

# 4<sup>TH</sup> Annual Healthcare without Walls: Best Care, Most Appropriate Place

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# Welcome

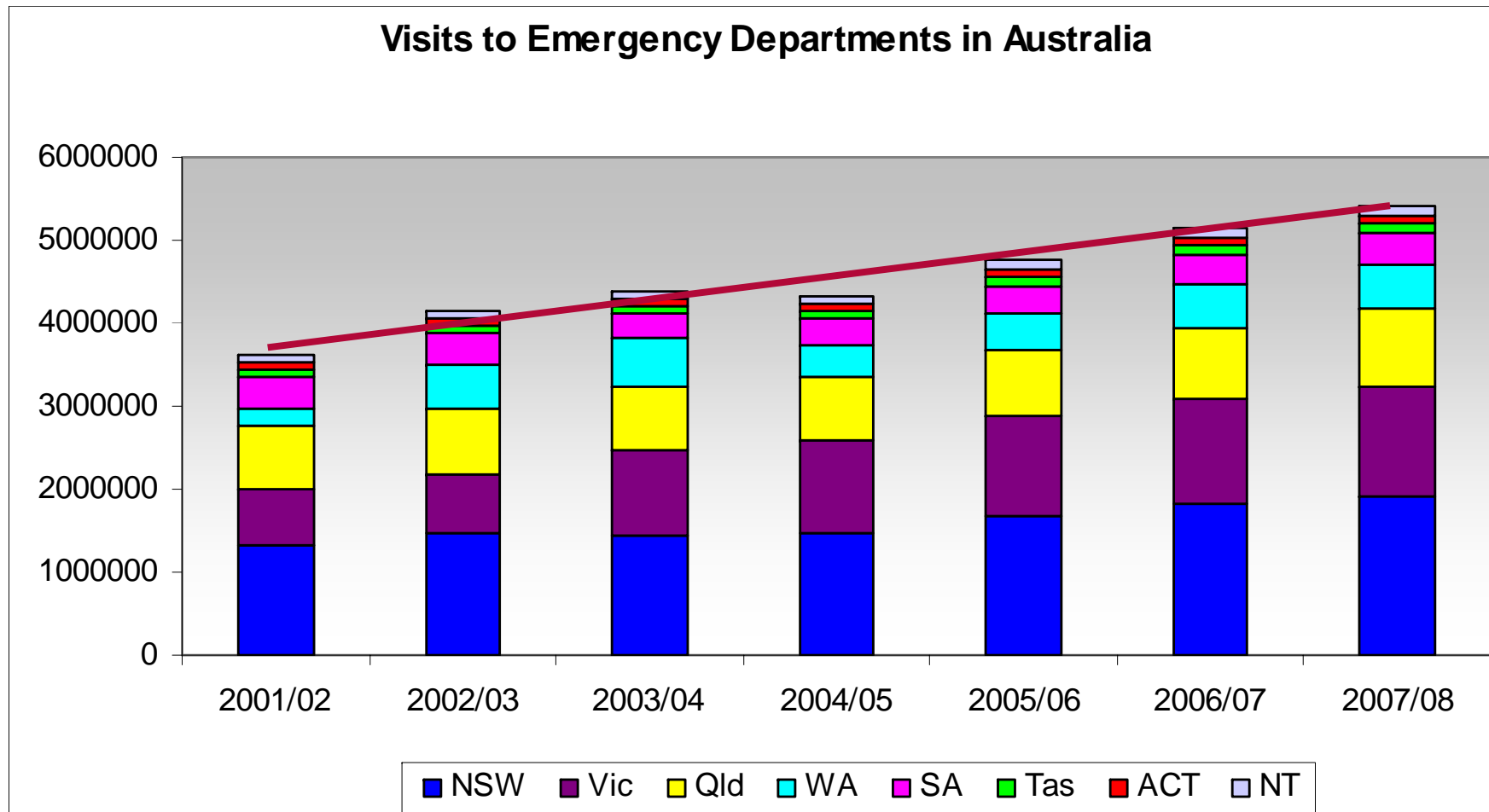


# Why we needed to change where care is delivered

...review of the current environment

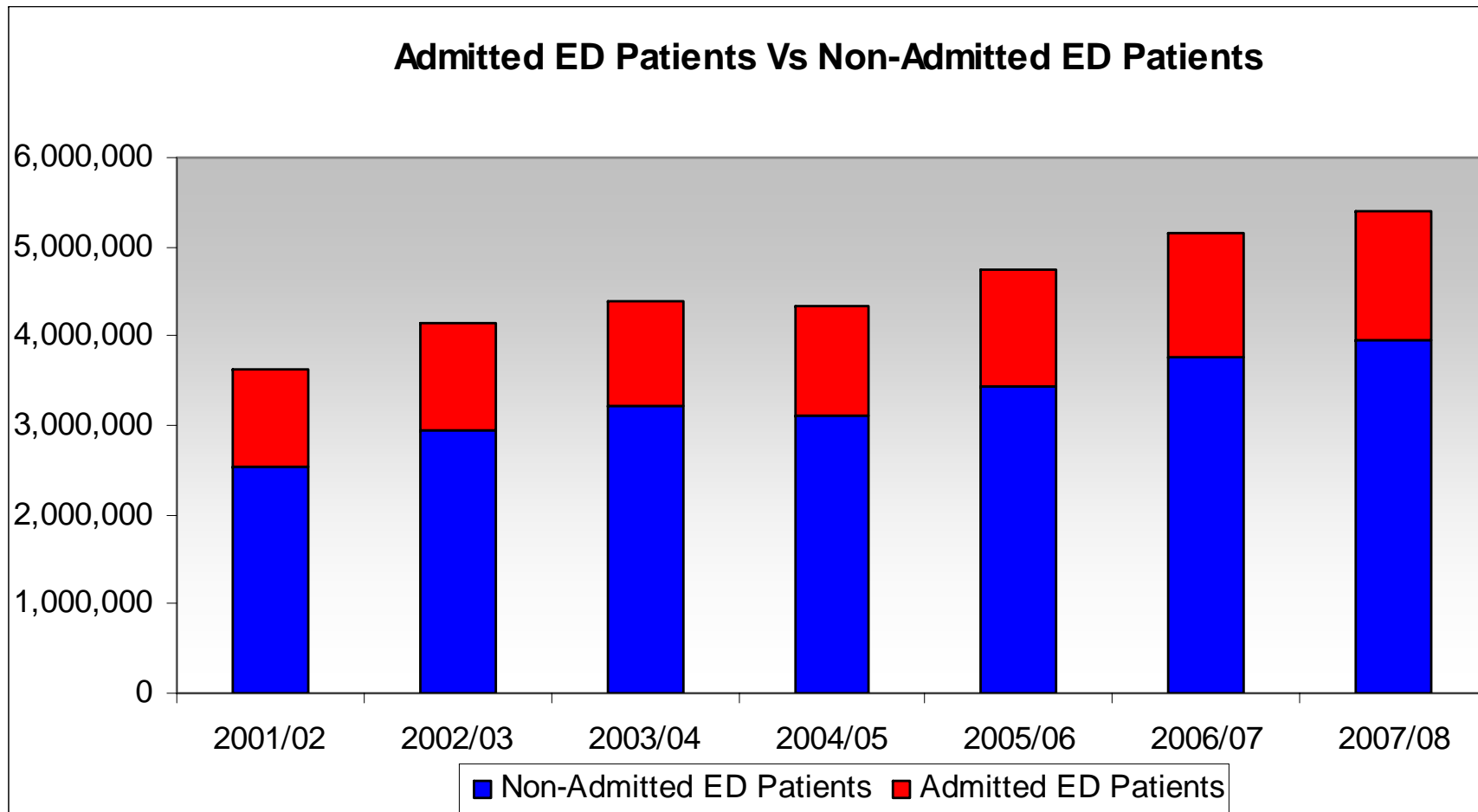


# ED Presentations are increasing in Australia



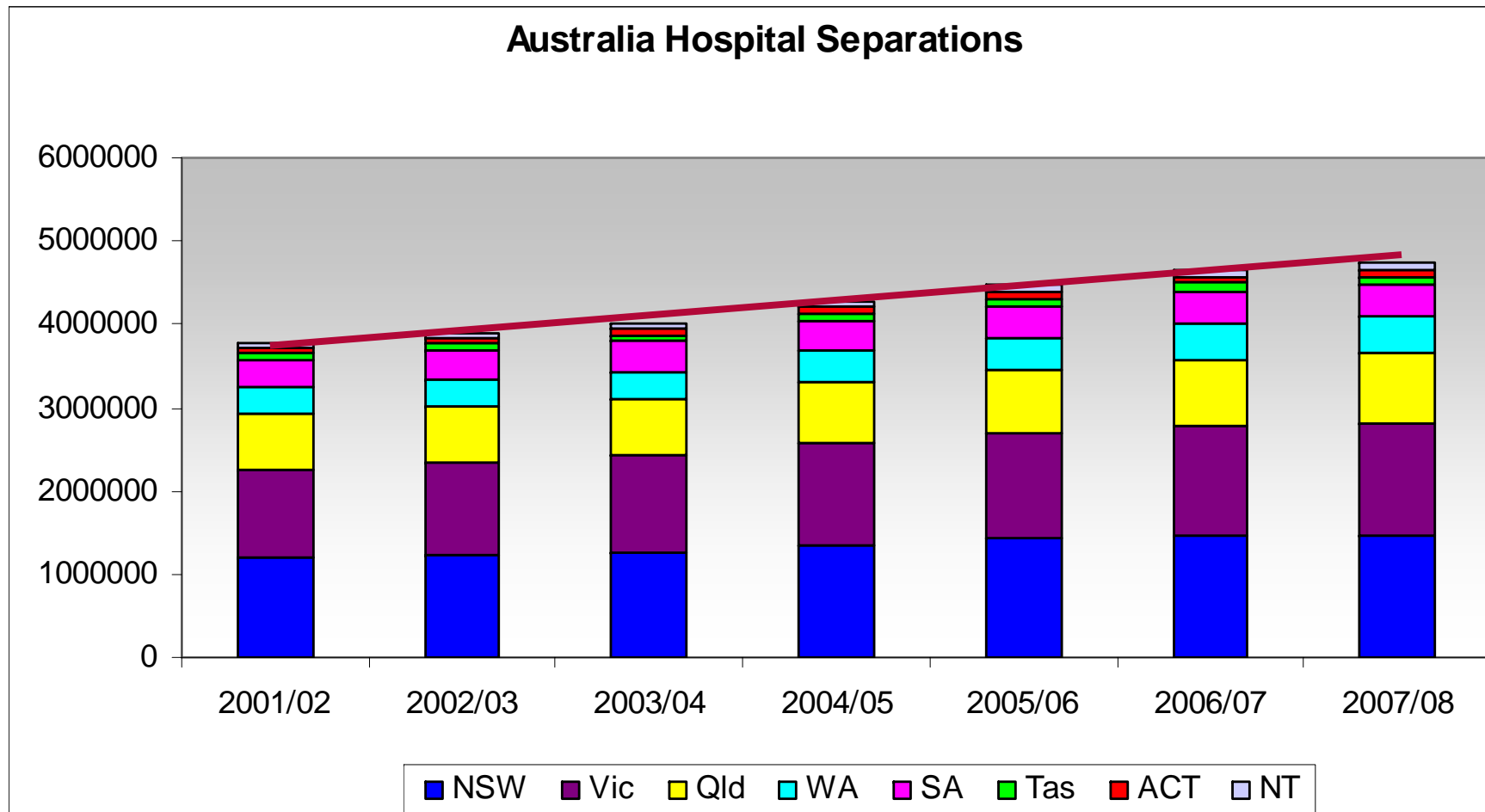
Source = AIHW Hospital Statistics by Year 2001-02 to 2007-08

# Approximately 30% of all ED patients are admitted into Australian Hospitals



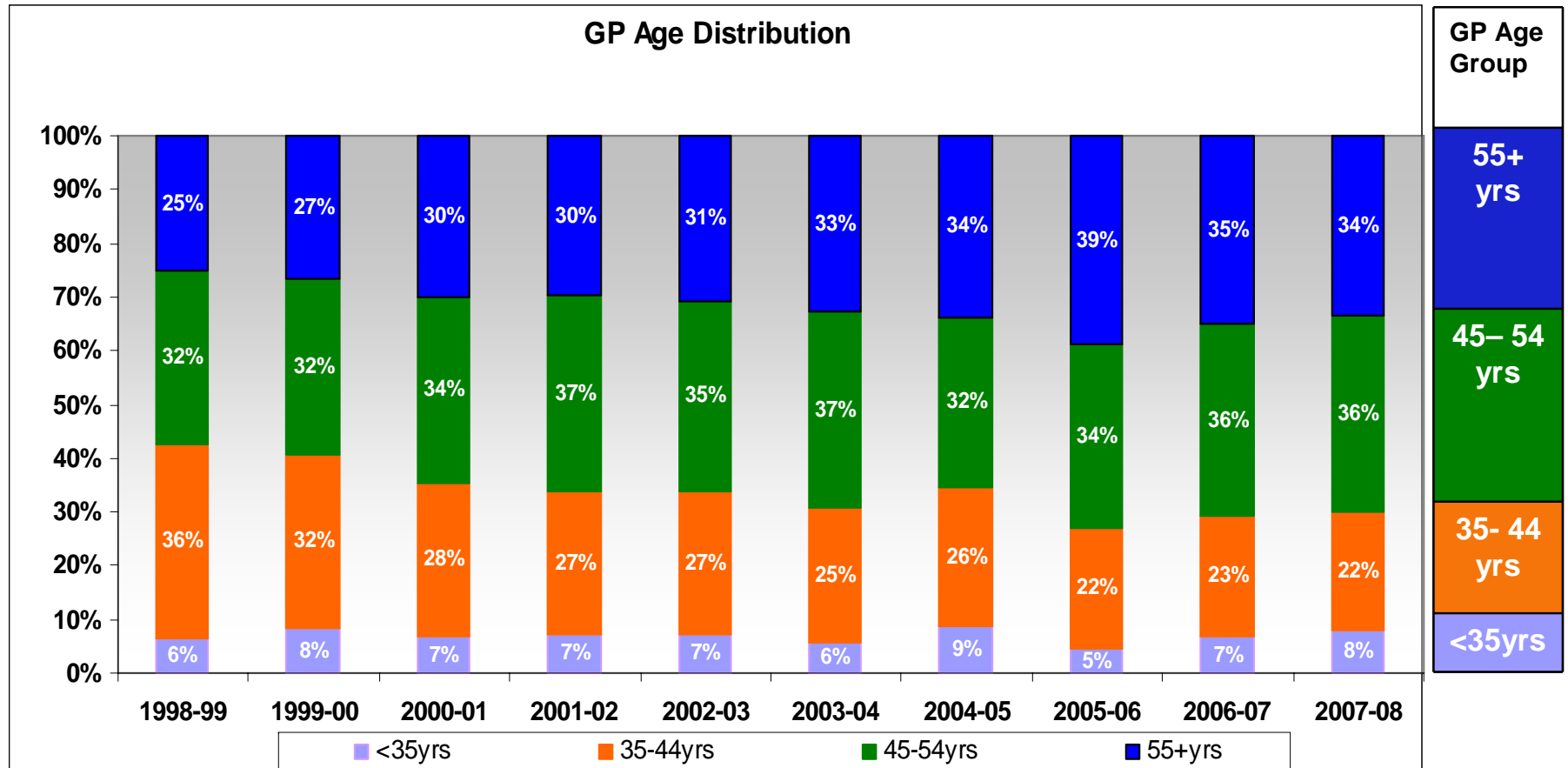
Source = AIHW Hospital Statistics by Year 2001-02 to 2007-08

# Hospital Admissions are continually rising in Australia



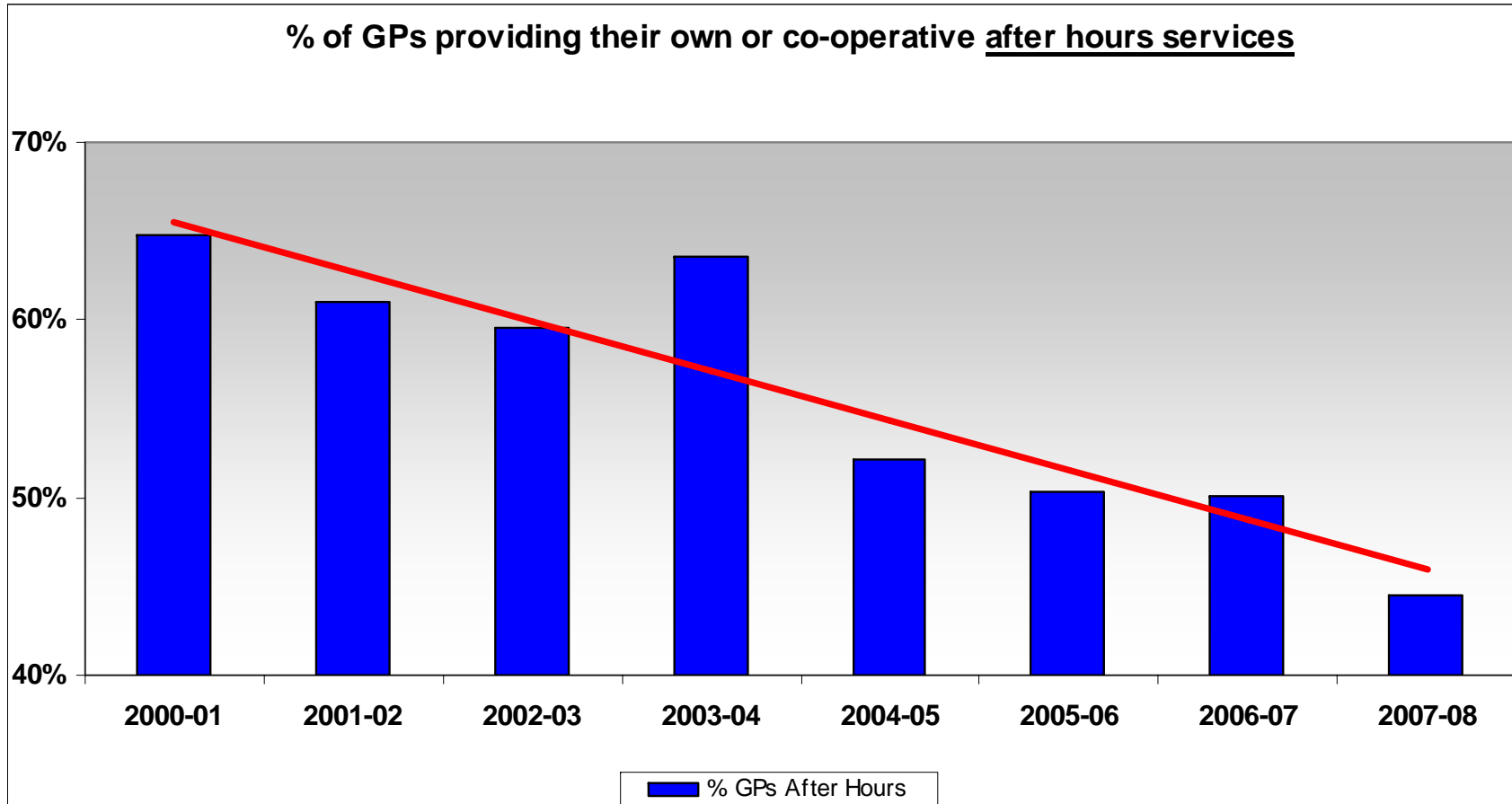
Source = AIHW Hospital Statistics by Year 2001-02 to 2007-08

# The GP workforce is ageing...



Source - AIHW: General Practice Activity in Australia 1998-99 to 2007-08: 10 year data tables (2008)

# GPs across Australia are much less likely to be providing their own after hours services



Source - AIHW: General Practice Activity in Australia 1998-99 to 2007-08: 10 year data tables (2008)

Lets hope we can avoid an overcrowded hospital system...



# What happens to our patients in an overcrowded hospital system?



- Hospital and ED over crowding is associated with a **30% increase in mortality**
- Patients presenting during times of increased ED occupancy have **significantly higher in-hospital mortality**
- Patients who experience access block spend **longer in hospital**
- **Adverse events increase** with worsening access block

## What are our patients telling us ...



“ ...

“At every level the care from the staff was phenomenal they have a sense of humour and respect, they made my stay that much easier”

“I was pretty happy with the staff in the emergency department...it was just the continual waiting for tests that annoyed me”

“If I could change one thing about my hospital stay it would be that I could stay at home with my family & come in daily for tests and treatment”

“I was comfortable in hospital but to stay at home was what I wanted”

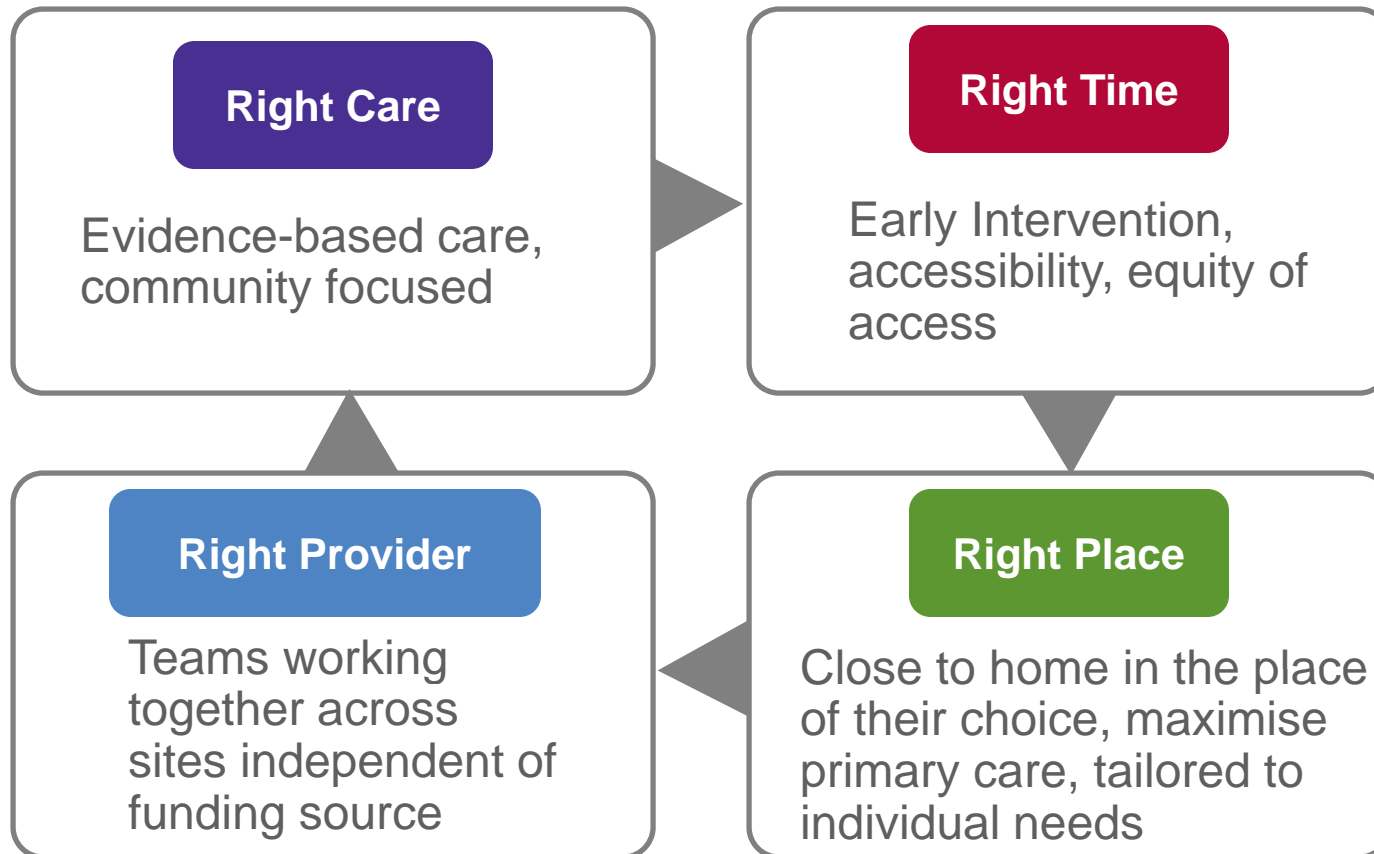
... ”

# Where is the most appropriate place to deliver care for our patients

...reducing hospital demand and optimising hospital bed capacity



# We recognise the need to improve the patient experience to provide them with the best care, in the most appropriate place...



# Healthcare without walls...what is it?



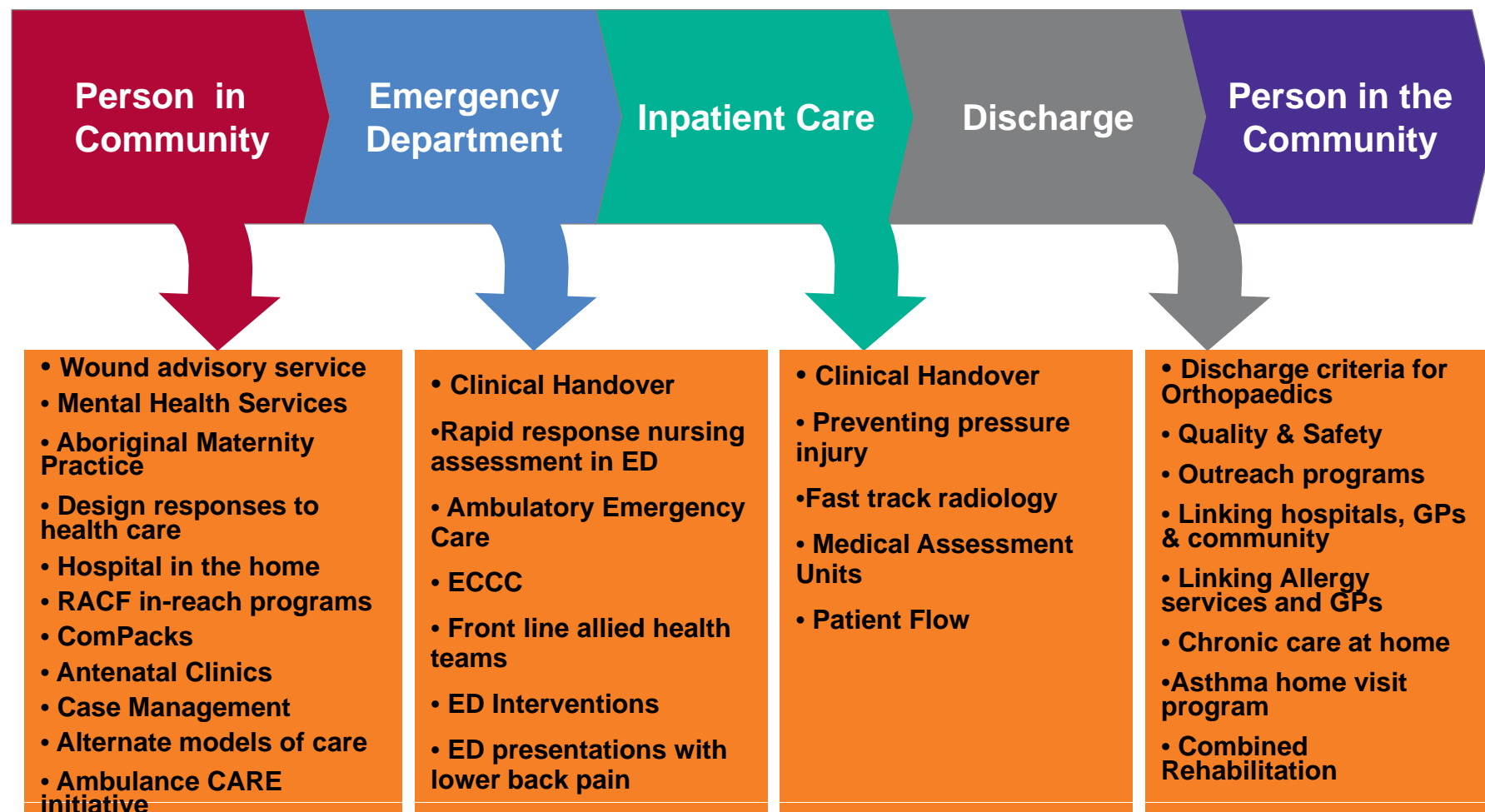
Is it ....

# Healthcare without walls...what is it?



Or is it ....

# The initiatives that we will see over the next 2 days...



## Overall...

- ➔ **New Services** – try to fill a gap with a new service
- ➔ **Working together** – attempt to organise current services to work together
- ➔ **Expand a current service** – utilise one service to “stretch” across sectors

# The Medical Assessment Unit initiative

**Medical Assessment Units (MAUs)** are an alternative to treatment in the ED for non critical medical patients. By providing rapid assessment, diagnosis & treatment many of these patients are expected to return home within 48hrs.

MAUs are situated all over Australia & New Zealand.

48  
hours

★ In NSW in 2008/09 **32,273** patients were treated in a MAU

# The Hospital in the Home initiative

## Hospital in the Home

**programs** provide patients with access to a team of health staff that make regular home visits to the patients home environment.

Care is provided for varying conditions, as an alternative to treatment in hospital.



**40,495** patients in NSW were treated in 2008/09

# Community Care Initiatives

## Community Care programs

provide patients with care in the community to assist them with transfer from hospital or keeping them well in their home environment.

**Examples** include: - Nursing home in-reach & outreach programs, Community Packages, Transitional Aged Care Programs, etc



★ In NSW in 2008/09 **14,950** patients utilised ComPacks

# Ambulance Initiatives



## **CARE (Clinical Assessment & Referral)**

Non-transport alternatives to 'low risk' patients or transport to 'other' door options

## **ECP (Extended Care Paramedics)**

Increased scope of practice of selected paramedics to reduce unnecessary presentations to ED

## **Pre Hospital Assessment for Primary Angioplasty**

Patients with ST-elevation myocardial infarction (STEMI) are field triaged via a 12 lead ECG & transported to a regional cardiac service for primary angioplasty, reducing treatment delays.

## **Pre Hospital Thrombolysis**

Ambulance administration of thrombolytic therapy for patients with STEMI, reducing treatment delays

# Chronic Disease Rehabilitation & Management Initiatives

## Chronic Disease Rehabilitation & Management

by improving access & capacity for patients into mainstream chronic disease rehabilitation programs.

Also Increasing participation & completion rates.



★ In NSW in 2008/09 **18,921** patients completed a Chronic Disease Rehabilitation program

These initiatives will hopefully provide healthcare without walls...



**Thank you**