



# Working together to improve patient outcomes – A patient's journey through Western HARP

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# What is Hospital Admission and Risk Program (HARP)?

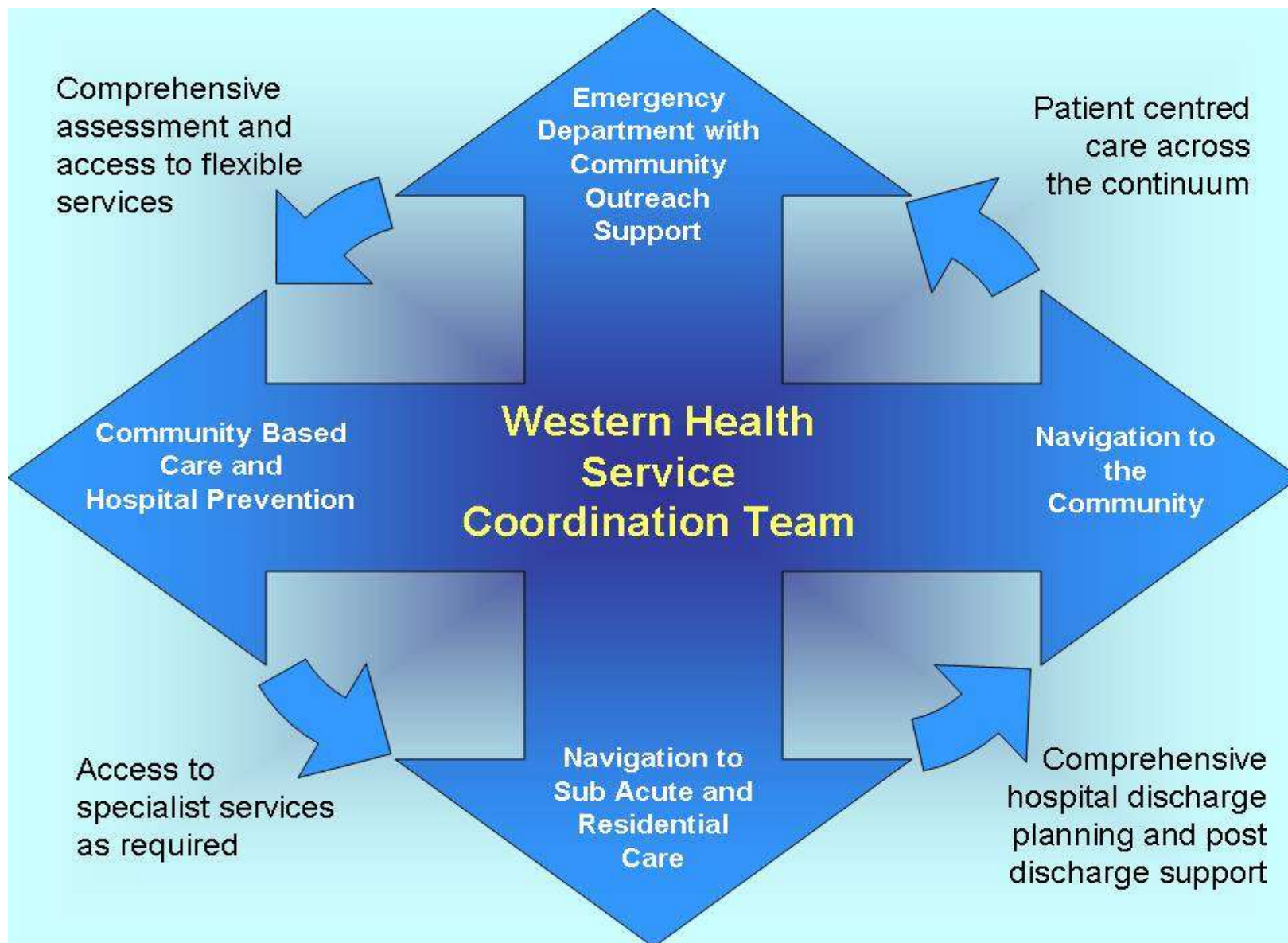
HARP provides specialised client-centred medical care and care co-ordination in the community/ambulatory setting through an integrated response of hospital and community services.

HARP aims to prevent avoidable hospital presentations and admissions. The HARP program incorporates 35 health services across Victoria

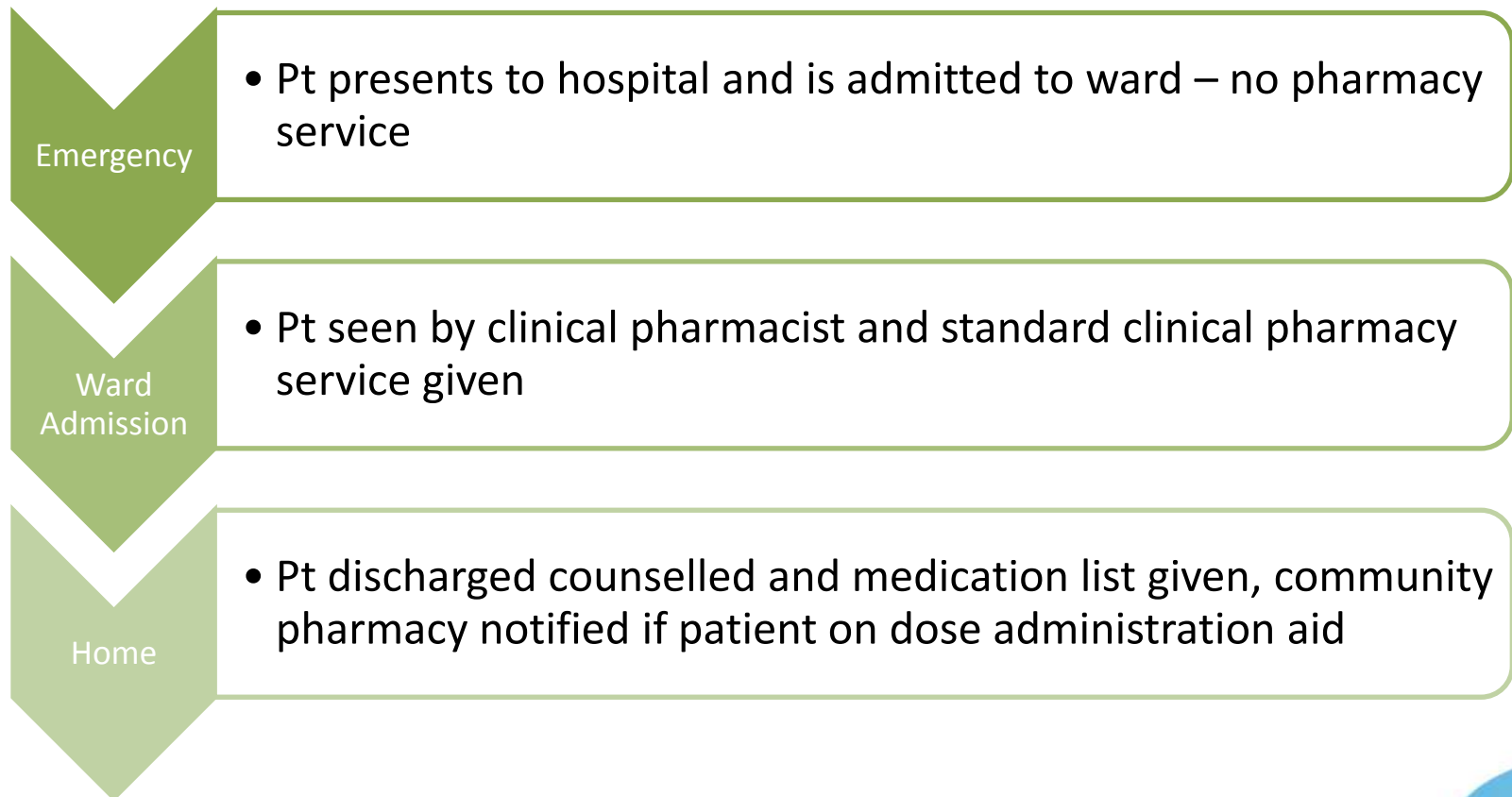
# Western HARP Model

A recent review of Care co-ordination services at Western health, has seen the development of a single care co-ordination model comprising three integrated functions:

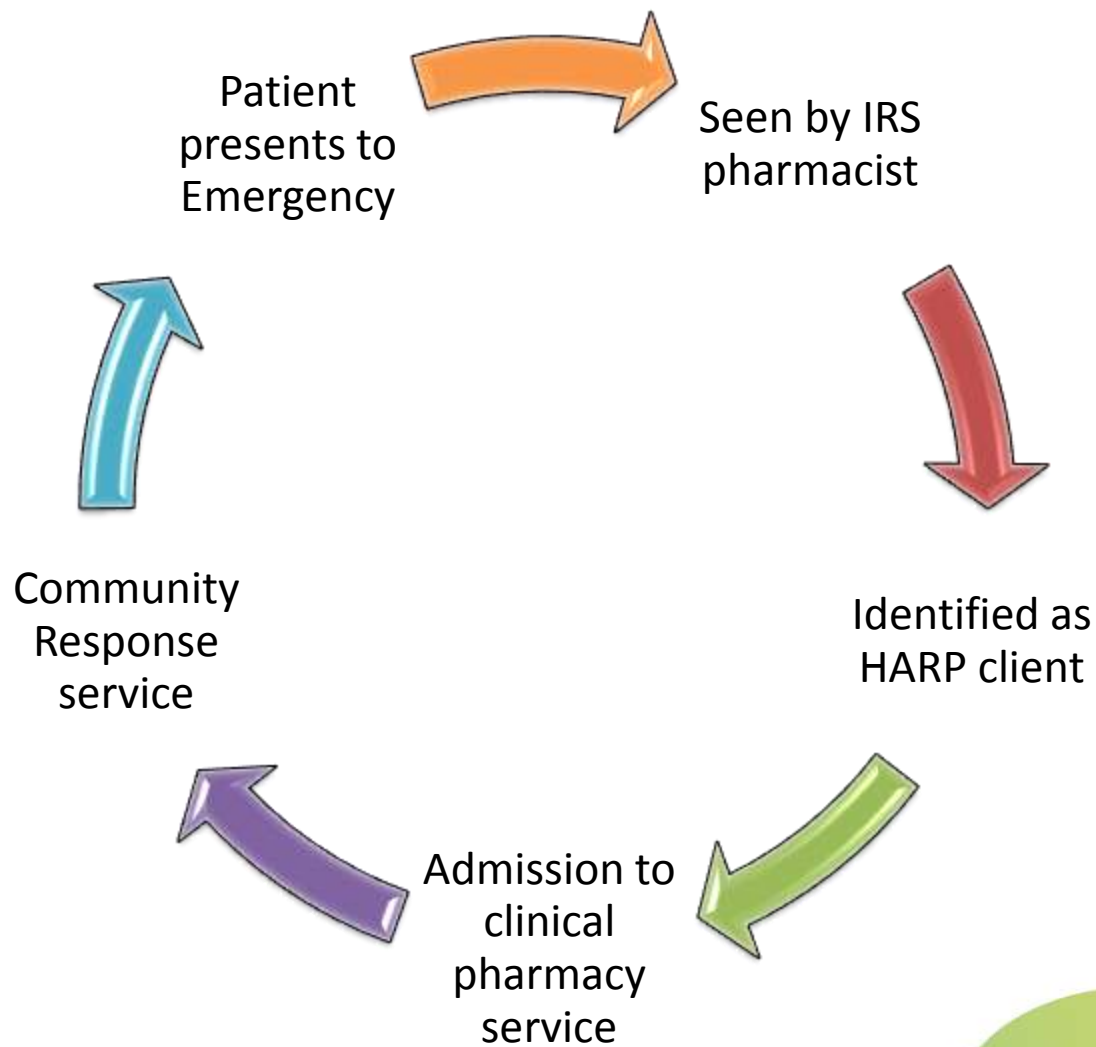
1. Immediate Response service
2. Community Response service
3. Aged and Complex Care Response service



# Pharmacy service – before HARP outreach service



# Pharmacy service in new model



## Case study

- ❖ 77 year old male
- ❖ Croatian
- ❖ COPD, IHD, high cholesterol
- ❖ NSTEMI 2009
- ❖ Depressive, anxiety disorder
- ❖ Cervical spine prolapse 2005

## Case study

- ❖ 13 admissions in last six months
- ❖ Pt requests antibiotics on most admissions
- ❖ Pt often discharged on reducing prednisolone
- ❖ In Oct 2010, patient identified by IRS pharmacist

# Issues causing readmission

- ✓ Cost of medications
- ✓ Patient beliefs about medication
- ✓ Patient not able to follow reducing prednisolone chart
- ✓ Patients inability to self manage his health

# HARP Care facilitator involvement:

- Education about disease
- Action plan for COPD
- Liaising with GP for medical management
- Care co-ordination
- Liaising with carers

# ACAS Involvement

- Neuropsychology testing
- Application for respite
- VCAT application for guardianship
- Application for case management

# Pharmacy Involvement

- Assessment of medication management in the home found:
  - Multiple medications in disarray and medications out of date
  - No system in place to ensure medications are used correctly or safely

# Pharmacy involvement

- Liaison with community pharmacy about their experience with patient
- Dose administration aid discussed with patient
- Liaison with GP to confirm what medication patient was on

# Pharmacy Involvement

- Dose administration aid commenced with approval!
- Reducing prednisolone now in pack so he takes it
- Rationalisation of inhalers and nebulisers
- Removal of unwanted medicines

## Discussion

The integrated care coordination model allowed patient's disease to be managed more appropriately and meant a reduction in hospital admissions

Patient's quality of life improved and his understanding of his disease improved

## Discussion

The Community Response pharmacist adds an extra dimension to the discharge planning and allows for patient follow up in the community.

The community pharmacy can now monitor the medication adherence of the patient

PBS safety net system now in place because one pharmacy being used

## Discussion

The Care co-ordination model allows the flow of information and discussion of most appropriate care for the patient, care facilitator and ACAS worker.

Optimal medical management of chronic conditions is now in place

## Discussion

The patient now feels empowered about his management of his disease.

The patient is now controlling his medication and it is taking it correctly