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**Avoiding admissions:**

**The most cost effective delivery of acute care to  
residents of aged-care facilities in the Hutt Valley.**

**A thesis presented in partial fulfilment of the requirements for  
the degree of**

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## **Abstract**

The highest annual costs of health care occur in the last one to two years of life. The most expensive part of health care provision during this period is aged-residential care. As residents of aged-care facilities are frail and suffer from chronic illness, periodic medical care is required. For residents of aged-care facilities in the Hutt Valley, this medical intervention is either provided on-site with the assistance of the contract general practitioner or the resident is acutely admitted to the Hutt Hospital. Such admissions incur a significant cost to the District Health Board, which continues to pay for the aged-residential care bed for up to 21 days in any one calendar year even if a bed is vacated for an acute hospitalisation. This study examined acute admission data of aged-care facility residents admitted into Hutt Hospital during 2003 from 1 Dec 2002 to 30 November 2003. This was compared the acute admission data to a census of 18 aged-care facilities in the Hutt Valley to identify the most cost effective delivery of acute care to the residents.

Analysis of data collected from the study supported a number of variables that impact on acute admission rates. These variables included attitude of the aged-care facility manager to acute admission, access to registered nursing, facility characteristics and contractual arrangements with general practitioners.

Five alternative models of acute care delivery were examined for possible impact on acute admission rates and cost effectiveness. The most cost effective delivery of acute care to residents of aged-care delivery is through a twenty-four hour contractual arrangement with a general practitioner.

However, variables such as contractual obligations of aged-care facilities, profit status, staffing configuration and whether a facility also offers other retirement options such as villas impact on acute admission rates and have implications in the development of older persons policy in New Zealand. Health researchers in New Zealand have not explored this area to date. Given the cost to the economy and the future fiscal risk with the increasing number of older people, this is an area that requires urgent research attention.

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## Table of Contents

Abstract.....	ii
Acknowledgements.....	iii
List of Appendices.....	ix
List of Tables.....	x
New Zealand Legislation.....	xiii
<b>Chapter One: The importance of understanding cost effective delivery of acute care to older people.....</b>	<b>1</b>
1.1 Introduction .....	1
1.2 Hutt Valley District Health Board .....	3
1.3 Levels of aged residential care.....	3
1.4 Purpose of the study .....	4
1.5 Significance of the study .....	5
1.6 Research process .....	6
1.7 Thesis outline .....	7
<b>Chapter Two: The literature related to the cost of health care and older people .....</b>	<b>9</b>
2.1 Introduction .....	9
2.2 Financial impact of demographic changes on health expenditure .....	9
2.2.1 The impact of longevity on health costs including aged residential care .....	10
2.2.2 The impact of the baby boomer bulge on health costs including aged residential care .....	15

2.2.3	The impact of the ageing of the baby boomers to the New Zealand health budget.....	16
2.2.4	Summary of future health costs.....	17
2.3	Impact of health funding structures on delivery of clinical care .....	17
2.3.1	Health Funding Structure in Australia .....	18
2.3.2	Health funding structure in the United Kingdom .....	20
2.3.3	Health funding structure in the United States of America .....	21
2.3.4	Health funding structure in New Zealand.....	23
2.4	Impact of New Zealand legislation and contracts on delivery of clinical care .....	25
2.4.1	Clinical requirements under the Aged Residential Care Contract, MoH 2003b .....	27
2.4.2	Gate Keeping entry to aged residential care.....	28
2.5	Current staffing models and delivery of clinical care .....	29
2.5.1	Primary care teams .....	30
2.5.2	Nurse Practitioners .....	32
2.5.3	Staffing levels within facilities .....	32
2.6	Summary.....	33
<b>Chapter Three: Variables affecting the need for acute admission from aged-care facilities to hospital.....</b>		<b>34</b>
3.1	Medical acuity of the residents .....	36
3.2	Staffing characteristics .....	37
3.2.1	Staffing levels and Skill mix .....	37
3.2.2	Staff turnover .....	40
3.2.3	Attitude of staff towards acute admission .....	40
3.3	Access to clinical equipment and therapy .....	41
3.4	Family expectations.....	42

3.5	Future treatment requests .....	43
3.6	Facility characteristics .....	43
3.7	Contractual arrangements and funding structures .....	45
3.8	Summarising reasons for acute admission.....	45
<b>Chapter Four: Data collection technique .....</b>		<b>49</b>
4.1	Chapter Outline .....	49
4.2	Admission data.....	49
4.2.1	Admission process .....	49
4.2.2	Classification and costing .....	50
4.2.3	Admission data set .....	51
4.2.4	Confirming the data .....	51
4.2.5	Preventable conditions .....	52
4.3	Census information .....	52
4.3.1	Registered nursing and caregiver hours .....	52
4.3.2	Contractual arrangements with general practitioners .....	54
4.3.3	Contractual arrangements with registered nurses .....	54
4.3.4	After Hours Arrangements.....	55
4.3.5	Acutely unwell residents .....	55
4.4	Summary.....	55
<b>Chapter Five: Data from admission audit and facility census .....</b>		<b>56</b>
5.1	Introduction .....	56
5.2	Acute admissions into Hutt Hospital.....	56
5.2.1	Caseweights and Cost.....	58
5.3	Census Data .....	61
5.3.1	Bed number and Occupancy .....	61
5.3.2	Nursing and Caregiver hours per resident day.....	62

5.3.3	Contractual arrangements with general practitioners .....	64
5.3.4	Budgeted costs for general practitioners .....	69
5.3.5	Contractual arrangements with registered nurses for rest homes.....	70
5.3.6	Experience of staff in caring for older people.....	71
5.3.7	Budgeted costs for registered nurses and caregivers.....	71
5.3.8	After Hours Arrangements .....	72
5.3.9	Acutely unwell residents .....	73
5.4	Summary.....	75
<b>Chapter Six Discussion .....</b>		<b>76</b>
6.1	Introduction .....	76
6.2	Variations in acute admission rates between facilities.....	76
6.2.1	Comparing acute admission rates between facilities .....	77
6.2.2	Considering resident acuity as a predictor of acute admission rate .....	78
6.3	Relationship between staffing and skill mix and acute admission rates .....	80
6.3.1	Influence of the facility manager .....	80
6.3.2	Influence of registered nurses .....	82
6.3.3	Registered nurse levels and preventable conditions .....	84
6.3.4	Influence of enrolled nurses.....	87
6.3.5	Influence of caregivers .....	88
6.3.6	Issues relating to the measurement of hours per resident day .....	89
6.3.7	The impact of profit status on staffing ratios and acute admission rates .....	92
6.3.8	The impact of contractual relationships with general practitioners on acute admission rates .....	94



6.3.9	The effects of Monday to Friday versus twenty-four hour medical cover on acute admission rates.....	95
6.3.10	Facility characteristics and relationship to acute admission rate .....	99
6.3.11	Facility structure .....	100
6.3.12	Configuration of residents and staff. ....	102
6.3.13	Profit making status .....	105
6.3.14	Other variables .....	106
6.4	Summary of variables.....	107
6.5	Alternative models of provision of acute care.....	108
6.5.1	Model A – twenty-four hour registered nursing for rest homes.....	109
6.5.2	Model B - Primary Care Teams .....	110
6.5.3	Model C - Separate staffing for levels of care.....	111
6.5.4	Model D – twenty-four hour general practitioner contracts.....	112
6.6	Summary.....	113
<b>Chapter 7 Conclusion.....</b>		<b>115</b>
7.1	Background .....	115
7.2	Limitations of the research .....	117
7.3	Opportunities for future research.....	118
7.4	Significance of the study on the development of older person health policy in New Zealand .....	120
7.5	Recommendations for practitioners.....	120
<b>References.....</b>		<b>122</b>
<b>Glossary.....</b>		<b>132</b>

## List of Appendices

- Appendix A. Bed-day prices
- Appendix B. Occupancy data, Monthly Expenditure, Report to Disability Advisory Committee
- Appendix C. Census form
- Appendix D. Aged Residential Care Contract, 2003
- Appendix E. Support Package Assessment tool
- Appendix F. ICD- 10 codes of preventable conditions

## List of Tables

Table 1.1:	New Zealand annual per capita Vote Health expenditure .....	5
Table 2.1:	Differences in health expenditure during the last year of life. ....	12
Table 2.2:	Health status and accumulated health costs from age 70 until death. ....	13
Table 2.3:	Summary of investigations into the impact of increasing longevity on health costs.....	14
Table 2.4:	Percentage difference in hospital utilisation between primary care teams and physician only intervention .....	31
Table 3.1:	Impact of variables on acute admission rates of residents of aged-care facilities .....	47
Table 4.1:	Recoding method for number of staff on duty during each hour of the day .....	53
Table 4.2:	Calculating caregiver hours per resident day .....	53
Table 5.1:	Number of acute admissions from continuing-care and rest homes of preventable and non-preventable conditions.....	57
Table 5.2:	Total number of acute admissions, average caseweights and total cost by care level and by facility .....	59
Table 5.3:	Average caseweights of acute admissions of preventable conditions and total costs of acute admissions per facility.....	60
Table 5.4:	Bed number and annual average occupancy by facility.....	62
Table 5.5:	Hours per resident day by registered nurse and caregiver. ....	63
Table 5.6:	General practitioner contractual arrangements and established clinic hours by facility.....	65
Table 5.7:	Arrangements with non-contract general practitioners.....	66
Table 5.8:	Issues with non-contract general practitioners.....	68

Table 5.9:	Estimated annual cost of general practitioners per average occupied bed.....	70
Table 5.10:	Use of After Hours Services.....	73
Table 5.11	Conditions unable to be managed by a facility.....	74
Table 6.1:	A comparison of acute admission rates .....	78
Table 6.2:	A comparison of on-site access to registered nursing to no on-site access to registered nursing for rest home residents with acute admission rates .....	87
Table 6.3:	A comparison of general practitioner contractual arrangements on acute admission rates .....	96
Table 6.4:	A comparison of facilities offering retirement services to facilities offering residential care-only .....	101
Table 6.5:	A comparison of staffing configuration by care level with acute admission rates .....	103
Table 6.6:	A comparison of staffing configuration with acute admission rates for preventable conditions.....	104
Table 6.7:	A comparison of acute admission rate to profit status.....	106
Table 6.8:	Summarising the variables impacting on acute admission rates of facilities in the Hutt Valley.....	108
Table 6.9:	Cost effectiveness of the various models of acute care delivery .....	113

## List of Figures

Figure 6.1:	Acute admission rates of residents from rest home and continuing-care levels of facilities that provide both care levels.....	79
Figure 6.2:	A comparison of registered nurse hours per resident day with acute admission rates.....	84
Figure 6.3:	A comparison of registered nurse hours per resident day with preventable acute admission rate .....	85

Figure 6.4:	A comparison of caregiver hours per resident day with acute admission rate.....	89
Figure 6.5:	A comparison of number of rest home beds to staff hours per resident day .....	90
Figure 6.6:	A comparison of registered nurse hours per resident day to preventable acute admission rates of facilities of similar size .....	91
Figure 6.7:	A comparison of profit status to staffing in rest homes.....	93
Figure 6.8:	A comparison of profit status to staffing in continuing-care facilities .....	94

## **New Zealand Legislation**

The following legislation has been discussed in Chapter Two.

### **Health Act (1956)**

An act to consolidate and amend the law relating to Public Health

### **Hospitals Act (1957)**

An act outlining the law in relation to public hospitals (repealed by section 59(1) Health and Disability Services (Safety) Act (2001) on October 1, 2004.

### **Social Security Act (1964)**

An act that outlines social welfare benefits.

### **Old Peoples Home Regulations (1987)**

Regulations for old peoples homes (rest homes). Repealed by section 59 (3) Health and Disability (Safety) Act (2001) on October 1, 2004.

### **Hospitals Regulations (1993)**

Regulations for private hospitals (including continuing-care hospitals) (repealed by section 59 (3) Health and Disability (Safety) Act 2001 on October 1, 2004.

### **Health and Disability Services Act (1993)**

An act to reform the public funding and provision of health services, repealed by section 110 (1)(a) New Zealand Public Health and Disability Act (2000).

### **New Zealand Public Health and Disability Act (2000)**

An act to provide for public funding and provision of personal health services, public health services and disability support services and to establish new publicly-owned health and disability organisations.

### **Health and Disability (Safety) Act (2001)**

An act to promote the safe delivery of health and disability services to the Public.