



ST VINCENT'S  
HEALTH AUSTRALIA

# St Joseph's Hospital: future plans

Consultation with NSW Health  
30 May 2019

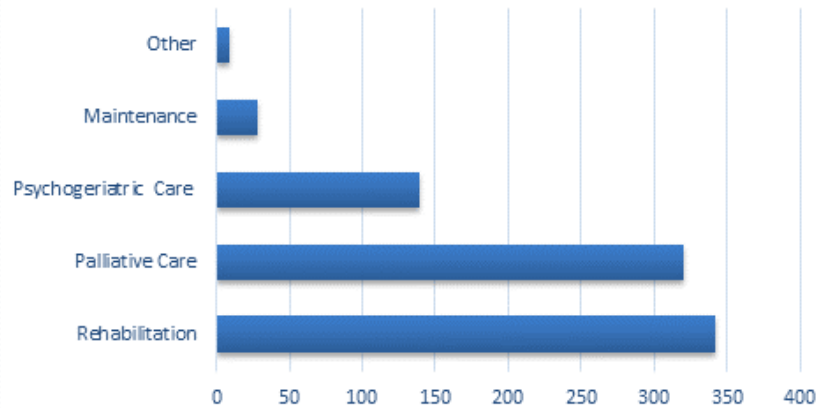
# Overview of SJH

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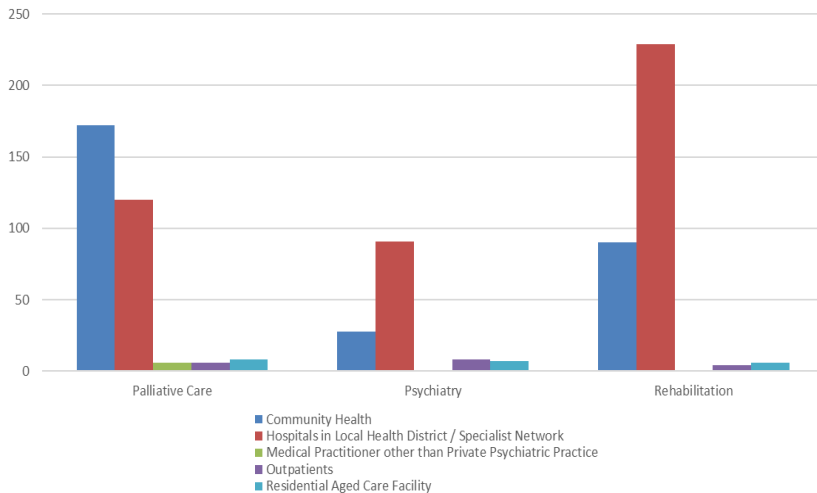
- Founded by Sisters in 1886
- Located in Auburn (Cumberland LGA), in WSLHD near boundary with SWLHD & SLHDs
- Sub-acute hospital providing inpatient & outpatient services:
  - specialised mental health for older people
  - rehabilitation (aged and general)
  - palliative care
  - Huntington's Disease Service – linked with Westmead
  - MND service – for WSLHD & Nepean LHDs
  - Outpatients – nursing, allied health and medical-led.
- Co-located residential aged care

# Current service profile

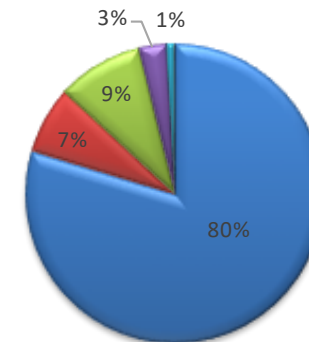
Separations by service type 2017 / 2018



Referral Source by speciality 2017 / 2018



St Joseph's Hospital Source of patients



■ WSLHD ■ SWLHD ■ Other Sydney ■ Other NSW ■ Interstate / other

# Current state of play – infrastructure



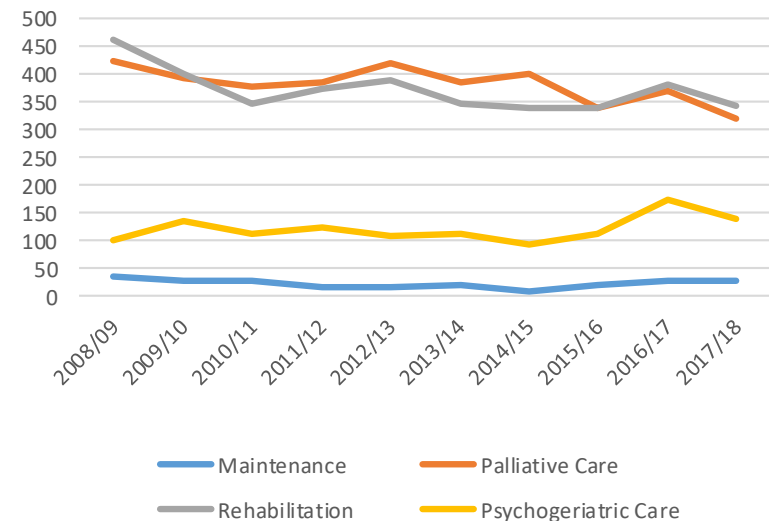
- Facility is past functional & economic useful life.
  - A number of buildings built pre-1960s:
    - Kitchen & office building 1892
    - Inpatient palliative & ambulatory care buildings 1952
    - Inpatient rehab 1977
  - Many are non-compliant with BCA regulations and present safety risks for staff, patients and families.
  - Only one building (HDU) meets current health facility guidelines.
  - Much of the plant & equipment infrastructure is aged and unable to be upgraded – replacement required.
  - Decommissioning underway due to hazardous materials (remediation funded by MoH).
- Haphazard layout
  - poor accessibility / spatial legibility for patients & visitors
  - inefficient for staff
- Poor state of infrastructure significant concern for patients, staff & unions, and referrers.
- Priority in SVHNS Asset Strategic Plan for many years.

# Current state of play – efficiency



- Not operating at sufficient scale for efficiency – significant loss for SVHN
  - NSW Ministry of Health data indicates SJH is more expensive on a per encounter and NWAU basis than most peers.
  - Low occupancy: inpatient bed capacity is 80 beds; ~58 beds in use
  - SJH's Statewide Huntington's Unit is high cost. Occupancy below 75%.
  - Overall, SJH operating at a significant loss for SVHNS: ~\$7m in 2017-18.
- Negative growth over the past 10 years (palliative care & rehab)
- Modest growth forecast – projected growth rate (CAGR) to 2036 is 1.7% pa – around a third of projected growth for same services types at other hospitals' in WSLHD & SWLHD.
- LHD referrals not optimised – key issues:
  - age and condition of infrastructure
  - limited inclusiveness in WSLHD planning
  - considerable redevelopment activity

SJH Inpatient Activity



# Strategic options

- Relocate – was SVHNS preferred option
  - UWS site: EOI 2015; revised site not suitable.
  - Westmead Precinct: SVHNS proposal 2017; not agreed.
  - Auburn Hospital site (suggested by MoH): land no longer available.
  
- **Redevelop on site**
  - Removal of ageing facilities and construction of contemporary accommodation
  - A service plan that:
    1. Builds on current strengths to meet local demand.
    2. Expands service offering to leverage SVH Darlinghurst specialist expertise – D&A; homeless health.
    3. Address service gaps from WS & adjacent LHDs – difficult to assess given significant redevelopment underway / planned / announced.
  - Achieve scale for operational efficiency – 90 beds.
  
- Close facility – no base case
  - Cannot continue as is beyond short-term
  - Short-term operational improvement plan in place including focus on referral pathways

# Overview of proposal (concept)

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## **Build on current strengths:**

1. Centre for Brain & Behavior
2. Palliative care
3. Rehabilitation

## **Introduce new services leveraging SVH specialist expertise:**

4. A women's drug and alcohol step-down service
5. Homeless health medical respite
6. Renal dialysis service

# Centre for Brain & Behaviour



Current	Proposed service developments
<p>Aged Care Psychiatry and Neurosciences Unit: comprehensive sub-acute Older Person's Mental Health service (15 inpatient beds &amp; community).</p> <p>HDU (4 beds)</p> <p>MND service</p>	<p>Potential for Advanced Centre for Brain &amp; Behaviour (metro or statewide multidisciplinary services):</p> <ul style="list-style-type: none"> <li>• neurodegenerative conditions management (MND; HD &amp; front-temporal dementia)</li> <li>• mental health rehabilitation for people ageing with enduring mental illness</li> <li>• complex sleep disorder service – cognitive impairment &amp; mental illness</li> <li>• functional neurological disorders and somatic symptom disorder service.</li> </ul>

## Analysis:

- Strong projected growth in patient demand for older person's mental health:
  - SJH 1 of 2 services in WSLHD
  - Changing service models to see more patients in community (sign. projected reductions in LOS)
- Potential new service models address areas of need – where waitlists are significant and/or services not currently available.
- Opportunity to expand service catchment – across metro or state in specialist areas.
- Opportunity for integration with Brain Health Institute (proposal only) at SVHS.
- Implications of proposed Westmead Mental Health Complex on psychogeriatrics unclear.



# Rehabilitation & palliative care



Current	Proposed service developments
<p><b>Rehabilitation:</b> Currently 26 rehab beds in use – 15 general; 11 aged.</p> <p><b>Palliative care:</b> Currently 13 beds in use</p>	<p><b>Rehabilitation:</b> Activity levels highly dependant on referring LHDs (particularly WSLHD).</p> <p><b>Palliative care:</b> Opportunity to expand cohort to include patients with longer prognosis (&gt; 1 month).</p>

## Analysis:

- Rehab:
  - Strong projected growth particularly aged rehab. Projected reductions in LOS not realistic based on current aged patient cohort – including non weight bearing & frail.
  - Started discussions with WSLHD re future rehab needs. Possibility to expand referrals from SWLHD.
- Palliative care:
  - Changing model of care to community-based plus Silverchain service.
  - WSLHD considering 'palliative care hub' at Mt Druitt (25kms distance) & plans for palliative care capacity at Westmead not yet settled. .
  - Despite projected increase in demand, expect no / low growth required in inpatient palliative care beds.
  - Strengths in support for people with neurodegenerative disease - opportunity to expand cohort to include those outside current general admission criteria for PCU (longer prognosis).

# Women's Drug & Alcohol Unit – new



## Description of service:

- Pilot model to provide short term residential accommodation for women following inpatient withdrawal. A step-down, sub-acute service which provides additional inter-disciplinary support for up to four weeks.
- Model supports extended transition to community or other rehabilitation services, particularly for those who require complex case management.
- Referrals would be received from tertiary facilities and stand-alone withdrawal management services across NSW (however, majority will likely be from Sydney metro).

## Rationale:

- Step-down from acute inpatient withdrawal to residential withdrawal and/or residential rehabilitation is known service gap in public system.
  - (Ritter et al. 2014, New horizons: the review of alcohol and other drug treatment services in Australia)
  - 3 to 4 week inpatient residential services are offered in the private and NGO sector, the typical withdrawal period for inpatient stays in acute facilities (including SVH Gorman Unit) is up to 7 days.
  - Concord Hospital (Ward 64) has an extended inpatient stay model which allows for up to 21 day stays. A step-down, sub-acute model would be more cost-effective and support increased capacity at acute care facilities.
- Withdrawal treatment for services for women are lacking, particularly in Western Sydney
  - (Source: Western Sydney PHN Alcohol and Other Drugs Needs Assessment)
  - Only three women specific facilities known to be located in Sydney
  - 2091 female alcohol and drug related dependence and withdrawal separations across Sydney metro LHDs (2017-18); 1.8% annual growth in bed days over the next 10-15 years
- Strong alignment with SVHS specialist alcohol and drug expertise & research

# Homeless health respite – new



## Description of service:

- Replicates 'Tierney House' medical respite model at SVHS.
- Short term accommodation (7-14 days) and health care support services for homeless patients as they transition into and out of acute hospital care. Also links clients to housing, Centrelink, legal, financial and other social services.
- 12 bed non-medical unit, staffed 24 hours/day by residential support workers.
- Proposed to support patients from WSLHD; SWLHD (north); SLHD (west); NSLHD (west)

## Rationale:

- Homeless population in Western Sydney significant
  - 3,129 in Cumberland LGA – 2<sup>nd</sup> highest in NSW (Sydney 5,061)
  - Additional 6,609 in neighbouring LGAs of Canterbury-Bankstown; Fairfield; Strathfield & Ryde
 (Source: ABS Census of Population & Housing: estimating homelessness)
- No similar service in Western Sydney (or outside SVHS)
- Expansion of a proven model at Darlinghurst:
  - Improves access to health care & health literacy
  - Reduced ED presentations, hospital admissions and LOS – net cost benefit \$8,276 per client over two years.
 (Source: SVHS homeless program evaluation 2018)
- Strong alignment with SVHS specialist expertise – St V's is a partner in NSW Government commitment to halve homelessness; Premier's Council on Homelessness.

# Renal dialysis – new

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## Description of service:

- Opportunity to include a satellite dialysis unit, possibly with a home training unit.

## Rationale:

- Demand for dialysis in WSLHD projected to grow by 3.3% a year. SJH location could also support patients from SW & SLHDs.
- Most recent ACI capacity audit showed:
  - 3 of 3 units in WSLHD at 100% functional capacity
  - 2 of 3 units unable to be expanded within existing infrastructure

(Source: ACI 2014 NSW Dialysis Capacity Audit)
- WSLHD plans to move dialysis at Auburn hospital into the community to vacate space for additional inpatient capacity.

# Planning progress

Multiple (rolling) planning processes since 2010:

- 2010 preliminary concept plan & 2011 Masterplan
- 2015:
  - UWS EOI
  - joint service planning with WSLHD (did not translate into formal agreement)
- 2016:
  - in-principle agreement between Board chairs and CEs for joint SVHNS / WSLHD clinical service planning (did not eventuate – unable to get traction)
  - 2016 preliminary business case (internal) – continue existing services and grow in line with projections:
    - Draft CSP & cost estimate (\$140m) completed
    - Did not address declining activity & minimum scale for operational efficiency
- 2017 Westmead Precinct EOI submitted
- 2018 draft WSLHD service agreement – no engagement
- 2019:
  - discussions resume with new CE WSLHD & exec
  - 2019 concept proposal – including new service types:
    - Clinical input received but new CSP yet to be developed
    - Requires joint planning with referring LHDs – considerable neighbouring redevelopment means future sub-acute capacity unclear
    - Board seeking lower cost (~\$100m with \$15m philanthropic contribution)
- Board seeking to make decision on future of SJH