

**Right Care, Right Time, Right  
Place**

# **Home Health Link**



**Queensland Government**

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Queensland **Health**

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Home Support Services**



**Queensland Government**

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Queensland **Health**

# Gold Coast Health Service District

- **Southport**  
*452 beds + 30 bed ED*
- **Robina**  
*210 beds + ED open Sep 07*
- **Carrara Facility**  
*63 beds opened May – Jul 08*
- **Pacific Private**  
*20 bed Palliative ward*
- **Gold Coast Surgery Centre**  
*commenced Jan 09*
- **3 Community Health Facilities**



# Background

## ED Presentations

- 2006 – 2007 = 68 649  
Southport ED
- 2007 – 2008 = 90 305  
Southport + Robina  
(opened Sept 2007)
- 2008 – 2009 = 106 175

## Winter Crisis 2007

- 13 Code Yellow Alerts
- 7 episodes of Bypass



# Existing Programs

- **DSU** – Discharge Services Unit
- **Home Team**
- **ACEIM** – Aged Care Early Intervention Management
- **CHIP** – Community Health Intervention Program
- **EDDI** – Emergency Department Discharge Intervention
- **OEDP** – Obstetric Early Discharge Program
- **Community Mental Health Programs**
- **NGOs** – Non Government Organisations
- **Community Health** - HEAL, Post Acute etc

# Background

- Master Planning for Managing Demand identified need to improve hospital avoidance
- Current models (National & International) including evidence reviewed
- Economic Feasibility study conducted
- Business case for an 18 month pilot program approved by EDR&D
- Project Officer appointed July 2007

# Program Objective

To provide short-term, individually planned and co-ordinated packages of community care for eligible people that:

- 1. Avoid** ED presentation;
- 2. Avoid** public hospital admission; and
- 3. Facilitate** early discharge

# Program Time Line

## Request for Tender -

- Program Provider & Evaluation Consultant - **Nov/Dec 2007**
- Tenders Evaluated – **Feb 08**
- Ministerial Announcement – **June 2008**
- 1 July 2008 **'Home Health Link'** pilot commenced

# **Program Provider – Home Support Services**

***The first hospital in the home in Australia***

- **Established 20 years**
- **1989 – HSS (Home Nurses) Health Insurance Benefit**
- **1999 – Contracted DVA provider**
- **2004 – Commonwealth Outreach HITH Provider**
- **2004 – First private home chemotherapy**
- **2006 – Metro Home Link SA**
- **2007 – Veterans Home Care Provider**
- **2008 – Home Health Link QLD**

# Program Principles

- 24/7 Single Entry Point for referral
- Immediate provision of short term **flexible** packages of care  
(7- 14 days)
- Collaborative and Coordinated approach to care provision
- No cost to client during package of care

# Types of Care Packages

## Avoidance Packages -

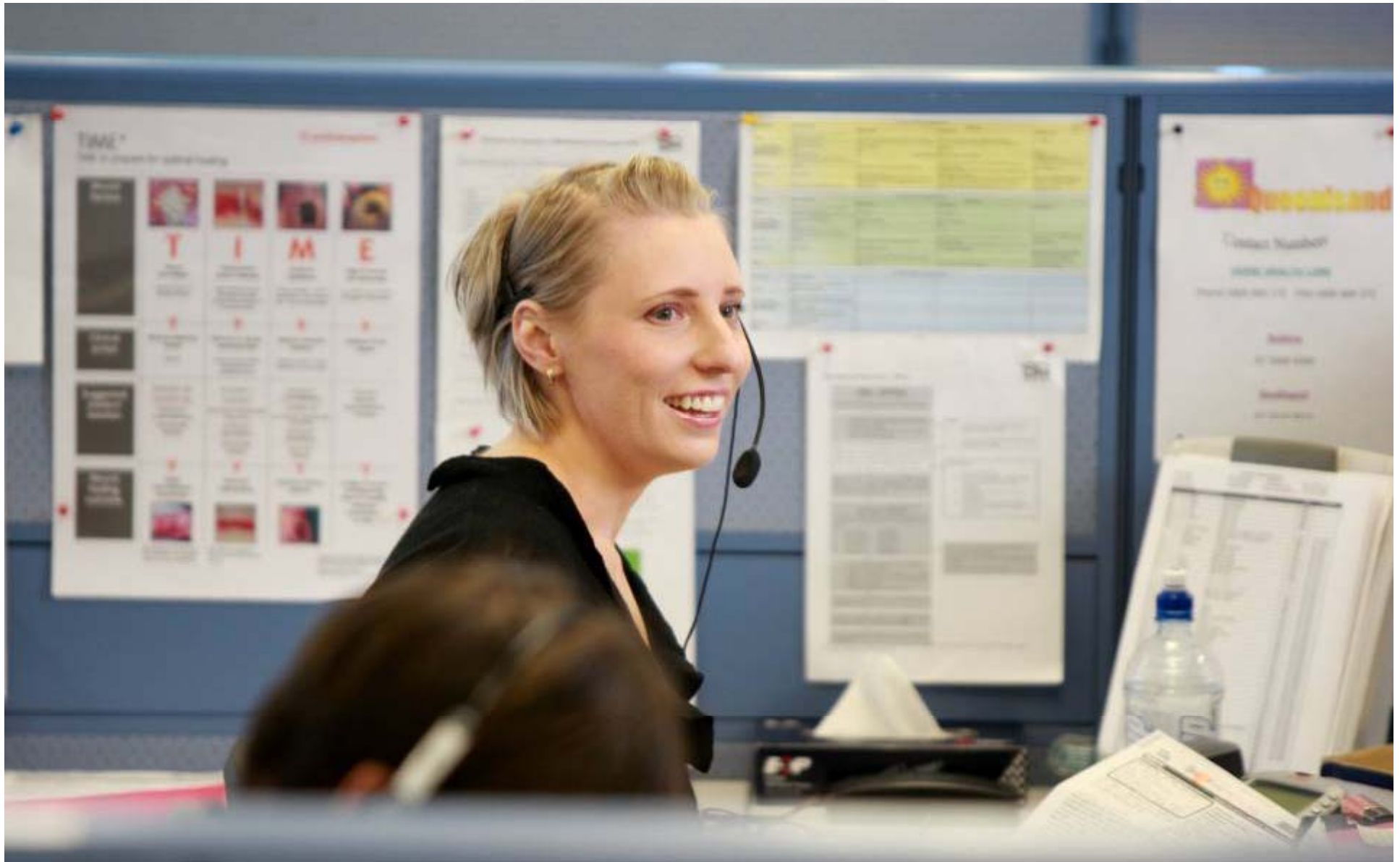
- Avoidance of presentation or admission to a Gold Coast Public Hospital

## Early Supported Discharges -

- Targets all Public Hospital patients who can be safely discharged home earlier with short term packages of care



# HHL Program Outcomes



# HHL Program Outcomes

- Rate of hospital re-presentations study
- Patient experience





# Rate of Hospital Re-presentations Study

## Objective

- Examine the rate of hospital re-presentations following HHL intervention

## Method

- Merged the following data:
  - HBCIS (*Hospital Based Clinical Information System*)
  - EDIS (*Emergency Department Information System*)
  - HSSPDC (*Home Support Services Patient Data Collection*)



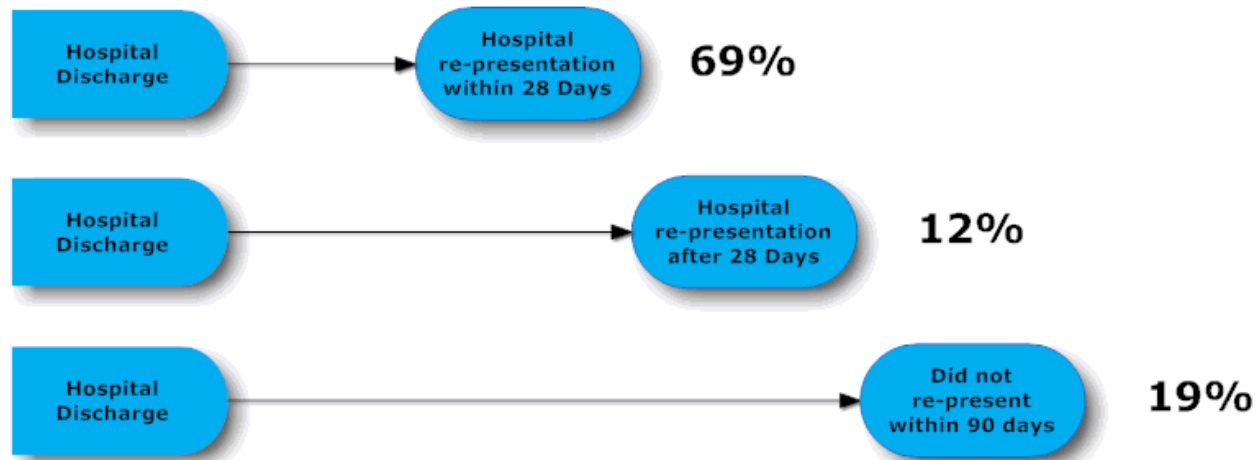
## Method Continued

- Set 1 – Re-presentation rate to hospital after receiving hospital care prior to HHL program implementation (April - June 2008)
- Set 2 – Re-presentation rate to hospital after receiving hospital care and following HHL intervention (July - September 2008)
- Analysed and compared sets 1 & 2 re-presentations to hospital using the following interval classifications:
  - within 28 days
  - after 28 days
  - not re-presenting again for 90 days



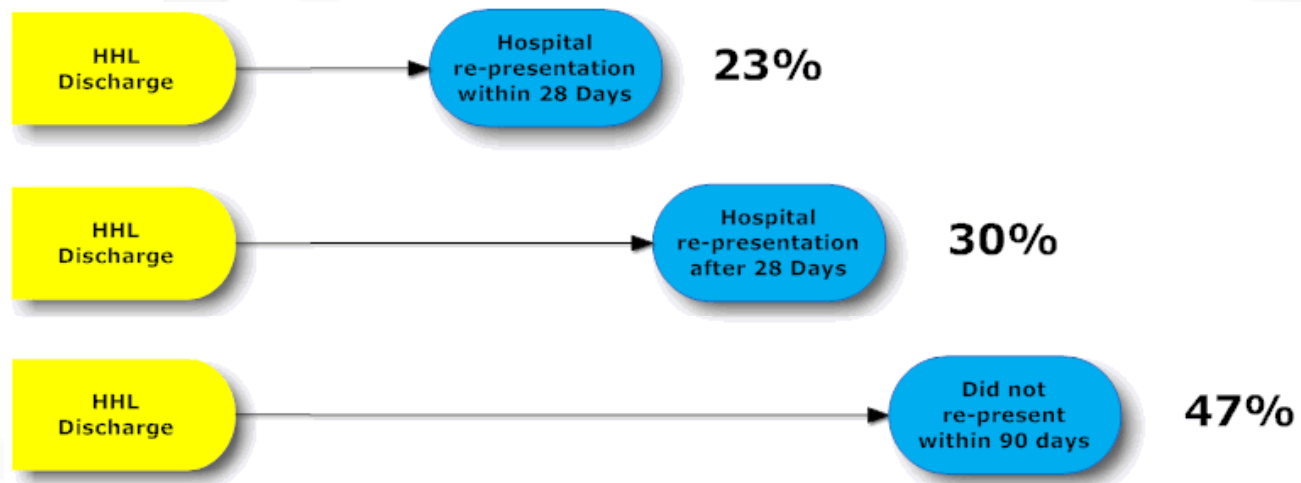
## Results

Re-presentation rate to hospital after receiving hospital care prior to HHL program implementation



## Results

Re-presentation rate to hospital after receiving hospital care and following HHL intervention



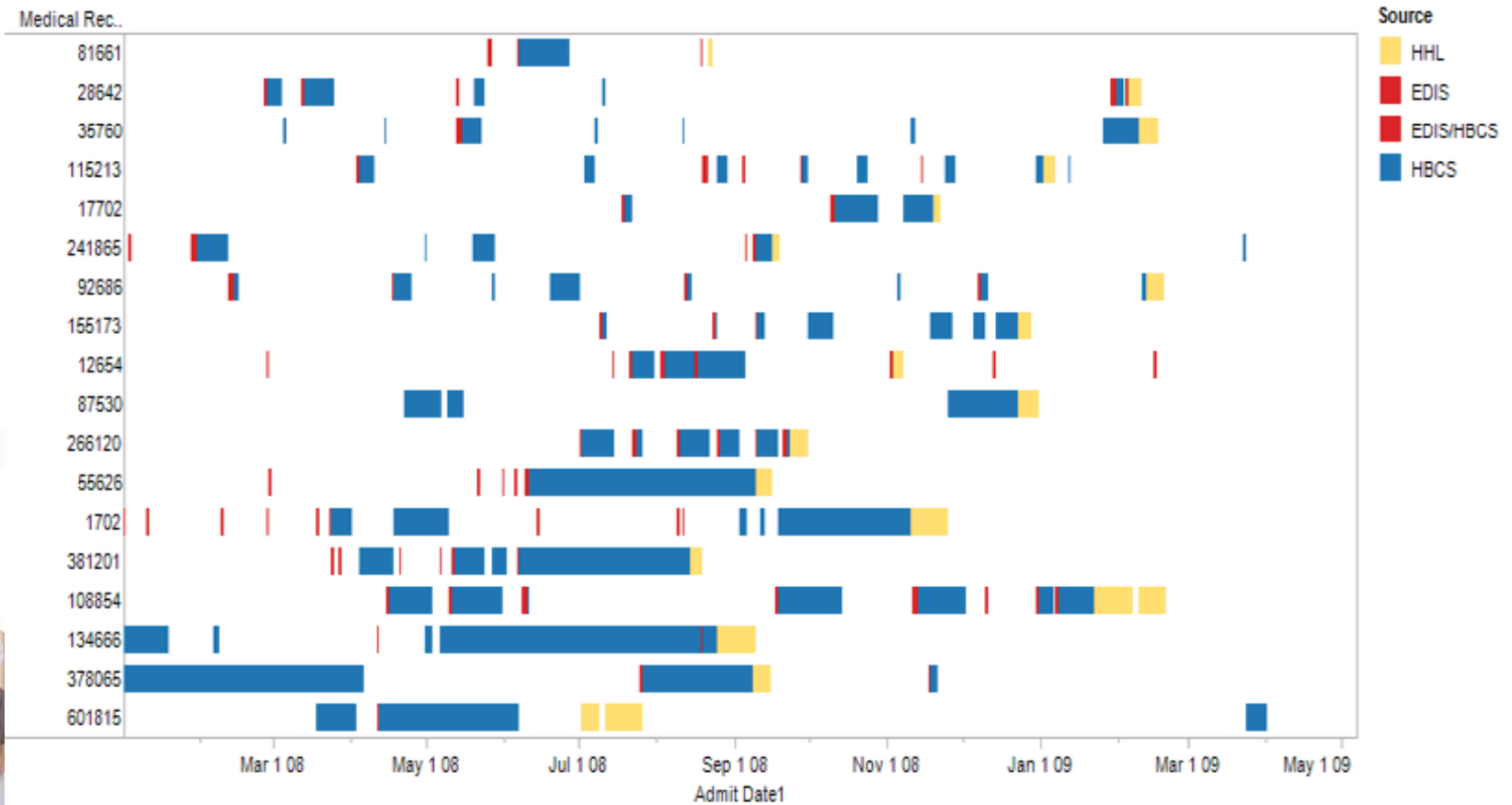
## Summary of Study

- **69%** of patients re-presented to hospital within 28 days after receiving hospital care prior to HHL program implementation
- **23%** of patients re-presented to hospital within 28 days after receiving hospital care and following HHL intervention



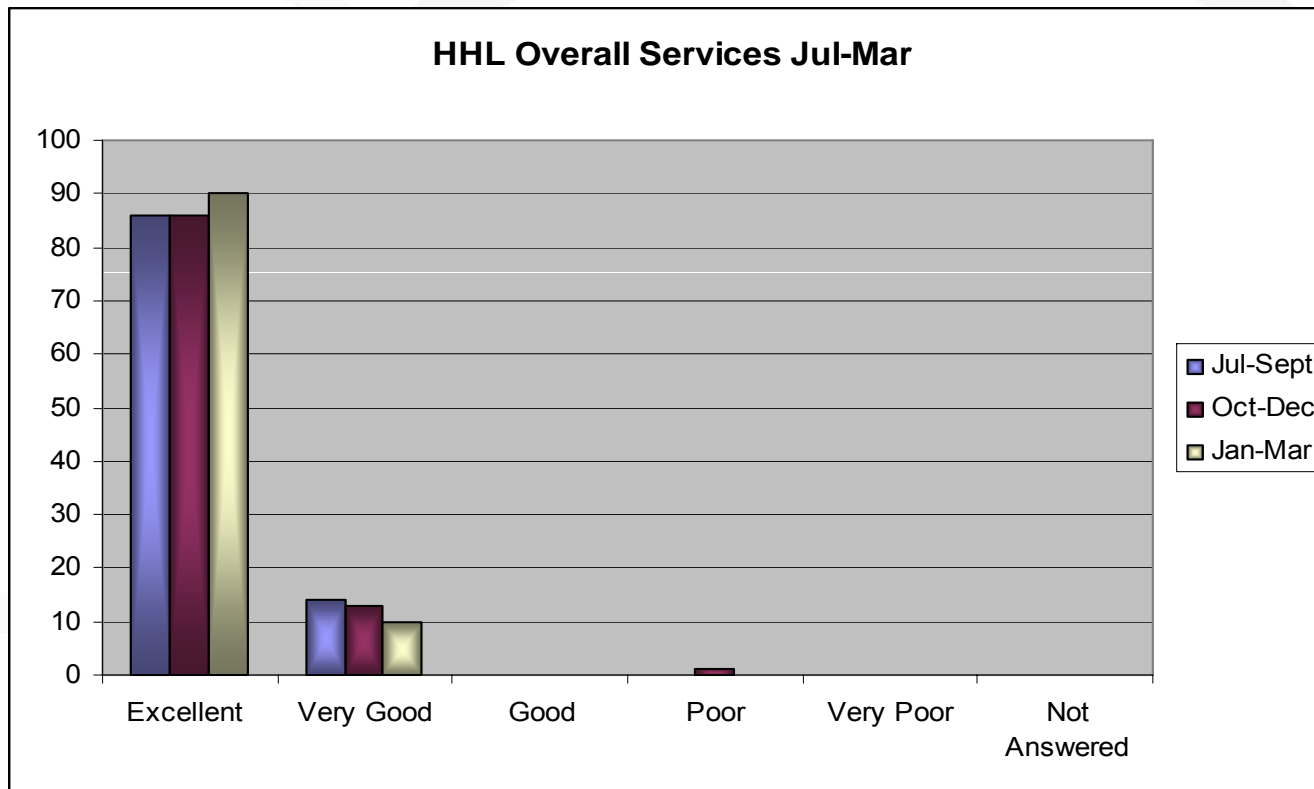
# Created visual map of each patients' individual journey of Inpatient, ED and HHL episodes

Presentation History of HHL Patients



Admit Date1 for each Medical Record Number. Color shows details about Source. Size shows sum of LOS. The data is filtered on MARK, which ranges from 1 to 1. The view is filtered on Source, which excludes Null.

# Patient Experience

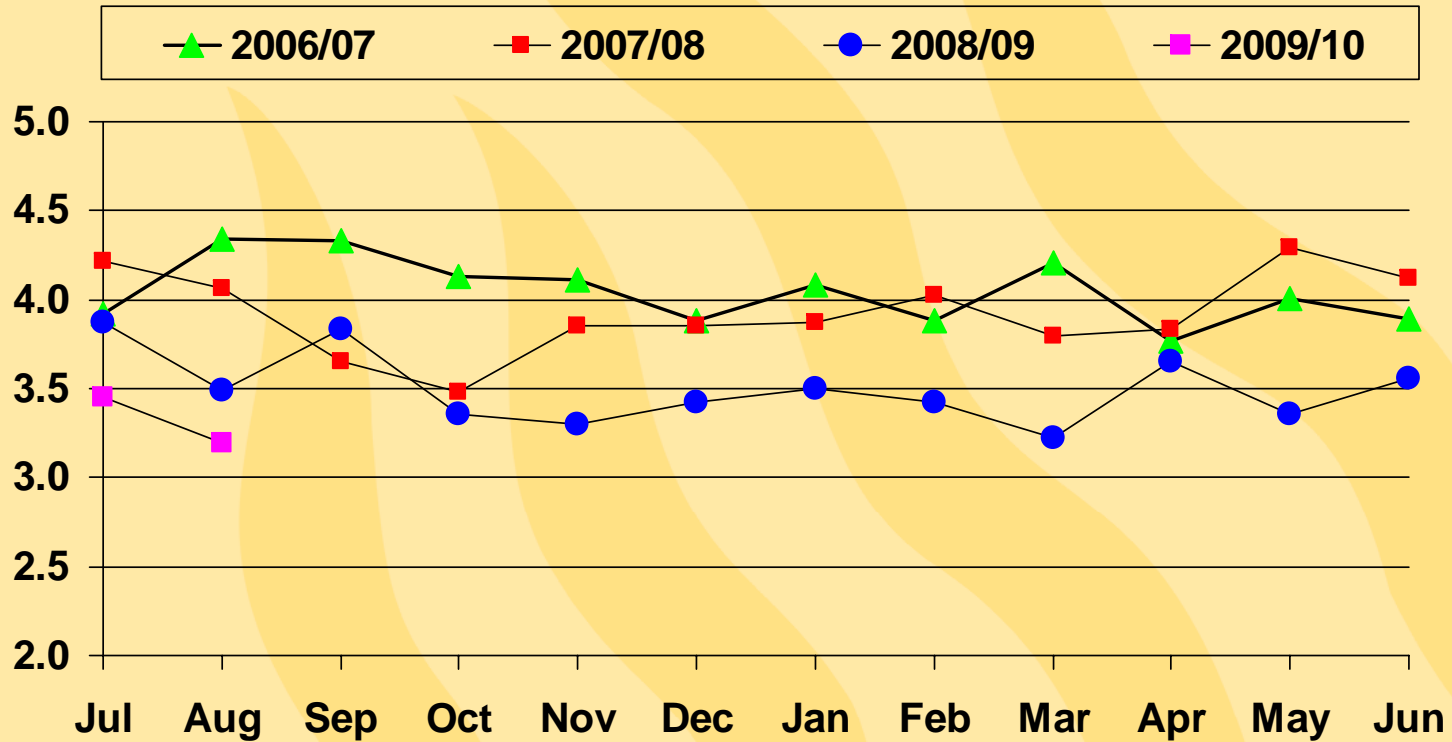




# **Gold Coast Health Service District Outcomes**

# Hospital Length of Stay

Acute Average Length of Stay  
Excluding Day Only Chemo & Dialysis



*Data courtesy of the GCHSD Activity Data August 2009*

# Early Evaluation Outcomes

- Estimated 7-13 bed equivalents saved
- Cost effective way of caring for clients compared to hospital
- Improving capacity and patient flow
- Innovatively redesigning models of care (day surgery procedures, lower joint repair, falls & back pain, etc)
- Providing rapid access to services where previously there was a gap
- 24/7 service access significantly improves patient flows to maintain reduced inpatient occupancy.
- Over 3600 referrals received
- 44% Avoidance vs 56% Early Discharge

# District Outcomes

- Reduced exit block from ED
- Reduced hospital Occupancy from 99% - 85%
- Increased Capacity for Total Admissions by 17% (Med Adm ↑ by 36%)
- Increased acute bed availability across all divisions incl Medical, Surgical and Mental H
- Reduction of elective surgery cancellations by 71%
- Ability to implement new models of care for specific sub groups
- No Ambulance Bypass
- Significant reduction of Capacity Alerts

# Lessons Learnt

- Change Management process championed by district Leaders
- Pilot vs Perm Program creates barriers to implementation
- The Model for Change is clear and sustainable
- Greater clarity of the Governance Structure
- Needs to be across more than one District to reduce business risk for partner/provider



# Future Directions

- Refinement of referral processes
- Review of all existing hospital avoidance/early discharge programs during the GCHSD Transformation Process
- One governance structure for all discharge planning services





Thank you