

Editorial

THERE ARE TWO articles featured in the Models of Care section; a research article entitled “Measuring person-centred care in a sub-acute health care setting” by Davis et al (page 496) and a case study entitled “Planning for transition care” by Crombie and colleagues (page 505). Both articles focus on client care during a time period when clients require clinical support but not the extent of care they needed on admission to the hospital. Often this means use of less costly equipment and professional services. Sometimes this care is provided in a unit or units attached to a hospital and sometimes in stand-alone facilities. This sub-acute system of care was largely introduced to keep acute costs down while meeting the growing demand for clients who were too ill to return to their home.

Within sub-acute settings, various models of care have been implemented. The Davis article discusses and tests the notion of “person-centred care” in a sub-acute setting. A questionnaire composed of an inpatient tool measuring the degree of “person centredness” was administered to clients discharged over a 6-month period. The tool was developed in the United Kingdom and applied in an Australian setting. The tool has potential to better monitor whether quality care is provided based on a client’s experience, values and feelings. The Crombie article applies queuing theory in a hospital to inform transition care planning and explores the practical issues of implementation.

“Sub-acute care” is translated differently in various settings, causing confusion when debating and discussing significant issues in the health system. As with any model of care, terminology and applications in diverse environments get in the way of shared understanding. For instance, The Victorian State Government’s Department of Human Services describes sub-acute care as a “sub-acute care

service system” with “inpatient care in extended care centres, dedicated sub-acute units within acute hospitals and a comprehensive suite of sub-acute ambulatory care services including care provided in the home environment”.¹ This system of care has a broad application of sub-acute care in that it encompasses the range of care settings from within the hospital to the clients’ own homes.

Other references note that sub-acute care is the bridge between hospital and the home or long-term care setting and denotes a level of care as opposed to the physical space where it is provided.²

The Handbook of Subacute Health Care explains that there are many types of sub-acute care but all are intended to meet an identified health care need while also preventing relapse into the more costly acute care setting.³ In the United States, sub-acute care is dependent on specific defined factors including demographics, access to payment, reimbursement requirements, and licensing and regulatory issues. In Australia, these factors are not uniformly applied partly because the states have separate operational management systems within the hospital environment.

Regardless, it is important that we recognise that terminology differs in various contexts and what one system of care may define as sub-acute care, another system will define and apply differently. Likewise, with “person-centred” care, as one of the articles explains, a facility might define and apply it one way while another facility or system of care will purport they provide “person-centred” care but interpret it a completely different way.

This suggests the importance of determining what elements constitute the model of care, how the model is monitored, what are the measures for success, which perspectives account for the measures for success, and what settings are involved. If some of these simple questions

could be asked and answered by various stakeholders, the industry would be further along towards a common understanding of our health system. Then, and only then, can informed discussion and debate begin.

Deborah Yarmo-Roberts

Editor, *Models of Care*

- 1 State Government of Victoria. Department of Human Services. Sub-acute care services. Available at: <http://www.health.vic.gov.au/subacute/overview.htm> (accessed May 2008).
- 2 Iyer PW, Aiken TD. Nursing malpractice. Second edition. Lawyers and Judges Publishing Company, 2001.
- 3 Griffin KM. The handbook of subacute health care. Aspen Publishers, 1995. □



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