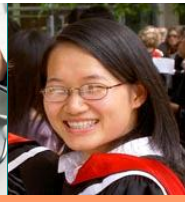
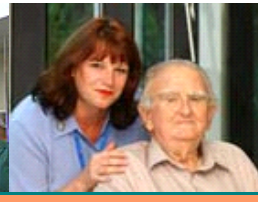
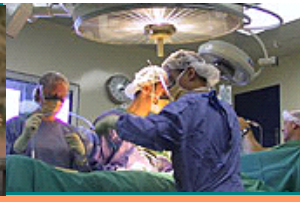


Hospital Admission Risk Program

A Rural Experience



Presented by

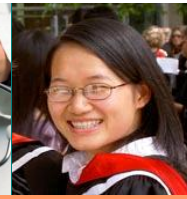
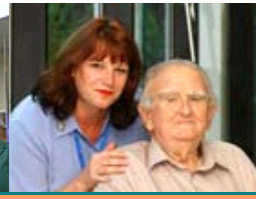
Kendall Thorn

BHSc (Physiology and Public Health)

Care Promoter

Goulburn Valley Health

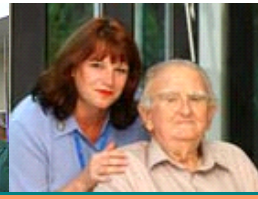
Shepparton, Victoria



Goulburn Valley

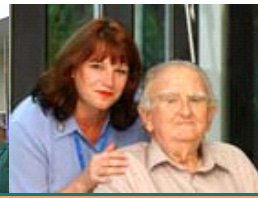
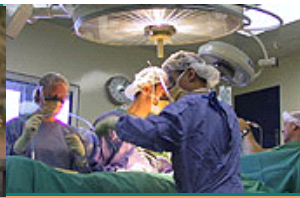
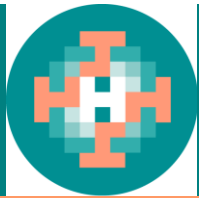
- 180kms north Melbourne
- City of Greater Shepparton estimated population: 60,025
- The region is a major fruit and vegetable processing centre, with two large canneries in the municipality. Also, large dairy processing facilities located in and around Shepparton, which provide products for both local consumption and export

(Reference: <http://www.doi.vic.gov.au/DOI/knowyour.nsf>)



Goulburn Valley Health

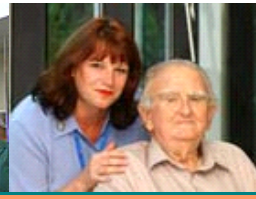
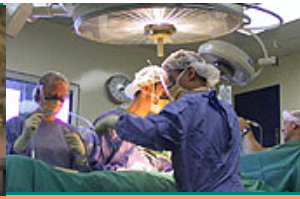
- 3 Campus': Shepparton, Tatura and Rushworth
- Catchment area population 120,000
- 250 acute/sub acute beds
- Medical, Surgical, Rehabilitation, Paediatric, Midwifery, Emergency & Intensive Care, Mental Health, Community & non admitted services



Goulburn Valley Health – Shepparton Campus

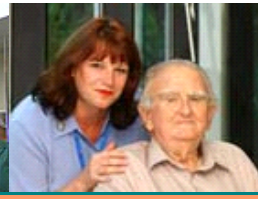
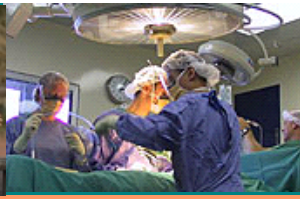


Goulburn Valley Health - Caring for your Community



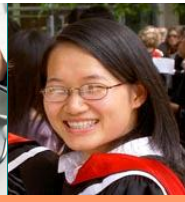
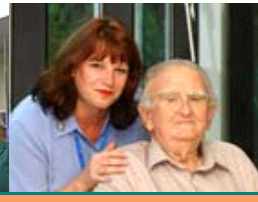
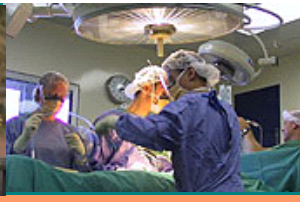
GV Health Emergency Department

- Located at the Shepparton Campus
- Largest Emergency Department in the region
- Treated 32 426 patients in 2009
- 65% of patients are triage category 4 or 5 (non-urgent)
- Main entry point for patients into the hospital
- Highly variable case mix



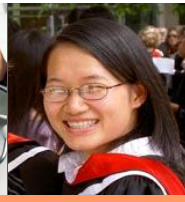
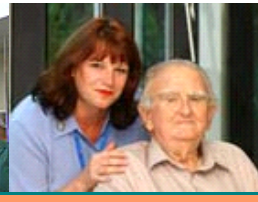
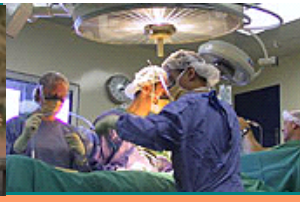
Hospital Admission Risk Program- Emergency Department

- Provides an integrated approach to care coordination and hospital follow up care
- Offers a broad range of support services to patients in the Emergency Department
- Elderly or patients with psychosocial issues who are at increased risk of representation, or have a history of frequent presentation



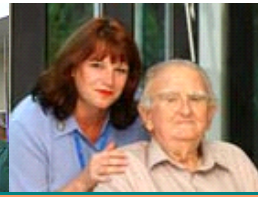
Hospital Admission Risk Program- Emergency Department

- 548 clients in 2008/09
- 65% of patients over the age of 70
- 57% women
- >3% Indigenous or Torres Strait Islander
- 8% DVA card holders
- 10% Pension card holders



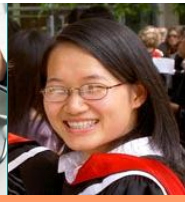
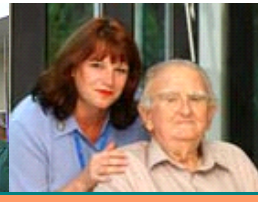
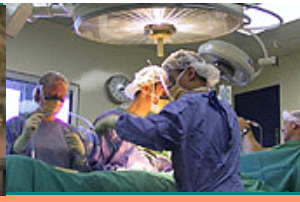
Health Promotion in the Emergency Department

- Health promotion and emergency medicine generally share similar goals for the improvement of individuals' and communities' health.
- They are a credible source of health information
- They have existing infrastructure for health promotion (planning processes, professional alliances, community networks)
- They are an established entry point into the health system.



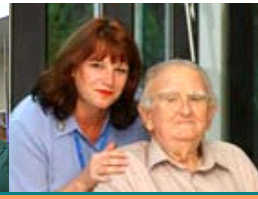
Health Promotion in Emergency Departments

- Possible barriers to Health Promotion in Emergency Departments.
 - lack of adequate staff
 - lack of interest by relevant others
 - the need for training programs, materials, facilities
 - lack of time
 - lack of staff enthusiasm
 - low-staff moral
 - accepting that health promotion outcomes are not immediate compared to medical interventions
 - lack of leadership and support



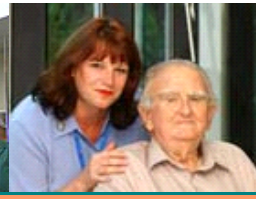
Care Promoter Workforce Innovation Trial

- To develop and trial the introduction of Care Promoter roles as part of multi-disciplinary care teams working across acute and ambulatory care settings;
- To utilise the skills of public health/health promotion graduates to improve the patient journey and service delivery.
- To enable allied health practitioners and registered nurses to consult a greater number of new patients and complex cases requiring more specialist skills.



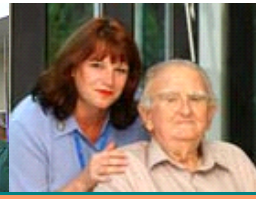
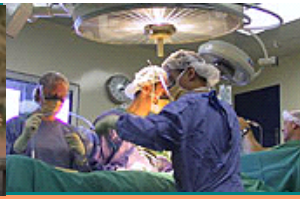
Smoking Cessation & Policy

- National Preventative Health Taskforce
 - Goal of reducing the percentage of daily smokers from 17% to 10% by 2020.
- Victorian Tobacco Control Strategy 2008-2013
 - Key Action 3.4
 - Helping smokers to quit- Improving Cessation services
- Goulburn Valley Health Strategic Plan
 - Clinical Goal 3
 - Develop a framework for chronic illness prevention, early intervention and self management services



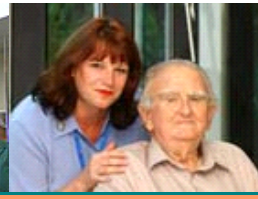
Smoking Cessation programs in Emergency Departments

- High Prevalence of smoking among ED patients
- History of hospitals and other health services being able to provide effective cessation programs.
- Smokers value advice to quit from health professionals
- Brief interventions boosts smokers quitting efforts and rates



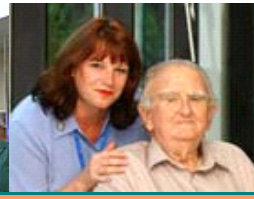
Project Goal

- To deliver a smoking information and support service tailored to the Emergency Department at GV Health by April 2010



Health Promotion Action Areas

- 5 Health Promotion Action Areas
 - Create Supportive Environments
 - Build Healthy Public Policy
 - Develop Personal Skills
 - Strengthen Community Action
 - Reorient the Health Services
- Objectives of the Smoking Information and Support Service address 4 of these action areas.



Implementation

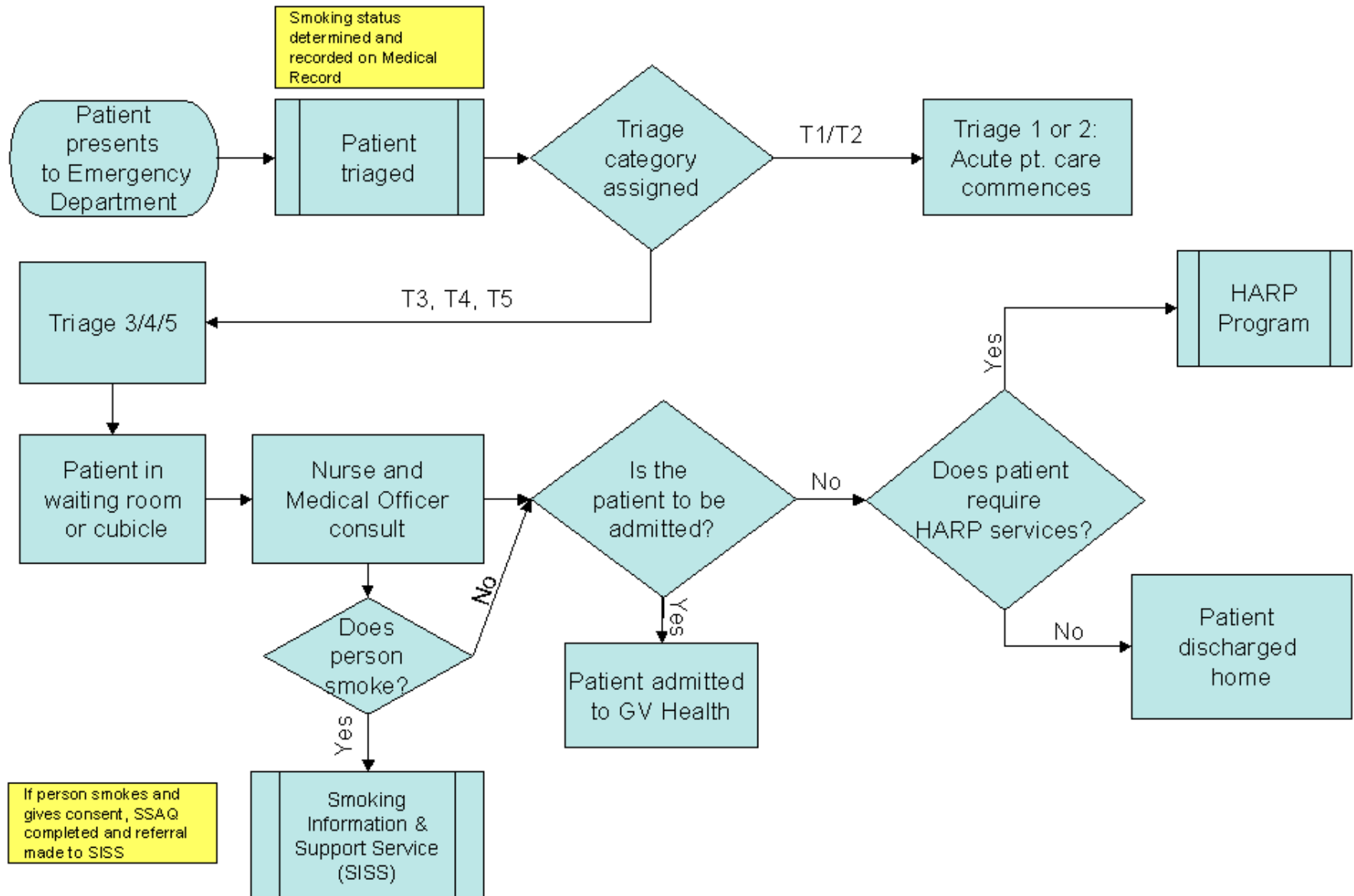
- Patients referred to the Care Promoter by ED staff or through case finding using patient Emergency Record.
- Conducted one on one consultations to determine the patients willingness to quit.
- Worked in conjunction with the patient to plan the best way for them to quit
 - Quitline Victoria Referral
 - Educational material prepared by Quit
 - Support through the SISS



Goulburn Valley Health Care Promoter Workforce Innovation Trial

During Trial Process Mapping

Care Coordination in the Emergency Department – Patient Journey

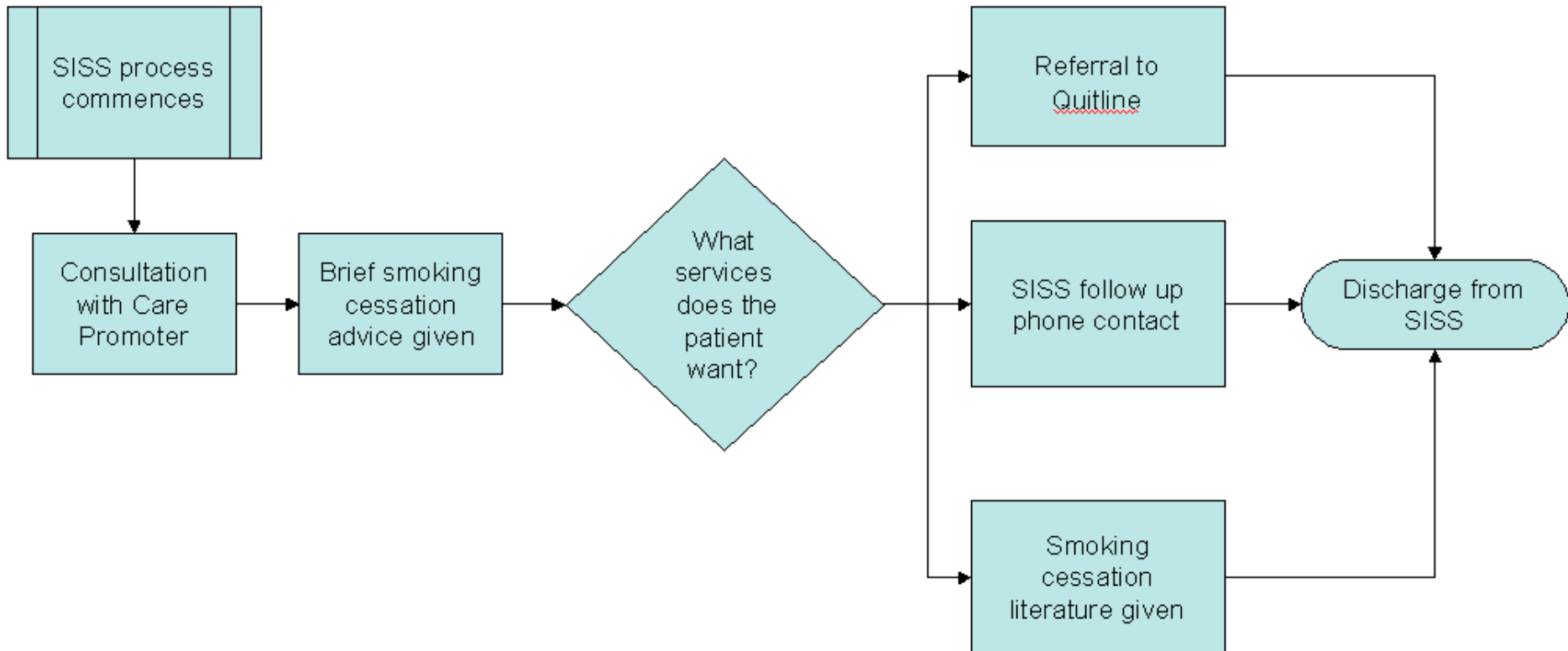


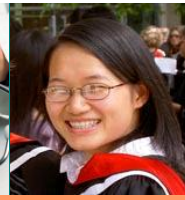
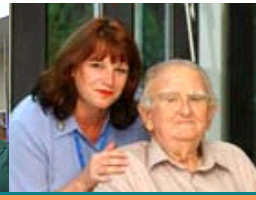


Goulburn Valley Health Care Promoter Workforce Innovation Trial

During Trial Process Mapping

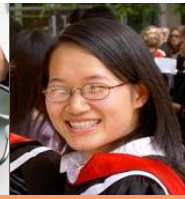
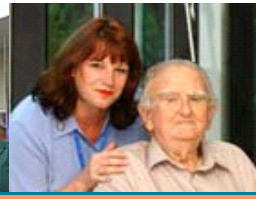
Care Coordination in the Emergency Department – Patient Journey





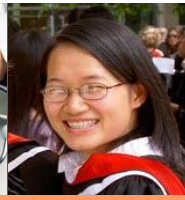
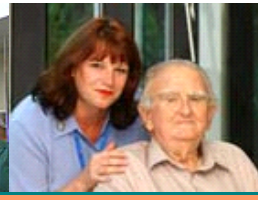
Implementation

- Letters sent to patients enrolled in the service outlining the care plan
- Follow-up calls made a week after initial consultation or day after Quitline call.
- Patients discharged from service if:
 - They expressed they no longer required the service
 - They were unable to be contacted after three attempts.



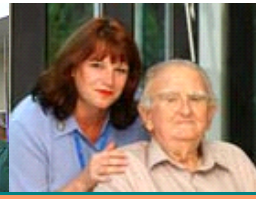
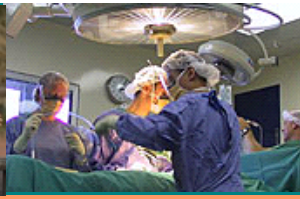
Outcomes

- Thirty patients were referred to the service during the trial period
- Majority were males (17)
- Average age was 54.7 years
- All accepted educational material about how to Quit
- Nine refused any additional services post discharge
- Ten were referred to the Quitline
- Remaining eleven patients opted to receive a follow up call from the service post discharge or were already linked in with their GP



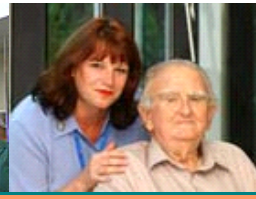
Outcomes

- Coordinated multiple in-services for Emergency Department nursing staff to inform them of the project.
- Increased reporting of smoking status on patient history.
- Nursing staff actively identifying and referring suitable patients to the service.
- Project expanded to other wards within the hospital including Mary Coram Unit, Medical and Surgical wards.
- Held in-services for the nursing staff of these wards.
- Developed Smoking Self-Assessment Questionnaire
- Introduce educational materials into the ED waiting room.



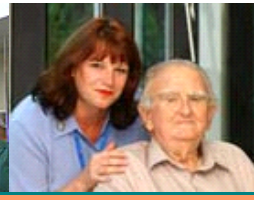
Barriers and lessons learnt

- High turn over rate in the Emergency Department staff.
- Nursing staff heavy workload
- Perceived lack of enthusiasm as the SISS was a trial
- Follow-up with patients proved to be difficult
- Clinical practice guidelines in place but not followed.
- No Quit training was available for the Care Promoter to undertake during the trial period



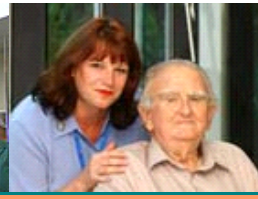
Recommendations

- Continuation of Smoking Cessation advice to patients who present to the Emergency Department through HARP-ED
- Continued development and implementation of various health promotion initiatives focused on the Emergency Department population
- Provision of basic smoking cessation training to all clinical staff at GV Health.
- Reintroduction of Clinical Practice guidelines regarding patients who smoke.
- Creation of a smoking cessation counselor role at GV Health in conjunction with the reintroduction of the clinical practice guidelines.
- Use of the Fagerstrom Nicotine Dependence Test on all patients who smoke at GV Health and include it as part of their medical record.



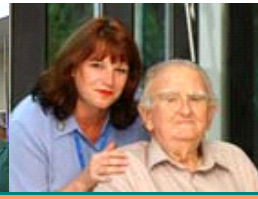
What's next?

- HARP-ED team continue to provide smoking cessation advice
- Community Health @GV Health to hire a smoking cessation counselor to operate one day a week
- HARP-ED team to complete QUIT 5 A's training program



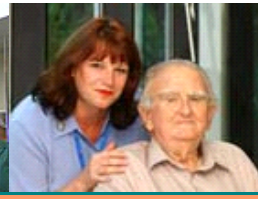
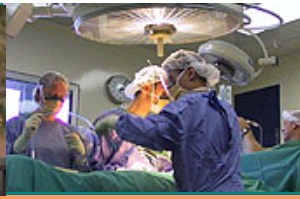
Thank you

Enjoy your night!



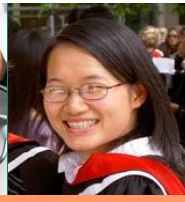
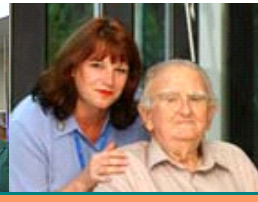
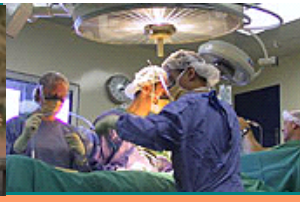
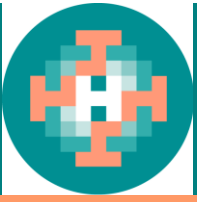
References

- McKenna, G. (1993) The Scope for Health Education in the Accident and Emergency Department. *Accident and Emergency Nursing*, **2**, 94-99
- Ottawa Charter for Health Promotion. WHO/HPR/HEP/95.1. WHO, Geneva, 1986
- Bensberg, M. (2000) Infrastructure and Organisational Development: A Regional Approach to Health Promotion, *Australian Journal of Primary Health Interchange*, **6**, 67-75
- Johnson, J. (2000) The health care institution as a setting for health promotion. In Poland, B., Green, L. And Rootman, I. (eds) *Settings for Health Promotion: Linking Theory and Practice*. Sage Publications, CA.
- Bensberg, M. And Kennedy, M. (2002) A Framework for health promoting emergency departments. *Health Promotion International*, **17(2)**, 179-188.
- Stanton, W. Balanda, K. Gillespie, A. Lowe, J. (1996) Barriers to health promotion activities in public hospitals. *Australian and New Zealand Journal of Public Health*, **20(5)**, 500-504



References

- McBride, A. (1994) Health Promotion in hospitals: the attitudes, beliefs and practices of hospital nurses. *Journal of Advanced Nursing*, **20**, 92-100
- Spurr, C. (1996) Developing capacity to make health promotion everyone's business. International Conference on Health Promoting Hospitals, Adelaide
- Goel, V. Mclsacc, W. (2000) Health Promotion in clinical practice. In Poland, B. Green, L. And Rootman, I. (eds) *Settings for Health Promotion: Linking Theory and Practice*. Sage Publications, CA pp 217-249
- Stiffler, K. and Gerson, L. (2006) Health Promotion and Disease Prevention in the Emergency Department. *Emergency Medicine Clinics of North America*. **24**. 849-869.
- Prochazka, A. Koziol-McLain, J. Lowenstein, S. (1995) Smoking cessation counselling by emergency physicians: opinions, knowledge, and training needs. *Academic Emergency Medicine*. **2(3)**. 506-513.
- Orleans, T. Rotberg, H. Quade, D. Leeds, P. (1990) A hospital quit-smoking consul service: clinical report and intervention guidelines. *Preventive Medicine*. **119**, 198-212



Hospital Admission Risk Program

A Rural Experience

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