

Healthy@Home – Reducing avoidable presentations in a rural Health Service

Sally Philip – Director Community Services
East Grampians Health Service



Integrity



Excellence



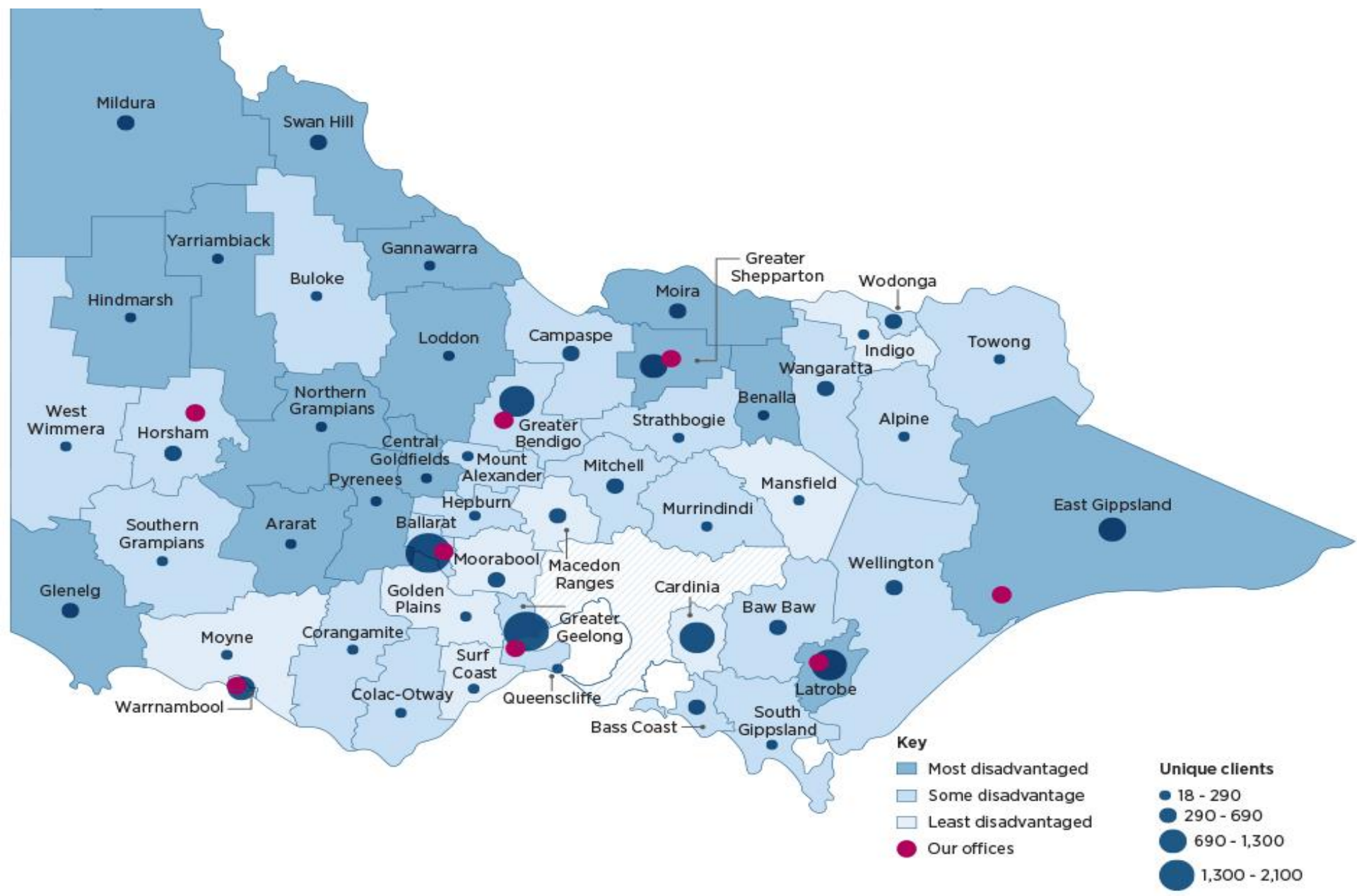
Community Focus



Working Together



Learning Culture



Rural setting

Population 11,600

- 8,076 Ararat, 3,524 rural residents
- 30% lone households (24% Vic)
- 20.6% = 65+ years (14.2% Vic)

41/1000 potentially preventable hospitalisations
(33/1000 Vic)

2016/17 - 4231 UCC presentations =
447 unplanned admissions



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture

Rural trial

Convert 50 WIES two years to June 2019 (started Nov 17)

Aim:

- Identify vulnerable people at risk of unplanned admission or presenting UCC
- Respond-multi-disciplinary, wrap around home & community care.
- Financially sustainable and viable
- Care is cost effective
- Integrated service delivery

Evaluation – Federation University:

- Patient outcomes
- Patient and clinician satisfaction
- Economics of model in a rural setting



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture

Project activities

PaJR telephone calls to identify deteriorating health:

- Screening tool to identify vulnerable people
 - Post Acute Care discharge
 - Urgent Care presentations
 - Occupational Therapist waiting list
- 2+ admission and 3+ UCC presentations

Taxi vouchers – discharging from Urgent Care

COPD audit – fail to attend Pulmonary Rehab

Hospital in the Home

Trial of PM shift for District Nursing (8pm)



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture

Early Results

- 32 people receiving PaJR phone calls (started April 2018)
- One enrollee no longer presenting at Urgent Care
- 2 UC presentations & one admission.
- Integrated service with District Nursing & PAC
- 7 rural HARP clients transferred to PaJR
- PM District Nursing shift
- Links with Bush Nursing Centres



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture

Challenges

- Silos within EGHS – activity funding / data and services
- Resistance to change
- Changing mind-sets
- “Tripping over” the same patients
- Identifying the vulnerable people we don’t know
- HITH traction



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture

Ideal outcomes...

From silos of funding and services to....

1. A united and integrated health system where EGHS services work together to meet the needs of the patient & improve their access to services.
2. Every patient contact is an opportunity to "check in" and assess what other services may be needed.



Integrity



Excellence



Community
Focus



Working
Together



Learning
Culture