



Northside
Health Service
District

HOME BASED ACUTE CARE SERVICE

Northside Primary and Community Health
Services

Questions.....

- What is the Home Based Acute Care Service (HBACS)?
- Why is HBACS innovative?
- How has HBACS improved rehabilitative outcomes for its target population?
- Where are we heading?



What is HBACS?

- Background to establishment of HBACS
 - Redcliffe Demographics
 - Literature Review
 - Gold & Bergman 1997, Siggins Miller 2003
 - AHMAC 2004
 - Caplan et al, 2004
 - Sinoff et al, 1998
 - McCusker and colleagues 2002
 - Siggins Miller 2003
- HBACS team members
- 7 Day / week service provision
- Flexible / rapid response (within 24 - 48 hours of ED presentation or ward discharge)
- 2 week Admission to “Virtual Ward”



Why is HBACS Innovative?

- Rapid response – within 24-48 hours
- 7 day / week service
- Intradisciplinary team
- Highly co-ordinated care
- Loan of equipment





Improved Rehabilitative Outcomes??

- Meeting previously unmet needs – especially:
 - EBP Falls risk intervention
 - Enhanced and timely management of fractures, infection and wounds
- Reduction in “adverse events”
- Improved continuity of care
- Effective screening to provide the most appropriate care in the most appropriate setting

HBACS Clients



- Generally 65years and over
- Falls +/- fractures
- Acute pain
- Mobility problems
- Infections, wound care, Abs, PICC lines
- Respiratory and cardiac
- Social / Dementia

HBACS Readmission Rates - Redcliffe

Year	2005 – 06	2006 – 07	2007 - 08
All Discharges	28 238	30 016	26 766
All Readmissions	8 322	8 813	7 755 ** (Not full year July 2007 – May 2008)
All Readmission Rate	29 %	29%	29%
HBACS Discharges	189	328	393
HBACS Readmissions	21	34	45
HBACS Readmission Rate	11%	10%	11%

Client Studies

- Mrs F - 80year old, tripped on her bedspread, unable to get up from floor for 24 hours
- Presented to ED with L shoulder pain – diagnosed with fractured left head of humerus
- HBACS admission
- Significant concerns raised by various team members about Mrs F's general health and well being at home
- Client brought to ED by HBACS staff – diagnosed with UTI and dehydration – new HBACS admission
- Concerns with progress made on HBACS program and complex social issues - Mrs F is at risk of poor functional and health outcome
- Referred to Transition Care Program - client accepted
- Current status

Case 2

- Mrs H – 77 year old, fell in bathtub
- Presented to ED – diagnosed with fractures to ribs 9 and 10
- Discharged home from ED with analgesia 1700 hours
- HBACS admission occurred via phone consultation with Mrs H the following day
- Significant concern over medical status
- Daily review by team members
- Discharged from HBACS 11 days post injury to prior level of function and continuing care with GP

Case 3

- Mrs B – 84 y.o. presented to ED with sudden acute thoracic pain.
- Initial HV identified significant concerns regarding mobility and safety
- Follow up HV next morning - lengthy consult with client / family & HBACS team
- Admission arranged to private hospital for further investigation and rehabilitation

Where to Now?

- Expansion across the Sunshine State
- Change in acronym?



- H Having
- B Better
- A Aged
- C Care
- S Success

in rehabilitation !!



The End..

