wish to highlight the importance of palliative care as a subacute care category, our support for the inclusion of frailty, and the inclusion of a new subclass for custodial patients.

The QNMU endorses funding for the four subacute care types determined by IHPA: rehabilitation, palliative care, geriatric evaluation and management care, and psychogeriatric care. Focusing on palliative care, people at the end of their lives should be afforded the choice of where they wish to die and not forced into a service due to funding restrictions. Whether that be in hospital, an aged care facility, at home or in a hospice.

The QNMU also supports the introduction of frailty as a new variable, deemed appropriate in IHPA's review of the AN-SNAP V4. Frailty has impacts on the healthcare system including how care is accessed and provided and the outcomes of care. The inclusion of a frailty measure also aligns with other classification systems such as the Aged Care Assessment Team (ACAT) who assess the needs of frail or older people.

We recognize that frailty is complex and varies in onset, progression and recovery. We feel that IHPA's proposal to apply age as the first splitting variable of non-acute psychogeriatric care and to adopt the Frailty Risk Score as a secondary split to those greater than 65 years of age, is tying frailty to age rather than a condition. The QNMU asks IHPA to consider widening the age given frailty does not always occur in old age. We acknowledge that this classification is termed 'psychogeriatric' which, by definition, is the psychiatric status of an older person. However, as well as the use of the Health of the Nation Outcomes Scale for people 65 years and older (HoNOS 65+), the Health of the Nation Outcome Scale (HoNOS) could be used for those aged 18 to 64 years. Data collected would then reflect all individuals, regardless of their age. The QNMU also supports ongoing research and regular reviews to ensure the inclusion of a frailty variable in the AN-SNAP is evidence-based and reflects the efficient cost of care.

The QNMU also suggests that as part of the AN-SNAP V5 development could be the inclusion of a new subclass for custodial patients in each of the care types. This inclusion would then collect data on those who are being admitted for subacute and acute care from prison and quantify healthcare demands from prisons. As most offender health services are block funded, capturing quantitative activity data will ensure that funding is efficiently allocated for offender health services based upon consistent funding principles (PricewaterhouseCoopers, 2018).

References

Pricewaterhousecoopers. (2018). *Offender health services review. Final report*. Retrieved from <https://clinicalexcellence.qld.gov.au/sites/default/files/docs/improvement/Offender-Health-Services-Review-Report.pdf>