

From Hospital to Home



Improving Care outcomes for Older People – the National Agenda

Care of Older Australians Working Group (COAWG)



- Winter 2000, major demand management issues
- Pressures of older people with delayed discharge, a significant factor
- March 2001, Health Ministers establish a collaborative work program on care for older Australians at the aged-acute interface
 - Oversighted by all jurisdictional Working Group
 - Jointly chaired by Victoria and the Australian Government

Care of Older Australians Working Group (COAWG)



Australian Health Ministers Advisory Council



Care of Older Australians Working Group



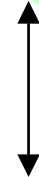
Clinical Reference Group

various task groups including



Transition Care

Data

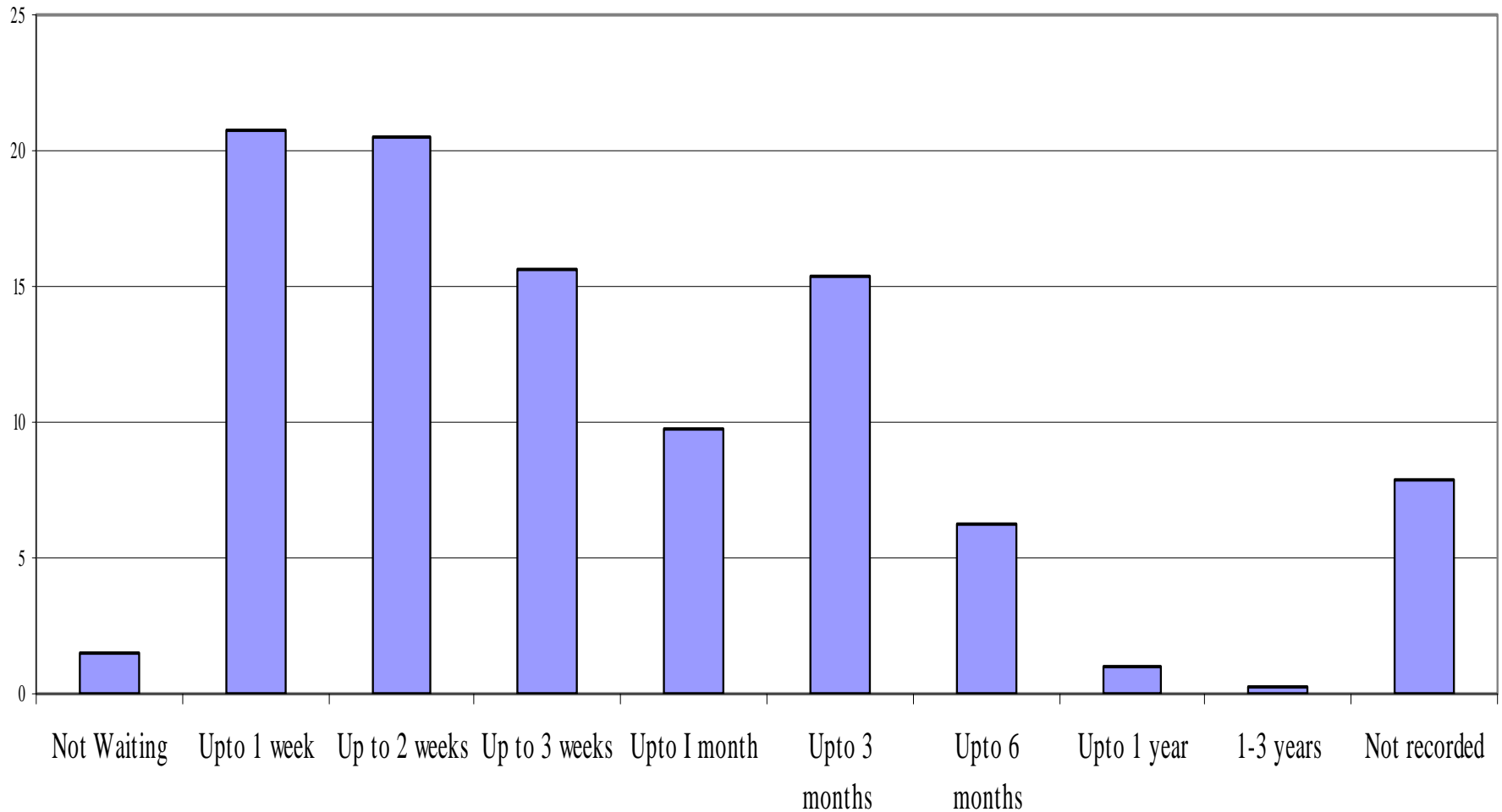


Extended waits in hospital to access appropriate care



- Census of all older people in all public hospitals in Australia on April 17, 2002 with follow-up on May 8, 2002 to determine discharge outcome (target: 65+ non indigenous and 45+ indigenous)
- Clinicians considered that for >16,000 eligible older patients :
 - 80% receiving the most appropriate care
 - 20% (1 in 5) were not
 - For three-quarters of these people another form of care had been recommended
 - 29% GEM/rehabilitation/palliative
 - 66% residential aged care
 - 11% community based care

How long are people waiting?



Why are people waiting longer than necessary?



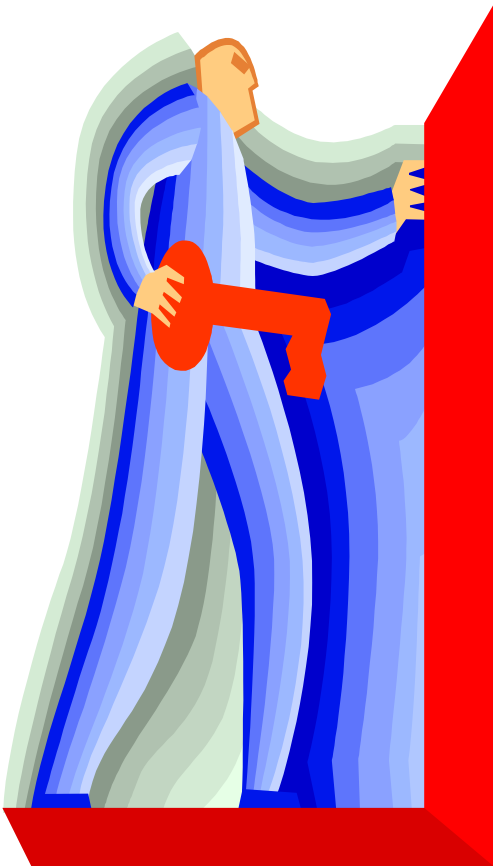
- Repeat of 1992 survey on level of provision of services for older people (70+)
 - Dedicated beds decreased nationally from 3.2 to 2.4 per 1000
 - Level of residential aged care places decreased from 55.9 places to 43.6 places per 1000 in line with national benchmarks
 - Community based aged care provision increased

Acute-aged care interface



- A range of service models at the acute-aged interface identified
 - Interim care in Victoria
- Joint Australian Government/State and Territory pilots
 - 12 pilots nationwide
 - 383 flexible care places
 - Major findings:
 - 58% return to the community or require lower level of residential aged care (low care instead of high care)
 - 43.4% in the community after 3 months
 - 34.6% still in the community at 6 months

National Action Plan



- Recommends structural and system changes
- Delineates responsibilities
- Suggests resourcing priorities
- Outlines milestones
- Includes Annual Report

National Action Plan



Focuses on aged-acute continuum from:

- Acute care services (inpatient and ambulatory)
- Sub-acute care (inpatient and ambulatory)
- Aged care (community and residential)



There is an appropriate level of health and aged care services that match older people's changing needs



Aim

Adequate supply of basic services

Planning guides inform service provision levels

Outcome

Service provision keeps pace with growth in target population group

Current status

Planning guides to be developed by December 2004

Services are shaped around the diverse needs of older people



Aim

Health and aged care services implement practice based on best available evidence

Outcome

Health Services adopt age friendly principles and practices
Health services and aged care service providers adopt strategies to prevent functional decline

Current status

Health Ministers endorse Age Friendly Principles and Practices

Clinical Guidelines to prevent functional decline in the acute, sub-acute and residential aged care setting completed November 2004

Older people access transition care services



Aim

State/Territory governments and Australian Government establish national transition care program to target older people, eligible for residential aged care and who may benefit from a time-limited non-hospital program of extended care following a hospital episode

Outcome

2000 transition care places by 2007

Current status

Health Ministers endorse national definition for transition care April 2004

Health and aged care work together to deliver integrated services and care for older people



Aim

Development of service tools and instruments

Outcomes

Care pathways / Assessment guide / Consistent data definitions

Current status

Stroke care pathway spanning acute/resi/
community - December 2004

Hospital Assessment guide - October 2004

Data definitions - December 2004

In conclusion



National Action Plan strongly links to the Victorian policy, but brings with it

- New reporting requirements
- Expectation of continued improvements
- Expansion of sub-acute care to meet agreed benchmarks
- Supporting tools, guidelines, datasets and practices to assist implementation